

Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Thursday, 2 October, 2014.

Present: Peter Kelly (Chairman),

Steve Rose (Catalyst), Ian Coates (Cleveland Police), Mick Hickey (Stockton Riverside College) Jane King (Substitute for Ruth Hill), Natasha Judge (Healthwatch), Jonathan Berry (HAST CCG), Steve Chaytor (Tees Active), Emma Champley, Sarah Bowman- Abouna, Jane Humphreys, Cllr Jim Beall, Dave Kitching, Colin Snowden, Richard Poundford, Julie Nixon, Graham Clingan (Stockton on Tees Borough Council)

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

Also in attendance: Graham Newton (TEWV)

Apologies: Lesley Gibson (Harbour); Hilary Hall (NHS England), Andrea Walker (Prison Service); Ruth Hill (TEWV), Neil Russell, Simon Willson, Simon Forrest, Linda Watson, Reuben Kench and Steve Hume (SBC)

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes of the meeting held on 4 September 2014**

The minutes of the meeting held on 4 September 2014 were agreed as a correct record.

3 **Joint Health and Wellbeing Strategy – Priorities**

The Partnership received a presentation regarding the Joint Health and Wellbeing Strategy and the Partnership's work programme.

Members noted that the JHWS had three overarching priorities:-

- Giving every child the best start in life
- Addressing ill health prevention
- Getting the infrastructure right.

In addition there were 6 key priority areas based on the Marmot principles:

- Giving every child the best start in life
- Enable all children, young people and adults to maximize their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop health and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Under each of the 6 key priority areas there were details of 'What we will do' to achieving priorities and these details would be used to form the themes in the Partnership's forward plan e.g. alcohol. Partners would need to contribute to overcoming any challenges in each theme.

There would be a basket of measures underpinning the priority areas measuring

progress on 'what we will do'. The framework was being developed based on:

- Public Health Outcomes Framework
- NHS Outcomes Framework
- Social Care Outcomes Framework
- Additional measures if needed.

The Partnership was reminded that in terms of life expectancy Stockton was the most unequal Borough in England with 16 years between the worst and best wards for men's life expectancy. There was a difference of 11.4 years for women. There were also wide gaps in other health and wellbeing measures. The Partnership was informed that the Borough had some of the most affluent wards in England but also had some of the poorest. It was noted that there would be a focus on inequalities and information would be presented covering the bottom 10% of residents, through to the top 10%, according to income. The Partnership would look at how all gaps could be positively narrowed; improving health and wellbeing in the bottom deciles through specific interventions and engagement, whilst ensuring appropriate universal services were in place across the population. This approach mirrored Marmot and the Council's strategies.

It would need to be considered how the Children and Young People's Partnership would fit with this approach and excellent links between the Partnerships were important.

Members were provided with a document, produced by Public Health England that detailed current Health Profiles for Stockton. The document included:

- a deprivation map of the Borough
- Life expectancy
- Health Inequalities: changes over time
- Health Inequalities: ethnicity
- A summary of peoples health in the Borough set against the rest of England

A presentation was also delivered relating to Health profiles for the Borough which included key data. The data provided in the profiles would allow the Partnership to ask informed questions about health issues in the Borough and how effective interventions were proving to be. The data would also help influence the Partnerships work programme.

Members discussed some of the data provided about specific issues, including:

- CHD rates – these had improved dramatically in the last 20 years
- NHS Health Check – particularly targeting people in deprived areas and incentivising GPs to reach them
- Lung checks
- Cancer Screening rates – some rates were not as good as would like, some people were reluctant/ difficult to reach and we needed to understand the reasons for this.

RESOLVED that:

- 1 the presentations, document and discussion be noted.
- 2 the mechanisms for determining the Partnerships work programme and measuring progress be agreed.

4 Alcohol Misuse

Members received a presentation on Adult Alcohol Misuse.

The presentation provided details of:

- National and local drivers strategies associated with alcohol misuse
- Prevalence in the Borough e.g. over 37,000 binge drinkers
- Alcohol related mortality
- Alcohol related Hospital admissions
- Alcohol related crime
- Treatment

The Partnership also received a copy of Stockton's current Alcohol Action Plan which would be formally monitored at its meetings. This was one of the Plan's that the Partnership had responsibility for monitoring and delivering. Partners were asked to consider what they could do to contribute to its success. They were also asked to promote the services available, via their workforce, and direct individuals to those services. Public Health could provide training and partners were encouraged to take this up. Staff also needed clear messages to promote.

The Partnership also discussed the possibility of staff undertaking an alcohol audit tool. This would be looked into.

RESOLVED that the presentation and discussion be noted and actioned where appropriate and the plan be reported to future meetings.

5 Domestic Abuse - Draft Training Needs Assessment

It was explained that the Domestic Abuse Action Plan 14/15 required that a training needs analysis takes place to identify training needs relating to domestic abuse.

Partners were asked to review a draft questionnaire and to provide comments. Once the questionnaire had been finalised and agreed, partners would be asked to distribute it to their staff for completion. Based on the findings of this exercise appropriate training, relating to domestic abuse, would be procured.

RESOLVED that comments on the questionnaire be forwarded to Emma Champley or Michael Henderson by the end of the month.

6 Forward Plan

The Partnership noted that the Forward Plan would be populated shortly and

members were encouraged to request the inclusion of items.