

MINUTE OF HEALTH, CARE AND WELLBEING EXECUTIVE BOARD HELD ON 15 MARCH 2018

- Present: David Lynch, Dundee Health and Social Care Partnership (Chair)
 Peter Allan, Dundee City Council
 Dr Jane Bray, NHS Tayside
 Allison Fannin, Dundee Health and Social Care Partnership
 Marion Logan, Dundee Health and Social Care Partnership (rep for Christine Lowden)
 Diane McCulloch, Dundee Health and Social Care Partnership
 Arlene Mitchell, Dundee Health and Social Care Partnership
 Kathryn Sharp, Dundee Health and Social Care Partnership
 Joyce Thompson, NHS Tayside
 Graham Wark, Leisure and Culture Dundee
 Bailie Helen Wright, Dundee City Council
- In attendance: Christina Cooper, Dundee Voluntary Action
 Sandra Lorimer, Dundee City Council
 Andrew Radley, NHS Tayside
 Kathleen Sharkey, Secretary (Minute Taker)
- Apologies: Anne Eriksen, NHS Tayside
 Christine Lowden, Dundee Voluntary Action
 Jane Martin, Dundee City Council
 Tracey Stewart, Dundee City Council

	ACTION	BY
<p>1 WELCOME AND INTRODUCTIONS David welcomed everyone to the meeting and apologies were noted as above.</p>		
<p>2 MINUTE OF LAST MEETING HELD ON 23 NOVEMBER The minute of the last meeting held on 23 November was agreed as accurate.</p>		
<p>3 ACTION POINT UPDATE It was noted that all the action points were either complete or ongoing.</p>		
<p>4 MENTAL HEALTH AND WELLBEING Arlene Mitchell and Christina Cooper gave a presentation “Mental Health and Wellbeing in Dundee” (copy embedded below). The presentation gave board members the opportunity to hear, understand, challenge and satisfy themselves that we are being ambitious enough for the city, that we are taking full advantage of the opportunities created through integrated working and that all partners are engaged and playing their part.</p>		



Mental Health and Wellbeing Presentat

Bailie Wright said the presentation had been very informative as she felt in the past that there had been a lack of support for her constituents. She commended staff for the approaches being taken.

It was noted that, in order to reduce stigma, people are being encouraged to share their experiences of services and of having mental health difficulties. People are being supported through their recovery journey, and being encouraged to share their views and challenge existing views re mental health and wellbeing.

The link between poverty and mental health problems and the need for support to be targeted to areas of need and early intervention was highlighted. The same link is not seen between poverty and severe mental health problems, although people living with severe mental health problems often find themselves drifting into poverty.

Discussion took place regarding how people felt having to go to buildings for support that are clearly labelled mental health facilities and some people choose not to engage because of this. There is now a move towards more integrated community hub places which people feel more comfortable with. Some people in distress are not comfortable in a hospital or over medicalised environment. All agreed in most situations the community is much better place and we will build this into the culture of our organisations.

Board members to let Kathryn Sharp know if Protecting People groups have linked themselves well enough to mental health work.

All

Following discussion around mental health issues sometimes being branded as antisocial behaviour, Arlene Mitchell will pursue a neighbourhood services representative for the mental health SPG.

Arlene

David noted the positive comments from board members and the sense of energy and change around mental health.

David noted that last year there had been a cross party session regarding mental health in the city which had generated a degree of understanding. David will speak to colleagues who organised it and agree how we move the dialogue on. David to follow up with Arlene.

David/Arlene

Arlene advised that the SPG recognised that it had not presented many reports in last 6 months, however this did not give an accurate picture and the SPG is very committed in the coming months to giving more detail around progress made.

5 GIRFEC IMPROVEMENT PROGRAMME

A report was presented to the Board about the GIRFEC Programme.

