

# Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Thursday, 20th November, 2014.

**Present:** Cllr Jim Beall (Chairman), Jane Humphreys, Tony Beckwith, Ben Clark (Substitute for Audrey Pickstock), Peter Kelly, Paul Williams, Ali Wilson, Brent Kilmurray (Substitute for Martin Barkley), Cllr Ken Lupton, Cllr Mrs Ann McCoy, Steve Rose, Cllr Tracey Stott, Cllr Steve Walmsley

**Officers:** Margaret Waggott, Michael Henderson (LD)

**Also in attendance:** Jane King, Rob King (TEWV), Kerry Anderson (PH), Cllr Nigel Cooke, Chris Renahan (Fuel Poverty Partnership)

**Apologies:** Cllr David Harrington,

## 1 Declarations of Interest

Cllr Mrs Ann McCoy declared a personal/non prejudicial interest in item 5 Development Session - Mental Health Part II and item 8 NHS Five Year Forward View as she served on the Board of Governors of Tees, Esk and Wear Valleys NHS Foundation Trust.

Councillor Beall declared a personal/non prejudicial interest in item 8 NHS Five Year Forward View as he was a Governor of North Tees and Hartlepool NHS Foundation Trust.

Councillor Nigel Cooke declared a pecuniary interest in the item 8 Five Year Forward View as he was an employee of Tees, Esk and Wear Valleys NHS Foundation Trust. Councillor Cooke had previously been provided with a dispensation in this regard.

## 2 Minutes of the Board meeting held on 29 October 2014

The minutes of the meeting held on 29 October 2014 were agreed as a correct record and were signed by the Chairman.

## 3 Minutes of Partnerships

### Adults - 2 October 2014

### Children and Young People - 22 October 2014

The minutes of the Adults Health and Wellbeing Partnership held on 2nd October 2014 and the Children and Young People's Partnership held on 22nd October 2014 were noted.

Members were informed that both Partnerships were working well. It was explained that the Children's Partnership had recently received a presentation from the Chairman of Stockton Local Safeguarding Children Board and would be considering reports on CSE and VEMT including the Council's Scrutiny Review of these matters. The Board was also assured that consideration was being given to the recently published Ofsted report on Local Authorities response to Child Sexual Exploitation and the Jay report.

## 4 Development Session - Mental Health Part II

Members received 3 presentations relating to different aspects of mental health service provision:

### Policy and Commissioning of Services

Members noted that the Clinical Commissioning Group was committed to implementing 'Parity of Esteem' and working with mental health providers to develop mental health care models that prioritised early detection and intervention to maximise recovery.

The Board was informed that poor mental health had a very negative impact on a person's physical health and sufferers were

- likely to be diagnosed late
- more likely to smoke
- less likely to access screening services
- likely to die younger than the life expectancy average

The Board noted some of the services commissioned by the CCG, within the Community, including, Primary Care Psychological Therapy, an Access Team, Crisis Team, Outreach Team etc. and inpatient services in the form of Roseberry Park Hospital, Lustrum Vale and Park House. The Group also commissioned services from specialist mental health providers.

The Board was informed of some key areas of development for the CCG

- encourage each General Practice to appoint a Mental Health Champion
- increase access and early intervention
- improve access to Psychological Therapies
- improve Perinatal Services
- Local Crisis Care Concordat
- pathways would be made clear to patients

### Community Services

Members considered a presentation relating to mental health services in the Stockton Locality. There were 4 areas of work, listed below, and an overview of each was provided :

- Prevention
- Primary Care
- Secondary Care
- Specialist Services

The Board noted the drive toward improving the flow of service users and carers across health and social care. Work undertaken included improving access, removing blockages in systems, using an integrated care pathway approach and a systematic approach to enable the recovery of people with long term conditions. Home based care and support was treated as the norm for the delivery of services.

## Cleveland Street Triage Team

The Board received a presentation on the Cleveland Street Triage Team.

Members noted that prior to 2012 Cleveland Police had been a high usage force of Section 136 Mental Health Act 1983, which allowed a person who appeared to be suffering from a mental health disorder, and in need of immediate care or control, to be held in a place of safety for up to 72 hours, to enable assessment by an appropriate health professional. The majority of people held were released as not having a mental disorder. Police were not mental health professionals and people were being detained without the opinion of a mental health professional. Costs associated with this process were high and estimated at £1,780 per person. Importantly those released from custody had no follow up for the issues that had brought them to the attention of the Police.

