

AGENDA ITEM

**REPORT TO HEALTH AND
WELLBEING BOARD**

20 DECEMBER 2017

HEALTH AND WELLBEING UPDATE

SUMMARY

In accordance with previous decisions made by the Board this report provides a brief overview of discussions at meetings associated with the work of the Health and Wellbeing Board.

RECOMMENDATION

That the report and minutes be noted.

DETAIL

Adults' Health and Wellbeing Partnership – 3 October 2017– Minutes attached at Appendix 1

Domestic Abuse Strategy

1. The Partnership received a presentation that provided an overview of the Domestic Abuse Strategy, which partners had adopted. A case study was provided where 29 opportunities had been missed to report domestic abuse earlier. Partners were reminded of their responsibilities in this regard.

Joint Strategic Needs Assessment

2. The Partnership continues its work around prioritising and signing off topics.

Dual Diagnosis Update

3. Members discussed an update on a Rapid Process Improvement Event held in September.
4. Key issues raised had been raised relating to low referral rate , the need to ensure joint working engagement with people at the correct point.

Other items considered

- Health Initiatives Bids
- Better Care Fund Updates

Children and Young People's Partnership – 18 October 2017 – Minutes attached at Appendix 2

Looked After Children – Comparative Analysis

5. Members were provided with comparative data relating to Looked After Children (LAC). The Partnership particularly highlighted attachment disorder as a common trend in LAC and should be an area of focus for partners.

Other items considered

- Strategic Review of Education
- Future in Mind

Adults' Health and Wellbeing Commissioning Group – 26 September 2017 Minutes attached at Appendix 3

Better Wealth / Better Wealth

6. Consideration was given to the outcomes of a review of this service. It was agreed that the contract would be extended 12 months and the opportunity would be taken to build the neighbourhood group element and look at areas of duplication.

Cruse Bereavement and Tees Mental Health Training Hub

7. Both of the above contracts would be extended by 12 months as both were performing well and there was a continued need.

Carer Support Update

8. The Group agreed a service model, specification and timescale for this service, which would be delivered by the Council.

Adults' Health and Wellbeing Commissioning Group – 23 October 2017 - Minutes attached at Appendix 4

Health Messages in Adult Social Care Contracts

9. Members were updated on work to include key prevention messages and some brief interventions in Council Adult Social Care contracts.

New corporate operating model at Stockton on Tees Borough Council

10. The Group was updated with regard to the above and provided with relevant structure diagrams.

Other meetings

**Domestic Abuse Steering Group – 4 October 2017 –Minutes attached at Appendix 5.
Tees Valley Health and Wellbeing Board Chairs' Network – Minutes attached at Appendix 6**

FINANCIAL IMPLICATIONS

11. There are no direct financial implications arising from this report.

LEGAL IMPLICATIONS

12. There are no specific legal implications arising from this report.

RISK ASSESSMENT

13. The risks arising from the production of this report can be categorised as low.

CONSULTATION

14. The content of the report reflects discussion at various Health and Wellbeing related meetings.

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Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday, 3rd October 2017

Present: Ann Workman (Chair),

Cllr Jim Beall, Liz Hanley, Sarah Bowman Abouna, Graham Clingan, Jane Edmends (SBC), Allan McDermott (Tees Active), Jane King (sub for Dominic Gardner (TEWV), Toni McHale (Healthwatch), Phillip Morris (Cleveland Police), Steve Rose Catalyst), Paul Whittingham (CCG) Simon Forrest (Durham University), Sharon Barnett (sub for Julie Alan) (NPS), Julie Wilson (SRC).

Officers: Nigel Hart, Mandy MacKinnon, James O'Donnell (SBC).

Apologies: Reuben Kench, Margaret Waggott, Steven Hume (SBC), Lesley Gibson (Harbour) Chris Joynes (Thirteen).

1. Declarations of Interest

Councillor Beall declared a personal non-prejudicial interest in respect of item 8 entitled Health Initiative Bids as he was Chair of Eastern Ravens Trust.

2. Minutes of the meeting held on 4 July 2017

The minutes of the meeting held on 4 July 2017 were confirmed as a correct record.

3. Domestic Abuse Strategy

Members received a presentation summarising the content of the Stockton on Tees Domestic Abuse Strategy 2017-22 which had been launched in July having been developed by partners in both the public and voluntary sector.

The 5 key domains of domestic abuse were noted as:-

- Psychological abuse,
- Physical abuse,
- Sexual abuse,
- Financial abuse,
- Emotional abuse.

In 2015/16, there had been over 4,300 incidents of domestic abuse in the Borough, a third of which were recorded and a fifth of these led to arrest, but 49% of these had not resulted in any court action.