The report included 3 main strands:

- Hunter Foundation and BBC Children in Need - partnership to build leadership and management capacity, family support hubs and community facing 365 schools
- CELCIS - partnership to support Named Person's, develop effective approaches towards family engagement and develop a shared culture and ethos within and between partners

- Health and Wellbeing and Children and Families Boards – partnership to develop a shared response to the 3 joint priorities of mental health, substance misuse and healthy weight

A planning day will be held for up to 16 partners at the Columba Head Teacher Learning Academy in Loch Lomond on 12-13 March. The purpose is to build the collaborative team, develop a shared sense of direction and clarify respective roles over the next 12 months.

The Board noted the ongoing work and requested an update report in 6 months time.

6 TAYSIDE SOCIAL PRESCRIBING SCHEME PROPOSAL

Andrew Radley presented a paper to the Board and asked it :

- To note the development of the business case relating to the establishment of a Tayside-wide social prescribing service for physical activity and healthy weight.
- To note the engagement work which will be taking place to ensure integration with existing social prescribing provision in Dundee.
- To note the financial model proposed and the integration of funding for weight management programme development.
- To agree in principle the draft governance arrangements for Dundee.
- To request that a full proposal is presented to the IJB following further stakeholder engagement and development of proposal.

Andrew explained that from a pharmacist perspective there is an overdependence on prescribing at a cost of £42 million to the Health Board which is a huge concern.

To change this trajectory social prescribing can be used for wellbeing and lifestyle needs, for example diet and exercise for diabetes.

David said that it had already been agreed that existing local models have good evidence and it required a partnership approach to develop social prescribing. It was acknowledged that the Scottish Government have made significant local investments in this. Developments have mostly taken place in general practice but also in communities too. Any new proposal would need to fit with, support and add value to local models and would need to be developed with local teams.

A number of questions were asked

- Is there a risk assessment as it is very ambitious?
- Are we clear about promise we are making on savings and how realistic are these?
- Is business plan our best case scenario, is there a risk of over promising and under delivering?
- We have responsibility to the Board that we can deliver and clear to staff about performance standards that are achievable.
- Is there capacity for development and is social prescribing the answer?
- Is the money there to invest in this model?

Andrew said it was intended to apply for NHS Transformation Fund monies allocated to North of Scotland health boards. However it was noted that there is likely to be a long list of bids for this fund and any social prescribing bid would be competing with direct submissions for acute services in a large pool.

Baillie Wright queried the financial figures in the report and Andrew advised that finances are due to be reviewed before presenting the report at future forums.

Discussion took place around what services we currently have which could be described as social prescribing such as the Welfare Rights Service in GP surgeries, a fairly robust therapy service in Dundee rolling out to Tayside, cancer pilot etc. Graham Wark offered to work with Andrew to take existing resources and make it robust and scale it up in a short period of time. Graham has videos of some of this work in Leisure and Culture (please click on links below).

Move More Dundee

Active for Life

Decision/Action

It was decided not to agree to the recommendations at this time but reflect that we are:

- Noting the proposal as an early proposition to be expanded.
- Welcoming generally the opportunity through our NHS partner to seek to develop social prescribing in city.
- The business case will to be further developed taking account of all comments and connecting with all relevant partners.
- Any future business case will be developed in Partnership and will have the agreement of Partners before being presented.

Andrew

7 HUMAN TRAFFICKING

Kathryn presented this report which was to inform members of the key provisions of the Human Trafficking and Exploitation (Scotland) Act 2015, particularly those with operational implications for partner agencies. Kathryn also summarised local responses to human trafficking and the intended next steps and requested Executive Board support for the principle that all community planning partners have a role to play in delivering the required strategic and operational responses to human trafficking.

There is a heavy emphasis on how we work together to support potential victims with regard to information sharing etc and working in a much more direct way.

The issues for us are how we support and assist victims, the national arrangements are in place but there is a need for local support. Also how we interface with international agencies with duties to notify police for example and the complexities around this.

