

# Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 28th March, 2018.

**Present:** Cllr Jim Beall(Chairman)(SBC),

Cllr Mrs Ann McCoy, Cllr Sonia Bailey, Cllr Kevin Faulks, Sarah Bowman - Abouna, Martin Gray, Ann Workman (SBC) Fiona Adamson (HaSH), Ali Wilson (CCG)

**Officers:** Michael Henderson, Tanja Braun (SBC), Dan Maddison, Nicola Childs (CCG)

**Also in attendance:** Ollie Mack (Change and Transformation)

**Apologies:** Tony Beckwith (Healthwatch), Barry Coppinger (PCC), Sheila Lister (NHSE), Cllr Lynn Hall, Cllr Di Hewitt (SBC), Julie Gillon (NTHFT), Steve Rose (Catalyst), Saleem Hassan (CCG), David Brown (TEWV)

## 1 **Declarations of Interest**

Councillor Jim Beall declared a personal/non prejudicial interest in item 6 'Autism Spectrum Disorder progress report' as he was a member of the Board of Governors for Rosebrook School, which had an Autism Unit.

## 2 **Minutes of the meeting held on 31 January 2018**

The minutes of the meeting held on 31 January 2018 were confirmed as a correct record.

## 3 **Integrated Mental Health Implementation Plan - Update**

The Board considered a report that provided an update on the development of the Integrated Mental Health Implementation Plan.

Members were provided with a draft Mental Health Action Plan, for the delivery of agreed mental health priorities that had been developed to improve the mental health and wellbeing of residents across the life-course.

It was explained that the draft action plan would cover the period 2018/19. The Plan's primary priority was to establish ways of working and develop new approaches, which could be built on, year on year.

It was noted that the Integrated Mental Health Steering Group would work with partners to ensure the actions, in the Plan, were implemented locally.

Discussion:

- Members noted that the plan had been developed taking account of outcomes from engagement work but it would be important to ensure that the Plan continued to remain relevant to the needs of the community.

- The plan was considered to be innovative and easy to read; it demonstrated a partnership approach to the issues and clearly articulated what actions needed to be undertaken and by whom.

- It was suggested that some milestones be identified for the Plan to ensure it was delivering satisfactorily. Any barriers to delivery could be escalated to this

Board.

- It was recognized that delivering the Plan would involve a great deal of resource in terms of staff time and it was suggested that this commitment, across agencies, should be quantified for future partnership working initiatives. It was accepted that much of the work contained in the action plan would involve a refocusing of staff capacity.
- It was agreed that the action plan should be reported to the Adults Health and Wellbeing Partnership and the Children and Young People's Partnership. In additional periodic updates on progress would be provided to the Board.
- It was highlighted that the Council's People Select Committee was undertaking a review of mental health, emotional wellbeing and suicide prevention (14 - 25 year olds), and it was agreed that it was important that this action plan was reported there and, potentially, any outcomes from the review could influence the Plan.
- It was suggested that priority 2 needed to better articulate the role of the 0-19 service in any targeted approach to mental health and wellbeing.
- It was felt that it may be helpful to specifically mention some of the work that was being undertaken, through the Crisis Concordat that would be contributing to delivering this Plan. Also, reference to work that was ongoing, to improve take up of services in the BME Community should be considered for inclusion.

It was noted that attendance at the Integrated Mental Health Steering Group could be inconsistent and it was suggested that, where this became an issue, it should be initially raised with the Chair of the Board.

RESOLVED that :

1. subject to further consideration of the comments made by the Board, the action plan be approved for implementation 2018/19.
2. the Board receives a six month update on the progress of the Plan (to include a position note on the Time to Change Hub). The Board will continue to provide leadership and support to ensure effective delivery of the Plan.
3. the Plan be presented to the Partnerships and they both undertake periodic monitoring of the plan, escalating any issues to the Board as necessary.

#### **4 Autism Spectrum Disorder Progress report**

Members received a report that provided an update on the progress of work that was being undertaken to address the current Autism Spectrum Disorder (ASD) waiting list and to develop the pathway for ASD. Details of ongoing and planned work, in these areas, was provided.

Discussion

- Members noted that the waiting list for Stockton stood at 21 months. Stockton remained an outlier in the Tees Valley.

- In terms of initial assessments everyone was seen within 4 weeks , however, it was the length of wait between that initial assessment and the beginning of the ASD pathway that was the area of concern.

- It was agreed that the ASD pathway was very complex and required a multi organisational approach, to identify a sustainable resolution to the current situation.

- It was agreed that a plan would be provided to the Board, in around 8 weeks, that described exactly what was going to be done in relation to the waiting list and the implementation of the refined pathway, identified at the 3P event.

- there were queries around the funding, associated with ASD contracts and it was indicated that this could be looked at and potentially provided in any future report on this issue.

- It was highlighted that children did not have to have an ASD diagnosis, or EHC Plan to access a range of services, including school based support. However, it was suggested that diagnosis was often the first port of call, in Stockton.

RESOLVED that a report detailing the plan of actions to tackle the current waiting list and to implement a new pathway model, be presented to the Board's May/ June meeting. The report should include any potential, additional resource commitments that may assist with the current position.

## **5 Approval of PNA**

The Board considered a final draft of the updated Pharmaceutical Needs Assessment (PNA).

It was explained that the Council had completed the statutory 60 day consultation process on the draft PNA. The consultation feedback had been considered and included within the final version of the PNA. There had been eight responses via the consultation portal and a written response from NHS England.

