Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday, 5th April, 2016.

Present: Peter Kelly (Chair),

Mandy Mackinnon (SBC), Simon Forrest (Durham University), Steve Rose (Catalyst), Emma Champley (SBC), Richard Poundford (SBC), Allan McDermott (Tees Active), Peter Acheson (SBC), Colin Snowdon(SBC), Julie Wilson (SRC), Girish Chawla (CCG), Liz Hanley (SBC), Jane Edmends (SBC), Steve Hume (SBC) and Reuben Kench (SBC)

Officers: Michael Henderson, Ruby Poppleton (SBC)

Also in attendance: Gill Cooper and Mark Booth (Durham University),

Apologies: Dave Pickard (Thirteen), Andy Copland (CCG), Julie Allan (Probation), Dave Turton (Cleveland Fire Brigade), Steve Chaytor (Tees Active), Margaret Waggott (SBC)

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 2 March 2016

The minutes of the meeting held on 2nd March 2016 were agreed.

3 Action Tracker

Members were provided with an update on a number of actions.

There was a discussion on Domestic Abuse and it was noted that consideration was being given to organising a joint meeting of the Adults and Children and Young People's Partnerships, in June, to consider issues relating to Domestic Abuse. The Chairs of the Adults Safeguarding Board and Children Safeguarding Boards and Safer Stockton Partnership would also be invited. There would be focus on what each individual agencies would be doing to improve the current situation around this matter. Members supported this approach and noted that a suitable date would be identified. It was important that each partner agency was represented.

With regard to Health of Homeless people it was noted that a Task and Finish Group was meeting to take forward some specific actions. An action plan had been drafted and some pieces of work were being developed.

Green Infrastructure work was progressing.

4 Minutes of the Children and Young People's Partnership - 16 February 2016

The minutes of the Children and Young People's Partnership held on 16 February 2016 were noted.

Members noted that, with regard to Alcohol brief interventions, a significant number of teams and agencies had contacted public health to consider

workforce training.

5 Minutes of Adults Health and Wellbeing Joint Commissioning Group - 25 January 2016

The minutes of the Adults Health and Wellbeing Joint Commissioning Group, held on 25 January 2016, were noted.

A brief update was provided on the CYP's consideration of Self Harm.

6 Diabetes Presentation

Members received a presentation that provided key findings coming from a study, by Durham University, of people with type I, or type II diabetes, that looked at their experiences of managing the condition and the impact it had on their lives.

Key findings included:

- considerable variation was noted in how participants in the study approached both living with diabetes and its self-management.

- inconsistencies were reported in diabetes support received from primary care sources and the quality of interactions with Health Care Professionals (HCPs).

- more information was needed / delivered more effectively.

- some participants were not managing well and needed extra support.

- empathy and HCP knowledge were an issue.

- type II insulin dependent participants were split between primary and secondary care.

- Broad spectrum of everyday challenges (home and work) and personal factors (physical, social and psychological) influenced participant capacity to manage their diabetes well. This needs greater recognition from HCPs.

The study considered there were a number of challenges, including:

- need to ensure that care and support was effective because the number of people diagnosed with diabetes was increasing but resources were not.

-need to tackle secondary social and wellbeing issues which were impacting on diabetes and its self management.

-need to improve information provided at the point of diagnosis.

The study concluded that patient centred care would allow better self management.

Members discussed the information produced by the study, and that discussion could be summarised as follows:

- it was important to prevent diabetes occurring and, when it did occur, prevent the complications associated with it.

- there was discussion around physical activity and how this might help. e.g. Group sessions for diabetics. Social prescribing was also mentioned and ways of creating support. It was noted that some members of the diabetic community felt exercise was too difficult to manage but in most cases exercise was beneficial, though blood sugars did need to be managed correctly.

- people needed to be empowered to take decisions and responsibility for their care.

- Stockton support group had helped people make sense of their condition. Group had stopped because of the improvements that had been made and a feeling that many of the issues, that had been raised in the study, had been addressed. It was noted that the study had been across the region - there were examples of good practice, which should be shared, but this was not happening all over and there were gaps.

- Advice from Health professionals was sometimes difficult to achieve and preferred blood sugar levels could leave diabetics less able to function than slightly higher levels. Informally health professional may often understand and accept this.

- multiple issue clinics were in place in Stockton and other areas. Each practice in Stockton had had a diabetic nurse. Was this still the case?

- post diagnosis and having some understanding was important but information was overwhelming. Bite size pieces of information was more manageable and empowering for people.

- no potential intervention should be dismissed until considered and cost/benefits analysed.

- the Partnership agreed with the vulnerable groups identified in the study but also mentioned those with learning difficulties, the poorest 10% in Stockton (prevalence may be higher and control not as good as other groups).