This had in part led to the recent development of the strategy, which in turn had seen changes in culture adopted by front line workers with earlier intervention encouraged, reduced repeat perpetration, identification and support of repeat victims, reduce the impact on children and young people, and educate and inform and challenge our own practices. The strategy had within it 38 key commitments for action and a Domestic Abuse Strategy Group had been set up

to lead on the collaborative work of implementing the strategy.

Members were given an example of a real life case study of one female and her family who were affected by incidents of domestic abuse. In this example, 29 opportunities were missed to report the domestic abuse earlier.

It was incumbent upon all members of the Partnership to take this strategy back and raise its awareness within their own organisation.

RESOLVED that the presentation and discussion be noted.

4. Prioritising JSNA Topics

Members were advised of the 41 topics to be contained within the JSNA and were invited to consider those topics they wished to be prioritised for completion first. Topic leads for each were also noted.

It was further noted that work on the following topics were already underway:-

-CSE (Tees Wide)

-Alcohol (Tees Wide)

-Smoking

-Diabetes

Members expressed support for the following topics to be prioritised:-

-Carers

-Employment

-Environment

-Poverty

-Transport

-Physical Activity

It was accepted that topics such as Housing and Learning Disability cross-cut a number of topic areas and therefore could not be developed fully until these other areas had been completed.

RESOLVED that the following JSNA topics be prioritised for completion and be reported back to this Partnership as and when complete and the Forward Plan be populated accordingly.

5. Joint Health & Wellbeing Strategy Refresh

Members were provided with a draft framework for the refresh of the Health & Wellbeing Strategy based on initial discussions with different organisations and partners around integration and joint working.

The proposed approach highlighted the need for further discussions on and drawing together each of the following :-

- STP
- Prevention streams
- Family hubs
- Adult Social Care
- Wider determinants of health, including the Local Plan and the Local Economic Assessment.

Existing intelligence and knowledge of assets would be utilised to determine what approach should be taken to tackle health and wellbeing challenges in communities.

A Consultation and Engagement plan was currently being developed to ensure that the full range of partners were involved and this would be followed by an Action Plan that underpinned the five year strategy.

RESOLVED that the framework for the refresh of the Joint Health & Wellbeing Strategy be approved.

Dual Diagnosis Update

Members received an update on the five day Rapid Process Improvement Event held in early September, co-sponsored by Public Health and TEWV NHS Foundation Trust, regarding dual diagnosis for those with a co-existing mental illness with drugs and alcohol issues.

Some of the key issues raised were around concerns re low referral rates; the need to ensure joint working; and being able to engage with people at the correct point.

The output based on the first 30 days following the event was noted with output to be measured again at both 60 day and 90 day intervals.

Members urged that the needs of young carers be not overlooked within this RPIE.

RESOLVED that the update be noted.

8. Health Initiative Bids

Members were appraised of the content of the VCSE Social Prescribing Health Initiatives being funded by the C.C.G. as grant funding for 2017-18 under a programme managed by Catalyst. The programme included some innovative and experimental projects that were ultimately hoped would prove successful and could go on to benefit from mainstream funding.

The priority health outcomes were noted as those identified by the C.C.G. themselves with a total grant of £600k allocated for the 8 priority areas.

An overview was provided of the successful bids which included projects in both Stockton and Hartlepool boroughs as Catalyst managed the programme for both areas. These would now be promoted within a programme booklet that would be made circulated as wide as possible, including to G.P.'s, care co-

ordinators etc.

A process of more qualitative monitoring and evaluation of the programme would be carried out this year. It was noted also that the funds remaining unallocated would be considered in the event of any further funding bids coming forward that had the support of the C.C.G.

RESOLVED that the content of the VCSE Social Prescribing Health Initiatives Programme for 2017-18 be noted and be promoted as wide as possible.

Better Care Fund Update

Members noted an overview of the Better Care Fund 2017-19 Quarter 4 report, which had previously been considered by the Health & Wellbeing Board.

Forward Plan

Members considered the Partnership's Forward Plan and also were asked to reflect on any items they felt should be considered by this Partnership that were not currently scheduled.

Whilst guidance on the new Homelessness legislation was delayed, an update on both this and Funding of Supported Housing was requested for November, along with an update on Universal Credit.

Learning Disability Partnership Minutes be added to Forward Plan for November.

Local Authority Temporary Accommodation service to be scheduled later in the year.

BCF Plan be scheduled for November.

Overview of the Probation Service to be scheduled.

JSNA topics to be scheduled as a standing agenda item when completion was known with topic leads to present and encourage discussion. Anticipated that 2 topics could be considered in November with a further 2 or 3 in January.

