

**RESUME OF THE HEALTH AND WELLBEING PARTNERSHIP**  
**21 JUNE 2010**

Report of the Assistant Chief Executive (Strategy & Democracy)

**1. MATTER FOR CONSIDERATION**

To consider the proceedings of the last meeting of the Health and Wellbeing Partnership Board on 21 June 2010.

**2. INFORMATION**

**2.1 The Partnership considered the following items:-**

**Election of Chair and Appointment of Vice Chair**

The Partnership elected Councillor John Pantall as Chair and Mike Greenwood as Vice-Chair for the current municipal year.

**Alcohol Misuse Strategy**

*Simon Armour, (Senior Health Promotion Adviser – Alcohol Misuse) NHS Stockport - 0161 426 5095*

The Partnership received a presentation on alcohol misuse in Stockport, detailing the number and nature of alcohol related hospital admissions, the costs to the local health economy, and possible options for addressing the problems associated with alcohol misuse.

The presentation highlighted to the following:-

- Alcohol related admissions had increased steadily over time. Estimated expenditure had risen by over £1m to over £9m
- Of these admissions in 2009-10 one third were directly caused by alcohol, with the rest being attributable to alcohol. Those from deprived areas were three times more likely to be admitted to hospital as those from more affluent areas, although this did not reflect volume of alcohol consumed. Most admissions were of people aged between 40-65.
- In the third quarter of 2009 60% of probation clients were alcohol related which was a greater proportion than drug related convictions.
- There were a number of services available to help reduce alcohol consumption that could be accessed through the website at [www.drinking.nhs.uk](http://www.drinking.nhs.uk)
- Evidence suggested the effectiveness in reducing consumption of taking opportunities to identify excessive drinkers and to provide brief advice, such as through GPs, custody suites, etc. Despite this, such advice was not also provided.

- There were various treatment options available, including MOSAIC for young people, Community alcohol team, residential detoxification & rehab and voluntary sector provision such as Cirtec Alcohol Service. These treatments were for extreme cases in most instances. Stockport was currently falling short of the guidelines for the proportion of misusers in treatment.
- Examples of projects in Salford, Warrington and Blackpool demonstrated that investment in preventative measures could significantly reduce admissions and cost for PCTs and Hospital.
- There was an increasing trend of alcohol and drug consumption (particularly cocaine), with well known links to other criminal activity, poor health for offenders and links with domestic abuse.
- Recent Social Market Research into young adult binge drinkers in deprived areas found being unemployed and in a workless environment were key factors for binge drinkers who used drinking to 'forget their troubles'.
- Minimum Unit Pricing – the AGMA Health Commission were recommending that the introduction of a byelaw to enforce a 50p minimum per unit of alcohol sold within Greater Manchester. Research suggested this would lead to significant reductions in hospital admissions and associated reductions in costs.

Members raised the following issues/ made the following comments:-

- Working with young people in school had been moderately successful in reducing alcohol misuse, although there was a need to address alcohol impaired parenting where the misuse was not sufficient for formal intervention.
- Many mis-users did not recognise that they had a problem and were therefore unreceptive to advice. Receiving this advice in a medical setting was often easier.
- The issue of alcohol misuse was not often raised in forums for older people. There was anecdotal evidence that this was a problem amongst older people and was linked to social exclusion.
- There was a commitment within the Foundation Trust to providing brief interventions whenever there was an opportunity irrespective of age, although there was a need for a culture change in partner organisations to make better use of these opportunities as well as recording when this took place.
- The Salford project demonstrated that savings could be made through investment in prevention, although it was important to remove the capacity within the system at the same time to ensure that resources were not absorbed elsewhere. It also required all partners to commit to these changes.
- Many of the activities discussed were often costly and did not provide significant reductions in consumption. Minimum Unit Pricing appeared to be the most promising solution.
- There was training available through the PCT for professionals to help identify alcohol misuse.
- There had been significant successes with reducing waiting times for alcohol services, although there was little done to promote them, meaning that many who may benefit from the service were not referred. There was a clear case for investment in early intervention and treatment which was more effective and cheaper than admission.

