

SHADOW HEALTH AND WELLBEING BOARD

17 DECEMBER 2010

Present

Mark Adams	Director of Commissioning North Of Tyne PCT
Gill Alexander	Deputy Chief Executive North Tyneside Council
Ellie Anderson	Manager Adult Social Care North Tyneside Council
Linda Arkley	Elected Mayor North Tyneside Council (Chair)
Helen Byworth	Head of Contracting Newcastle Group of Hospitals
Cllr Margaret Finlay	North Tyneside Council
Alan Geron	Age UK
Paul Hanson	North Tyneside Council
Philip Horsfield	Engage Health
Cllr David Lilly	North Tyneside Council
Jim Mackey	Chief Executive Northumbria NHS Foundation Trust
John Marsden	Chief Executive North Tyneside Council
Cllr Les Miller	North Tyneside Council
Jacqui Old	Head of Adult Social care North Tyneside Council
John Robson	LINK North Tyneside (Vice Chair)
Kate Simpson	Northumbria Tyne and Wear Mental Health Trust
Hilary Snowdon	Care First
Cllr Barbara Stevens	North Tyneside Council

Apologies

David Allison	Chief Operating Officer Newcastle Group of Hospitals
Alma Caldwell	Age UK
Mary Coyle	Chief Executive North of Tyne PCT
Dr Gillian Fairfield	Northumbria Tyne and Wear Mental Health Trust
Anne Farrar	Chief Operating Officer Northumbria NHS Foundation Trust
Meng Khaw	Director of Public Health
Dr John Matthews	Care First
Johanne Mears	LINK

Hazel Parrack LINK
Chris Reed Chief Executive North of Tyne PCT
Dr Jane Weatherstone Engage Health

Item	Discussion/ Decision/Further Action	Who/ When
1	<p>The Chair welcomed everyone to the inaugural meeting of the Shadow Health and Wellbeing Board stating that this new forum is an exciting opportunity for integrated working to make a real difference to the citizens of the Borough.</p> <p>Everyone present introduced themselves</p>	
2	<p>Establishing the Board Paul Hanson presented a paper outlining the background to the Board and the arrangements proposed following a number of discussions held between partners. The NTSP Executive had agreed to the formation of the Board and therefore the Board has the delegated authority of the Executive and takes over from the Health and Wellbeing Theme Partnership as the lead for health and wellbeing matters across the Local Strategic Partnership.</p> <p>It was agreed that John Robson be elected as Vice Chair</p> <p>It was agreed that an induction programme that allows members the opportunity to understand various aspects of each other's role be finalised including pen pictures of Board members and a range of visits to services. Input was requested from all 3 Trusts. Action: Information to be forwarded to Paul Hanson.</p> <p>It was agreed that meetings should be held quarterly</p> <p>A 1 year work programme sectioning up issues outlined in the various white papers currently in circulation was proposed.</p>	<p>All Board members Feb 2011</p>
3 i	<p>JSNA and Commissioning Jacqui Old advised the meeting that as a result of the implications of emerging White Papers and GP led commissioning, it seemed appropriate to take stock of the governance arrangements around commissioning. A paper outlining the current position had been circulated</p>	

	<p>A number of meetings of the various stakeholders have taken place. Jacqui commented that there is significant commitment from all partners to ensuring that arrangements are appropriate, however there are an overwhelming number of priorities at the moment, and all agreed that these should be streamlined.</p> <p>Two models have been identified and Jacqui advised that further work was needed to ensure the most appropriate selection. Work is ongoing over January with a view to a decision being reached at the end of January 2011. It was agreed that this approach was correct and firm proposals would be brought to the next meeting.</p> <p>It was agreed that the Health and Wellbeing Board was positioned at the top of the structure and that it was important to use the right language in terms of common priorities.</p>	<p>Mark Adams/ Jacqui Old Feb 2011</p>
3ii	<p>Older Person's Strategy Copies of the strategy were distributed to the meeting. A link to the document had been provided in the pre-meeting papers. Alan advised that the strategy is currently out to formal consultation following the detailed involvement of a range of stakeholders.</p> <p>The Board was asked to contribute to the consultation which ends on 19 January 2011. The Board was also asked to give consideration to how respective organisations would contribute to the delivery of the strategy.</p> <p>It was agreed that an overview of the Consultation feedback and the final version signed off by the Board be provided to NTSP Executive and next Health and Wellbeing Board</p>	<p>Alma Caldwell Feb 2011</p>
3 iii	<p>Reablement Jacqui Old updated the Board about North Tyneside's integrated reablement project. The first phase commenced on 12 July and since then has provided up to 6 weeks of intensive support to people being discharged from hospital with the aim of achieving a person's maximum level of independence. The model has involved retraining Council Home Care Workers and training has also been offered across the 6 independent sector domiciliary care providers to ensure they carry on the approach if a person needs an ongoing package.</p> <p>The North Tyneside model appears cost effective in relation to regional and national comparators and excellent outcomes for individuals have been achieved so far. 550 people have been through the service – of these 53% (291 people) required no ongoing service. 63% of people requiring package at the end of the</p>	

