



LINK Briefing Update

Minutes of Meeting Saturday Core Group 18th September 2010 Walthew House, Shaw Heath, Stockport 10.00am – 12.30pm

1. Welcome, Introductions & Apologies

John (Chair) welcomed the group and introduced Emma Dowsing, Emma Dowsing, Policy Manager, Adult Social Care, Stockport Council. Kirsty mentioned that she would be taking pictures during the session and those who did not want to be on camera made themselves known.

2. Speaker: Emma Dowsing, Policy Manager, Adult Social Care, Stockport Council - The Joint Strategic Needs Assessment (JSNA).

2.1 Emma's presentation.

Emma introduced the JSNA, which is a piece of analysis done every three years. She explained that between creating her presentation and the Briefing Session, the results of the most recent JSNA had come out, so she might skip past some of the slides around the data found out from the old JSNA. The results of the most recent JSNA will be shared at the Joint LINK/Health & Wellbeing Partnership Heath Priorities event on Thursday 23rd September.

Emma explained that 4 years ago, the government asked local councils to look at the Health and Wellbeing needs of their constituents. She explained that the 'Joint' part of the JSNA is the community, which includes members of the public, LINKs, carers etc. as well as providers. The aim of the JSNA is to look at how to achieve length of life and quality of life over all areas from deprived to affluent. Emma said that she hopes that the event on the 23rd September will be the start of more engagements around specialist areas.

Emma explained that there is a rising birth-rate across Stockport. Children are being born to those aged 18-25 in deprived areas and to those aged 30-40 in affluent areas. Mental Wellbeing is at its lowest for those of working age around 40-50. For those over 50, mental wellbeing tends to be a lot more positive. Cancer is leading area of death in some areas of Stockport. The biggest increase in births in Stockport is those of mixed ethnicity. In Stockport the BME community are not necessarily deprived, Emma said that BME people who are affluent or successful tend to come to Stockport. Emma said that 25,000 adults in Stockport were on a Primary Care register for depression (2007/08). She said that around Mental Wellbeing there is community based, peer support.

It was asked if the slides were going to be circulated and Kirsty said she will bring them along to the next Briefing Session.

Emma said that last time around they didn't do as well with getting in touch with the public. As ex-members of the PPI, Mike, Sheelagh and Alan agreed. Emma explained that 'Voice' is the process of engagement with the public to gain consultation feedback. She said that LINK was not set up at the time, which is why they were not consulted, the ex-PPI members said that at the time, PPI was in place and they were not consulted. Jeannot suggested that at the time, they did not have the contacts, hopefully this time they will be able to engage better. Emma said that last time, they relied on a lot of previous consultation to gain their data and not much else.

Emma explained that a lot of focus is put on data and when there is no hard data, less focus is put on it. The Government insisted on each age group having their own priorities, around 5/6 priorities for each age group. These are then arranged into a top ten from all to make 10 key priorities for Stockport. Emma said that in order for the data to be fair, they want a balance between information from the Director of Public Health, hard data and VOICE.

2.2 Questions and answers.

Q) What about children's and young people's mutual health?

A) Emma said that it is not that is isn't important as it is a key part of "Every Child Matters" but is not a key priority for the Health and Wellbeing partnership. However, at the Health Priorities Event there will be workshops on young people and children.

Q) Sheelagh said that there have been recent reports in the media that one in five children are labelled "special needs".

Q) Anand asked about the terminology around the word "inequalities," which could be seen as focusing on one area of Stockport over others. We should be addressing areas of health (e.g. smoking, obesity) over geographical areas.

A) Emma said that lots of research shows the best countries to live in are the ones with the least income differences. Inequalities make the wealthy feel unhappy as well as the poorer people. It is best to lift those from the bottom to match those from the top. Obesity, smoking and similar afflictions are more prevalent in deprived areas, but the JSNA does not just focus on deprived areas.

Q) Sheelagh asked what has happened between last and this JSNA.

A) Emma said that budgets have been pooled and services created in a direct response to the results of the JSNA. Where social workers are and where they are needed has been looked into, and more have been added where needed. Smoking and Healthy Eating services have been created. “Quit the Fags” is an example of this in Brinnington, offering the service through research. At the Health Priorities Event there will be a video of people who have been involved with this.

Q) Jeannot asked about education and Access for Deaf people.

A) Emma said that she hopes that all disabled people will be able to work with JSNA to provide services and information. It was mentioned that members of the Deaf Health Community would be attending the Health Priorities Event.

Q) Janet asked about deprived areas and what message did it give to people when clinics were closed without consultation.

A) Emma said that this is not something she is involved in but agrees that it will not send a good message. This is regardless of whether they are from a deprived or affluent area.

Q) Clem asked about the causes of obesity and alcohol abuse. He said that work around these subjects can be frustrating and powerless against big corporations who provide food/alcohol. Because of cheapness of product and need for profitability, we cannot get to grips with this.

A) Emma said that there is a lot of focus on alcohol at the moment. The fact is that public services have little money and it is shrinking. Large corporations can afford to market their own ideas. Public Health is lobbying at the moment for minimum pricing. Emma said that she doesn’t see it like that; it is not only a problem for the cheap drinks. It is affluent people paying more than 50p per unit too. The battle against alcohol is a very long term piece of work, it is about changing hearts and minds and giving out key messages etc. However, the lobbying part is crucial and ensuring people are sent to services when needed.

Q) Alan said that in Victorian era gin was cheap and the death rate increased. With a new act of parliament it sorted itself. He said that we are focusing on the problems. But where are the complimentary services to this focusing on things to give people to fill time? He said that drinking is a cheap hobby and is also a social expectation. Getting out of deprivation is a competition, aspiration etc.

A) Emma said that we cannot take symptoms individually. It is about empowering people to believe in themselves, robust confident individuals need to be encouraged, rather than treating problems when they appear.

Q) Clem said that observation on trends over 50 years, such as smoking campaigns have worked unimaginably. We need to tackle unhealthy food culture with the same aggression as we tackle alcohol.

Q) Jeannot said that support needs to be available in the local area as well as nationally. For example, in Sweden, alcohol is expensive so is kept to specific events and celebrations for drinking. They see drinking as a reward rather than a hobby. This is linked to education.

A) Emma said that this is about a long term culture change. We are looking at changing people's perception. The anti-smoking message is "Quit" but alcohol and Obesity is "moderation" which is difficult to market and spread the word.

Q) Mike said that often deprived people are moved into deprived areas, which will continue a cycle of deprivation. Are there figures around how many people are moved into deprived areas?

A) Emma said that they do want to look at this but have to find the resources. It is not a direct council department that deals with this. There have always been other priorities. Emma said that they do not know if it is that people are moved into the area, they receive the service then move back out, or if it is a static population.

Q) One member knows of somebody who progressed from using cannabis to heroin when moved into the high rise flats in a deprived area

A) Emma said the council are reviewing this type of housing.

**The next Briefing Session Meeting will be on Wednesday 20th October
10.00am - 12.30pm at Walthew House, Stockport.**