

Minutes
Health & Wellbeing Partnership
Tuesday, 9th July, 2013, 1.30 p.m. at Conference Room, Education Centre, Junction Road, Stockton on Tees

Chair:

Alan Foster (North Tees and Hartlepool Foundation Trust)

Members:

Liz Greer (Healthwatch), Jeff Evans (Probation), Andy Fox (Police), Cllr Carol Clark (SBC), Deborah Ward (CCG), Peter Kelly (PH), Paul Thomas (Central Area Partnership Board), Jim Scollen (Northern Area Partnership Board), Mike Batty (DNS), Lesley King (PIE), Jonathan Berry (CCG), Reuben Kench (DNS)..

Advisors:

Simon Willson (CESC); Fiona McKie, Margaret Waggott (LD); Sarah Bowman, Ruby Poppleton (PH).

Apologies

Members:

Lucia Saiger, Jane Harvey, Richard Poundford, Cllr Mohammed Javed, Dianne Gage.

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<p>HWP 14/13. Welcome and Introductions</p>	
<p>HWP 15/13. Declarations of Interest</p> <p>There were no declarations of interest.</p>	
<p>HWP 16/13. Minutes of the meeting held on 14 May 2013</p> <p>Consideration was given to the draft minutes of the meeting held on 14th May 2013.</p> <p>Matters Arising</p> <p>Welfare reforms - An informative meeting had been held with all partners providing short presentations on each of the agency issues relating to welfare reforms.</p> <p>Health and Wellbeing Delivery Plan - Members would be provided with the amended plan at a future meeting.</p> <p>Comments and Decisions AGREED that the minutes be approved.</p>	
<p>HWP 17/13. Increase in the number of women achieving quitting smoking at the time of delivery</p> <p>Members were provided with a presentation by Ruby Poppleton and Jonathan Berry on Smoking in Pregnancy.</p> <p>The risks of smoking in pregnancy were highlighted:-</p> <p>- increased risk of miscarriage and having a stillbirth</p>	<p>RP/JB</p>

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<p>- increased risk of premature birth - increased risk of placental abruption - increased risk of cot death. hearing loss, learning difficulties and sight problems - increased risk of getting infections as a child and required hospital treatment such as asthma.</p> <p>Areas for service development were:-</p> <ul style="list-style-type: none"> - Maternal Stop Smoking Guidelines developed - Community Midwifery Assistants providing weekly contact with pregnant smokers - Midwives mandatory training commenced, 2 yearly cycle - Great referral pathway based on NICE Guidance - Regional 'Baby Clear' Project - Specialist Midwives required within Antenatal clinics to target 'Decliners' through the 'straight talking' method. <p>Performance data was provided for Members consideration.</p> <p>It was stated that historically people felt that smoking in pregnancy was only an NHS matter but this was not the case and there was a need for many different types of Services to come on board. Partners were requested to consider other methods to assist mothers in quitting smoking rather than just via the midwife. The importance of supporting the mother throughout the process of stopping smoking was stressed to Members.</p> <p>It was suggested that best practice from other areas be investigated.</p> <p>Jonathan Berry would like to observe how the midwifery service at North Tees and Hartlepool Foundation Trust approached smoking cessation for pregnant women. Alan Foster stated that Jonathan was welcome to visit the Trust and undertake this piece of work.</p> <p>Discussion was held on the following issues:-</p> <ul style="list-style-type: none"> - Preventing women smoking prior to falling pregnant - Use of Facebook/Twitter etc. as methods to get the message to girls/women - Information through Schools 	

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<p>- Contact Services that were in touch with hard to reach groups - The DAAT welcomed sending information out to their clients</p> <p>Ruby Poppleton had recently received a report entitled 'Smoking Cessation - A call to Action' and would circulate this report to all Members of the Partnership.</p> <p>Comments and Decisions AGREED that the comments be noted and a further update be received in due course.</p>	
<p>HWP 18/13. Scrutiny Review-Tobacco Control-Action Plan</p> <p>Members were provided with the draft action plan following the review by the Housing and Community Safety Select Committee on Tobacco Control. The report was due to go to Cabinet on 11th July 2013.</p> <p>Comments and Decisions AGREED that the action plan be noted.</p>	PK
<p>HWP 19/13. Adult Social Care - Local Account</p> <p>Members were provided with a report which detailed the purpose of the Local Account for Adult Social Care, and invited comments on the arrangements for producing the 2012/13 Local Account.</p> <p>The aim of the Local Account was to support greater transparency and accountability by reporting to residents, in an accessible format, on how the Council had addressed priorities and improved outcomes for those in need of social care. It was also intended as a vehicle for engaging with the community around local priorities and showing how feedback had influenced service delivery.</p> <p>It was intended that the 2012/13 Local Account would follow a similar format to the 2011/12 document. The planned timescale for production of the document was as follows:</p>	SW

