

Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Monday 10 November, 2014.

Present: Peter Kelly (Chairman),

Hilary Hall (NHS England), Aishah Waithe (Catalyst) (Substitute for Steve Rose), Superintendent Ian Coates (Cleveland Police), Mick Hickey (Stockton Riverside College) , Simon Forrest (Durham University), Natasha Judge (Healthwatch), Lesley Gibson (Harbour); Andrea Walker (Prison Service); Linda Watson (North Tees and Hartlepool NHS Trust) Emma Champley, Sarah Bowman- Abouna, Jane Humphreys, Cllr Jim Beall, Colin Snowden, Richard Poundford, Neil Russell, Julie Nixon, Graham Clingan, Reuben Kench and Steve Hume (Stockton on Tees Borough Council)

Officers: Margaret Waggott and Michael Henderson (Stockton on Tees Borough Council)

Also in attendance:

Apologies: Jonathan Berry (HAST CCG), Julie Allan (Probation), Steve Chaytor (Tees Active), Tina Jenks (TEWV), Julie Nixon, Dave Kitching, Simon Willson (SBC)

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 2 October 2014

The minutes of the meeting held on 2 October 2014 were agreed as a correct record.

3 Minutes of the Children and Young People's Partnership held on 24 September 2014

The minutes of the meeting held on 24 September 2014 were noted.

3 Learning Disability Partnership minutes – 15 September 2014

Members considered minutes of the Learning Disabilities Partnership held on 15 September 2014.

Members noted that Superintendent Ian Coates would make sure feedback regarding the DVD about Hate Crime had been provided to the appropriate officer at Cleveland Police.

It was noted that the LD Partnership had considered Public Health's Pilot (Health Quality Checker) and it was agreed that it was important that all aspects of the Health and Wellbeing of people with learning disabilities were considered e.g. people with learning difficulties were sometimes victims of domestic

violence.

RESOLVED that the minutes be noted and the discussion actioned where appropriate.

4 Five Year Forward View

Members received a presentation of the NHS Five Year Forward View (5YFV) which had been published on 23 October 2014. The 5YFV described the collective view of NHS England, Public Health England, Monitor, the NHS Trust Development Authority, the Care Quality Commission and Education England on why change in the NHS was needed, what that change might look like and how it could be achieved.

The presentation provided the context in which the view had been formed:-

- Improving outcomes
- Continued austerity
- Health inequalities
- Patients needs and aspirations were changing

The key proposition was that it was possible to maintain a financially sustainable NHS without reductions in services, however this could only be achieved by a combination of local action in terms of making services more efficient, working with partners etc. and critical decisions that would need to be made by the next government in terms of investment, public health measures, integration and breaking down divisions.

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 Partnership discussed the presentation and the information provided. The discussion that took place could be summarised as follows:

- Life style issues and culture presented challenging problems for the NHS such as smoking, drinking and obesity. These were major issues and needed to be tackled. Why did some people act responsibly in terms of their health and others did not?
- Green space, that allowed children to play in an unstructured way, was being designed out of communities. This, together with health and safety and other factors was driving children in doors and there were health consequences.
- The Forward View provided a direction of travel for the future, after the 5 years, such as prevention and working with partners. The NHS could not achieve the objectives of the review without help.
- At some point some very brave decisions would need to be made and a shift of resources to prevention from reactive. A national debate would be needed. Within Public Health more money was going into prevention such as childhood obesity.
- People from deprived backgrounds often had some of the most complex health needs and prevention needed to be targeted on these communities.
- The Forward View was in the context of the Britain today, there needed to be debate on a range of factors that were affecting the health of the population. These may be factors that could only be influenced nationally.

AGREED that the presentation and discussion be noted.

4 Sex Workers in Stockton

Members considered a confidential report relating to sex workers in Stockton.

