

Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday, 2nd February, 2016.

Present: Peter Kelly (Chair) (SBC),

Cllr Jim Beall, Peter Acheson, Graham Clinghan, Liz Hanley, Reuben Kench, Mandy Mackinnon, Colin Snowdon, Margaret Waggott (SBC); D.Gardner (TEWV), Allan McDermott (Tees Active), Helen Neal (Thirteen), Natasha Judge (Healthwatch), Mick Hickey (Stockton Riverside College), David Eggleston (Durham Tees Valley CRC), Helen Neal (Thirteen)

Officers: Michael Henderson, Regina Harrington, Caroline Wood (SBC)

Also in attendance: Lindsay Henderson, Sabrina Pathan (Homeless Link)

Apologies: David Pickard (Thirteen), Steve Chaytor (Tees Active), Ciaron Irvine (Cleveland Police) Richard Poundford (SBC), Simon Forrest (Durham University), Richard Parker (CRC)

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 5th January 2016

The minutes of the meeting held on 5th January 2016 were agreed as a correct record.

3 Minutes of CYP Partnership - 18 November 2016

The minutes of the meeting of the Children and Young People's Partnership held on 18 November 2015 were noted.

4 Minutes of Adults' Health and Wellbeing Joint Commissioning Group - 21 September 2016

The minutes of the Adults Health and Wellbeing Commissioning Group held on 21 Septembers were noted.

5 Learning Disability Partnership Minutes - December 2015

The Partnership received a report that provided the minutes of the Learning Disability Partnership Board held on 16 December 2016.

Members noted discussion relating to:

Keeping Healthy Group
Carers' Group
Your Life, Your Choice
Keeping Healthy
Co Chair Role

There was discussion with regard to sharing information and getting consent to do this. It was suggested that there should be a move to a system where

consent was considered to be in place, unless an individual indicated to the contrary i.e. opted out. This would assist agencies in terms of the lengthy process in getting consent and would allow people to be provided with better services. It was noted that there had previously been moves in this regard and difficulties had been encountered with the approach, including a complaint.

It was noted that the Council's Adult Services and Health Select Committee was undertaking a review of Learning Disability Services and recommendations were likely to come forward, relating to access to Housing, Transport, Culture and Leisure etc.

RESOLVED that the minutes be noted.

6 Health of Homeless People - Presentation

It was noted that Homeless Link was a national charity with a main focus around single homelessness. The charity had developed a Health Needs Audit in partnership with the Department of Health.

The Audit was carried out in February 2015, across all 12 local authorities, in the region and a report had been produced. 585 responses had been received with 132 coming from Stockton. This was comfortably the highest response rate in the region.

Members received an overview of the audit's findings, for Stockton, which included:

- rates of access to health services
- physical and mental health
- drugs and alcohol use
- vaccinations and screening

Homeless Link made a number of suggestions, including:

- the data be used in the JSNA and Health and Wellbeing Strategy.
- a GP Champion be identified in each area
- improved information sharing about homelessness and health, including training
- engagement with local health practitioners in terms of the audit results.

The Partnership discussed the information provided and that discussion could be summarised as follows:-

- in Stockton the Council had around 800 contacts with single homeless people in one quarter. There would be an element of double counting of individuals in this, but not a significant number.
- the Council always provided help/advice to homeless even if they were not statutorily required to do so. Consequently, it was felt that, the Council knew its homeless population very well and that was one of the reasons the response to the audit in Stockton had been high.
- in terms of health issues the Partnership was interested to understand how

single homeless people compared with the general population of the Borough. It was suggested that this comparison be undertaken to understand the extent of the health inequality. Such information could help suggest areas where intervention was needed.

- nationally, single homeless people, presented at A and E, and were admitted to hospital, significantly more than the general population. People were using these, acute, very costly, services too much, as services elsewhere, were not meeting their needs.

- duration of homelessness was a critical factor, as the longer the periods of homelessness the bigger the negative impact on health.

- Stockton had 110 units, in addition to supported accommodation, which were used, in the main, by single males who were homeless and often prison leavers. These individuals found it very difficult to access affordable and secure accommodation. The Council provided them with advice and support and hopefully a pathway to independent living.

