

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 27th January, 2021.

Present: Cllr Jim Beall(Chairman), Cllr Lisa Evans, Cllr Jacky Bright, Cllr Luke Frost, Cllr Lynn Hall, Cllr Mrs Ann McCoy, Martin Gray, Ann Workman, Fiona Adamson, Sarah Bowman - Abouna, Jon Carling, Alex Sinclair (Substitute for David Gallagher), Dominic Gardner, Barbara Bright (Substitute for Julie Gillon), Lisa Oldroyd, Natasha Judge (Substitute for Anne Sykes)

Officers: Michael Henderson, Mandy Mackinnon, Gareth Aungiers (SBC)

Also in attendance:

Apologies: David Gallagher, Julie Gillon, Sheila Lister, Anne Sykes

1 **Declarations of Interest**

Councillor Luke Frost declared a personal, non-prejudicial interest in Item 6, relating to Domestic Abuse, as he was a member of the Cleveland Fire Authority, which was referred to in the report.

2 **Minutes of the meeting held on 23 December 2020**

The minutes of the meeting held on 23 December 2020 were confirmed as a correct record.

3 **Outbreak Management Update**

Members received an Outbreak Management Update presentation, which included data for the 7 days, ending 27 January 2021.

The Board noted some key points:

- The infection rate was reducing, slowly. This decrease was reflected across the region and many other parts of the country.
- 11 deaths, had occurred, which was a decrease from the previous week.
- There continued to be widespread transmission across the community, with no geographical hot spots, however, working age adults was the group with the highest number of cases.
- There was significant transmission within, and between, households.
- Despite the lockdown there continued to be outbreaks across all key settings, impact on care homes and significant pressures on hospitals.
- There was a range of response work being undertaken and approaches were being refreshed on an ongoing basis.
- National messages continued to be pushed, whilst developing local messages and campaigns.
- Behavioural insight work was being undertaken, across the region, to understand people's perceptions and behaviours around Covid-19 and the vaccine.

Prevention and Response activity

- Members were reminded of the three community testing sites, in the Borough i.e. at Stockton Splash, Thornaby Pavilion and Billingham Forum as well as testing programmes focused on staffing groups.
- Community Champions Network was working with VCSE
- A letter had gone to all business reiterating their responsibilities in making sure Covid-19 safe practices were in place and offering support e.g. via Covid-19 Marshals.
- Work continued with educational settings, around testing, outbreaks etc. A letter recently went to parents thanking them for their support and asking them to continue to help with the measures.
- The Care Home Protection Group continued to meet, providing support to homes.
- Data flows, around vaccine uptake, was emerging across the health and care system. Much more data was needed before any meaningful conclusions could be drawn.
- Enhanced bereavement support was available, generally, and included staff within care home settings.

Discussion:

- It was considered that the predicted spike, after Christmas, had worked its way through the community and was now evident in the form of increased pressure on the NHS and care system.
- Lockdown had helped with infection rates but there were factors that meant rates were not dropping, as much as would have been hoped. Factors included more children being at school, than the first lockdown, and the characteristics of the new variant, which was easier to spread.
- Members noted that the vaccines had been initially declined by some people who had been offered them, including some front-line care and health workers. It was explained that work was on going to support those staff, respond to any natural concerns and queries and dispel any myths about the vaccines. Wider communications around the vaccines was led by the NHS, which was responding to any specific misinformation being circulated.

RESOLVED that the update and discussion be noted.

4 Community Mental Health and Wellbeing in the Context of Covid-19 - the need for a Whole System Response - Presentation

The Board received a presentation relating to mental health and emotional wellbeing of adults, during/post Covid-19 and the response, of the system, to the challenges.

It was predicted that there would be significant increased demand over the next 5 years, which could only be effectively managed through a whole system/partnership approach, with capacity being maximised and increased, as

much as possible.

The Board noted the 'at-risk' individuals, including, those:

- with a pre-existing mental or physical health condition
- directly impacted by Covid-19 as patients, health care workers, key workers.
- who were isolated.
- who were economically impacted.
- who were disproportionately impacted directly or indirectly (BAME, refugee and asylum seekers, shielding, survivors of domestic abuse)
- Carers

Members were informed of two main developments in mental health and wellbeing provision, for adult and older adult population:

- The Community Mental Health Framework (CMHF), which was a national framework to ensure people with mental illness had access to treatment from services linked with local VCSE providers. A model was currently in development.
- Resilience Hub, which was focused on making resilience interventions available to the health and social care sectors and the community, as a whole.

The Board was asked to

- Commit to supporting good mental health and wellbeing for all, especially communities facing the greatest adversity and barriers.
- Think long term - this was a 5-year surge in demand, not a wave that would come and go in a few weeks.
- Commit long term to a wellbeing-led planning approach, that developed all policies through a 'lens' of wellbeing inequalities
- Work together to enhance the support available, to reduce negative impact e.g. financial insecurity
- Recognise the challenges had to be tackled as a system, in partnership with each other (and give our population a coordinated, joined-up response)

Discussion:

- The Board noted that it was important to take account of the impact of long covid on mental health and the positive affects physical activity, leisure and culture often had.
- It was explained that a long covid pathway had been set up, which

included mental health input. This was likely to be a lifetime issue for sufferers and it would be important to wrap around social prescribing services.