	<p>service required a reduced package. This has a positive outcome for the budget position and people's confidence and wellbeing is positively promoted.</p> <p>Next steps are to ensure that the service is available to prevent admission to hospital which means considering the resources available out of hours and ensuring that the whole out of hours offer (medical, nursing and social) is well aligned to achieve this. This would include agreement on the use of the additional funding for reablement identified in the new NHS Operating Framework.</p> <p>The external domiciliary care contracts are to be renewed in April 2011 and work is underway to determine how reablement principles are supported through the new contracts. Hilary Snowdon commented that GPs are very positive about the plans particularly relating to preventing hospital admission and added that the GPs are currently looking at community based urgent care to ensure a lack of duplication. Philip Horsfield added that the work dovetailed with the model for Long Term Conditions where the aim is to increase people's ability to self manage</p> <p>It was agreed that a progress report would be brought to the next Board meeting including plans to use the additional resource.</p>	<p>J Old Feb 2011</p>
<p>4.</p>	<p>NHS Reform</p> <p>Mark Adams briefed the Board on the reform progress following the White Papers. Mark referenced Gateway Document ref15272, David Nicholson's letter to Chief Executives across the NHS and PCTs. It was agreed that the document would be circulated with the meeting minutes.</p> <p>A number of key focus areas have emerged.</p> <ul style="list-style-type: none"> • QIPP challenge – there will be a continuation of the values and purpose of the QIPP programme but some changes in the approach for delivery to reflect locality working and emerging GP consortia. • An increase in integrated working. • Accelerated development of GP Commissioning Consortia – a number of Pathfinders have come forward. Mark advised the Board the Newcastle Bridges are now a national pathfinder and Care First North Tyneside are expected, with others, to be pathfinders in the near future. All consortia will eventually be pathfinders when each organisation is ready in relation to governance and assurance. • Strategic Health Authority will dissolve in 2012, PCTs will dissolve in 2013 but until then each keeps 	<p>E Anderson</p>

	<p>its respective statutory responsibility. Work is being undertaken with stakeholders to ensure there is understanding about the powers that are to be divested to new organisations and that the new structures are best placed to continue the work of NHS commissioning.</p> <p>Mark advised that nationally PCTs will join together so there are expected to be fewer but larger organisations. The meeting was reminded that much of this had already happened in the North East and with NHS North of Tyne. Mark was not able to predict whether there will be further change in this area and that a direction of travel for staff remaining in the PCT would be emerging.</p> <p>Financially the PCT's settlement has been positive with a top-line 2 – 2.5% uplift figure, and although there are a range of elements that both add to and reduce budgets in the comprehensive spending review. Money is coming into PCT budgets which will then be directed to local authorities for jointly agreed programmes and projects to support reablement and social care.</p> <p>Mark further advised that the GP consortia are continuing their work to plan to deliver on QIPP. A question was asked about support for the developing consortia. Mark advised the Board that the Operating Framework indicated £30 - £45 per head of population for support to the GP consortia by 2013/14</p> <p>Jim Mackey advised that financially the hospital position looks under pressure although it will be early January 2011 before the full picture is clear. It was agreed that this information would be shared at the next Board meeting</p> <p>Paul Hanson informed the Board that the Command Paper for the Bill had outlined revised scrutiny functions for local authorities. It was agreed to examine these at the next Board meeting.</p>	<p>Jim Mackey Feb 2011</p> <p>Paul Hanson Feb 2011</p>
5	<p>Any Other Business</p> <p>i) Paul Hanson commented that the Command Paper stated that Health and Wellbeing Boards will be at the heart of all arrangements at local level. North Tyneside is one of 25 authorities nationally using the mechanism to develop joint working. Discussion at national level suggests that our arrangements are showing the correct direction of travel. It will be important that feedback from partner organisations feeds into the development of the Board. The Chair also reiterated the importance of all partners developing the agenda.</p> <p>Next meeting to be held in February. Proposed dates attached with minutes for comment</p>	