

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 26th April, 2017.

Present: Cllr Jim Beall(Chairman), Cllr Mrs Ann McCoy, Cllr Sonia Bailey, Cllr Di Hewitt, Tony Beckwith, Dominic Gardner (substitute for David Brown), Cllr Maurice Perry (substitute for Cllr Lynn Hall) Steve Rose, Ali Wilson, Paul Williams, Ann Workman

Officers: Michael Henderson, Mandy Mackinnon, Sue Reay, Johanne Parker (SBC)

Also in attendance:

Apologies: Cllr Lynn Hall, Cllr David Harrington, Barry Coppinger, Sheila Lister, Sarah Bowman-Abouna, Saleem Hassan, Martin Gray

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 29 March 2017

The minutes of the meeting held on 29th March 2017 were confirmed as a correct record.

3 Health and Wellbeing Update

The Board received an update, which detailed the minutes of meetings associated with the Health and Wellbeing structure:

- Children and Young People Partnership - 22 March 2017.

- Domestic Abuse Steering Group - 8 February 2017

The Chairman explained that, at the Domestic Abuse Steering Group, held in February, an issue was raised relating to charges, levied by some GPs, for providing letters of evidence to victims of Domestic Abuse. Such letters were used to help secure legal aid. It was indicated that the issue had already been recently raised with GPs, with a request that the charge should not be levied. In addition, the GP Federation representative indicated that he would have conversations with relevant practices, but the final decision on this issue lay solely with those practices. The discussion above would be fed back to the Steering Group, which would monitor the situation.

The Chairman then referred to discussion at the April meeting of the Steering Group, relating to low levels of GP referrals to specialist services (Harbour). It was explained that this was likely to be because GPs tended to signpost people, rather than undertake a formal referral. The low level of referral across health agencies was highlighted and it was noted that TEWV was undertaking work to improve this, including awareness raising and training. It was explained that the referral form was eight pages long and it was accepted that this may be a barrier to the formal referral of victims, and why signposting was often preferred by health professionals. It was queried if Harbour could simplify the referral process?

Wider discussion, relating to Domestic Abuse, could be summarised as follows:

- Partners needed to ensure that appropriate members of their staff undertook routine enquiries around Domestic Abuse.
- The CCG was committed to raising awareness of Domestic Abuse within its own organisation and within the services it commissioned.
- It was confirmed that work to raise awareness within primary care was already underway and it was suggested that updates on this should be provided to the Steering Group through the CCG's representative.

RESOLVED that:

1. the minutes and discussion be noted.
2. feedback relating to the two issues raised by the Domestic Abuse Steering Group, as detailed above, be provided to the group.
3. the Steering Group receive updates from the CCG around work it was undertaking to raise awareness of Domestic Abuse.

4 Stockton Better Care Fund - Quarterly Performance

Members considered a report that provided the Board with the Better Care Fund (BCF) Quarter 3 2016/17 submission, to NHS England.

It was explained that, since the last submission there had been no improvement in non-elective activity, delayed transfers of care and reablement. The Board's discussion centred on this lack of improvement, given its role in facilitating integrated working and resolving problems:

- It was noted that the BCF budget was a small part of the jigsaw, and there was lots of other work in these areas that would impact on activity. It was important to scrutinize performance but there were limits to what the BCF would achieve on its own.
- The focus of BCF 2017/18 was much more on integration and pathways out of Hospital, and this focus may have a positive influence on activity.
- It was accepted that some of the increase in non elective admissions could be readmissions, though there was no specific data gathered around this.
- Members noted that, currently, national financial plans were to increase BCF funding and the Board was reminded that there was an option to increase the pot with local resources.
- It was explained that the target of reduction, for non-elective admissions, was 5%, with a low starting base.
- The Board considered that the interventions being undertaken were appropriate, however, there was discussion around whether those early

interventions were always delivered to the right group of people. Predominately, interventions were provided for those who contacted social care, though work was ongoing to extend this more into health. This included the triaging of individuals from a health and social care perspective. It was noted that GPs had data that could predict with 80% certainty, which individuals would need admission to hospital in the near future and this could be used to target proactive interventions, at an earlier stage.

- The Board was reminded that services in the acute trusts had to be maintained to meet demand and resources could not be released for prevention until that demand was reduced.
- It was explained that issues around BCF performance continued to be considered at a local Stockton group and at the North of Tees Partnership. It was agreed that evidence needed to be continually evaluated and approaches challenged on a regular basis.
- A strategic meeting, focused on Stockton and looking at integration work, was planned. The meeting would use data from the 100 day challenge.
- The Board supported patient choice but noted that delays in leaving hospital could see a deterioration in the health of patients affected.

