

Health Scrutiny Committee – 15 September 2009

RESUME OF THE HEALTH AND WELLBEING PARTNERSHIP
22 JUNE 2009

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 22 June 2009.

2. INFORMATION

2.1 The Partnership considered the following items:-

Election of Chair and Vice-Chair

The Partnership elected Michael Greenwood (Chair of NHS Stockport) and Cllr John Pantall (Executive Councillor (Adults and Health)) to be Chair and Vice-Chair of the Partnership for the municipal year.

Children's Health Partnership Board: A Progress Report
Donna Sager, Service Director (Strategy & Performance), Children & Young People's Directorate - Stockport Council – 953 0012

The Partnership received a presentation on the work of the Children's Health Partnership Board (CHPB), its priorities, progress and some of its key challenges.

In particular the presentation focused on the following:-

(i) Childhood Obesity

There had been a significant increase in the numbers of young people considered obese. The challenge was to control the rate of increase. Every child at primary school was weighed and measured in reception and year 6, the data from which showed that one in three Year 6 pupils were obese. It was not possible to determine a pattern from the data and no clear geographical distribution. The 'Change 4 Life' programme was highlighted as a useful tool from Government, offering tailored advice to each family on how to improve lifestyles. The scheme sought to change values and educate about healthy eating and lifestyles, rather than to focus on weight.

A particular priority for the CHPB was intervention for early years, and additional training would be provided for practitioners about the key messages and potential care pathways.

Particular concerns raised by the Partnership included:-

- Clinical definitions of obesity did not necessarily concur with what the public, and parents in particular, thought of as 'obese' and so it was important to stress nutrition and healthy lifestyles.
- It was unhelpful to think of obesity in terms of genetics, which had limited impact on obesity when considered across entire populations, as this hampered communication of the message about healthy lifestyles.

(ii) HPV Immunisation Programme.

Stockport had very high rates of immunisation. From September 2007 to October 2008 Stockport was part of the HPV pilot, which included evening sessions in schools and led to 80% take up of the vaccine, which was very high. Current take up was now nearing 90%, and a successful GP programme for 17-18 year old girls was also in place.

Persistent problems remained with improving uptake in areas of deprivation, and great variation in uptake between GP surgeries. A further concern was that the group who did not receive the HPV Vaccine were less likely to take part in cervical screening. Further analysis of failure to take up immunisation would be undertaken to better target those vulnerable groups.

LINK Welcome And Progress Report

Marie Kildunne, PEEBLE Enterprises, 0161 480 1211

The Partnership welcomed Lorretto Alao and Mike Lapping, the two new LINK members.

The Partnership were then given an update on the work of the LINK and its recent activities. It was reported that the LINK now had approximately 200 members, 60 of whom were from local community groups. A development plan and work programme had been developed.

Examples of work of the LINK included:-

- Training members for care home visits;
- Work with the Health Scrutiny Committee on experience of health services by older people;
- Research into the level of missed Clinic appointments;
- Focus groups on rearrangements of eye-care services;
- Responding to NHS and Council consultations;
- Sub-group focusing on carers with mental health problems; a reading sub-group; sub-groups for Hazel Grove and Romiley attached to the new Health Centres;
- Working with Care Quality Commission on their assessments.

Tackling Health Inequality: Neighbourhood Renewal And CAA

*Carolyn Anderson - Neighbourhood Renewal Co-ordinator, Stockport Council
– 0161 218 1351*

The Partnership received a presentation on the Neighbourhood Renewal Strategy (NRS) and the how this contributed to reducing health inequalities within the borough's Priority One areas. The Strategy would seek to reduce inequalities through partnership working, and was 'owned' by the Stockport Partnership and overseen by the Stronger Communities Partnership.

Objective 7 of the Strategy related to health and was based on extensive consultation and data analysis. The Action Plan, currently being finalised, would focus on three strands: primary care, through GP practices; community development and capacity building, creating dialogue on health issues in the community itself; and strengthening partnership working, to ensure the best levels of uptake for services and identifying gaps in provision.

Members asked questions and made comments on the Strategy, including:-

- As part of the development of the Strategy, current activity had already been mapped and work was ongoing to identify gaps in this activity.
- There was no shortage of services available in priority areas, but there were problems around uptake so consideration needed to be given to how to improve their delivery and to work differently to achieve the NRS aims.
- The resources for delivering the Strategy would be through better targeting the resources already available. The challenge was not to use more resources but about making sure they were focussed on the areas of greatest need.
- Population movement may have had an effect on overall levels of inequality, so it was important to ensure the priority communities as a whole were more attractive, and so people will remain there and make them successful.
- Statistics indicated that Cardio Vascular Diseases and respiratory diseases were the most common causes of the relatively high mortality rate in the priority one areas.
- The Stronger Communities Partnership had been revised to meet the needs of the neighbourhood renewal work and give a stronger voice to communities.
- The Comprehensive Area Assessment had presented a challenge to Stockport to try to overcome the unique inequality situation in the borough, and the NRS was supporting the delivery of this work.

Health and Worklessness – Future Jobs Fund

*Nick Hill, Employment Development Manager, Environment & Economy,
Stockport Council – 0161 474 3736*

The Partnership received an update on the Future Jobs Fund, a government initiative to increase employment by 150,000 through new subsidised 6 month work placements. The £1bn fund targeted 18-24 year olds who had been

unemployed for 12 months or more and particularly those from unemployment 'hotspot' communities. Stockport was part of the Greater Manchester wide bid.

The AGMA bid sought to give maximum flexibility to employers and individuals in terms of working hours and to make these placements a more attractive alternative to benefits. The placements would also have a training and skills development component. The aspiration was to make the placements as like conventional employment as possible. The AGMA bid was for 8000 jobs and would allow each of the ten authorities to develop its own programme across its local partner organisations.

The progress with developing a programme in Stockport already had some partners identifying opportunities, and it was hoped to achieve 300 opportunities across the borough.

Health and Wellbeing Partnership Performance Framework
Susie Wright, (Policy Manager - Health & Well Being), Adults and Communities, Stockport Council - 07527 387251

The Partnership considered the Health and Wellbeing Partnership Framework year end performance monitoring report (2008/2009). Members welcomed the clarity provided by the commentaries attached to the indicators.

A further report was circulated setting out proposals for a series of indicators around public health and lifestyle for adults, the data for which would be collected by providers. The results would enable an evaluation of health related expenditure and further insight into prevalence. Members welcomed the work to develop these indicators, and stressed the need to ensure consistent data collection between providers, but noted that this should be consistent with existing practices and data management systems and be a part of the clinical assessment so as not to lead to increased workloads.

RECOMMENDATION

That the Scrutiny Committee note the report.

BACKGROUND PAPERS

Reports and Minutes of the Health and Wellbeing Partnership – 22 June 2009

Anyone wishing to inspect the above background papers or requiring further information should contact Jonathan Vali on telephone number 0161 474 3203 or alternatively e-mail jonathan.vali@stockport.gov.uk