- It was encouraging to see the population and community-based approach, reflected in the presentation, and the acknowledgement of the inequality strand and the socio-economic inequalities that lead to and were caused by having mental health issues.
- It would be important to join up support for people who had multiple vulnerabilities e.g. drugs, domestic abuse, housing etc.
- The Board highlighted the importance of addressing digital inclusion.
- Some VCSE organisations were currently struggling to access funding and/or were unable to undertake their normal activities, due to Covid-19 related restrictions.
- Cultural issues could make mental health problems harder to address and recognise, so direct work with refugees and asylum seeker communities would be essential.
- Catalyst had produced a list of voluntary sector services that aimed to address mental health issues.
- Catalyst, together with local charities, was preparing a bid for £250k, over two years, to put in place a number of different activities, that aimed to address mental health inequalities, including digital inclusion. The bid would be endorsed by a health and social care professional, from the Board.
- Members highlighted the increase in eating disorders, during lockdown, potentially across age groups. Officers would look at any data on this, including the age profile and provide to members.
- The Primary Care Training Hub had identified funding, which was going to be used for mental health first aiders. Up to 85 people, in local practices, would be trained, including social prescribers and care coordinators. If all the training places were not taken up, they could be offered to local partners.
- The affect Covid-19 was having on the mental health of all staff, across health and care settings, was significant and there was lots of activity to support those staff, including psychological support from TEWV.
- Members agreed that the presentation set a clear way forward which would assist in developing a strategy / strategic action plan.

RESOLVED that

1. the presentation be supported, and the discussion noted.
2. consideration be given to the development of a strategy/action plan.
3. further discussion be undertaken outside the meeting to agree when a progress report should be provided to the Board.

5 Relationships/ Domestic Abuse

Members considered a report that provided some detail relating to prevalence, reporting, prosecution, and convictions of domestic abuse, within Stockton on Tees Borough, for the period 1 April to 30 September 2020. The report also highlighted service activity within the Borough, during that period.

It was explained that nationally, and locally, there had been no significant change in the prevalence of domestic abuse. However, the number of crimes recorded had increased, as had the number of prosecutions leading to convictions. This indicated a higher proportion of reporting, prosecution, and conviction of perpetrators. The victim withdrawal rate had decreased significantly.

The Board noted some of the activity being undertaken during the period, including:

- The Specialist Commissioned Service, Harbour, continued to deliver domestic abuse services across the borough, flexing and adapting to respond during the pandemic restrictions. For example, support via phone and virtual platforms and the introduction of a Live Chat facility. The training offer was also being developed as e-modules.
- There had been a total of 2,830 victim referrals to Harbour, an increase of 5.9%, against the same period last year.
- Referrals to refuge had seen a 165% increase and referrals to Outreach Services saw a 112% increase, on the previous year.
- The Fire Brigade provided 84 letterbox locks during this period.
- Perpetrator referrals to a programme had increase, as had assessments.

Next Steps

Learning across the system would continue by sharing local intelligence and seeking evidence from statistical neighbours. This would improve understanding, ability to prevent and respond to the needs of individuals, families and communities affected by domestic abuse.

Learning during the pandemic would be consolidated, ensuring options to enhance access to services was explored. Service improvements would be monitored as part of contract management arrangements.

Discussion

- Members noted that the arrest rate had gone up and the victim withdrawal rate had dropped significantly. These were considered to be extremely positive developments and highlighted the work the Cleveland Police had undertaken to support people around vulnerability.
- During lockdown there had been some concerns that victims would find it more difficult to access help and would be exposed to their situation, more often. However, referrals had continued and increased.
- The Domestic Abuse Steering Group had met recently, and part of its future work would include revisiting strategic outcomes and refreshing the Domestic Abuse Strategy 2017/22. The Board would be updated on progress in this regard.
- Members noted, from the report, that the Fire Brigade had fitted 84 letterbox locks and it was queried if these had been fitted solely in response to Domestic Abuse incidents. It was explained that this would be clarified, and Board members informed outside the meeting.
- Members were provided with details of the 'Ask for ANI' scheme, which was a national campaign and involved local pharmacies in being a source of support for people experiencing domestic Abuse. ANI stood for 'Action Needed Immediately' and anyone going into a pharmacy and asking for Annie' [ANI] would be taken into a consulting room by the pharmacist and provided with support. Public Health was working with pharmacists to deliver this scheme, locally.
- The Board was informed of some research work that was being undertaken, with SafeLives, to help with the partnership's response to Domestic Abuse, across Tees.

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

6 Health and Wellbeing Update

The Board considered the minutes of the Children and Young People's Partnership held on 11 November 2020.

RESOLVED that the minutes be noted.

7 Members' Updates

700 people had passed through the local oximetry at home service, also known as the Virtual Ward. 40% of patients had been from Stockton. Members requested a broad outline of how the Virtual Ward worked. It was explained that someone who tested positive and was in a high-risk group (currently over 65, or younger, with a clinical condition that put them at risk), received a pack with a thermometer and pulse oximeter and were assisted to access an app. Twice a day the patient inputted readings, and a RAG rating was given. Anyone who was amber or red received a follow up, from the nursing team, to assist them. There were links into hospitals when people needed acute care. The Virtual Ward was a very good model, that could be used for other issues, in the future. There had been excellent patient feedback.

Members received a brief update on some of the current Covid-19 related pressures at North Tees Hospital Trust e.g. 161 Covid-19 cases in the hospital and 17 cases in ITU. The Trust continued to roll out a vaccination programme.

The Board was reminded that the Trust had received three million pounds, in funding, to enhance its Emergency and Urgent care provision, for winter and Covid-19 use. This work was almost complete and was helping to ensure patients were getting to the right place, quickly.

RESOLVED that the updates be noted.

8 Forward Plan

Members noted the Board's Forward Plan and members were asked to highlight if they had any items, they wished to have included.