

**MINUTE OF HEALTH, CARE AND WELLBEING EXECUTIVE BOARD HELD ON 27 SEPTEMBER 2018**

Present: David Lynch, Dundee Health and Social Care Partnership (Chair)  
 Peter Allan, Dundee City Council  
 Elaine Cruickshank, Children and Families  
 Allison Fannin, Dundee Health and Social Care Partnership  
 Councillor Ken Lynn, Dundee City Council  
 Diane McCulloch, Dundee Health and Social Care Partnership  
 Arlene Mitchell, Dundee Health and Social Care Partnership  
 Bailie Helen Wright, Dundee City Council

In attendance: Kathleen Sharkey, Minute Taker

Apologies: Dr Jane Bray, NHS Tayside  
 Ann Eriksen, NHS Tayside  
 Christine Lowden, Dundee Voluntary Action  
 Jane Martin, Dundee City Council  
 Kathryn Sharp, Dundee Health and Social Care Partnership  
 Joyce Thompson, NHS Tayside  
 Graham Wark, Leisure and Culture Dundee

	<u>ACTION</u>	<u>BY</u>
<p><b>1 WELCOME AND INTRODUCTIONS</b>            David welcomed everyone to the meeting and noted apologies as above.</p>		
<p><b>2 MINUTE OF PREVIOUS MEETING HELD ON 17 MAY 2018</b>            The minute of the meeting was accepted as accurate.</p>		
<p><b>3 ACTION POINTS UPDATE</b>            Progress/completion was noted and the action plan updated accordingly.</p>		
<p><b>4 PERFORMANCE MANAGEMENT</b>            Allison presented the Health, Care and Wellbeing Draft Progress Report which provided the most up to date high level performance information in relation to the achievement of the City Plan Outcomes for which the Executive Board is responsible.</p> <p>In terms of key performance targets it was acknowledged that from the 5 performance targets only one is behind target. The rate of emergency bed days has continued to increase. It has risen from 382 to 438 days per 1000 population (an absolute increase of over 6550 bed days per annum). Allison has had a closer look at figures in relation to mental health and these were noted in the accompanying report. Executive Board members noted that the actual number of admissions where mental health is given as a primary reason for admission has actually decreased over the last year by 8%.</p>		

Although fewer people are being admitted due to mental health, people are spending longer in hospital with an average of 73 days per admission which has risen to an average of 91 days. There are a small number of complex individuals who may spend a long time in hospital which can alter the figure significantly. Further work will be done to look more closely at that increase.

The details of admissions at local LCPP level have been included in the paper but these should be looked at with caution as relatively small numbers can make big changes to the rates at these smaller population levels. People from certain areas are more likely to be admitted and spending longer in hospital. Allison highlighted the changes in different localities. Once again figures are to be treated caution due to a few individuals having very long stays in hospital. Allison advised that historically in the CHP such individual figures were removed to give more realistic statistics and it was suggested this is done for future reports.

Arlene said it was helpful to look at older people and younger adults given that we have a significant number of bed days around a small number of young adults. She also noted that the report gave figures for 2017/18 and advised that since the end of March there had been 4/5 discharges of young people who were contributing thousands of bed days to that total and if the figures were calculated today they would look significantly different.

Bailie Wright noted that the same areas always showed up at the bottom of statistics (e.g. Coldside and Lochee) and wondered why things not working or why there are no new initiative to tackle this. Arlene advised that her team are to look at correlation where there are more social prescribing opportunities or stronger engagement with mental health groups at local level which might start to have effect on different localities. They will do this in conjunction with the Mental Health SPG which will be a helpful tool to dig deeper.

Allison to obtain more up-to-date figures from ISD/Business Unit.

