

# Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Thursday, 4 September, 2014.

**Present:** Peter Kelly (Chairman),

Simon Forrest (Durham University), Natasha Judge (Healthwatch – Stockton), Jonathan Berry (HAST CCG), Steve Chaytor (Tees Active), Ruth Hill (TEWV), Mick Hickey (Stockton Riverside College), Ian Coates (Cleveland Police), Steve Rose (Catalyst Stockton), Lesley Gibson (Harbour); Cllr Jim Beall, Sarah Bowman, Emma Champley, Simon Willson, Dave Kitching, Colin Snowden, Neil Russell, Graham Clingan (Stockton on Tees Borough Council)

**Officers:** Margaret Waggott and Michael Henderson (Stockton on Tees Borough Council)

**Also in attendance:** Shelina Visram (Durham University)

**Apologies:** Jane Humphreys, Julie Nixon (Stockton on Tees Borough Council), Hilary Hall (NHS England), Andrea Walker (Prison Service)

## 1 Declarations of Interest

There were no declarations of interest.

## 2 Terms of Reference, Purpose of Partnership and Rules of Procedure

Members received the Terms of Reference and Rules of Procedure for the Partnership, which had previously been agreed by Council.

During consideration the following issues were raised:-

- a report on Health Profiles/Inequalities would be presented to a future meeting.
- the measurement of performance against the Partnerships objectives would include the existing performance management framework.
- the terms of reference of the Partnership did not feature anything around control and lobbying and it was agreed that something in this regard should be included.

RESOLVED that the Terms of Reference and Rules of Procedure be noted and the issues raised be actioned as appropriate.

## 3 Key Priorities

Members received an overview of the rationale behind the establishment of the Partnership.

It was noted that the Partnership role would include a focus on helping to develop detailed strategic plans. The plans would flow from priorities agreed by the Health and Wellbeing Board based on the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment.

It was explained that a mapping exercise of meetings that had a route to the Health and Wellbeing Board had been carried out, so that the landscape could

be fully understood. Following this, a review of the structure was undertaken. The outcomes of the review had resulted in the abolition of a number of groups, with their activities being incorporated into the new structure.

The Partnership would have the opportunity, as a group, to deal with issues that cut across a number of themes. Members were encouraged to think about how things could be changed, to challenge ideas and put alternatives forward. It was suggested that the Partnership had a chance to put prevention on the front foot. Members noted some of the cross cutting issues, but there were many more:-

- Alcohol was a factor within domestic abuse and with risk taking sexual behaviour.
- Individuals from deprived areas were less likely to take up the offer of accessing health checks and other forms of support.
- Increase exercise contributed to reducing weight and improving general health

Reference was made to some of the challenges facing the Borough and specifically that life expectancy in parts of the Borough, for men, was as much as 16 years below other parts of the Borough.

The Partnership was asked to consider what advantages and what risks/difficulties there might be associated with the new arrangements.

The Partnership discussed this in groups and the following was raised:

#### Advantages/Opportunities

- Opportunity to review what we were doing now and how we could help.
- The Partnership provided a wide range of organisations jointly helping to reduce inequalities.
- Meetings would pick up issues that, under the previous structure of specific topic groups, would not have been picked up.
- Opportunity for gap analysis.
- Collective voice to influence policy.
- Improved relationships and partnership working.
- Issues could be prioritised

#### Risks

- unless a hierarchy of risks was identified then some crucial issues may not receive the attention they required.
- the Partnership may not have sufficient levers to change things that needed most change e.g. cultural attitudes.
- the disappearance of certain groups, that were in the previous structure, may hamper the process of 'getting things done' and monitoring delivery.
- The Partnership may default to talking about the running of services, rather than what that service can offer.
- the need to look long term, set against the need to commission services in the short term.
- Disconnect between this group and the Children's Group and the potential for things 'to fall through the gap'

- Too many people with too many different viewpoints. Danger of inertia

RESOLVED that the presentation and discussion be noted