Perinatal Mental Health Services be added for Jan or February.

An update on the work led by Claire Bambra (Durham University) was also to be scheduled.

RESOLVED that the Plan be agreed.

Any Other Business

It was suggested that the Terms of Reference of the Partnership be also scheduled for review at the next meeting along with its membership. This should include a review of representation by Durham University to ensure

that there was appropriate connectivity.

Children and Young People's Partnership

A meeting of Children and Young People's Partnership was held on Wednesday, 18th October, 2017.

Present: Martin Gray (Chairman)(SBC), Diane McConnell (SBC), Cllr Mrs Ann McCoy (SBC), Joanne Ryan (Big Life), Nathan Duff (Catalyst), Simon White (Secondary School Representative), Julia Armstrong (Primary School Representative), Jo Heaney (CCG), Amanda Taylor (Action for Children), Chris Davis (TEWV)

Officers: Kirsty Wannop (SBC)

Also in attendance: None

Apologies: Bev Bearne (SBC), Steve Rose (Catalyst).

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes of the meeting held on 20th September 2017**

The minutes of the meeting held on 20th September 2017 were confirmed as a correct record.

3 **Looked After Children – Comparative Analysis**

Members were provided with information from the SRF50 data that was released around the same time each year.

The information provided performance data from a number of comparative performance measures. The figures highlighted that there had been an increase in numbers of Looked After Children (LAC). This was due to an increase in numbers coming in to care as well as Stockton not having a greater flow of children leaving care.

It was questioned why it was thought there had been a rise in LAC. It was explained that the rise started around the time of the Ofsted inspection when some cases that weren't deemed LAC were then moved to be LAC.

It was highlighted that there had been an increase due to Court decisions that were also deemed LAC where it was not felt that they should be. Though most of the increases were due to the above reasons more did need to be done on the early help and edge of care agenda to stop cases becoming LAC.

Discussion/Queries

- Was there a targeted piece of work to be done with a specific age range that were becoming LAC and not leaving?
- The schools representatives had noticed a rise in LAC numbers and also that there was a common trend of attachment disorder with those that were LAC. It was also highlighted that LAC children, moving schools especially during teenage years was not beneficial due to difference in curriculum and exam boards, but also for those with an attachments disorder and more needed to be done to prevent this happening.
- Need for a change of perception of early support/early help that there isn't sufficient available.

- There was a need to listen to the voice of the child and what was important to them, rather than making assumptions.
- Need to be more ambitious for our children in terms of providing them with life skills and allow them to follow their own pathway.

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

4 Strategic Review of Education

Consideration was given to a report that summarised the approach and progress to date in a strategic review of the Council's education role. It set out anticipated savings to respond to the loss of education Service Grant, and further work to be progressed.

RESOLVED that the report be noted.

5 Future in Mind

The Future in Mind initiative was established to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services were organised, commissioned and provided.

A small amount of funding was available from Government that was available through the CCG budget, for collaborative commissioning but was not ring-fenced and proposals for the funding would be put to the CCG Executive Board for approval. There were already projects from this year that would continue into next.

Members were provided with a presentation and the main information provided included:-

- Aims of the project.
- What were the concerns
- ASCL and National Children's Bureau survey of schools 2016 information.
- Growing up in Stockton survey proposed model for pilot
- Delivered training in pilot schools.
- School champions skill development
- What works for schools
- Early outcomes
- Next steps.
- Primary schools and our approach
- Benefits of primary schools

RESOLVED that the information be noted.

6 Forward Plan

The Partnership noted its work programme.

Adults' Health and Wellbeing Commissioning Group

A meeting of Adults' Health and Wellbeing Commissioning Group was held on Tuesday, 26th September, 2017.

Present: Ann Workman (Chairman),

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

Officers: Michael Henderson, Lisa Tague, Karen Shaw

Also in attendance:

Apologies: Kate Birkenhead, Paula Swindale

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 18 July 2017

The minutes of the meeting held on 18 July 2017 were confirmed as a correct record.

3 Better Health, Better Wealth

Consideration was given to a report that provided an overview of a review of Better Health Better Wealth, previously part of the Health Initiatives programme and funded under the Better Care Fund since October 2016. The paper detailed the findings of the review and made recommendations for future commissioning.

Given the findings of the review it was suggested that the contract should be extended for a 12 month period.

Discussion:

- funding for any extension of the contract would come from the Better Care Fund.

- from a social isolation perspective it was likely that more of this type of programme would be commissioned in the future.

- the Better Health, Better Wealth programme was open to anyone over 65, though some elements were targeted at particular cohorts.

- the group agreed that, extensions, though useful, should be avoided as much as possible, as they hindered a strategic approach and caused planning issues for providers.