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<ul style="list-style-type: none"> - Initial work on drafting of content during June / July. - First draft, for consultation, to be prepared by 2nd August. - Consultation 9th August to 6th September. - Final draft to Health & Wellbeing Board and Partnership meeting on 25th September. - To Cabinet for approval on 31st October. - Final version to be published on the Council website in November. <p>Liz Greer, Healthwatch, stated that she would like to see further work on personal budgets for social care clients. It was also reported that Healthwatch had recently completed a piece of research which may be useful for this Local Account.</p> <p>Comments and Decisions AGREED that the arrangements for producing the Local Account be noted.</p>	
<p>HWP 20/13. Joint Commissioning</p> <p>Members were provided with a verbal update on the joint commissioning arrangements.</p> <p>It was report that 3.6 million had been identified for joint commissioning, however, approximately half of this money available was performance related.</p> <p>Discussion was held on re-enablement monies that had been distributed to the Local Area Teams to address preventing patients going into hospital and ensuring that appropriate services were in place to enable patients to leave hospital earlier.</p> <p>Comments and Decisions AGREED that the update be noted.</p>	PK
<p>HWP 21/13. Partnership Approach within the context of the Delivery Plan</p>	SB

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<p>Members were provided with a discussion document relating to a proposed framework to establish how partners could ensure effective delivery of the Joint Health & Wellbeing Strategy for Stockton on Tees.</p> <p>The Health & Wellbeing Partnership had seven objectives within its terms of reference of which the following were particularly pertinent to this discussion.</p> <ul style="list-style-type: none"> • Lead the preparation/ refresh of the JSNA. To be a critical connector across the system, to improve the needs led approach to improving wellbeing in the borough. • To ensure a joined-up approach to the planning and delivery of services to improve the health and wellbeing of all our communities and to address inequalities where they exist. • To ensure integrated working across systems, pathways, organisations for the benefit of addressing health inequalities and improving health and wellbeing. <p>Stockton on Tees had a robust Joint Strategic Needs Assessment that provided the information to inform the Joint Health and Wellbeing Strategy and its subsequent delivery plan.</p> <p>The Joint Health & Wellbeing Strategy provided an overarching framework which maintained an oversight of the six Marmot principles:</p> <ol style="list-style-type: none"> 1) Give every child the best start in life 2) Enable all children, young people and adults to maximise their capabilities and have control over their lives 3) Create fair employment and good work for all 4) Ensure a health standard of living for all 5) Create and develop health and sustainable places and communities 6) Strengthen the role and impact of ill-health prevention <p>In recognition of consultation feedback to inform the Strategy and the need to focus on shared priorities around the areas of greatest need it was agreed that emphasis would be placed on:</p> <ul style="list-style-type: none"> • Give every child the best start in life 	

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<ul style="list-style-type: none"> • Addressing ill health prevention, and • Getting the infrastructure right <p>It should be noted that the Terms of Reference for the Health & Wellbeing Partnership do not refer to involvement of social care. However, the Terms of Reference for the Health and Wellbeing Board do refer to involvement of social care. This anomaly would need to be considered in the context of the discussion proposal.</p> <p>In line with the terms of reference of the Partnership, it was proposed that members could proactively become a critical connector/friend to the health and wellbeing commissioners within the partnership around the Marmot principles. It was also proposed that partners with non-commissioning activities would be able to identify how they can support the Marmot principles and work with commissioning organisations to meet the needs identified in the JSNA and enable realisation of the delivery plan.</p> <p>Partnership members may wish, for example, to hear from collective commissioners what plans were currently in place that could give every child the best start in life and how commissioners were working together to respond to the needs identified in the JSNA linked to this principle. Commissioners may also find it beneficial to hear from non-commissioning partners how they believe they could support delivery of the principle.</p> <p>Depending upon the detail members feel they would want to debate, specific topics within the Delivery Plan could be explored. For example, breastfeeding falls within the principle of giving every child the best start in life; members may choose to discuss specific topics based on the detail needed by members and the level of importance of the topic relating to the Marmot principles.</p> <p>Comments and Decisions AGREED that:-</p> <ol style="list-style-type: none"> 1. The proposal as detailed above was the Partnership's preferred method of establishing and fulfilling its role as a 'critical connector' across the health system and other related social/healthcare systems be approved. 2. The Terms of Reference for the Health & Wellbeing Partnership be amended to refer to the involvement of social care. 	

