



Working in partnership for local people

**WEST CHESHIRE TOGETHER FOR HEALTH AND WELLBEING  
THURSDAY 31<sup>st</sup> MARCH 2011  
NHS WESTERN CHESHIRE, 1829 BUILDING,  
COUNTRESS OF CHESTER HEALTH PARK**

**In attendance:**

Julie Webster (Chair)	Director Public Health	NHS Western Cheshire
Ken Clemens	Policy and Campaigns Manager	Age Concern Cheshire and Third Sector Assembly
Maire Gibson	Non Executive Advisor	NHS Western Cheshire
Peter Heberlet	Director of Sustainable Communities	Groundwork Cheshire
Andy Meakin	Senior Manager	Cheshire West and Chester
Rebecca Mead	Research Student	University of Chester
Evan Morris	Head of Community Safety	Cheshire Fire & Rescue
Pam Hughes	Head of Strategic Performance	NHS Western Cheshire
Alison Paul	Public Health Improvement Lead	NHS Western Cheshire
Helen Pearce	Leisure Development Manager	Cheshire West & Chester Council
Tony Sharples	Public Health Specialist	NHS Western Cheshire

**Apologies :** Jane Branson (Central & Eastern Cheshire Primary Care Trust)  
Mark Palethorpe (Cheshire West and Chester)  
Helen Pearce (Cheshire West & Chester Council)  
Laura Johnson (Cheshire West & Chester Council)  
Pat Johnson (NHS Western Cheshire)  
Claire Wildgoose (NHS Western Cheshire)  
Dr Anushta Sivananthan (Cheshire & Wirral Partnership NHS Foundation Trust)  
Chris Jennings (Cheshire West and Chester)  
Linda Barton (Cheshire West and Chester)

**1. Introduction and apologies**

Julie Webster (JW) welcomed partners to the meeting and apologies were noted.

**2. Minutes from the last meeting held on 20<sup>th</sup> January 2011**

The minutes from the meeting held on the 20<sup>th</sup> January 2011 were with the following amendments accepted as a true record:

Pam Hughes' organisation was changed to NHS Western Cheshire.  
Andy Meakin was added to the list of apologies received.

### **3. Matters arising**

- 3.1 Julie Webster (JW) reported that Ellesmere Port and Chester Area Partnership Boards have both signed up to the British Heart Foundation Heart Town initiative discussed at the last Thematic Group meeting.

### **2. NHS White Paper Update**

JW reported that unfortunately representatives from the two GP commissioning consortia were unable to attend today's meeting. However the shadow Health and Wellbeing Board will be meeting on the 20<sup>th</sup> of April for a facilitated workshop to develop the new infrastructure and to establish the aspirations and ambitions of the Board, both consortia will be well represented at the meeting.

JW commented that The Health and Social Bill was continuing its passage through the Parliamentary processes. The deadline for the consultation response to the white paper is the 31<sup>st</sup> March and a response from the Public Health Team and a joint response between the Council and Primary Care Trust have been submitted.

As this was the last Health and Wellbeing Thematic Group meeting and the development agenda for the Health and Wellbeing Board was work in progress, there was discussion on the best way to keep in touch and keep partners informed of each others activities. JW highlighted an approach being developed in Ashton, Leigh and Wigan called the "Big Conversation" which was being promoted as an approach to engage with partners and other Stakeholders. In addition the group agreed to utilise the existing email network, expand the information available on the Health and Wellbeing page of the West Cheshire Together Website and utilise the Partnership Bulletin.

**ACTION:** Submission to join the network of early implementers for Health and Wellbeing Plan to be circulated by Alison Paul (AP).

**ACTION:** Please email information you would like to share to AP.

### **3. Health Inequalities Action Plan**

- 3.1 JW commented that the Health Inequalities Framework for Action had been reviewed by Mike Grady from the Marmot Review team and discussed at each Area Partnership Boards. The Health and Wellbeing Thematic Group welcomed the plan and endorsed it as a legacy document to inform the future direction for action on Health Inequalities within Cheshire West and Chester.

