

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 Edmonds (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.