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3. Topics for future debate and the relevant marmot principles be agreed in due course.	
<p>HWP 22/13. HWB Partnership Development</p> <p>Members were presented with options for the development of the Partnership and its members.</p> <p>The Health and Wellbeing Partnership supported the Board, providing a forum for engagement of a wide range of stakeholders to:</p> <ul style="list-style-type: none"> • Ensure joined-up planning and delivery of services to improve the health and wellbeing of communities and to address inequalities • Ensure integrated working across systems, pathways and organisations <p>It was proposed that a development programme for the Partnership and its members be produced to maximise the opportunity that the creation of the Stockton Health and Wellbeing Board and Partnership brings to the area.</p> <p>The following options for the Partnership to consider were as follows:-</p> <p>A. To build in a short topic based learning session at the beginning of each Partnership meeting, for example hot topics such as the measles outbreak, educational attainment and why it matters for health and wellbeing, understanding funding streams of member organisations or very specific issues such as hospital acquired infections, heart disease or suicide prevention. This would be in the form of a presentation by someone with knowledge in the area followed by a discussion session, lasting around half an hour.</p> <p>B. To do the same as A only in more detail and to do separate sessions such that members could pick and choose areas they were most interested in attending.</p> <p>C. To put in the diary a specified number of half days throughout the year to focus development sessions on key issues, for example a session in the Autumn at the beginning of the commissioning round for health services for the next financial year; or a half day discussing the implications of the DPH annual report.</p>	SB/PK

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<p>D. To develop a specific Health and Wellbeing Partnership induction package for each Partnership member including sessions with the Chair and DPH on an individual request and needs basis.</p> <p>A presentation was also provided by Liz Greer, Healthwatch, regarding the role of Healthwatch and its challenges together with information on a model of participation.</p> <p>Liz Greer highlighted the following issues facing Healthwatch:-</p> <ul style="list-style-type: none"> - Recruitment of strategic members for the Healthwatch Board - Concerned that the Health and Wellbeing Board and Partnership were operating on a traditional council based structure. - Further inclusion of social care services and mental health etc. within the Health and Wellbeing Board and Partnership agendas. - Encouragement of public to attend meetings. - Members following the Nolan Principles. <p>Comments and Decisions AGREED that the comments be noted and that Members agree to Option A above.</p>	
<p>HWP 23/13. Premature Deaths-Longer Lives-Summary of Evidence for Tees Valley</p> <p>Members were provided with a report by Public Health England (PHE), Premature Deaths - Longer Lives - A summary of evidence for Tees Valley 2009-2011.</p> <p>From April 2013, local authorities had taken a formal responsibility for improving the health of their residents. PHE provided information to help local decision makers identify their priorities for health improvement.</p> <p>Discussion was held on the basket of figures and comparator information with other similar authorities.</p> <p>Comments and Decisions</p>	<p>PK</p>

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<p>AGREED that the information be noted.</p>	
<p>HWP 24/13. Minimum Unit Pricing for Alcohol</p> <p>Members were provided with a response from the Home Office regarding the minimum unit pricing for alcohol.</p> <p>Comments and Decisions AGREED that the letter be noted.</p>	<p>AF</p>
<p>HWP 25/13. Forward Plan</p> <p>Members were provided with the Forward Plan for the Health and Wellbeing Partnership.</p> <p>As previously reported the Forward Plan would be submitted to each meeting of the Partnership, so that consideration could be given to its content. The plan may be amended, between meetings, with the approval of the Chairman.</p> <p>Comments and Decisions AGREED that the forward plan be noted.</p>	<p>MW/MH</p>