### **4. Risk Register**

The latest data in relation the items on the risk register were discussed.

- The gap between the most deprived two quintiles compared to the others has widened by 24% in men and remained the same at 1% in women.
- Information about smoking prevalence will be available in July 2011. Existing data indicates a downward trend.
- Information about cancer mortality and cardiovascular mortality will be available in July 2011. Existing data suggests a downward trend but a widening gap between the better off and worse off.
- Alcohol related hospital admissions continue to increase. The business case to support alcohol services is currently going through organisational processes.
- The suicide rate appears to be increasing but numbers overall are low.

Group discussion revealed concerns that economic pressures and unemployment may lead to more mental health problems and an increase in suicides.

Tony Sharples (TS) commented that there will be a meeting soon to review the Suicide Strategy.

Ken Clemens (KC) commented that a quarter of disabled or older people have had their services cut prior to the well publicised cuts. Also people with long term conditions are more prone to depression. These factors could have a compound impact on people's health and wellbeing.

In conclusion, the group agreed that these indicators remain on the risk register.

**ACTION:** TS to share details of the Suicide Strategy Review meeting with Andy Meakin.

**ACTION:** AP to forward Risk Register and our comments to LSP Performance and Risk Managers Group.

## 5. Springboard

Evan Morris (EM) presented the Springboard project. The Fire and Rescue Service and Age Concern have worked together to develop data sharing protocols in order to provide a holistic service to the population. They have used research, over 65s household data, Mosaic templates and response times in order to prioritise at risk communities.

Since 2002/3, EM commented that 300,000 Home Safety Assessments have been completed. There has been a corresponding reduction in accidental dwelling fires by 70%. The age where greatest risk of fire fatality happens is between 40 to 44 for men and 60-64 for women. Under 4s are also at above average risk of fire death.

Research from Chester University has indicated that the project needs to use the information to target services for those at highest risk. Effective targeting could save lives.

Next steps for the project will be to obtain more personal data, including information on households with under 4s, smokers and single person households.

This system could have potential to be the portal to other services, providing information about what people need rather than services guessing at what people want.

**ACTION:** Brief Intervention Training next dates will be sent to the group. Brief intervention is a beneficial skill for those accessing people in the home to approach a wide range of issues. TS and AP.

**ACTION:** EM and KC to write a short report for the Consortia and West Cheshire Together to highlight the project.

**ACTION:** KC and PH to share contacts regarding a GP from Sandbach who has developed a Community Arts Project electronic application.

## 6. **Big Drink Debate**

TS presented on the Big Drink Debate and tabled the report; 'Opinion on the impact of alcohol on individuals and communities in Cheshire West and Chester: Summary findings from the Western Cheshire Big Drink Debate 2010' paper. A few facts include:

- Around 8,000 people across West Cheshire are dependent on alcohol
- 1 in 4 adults in Cheshire West and Chester drink at levels likely to pose significant risk to their health
- 18% of people in West Cheshire binge drink
- A third of attendances at Accident and Emergency departments are alcohol related
- Locally, someone is admitted to hospital every 90 minutes due to alcohol

- Locally, alcohol has been linked to more than a quarter of deaths caused by fire, and there are probably more cases.

The Big Drink Debate has informed the development of the local alcohol strategy, the main themes of the strategy are:

- Developing information, education, policy, bylaws and communication
- Effective and accessible evidence based interventions and treatment
- Improving community safety by combating alcohol related crime and disorder

## **7. Any other business**

AP commented that Helen Pearce was unable to attend today to talk about the Single System for Sport but any further information anyone wishes to share can be distributed via the existing email list.

**ACTION:** Please forward information to AP.

## **8. Closing Comments**

JW thanked group members (those present and absent) for their contribution towards creating what has been a vibrant partnership for health and wellbeing.