- more information was needed around people accessing the service so that future services were as tailored as possible. It was agreed that details of numbers be circulated to members

- members agreed that the evidence from the review showed that the delivery

around this service had been positive.

- the service addressed issues of social isolation and this was a known risk factor for ill health and a precursor for social care needs.

- during any extension of the contract opportunity would be taken to build the neighbourhood group element and look at areas of duplication.

RESOLVED that the Better Health, Better Wealth contract be extended for 12 months.

4 BCF Plan 2017/19

Members were provided with a report that presented the Stockton Better Care Fund Plan 2017/19.

RESOLVED that the report be noted.

5 Cruse Bereavement and the Tees Mental Health Training Hub 18/19

Member considered a report that provided an overview of the findings of a recent light touch reviews of Cruse Bereavement Care and the Tees Mental Health Training Hub.

It was explained that the review relating to the Cruse Bereavement Service had shown that the service was performing well against the continuing need and it was suggested that an option to extend the contract for 1 of the 2 x 12 month extensions be confirmed. The final 1 x 12 months extension would be subject to review and financial position.

The review of the Mental Health Training Hub had shown that the service was performing well against the contract and provided useful up-skilling of frontline staff around Mental Health. It was suggested that the option to extend the contract for 1 of the 2 x 12 month extensions be confirmed. The final 1 x 12 months extension would be subject to review and financial position.

Discussion:

- members noted that the Cruse service had a high take up in Stockton.

- when there had been child suicides, Cruse counsellors had been on the site of schools affected, to offer support to pupils and staff.

- the service had a small managed waiting list but currently had sufficient capacity. It was noted that the Council only commissioned the administrative support to the service and not the counsellors themselves.

RESOLVED that the Cruse Bereavement Care and Tees Mental Health Training Hub contracts each be extended by 12 months.

6 Forward Plan

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

RESOLVED that the Forward Plan be noted.

7 Carer Support Update

Members considered a report that provided the key elements of the agreed model for the carers' service for adults . The report also detailed a proposed timeline for the implementation of the new service.

Discussion;

- carers' pathway to the service was being further considered but users would find it visible in many settings and it would be accessible through a variety of means, on line and otherwise. A communications plan would be developed.

- information from support groups would help tailor service provision.

- evaluation of the model should be built into the structure and should include carer input.

RESOLVED that the service model, specification and implementation timescale, as detailed in the report be approved.

Adults' Health and Wellbeing Commissioning Group

A meeting of Adults' Health and Wellbeing Commissioning Group was held on Monday, 23rd October, 2017.

Present: Ann Workman(Chairman) (SBC), Cllr Jim Beall (SBC), Emma Champley (SBC), Mandy Mackinnon (substitute for Sarah Bowman Abouna) (SBC), Paula Swindale (CCG)

Officers: Michael Henderson (SBC)

Also in attendance:

Apologies: Kate Birkenhead (NHSE), Sarah Bowman - Abouna (SBC), Liz Hanley (SBC)

1 Declarations of Interest

Councillor Beall declared a personal non prejudicial interest in item 4 'Health Initiatives' as he served on the Board of Eastern Ravens Trust which was referred to in the report.

2 Minutes of the meeting held on 26 September 2017

The minutes of the meeting held on 26 September 2017 were confirmed as a correct record.

3 Health Initiative Bids

Members considered a report that provided the Group with details of the Voluntary and Community Sector Enterprise (VCSE) commissioning process and awarded projects and associated funding, for 2017/18. An update on the 2016/17 Health Initiatives projects and proposed extensions was also provided.

Members noted the key priority areas for the 2017/18 initiatives, which included:

- contributing to the reduction and prevention of childhood obesity.
- Promoting self management of conditions, such as diabetes, chronic respiratory disease and cardiovascular disease.
- supporting people with learning disabilities to maintain a community based lifestyle.
- reducing the occurrence and impact of Domestic Abuse.

The total amount of funding allocated was £372,761.76p

Members were aware that, following evaluation , it was likely that a number of the initiatives would come back for recurring funding but this would become more difficult as resources became more scarce.

Discussion;

- it was accepted that the initiatives could test and identify approaches that worked and consideration could then be given to mainstreaming.

- members noted some schemes' links with the Better Care Fund but agreed that this did not provide an automatic route to BCF monies.
- decision around BCF needed to be closer to the Health and Wellbeing Board and this would be discussed further, at a forthcoming BCF focused event.
- it was important to ensure that initiatives were not being double funded, or that there were too many similar schemes. It was felt that the new corporate operating model would assist with this and provide oversight across a range of schemes.
- specific reference was made to the reducing domestic abuse priority and the fact that no bid had come forward in this area. It was suggested that bids may have been submitted if more context had been provided and an indication of the type of scheme that was being looked for. More preparation, across partners, would help in this regard.