A number of solutions were considered and Street Triage was identified and had been operating since August 2012. Under street triage police officers coming into contact with a person, who they considered might have a mental health disorder would contact the street triage team and pass on details of the person. The team would check a database and pass on information about the person with advice on how to keep them safe if needed. A mental health nurse would then attend on site and a decision would be made as to the next step. This may include S136, returning the person to their residence with or without an agreed care plan, placing the person in custody. It was explained that there was an attempt to contact the person within 7 days of the assessment but engagement with that follow up was optional. Members noted that since the introduction of Street Triage, during a period between November 2013 and October 2014, 380 assessments had been undertaken by the Team and only 3 had been subject to s136.

It was noted that the service had funding for 2014/15.

Following the three presentations the Board discussed the information it had received. There was discussion around:

- the large numbers of people being assessed under the street triage process in Middlesbrough. It was noted that figures reflected where contact with people was first made and a significant number of incidents were reported by Transport Police at Middlesbrough Railway Station.
- Preventing bed blocking. It was noted that this was not a problem in Stockton and good communication between commissioners and providers prevented situations occurring.
- Early Intervention - Getting the message out about when to access Psychological Therapies. It was noted that the CCGs Communication Team was preparing a campaign relating to this.
- A coherent framework. It was noted that a report on the development of a Mental Health Strategy would be reported to the Adults' Health and Wellbeing Partnership in the New Year.

- The Children and Young People's Mental Health and Wellbeing Taskforce had been set up by the Department of Health to consider the challenges facing mental health services for children and young people, and to find ways to tackle problems across the system.

RESOLVED that the presentation and discussion be noted.

## **5 Stockton's Fuel Poverty Partnership - Overview and Ambitions**

Members considered a report relating to Fuel Poverty in the Borough and the work of Stockton's Fuel Poverty Partnership.

It was explained that fuel poverty was affecting over 8000 households in the Borough and the inability to adequately and efficiently heat a house had significant implications for the health of those involved, their personal finances and the environment.

The Board noted that the causes of fuel poverty included a low household income, an energy inefficient house and high costs of energy bills. It was most prevalent amongst vulnerable households such as people with disabilities, illness, older people and it could cause high levels of stress, social isolation, respiratory and circulatory conditions and death.

Stockton's Fuel Poverty Partnership was committed to improving energy efficiency of houses (particularly for the vulnerable), raising and maintaining the profile of fuel poverty and affordable warmth and supporting residents. Details of key interventions, ambitions and challenges were provided. Reference was made to a Task and Finish Group that would look at social prescribing and the Board was asked to consider identifying representatives, from some of its member organisations, to serve on the Group. The following possible representation was highlighted but further consideration would be needed outside the meeting:-

GP practices rep  
Public Health rep  
CCG rep  
Health watch rep

RESOLVED that:

1. the report be noted.
2. appropriate member organisations give consideration to representation on the Fuel Poverty Partnership's Task and Finish Group and advise the Partnership accordingly.

## **6 Annual Review - Drugs Misuse**

The Board received a presentation relating to Adult Drug Misuse in the Borough and considered:

- Local needs - demographics - prevalence
- Considerations/complexities

- Performance against Public Health Outcomes Framework
- Challenges/issues

It was noted that 1224 adults were in drugs treatment and 1071 of these were opiate and crack users. 73% of those in treatment were male and the age profile was getting older with the average being 36 years.

Stockton had a significantly higher penetration into estimated numbers of opiate and crack users and retained a high number of clients in treatment for over six years. It was noted that the length of time in treatment reduced the likelihood of a successful treatment exit and higher penetration rates brought a higher proportion with additional complexities and lower motivation to recover. Given Stockton's complexities and projected future client profile it was considered that it would be difficult to increase the completion rate for opiate clients into the current top quartile performance of over 9.39%; and 8% was more realistic.

In terms of non-opiates it was explained that the number of clients had peaked in May 2013 at 266 falling to 251 in January 2014. However since March 2014 the number of referrals from the arrest referral service had stalled following re-commissioning in April. The number of referrals had increased since the new arrest referral team became fully functional, in August, but it was anticipated that completion rates and rolling twelve month numbers, in treatment, would remain suppressed until after Q2 2015/16.

Members noted that currently 5.2% of opiate clients and 28% of non-opiate clients completed treatment and did not re-present.

The Board noted some of the challenges including:-

- Poly drug use and increased alcohol use
- Future of arrest referral
- future of Integrated Offender Management
- the future of the Specialist GP contract at Birchtree.

The Board considered the presentation and there was a discussion on whether the percentage of people in drugs treatment justified the percentage of budget currently being spent. It was suggested that a new approach may be needed.

RESOLVED that the presentation and discussion be noted/actioned as appropriate.