It was explained that in response to recent increases in sex work and a number of concerns raised by elected members and partners a meeting had been arranged to discuss support and intervention services. The outcomes of that meeting had been provided to the Safer Stockton Partnership, which had agreed a number of recommendations , one of which specifically impacted on this group

The recommendations agreed were:

1. To develop two groups to respond the issue of sex working in Stockton Borough Council:-
 - a. To develop an operational MARAC Style approach to ensure consistent information sharing, that is imperative in safeguarding children to target the identified problematic sex working females. To be chaired by 'A Way Out'.
 - b. To develop a Strategic Group to meet quarterly chaired by Steven Hume (Community Safety & Security Manager) that will be accountable to both the Safer Stockton Partnership and the Health and Well-Being Board.
 - c. To establish whether Social Services should be represented on either of the aforementioned groups
- 2 To recognise and maintain supported housing for females vulnerable to sex working, particularly through the new Gateway Scheme that would be introduced in October 2014.
3. To try and continue with the IOM approach if at all possible when working with females known to be involved in sex working
4. Maintain the link particularly around information between Support services for substance misuse and those known to be sex working.

The recommendation were agreed by SSP with recommendation 1C still outstanding:

5. To establish whether social services should be represented on either of the aforementioned groups

The Partnership was requested to operate, as the strategic group for this work.

RESOLVED that the report be noted and the Partnership receives updates on the work being undertaken and provide some strategic challenge.

5 Domestic Abuse Action Plan – Q2

Members received a report that provided a six monthly update on progress relating to the Domestic Abuse Action Plan that supported the Domestic Abuse Strategy and the latest strategic performance information relating to domestic

abuse.

Members noted that the majority of actions were on track within the Action Plan.

Outstanding actions that should have been completed by November 2014 related to consultation, identifying additional data sources relating to domestic abuse and communications/marketing.

It was explained that some organisations were reluctant to enter into consultation with clients regarding domestic abuse until additional training had taken place with staff. A Training Needs Analysis was being undertaken and a questionnaire had been circulated to relevant staff. When these had been completed and returned they would be assessed and suitable training commissioned. This additional process may create delays in some of the actions in the Plan being achieved.

Training also linked to the actions relating to promotional/marketing material. Assurance was needed that staff could respond to requests for help should organisations other than Harbour be promoted as options for early intervention support.

With regard to communications, it was noted that recent work on this had revealed that there were a number of different views on what the messages needed to be. In view of this it was agreed that it would be helpful to bring plans to the Partnership, so that it could debate what messages needed to be conveyed regarding domestic abuse.

The Partnership discussed the Action Plan and some data associated with domestic abuse. The discussion that took place could be summarised as follows

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- Case studies would be extremely helpful but it was proving difficult to provide any, as victims were often unwilling to allow their stories to be used, even if anonymised.
- A 'dip sample' of statistics, relating to domestic abuse, showed that it featured in 34% of the Youth Offending Caseload. The statistics also revealed a range of different victims and perpetrators. It was important not to think of domestic abuse in stereotypical terms.
- Two link officers were operating, one based in North Tees Hospital and the other in social care.
- A Domestic Abuse link officer at Cleveland Police had recently left and Superintendent Ian Coates would report back on which officer would be picking this up.
- Members noted that the strategy and action plan had taken account of NHS and NICE Guidance. It was explained that there were perpetrator

programmes that were evidence based. There was lots of evidence relating to the effects, on children, of domestic violence and how this impacted on their future relationships.

- The partnership noted some of the work being undertaken by Harbour, including: work with perpetrators, links with hospitals, and a whole family approach to provision.
- Performance figures indicated that there had been a 30% drop in police recorded incidents of domestic abuse since the start of the financial year. This was being looked at, in terms of its accuracy, as other figures indicated an increase in referrals to Harbour and increased activity in A and E.
- During the current six month period there had been 23 children placed on child protection plan via CESC relating to domestic abuse and this demonstrated how domestic violence impacted on different services.
- Attempts were in hand to widen the data sources as, currently, data mainly came from police, community safety and A and E. Other sources of data were being investigated, such as sexual health. All data needed to be analysed and anything of concern would need to be picked up in the Action Plan.

RESOLVED that the report and discussion be noted and actioned where appropriate.

6 Forward Plan

The Partnership considered and agreed a Forward Plan subject to the following amendments being made:

Health Inequalities (Professor Claire Bamba) to be added to the January meeting. Substance Misuse to be added to the February meeting. Teeswide Safeguarding Annual Report to be scheduled.