RESOLVED that the report and discussion be noted.

4 Health messages in Adult Social Care Contracts

The Group received a report that outlined proposals to include key prevention messages and some brief interventions in contracts for adult social care providers.

It was proposed that key messages and brief interventions in adult social care contracts be developed by Public Health and focus on: smoking, alcohol, diet / physical activity and mental wellbeing. For example, it was proposed that information be given on the risks of alcohol consumption and smoking, with a brief intervention delivered for each ('Have a Word' approach for alcohol which includes the Audit C tool; and brief intervention for smoking) and onward referral to further support as appropriate.

It was noted that the Public Health team would work with social care and procurement colleagues to develop the focus of this work for the next 12 months as it may not be possible to implement the approach for all four themes in this time period.

The work would need to define specific, realistic objectives and requirements in contracts including monitoring of outcomes; also development of onward referral pathways to support services.

In a separate but related piece of work, SBC Public Health would be funding a fixed-term (2 year) Health and Wellbeing Change Agent post which would provide support to SBC social care teams (rather than contracted provider) in embedding key prevention messages and brief interventions in their practice. This work may help to inform the development of the work with contracted providers.

The work would also support existing work to embed and maximise prevention opportunities in these key areas, across all Public Health contracts and through the work the Public health team was leading with the NHS e.g. work with the

CCG and North Tees and Hartlepool NHS Foundation Trust, to embed these opportunities in key contracts and ways of working.

It was suggested that more work needed to be done at a Council Corporate level to encourage prevention messages through the workforce.

RESOLVED that the work to include key messages and brief interventions in adult social care contracts, be approved, with a progress report provided to this Group in six months.

5 Birchtree Service - verbal update

Members received an update on the Birchtree Service which involved the provision of medical care to people involved in substance misuse.

It was agreed that this was a complex contractual area and dialogue needed to begin early in 2018. Paula Swindale indicated that she would raise this with Sue Greaves.

RESOLVED that the update be noted.

6 New corporate operating model at Stockton on Tees Borough Council

Members were advised of the new corporate operating system within Adults and Health and how that model might need to be reflected in this Group's membership.

It was suggested that a member of the procurement team be asked to attend future meetings of the Group.

Members discussed the Better care Fund and it was noted that much more scrutiny of this would be coming to this Group. Further detail in this regard would be provided to a future meeting.

It was agreed that new operating model diagrams would be circulated.

RESOLVED that the update be noted and relevant operating diagrams be circulated.

7 Forward Plan

Members considered the forward Plan and agreed a number of amendments.

During discussion it was highlighted that the Care Home Training and Education Programme had been identified as one of the finalists in the Academic Health Science Network in the 'Best Innovation Programme' category.

It was considered that this was an exciting model and there were opportunities to expand the programme e.g. to include public health messages to reach domiciliary care staff. Further discussion in this regard would be undertaken.

RESOLVED that the Forward Plan be amended and discussion noted/actioned.

Domestic Abuse Steering Group

A meeting of Domestic Abuse Steering Group was held on Tuesday 4 October 2017.

Present: Martin Gray (SBC) (Chair),

Councillor Jim Beall (SBC), Barry Coppinger (PCP), Callum Titley (SBC), Lesley Gibson (Harbour), Sandra Clement (sub for Rosana Roy) (NPS), Dominic Gardner (TEWV), Steven Hume (SBC), Emma Champley (SBC), Councillor Ann McCoy (SBC), Councillor Steve Nelson (SBC), DCI Helen Barker (Cleveland Police), Lauranyne Featherstone (Sub for Steve Rose) (Catalyst)

Also in attendance: Michael Henderson (SBC), Sharon Caddell (PCC), Paul Lockwood (Cleveland Police)

Apologies: Robin Bonas (DTVCR), Barbara Potter (Hartlepool and Stockton CCG), Stuart Harper-Reynolds (NTFT), Steve Rose (Catalyst)

1 Declarations of Interest

Councillor Steve Nelson declared a personal non prejudicial interest in item 4 'Overview of Domestic Abuse...' as he was a Board member of the Thirteen Group and had a grandson who attended at Northshore School.

2 Minutes of the meeting held on 13 June 2017

The minutes of the meeting held on 13 June 2017 were confirmed as a correct record.

3 Overview of Domestic Abuse within the Borough of Stockton

Members considered a report that provided an overview on research and analysis that had been conducted on a number of data sets linked to domestic abuse, collated by organisations within Stockton Borough.

