

Tees Valley Health and Wellbeing Board Chairs' Network

A meeting of Tees Valley Health and Wellbeing Board Chairs' Network was held on Monday 27 March 2017.

Present: Councillor Jim Beall (Chairman) (SBC), Councillor Andrew Scott (DBC), Councillor Mick Thompson (MBC)

Also in attendance: Amanda Hume (Chief Officer) and Allan Fairlamb (Commissioning Manager) NHS South Tees CCG; Peter Kelly (Centre Director), from Public Health England - North East

Officers: Michael Henderson (SBC)

Apologies: Cllr Christopher Akers Belcher (HBC), Mayor David Budd (MBC), Councillor Sue Jeffrey (R&CBC)

1 Declaration of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 23 January 2017

The minutes of the meeting held on 23 January 2017 were confirmed as a correct record.

3 Tees Mental Health Crisis Concordat

Amanda Hume and Allan Fairlamb from NHS South Tees Clinical Commissioning Group were present and provided an overview of the Tees Mental Health Crisis Concordat.

It was explained that the concordat was a group consisting of 13 member organisations and focused on improving care and services for individuals experiencing crisis. Membership included Tees Valley Local Authorities (except Darlington), Foundation Trusts, CCGs, Police, Fire Brigade and MIND

The benefits of the concordat included:

- Tees-wide approach which promoted consistency
- Collaborative working and joint commissioning opportunities
- Data-sharing
- Sharing best practice
- Improved system wide crisis response
- Improved working relationships with the Voluntary & Community Sector
- Improved outcomes for those experiencing Crisis

Meetings of the Concordat were bi-monthly.

Members noted that the Concordat had created a number of task and finish groups to provide clearer focus, more engagement and the delivery of change. The task and finish groups included one known as Cohort 30. This group focused on frequent attenders of urgent and emergency care services as well as persistent users of other services. The work looked to identifying the top 30 individuals, accessing collective services, and to understand how better to support those individuals and reduce the impact for all services. The cohort had

been split into 5 smaller cohorts to reflect the different interventions needed by individuals. As issues around cohort 30 individuals improved, others would replace them.

Other Concordat task and finish groups were looking at:

Police Force Control Room - to offer expert MH advice, guidance and intervention at the point of an individual calling the control room, in crisis.

Role of the VCS and Prevention – to involve VCS organisations in the care and treatment of individuals within our communities and help to prevent individuals reaching crisis.

Conveyance – focusing on establishing a more robust service for conveying individuals requiring a mental health act assessment to an appropriate place of safety.

The Concordat also focused on other areas of work , including:

- Crisis Assessment Suite.
- Street Triage Team.
- Policing and Crime Act 2017, particularly section 136 and the relocation of individuals to places of safety.
- MHA Assessments and S12 Doctors.

The Concordat had appointed an officer to collate and drill down into information around Mental Health.

It was agreed that it was important to keep the momentum of the Concordat going. It presented important action learning opportunities and would help inform commissioning going forward.

It was noted that there was close working between the Concordat and wider voluntary sector, this included submission of bids for funding streams and outreach work.

Members discussed the impact of neighbourhood policing and how this provided an element of prevention in terms of incidents involving people with mental health issues. Any change in emphasis on prevention, in neighbourhood policing, could lead to more problematic issues further downstream.

An offer to provide the Concordat presentation at other forums was made, including individual Health and Wellbeing Boards.

RESOLVED that the presentation and discussion be noted.

4 The Role of Public Health North East

Professor Peter Kelly, Centre Director, Public Health North East was present and provided an overview of the work of Public Health England (PHE) PHE was the national agency that fulfilled the Secretary of State's statutory duty to protect health and address inequalities. PHE had four core functions:

- Protecting the public's health.
- Improving the public's health and wellbeing and reducing health inequalities
- Improving population health through sustainable health and care services
- Building the capability and capacity of the public health system.

The Network was provided with details of some of the work that PHE undertook to fulfil its core functions.

Members considered data relating to life expectancy, smoking prevalence and obese children.

Members noted that, in terms of life expectancy, some area rates, including the Tees Valley, had actually fallen, during the period 2013 – 15 compared to 2010-12. The reasons for the fall were not understood at present and work was ongoing in this regard. Longer trend data was also being examined.

Childhood obesity continued to increase in the Tees Valley and smoking in adults was improving.

Members were reminded that the public health grant remained ring-fenced until 18/19. There had been a 3% reduction year on year, with a budget of £61million for 17/18, across the 5 Tees Valley Authorities.

The Network discussed some of the emerging challenges and opportunities around Public Health :

- Devolution
- STPs
- Business Rate Retention Funding
- Demography
- Breaking the cycle and reversing health inequalities

Discussion included reference to Health in all Policies, an approach that explicitly took into account the health implications of all policies, strategies and decisions. It was noted that the LGA offered facilitated events, relating to this and Durham University offered a 3 day seminar. It was suggested that it may be possible for an event, across the Tees Valley, to be arranged, looking at HiAP and sharing initiatives relating to prevention. The Centre Director indicated that he and his office would be happy to be involved in any event.

RESOLVED that the presentation and discussion be noted and consideration be given to the feasibility of an event, as described above, being arranged in the

future.

5 Sustainability and Transformation Plan (STP)

This matter was not discussed in detail but it was noted that Alan Foster, STP lead, would be attending a meeting, in the near future, when a comprehensive discussion would be possible

6 Forward Plan

Members noted and agreed the Forward Plan.