The Partnership noted the presentation and asked for

- further feedback on those preventative actions which have a proven record of being effective in cutting admissions and reducing costs.
- greater emphasis on reducing alcohol consumption amongst 45-65 year olds.
- further information on progress with minimum unit pricing for alcohol in Greater Manchester.

**Health and Wellbeing Partnership Annual Performance Management Report**

*Susie Wright, (Policy Manager - Health & Well Being), Stockport Council - 07527 387251*

The Partnership considered the Annual Report on the Performance Management Framework for the year 2009/10.

It was reported that the Government had recently announced that the Comprehensive Area Assessment and various other performance indicators had been abandoned. It was also reported that the second tranche of the Local Area Agreement Performance Reward Grant had been reduced, which prevented the commissioning of the most recently agreed projects to tackle inequalities. The Stockport Partnership would be considering how to meet the shortfall in funding.

It was suggested that in light of the changes to the performance regime and predicted further cuts to budgets there may be a need to re-evaluate the larger performance framework of the Partnership, although there continued to be a need to monitor the health outcomes for Stockport residents.

**For Local Advice And Guidance (FLAG)**

*Janet Lee (Development Manger) FLAG - 0161 474 1042*

The Partnership received a presentation on the work of the For Local Advice and Guidance (FLAG) Service in providing independent advice to the public about adult social care and health services.

The presentation highlighted the following:-

- FLAG was run by a consortium of voluntary sector groups called Synergy Stockport which gave access to information these groups and was funded by Stockport Council as part of the Transforming Community Services.
- The Service had been created to respond to the need for holistic advice on the range of care options which was not being met from existing providers nor from the Council's Contact Centre.
- One of the aims of the service was to overcome stigma of social care services as well as providing a seamless and consistence pathway to adult social care services in Stockport.
- The Service could also signpost users to informal and preventative services as well as statutory provision.

- FLAG had a base on Chestergate in the Town Centre as well as providing outreach sessions across the borough which had so far proved very successful.
- Since January 2010 there had been 1900 separate issues presented to FLAG, of which 90% had been self referrals.
- Future plans included closer working with PALS; work with lifestyle services in Brinnington; looking to develop seamless service with Contact Centre; developing the information for self-funders and those with direct payments.

Members raised the following issues/ made the following comments:-

- It was increasingly important to map the advice and advocacy services being offered in Stockport to ensure that there were no avoidable overlaps and duplications, particularly in times of budgetary restraint.
- Users were often attracted to FLAG because of its independence as they had often sought advice from elsewhere in the first instance.
- The service offered by FLAG was effective at identifying underlying problems with users who would not present themselves to professionals with those issues.
- The links with other services, such as PALS and LINK were to be welcomed.

### **JSNA Update**

*Vince Fraga, (Head of Modernisation), Stockport Council - 07800 618822*

The Partnership received an update on progress with the Joint Strategic Needs Assessment (JSNA) refresh, which would seek to provide greater detail on the specific needs of the community as an aide to commissioning more effective services.

The JSNA project was on course for completion by April 2011. There would be a number of sessions in the coming months to help develop initial responses to the emerging priorities. It was hoped to submit a report to the December 2010 meeting of the Partnership with key priorities.

### **LINK Welcome And Progress Report**

*Marie Kildunne, PEEBLE Enterprises, 0161 480 1211*

The Partnership considered the year end performance report for the Stockport LINK.

The Partnership agreed for an item on the next agenda about the feedback received via LINK about hospital discharges.

### **Engaging Communities Strategy And HWBP Response**

*Stephanie MacKenzie, (Policy Manager - Health & Well Being) Stockport Council, 07527 387250*

The Partnership received a presentation on the implementation of the Engaging Communities Strategy and the implications for the Health and Wellbeing Partnership.