It was explained that there were no significant changes to previous reports and Domestic Abuse continued to account for a large proportion of violence related crime. The Operational Group (OG) had recently raised a number of issues. Details of those issues and discussion by this Group could be summarised as follows:

- The OG was looking at reasons behind a slight drop in repeat rates. There was concern that cases were not being categorised correctly.
- There had been a drop off in referrals from Children's Services, into Harbour and this would need to be considered at the Safeguarding Board.
- There had been an increase in self-referrals.
- The OG was reviewing the best way to raise awareness of services in certain geographical areas. Different approaches were needed for different areas and this was being looked at.
- There were concerns about low numbers of referrals from GPs, Health Visitors and Midwives, so work was planned around raising awareness

and building positive links with Health. A Domestic Abuse coordinator had been appointed and it was considered that this post should have some focus on working with health colleagues.

- Further work with schools around Op Encompass was planned and would be fed back to this Group.
- The OG had looked at the effectiveness of the perpetrator programme and recognised that there was little, good data. Therefore, colleagues had been asked to map individuals' progress through the programme and any reoffending activity. This could link in, longer term, with the IOM programme. Details would be brought back to the Steering Group on this.
- The Steering Group noted that Northshore School was in the Stockton Town Centre ward but the report referred to the school as being in Roseworth Ward.
- It was suggested that victims, living in the more affluent areas of the Borough, may have more capacity to deal with Domestic Abuse incidents themselves, e.g. they may have greater financial independence and family support than other, less well off, victims.
- It was noted that some schools, that had particularly high levels of contact, under Op Encompass, were located in wards that, as a whole, only had moderate levels of DA related crime. Work was on-going to understand some of the issues surrounding school catchment areas and how certain areas could be targeted.
- Members were concerned at the low levels of referrals from Health and agreed that the further work with health colleagues, would be helpful. It was noted that, with regard to Mental Health Services, TEWV had recently undertaken an audit of referrals in to its access and community mental health service. Out of 400 people only 48 percent had been questioned about DA, so more work was underway to improve this.
- It had previously been suggested that organisations, which did not make referrals, at expected levels, might still be making people aware of the specialist service available. It was agreed that it would be helpful if Harbour could provide some data around self-referrals and how those individuals had been made aware of its service.
- Reference was made to a pilot that Harbour was involved in, with a small number of GPs, to help raise awareness of DA issues and services. A Risk Assessment tool, being used at a GPs in Skelton was mentioned and Sharon Caddell would pass on information about this to Harbour.
- It was explained that, going forward, police officers would be asking victims and perpetrators for details of their GP, the plan was to share

MARAC information with those GPs, to flag on the system.

- The Group discussed the link between repeat perpetrators and repeat victims and how reducing the level of repeat perpetrators might have a positive effect on levels of repeat victims. This would be further considered by the Operational Group.
- Members agreed that training needed to be provided/repeated around asking questions in Health and other settings, to gain disclosure of Domestic Abuse.

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

4 Integrated Offender Management Approach to DA

Members were provided with an overview of the IOM approach to Domestic Abuse, together with some case studies to assist in illustrating how the process worked.

It was explained that Domestic Abuse IOM started in June 2017 and mirrored the approach taken for offenders, such as car thieves, burglars, shoplifters etc, in terms of the intense intervention it provided for perpetrators. The DA IOM also engaged with victims where possible, providing support. There were 40 perpetrators across Cleveland, including 10 in Stockton. Perpetrators had demonstrated a willingness to engage and enrol on programmes and had agreed to appointments and home visits. Victims had also engaged well. Where perpetrators didn't comply there were links into the Probation Service and positive action could be taken against the individuals concerned.

Members noted that it was very early days and a review after one year would provide a better indication of success, or otherwise. Officers were seeing perpetrators a minimum of twice a week and Harbour had received positive feedback from victims. In the future there may be an opportunity to extend the number of individuals being managed but it was important, at this stage, not to overstretch resources and the quality of oversight had to be maintained.

The Steering Group was informed that out of the ten Stockton perpetrators, five had been chosen by probation and five by the Police's Domestic Abuse unit. All perpetrators chosen, were the subject of MARAC. Lots of professional judgement had been made in choosing the cohort. Working with DA IOM was more intensive than standard IOM because of the risks associated with it.

No timescales had been set for how long a perpetrator would remain on IOM, but it was likely to be a minimum of a year. It would only be possible to rotate perpetrators once risks had been reduced to acceptable levels.

Members recognised the role that the children of perpetrators could have in focusing their willingness to engage with IOM. The Police explained that it was launching an initiative relating to the voice of the child and more details on this

would be provided to a future meeting of the Group.

As well as probation and prisons the IOM team had links with other services, such as housing, drugs and alcohol, social workers etc. to assist in its work.