## **7 The NHS Five Year Forward Plan**

Members received a report that provided an overview of the NHS Five Year Forward View (5YFV), which had been published on 23 October 2014. The report also outlined the potential implications for the Durham, Darlington and Tees Area Team and the NHS organisations within that area.

It was explained that the 5YFV described the collective view of NHS England, Public Health England, Monitor, the NHS Trust Development Authority, the Care Quality Commission and Health Education England on why change in the NHS was needed, what that change might look like and how it could be achieved.

The key proposition in the 5YFV was that it was possible to maintain a financially sustainable NHS without contraction of the current scope of services. It described how the predicted funding gap could be closed by addressing the current gaps in care, quality, health and wellbeing. To do so, the 5YFV argued that this could only be achieved by a combination of local action, in managing demand and introducing more efficient services thus reducing the amount of funding the service would require and national action by increasing the current forecast allocation (thus closing the remaining funding gap).

The 5YFV suggests:

- A radical upgrade in prevention and public health – hard hitting action on obesity, smoking, alcohol and other major risks; children getting the best start in life.
- Patients gaining far greater control of their own health care and incentivising/supporting healthier behaviour.
- Breaking down the barriers in how care was provided. Providing new models of care such as multi-speciality community providers, primary and acute care systems, re-designed urgent and emergency care services
- Smaller hospitals, hospital chains, provided in partnership
- Different models of maternity services.
- Enhanced care in care homes in partnership with local authorities.
- Work in Primary care including stabilising core funding for general practice, increasing the number of GPs, CCGs to have more control over the wider NHS budget

In terms of the financial perspective and depending on levels of efficiencies and funding it was hoped that the projected £30 billion gap would be closed or significantly reduced by 2020. The partnership was provided with 3 funding scenarios.

The authors of the Forward View felt that there were viable options for sustaining and improving the NHS over the next 5 years provided that the NHS did its part, allied with government support and that of partners. It was suggested that the View, potentially, offered a route to a financially sustainable, tax funded NHS, which was free at the point of use.

The Board thanked the authors of the report for what was a very readable, short description of the 5YFV

It was anticipated that there may be an opportunity to consult on how models of service might look in the future. It was suggested that the Board hold an away day where the 5YFV could be considered in further detail.

RESOLVED that the report be noted and arrangements be made for the Board to hold an event to consider matters associated with the 5YFV.

## **8 Better Care Fund**

Members considered a report that provided an update on the current status of the Stockton Better Care Fund (BCF) plan and sought approval for the submission of the additional information required by NHS England to move the plan from its current status of 'Approved with Support' to 'Approved'.

It was explained that at its meeting on 28th August 2014 the Health and Wellbeing Board approved the second version of the Stockton Better Care Fund (BCF) plan.

Subsequently, the plan had been through a Nationally Consistent Assurance Review (NCAR) process and was classified as 'Approved with Support', a copy of the letter was provided. This classification was in line with the 60% of assessments across the Country, only six plans were 'Approved'.

Through the NCAR process, a number of areas of the Stockton BCF plan required either further information or clarification. Members noted the overall status of risk of the plan.

Members noted the next steps in the process:

- Further information was to be provided to the Area Teams to mitigate all the outstanding risks to the plan. This additional information would need to be provided by the 21st November, following approval by the Board.
- The further information to be assessed by the NHS England Regional Lead (with Area Team input) to determine whether or not the information provided, closed off the risks which were identified in the NCAR report.
- Assuming the Regional Lead was satisfied with the information, the National Taskforce would be recommended to move the plan to 'approved' status.
- During w/c 8th December, the Taskforce would then report the approvals to the BCF Programme Board and Cross-Ministerial Board. Following this, outcome letters will be issued.

The Board considered a copy of the action plan agreed as part of the NCAR process. The action plan required the Board to submit additional information to reduce the risks in the plan, as identified in the NCAR process. Details of the document that provided that additional requested information was presented to members.

An aspect of the Better Care Fund plan was the ICT solution that would underpin the Multi-Disciplinary Service. A bid was submitted to NHS England, Integrated Digital Care Fund, for additional funding to support the development of the ICT solution. The bid passed all criteria set for applications, but the fund was oversubscribed and there was insufficient finance to fund all the bids submitted and the Stockton bid narrowly missed the cut-off point.

RESOLVED that the report be noted and the additional information, for submission to the NHS England Area Team.

## **9 Forward Plan**

Members considered the Board's Forward Plan. It was agreed that the December meeting would be cancelled and the January 2015 meeting would not include a development session.

RESOLVED that the Forward Plan be agreed.

**10 Chairman's Update**

There were no updates for this meeting.