

# Adults' Health and Wellbeing Commissioning Group

A meeting of Adults' Health and Wellbeing Commissioning Group was held on Tuesday, 18 July, 2017.

**Present:** Ann Workman (Chairman),

Cllr Jim Beall, Emma Champley, Sarah Bowman-Abouna, Liz Hanley,

**Officers:** Michael Henderson, Lisa Tague, Aishah Waithe (SBC), Dan Maddison (CCG)

**Apologies:** Paula Swindale, Kate Birkenhead

## 1 **Declarations of Interest**

There were no declarations of interest.

## 2 **Minutes of the meeting held on 23 May 2017**

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

## 3 **Domestic Abuse Procurement**

Members considered a report that provided the group with an overview of the process undertaken to establish a proposed model for Domestic Abuse support services within Stockton on Tees from April 2018 onwards. The report provided an overview of activity to date and an outline of the proposed services model.

It was noted that the proposed new model of service would retain all the features of the current service but would bring in new aspects that had been identified as being needed. These included:

- A range of interventions for perpetrators dependant on risk assessment and need.
- A specialist Domestic Abuse Worker within Children's Services who would be able to undertake direct work with clients before a referral was made or if disengagement occurred.
- Family Group Conferencing where risk was appropriate and behaviour wasn't entrenched
- Therapeutic support interventions for children and young people

Members noted the timeline associated with the procurement of the services, which would be in place by 1 April 2018. The new service model would cost in the region of £445k which represented an additional commitment, by the Council, of £103k.

It was explained that the service specification was being prepared and would be sent out to relevant people for consideration and to receive feedback. It would also provide an opportunity for people to see where their role would be and how they'd need to link-in.

Members supported the approach detailed in the report and there was a lengthy discussion, which could be summarised as follows:

- It was explained that, at the last meeting of the Domestic Abuse Steering Group, the chair had provided an update on the Council's commissioning of the service and he had referenced the need for investment by partners.
- It was agreed that the draft specifications be sent to members of the Domestic Abuse Steering Group, who were not service providers, for comments. The spec would also be sent to members of this group and Angela Connor.
- The Health and Wellbeing Board Chair would be announcing that the Council was increasing spend on its Domestic Abuse Service by 30% at the Domestic Abuse Strategy launch and would call on other organisations to allocate funding in this important area.
- It was queried if it was necessary to go through a full procurement exercise. It was agreed that the contract value was likely to require it but also it would be beneficial to understand what providers were available on the market and what their offers were.
- There would need to be links with Adults Social Care, to ensure staff understood what service was being commissioned and that there were strong links once the service was up and running.

RESOLVED that the service model be supported and the report/discussion be noted and actioned as appropriate.

#### **4 Mental Health Adults Needs Assessment**

The Group was presented with an update from the Mental Health Task and Finish Group, relating to the development of a mental health needs assessment for adults. The update particularly focused on, at risk groups, prevalence, suicide in adults, plus service activity and data relating to communities in the Borough. The Group also received an update relating to the work of the Teesside Suicide Prevention Task Force and a table detailing workstreams based on the Mental Health Five Year Forward View.

A summary of the themes emerging from the development of the needs assessment was provided and these included:

- Workforce development, including but not limited to Mental Health literacy
- opportunities across the life-course to promote wellbeing and resilience
- Addressing stigma and discrimination and promoting help-seeking behaviours
- Improvement in support and pathways for dual diagnosis, perinatal mental health and transitions to adult services

- Creating mentally healthy communities
- Improving pathways for dual diagnosis
- Establish ways of working with housing to provide stable and secure homes
- Reducing isolation
- Improve multi agency working

Discussion:

- It was agreed that services should be working towards greater involvement with people who had drug or alcohol problems. It was noted that through the adult partnership, arrangements had been made, with TEWV, to hold a rapid improvement workshop around dual diagnosis.
- Nationally, it was recognised that drugs and alcohol were significant risk factors in suicide cases.
- There had been difficulties getting data from the Trust around Mental Health and it was agreed that it would be important to resolve these difficulties and obtain the data, to provide a full picture.
- It was noted that the Health and Wellbeing Board had asked that a strategic action plan, around Mental Health be produced covering children, transition and adults.
- Members noted CCG plans going forward and their focus on areas including early intervention and psychosis, pathways, crisis and intensive hub support, waiting times for IAPT, single points of access, getting people into services quickly.
- It was important that the commissioning plans of partners were discussed at this forum and, other, perhaps more tactical plans, were considered at the Partnerships
- It was suggested that an overarching strategy statement would be helpful together with an agreed action plan and some year 1 priorities.
- Services needed to be suitable for young people at transition.

It was agreed that any commissioning actions identified in the action plan should be reported back to this Group, equally, there may be issues identified that needed to go to the Adults Partnership for consideration.

RESOLVED that:

1. the update be noted and any commissioning actions identified in the strategic action plan be reported back to this Group.
2. the Trust be contacted to acquire relevant service activity data

### **Alcohol Nurse Review**

Members received a report relating to a review of the Alcohol Nurse at North Tees & Hartlepool NHS Foundation Trust. It was explained that the contract for the dedicated alcohol nurse role transferred to the Local Authority, from the PCT, in 2013. The initial purpose of the alcohol nurse role was to improve education of Trust staff, ensure brief interventions regarding alcohol were provided to patients and that alcohol related hospital admissions were reduced. The service had recently been reviewed and members were informed of the outcomes of that review:

- Alcohol related hospital admissions are not reducing.
- The role was a clinical one focused on the treatment of chronic and acute alcohol-related illness.
- An additional alcohol nurse role was also funded by Hartlepool Borough Council. This role has ceased.
- An NHS CQUIN had recently been introduced within the Trust for alcohol which included identification, screening and brief intervention.

RESOLVED that the Group notes that the contract for the Specialist Alcohol Nurse/Reducing alcohol admissions at North Tees and Hartlepool NHS Foundation Trust ends on 30 September 2017 and would not be renewed.

### **Carer Support Update**

Members considered a report that identified options for the model of delivery, for the Carers' Service, together with a proposed timeline for the implementation of that model.

The proposed models were:

- Option 1: External Tender
- Option 2: In House Service
- Option 3: Mixed Model

It was noted that these options had been considered within the Carers Services Steering Group. It was proposed that should the Commissioning Group accept Option 3, as the preferred model, further detailed work would be undertaken to develop the business case.

There was a query about how the independence of any advocacy would be maintained in option 3 and it was explained that carers would be able to access the independent advocacy service commissioned from SDAIS.

RESOLVED that

1. option 3, Mixed Model, be approved and a business case for that option be developed.

2. the timeline detailed in the report be noted and the business case be circulated to the Group prior to its meeting in September.

### **Forward Plan**

Members discussed the Forward Plan and agreed a number of amendments.