Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday, 6th June, 2017.

Present: Ann Workman (Chairman);

Dominic Gardner (TEWV), Julie Parkes (NTFTH), Dave Turton (Cleveland Fire), Paula Swindale (CCG), Steve Rose (Catalyst), Cllr Jim Beall (SBC), Toni McHale (Healthwatch), Graham Clinghan (SBC), Julie Wilson (SRC), Jane Edmends (SBC), Allan McDermott (Tees Active), John Bagley (NPS), Emma Champley (SBC)

Officers: Michael Henderson, James O'Donnell (SBC)

Also in attendance: Jon Warren (Newcastle University)

Apologies: Julie Allan (NPS), Sarah Bowman Abouna (SBC), Steven Chaytor (TAL), Lesley Gibson (Harbour), Liz Hanley (SBC), Mick Hickey (SRC), Steven Hume (SBC), Reuben Kench (SBC), Rachael Kipling (PCC), Philip Morris (Cleveland Police), Julie Parkes (NTHFT), Steve Rose (Catalyst), Margaret Waggott (SBC)

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meetings held on 7th March 2017 and 4th April 2017

The minutes of the meetings held on 7 March and 4 April 2017 were confirmed as a correct record.

3 Mins of Adults Health and Wellbeing Commissioning

The minutes of the meetings of the Adults Health and Wellbeing Commissioning Group held on 28 March 2017 were noted.

4 Health Inequalities

The Partnership received a presentation from Dr. Jon Warren, Newcastle University, entitled 'Local Health Inequalities in an Age of Austerity: the Stockton on Tees Study'.

The presentation provided a great deal of information including:

- Details of life expectancy in the UK, overlaid by details of welfare and local authority cuts.
- The last decade had seen Stockton on Tees lose £146 million through welfare cuts.
- -Life expectancy for men in the most deprived areas of Stockton was 17.3 years lower than it was in the least deprived areas. The difference was 11.4 years for women.
- The health gaps between the most and least deprived areas, across a number of health conditions.
- Causes of food-bank usage.

- The legacy of Teesside's industrial past and how this has contributed to its present situation and future prospects.

Members considered the information provided and asked a number of questions. A summary of discussion could be described as follows:

- The study confirmed the view that there were significant health inequalities in the borough between those living in the most deprived and least deprived areas.
- The study had not found smoking and alcohol to be as significant, in the difference in life expectancy, as had previously been thought.
- The main factors contributing to life expectancy/health inequalities had been found to be income, housing conditions and unemployment.
- Poverty affected people's health detrimentally. People were resilient and hardworking but living on a low income, in a deprived area was intrinsically stressful and difficult on a day to day basis.
- Similar studies had been undertaken in other areas but comparisons were difficult as Stockton was an outlier by virtue of the extent of the health inequalities, in such a small geographical area.

It was agreed that Dr. Warren be invited to a future meeting of the Partnership.

RESOLVED that the presentation be noted and Dr Warren be invited to a future meeting of the Partnership.

5 Safe and Well Visits

The Partnership received a presentation that updated it on progress relating to the Safe and Well Visits undertaken by Cleveland Fire Brigade in partnership and on behalf of a number of organisations.

Members were reminded of the aims of the visits and how it had been developed.

It was explained that, since October 2016, over 512 visits had been completed with 48 referrals to the Falls Team, 19 loneliness, 4 smoking, 1 alcohol and 2 dementia. Members noted that though many people were not referred the visits started a conversation that could assist the individuals in the long run.

It was noted that, going forward:

- The Brigade hoped to do 10,000 visits per annum across the Cleveland area.
- -improve the take up rate of 52"%.
- -evaluate the initiative.
- continue to develop and improve.

Discussion:

- Members were delighted with the progress made and the potential to develop and improve the visits.
- The Healthwatch representative suggested that the Stockton Navigation Service may be able to link into the Safe and Well Visits. Further discussions, on this, would take place outside this meeting.
- It was suggested that the model used for the visits could be used by other organisations who had staff visiting people's homes. It was suggested that this could be looked at during the evaluation of the initiative.
- It was noted that latest figures showed that admissions to hospital, due to falls, was trending downwards. This trend was likely to be due to multi agency working.

RESOLVED that the update be noted.

6 Adults' Strategy

The Partnership received a draft version of the Council's emerging Adult Social Care Strategy.

It was noted that the Strategy:

- set out the strategic vision, context (strategic and operational) and objectives for Adult Social Care, across Stockton-on-Tees, for the first time.
- identified how adult social care operational activity related to the Council's strategic aims and objectives.
- showed how people and communities were at the heart of all that was done by Adult Social Care in Stockton-on-Tees, individually and in partnership (both internally and externally).
- demonstrated the past and future importance of integrating adult social care with health.
- provided a clear framework for prioritization and action in individual and partnership based service planning and workforce development.
- Healthwatch indicated that it could help with arrangements around focus groups during any future development of the strategy. The same facility was available to other partners, if the issue related to publicly funded health and social care.

RESOLVED that the Strategy be endorsed

7 Terms of Reference

Members considered some suggested amendments to the Partnerships current Terms of Reference and Rules of Procedure.

Members discussed the proposed changes mainly relating to:

- informing strategic planning.
- Learning from each other and working together to add value.

RESOLVED that the amended Terms of Reference and Rules of Procedure be agreed.

8 Informing Strategic Planning

The Partnership received a presentation on a process for informing strategic planning. It was noted that topics subject to the process would be reported to this forum for further consideration.

The presentation included an example of how the topic smoking might be dealt with. During discussion on this matter it was agreed that vaping was an issue that needed to be included. Members also undertook an interactive session, during which, members considered how the process would work for the 'physical inactivity' topic. Members looked at:

- data and intelligence
- groups that were at risk
- consultation and engagement
- strategic issues
- evidence base
- what was being done and why?
- what needs were unmet?
- what needed to be done and why?
- what additional needs assessment is required?

Member supported the suggested process and felt it was well structured, more streamlined and more likely to be successful than the previous process.

It was agreed that it would be important to engage all partners in the process and receive a range of views. It was noted that a stakeholder event may be held at some point.

- The process would help inform commissioning decisions.
- topic leads would be developed then a time table put in place.

RESOLVED that the strategic planning process described above be agreed.

9 Performance Report

The Partnership received and considered a report that provided an update on key indicators from the Joint Health and Wellbeing Strategy performance monitoring framework, as at March 2017.

RESOLVED that the report be noted.

10 Annual Report of Director of Public Health

Members received a copy of the Director of Public Health's Annual report 2015/2016 for consideration.

RESOLVED that the report be noted

11 Forward Plan

Members considered the Forward Plan and agreed a number of amendments.

RESOLVED that the Forward Plan be amended as agreed.