- Homeless Link had formed an Offender Working Group to talk about ways to meet the needs of single people leaving prison – cost savings could be made if a targeted approach was taken to working with different commissioners, including offending, mental health, homelessness, drugs and alcohol services etc.

- It was queried if there should be a specific action plan focusing on this cohort of people. It was felt that issues would be picked up in local authorities' Homelessness Strategies, community Safety Strategies and the information should be embedded in the JSNA.

- There was an opportunity for the library service and adult education service to play a more active role in supporting, in particular, prison leavers and providing information, support and guidance. The Council already provided library services within the Borough's prisons and there was an opportunity to extend this relationship.

It was suggested that officers from Housing Options and Public Health would look at some of the findings from the Audit and take things forward. This might include:

- looking at what could be done to fast track those homeless people who wanted to quit smoking, into cessation services.

- considering how vaccination figures could be improved.

- engaging with the CCG/GP Federation to identify a lead GP for these issues.

- make the CCG aware of the Audit and issues arising

RESOLVED that:

1. The presentation and information be noted.

2. a comparison of health data for single homelessness and the general population be undertaken to determine potential areas of intervention.
3. Housing Option and Public Health Officers consider the findings of the Health Audit and how they might be taken forward.
4. consideration be given to how the library service might play a more active role in supporting the single homeless population.
5. a progress report be provided to the Partnership in approximately 6 months.

7 Green Infrastructure Delivery Plan - Presentation

The Partnership received a presentation that looked at how improved health outcomes might be delivered through the way the outdoor environment was developed, managed and used.

Improving Health and Wellbeing was one of the key objectives within the Green Infrastructure Strategy and the delivery plan was currently being refreshed. Therefore the views of this Partnership were being sought.

Members noted some of the initiatives that had taken place, in recent years, to enhance parks and green spaces and deliver improved health outcomes:

- Skate Park in Preston Park
- Major improvements at John Whitehead Park that have provided more of a heart to the park, an area for people to congregate and socialise
- Outdoor gym
- Meadow at Wynyard Woodland Park
- Cycle ways
- Recreational paths
- Safe routes to school
- Community Orchards
- Allotments
- Events and Activities
- Women's running Programme that provides support encouragement safety.
- Environmental Projects – Tees Valley Wildlife Trust (information distributed).

It was unclear how much people knew about these initiatives and how to access them.

Reference was made to the recent work undertaken in Stockton Town Centre and there was a brief discussion on the benefits to people's wellbeing of this, and other street scenes, and the positive effect on community in terms of providing a focal point.

It was noted that there were still areas that were unattractive and did not create a good feeling.

The Partnership was reminded that green spaces could play an important part in flood risk management.

Viewpoint surveys revealed the importance of green assets for exercise etc, more people used them than leisure centres and fitness clubs.

Analysis indicated that deprived areas were often further away from open spaces than other areas. To what extent should we be targeting the future enhancement of the green infrastructure network at communities in greatest need, and could benefit the most.

The Partnership discussed the information provided and that discussion could be summarised as follows:

- The Partnership considered that there was a need to raise awareness of the spaces and activities within their community.
- areas that were unwelcoming and made people feel unsafe needed to be tackled in some way.
- tackling health inequalities and promoting physical activity in all areas, but particularly poorer areas, was important. People with sedentary lifestyles had poorer health outcomes than smokers, so there was a need to promote activity - 30 minute walks, daily, was a life saver. Walking was cost free so extending local footpath networks was supported, as was making local street areas more attractive and safe.
- Promotion of activity, in open spaces, on a number of fronts, such as cycling should be encouraged.
- safe routes to work and getting children to walk to school would help with childhood obesity.

RESOLVED that:

1. the presentation and information be noted.
2. officers consider the presentation, and discussion, with a view to taking matters forward.
3. that an update be provided to a future meeting.

8 Forward Plan

Members were reminded that they should provide Forward Plan items.

Items to be added to the Forward Plan were identified:

Sports and Active Leisure Strategy
Peer Review on Health and Wellbeing Board
Personalisation report Peer Review.
Diabetes