

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 2 December 2016

PRESENT Councillor Councillor Jill Green (Gateshead Council) (Chair)

Councillor Ron Beadle	Gateshead Council
Councillor Mary Foy	Gateshead Council
Councillor Martin Gannon	Gateshead Council
Councillor Malcolm Graham	Gateshead Council
Councillor Michael McNestry	Gateshead Council
Douglas Ball	Healthwatch Gateshead
Dr Mark Dornan	Newcastle Gateshead CCG
Dr Bill Westwood	Federation of GP Practices
Alice Wiseman	Gateshead Council Public Health
Sheila Lock	Gateshead Council
Sally Young	Gateshead Voluntary Sector

IN ATTENDANCE: Elizabeth Saunders Gateshead Council
Steph Downey Gateshead Council
Michael Laing Gateshead Community Partnership
Kristina Robson Gateshead Council
Steve Williamson South Tyneside Foundation Trust
John Costello Gateshead Council
Sonia Stewart Gateshead Council

APOLOGIES: Councillor Lynne Caffrey
Mark Adams, Helen Patterson and Ian Renwick

HW88 MINUTES

RESOLVED - That the minutes of the meeting held on 21 October be agreed as a correct record.

HW89 ACTION LIST

RESOLVED - That additions and work in progress as listed on the action list be noted.

HW90 DECLARATIONS OF INTEREST

There were no declarations of interest.

HW91 UPDATES FROM BOARD MEMBERS

There were no updates from Board members.

HW92 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Board received a presentation from Alice Wiseman, Director of Public Health on her Annual report.

Alice advised the Board of how proud she was to be presenting her first annual report as Director of Public Health. Alice advised that her report meets a statutory function and it is required to be independent in that it doesn't represent an organisational or political view, but instead sets out the professional perspective of the Director of Public Health on an issue that she advised the Board is critical for the health of Gateshead Communities.

Alice advised that whilst the issue of Tobacco harm is not a new issue, it is the one she has chosen as the subject of her annual report. Even though Gateshead with partners and communities has been at the forefront of leading work in this area for many years and we have made much progress, tobacco remains the biggest single threat to the health and wellbeing of our communities.

Alice also advised the Board that we know that tobacco harm is concentrated in the areas that are most deprived adding further to the burden faced by some of our poorest communities.

Tobacco is the only product that, when used in exactly the way that it is intended, will kill half of all people early.

Alice advised that Board that recent data for Gateshead suggested that we have around 30,000 adult smokers and a further 280 smokers aged 15. On average 460 people die in Gateshead every year as a result of smoking, that's one person every 20 hours or so. Children exposed to second-hand smoke are at a higher risk of illness, on average there are around 480 child disease incidents each year as a result of second hand smoke.

There are 32,000 missed days at work in Gateshead and around 50,000 NHS Appointment, the overall cost of this just to the NHS is around 8 million pounds.

Alice showed a map of tobacco harm and advised that she could overlay this to show those communities who experience multiple aspects of deprivation. The map could also be overlaid with data on life expectancy. In Gateshead if we could support people to stop smoking we would help lift around 3,000 families out of poverty.

Alice wanted to personalise her presentation and showed a picture of a smoker, John, who was a dad, husband, grandfather, son and brother, John was a passionate Gateshead Football Club fan.

In the picture he was just 54 years old, he had already suffered a coronary, aged 50, and what he didn't know when the picture was taken was that he already had developed lung cancer.

Alice worked with our communities whilst preparing the report and showed two clips, one of a group of children who were asked a series of questions on a range of facts and quotes and asked to discuss and share their thoughts.

The other clip was of people and professionals living and working in Gateshead. The video sets out first-hand the experience of those who have suffered harm caused by tobacco as well as the experience of those who have helped support or treat those affected.

Alice showed the picture again of John, John died of lung cancer 16 years ago as a direct consequence of smoking. John is Alice's dad and Alice couldn't begin to describe the hole left in her family by his passing.

Alice appreciates that most, if not everyone, will be able to tell a similar story of missed birthdays, Christmas's, weddings and just that irreplaceable source of support when days are hard.

Alice advised that Board that around 80% of adult smokers started smoking before the age of 20 and 2 in every 3 smokers would like to stop.

Alice advised that the ambition for her report is to show through the testimonies of people living and working in Gateshead, that our communities want things to change.

The recommendations set out include action at a range of levels designed to:

- Stop people starting to smoke
- Help people stop smoking
- Protect people from second hand smoke

Alice advised that her priority recommendation is for us to come back together to galvanise and refocus action. A key part of this action must include a significant focus on addressing inequalities.

Alice has also included a recommendation about how she believes the tobacco industry should fund the harm they cause through a tobacco levy. At the moment this isn't on the agenda of national Government but Alice felt it would be remiss for this to be excluded.