Historically we had clear focus but this Act brings duties and a clearer requirement to look at trafficking with a broader range of community planning partners etc.

It is planned to bring partners together in April/May to be clear about duties and local level. The Scottish Government will support us to progress these and also around governance and accountability. Executive board members to nominate appropriate members from their organisations.

Allison said it was important to get the right range of representatives as there will be specific duties discharged to the Health and Social Care Partnership.

8 PERFORMANCE MANAGEMENT

Allison Fannin and Sandra Lorimer presented a paper which Board members are asked to:

- Note the ongoing work to ensure a cohesive and comprehensive Community Planning Partnership performance management system – including agreeing reporting intervals
- Review the draft templates
- Assess whether or not the draft reports will be appropriate for the Executive Board and will meet its reporting requirements.
- Offer any feedback or suggestions for improvement

The draft reports illustrated the proposed templates for all city plan.

Sandra said they were trying to create a suite of reports that look and feel like our strategic documents. The reports:

- Give an at a glance review
- Staff are trying to produce reports for whole city plan, each themed report to look and feel the same but still able to meet the needs of a range of audiences.
- Use a general traffic light system which reflects performance indicators that are improving and deteriorating. It was noted that some are not appropriate, for example the number of drug deaths.
- Show that Pentana is quite limited so we have pulled the detail into a word document to create scorecard effect. This gives the capacity for a narrative for each strategic priority.
- Give line by line reporting pulled directly from Pentana – the summary is good but this will give you more information including trend etc, although it was noted that there is not a significant amount of historical detail for long term trends.
- Should encourage staff to think about what they put in the narrative as they could be publically available.

David said he was happy with the direction of travel. He advised that for the main programmes of work Sandra and Allison should discuss with lead groups and officers associated with them in the first instance then develop the report.

Diane thought it was comprehensive and it was noted that the actions near the end of the report were from the City Plan for Health, Care and Wellbeing. Some of the data from these actions was originally from Covalent then Pentana and the report will develop as data continues to be cleansed.

It was acknowledged that national data was not directly imported but data from individuals can be entered directly.

Peter said that the full version was tabled at Dundee Partnership Management Group and was received very well. This good progress was noted and that we are heading in the right direction with the proof being once the report was fully populated.

9 CITY PLAN PRIORITIES

Healthy Weight

Joyce Thompson presented a paper which gave an update on the Dundee Healthy Weight Partnership. The paper includes the success of the recent event held at The Steeple which aimed to kick-start the healthy weight movement in Dundee. The weblinks within the report can still be accessed.

The Dundee Healthy Weight Partnership met recently which was very well attended due to the energy prompted by the Steeple event and they have made commitment to test the application of the Analysis Grid for Environments Linked to Obesity (ANGELO) tool which looks at the environment that leads to obesity, to determine priorities for local context.

The Dundee Healthy Weight Partnership also developed a comprehensive response on behalf of the Dundee Community Planning Partnership to the Scottish Government Consultation document 'A Healthier Future - action and ambitions on diet, activity and healthy weight' which was submitted on 31 January 2018. Development of SG strategy awaited.

It was noted that the Tayside Children's Services plan was still at its very early stages and primarily thinking about need for that and what is going on with work around obesity prevention and treatment including social prescribing proposal.

Substance Misuse

The SPG met at the beginning of the week progressing with the completion of the strategy which this group have seen earlier versions of. Work is being done to finalise the workforce and financial framework.

There was also a presentation around statutory services and the model for the future including primary care and work with GPs around misuse of substances.

Consideration is being given to how we think about 7 day services and how we start to deliver locality focussed services.

There will be a community event in March and work to progress commission and an operational discussion with partners.

It was noted that Bill Bowman MSP raised a motion in parliament to recognise the work that safe zones do.

Dundee Partnership Forum – Substance Misuse and Launch on 26 March

Peter advised that this event would take place on 26 March and invited everyone in the group to attend.