

GLOUCESTERSHIRE HEALTH & WELLBEING BOARD

MINUTES of a meeting of the Gloucestershire Health & Wellbeing Board held on Tuesday 6 November 2018 at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT:

Ingrid Barker	Sarah Scott
Cllr Richard Boyles	Dr Andy Seymour (Vice-Chairman)
Chris Brierley	Chris Spencer
Cllr Tim Harman	Cllr Jennie Watkins
Mary Hutton	Margaret Willcox OBE
ACC Julian Moss	Cllr Roger Wilson
Dr Hein Le Roux	

Substitutes:

Officers in attendance:

Apologies: Alan Thomas and Cllr Kathy Williams

1. DECLARATIONS OF INTEREST

No declarations of interest were received.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting on Tuesday 17 July 2018 were agreed as a correct record and signed by the Chairman.

3. PUBLIC QUESTIONS

No public questions had been received.

4. MEMBERS' QUESTIONS

No member questions had been received.

5. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2017/18

The focus of the report was Mental Health – Leading the Way to Wellbeing: the Mental Wealth of Gloucestershire. The priorities discussed in the report were: -

- Promoting good mental health and wellbeing from the earliest age
- Helping people build the Five Ways to Wellbeing into their everyday lives
- Creating and sustaining the conditions for good mental wellbeing
- Working in partnership to prevent self-harm and suicide
- Building mental health-friendly communities and workforces

The report also highlighted the work in Gloucestershire, led by the Health and Wellbeing Board (HWB), on Adverse Childhood Experiences (ACEs).

Minutes subject to their acceptance as a correct record at the next meeting

The Board congratulated the Director of Public Health (DPH) on the publication of another succinct and informative report.

The Director of Public Health (DPH) informed the Board that a GP lead for suicide prevention had been appointed. She explained that there was still work to do to with the local media to encourage more responsible reporting on suicide.

In response to questions the DPH acknowledged that more needed to be done relating to alcohol abuse; that there was a strong commitment to do this; and that work was ongoing to improve this area, in particular how to make it easier for people to access support. It was suggested that this might be an issue that the HWB would want to look at in depth in future.

The HWB was informed that GPs saw people with a combination of physical and mental health problems and that the system was a bit behind the curve on how to address dual conditions. It was agreed that it was important to 'see' the person as a 'whole'.

Parity of esteem between physical and mental health remained an issue. It was also important to factor in parity of deprivation; health inequality across and between some areas in the county was stark. It would be important to ensure that these matters were progressed through the locality framework.

The Director of Children's Services (DCS) welcomed the report but raised questions relating to mental health screening tools at A & E for children and young people, as well as access to services and whether the thresholds in Gloucestershire were too high. The Clinical Chair, Gloucestershire Clinical Commissioning Group (GCCG) informed the HWB that a mental health workshop had been held to inform the redesigning of urgent care in the county. During the discussion it was recognised that that the screening tool was not good enough – this would be addressed in due course. With regard to thresholds the DPH informed the HWB that this would need to be discussed with the commissioners of mental health services in the county.

The District Council representative on the HWB stated that she was pleased to see that there appeared to be an emerging golden thread linking into communities; the question remained as to how to train and develop community members to support the wider community. She also raised the question of how communities could have a voice 'round the table'.

The Accountable Officer, GCCG, commented that this was a good opportunity to identify the gaps in services and plan according for next year.

6. SELF HARM UPDATE

The HWB received a detailed update from Beth Bennett-Britton, Public Health Consultant, Karl Gluck, Lead Commissioner Adult Mental Health, and Francis Clark-Stone, Commissioning Officer.

The HWB was pleased to note that the Preventing Self-Harm Action Plan had now been finalised and was embedded into the Public Health Business Plan, and was also reflected in the Future in Mind Transformation Plan. The HWB also welcomed the draft All Age Mental Health and Wellbeing Strategy and agreed that this should inform and feed into the Joint Health and Wellbeing Strategy (currently being refreshed).

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Members agreed that it was good to hear that officers were working on a self-harm care pathway for GCare which should support GPs navigate the system, and offer more informed support to their patients.

It was questioned whether it was understood why Gloucestershire reported higher rates of self-harm than nationally. It was explained that Public Health England was looking at admission rates for the whole of the South West; it might be that one of the factors was related to reporting methodology. It was noted that the number of admissions does not necessarily mean that Gloucestershire has a bigger problem than elsewhere. It was also important to ensure that staff in acute settings were given the information and support necessary to enable them to best support patients.

With regard to resources the Accountable Officer, GCCG, informed the HWB that the system was just entering a 10 year planning cycle and that it would be important to look at funding for this area.

The Chairman welcomed this work in this area and stated that the level of activity had justified the HWB deep dive approach to this important issue. It was agreed that the HWB should receive an annual update on the progress of this work.

7. PROPOSAL FOR LONELINESS/SOCIAL ISOLATION DEEP DIVE

The Accountable Officer, GCCG, informed the HWB that the GCCG Enabling Active Communities group, with membership drawn from across the system, could initiate this work and then report back to the HWB.

The Chairman stated that he thought that it was important that each organisation on the HWB could contribute to this work. It was agreed that the Accountable Officer would put together a briefing on how this work could be structured to be discussed at HWB level.

8. AIR QUALITY AND HEALTH DEEP DIVE

Dave McConalogue, Public Health Consultant, and Philip Williams, Lead Commissioner Community Infrastructure, gave a detailed presentation on the work undertaken on air quality issues, including the outcomes from the Scrutiny Task Group on this matter.

Members agreed that this was a health *and* wellbeing issue. It would be important to maximise every opportunity to design future developments with cyclists and the green agenda in mind, and to continue to encourage people to stop smoking. It was agreed that a significant challenge was how to get the general public engaged with this issue.

The HWB recognised that it has a role in providing leadership on this issue, and that it should receive regular reports on this issue, and that each HWB member consider what their organisation could contribute to the air quality agenda.

9. JOINT HEALTH AND WELLBEING STRATEGY (JHWBS) UPDATE

Zoe Clifford, Public Health Consultant, updated the HWB on activity following the HWB discussion on 17 July 2018.

The HWB agreed to the vision as set out in the report:-
'Gloucestershire is a place where everyone can live well, be healthy and thrive.'

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With regard to the branding logo following a discussion the HWB agreed that the wording should be Gloucestershire Health and Wellbeing.

The HWB agreed to the framework of primary, secondary and tertiary prevention as set out in the report: -

- Primary prevention includes health improvement and requires action on the determinants of health to prevent disease occurring. It has been described as refocusing upstream to stop people falling in to the waters of disease.
- Secondary prevention is essentially the early detection of disease, followed by appropriate intervention, such as health improvement activity or treatment.
- Tertiary prevention aims to reduce the impact of the disease and promote quality of life through active rehabilitation.

10. GENERAL REPORT ON ACTIVITY ON HWB MATTERS IN GLOUCESTERSHIRE

It was noted that the content of the report would be developed over time.

The report was noted.

CHAIRMAN

Meeting concluded at 12.06 pm