- bigger issue was how to stop people getting diabetes. A new programme was being released around prevention

- training and education was needed, plus some emotional support - Group support perhaps

- reference was made to documents issued by Diabetes UK network which provided a series of checklists, to assess the position in an area. It was suggested that these could be utilised for Stockton.

Following the general discussion the Chair indicated that he would ask the Public Health Team to pull together data on prevalence, trends, complications and associated cost, GP local data control of diabetes, any health inequalities data. There was a number of issues discussed that could be followed up

outside the meeting such as opportunities around exercise, discussion around vulnerable groups.

The Partnership did consider that person centred care was the right approach for diabetes and for lots of other conditions, however, it was noted that, in terms of personal budgets, experience indicated that, currently, some people preferred to leave care to health professionals. There may need to be work undertaken to change this view.

RESOLVED that:

1. that the presentation and discussion be noted and actioned, as appropriate, including further consideration outside the meeting.

2. further data relating to diabetes be collated, including prevalence, trends, costs etc. for further consideration.

7 Smoking Cessation - Presentation

Members received a report that provided an update relating to smoking cessation, providing context and details about the current smoking cessation service.

It was explained that the smoking cessation contract ended in March 2017. The Partnership was asked to consider what type of smoking cessation services needed to be commissioned, what was good about what we have, what would members like to know more about, are we aiming at the right people in terms of priority groups etc?

Members noted that, on average, smokers died 14 years earlier than non-smokers and smoking prevalence in the most disadvantaged areas was much higher than in affluent areas.

Members were reminded that the Partnership had agreed to try and reduce prevalence levels to 5% by 2025.

Discussion included:

e cigarettes - it was noted that opinion on this was divided. The Chair believed that e-cigarettes could be beneficial in helping people to stop and e cigarettes were significantly less dangerous than tobacco cigarettes.

- there were concerns voiced about ecigarettes as they were unregulated and, still created and encouraged an addiction; in this case nicotine. However, there was a feeling that they were a better option than traditional cigarettes, as the dangerous toxins were not involved.

- there was support for preventing the next generation of smokers, via interventions with young people.

- there were options to promote smoking cessation services/messages at events ran by Tees Active, aimed at and attended by young people.

- there was need to work with young people to make different choices.

- it was suggested that those providers, associated with the new youth employment initiative should be required to work with smoking cessation services.

- all evidence estimated that half to two thirds of current smokers wanted to stop smoking, so that suggested there was a large cohort of people who would be amenable to receiving support.

- the reduction in numbers accessing smoking cessation services would give an opportunity to consider how we would use that capacity, an opportunity to provide a service that went to people, rather than people going to the services.

- there should be a universal service but focus on groups too. These groups might be the unemployed, those seeking drugs and alcohol services, smoking in pregnancy (new approach needed), potentially those with mental health problems (70% prevalence in this group), diabetics as part of their multi issue clinics, parents who smoked

- revisit those who have accessed services before, could be easy wins. Smokers from higher socio economic areas too?

- support smokers in doing more of the things that smoking created a barrier to e.g physical activity.

- it may be helpful to go to the Youth Assembly for views around young people.

- plain packaging coming in May. Is there anything we could, locally, in tandem with any publicity national campaign.

It was noted that the Health and Wellbeing Board had asked the Partnership to consider holding a Community Event, a big push to increase the number of people in the borough quitting smoking.

There was a discussion and it was agreed that, rather than having a one off, single event, a campaign would be more effective. Incentives could be tested with any work in this area being analysed and an evidence base developed . It was suggested that the university could be involved in this analysis. Further consideration of the elements of a campaign would be considered outside the meeting and considered at a future meeting.

RESOLVED that:

1. the presentation and discussion be noted and actioned.

2. consideration be given to developing a smoking cessation campaign as briefly described above.

8 Peer Review - Personalisation

The Partnership considered a report that provided a summary of the review methodology and feedback for the Peer Challenge, that had taken place

between 1 and 4 December 2015.

Members were provided with details of the Peer Challenge Team's findings, across the following areas:

- Outcomes
- Participation
- Vision, Strategy and Leadership
- working Together
- Resource and Workforce Management
- Service Delivery and Effective Practice
- improvement and Innovation demonstrating effective practice

The report was extremely positive and those involved were congratulated. It was explained that the Challenge Team had provided some recommendations and a plan was being developed to address them.

RESOLVED that the report be noted.

9 Forward Plan

Members were reminded that any partner could bring an item to the Partnership.

Partners who wished to /were able to host a meeting of the Partnership were asked contact the Chair or Governance Officer.

RESOLVED that the Plan be noted.