Members agreed that there had been very positive feedback but it was still early days and more evaluation was needed, which would be considered by this Group at a future meeting.

RESOLVED that the overview and discussion be noted and a further report be received in due course.

5 MARAC Review

Members received a presentation relating to a strategic review of Multi Agency Risk Assessment Conferences (MARAC) across Cleveland Policing area and noted outcomes from that review, which included:

- A move towards north and south MARACS, once consistency was achieved.
- Weekly MARACs, using ECINS, one week north the next week south. Look to have daily meetings in the future, where needed.
- Consider the appointment of an Independent Chair.
- Consult on linking Standard Operational Guidance with Tees Policies and Procedures Group. Redesign MARAC referral form and practitioner guidance.
- Create a Cleveland MARAC Strategic Group.

Discussion:

- Members asked how many referrals there were in Stockton. It was noted that referrals were assessed based on DASH Risk Assessments and professional judgement. Numbers across the Tees Valley were significant and above the national average. Figures for Stockton would be provided outside the meeting, though reference was made in the presentation to 206 referrals between October and December 2016.
- Each referral was considered at MARAC and then flagged on the Police system for a year, any further incidents relating to a particular case, were reported to the MARAC.
- Stockton MARAC was the best attended across the Cleveland Force area, by the range of partners, and the information provided was considered to be very strong.
- MARAC was not statutory. If a Strategic MARAC was in place then this

would provide an opportunity to raise issues, such as none attendance.

- MARAC was a checking mechanism to make sure everyone was undertaking their immediate safeguarding responsibilities and to share information. Actions were monitored to ensure all actions were undertaken.
- Safeguarding Boards would play an important part in ensuring any training actions were rolled out.

RESOLVED that the report be noted.

6 Operation Encompass

RESOLVED that this item be deferred to the Group's next meeting.

7 Remand Court Evaluation

Members received a presentation that provided an evaluation of the remand court pilot.

It was agreed that the work that had been undertaken had made an impact but funding was needed, particularly in the third sector.

It was noted that the approach used in the pilot required further refinement but, once this had been achieved, there would be opportunities to lobby local MPs and raise issues, via the LGA, as part of consultation on emerging domestic abuse legislation.

RESOLVED that the update be noted and further consideration be given to lobbying opportunities once the approach has been sufficiently refined.

8 Multi Agency response to children living with domestic violence

The Group was provided with a report on Joint Targeted Area Inspections, relating to Children living with domestic violence. The inspection had visited Bradford, Hampshire, Hounslow, Lincolnshire, Salford and Wiltshire.

This report would be considered in detail outside the meeting and any learning would be fed into operational areas.

RESOLVED that the report be noted.

9 Forward Plan

Members noted the Forward Plan.

Tees Valley Health and Wellbeing Board Chairs' Network

A meeting of Tees Valley Health and Wellbeing Board Chairs' Network was held on Monday 25 September 2017.

Present: Councillor Jim Beall (Chairman) (SBC), Councillor Andrew Scott (DBC), Councillor Sue Jeffrey (R&CBC), Councillor Charles Rooney (sub for Mayor David Budd)

Officers: Michael Henderson (SBC), Paul Edmondson-Jones (HBC), Edward Kunonga (MBC/RCBC)

Also in attendance: Peter Kelly (PHE NE)

Apologies: Cllr Christopher Akers Belcher (HBC), Mayor David Budd (MBC)

1 Declaration of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 24 July 2017

The minutes of the meeting held on 24 July 2017 were confirmed as a correct record.

3 Devolution and Opportunities for Health Improvement

It was explained that part of the Network's remit, as agreed by the Tees Valley Leaders' and Mayor Group, was to monitor devolution deals with a health element.

Peter Kelly, Centre Director – Public Health England (PHE) North East was in attendance and provided the Network with a presentation relating to Devolution and Opportunities for Health Improvement. The presentation included the following :

- A reminder of PHE's role in protecting the health of the public, improving health and wellbeing and reducing inequalities.
- An overview of the history and context of public health and why it was best suited being located in local government.
- Life expectancy statistics and how levels were mainly linked to factors such as unemployment, economic growth, It was clear that wealth = health.
- The wider determinants of health and how devolution may be able to influence some of these.

Examples of initiatives, operating in parts of the country with prevention as a component were provided:

- Bristol – The City had brought together resources to focus on cross

cutting challenges such as early intervention.

