

# Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday, 3rd May, 2016.

**Present:** Peter Kelly (SBC)(Chairman),

Cllr Jim Beall (SBC), Steve Rose (Catalyst), Natasha Judge (Healthwatch), Lesley Gibson (Harbour), Girish Chawla (CCG), Dave Turton (Cleveland Police), Allan McDermott (Tees Active), Simon Forrest (Durham University), Phil Morris (Cleveland Police), Mandy Mackinnon (SBC), Colin Snowdon (SBC), Margaret Waggott (SBC)

**Officers:** Peter Bell, Sue Reay, Sean McEneaney (SBC), Jo Heaney (CCG)

**Also in attendance:**

**Apologies:** Jane Edmends, Emma Champley, Jane Humphreys, Stven Hume, Graham Clinghan (SBC) Julie Parkes (NTHFT)) Dominic Gardner (TEWV), Andrew Copland (CCG)

## **1 Declarations of Interest**

There were no declarations of interest.

## **2 Minutes of the meeting held on 5 April 2016**

The minutes of the meeting held on 5 April 2016 were confirmed as a correct record.

There was a discussion on the challenging aim of reducing smoking prevalence to 5%, by 2025. Further consideration of this would be undertaken at a future meeting and it was agreed that a collective approach was needed.

## **3 Action Tracker**

Members were provided with updates relating to the actions.

## **4 Stockton Multi-Disciplinary Service Report**

Members received a report and presentation on the progress of the Multi Disciplinary Service (MDS), which had been established as part of the Better Care Fund (BCF).

It was explained that the BCF plan had been created with all commissioning and delivery partners involvement The Plan could be broken down into two main schemes and five enablers. The two main schemes were:

Multi Disciplinary Services (MDS) and Dementia Pathways

The five enablers were:

7 day working, Joint Assessments, Digital Health, narrowing health inequalities and ICT Systems and data sharing.

Members were provided with details of governance arrangements around the BCF.

The aim of the MDS was to undertake targeted early interventions and preventative approaches, initially, for people aged 65 and over and not known to Social Care. Interventions may be social isolation, welfare checks, grab rails, making sure people were eating well etc. Packages of care would not be provided as this would be dealt with through social care.

It was explained that within the MDS was a Wellbeing Team that undertook health and wellbeing assessments and developed care plans. The person undertaking an assessment on someone would become the person's care co-ordinator, for up to six weeks, whilst the appropriate care and support was put in place. The service was free to everyone for up to six weeks.

The team worked very closely with the Stockton Welfare Advice Network which was co-located with the team. The welfare work had delivered income in the region of £200k, since October 2015. Some people had gained over £9k per annum additional income from the process. Members were provided with a table detailing the income achieved over the period.

Members noted that the main aim of the Better Care Fund, and therefore the MDS service was to provide integrated services and pathways of care that helped people to stay at home, avoid hospital admission and remain independent for as long as possible. People were very much at the centre of care

The priorities for 2016/17 would be to build upon the main schemes but with a slightly different emphasis and would now capture people who were known to social care and other health professionals and would benefit from co-ordination of their care.

Members noted other future work:-

- reviewing other services and their links to the MDS
- build on work with VCSE
- working with GP practices to further develop referral pathways.
- consider opportunities to establish a joined up Health and Social single point of access.

Discussion could be summarised as follows:

- there was a query around having an MDS Wellbeing presence in the North Tees Hospital discharge lounge and it was explained that this would be looked at further.
- the role of the Fire Brigade was highlighted and the early intervention work it would be supporting, particularly through its developing safe and well assessments.
- referrals could come from anywhere but most were coming from members of

the public - self referrals from social care.

- staffing structures and staff responsibilities would be continually reviewed and amended as appropriate.

- it was noted that out of 388 referrals only 15 had gone onto social care. It was intended that some case studies would be undertaken to try and understand what pathway the people would have taken should the MDS not be available.

- consideration would need to be given to scaling the service up in terms of the current 3 pilot practices being undertaken. It was envisaged that analysis of the pilots would identify what was working best and then the service would be extended to all practices. It was noted that all practices were different, so the service would still need to be flexible and adaptable. It was agreed that the establishment of the GP Federation would assist with successfully rolling out the service.

