Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Thursday, 6th June, 2019.

Present: Ann Workman (Chairman), Emma Champley, Andy Copland, Allan McDermott, Cllr Ann McCoy, Neil Russell, Alan Glew (Substitute for Jane Edmends), Hilton Heslop (sub for Julie Parkes), Katie Needham

Officers: Michael Hemderson, Mandy Mackinnon, James O'Donnell, Ruby Poppleton

Also in attendance: Councillor Jim Beall (Cabinet Member Health, Arts and Leisure)

Apologies: Jane Edmends, Julie Parkes, Jane King, Reuben Kench, Steve Johnson

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the meeting held on 5 March 2019

The minutes of the meeting held on 5 March 2019 were confirmed as a correct record.

3 Frailty: Working in Collaboration

RESOLVED that this item be deferred to the Partnership's July meeting.

4 Developing a Physical Activity Strategic Framework

Partners were reminded that, following a Physical Activity Peer Review, it had been agreed that a strategic framework for Physical Activity be developed. Subsequently, a framework had been developed and was presented to the Partnership, for consideration.

Discussion/comments:

- it was recognized that the framework's premise was to support an active lifestyle, in everyday life, often using local assets. It was suggested that, for some groups, consideration of what transport was available may need to be considered further.

- the framework needed an action plan developing as quickly as possible and this could be brought back to the Partnership. Health inequalities would be targeted and services needed to be designed by the public.

Members considered that a Physical Activity Strategy Group should be established in order to oversee the implementation of the framework.

The Partnership was unable to identify a strategic lead, and chair, for the Group. This could be considered further, outside this meeting, and, potentially, by the Health and Wellbeing Board. In addition, further consideration, of reporting lines for the group, would be undertaken.

RESOLVED that:

1. the strategic framework be endorsed, for use by partners.

2. it be recommended, to the Health and Wellbeing Board, that a Physical Activity Strategy Group be established, in order to oversee the implementation of the framework.

3. an outline action plan be presented to a future meeting of the Partnership.

4. further consideration be given to identifying a strategic lead, for the Group, and its reporting lines.

5 JSNA

Armed Forces Community
Cardio Vascular Disease

Members received JSNA templates relating to:

Armed Forces Community - Key points and priorities:

- There was insufficient robust local data to understand the needs of armed forces communities in Stockton on Tees

- Working age, lower ranked veterans from the most deprived backgrounds who were in service for a short time had worse health outcomes than other veterans and the general population

- although the majority of veterans had similar health to the general population, there were a small number with extremely complex health needs.

- veterans of working age were less likely to be in employment than the general population.

Discussion:

- members discussed the issues around data and highlighted previous work, within the Council, to try and acquire data of this nature, during contacts with the public. This would be looked into further.

- It was explained that the CCG was working with GPs to resolve and standardize coding relating to identifying veterans.

- Homelessness Solutions may be able to provide data that it collected about veterans.

- Members discussed the fact that lower ranks experienced more problems than senior ranks and, it was noted that, this may be because they were less likely to access the support that the armed forces offered at discharge.

- incidence of mental health problems, in veterans, was the same as the general population, however, the severity of such problems tended to be more significant in veterans.

- the JSNA would assist in future Commissioning decisions by partners.

- it was agreed that a copy of the JSNA would be forwarded to the Leader of the Council, who was the Council's Lead Member on the Armed Forces Community.

Cardio Vascular Disease - Key points and priorities:

- CVD events and early mortality was higher than the national average.

- there was a significant proportion of people, in Stockton who were not aware that they had conditions associated with CVD and therefore received no treatment.

- there was variations between GP practices in terms of the standard of care patients recived

Members noted some of the interventions that were being undertaken, or needed to be considered:

- Target Stop Smoking services to the most deprived.

- Evaluation of the AliveCor programme to understand its effectiveness in detecting and diagnosing arterial fibrillation.

- Implementation of NICE guidelines, pathways and quality standards for the management of conditions related to cardio vascular disease.

Discussion/Comments:

- NHS Health Checks continued to target high risk groups and those from deprived areas. Members noted the link between poverty/low income, stress and hypertension.

- Partners recognized that trends, in Stockton, were moving in the right direction and early mortality rates were not significantly higher than the England average.

RESOLVED that:

1. the discussion be noted/actioned as appropriate..

2. the JSNAs for Armed Forces Community and Cardio Vascular Disease be approved for publication.

6 NHS Forward Plan Update - Presentation

Members received a presentation that provided a summary of the NHS Long Term Plan 2019 - 2029.

Members noted that the Plan had been developed to respond to:

- Funding Pressures
- Workforce Gaps
- Health Inequality
- Aging Population
- Co -ordination of Care
- taking every opportunity to improve by the use of medical advances and digital technologies

The plan provided a framework for local systems to develop plans, based on principles of collaboration and co-design.

Key features of the Plan, included,

- Integrated Care Systems (ICS) would be central and would cover the whole country by April 2021, with a single CCG covering each, individual, ICS.

