

Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday 6 January 2015.

Present: Peter Kelly (Chairman),

Steve Rose (Catalyst), Superintendent Ian Coates (Cleveland Police), Mick Hickey (Stockton Riverside College) , Simon Forrest (Durham University), Joann Shaw Dunn (Substitute for Natasha Judge)(Healthwatch), Jonathan Berry (HAST CCG), Lesley Gibson (Harbour); Emma Champley, Dave Kitching, Cllr Jim Beall, Colin Snowden, Richard Poundford, Neil Russell, Graham Clingan and Simon Willson (Stockton on Tees Borough Council)

Officers: Michael Henderson, Kerry Anderson, Ruby Poppleton, Jo Heaney (Stockton on Tees Borough Council)

Also in attendance:

Apologies: Jeff Evans (Probation), Steve Chaytor (Tees Active), Tina Jenks (TEWV), Andrea Walker (Prison Service); Julie Nixon, Sarah Bowman- Abouna, Reuben Kench, Jane Humphreys, Steve Hume (SBC)

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 10 November 2014

The minutes of the meeting held on 10 November 2014 were agreed as a correct record.

3 Minutes of the Children and Young People's Partnership held on 22 October 2014 and 19 November 2014

The minutes of the meetings held on 22 October 2014 and 19 November 2014 were noted.

3 Tobacco Action Plan

Members considered a presentation and report that provided an update on Tobacco control and a Tobacco Action Plan 2014/2015 that the Partnership was responsible for.

The vision, sitting within the Action Plan, was to work collaboratively to reduce local smoking prevalence to 5% by 2025. The prevalence was 21.6% based on 2012 data. Prevalence would need to reduce by 1.5% each year in order to achieve 5% by 2025.

Members were provided with the eight key themes that the Plan was based on. It was explained that the Plan contributed to the Joint Health and Wellbeing

Strategy.

The Partnership noted updates relating to:

- Standardised Plain Packaging
- Smoking in Private Vehicles with Children Present
- Smoke Free Signs around Children Play areas - There was evidence that children copied.
- Implementation of NICE Guidance
- Helping People to Stop Smoking
- Stop smoking service performance

The Partnership was reminded that smoking remained the single biggest preventable cause of premature death and it was agreed that there was a number of challenges to achieve the vision to reduce local smoking prevalence by 5% by 2025.

Members discussed the information provided and this could be summarised as follows:

- There were a range of groups of people who had to be encouraged to stop smoking to achieve the 2025 target and it was, therefore, suggested that there needed to be a range of different approaches.
- Policies in schools and colleges could have an effect
- Standardised plain packaging could stop children taking up smoking.
- Should the partnership be targeting prevention and quitting in children and young people. To what extent would reducing take up in this group contribute to achieving the 5% 2025 target?
- A person taking up smoking post 20 years of age was rare.
- It would be important to undertake some work to try and understand some of the motivations and attitudes of young people in relation to smoking. It was suggested that Stockton Riverside College and Durham University would be able to assist with this. Outcomes would help inform future strategy.
- The Action Plan was being achieved in all areas and would be refreshed.
- Reduction in smoking would reduce morbidity and make a massive difference to people's health and the burden on the NHS and Social Care.

- The smoking cessation service was focusing in areas of need and providing support, but still working in affluent areas. Different approaches would be needed for different wards/settlements.
- There was discussion around developing holistic services that would look at family orientated interventions.
- It was noted that there would be links between the Family Weight Management Service and smoking cessation.
- The 5% target by 2025 was considered to be a 'blunt instrument' and some other targets would need to be developed within specific groups and specific locations.
- There was a lengthy discussion around e cigarettes and it was noted that there were varied public health views on the advantages and disadvantages of their use. The Partnership hoped that they would be a solution and benefit rather than a problem, though there were some concerns over some retailers selling to children. It would be beneficial if the e cigarettes were seen purely as a way of quitting.

RESOLVED that:

1. the presentation and action plan be noted.
2. Consideration be given to refreshing the action plan
3. work, be undertaken to try and understand some of the motivations and attitudes of young people in relation to smoking.

4 Alcohol Action Plan

Members received a copy of Stockton Alcohol Action Plan – January to December 2014.

The Partnership considered the Action Plan and discussion can be summarised as follows:

- Lots of harm was caused by excessive alcohol consumption and, like tobacco use, it placed a significant burden on services.
- There was currently a Scrutiny Review into licensing and Public Health. The Committee would, amongst other things, explore the opportunities for addressing health concerns of Stockton Borough residents through

licensing. It was likely that the final report would be reported to this Partnership.

- Minimum Unit Pricing – this had been ‘kicked in to the long grass’ nationally but Manchester was looking to do something via byelaws. The Partnership agreed that a national solution was needed but officers would continue to monitor progress in Manchester and continue to lobby for MUP together with BALANCE.
- A multi-agency team at North Tees Hospital was identifying those attending on a regular basis and looking to promote early community management to try and reduce the number of admissions.
- With regards to mental health and alcohol there were moves towards joint care planning.
- There needed to be a discussion with licensed premises around low cost alcohol

RESOLVED that the discussion be noted/actioned as appropriate.

4 Arrangements for Partners’ Overviews

Members were provided with a report relating to the Joint Health and Wellbeing Strategy 2012 – 18 and the Partnership’s Work Programme.

It was explained that a paper was approved by the October 2014 meeting of the Health and Wellbeing Board, outlining an approach to addressing inequalities, as a means of ensuring the delivery against the JHWS. This report proposed an approach for engaging all Partnership members in contributing to the cross-cutting themes from the Strategy.

Proposed approach:

- Public Health would identify proposed cross-cutting themes from the Strategy. Partnership members were asked to identify how they contributed / could contribute to these themes. In order to coordinate this, it was proposed a session be planned for March 2015, where all Partnership members would be asked to attend and contribute. The cross-cutting themes would be shared with Partnership members in advance.
- At the March session, all Partnership members would identify and lead discussion on how they contributed / could contribute to the Strategy’s cross-cutting theme(s). Themes were likely to include such issues as domestic abuse, alcohol, mental health and social isolation. Contribution to the themes could include e.g. services partners commission or provide, how they worked in partnership with others, how they accessed and worked with communities, how they were addressing inequalities within the theme through targeting services,

etc.

- The session would help to identify possible new areas of work for Partnership members; further opportunities for joint working; and any barriers to key issues. This would form the baseline of the work programme for the year (April 2015 – March 2016). The session in March would identify cross-cutting themes and work areas where further discussion and detail was required. Partners were asked to bring these to future Partnership meetings and to present to Partnership colleagues and lead further discussion on these issues. Health inequalities would remain a thread throughout all meeting i.e. how all Partnership members contributed to addressing inequalities, with reference to the cross-cutting themes.
- In addition to discussion on the cross-cutting themes, the Partnership would continue to monitor the action plans and Strategies it was responsible for overseeing, following several groups being subsumed into the Partnership e.g. the Learning Disabilities Executive and the Domestic Abuse Strategy Group. Partners would need to consider what they could contribute to delivering the action plans. Partners would be identified on the plans.

RESOLVED that approach be agreed and arrangements for the March session be progressed.

6 Forward Plan

RESOLVED that the plan be agreed.