

# Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 26th March, 2014.

**Present:** Cllr Jim Beall(Chairman), Councillor Carol Clark, Victoria Cooling, Jane Humphreys, Councillor Mohamed Javed, Peter Kelly, Reuben Kench, Lesley King, Councillor Ken Lupton, Steve McCarten, Councillor Ann McCoy, Julie Nixon, Richard Poundford (SBC); Liz Greer (Healthwatch); David Brown (TEWV); Alan Foster (Chairman of HWP); Keith Daley (Cleveland Police); Audrey Pickstock (NHS Area Team); Steve Rose (Catalyst); Councillor Maureen Rigg, Jim Scollen, Paul Thomas (LSP); Jonathan Berry, Paul Williams, Ali Wilson (CCG)

**Officers:** Margaret Waggott, Michael Henderson, Emma Champley, Sarah Bowman (SBC), Paula Swindale (CCG)

**Also in attendance:** Trevor Redfern (Synergy)

**Apologies:** Barry Coppinger, Cllr Steve Walmsley, Cllr David Harrington, Tony Beckwith, Lucia Saiger, Andrea Walker

## 1 Declarations of Interest

Cllr Ann McCoy declared a personal/non prejudicial interest as she was serving member of the Stockton and District Advice and Information Service.

## 2 Domestic Abuse Strategy and Development Session

Members were provided with the opportunity of commenting on the draft Domestic Abuse Strategy for 2014/17 and to review the accompanying draft Action Plan for 2014/15.

In particular, members were asked to comment on:

- vision statement
- measures of success
- the Domestic Abuse

Members noted the considerable consultation that had been undertaken in the Development of the Strategy and Action Plan and following a suggestion by a member the Ambulance Service would be included in future consultation. The meeting was provided with a case study that highlighted the devastating effects Domestic Abuse could have on the whole of a family.

Members noted some of the potential measures that could be used to monitor the success of the Strategy and Action Plan.

The Group suggested a number of potential measures that could be monitored, including:

- a reduction in A and E admissions
- number of Child Protection Plans where Domestic Abuse was a factor.
- number of CAF forms where Domestic Abuse was a factor.

It was agreed that members consider potential measures further and provide any feedback directly to Emma Champley.

Reference was made to the case study and the lack of protection/help for the

family described. It was noted that services commissioned required that an assessment of the whole family was carried out, however, only a small number of victims would access these services. It was pointed out that this was a partnership strategy and it was the responsibility of all partners to ask questions and provide early support for families, such as the one mentioned in the case study.

Improved data sharing between partners was essential.

All staff of Partners had a role in raising awareness around Domestic Abuse and the services available. This could be built into the Action Plan under Education and Training.

RESOLVED that the Strategy, Action Plan and discussion be noted and any further feedback from members be provided directly to Emma Champley.

### **3 Fulfilling Lives: Ageing Better Bid**

Members were provided with an overview of a bid for Big Lottery funding under an initiative called Ageing Better. The project would involve partners in working together to reduce loneliness amongst older people in Stockton, commissioning a range of new services to achieve this goal as well as ensuring that existing services were fit for purpose in terms of reducing loneliness, engaging with older people and valuing participation. The lead partner and accountable body for the Ageing Better Bid was Synergy and the bidding process was down to the final 32 organisations.

It was thought that there were around 13,000 older people in the Borough who were lonely/very lonely.

It was explained that the bid documentation would be sent to members for comment and responses were requested by 14 April 2014.

As the closing date for receipt of bids was still open and this was a competitive bidding process Members were reminded that they must keep the content of the documents, confidential.

RESOLVED that the update on the Ageing Better Bid be noted and members be provided with the proposed bid documents for comment by 14 April 2014.

### **4 Looking Local**

Members were provided with an overview of the Clinical Commissioning Group's Looking Local development, what opportunities for collaboration there might be and what the next steps were.

The Looking Local initiative could complement and enhance current communication systems providing a wealth of information and interactive tools. The system also provided feedback on its use.

It was explained that Looking Local could be used in the home, via Sky and Virgin Media, and on the move via a Smart Phone App and similar devices.

The CCG had its own app in the App Store and was free for patients to download.

It was noted that access was restricted to particular devices and broadband providers at present, however, it had been felt that this should not hold the initiative up and work was ongoing to make it more accessible.

There was a lengthy discussion and a considerable amount of interest expressed by partners. It was noted that Cleveland Police had already shown an interest in the system and partners were encouraged to contact the CCG lead officer to discuss any collaboration opportunities.

It was suggested that this matter be placed in the Board/Partnership's Forward Plan for a future update on progress.

RESOLVED that the presentation be noted and Looking Local be added to the Board/Partnership's Forward Plan for a future update.

## **5 JSNA and Prioritisation**

Members received a report relating to the use of the Joint Strategic Needs Assessment and requested the Board and Partnership consider the process of prioritisation to help direct strategic decision-making on resource use.

The Stockton Health and Wellbeing Board / Partnership had received updates regarding the implementation of the JSNA and the process for maintaining it as an up-to-date and live resource.

The Board and Partnership were asked to consider how the use of the JSNA could be embedded into the groups and forums which sat under the Board – both groups with formal lines of accountability to the Board; and those related to the Board through lines of communication.

It was explained that these groups were to be mapped, to establish their relationship to the Board and their areas of responsibility. This would support the Board in carrying out its role of setting strategic direction and monitoring performance against health and wellbeing measures across Board member organisations.