- there would be increased NHS action on prevention and health inequalities. The prevention programme would include: cutting smoking, reducing obesity, limiting alcohol related A and E admissions, lowering air pollution, via a reduction in business miles and an increase in virtual appointments. The reducing inequalities programme would include: better support for people with learning disabilities/autism, meeting the needs of homeless people, supporting the health needs of carers.

- enabling a strong start in life and addressing future needs of Children and Young People.

- the Plan included proposals around a review of some local authority commissioning - sexual health, health visitors and school nurses.

- a comprehensive new workforce implementation plan would be published in 2019.

- Mainstream digitally enabled care would be rolled out.

- maximizing Value. The NHS would receive average financial growth of 3.4% but had to return to financial balance over that period and make efficiency savings of 1.1% per annum. Members were provided with details of how balance was expected to be achieved.

- primary and community care would receive additional investment. Primary Care Networks formed a key building block of the long term plan.

- there was a commitment to local approaches to blend health and social care

budgets, where there was local agreement . A review of the Better Care Fund would be undertaken in 2019.

Discussion:

- how the plan would be funded was not fully clear as yet, though some additional money had already been provided for some actions eg primary care networks. It was not certain how long this would last and tere was a general expectation, placed on CCGs, that capacity would be created and efficiencies identified, so the funding for some projects may need to be absorbed in the baseline at some point. Resources may continue to be drip fed to support delivery of the plan and the CCG would keep partners well sighted to assist in local joint commissioning opportunities.

- there was concern expressed about the review of some local government services and the potential that those services could be returned to the NHS.

- members noted the significant role digital access and care would have in the future and highlighted that services needed to be sensitive to the digital divide in communities.

- members noted plans for a state backed indemnity scheme, which would assist doctors working around the area.

- there was significant potential for the Stockton locality to design services that met its own needs. There was an opportunity to be innovative and work differently, locally.

- it was noted that Housing Options was involved in work with Adult Social Care, to create accommodation units for people with learning disabilities and it was suggested that the scheme could include elements that would fit with the plans around digitally enabled care. There would be discussions in this regard, outside the meeting.

- it was recognized that it would be essential that Health worked closely with partners to deliver the plan and it was agreed that the Health and Wellbeing Board had an important and central role in facilitating this.

RESOLVED that the presentation and discussion be noted/actioned as appropriate.

7 Forward Plan

Members noted the Partnership's current Forward Plan.

8 Any Other Business

The Partnership was provided with details of housing related work, which was currently taking place:

Whole Housing Project

Stockton Borough Council had successfully bid for funding through the Whole Housing Project to secure funding for a 12 month period to develop and improve services provided for customers who have experienced or may be at risk of experiencing Domestic Abuse.

A very narrow two week opportunity to bid for the funding was successful and secured £50k from June 2019. Crucially, the bid did not seek to increase capacity within local Domestic Abuse services, as the funding opportunity had a strong emphasis on sustaining whatever was being proposed, or developed, beyond the initial 12 month funding period, without any guaranteed funding beyond that point.

It was explained that the bid had two main elements, one which sustained the "Safe at Home" scheme for the next twelve months whilst seeking to develop a Business Plan to sustain the service beyond that period. The second element was broader and more strategic which focused on identifying service improvements and generating efficiencies within Domestic Abuse services to provide a better and more holistic and seamless customer experience.

An Officer had been recruited and appointed, on secondment, from the Homelessness and Housing Solutions Team, at Stockton, for the duration of the project, to coordinate project priorities.

A stakeholder group had been established to work collaboratively and map existing Domestic Abuse services and provide stakeholder partners with an opportunity to shape and inform future priorities within the context of the original bid.

Rough Sleeping

A regional funding bid secured £700k of funding focussing on preventing and reducing the incidence of rough sleeping. Of this £700k the Sub-Regional allocation was £235k.

The Sub-Regional funding was targeted at specific customer groups who had been identified, based on the prevalence of their presentations to the local authority or identification as rough sleepers.

The targeted customer groups were;
• Prison Leavers
• Customers evicted from Supported Housing (often those with the most chaotic lifestyles)
• Customers subject to hospital discharge

The funding would support the following initiatives;

- the appointment of two dedicated Officers working geographically to work alongside the two prisons in the region (Frankland, Durham and Holme House, Stockton) to work alongside probation, court and prison services to prepare

offenders for their release, and, to assist with (as far as possible) planned releases from custody.

- the appointment of two Rough Sleeping Prevention Officers working geographically to intervene at the earliest possible opportunity when the root causes and potential triggers for rough sleeping are identified to support customers identified as at risk and prevent rough sleeping.

- the appointment of two dedicated Officers working geographically and seeking to create positive pathways for customers who are exhibiting the most chaotic lifestyles. These two Officers would focus on addressing substance misuse and mental health issues which evidentially were very prevalent in the rough sleeping and homelessness customer group.

The final area of service improvement a “Rapid Rehousing Pathway” which aimed to intervene, at the earliest opportunity, to prevent Homelessness enquiries and presentations.

It was proposed that Housing report progress on each of these new programmes of work at future meetings.