Protection of Children is clearly a priority for us and Alice's recommendations include a range of measures:

- Further action on smoking in pregnancy
- Protecting enforcement action (underage sales / illicit tobacco)
- Lobby for a national licensing scheme
- Strengthen the voluntary code – smoke free parks

Reduce Smoking Prevalence - Finally, a commitment is needed to further action to reduce smoking prevalence, including:

- Protecting stop smoking services and the regional office FRESH
- Embedding NICE guidance across the Trust – specifically this should include attention to the development of robust secondary prevention pathways; and
- Building capacity in communities to address tobacco harm, including workforce development and community action

Alice asked that her main plea is that we remain ambitious and that we recognise that there is more we can do together, with our partners and our communities to make smoking history in Gateshead.

RESOLVED - That the recommendations in the report be noted.

HW93 GATESHEAD COUNCIL'S BUDGET PROPOSALS 2017/18

Sheila Lock presented the Council's Budget Consultation Proposals to the Board.

The Board were advised that since 2010 the Local Authority has received £76m less in government grant. The revenue budget has been reduced by £130m and the workforce has been reduced by 2100 posts.

The estimated financial gap over the next 3 years is a further £72m. In order to bridge the funding gap, the Council will focus on maximising growth, reducing costs and increasing collective responsibility.

The Board were advised that from Monday 5 December there will be full quality impact assessments available as part of the proposals.

The Council has some key duties which it will deliver over the next 3 years under the following themes:

- Health and Social Care
- Environment
- Communities
- Local Economy and Growth
- Trading and Investment
- Customer Services, Property and Technology
- Democratic Core

Specific budget proposals have been put forward for consideration over the next 3 years for each theme area.

In terms of Health and Social Care, it has an overall gross budget £180.6m and a net budget of £110.4m. This represents 55% of the Council's budget or 74% of the Council's controllable expenditure. Potential proposals for 2017/18 to close the gap amount to £11.4m.

We want residents to live longer and have healthier lives by reducing health inequalities, focusing on prevention and reducing the need for high quality treatment and care, and enabling communities to improve their own health and wellbeing.

Health and Social Care will be delivered in the following way:

- A strong Early Help offer that supports people in difficulty early and with pace reducing the likely need for costly packages of support;
- Making every contact count;
- Built around community universal services – including GP Practices and Schools;
- Building on what people can do rather than can't, prompting independence and employment;
- Focusing on inequality and vulnerability – targeting and prioritising services to greatest need;
- Quality integrated care and health packages based on need – at home, in care/nursing in hospital; and
- A service better able to cope with demand, but a likely small service delivering in a different way.

Key Actions to facilitate the proposals include:

- Redesign of Care, Wellbeing and Learning
- Partnership approach – focus on prevention and early intervention (reducing high cost care)
- Integration – integrated commissioning unit, co-located teams around customer needs; closer working with hospitals and GP practices; quality assurance integration.
- Realigned resources focusing on 'front door' and enablement
- Review of ASC provider services
- A strong independent sector providing various services
- An increase in Learning and Schools traded income
- Achieving more together with communities and partners/better use of assets.

Sheila advised that she and members of her team were happy to meet with anyone who would like further details on the proposals. Sheila also advised that at the previous Board meeting we received a presentation regarding the Gateshead Care Partnership and the opportunity to work more closely with colleagues in the QE, the CCG and with GPs on a more integrated basis. Managing demand is a key part of the approach to be put in place.

In terms of Engagement and Communication, there will be increased engagement over the next 3 years with Councillors, Partners, Service Users, Residents and other stakeholders. There will be a strong communication plan explaining the context, difficult decisions to be taken and potential impact.

In terms of the Budget and Council Tax for 2017/18, the public consultation will take place between 8 November and 6 January 2017 with Cabinet and Council taking

place on 21 and 23 February 2017.

It was noted that the message is clear- Health agencies cannot address the challenges we face locally on their own; neither can the Voluntary Sector nor the Council working on their own. If we want to deliver for local people, the only way to do so is to work together.

It was noted that we face a number of challenges and by 2020/21 the Council will not be in receipt of government grant and it will need to be self-financing. The scale of the challenge needs to be communicated and people need to be aware this is not isolated to local government. We have to decrease the levels of demand, we can do this by trying to grow the economy and getting people in to jobs. People who are working are more likely to have their lives in order and to place less demands upon the system as a result.

It was noted that people may be unsure about responding to the consultation if they feel that some decisions have already been made. It is important, therefore, that it is made very clear that no decisions have been taken at this stage.

It was noted that the budget proposals for consultation have significant implications for voluntary organisations and this could have an impact on jobs within the sector.

It was noted that we have to develop a strong, vibrant community sector. There is a huge appetite to look at what the voluntary sector can do working with local communities.,

It was noted that the Gateshead NHS Foundation Trust will consider and formally respond to the budget consultation proposals. There are dialogue and integration opportunities which need to be considered.

It was noted that it will be important to clarify any new risks relating to the safeguarding of vulnerable children and adults.

It was noted that it is clear across the Public Sector that we cannot hope to deliver in ways that meet people's needs whilst staying as we are. Change is hard, but the more we, as local partners, stick together, the better we can see where we need to get to and what we need to do to get there.

RESOLVED - That the comments on the consultation be noted.