- exit surveys were undertaken and there were very high levels of satisfaction with the service. Financial improvements for people had exceeded expectations. A performance framework was being considered.

RESOLVED that the report and discussion be noted.

## **5 Mental Health Task and Finish Group**

Members received a report that provided background and an update on the work being undertaken within the mental health task and finish group, which had been formed by the Health and Wellbeing Board.

Members noted that work undertaken, or underway, included needs assessments and mapping of services in Stockton.

Next steps included:

- Review data set to formulate priority areas for a strategy.

- hold a mapping event where all (adult) stakeholders would be invited to input the challenges, barriers and positive aspects of an adults journey along the current pathway that they had experienced or were aware of.

- formulating findings from the data analysis and mapping event and sharing with service users and carers to obtain their feedback and incorporate any missing information.

- undertake a review of all the consultation carried out with children and young people to identify any gaps (in relation to particular groups) and if required further work to be undertaken in June and September.

- a stakeholder event for both adult and children and young peoples organisations to be held in late September, early October, where findings from both needs assessments and mapping work would be presented. The aim of this event would be to identify any further gaps, test the key issues which were being highlighted and identify the top five priority areas for the integrated

strategy.

Discussion included:

- the large amount of police time dealing with people with Mental Health problems and the need to, therefore, ensure that the Force was engaged. It was confirmed that there was a route in for the views of the Police via the crisis concordat.
- Prisoners/those leaving prison needed to be considered.
- individual and community resilience - building up self esteem and addressing social isolation.
- it was agreed that partner organisations, as employers, could help with MH issues.
- It was noted that people used drugs and alcohol to manage their MH.
- organisations were asked to provide a case study, to Jo Heaney, of any problems that they experienced, where there were no services, or there was a lack of knowledge
- stakeholder events would be for both adults and CYP. Aim would be that reports back from the event would be from adults and CYP perspective. It was suggested the event be billed as a HWB supported event.
- A number of organisations offered opportunities to advertise the event and potentially provide other data.

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

## **6 Framework for Adults and Health Strategy**

Members considered a report that shared the early thoughts and approach to the development of an Adults and Health Strategy within the Council.

Members were provided with a document that set out early thoughts for the framework to develop an Adults and Health Strategy within the Council – whilst setting out the basis for any future strategy with NHS and VCSE partners.

The format was intended to provide a golden thread link to existing corporate, Council and Health and Wellbeing plans in order that this provided the clarity and focus to set out the detail of a proposed new model and overall approach. The intention was to share early thinking, discuss and identify the basis of the next phase of adding the detail to develop and design the strategy content.

Emerging themes:

- Early intervention and prevention

- Carers support
- Personalisation
- Self-Care (culture shift)
- Quality of life – long term care
- Advice and Information
- o Self Service (resource shift)
- Safeguarding
- Partners and integration ( i.e. NHS / VCSE)

A draft strategy would be produced by October 2016.

RESOLVED that the report, framework and next steps be supported.

## **7 Health and Wellbeing Board - Peer Challenge Review**

Members received a report relating to a Health and Wellbeing Peer Challenge, undertaken in January 2016.

The Partnership was provided with details of the outcomes of the challenge, including 6 recommendations.

It was noted that the Health and Wellbeing Board had agreed to hold a series of development days to develop an action plan relating to the recommendations.

There was a discussion on reporting arrangements to the Health and Wellbeing Board, generally, and, specifically, in terms of the work being undertaken by the Mental Health Task and Finish Group. It was explained that the Board, through the Chair, would consider any requests to submit a report but would be sensitive to a number of factors in deciding whether one was appropriate, at a particular time. Equally the Board would request reports, should it require updates on any issues.

The Partnerships was very much seen as part of the Health and Wellbeing system and it was often more appropriate for issues to be developed at these forums.

It was agreed that presentation of the Mental Health Task and Finish Group report to the Partnership had been appropriate.

RESOLVED that the report be noted.

## **8 Forward Plan**

Members noted the Forward Plan.

Members were encouraged to attend the joint Partnership meeting, scheduled for 15 June 2016 to consider Domestic Abuse.

Members were also encouraged to submit items for inclusion in the Plan.

