



Health Integration Group – Monday 8 May 2017

PRESENT		
Graham Fells	GF	South Tyneside Council
Jon Sutcliffe	JS	Local Government Association
Helen McLaughlin	HMCL	Public Health England
Caroline Judson	CJ	Gateshead Council
Joanne Walt	JW	Durham County Council
Tracy Palmer	TP	Sunderland City Council
Suzanne Duncan	SD	North Tyneside Council
Emma Champley	EC	Stockton Council
Corina Dias	CD	Tees Valley Authorities
Kelly Angus	KA	Northumberland County Council
Lizzie Phillips	LP	South Tyneside Council

Apologies:

Melanie Walkington (Redcar & Cleveland Council)

Angela Wright (Redcar & Cleveland Council)

Alison Lazazzera (North Tyneside Council)

Jackie Lowes (Newcastle City Council)

Angela Russell (Newcastle City Council)

Mick Brodie (NEREO)

Graeme Atkinson (Sunderland City Council)

Ian Hall (ADASS)

Lesley Carlisle (South Tyneside Council)

Agenda No	Agenda Item	Action & Deadline
1.	<p>Apologies for absence & Introductions</p> <ul style="list-style-type: none"> • GF welcomed all to the meeting of the group and apologized for lack of numbers 	
2.	<p>Notes of meeting held</p> <ul style="list-style-type: none"> • Agreed as true & accurate record 	
3.	<p>Matters arising from the notes</p> <ul style="list-style-type: none"> • STP documents: GF circulated paper copy of Integration Models of Care briefing which was prepared by Integration Officer within South Tyneside Council – details working arrangements within South Tyneside and how this has progressed • GF briefed group on meeting with HR directors to discuss Acute Trust work/STPs & the Prevention Workstream pathway – looking to replicate in future 	

Agenda No	Agenda Item	Action & Deadline
4.	<p>Northumberland County Council – developments regarding Steve Mason</p> <ul style="list-style-type: none"> • GF welcomed KA to the meeting. He was keen to hear how Northumberland County Council have fared with having a different model to other LAs • Prior to December 2016: NCC commission ASC workers from Northumbria Healthcare. Children Services are all NCC staff. Staff work in a very integrated way. Factored within that is NTW Mental Health Trusts • Challenges are organizational barriers such as form filling/referring to HR services /trying to give each team their own identity but aligning them as much as possible • Cross-working between NCC & NHC. Smooth and fluid process regarding OOH discharges within Northumberland in comparison to North Tyneside which can be quite complex • October 2016 Steve Mason took up Chief Executive role within CCG. Unusual in that it's first in country. Early vanguard site. Not yet 6 months into this new way of working – LA is more aware now of the role of CCG and how important it is • NCC is very heavily integrated – patients and residents feel the benefits. Starting to hear of these now: 1 healthcare professional visiting the same patient rather than historically having 10+ • Bandings are different within both organisations but in terms of job descriptions they are comparable • Regulatory aspect: very different within each organization • Formal Partnership Agreement in place whereby NHC commission NCC to provide Health & Social Care services • Domiciliary Care: not currently part of arrangement but looking at options to include • Steve Mason' appointment is for 12 months • More fluidity within workforce 	
5.	<p>Update from Authorities</p> <ul style="list-style-type: none"> • Health & Social Care Integration model Parliament briefing paper: • GF circulated NE Regional Workforce Group Structures for group • Within South Tyneside looking at Workforce Development and how Social Care staff become integrated – consideration needs to be given in terms of job description/roles/t&c. Successful co-location of teams within South Tyneside • CJ stated that there is little clarity yet of which pathway needs to be followed: appointing to new Strategic Director of Learning • North Tyneside: Health visitors transferred to LA recently. Moved over within their own structure. Larger issues with data management, NHS T&C & pensions. Keeping existing staff on NHS T&C with new additions on LA T&C • Nationally it has been suggested for organisations to become NHS registered bodies • PHE: HMCL waiting for CWLD. CPD still on offer Apprenticeship event on 23 May specifically for Public Health. HMCL will share update 	HMCL

Agenda No	Agenda Item	Action & Deadline
6.	<p>Update on National Picture – Jon Sutcliffe</p> <ul style="list-style-type: none"> • General Election has put a lot of work on hold • Health & Care Integration/Devolution agenda: Greater Manchester LAs will likely move forward with “Recommendation re: Continuity of Service model”: potential model in the making that could be replicated by other LAs. No timescale given for this but priority of new Mayor to push on this • DCLG are at a standstill currently • Greater Manchester has almost fully integrated budgets with NHS/LA • Politically do we have a desire to be ultimate employer or not? There needs to be clearer and more benefits to attract employees to stay/transfer. Better Integrated Services will challenge budget restraints • Need to avoid Union disagreements and consider wider market issue & living wage/sleep-in • DoH & NHS new care models: JS circulated presentation – not for wider circulation • Peer Challenge evaluation: pilot in Kirklees & Coventry which focused at putting together Peer teams. Looking to bring in Blue Light partners. For interested parties contact JS. Led by LGA with partnership working with DoH. JS encouraged LAs to look into this further • Living Wage/Sleep-In Allowance: looking at separate lower living wage for sleep-in requirements. Potential back-pay claims may come in • North Tyneside advised there was some case law issued last week regarding requirement to pay National Minimum Wage • LGA with PHE are starting to develop Employee Standards for Public Health • Skills for Care: JS to keep group updated on any progress 	
7.	<p>Any Other Business</p> <p>No items raised</p>	
8.	<p>Date of next meeting:</p> <p>To be confirmed</p>	