

# Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday 8<sup>th</sup> November 2016.

**Present:** Jane Humphreys (Chair), Sarah Bowman Abouna, Emma Champley (SBC Public Health), Jane Edmonds (EGDS), Reuben Kench (CLE), Steve Rose, Mandy Mackinnon (Public Health), Dave Turton (Cleveland Fire Brigade), Allan McDermott (Tees Active), Julie Parks (NTHFT)

**Officers:** Jenna McDonald (DCE)

**Also in attendance:** Nathan Duff (Catalyst),

**Apologies:** Cllr Jim Beall, Dominic Gardner, Graham Clingan, Margaret Waggott, Claire Sills, Steven Hume

## **1 Declarations of Interest**

Steve Rose declared an interest as he was involved in the running of the Community Health Ambassadors.

## **2 Minutes of the meeting held on 5<sup>th</sup> July 2016**

Consideration was given to the draft minutes of the meeting held on 5<sup>th</sup> July 2016.

RESOLVED that the minutes be approved subject to a minor amendment.

## **3 Children and Young Peoples Partnership minutes and Commissioning Group Minutes**

Consideration was given to the following minutes:

- CYP Partnership - 21<sup>st</sup> September 2016
- Adults Commissioning Group – 20<sup>th</sup> September 2016
- CYP Commissioning Group – 5<sup>th</sup> October 2016

RESOLVED that the minutes be noted.

## **4 Minutes of the Learning Disability Partnership Board**

Members noted the minutes of the Learning Disability Partnership Board.

RESOLVED that the minutes be noted.

Members noted that a respite caravan had been purchased, it was heard that the caravan was a static based on the Primrose Valley site and had been successful to date. It was noted that SBC worked closely with colleagues at Hartlepool Borough Council in order to provide the respite.

## **5 Community Health Ambassadors**

Members considered a report that provided an overview of the themes and findings from the Health Services Survey carried out by the Community Health Ambassadors (CHA) programme from June – August 2016.

It was noted that Hartlepool & Stockton-on-Tees CCG (HAST CCG) had developed the (CHA) programme to help it effectively engage and involve local people in the planning, development and commissioning of health services - with a particular focus on engaging people from minority, marginalised and disadvantaged groups and communities.

HAST CCG was working in partnership with Catalyst and Xivvi to recruit and manage a team of CHA volunteers who represented a wide range of communities from across all areas of the Hartlepool and Stockton-on-Tees localities including those with learning difficulties/disabilities and their carers, BME community, deaf community, blind community, homeless community, over 50's/ageing population, ex-offenders, faith groups, mental health and more.

It was explained that ambassadors were encouraged to provide feedback and recommendations that were solution focussed, allowing the CCG to provide a practical response to concerns and issues; whilst also providing a real opportunity to improve patient experience when accessing health services.

In addition to ongoing feedback and attendance at consultation events, HAST CCG and the CHA volunteers agreed it would be useful to carry out a comprehensive Health Services survey with the local community to gain an overview of public opinions and experiences of key health services that the CCG currently commission – including GP services as of April 2016. The survey was available to complete both online and as a printed survey from 9<sup>th</sup> June – 31<sup>st</sup> July. It was noted that 20 CHA volunteers were involved in promoting the survey representing a range of organisations across Stockton and Hartlepool.

Members noted the responses from the 505 participants that completed the survey which covered; Primary Care, Urgent Care and Planned Care.

With regard to Mental Health, it was explained that a significantly high number of participants skipped the question which asked “Are you aware of any of the following Mental Health Services” or left it blank in absence of a ‘none of the above’ option.

Out of 505 participants, around 10% had heard of Improving Access to Psychological Therapies (IAPT) or Recovery College Services compared to Child and Adolescent Mental Health Services (CAMHS) and Cognitive Behavioural Therapy (CBT) which were better known.

With regard to Urgent Care, participants of the survey were asked a range of questions about their experience of Urgent Care services including the 111 number, walk-in centres, ambulances and pharmacies.