- Manchester - The Mayor of Manchester had pledged to end rough sleeping in the City Region, by 2020. It was explained that homeless people, sleeping rough, had extreme needs and used a disproportionate amount of NHS resources.
- Cambridgeshire and Peterborough was committed to a co design approach of its Work and Health Programme.
- West Midlands was developing a Strategic Economic Plan which would look to embed prevention in services. The Combined Authority had an emphasis on improving Mental Health in its population and reducing health inequalities in terms of healthy life expectancy. These priorities had been agreed by the combined authority and NHS, working together.
- Liverpool – Had created a vision for an integrated health and social care system with prevention and self-care at its core. The six local councils, making up the City Region, was also undertaking a fundamental review of the delivery of children’s services to explore integration and improve efficiency.
- London – There was currently a strong emphasis in improving air quality with a £20 million air quality fund over 10 years.

The Network gave further consideration to the Manchester devolution deal. It was explained that the Combined Authority was not currently making decisions about the £6 billion devolved health money, but joint governance between it and the NHS, in Manchester, was being developed. A Joint Health and Wellbeing Strategy was being produced, covering all of the 10 Greater Manchester (GM) authorities. Currently, each individual GM authority would continue to receive, and spend, its entire precept and a single pot had not been created.

It was suggested that Liverpool had opted not to take up Health budget devolution, as it wanted to see how things developed in Manchester.

Members were provided with some examples of successful health initiatives, undertaken by cities in the United States. US States and Cities often held regulatory and financial powers that they could implement within their boundaries and this was an avenue the Tees Valley may wish to consider.

Discussion:

- The Network agreed that health devolution plans were, currently, aspirational and it was too early to draw any conclusions that would adequately inform any thinking, in this regard, for the Tees Valley. Additionally, it was felt that there were significant risks associated with the devolution of health budgets. In the Tees Valley the health budget would equate to around £1.5 billion but would bring with it significant PFI

debt. It would be worthwhile continuing to monitor relevant devolution deals and, in particular, Manchester's.

- The Network felt that there was an opportunity to identify two or three health related priorities that could be agreed in the Tees Valley area. In addition, consideration should be given to lobbying Government for specific powers that might assist with certain issues e.g. caps on tobacco vendors, levy on fast food outlets to assist with obesity issues, numbers of certain items that could be purchased at a single transaction etc. There was an opportunity to be creative in these 'asks' to achieve certain outcomes.
- The Network discussed the lack of flexibility in funding systems and noted the reluctance of organisations to specifically invest in activity that would create savings for another organisation, as there was no mechanism for recognising this saving and reallocating funds. This was largely the argument in favour of devolved single budgets.
- Members recognised that if the Tees Valley Combined Authority was successful in its priority areas, around economic growth, housing, learning and skills etc. then health issues were likely to improve also.
- Members were aware that the Tees Valley devolution deal aimed to deliver inclusive growth, so that the most disadvantaged and vulnerable residents benefited from any investment into the area. Projects that supported this were essential and should be a focus for all TV authorities. Inclusive growth should lead to a general improvement in the health of the population and a reduction in health inequalities. It was suggested that the Chair, on behalf of the Network, requests a meeting with the Mayor to talk about the inclusive growth agenda, tackling inequalities and what the role of the Combined Authority would be in that process. The Chair would consider this further but any contact with the Mayor would be subject to the consent of the TV Leaders' and Mayor Group.

RESOLVED that :

1. Health devolution was still at a relatively early stage and further monitoring was necessary.
2. The Tees Valley Directors of Public Health consider and prepare a paper(s), for a future meeting, on:
 - a. what health issues might be developed as joint priorities across the Tees Valley.
 - b. what specific powers might be passed to the Tees Valley authorities to assist in dealing with particular local public health issues.

3. Further consideration be given to the Chair meeting with the Mayor of the Combined Authority as detailed above.

4. Members' Updates

Most authorities were refreshing their Joint Health and Wellbeing Strategies.

It was suggested that a future meeting of the Network receives a presentation on the Mental Health Prevention Concordat.

It was queried if Local Plans required affordable housing to be affordable in terms of heating costs. Each members should check their authority's Local Plan. There was a suggestion that there should be a Tees Valley Fuel Poverty Strategy and it was agreed that this could be considered further.

Reference was made to discussions that suggested that the transfer of certain services from local hospitals to James Cook, due to a lack of expertise and consequent risks associated with the current hospitals provision. There was a feeling that services were moving by stealth and this was concerning.

Reference was also made to a recent article in the Northern Echo that looked at Accountable Care Organisations and considered possible plans for the future of social care. A copy of the article would be circulated to members.

A copy of a speech recently provided by Duncan Selby and relating to the delivery of Children's Services across the Liverpool City Region would be provided to the Network.

RESOLVED that the updates be noted.

5. Forward Plan

Members considered the Network's Forward Plan.

RESOLVED that the Forward Plan be noted.