

Health and Wellbeing Partnership Board



Hartlepool Middlesbrough Redcar and Cleveland Stockton-on-Tees

Title: Health and Wellbeing Partnership Board		Meeting No:
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Date:	Location:	Duration:
18 th April 2011	Castlegate Quay Watersports Centre	12.30 pm – 2.30 pm

Attendance

Chair - Graham Prest, Chair, NHS Stockton-on-Tees

Mike Batty - Head of Community Protection, Stockton Borough Council

Councillor Ann Cains - Chair of Health Select, Stockton Borough Council

Councillor Suzanne Fletcher - Stockton Borough Council

Councillor Jennie Beaumont - Cabinet Member, Stockton Borough Council

Ruth Hill – Assistant Director of Health Improvement, NHS Stockton / Stockton Borough Council

David Levy - Director of HR & OD, Tees, Esk and Wear Valley NHS Trust

Simon Willson – Head of Performance. Stockton Borough Council (CESC)

Alison Wilson – Director of Commissioning and Systems Development

Carol Langrick – Director of Strategic Services Development, North Tees & Hartlepool Foundation Trust

Jim Beall - Cabinet Lead, Health and Care

Jim Scollen - Northern Area Partnership Board

Jonathan Berry - GP

Peter Seller - Head of Children's Strategy, SBC/STPCT

Victoria Cooling – Health Improvement Partnership Manager, NHS Stockton

Allison Aguis - Catalyst

James Newton - Stockton Link

Jane Humphreys - Corporate Director CESC, Stockton Borough Council

Paul Thomas - Chair, Central Area Partnership Board

In Attendance

Charlotte Lambert - minutes

Emma Champley –Strategic Commissioning Manager - DAAT, Stockton Borough Council– Item 5 Jo Heaney – Modernisation Manager – Alcohol, Stockton Borough Council – Item 8

Susan Taylor - Balance North East - Item 8

Neil Russell, Stockton Borough Council – Item 7

Item No		Action
1.	Welcome and introductions:	
	GP welcomed the group and a round of introductions was made.	
2.	Apologies:	
	Apologies were received from Melanie Howard, Richard Poundford, Annabel Turpin, Maureen Rigg, Reuben Kench and Liz Hanley.	
3.	Minutes of the last Meeting:	
	The minutes of the meeting held on 24 th January were agreed as a true and accurate record.	

4.	Matters Arising	
	Item 6 – Fluoridisation – RH explained that a judicial review was carried out in the South East and the outcome was in favour of the SHA. The North East SHA will be taking this forward.	
	Item 7 – Suicide Prevention – RH advised that training opportunities were circulated and 28 staff took part in the ASIST programme. A Suicide Awareness event will be taking place on 16 th May at Durham. Details will be circulated to the Partnership.	RH
	Item 9 – Sexual Health Update – JonB advised that Assura have been experiencing some teething problems, however none are of great concern.	
	Item 10 – Priorities for the Partnership – RH noted that a finance paper was circulated which outlines the agreed investment in Public Health for 2011/12. The group discussed the implications of this paper and agreed to the budget allocation approach.	
	Item 12 – A paper was circulated for information.	
5.	Briefing paper on 2010 National Drug Strategy	
	The National Drug Strategy was issued by the Government in 2010. EC highlighted some of the key points which were relevant to Stockton.	
	EC to clarify whether the early intervention grant mentioned in point 4 is part of the existing grant or a new grant.	EC
	EC advised that the new health care provider for the prisons is Care UK. Stockton has been awarded an extra £1m for non clinical drug treatments for Holme House Prison. Work would be required to understand how the budget operated.	
	Dr Olding of Birchtree Practice, the current provider has handed in his resignation. North East Primary Care Services Agency has advised they want to carry out a review around the options available. A proposal will go to the Transition Board but concerns have been raised about the specialist nature of the services and its wide ranging community implications and the timescales to progress a new provider.	
	JimB stated that if the Board had an opportunity to voice their views on the matter, he would recommend that there is a need for a specialist service and not a general GP practice.	
6.	Performance Review	
	A performance report was circulated to the group and there were no major issues.	
	AC highlighted that there is a lack of people presenting to practices with early symptoms of cancer. JonB advised that there are many programmes available which raise awareness. JonB explained that there is a need to address people's perceptions and ways of life.	
7.	Sports and Active Leisure Strategy/ Olympics Opportunity Plan	
	NR advised that the strategy went to SBC Cabinet in January for approval and has attended the meeting today for approval from the Board.	
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NR is very keen to use the strategy to bring all sports/leisure providers together.