**Allison**

Peter noted that this Executive Board is the only one who presents a progress paper like this which gave significantly more information than other Executive Boards get and it was really helpful. Peter advised that the Fairness Commission are due to give recommendations at the end of the year and one of the priorities is mental health. He has asked that the Fairness Commission sense check their recommendations with Arlene and her team before finalising them to ensure they are not making recommendations that are undeliverable. Arlene advised that she is meeting with members of the Fairness Commission on Monday and they are also attending a meeting of the Mental Health SPG. Arlene also advised that early feedback on the recommendations they are making are consistent with our direction of travel and developments. In addition, early feedback on the current mental health enquiry is that the evidence being given is also consistent with our plans to support people in distress quicker and in a more appropriate way. Bailie Wright asked if it will include support to families and Arlene confirmed that Mental Health Strategy will be presented to the IJB in October. This will include families and is mindful of the interfaces with children and families substance misuse etc.

Councillor Lynn advised that the Drugs Commission will be making interim recommendations in advance of a full report in 6/7 months. At the same time a communication has been issued asking for submissions to use the ADP underspend (£200k) as it must be spent by 19 October 2018. Discussion took place on whether we could ask Scottish Government for a delay on this spend so that it tied in with the interim recommendations however it was acknowledged that the guidance was that the money should be spent by the date given or it would be lost. Peter advised that the Chair of the Drugs Commission is to write to the Chief Executive of NHS Tayside alerting him to the unique circumstances asking for some flexibility round the October date.

At the end of discussion David said he had been reflecting on papers and all board members agreed with his suggestion to have one theme for each future meeting of this Board so that subjects can be looked at in more depth and give people time to give more information and take more questions. It was also agreed that the next meeting on 22 November would look at Mental Health and Wellbeing.

## **5 TAYSIDE CHILDREN'S PLAN – HEALTH AND WELLBEING PRIORITY**

This report provided members with an overview of the work being taken forward through the Tayside Health and Wellbeing Priority Group (HWPG) which Elaine Cruickshank chairs and was to raise awareness and seek support for board members to share and promote the highlighted work.

The 3 year plan was written and published last year and we are now 12 months into it. The paper gives an over view of work done in the first year and is also helping to improve alignment between adults and children and families work.

The HWPG has responsibility for 5 areas of work including mental health and the implementation of the mental health strategy across Tayside for children and young people and also the substance use prevention framework for our children and young people. These two areas mirror priority work that is going on in the Health and Social Care Partnership. The 5 areas of work also include child healthy weight, parenting strategy and implementing the Scottish Government national policy for pregnancy and parenthood in young people.

Key issues around poverty and adverse childhood experiences were also noted at the end of the report and it was noted that the HWPG is also working across the whole of the Tayside collaborative using GIRFEC as the underpinning strategy. There is a meeting next week with data analysts to discuss outcome measures in the plan for each of the 5 areas of work. This meeting will start the process of refining and reviewing outcome measures and will link more effectively with the commissioning group that has been setup to support this work.

Elaine also advised that she now has the final draft of first annual report of the whole Tayside Children's Plan. This gives an update on the 5 groups and the whole range of work in Tayside over the year. It is not at stage for sharing yet but Elaine will share with board members when she can. Elaine to send report to Kathleen when ready for distribution to board members.

**Elaine**

Discussion took place and the following points were noted:

- David asked about the Scottish Government child and adolescent mental health strategy which has been set in a broader context than just NHS, CAMHS etc. They are keen to have broader more whole systems approach not just focusing on children but also with the rest of the professionals dealing with family. Elaine said there were recent recommendations from the SG/COSLA taskforce led by Denise Coia which was published on 4 September. This work looks across the whole age spectrum and sees children within families in an adult community. There was also an announcement from the First Minister in early September about the children and young people mental health service which was aimed at looking at the lower level of wellbeing. There is also a review of CAMHS which is due to report by the end of October. Arlene said there was some helpful info coming from Scottish Government linked to the mental health and wellbeing strategy. Action 21 around transition plans comes from the improvement around child to adult transition process and how a plan might look etc.