Following analysis and review of the consultation responses there were no significant changes to the findings presented within the draft PNA.

The Board discussed previous consideration it had undertaken about the use, and potential use, of pharmacy services, as community assets. It was agreed that a further report on this should come to a future meeting of the Board. This would require input from the Council, CCG and NHS England.

RESOLVED that

1. the Pharmaceutical Needs Assessment be approved for publication.

2. a report on the potential use of pharmacy services be presented to a future meeting of the Board.

## 6 Health and Wellbeing Strategy Development

Consideration was given to a report that provided the Board with an outline of the development of the new Health and Wellbeing Strategy for the Borough.

It was explained that the development of the new strategy 2018/19 -2024 would be informed by the process outlined below:

- a review of health and wellbeing data and information, local surveys and consultations for Stockton, including the JSNA.
- an assessment of progress against the current strategy.
- relevant national and local guidance, strategies and plans.
- insight from local residents, communities and stakeholders on needs, challenges and possible solutions.
- development of a set of pictures across the life course to represent issues that matter to communities and how they would like to see improvements in health and wellbeing in the next five years.

A discussion with residents, communities and the Board on their vision for the next five years would be crucial in defining the key priorities and the best approaches to achieving them. An assets based approach had been suggested to tackle the challenges and inequalities in health and wellbeing, faced by local communities and organisations.

The current strategy identified three key priorities:

- Give every child the best start in life
- Addressing ill health prevention
- Getting the infrastructure right

Based on the ongoing development process the new strategy was likely to:

- maintain a focus on supporting children and families
- support residents in the Borough to live healthy and independent lives.
- a focus on addressing the wider determinants of health.

Underneath the key areas, described above, the Board would need to agree what were the actions that must be done that would have the most impact on the delivery of the priorities. A further report to the Board in this regard, would be presented to a future meeting.

The Board was reminded of the facilitated Development Day, it had held in December 2017, and the areas that had been identified as important in terms of what would enable the Board to succeed:

- smaller number of priorities to focus on
- develop the right behaviour to support priorities/trust and honesty
- having a clear, timed, organised agenda

It was proposed that further work to develop the Board would take place with facilitators, over the next 12 months. At the end of that 12 months, the aim was that the Board would be achieving its identified priorities. It was envisaged that development of the Joint Health and Wellbeing Strategy would go hand in hand with the development of the Board.

Members indicated their willingness to identify extended time in their diaries to accommodate development.

Some of the development work would be to identify the areas where, getting together as a Board produced tangible value.

The Board would need to consider communication of messages and consultation and communications with the third sector and the public.

RESOLVED that the approach outlined in the report and referred to above be agreed.

## **7 Health and Wellbeing Update**

Members considered the following minutes

- Children and Young People's Partnership - 17 January 2018
- Children and Young People's Health and Wellbeing Commissioning Group - 6 November 2017
- Children and Young People's Health and Wellbeing Joint Commissioning Group - 3 January 2018.
- Adults' Health and Wellbeing Commissioning Group - 18 December 2017.
- Adults' Health and Wellbeing Commissioning Group - 24 January 2018.
- Adults' Health and Wellbeing Partnership - 6 February 2018
- Domestic Abuse Steering Group - 6 December 2017.

RESOLVED that the minutes be noted

## **8 Members' Updates**

Updates:

The Chair provided an update on the work of the Tees Valley Health and Wellbeing Chairs' Network. He explained that the Network had requested local Directors of Public Health to provide suggestions of issues where there may be an opportunity to work across the Tees Valley. He also explained that, at a recent meeting, the Police and Crime Commissioner for Cleveland had attended to put forward a proposal around a violence reduction initiative, from a public health perspective.

Members received an update on Hartlepool and Stockton CCG and South Tees

CCG's consultation and decisions relating to respite opportunities for people caring for people with learning disabilities, including bed based respite at Aysgarth and Bankfields. It was noted that, in line with the majority of views expressed by Stockton residents, as part of the consultation, the Council had supported option 2 of the consultation document. This would see the retention of bed based respite at Aysgarth and Bankfields. Stockton residents, affected by the proposals, would be offered support from the Council, during any process to implement the proposals, including access to advocacy.

Members noted that the GP Federation had developed a Strategy. Key goals in the Strategy included, reducing variation, reducing inequalities and improving quality. It was explained that some work was beginning to look at how practices could collaborate with each other and other partners more. Reference was made to the formation of [GP] Hubs and it was suggested that, when these had been progressed further, a report would be provided to the Board.

The Integrated Discharge Team, which included staff from social care and health had won a care Award. Also North Tees Hospital had recently received a 'Good Rating' following a CQC inspection.

Tees, Wear and Esk Valleys Mental Health Foundation Trust was expecting a CQC inspection, potentially in May.

Reference was made to a Council initiative called Bright Minds, Big Futures, which had just been launched. The initiative would work with young people around their aspirations for the future of Stockton, coming from their perspective and would help inform the next iteration of the Children and Young People's Plan.

The CCG was currently finalising contracts with all its major providers. It was noted that there had been significant financial challenges for the CCG this year. It was agreed that the CCG's Operational and Financial Plans would be presented to a future meeting of the Board. The CCG had been shortlisted for a Health Service Journal Award relating to work in supporting care homes with training courses.

A Group had been set up to look at Healthy Place and a report would be provided to the Board in due course.

RESOLVED that the updates be noted.

## **9 Forward Plan**

The Board considered its Forward Plan. It was noted that items identified during discussions at the meeting, would be added to the Plan.