It was noted that the Health Services Survey carried out by the CHA programme provided an honest insight into the experiences of Stockton-on-Tees and Hartlepool residents accessing local health services. Members heard that throughout promoting the survey, it was clear that both CHA volunteers and participants were very keen to receive follow up feedback from both Catalyst and the CCG in response to the comments and information provided. Participants welcomed the opportunity to comment on the local Health Services and were keen to engage in similar engagement/consultation methods in the future.

The success of the Health Survey encouraged Catalyst and the CHA volunteers to continue using surveys and similar engagement tools in the future to gain public opinions and feedback on health topics relevant to current commissioning intentions of the CCG. The survey also provided a platform to recruit further CHA volunteers via those who wished to find out more about the role.

The following points/questions were raised by Members:

- With regard to the findings around mental health, it was asked whether ambassadors would work towards promoting mental health services more around the Christmas period. In response, it was heard that the CCG were reviewing gaps across all areas in order to identify those areas where ambassadors would place more focus. It was acknowledged that the Christmas and New Year period was a difficult time for those suffering with mental health issues. Members also heard that a Mental Health Task and Finish Group was in place which also worked towards raising awareness of services.
- Members of the Partnership agreed that there was a role for each partner to support the work carried out by the Community Health Ambassadors.
- It was asked whether the feedback on GP Practices was available at practice level. Members noted that the data was available at practice level as there was a section included in the survey which gave the participant opportunity to provide the name of their GP practice.
- Members were keen to understand whether Ambassadors were included in the next steps and reshaping of the service design. It was noted that the Ambassadors were involved in the service design.
- Partners agreed that further work should be carried out around mental health as there was only one question included within the survey relating to mental health.
- Members were keen to understand how participants from different groups were reached. It was noted that many participants were from the voluntary sector and many responses were from existing client groups.
- Concerns were raised around the waiting times for GPs.

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

## **6 Health of the Homeless Update**

The Partnership was provided with a report that gave an update on Health of the Homeless.

In February 2016, Homeless Link presented a Health Needs Audit of Stockton's homeless population to the Health and Well-being Board. A multi-agency working group consisting of officers from SBC Housing, SBC Public Health and the CCG was established to respond to the key issues and recommendations

that were highlighted.

Based on the Health Needs Audit the working group focused on the following:

- Comparison of homeless health data to that of the general population
- Hospital discharge pathways
- Dual diagnosis pathway
- MEAM approach for homeless with complex needs
- Prevention of homelessness

Partners were presented with data which reflected the difference in needs between the homeless population and the general population. As a result of the difference between the two populations, it was noted that the following actions were being taken:

- Stop smoking brief intervention training for staff at New Walk.
- Update the JSNA to reflect the Homeless Link health needs audit
- Respond to mental illness and dual diagnosis (please see 3.2 below)

With regard to supporting the homeless population in accessing services, it was heard that the working group had identified three priority areas of work to be tackled in partnership with colleagues from across sectors and specifically with the NHS. The three priority areas included;

1. To review the implementation of hospital discharge protocols
2. To consider a multi-disciplinary service to tackle dual diagnoses
3. Trial the Making Every Adult Matter (MEAM) in-reach approach in Stockton

With regard to Early intervention and Primary Prevention of homelessness, it was noted that it was well documented that the most vulnerable individuals within the homeless population will have significant health and behavioural challenges both of which were often symptoms of greater challenges endured earlier in an individual's life. For a small, but significantly vulnerable, proportion of the population in Stockton, life circumstance, environmental and social factors in the formative years would culminate in mental illness and/or substance misuse – a common combination among our homeless population.

Partners noted that the Housing Team were contributing to the development of the mental health strategy and Opportunities to prevent homelessness were being explored.