- Elaine advised that there were new monies for adult mental health services with bids being submitted. It was noted that each HSCP had some Action 15 monies which will improve access around primary care, police custody suites, prisons and accident and emergency. From a Dundee perspective we have a report being presented to the next IJB meeting which outlines our plan for this spend and includes local elements for Perth, Angus and Dundee and then some regional developments for example, the support in prisons which has the 3 HSCPs looking collectively at this.
- It was acknowledged that the Scottish Government sometimes ringfences monies and we need to be creative to use it to include more collaborative work. An example of this is the “Do you need to talk?” services in each GP surgeries which has been trialled in two secondary schools and the aspiration is to get it into every secondary school in the city. Regardless of fundstream it is a service for all and we will seek to test all opportunities to work together and make best use of resources and keep reinforcing this.
- It was noted that the actual impact of the Tayside Children’s Plan is at an early stage but Tayside work does inform and will keep informing what is going on in 3 local authorities. There is a clear directive from the 3 LA Chief Executives who form the strategic group and also the Directors group that Tayside work should move forward with pace to inform the developments that will take place locally. The appendix of today’s report has more Dundee detail and there is a clear commitment from all involved. However it was acknowledged that you cannot plan for a Tayside response as not all areas are the same.

## 6 COMMUNITY ENGAGEMENT

### **Draft Community Learning and Development Strategy**

This draft strategy, although following on from previous strategies to make best use of our resources and work better together, takes a different approach. The strategy does not give details of all community learning and development (CLD) work across city, instead it sets out how we take CLD work out across the community planning partnership. It illustrates the important role CLD plays in helping us all to meet our objectives and outcomes and empowering people to make important changes in their lives and communities. It also identifies how all of us have a role to play in terms of CLD.

The strategy also sets out how we are going to engage at a strategic level with partners and outlines a number of expectations of the CLD partners.

To support the strategy 3 areas have been outlined:

- Partnership working
- Community engagement
- Learning and workforce development

It also recognises the opportunities to work closely together with communities of interest such as BSL for example.

Peter noted there is an increasing desire amongst organisations to demonstrate locality planning.

	<u>ACTION</u>	<u>BY</u>
<p>David felt that most of the report had already been signed up to in previous years and queried whether this was being restated due to sense of not quite working and was the restatement enough? Peter said the CLD strategy was giving a joint mechanism to give organisations the confidence of doing it all together and it would only work if done collaboratively. We will all learn more and have the confidence to commit to this.</p> <p>Discussion took place around resources and how this can be better used if linked together to combine capacities. Bailie Wright had reservations around the strategy and thought there was no capacity as services are already stretched. She was worried it was just a “tick box exercise”.</p> <p>Diane said we could work within this new CLD framework as long as we could continue to look at new ways of working.</p> <p>It was noted that Board members are agreeable to the draft CLD strategy but would have further relevant discussions with significant partners.</p> <p><b>Health, Care and Wellbeing Engagement</b> This report outlined how the Dundee Community Planning Partnership engages with communities in relation to Health and Wellbeing and clarifies for the Executive Board how its agreed priorities reflect issues. It also sets out key engagement work and further work to be taken forward.</p> <p>This paper was to be further developed for a future themed meeting.</p>		
<p><b>7 WORKPLAN 2018/19</b> The workplan was noted with the caveat regarding the earlier discussion about having one main theme per meeting. The workplan is to be updated to reflect this.</p>		Allison/ Marie
<p><b>8 ITEMS FOR INFORMATION</b> The following items were noted for information:</p> <ul style="list-style-type: none"> <li>• Public Health Priorities for Scotland</li> <li>• Dundee IJB Annual Performance Report</li> </ul>		Allison
<p><b>9 AOCB</b> Bailie Wright asked if future papers can be issued in colour. Allison/Kathleen to look into this.</p> <p>It was noted that David Martin will be attending the next meeting of this Board as part of his programme of attending all the Executive Boards.</p> <p>Peter advised of a Dundee Partnership Forum event being held on 24 October – “Social Isolation and Loneliness and extended an invite to all group members. Allison re recirculate link.</p>		Allison/ Kathleen
<p><b>10 DATE OF NEXT MEETING</b> The next meeting will be held on Thursday 22 November 2018 at 2.00 pm in Meeting Room 4.7, Dundee House.</p>		Allison