The key aim of the strategy is to increase participation in Sports and Leisure.

The key priority is to use school sites and facilities for activities. There is a need to ensure the Council maximise the facilities available. The asset review which is currently underway may present some issues.

NR explained that a number of different plans will be developed which will focus on ethnicity/ disability etc.

AC highlighted the paragraph within the strategy which states that there is a higher percentage of residents in Stockton with poor health when compared to the national average. AC would be interested to see some background information regarding this. NR to circulate background data.

NR

JonB noted that there has been some excellent pieces of work carried out with the elderly, for example chair based exercise programmes; however there is no mention of it within the strategy.

The Board agreed to endorse the strategy.

8. Alcohol Update

Alcohol update

JH circulated a briefing paper which provided an update on work carried out to date in line with the alcohol action plan.

- Social marketing campaign aimed at professional and managerial groups.
- Think B4 U drink campaign
- Training underway with frontline staff to enable them to identify alcohol related problems.
- Reducing the availability of alcohol with a particular focus on sales to young people
- Reducing the number of alcohol related hospital attendances and admissions.
- Delivering treatment services which are aligned with the National Treatment Agency models of care alcohol treatment framework.

JH advised that the interviews for the Alcohol Nurse Specialist will be taking place on 18th May.

Minimum pricing

ST spoke to the paper and highlighted a number of points.

Minimum pricing will have the biggest impact of the heaviest drinkers.

A survey was carried out which identified that pricing is still an issue – alcohol is available at 12p per unit.

The LSP and Safer Stockton Partnership have endorsed this as a way forward, however it needs to be developed as a Teeswide programme.

The board agreed to endorse the principle.

9. Health and Wellbeing Board Development – next steps

RH advised that plans are continuing despite the national pause in the process.

JN outlined that the report does not give much information on how the two Boards would work together.

JonB took the opportunity to update the partnership on GP Commissioning plans. He explained that the GP consortia consists of 6 GPs and 3 Practice Managers. They are meeting regularly and have developed their terms of reference and are progressing their work plan.

Stockton is the only consortia who have not opted for Pathfinder status yet.

JonB advised that Public Health and Council members will be part of Consortia meetings once up and running.

CL questioned whether there has been any thought of replacing the Health and Wellbeing Board and making it an LSP.

CL highlighted that there are three groups within the current proposal and queried whether this could create duplication.

CL highlighted that the group has heavy membership from the Local Authority.

CL outlined that she would like to see the Foundation Trust playing a very active role in the Health and Wellbeing Board.

JH advised that the group would have a very large membership if all providers were included.

SF noted that there are very few Councillor members included.

JimB highlighted that this is the first draft and welcomes the inclusion of Health Watch on the Board and reinforced the challenge of engaging the wider population on their issues.

It was clarified that all meetings will be held in public.

CL queried the future arrangements of the Board. The group was asked to feedback any comments to RH by 20th May which would feed into the next steps.

It was noted that the intention was for this to be the last meeting pending a decision on new arrangements to be taken at the cabinet meeting in June.

10. Feedback from Domestic Violence Away Day

A report was circulated to the group for information.

MB explained that there are challenges around data capture on domestic violence.

11. Update from Partners

The DH has advised that the PFI Social Care Credits bid around the Integrated Health Centre in Billingham will not progress. Partners are meeting to review the implications of this news.

	JH advised that the joint management arrangements with the Foundation Trust, PCT and Adult Strategy team have now ceased.	
12.	Any other business SF asked if the PCT and LA could provide any influence to find out if there is any support for Arthritis Care's Self Management programme.	
	VC advised that a piece of work has previously been carried out. There are a lot of services already available and she would supply this detail to SF.	vc