RESOLVED that;

1. the Quarter 3 Better Care Fund performance submission be endorsed.
2. the discussion detailed above be noted and considered in the context of how performance might be improved in certain areas.

5 Domestic Abuse Strategy 2017 -2022

Members received a revised Domestic Abuse Strategy (2017-22) for the borough, which had been developed by the Domestic Abuse Steering Group. It was explained that the new strategy built on the work of preceding years and strengthened the focus on working together, as local partners, agencies and communities to prevent individuals from becoming victims and perpetrators of domestic abuse.

The suggested strategic approach would support professionals to identify and deal with the earliest signs of abuse, stop abuse before it happened, prevent abusive behaviour from becoming entrenched and prevent perpetrators from moving from one victim to the next. Critically, it would provide victims and their families with support, before a crisis point was reached.

It was noted that extensive consultation had taken place, including, with:

Adults Health & Wellbeing Partnership
Children & Young People Partnership
Safer Stockton Partnership
Local Safeguarding Children Board
Teeswide Adults' Safeguarding Board (via Business Support Unit).

The Board was provided with a copy of the Strategy (2017 – 2022) and the Action Plan (2017/18) and endorsed both documents.

Members were informed that the Strategy had been scheduled to go to Cabinet on 18 May 2017 and, in line with the Council's Constitution, to full Council for formal agreement on 21 June 2017.

The Board noted that, following consideration, by Cabinet in May, and agreement by Council in June, the Domestic Abuse Strategy would be formally launched.

Members noted that the action plan for 2017/18 focused on specific priorities. Other important issues would be included in future years' action plans and all partners would have an opportunity to influence this.

Members discussed the launch of the Strategy and made the following suggestions, for consideration by the Domestic Abuse Steering Group:

- 'hard launch'
- A specific high profile event, with the press in attendance.
- A prominent person to attend the event and endorse the Strategy e.g. a local sports star.
- Must be branded as a multi-agency strategy.
- Attempts should be made to have survivors of domestic abuse at the event.
- It would be important to have Board members and other partners at the event.

RESOLVED that:

1. The Domestic Abuse Strategy 2017- 2022 and the Domestic Abuse Action Plan 2017 – 2018 be endorsed.
2. The Board's comments on the launch of the Domestic Abuse Strategy be forwarded to the Domestic Abuse Steering Group.

6 Adult Social Care Strategy

Members considered a draft Adult Social Care Strategy for the Borough.

The Board was asked for its views on the draft document, the proposed vision, objectives and overall approach and direction of travel.

Discussion could be summarised as follows:

- Members supported the format and felt it was easy and clear to read.
- It was queried if the strategy could be even more radical and transformational around how adults' services would be delivered going forward.
- Understandably, frail and elderly featured strongly in the strategy and, perhaps, references to other adults, who needed different kinds of support, needed to be strengthened.
- It was suggested that the Mental Capacity Act (2005) should have more

profile in the document, as it was a fundamental piece of legislation relating to the work undertaken in Adult Social Care.

- A short summary version of the strategy would be produced.
- Consideration should be given to how this strategy might connect with certain CCG strategies, in terms of delivery. A discussion around this would be held outside the Board meeting.

Members were asked to provide any comments on the strategy within the next two weeks.

RESOLVED that:

1. the overall approach of the draft Strategy be supported.
2. the comments provided be considered.
3. consideration of how the Adults' Strategy might link with other strategies be undertaken outside the Board's meetings.

7 Members' Updates

Members were informed that the health initiatives/social prescribing programme, funded by the CCG, would take place again this year. Members were asked to identify, to Catalyst, any organisations that had initiatives involving health outcomes. The funding associated with the programme was around £500k.

CCG had commissioned, from the GP Federation, two GP practices to be open every evening until 8pm, 3 hours on a Saturday and 2 hours on a Sunday. Appointments would be bookable through patient's own GP and was for planned care only.

The Urgent Care Centre had gone live on 1st April, located next to A and E, at North Tees.

Public Health Team had put together a calendar of the year identifying various activities like Stoptober, Alcohol Awareness week and it was suggested that a joint calendar may be produced in the future, so that a planned response to events could be arranged.

8 Action Tracker

Members considered the Board's Action Tracker.

RESOLVED that the Action Tracker be noted.

9 Forward Plan

Members considered the Board's Forward Plan.

RESOLVED that the Forward Plan be noted.