Embedding the use of the JSNA by Board member organisations and relevant groups could include consideration of how it was incorporated into different stages of the commissioning cycle.

The existing multi-agency groups which sat under / were related to the Board (either through accountability or communication) were useful forums for 'themes' to be discussed i.e. where several topics could be considered together to draw conclusions to inform service development and / or commissioning. For example, the obesity, physical inactivity and diet and nutrition topics. The mapping of groups would help this but work to discuss themes could progress in the meantime through existing groups, such as the Domestic Abuse Strategy Group and the Drugs and Alcohol Commissioning Group.

It was agreed that the Children and Young People Health and Wellbeing

Commissioning Group (CYPHWCG) and the Adults Health and Wellbeing Commissioning Group (AHWCG) would oversee the proposal of themes to be analysed, in line with the strategic priorities set by the Board and the need to analyse and understand themes in-year.

Where multi-agency groups did not exist to consider themes, it was agreed that the CYPHWCG and AHWCG task the appropriate organisations / individuals to convene a task-and-finish group to consider the theme.

These theme-based discussions would take place over the next 6 months, alongside activity to update and maintain the JSNA as needed (i.e. by the beginning of October 2014). This would inform the discussions around commissioning intentions for the next round (2015/16).

Members were provided with a proposed prioritisation tool using a set of criteria for guiding decision-making and setting priorities. This was taken from a paper previously brought to the Board, where it was agreed that a process for prioritisation would be useful but no specific set of criteria was selected. An agreed prioritisation process would ensure that assumptions and factors in the decision-making process were made open and explicit; and that a consistent approach was applied across the Board and its relevant groups and partners.

It was suggested that the tool be applied at Board level to test its value. Thereafter it could be considered further by partner organisations.

RESOLVED that:

1. the update be noted.
2. the groups, with lines of accountability and/or communication to the Board be mapped. In terms of groups involved in Adult Health and Wellbeing this would be undertaken by the Adults' Health and Wellbeing Commissioning Group. The Children's Health and Wellbeing Commissioning Group would undertake the same process for groups involved in Children and Young People's Health and Wellbeing.
3. the proposed process for 'themed-based' discussions, as detailed in the report, and described above, be approved.
4. the proposed tool for aiding prioritisation discussion be tested at Board level, using a case example.

## **6 Performance Update**

Members were presented with a report that provided an example of the Public Outcomes Framework data (at March 2014), which formed a large part of the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan.

Members were reminded that the Board was to receive quarterly performance updates and the Partnership six-monthly updates, both on an exception basis. The Board would also receive an annual report outlining performance against all indicators.

Development of the complete performance monitoring framework was progressing. The constituent elements of the framework were in place and would be drawn together through the new performance monitoring and reporting system being implemented in Stockton Borough Council. The new performance monitoring database would be piloted to begin reporting internal SBC data from Q4 2014/15 and fully implemented from Q1 2015/16. Monitoring against the Health and Wellbeing Strategy would be implemented as phase 2 of this work and therefore will be rolled out in 2015/16.

In the interim, the existing system (the Public Health Outcomes Framework online and Excel spreadsheet capturing the relevant Social Care Outcomes Framework indicators and NHS Outcomes Framework indicators) would continue to be developed and used.

The Board and Partnership were asked to consider how and where issues of good and poor performance were followed up across Board member organisations and then updates fed back to the Board and Partnership i.e. further investigation, action planning for remedial action where needed, dissemination of good practice. The Children and Young People's Health and Wellbeing Commissioning Group, the Adults Health and Wellbeing Commissioning Group and the senior management teams of Board member organisations were proposed as some potential key routes for this.

As outlined in previous papers, the development of the performance monitoring framework was ongoing, in line with the release of benchmarking data and the development of priorities. The indicators for reporting by the CCG and social care in particular will be reviewed in the light of the development / requirements of the Better Care Fund work.

In February, new benchmark data and local data were released by Public Health England to populate the Public Health Outcomes Framework. Members were provided with a summary from this data for discussion by the Board / Partnership. The figures were benchmarked against the North East region. The data summary used the most recent routine data available to Public Health England (in some cases the data covered a time period a year or more ago). RAG rating was based on whether Stockton Borough performance was statistically significantly different from North East values. Key points were drawn from the information and were detailed, together with a brief description of any action being taken.

It was noted that some of the areas highlighted in the data would be picked up by the Board's Commissioning Groups, and other groups, for further analysis and action.

Members were aware that some of the indicators were highlighted in green because they were an average across the Borough. However, there were pockets of the Borough where that indicator would be highlighted red. The data provided a starting point for further questions about current position on health and wellbeing and needs to be considered, together with the context and narrative around data.

RESOLVED that the update and example data be noted and used to inform

discussion on priorities for action.

## **7 Welfare Reforms**

Members received a report that provided details of the various welfare reforms and highlighted early indications of impact and areas of concern to the Council.

Members considered the report and a number of areas of discussion took place

- housing costs and an increase in people getting into debt, doing without essentials
- sanctions
- increase in use of food banks
- impact on people with Mental Health conditions.
- challenging decisions

The Board noted that the CCG considered data to analyse the impact on the Tees Valley

RESOLVED that the report be noted.

## **8 Forward Plans**

Members considered the Forward Plans of the Board and Partnership and were given the opportunity to make additions/amendments. Members could make suggestions for the Forward Plans, outside the meeting, by contacting the Council's Democratic Services Unit.

RESOLVED that the Forward Plans be approved.