

## **Adults' Health and Wellbeing Partnership**

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday, 2nd July, 2019.

**Present:** Emma Champley, Andy Copland, Reuben Kench, Julie Wilson, Natasha Judge, Cllr Ann McCoy, Alan Glew (Substitute for Jane Edmonds), Paul Whittingham (Substitute for Julie Parkes)

**Officers:** Michael Henderson, Jade Mulhern, James O'Donnell

**Also in attendance:** Nathan Duff, Paula Swindale

**Apologies:** Cllr Jim Beall, Ann Workman, Graham Clinghan, Sara Dalton, Jane Edmonds, Lesley Gibson, Chawla Girish, Steve Johnson, Julie Parkes, Neil Russell, Marc Stephenson, Allan McDermott, Amanda Steyn, Simon Forrest, Chris Joynes,

### **AHP 9/19      Declarations of Interest**

There were no declarations of interest.

### **AHP 10/19      Minutes of the meeting held on 6 June 2019**

The minutes of the meeting held on 6 June 2019 were confirmed as a correct record

### **AHP 11/19      Living with and beyond cancer**

The Partnership received a presentation relating to the Living With and Beyond Cancer (LWBC) Programme.

The programme had been coordinated by Catalyst and involved working with partners across all sectors. It looked to maximize the role of the voluntary /community sector in holistic cancer care to improve quality of life for people 'Living with and Beyond Cancer'.

It also looked to ensure that people either undergoing or had completed treatment were living as healthy and active life as possible , so they could achieve what was important to them.

Members noted the information events that had been held and the positive feedback received.

RESOLVED that the presentation and discussion be noted.

### **AHP 12/19      Frailty: Working in Collaboration**

The Partnership received a presentation relating to working collaboratively to tackle Frailty.

Members noted the case for change and the need to model a person centered integrated approach to delivering services based on the available evidence to improve outcomes and experience for people.

It was proposed that the service model going forwards would be managed

through a partnership approach with care provided as close to home as possible. The model would include Community Hubs, effective and responsive community services, clear and integrated discharge pathways.

There would be three strategic arms to the critical pathway :

- Prevent avoidable admissions of the frail and elderly.
- optimize the quality of care for people admitted to hospital.

Ensure patients were discharged home or as close to home as possible when they are medically optimized.

Members noted progress to date, opportunities and priorities:

- clinical and managerial buy-in and support for the frailty vision had been established across the locality
- funding had been obtained for six GP trainee posts for frailty across the system
- a commitment to spreading 'ICARE' (Involve, Consider, Assess, Respond, Evaluate) and Frailty work in organisations.
- a single local integrated single point of access in each locality.
- engagement with Primary Care Networks to deliver proactive care for the frail.
- Identify services in the community that could support the delivery of crisis response to people living in their own home.

Members noted some of the barriers to achieving effective change:

- cultural change within organisations
  - \_ clinical risk- reluctance to discharge; reassuring clinicians that there was adequate support outside the acute setting
- Funding and resources shift to community
- Timeframes for delivery - must be pragmatic

Discussion:

- it was noted that frailty was identified as low, moderate and severe and services would look to slow down people moving to severe.
- members noted the potential tensions on funding and NHS investment in local authority services /support helping to reduce demands on the acute system via prevention but still adequately funding acute need. Need to look at gains across the system.
- Outcomes would be monitored.

- it would be important to put sufficient resource into moderate frailty to prevent movement into severe. There would need to be more work around primary care and social prescribing.

RESOLVED that the presentation and discussion be noted.

**AHP  
13/19**      **JSNA - Cancer**

Members considered the JSNA template and a presentation relating to cancer.

The Partnership was informed that the JSNA identified that:

- The rate of premature death from cancer in Stockton-on-Tees is statistically significantly higher than the national average. This gap has been created as a result of high mortality rates from lung cancer in Stockton-on-Tees.
- Incidence, mortality and screening rates for residents from the most deprived areas of Stockton-on-Tees are worse than those from the most affluent areas of the borough.

It was suggested that:

- Utilise community health champions to:  
help us understand how much knowledge the communities at most risk have around the signs and symptoms of lung cancer;  
raise awareness around the signs and symptoms of lung cancer; and  
encourage smokers to quit smoking using local stop smoking services.

Work with partners to utilise intelligence and data to identify hidden cancers e.g. COPD masking Lung Cancer presentation.

- Utilise community health champions to improve the uptake of cancer screening.

Provide training to primary care settings to improve the uptake of cancer screening and reduce the variation between general practices.

#### Discussion

- Members noted that there was a prostrate cancer pathway, diagnosis was improving but there was not a big focus on screening . MRI was the most accurate diagnosis tool but there were staffing issues as this was a highly skilled area and there were capacity issues.
- Lung cancer was a significant issue in Stockton and levels of other cancers were similar to the national average.

The Partnership discussed some of the causes of cancers and noted the work that was going on around alcohol, smoking and physical activity.

Partners were encouraged to consider how they could help get messages to the community and contact Andy Copeland at the CCG.

RESOLVED that the JSNA for Cancer be approved for publication.

## **AHP Sports and Active Leisure Strategy**

**14/19**

Members were provided with a report relating to the Sports and Active Leisure Strategy.

It was explained that the Council continued to invest in facilities and programmes that encouraged people to participate in sport and active leisure to support their health and wellbeing. The provision incorporated universal services, available to all residents, alongside targeted services aimed at helping those with particular needs or barriers to achieving healthy lifestyles.

These services and facilities contributed to the achievement of the Joint Health & Wellbeing Strategy objectives and reflected the priorities outlined in the recently approved Physical Activity Strategic Framework.

The Sport and Active Leisure strategy set out the range of general and targeted provision which represented the appropriate balance, informed by the principle of proportionate universalism. The scope of sport and active leisure was relatively narrow, and it was intended that this strategy would sit alongside those such as Green Infrastructure and Active Travel as contributory sub-strategies to the higher-level plans.

If approved by the Council, the strategy would determine how Council leisure resources were used.

The Partnership was asked to consider the draft strategy and provide comments.

Discussion:

- Members agreed that it was important to create an accessible and affordable offer for the community.
- the Physical Strategy Framework looked to make more people, more active, more often
- it would be important to make Sports and Leisure facilities healthy sites, pushing forward healthy messages in the sports clubs within the Borough. The Club Hub would assist with this and promoting events.
- it would be essential to promote the range of events and activities available in the Borough, such as the memory walk for people with dementia.

RESOLVED that the Strategy be endorsed and the discussion noted

## **AHP Forward Plan**

**15/19**

The Partnership considered its Forward Plan.