The presentation highlighted the following:-

- The Stockport Partnership adopted the Strategy earlier in 2010, and had set up a small working group to progress its aims. Representatives from this Partnership had played an active role within this group which had aimed to a more systematic and strategic approach to engagement.
- An engagement plan for this Partnership was being developed, recognising the input into the JSNA process, the Place Board and the increasing effectiveness of electronic engagement across partners.
- A key aim was to provide an increasingly joined-up and effective forward planning of activity, including sharing of resources and shifting toward 'co-production'. This would help to improve engagement with hard to reach groups. A key element of this agenda was to develop an 'Engagement Portal'.
- For the Partnership there were key interfaces with LINK, Neighbourhood Management in Priority One areas, the JSNA and the emerging 'Big Society' agenda.
- There was a clear need to make better use of the information partners captured from the range of engagement opportunities, to better identify where engagement led to change and to communicate this more effectively.
- There were increasing risks to all partners on the cost effectiveness of engagement given the budgetary climate.

Members raised the following issues/ made the following comments:-

- There was lots of positive engagement activity taking place, such as participatory budgeting, and there was a need to take stock of this activity, particularly in light of the proposed Devolution and Localism Bill due to go before Parliament in the Autumn.
- Consideration needed to be given to the likely implications of rolling out personalised budgets for health.
- It would be helpful to map out the engagement activity of partners and stakeholders.
- It was important to act effectively on the information from engagement activity, not just to engage effectively.

The Partnership endorsed the approach to developing community engagement as set out in the presentation be endorsed, subject to further consideration being given to the role of all partners and stakeholders in the engagement process.

### **Transforming Social Care Partnership Update**

*Jude Wells, (Service Manager Personalisation) Stockport Council - 07800 618811*

The Partnership received a presentation on progress with implementing the Transforming Social Care agenda including personal budgets for adult social care.

The presentation highlighted the following:-

- Developing effective partnerships with people using services, carers and other
- Self directed support and personal budgets
  - Successful pilot for Mental Health – an example of best practice
  - Interim model for adult social care for all users
  - Developing Peer Support model (piloting dementia support)

- Personal Health Budget pilot
- Prevention and cost effective services
  - Early intervention and prevention Strategy
  - Recognising where pressure would be
- Information and Advice
  - FLAG
  - My Care, My Choice
- Commissioning
  - Market management
  - Online market place
  - Pre-payment cards for services
  - Further joint commissioning through the Section 75 Agreement
  - Retail model for equipment prescriptions
  - Encouraging micro businesses to meet specific needs

Members welcomed the progress and the positive developments taking place in this area and requested an on the agenda for the next meeting on the implications of the personal choice agenda on provision, service delivery and safeguarding.

**European Health Care Management Association Workshop – 14 June 2010 - Feedback**

*Sarah Newsam (Head of Health Improvement), Stockport Council - 07891 949204*

The Chair reported on the recent workshop held by the European Health Care Management Association (EHMA) and IDeA on health inequalities, which featured input from a team from Gothenburg, Sweden that had been successful at reducing health inequalities.

The workshop emphasised:

- political support from the outset was vital to tackle inequalities.
- involved a range of 'real' people in focussed engagement who then had continuing.
- involvement, not just at the inception of the project.
- achievement of early delivery of key improvements linked to the engagement feedback.
- the project invested in services rather than buildings.
- there was an open dialogue with professionals.

The Partnership noted the report and recommended that the details of the workshop be referred to the Place Board for consideration as part of its work to reduce health inequalities, and that the implications of the Gothenburg experience be considered as part of the development of the Partnership's engagement strategy.

**RECOMMENDATION**

That the Scrutiny Committee note the report.

**BACKGROUND PAPERS**

Reports and Minutes of the Health and Wellbeing Partnership – 21 June 2010

Copies of past minutes and reports are available on the Partnership's website at:-  
<http://s1.stockport.gov.uk/hwbp/meetings.html>

Anyone wishing to inspect the above background papers or requiring further information should contact Jonathan Vali on telephone number 0161 474 3201 or alternatively e-mail [jonathan.vali@stockport.gov.uk](mailto:jonathan.vali@stockport.gov.uk)