Partners raised the following points/questions:

- It was noted that the report was heavily focussed on A New Walk which the officer post for was due to cease.
- The Government acknowledged issues around homelessness and released two schemes; Trail Blazer and the Rough Sleeping Programme.
- With regard to drug and alcohol misuse, it was heard that services often requested that an individual be free from such issues before accessing the service.

- Partners agreed that it would be helpful to receive an update from TEWV on dual diagnosis as this could impact upon homelessness. Members were keen to understand what TEWV's policy was regarding dual diagnosis and whether there had been any issues identified in terms of patients accessing services
- It was noted that dual diagnosis was a current issue.
- Partners were made aware of the review of the Supported People and Accommodation Budget.
- Partners discussed homeless children, it was noted that there was currently enough accommodation to meet the needs of Care Leavers and Looked After Children.
- Members were made aware of a session around homelessness held at Billingham Campus. It was heard that the session potentially provided the opportunity to sign post and provide early intervention.
- Partners asked whether any issues had been identified around Prison leavers. In response, it was noted that the authority had not specifically focussed on prison leavers as it was difficult to engage with partners. It was heard that the local authority however, operated a Housing Solutions Service which exceeded government requirements.

RESOLVED that:

1. the content of the report be noted and the direction of travel supported.
2. TEWV provide an update on dual diagnosis at a future meeting.

## **7 Delivery of alcohol brief intervention training**

The Partnership was presented with a report which outlined the Public Health Service approach to supporting early identification and delivery of interventions for alcohol misuse through the rollout of the Have a Word Brief Intervention Training programme.

Alcohol screening and delivery of brief interventions / advice were a cost effective and preventative approach to reducing alcohol related risk and harm across the population. Identification and Brief Advice (IBA) for alcohol consisted of the use of a validated screening tool and a short structured conversation to identify if an individual was at risk of harm through their alcohol use and to help them reduce their alcohol consumption from harmful levels.

It was highlighted that In 2015 Public Health England launched a regional approach to the delivery of alcohol brief interventions through the 'Have a Word' training model. The Have a Word training model was originally devised by the Public Health Wales Alcohol team and has been successful in supporting health and community workforces to deliver alcohol brief interventions & advice across a range of settings.

It was noted Stockton Public Health were participating in the regional rollout of Have a Word Alcohol Brief Advice / Intervention training and had commissioned Lifeline Alcohol Service for the operational delivery of 'Have a Word' training across the Borough.

The aims of the Stockton-on-Tees Have a Word training programme were:

- To increase the understanding and awareness of the signs of alcohol misuse
- To increase knowledge and understanding of brief intervention theories and methodologies.
- To give frontline staff within universal and targeted services the knowledge and confidence to deliver brief interventions to those identified at risk.

It was heard that evaluating the medium and longer term impact of the training within a sustainable model of delivery remained a local challenge. Although evaluations from the training were positive, with practitioners intending to implement the skills they had learned it has so far been unclear as to how practitioners were using brief interventions in their work.

With regard to the next steps, it was heard that Practitioners would be emailed at 1 and 3 months to assess the impact of the training and delivery of BIs. It was also noted that SBC would continue to engage partner services that had not yet participated in programme including foster cares services, troubled families service providers, children's homes and schools (e.g. through training to Parent Support Advisors), GP practices (by follow up of service flyer through Lifeline Service Team around the Practice practitioners)

It was highlighted that the impact of alcohol in families was significant and therefore the support of all partners would be greatly appreciated.

RESOLVED that the continued rollout of the programme be supported.

## **8 Domestic Abuse Event – 4<sup>th</sup> October 2016**

Partners were presented with feedback and outcomes of the Domestic Abuse Event held on 4<sup>th</sup> October 2016.

RESOLVED that the information be noted.

## **9 Forward Plan**

Partners considered the Forward Plan. Changes were made as follows:

- The Director of Public Health Report be scheduled to March 2017.
- Alcohol Brief Interventions be scheduled to May 2017.
- Safe and Well Visits update be scheduled to May 2017.

RESOLVED that the Forward Plan be noted.