

Adults' Health and Wellbeing Partnership

A meeting of Adults' Health and Wellbeing Partnership was held on Tuesday, 4th July 2017

Present: Ann Workman (Chair),

Emma Champley, Liz Hanley, Sarah Bowman Abouna, Reuben Kench (SBC), Allan McDermott (Sub for Steve Chaytor)(Tees Active), Dominic Gardner (TEWV), Steve Rose Catalyst), Paula Swindale (CCG) Simon Forrest (Durham University), John Bagley (sub for Julie Alan) (NPS), Julie Parkes (NTHFT)

Officers: Michael Henderson, Ruby Poppleton, Kerry Anderson, David Morton, Sarah Allan (SBC), Gemma Clifford (Catalyst)

Apologies: Councillor Jim Beall, Reuben Kench, Margaret Waggott, Steven Hume, Steven Chaytor, Jane Edmonds, Graham Clinghan, Sarah Bowman Abouna (SBC), Philip Morris (Cleveland Police), Mick Hickey (SRC), Lesley Gibson (Harbour) Dr Chawla Girish (CCG), Julie Allan (NPS), Dave Turton (Fire and Rescue),

1. Declarations of Interest

There were no declarations of interest.

2. Minutes of the meeting held on 6 June 2017

The minutes of the meeting held on 6 June 2017 were confirmed as a correct record,

3. NESTA 100 day Challenge Feedback

Members received a presentation that provided background to the NESTA 100 day challenge, details of the goals, activity and outcomes and next steps.

The challenge focused on the over 65s and people presenting with frailty.

In the Borough there were 3 teams, two focused on primary care and the other focused on existing work around patient discharges from hospital.

Teams set their own goals.

- Woodlands Medical Centre – reduce A and E attendance by 50%, reduce 0 day admissions to 10%, put care plans in place for cohort and aim for personal budget for 5% cohort.
- North Tees Hospital – provide a personalised approach to their care. Discharge within 24 hours following being identified as ready to go home,
- Marsh House Practice – reduce unplanned hospital admissions by 65% for 65 year old plus patients.

Members recognised the huge amount of work the teams had undertaken and how they had engaged with, driven and taken full ownership of the process, with very little direct management involvement.

Activity included:

- Over 40 MSD meetings in the practices
- Over 40 sessions of extended hours
- 288 personalised care plans completed
- COPD peer groups
- Home Safe Sooner campaign had been adopted and would be taken forward.

In terms of next steps, teams had identified a number of asks/recommendations to sponsors. Details of these and responses were provided to the Partnership. It was noted that a number of recommendations would be taken forward. Specific reference was made to My Voice My Choice which was a document produced by, and all about, the patient and would be a standard document within a patients file.

The 100 day challenge had shown what could be achieved when everyone worked together as one team.

Organisations would need to consider the lessons learned from a commissioning and provider perspective.

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

- It was suggested that the challenge demonstrated that people, working at the frontline, who were given the opportunity to understand their work from a strategic point of view, would change processes for the better.
- Teams were very enthusiastic, but organisations needed to keep the momentum going. Discussion around the next phase was planned for the near future.
- The challenge offered an alternative transformational processes, to 3P.

RESOLVED that the presentation and discussion be noted.

4. Smoking Cessation

Members received a report, and presentation, relating to smoking in the borough. The report identified some of the current challenges and identified opportunities for a system wide approach to help reduce prevalence.

Discussion has been summarised below:

- Partners were reminded that they had all agreed to work to reduce smoking prevalence by 5% by 2025.
- Costs to services created by smoking was considerable and estimates

were probably grossly understated.

- Workforce attitudes to implementing smoking related policies could be a significant barrier to implementation, with staff sometimes feeling that providing brief interventions was not their role, or would not be effective. Studies, however, suggested otherwise and several attempts were often needed to plant the seed to motivate change. This could take some time and staff would not see results immediately but the cumulative effect of short interventions, by a range of staff, in different settings, was often positive.
- It was agreed that public health should contact partnership members to discuss how the evidence base linked to each partners' service and how the action plan might be developed in this context. A draft action plan would be submitted to a future meeting of the Partnership.
- There was potential to use residential home/ care at homes providers to reduce smoking in their staff and the people they were caring for.
- Members were keen to reduce smoking prevalence amongst smokers but also to prevent the uptake of smoking. 7% of young people currently took up smoking.
- Illicit tobacco needed to be tackled, as this was a route to smoking, by many smokers on limited incomes. There was a higher prevalence of smoking amongst people living in deprived areas, compared to the general population.

RESOLVED that the update and discussion be noted and partners be contacted, as described above, to take forward the development of a system-wide action plan.

5. Drugs Treatment

Members considered a report that outlined some of the demographics and performance outcomes from adult drug misuse within the Borough. It describes how these were measured and some of the complexities, which impacted on achieving those outcomes.

RESOLVED that the report be noted.

6. Autism Self-Assessment

Members were reminded that, at its meeting held in April, a summary of the 2016 Autism Self-Assessment had been provided. The Partnership was now provided with details of achievements against self-assessment, using the RAG format.

A detailed analysis of the Autism Self-Assessment exercise, held last year, had been received, but didn't appear to provide any meaningful feedback.

It was noted that sometimes the specific questions asked in the assessment did not exactly align with the very effective work the service was undertaking in a particular area. The service had marked itself deliberately hard to ensure focus

remained on certain areas.

Reference was made to autism and the local housing strategy. It was noted that each person was supported with an individualised approach. It was noted that Daisy Chain were looking at providing housing support for people with autism.

RESOLVED that the report be noted.

7. Learning Disability Partnership Minutes

RESOLVED that the minutes of the Learning Disabilities Partnership Board held on 16th May 2017 be noted.

8. Forward Plan

Members considered the Partnership's Forward Plan.

Hospital at Home model to be added to the Plan

It was noted that the over 50s forum, which was presenting to Partners in November, was available to provide feedback on any issues partners wished it to consider. Partners were asked to contact Catalyst in this regard.

RESOLVED that the Plan be agreed.

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