HW94

NHS PLANNING UPDATE: NEWCASTLE GATESHEAD CCG OPERATIONAL & COMMISSIONING PLAN 2017-19

The Board received a presentation from Mark Dornan on the CCG operational plan for 2017/18 and 2018/19 as well as an update on the Northumberland, Tyne & Wear and North Durham Sustainability & Transformation Plan

The 2017/19 approach to operational planning and contracting will be built out from the STP.

The work will continue with partners to design the next steps such as:

- How we can better collaborate on prioritising prevention despite many challenges.
- Enabling the out of hospital sector to be stabilised and strengthened as demand grows.
- Optimising the acute hospital sector to get the best quality within the resources and financial envelope
- Development of an integrated life span approach to the integrated support of mental health, physical health and social needs which wraps around the person.

Joint workstreams have been established to take forward this transformation work, including mental health.

Mark advised that the challenges faced include implications arising from the Local Authority Financial gap, CCG financial pressures overall system pressures and the challenge of transforming the system itself.

It was noted that it may be that different solutions are required for Gateshead to those that are required for Newcastle.

In terms of the Commissioning Plan, there are additional challenges to be faced which include:

- Managing Increased Demand for services
- Delivering Robust and Effective Community Services
- Working together to develop new models of care

It was queried what the implications were for the voluntary sector as the plans are for two years and some voluntary sector contracts come to an end in March 2018. It was noted that, in particular, NHS England want the Foundation Trust contracts signed off before Christmas. The position with regards to the Voluntary Sector will be taken note of.

It was noted that from a local authority perspective that we will continue to work with the CCG and other partners to address the key challenges across our local health and care economy.

RESOLVED - That the presentation and comments be noted.

HW95

GATESHEAD SEXUAL HEALTH STRATEGY

The Board received a report seeking approval of the proposed Sexual Health Strategy for Gateshead.

Sexual health is an important element of our overall health. It contributes to our quality of life, our self-esteem and our relationships. Sexual health services are one of the mandated public health services that Local Authorities commission, but certain

services are commissioned by Clinical Commissioning Groups and NHS England. A clear set of priorities for sexual health will help us in determining how best to allocate resources to services across partner organisations and to focus and co-ordinate our efforts to improve sexual health in Gateshead.

The Strategy has been developed through the Gateshead Sexual Health Partnership which brings together commissioners and providers of sexual health services in Gateshead.

The strategy sets out our aims for sexual health, which are to:

- Deliver a range of sexual health service provision, to achieve better health outcomes, and ensuring patient care is seamless by working across providers and commissioners;
- Improve sexual health and wellbeing for Gateshead's residents across the life-course.
- Continue to tackle stigma, discrimination and prejudice associated with sexual health matters
- Reduce inequalities and improve sexual health outcomes
- Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex
- Recognise that sexual ill health can affect all parts of society; and
- Reduce poor sexual health outcomes from infection and unwanted conceptions.

Once the strategy is agreed, the Sexual Health Partnership will develop an action plan and performance framework to support the strategy's implementation.

It was queried whether there could be some strengthening of the work in schools, and also around safeguarding arrangements.

- RESOLVED -
- (i) That the proposed strategy be approved by the Board
 - (ii) That the development of the action plan be supported by the Board
 - (iii) That the Board receive an update on progress in 12 months.

HW96 NECA COMMISSION REPORT 'HEALTH AND WEALTH'

The views of the Health and Wellbeing Board were sought on the NECA Commission Report 'Health and Wealth: closing the gap in the North East', which was presented to the NECA Leadership Board on the 11 October.

The Joint NECA/NHS Commission for Health and Social Care Integration was established as an independent commission earlier this year, chaired by Duncan Selbie, Chief Executive of Public Health England.

The Commission has been looking into how the NHS, councils and other public private and VCS Sector bodies can take a place based approach to further develop

the work they do together to improve health and wellbeing and reduce health inequalities across the North East against a backdrop of significant financial pressures across the system.

The Commission's report is a 'call to action' for leaders across the health and care system in the NECA area to transform the health and wellbeing of the North East residents and, in doing so, help to improve the performance of its economy and the prosperity of its people.

It was agreed by the NECA Leadership Board that each local authority and the NHS organisation within the NECA area be invited to consider the contents of the report over a period of 6 weeks. The Commission is seeking an endorsement of its recommendations and a commitment to participate in their implementation.

Three core themes have been identified:

- The need to shift resources towards prevention
- How investment in prevention links with greater productivity, and
- The importance of system leadership / governance arrangements to make this happen across the NE footprint.

It was noted that whilst the report's recommendations around the need for a substantial shift in investment towards preventative initiatives is to be welcomed, there is no new money in the system to help pump-prime/meet double-running costs which remains a key issue.

It was noted that further clarity is needed on governance arrangements to take forward recommendations within the report and their links with workstreams relating to the ongoing development of the STP for Northumberland, Tyne & Wear and North Durham.

It was also noted that individual organisations on the Board will be submitting their own response to the NECA Commission report, including the Council.

RESOLVED - That the recommendations (in principle) of the NECA Commission be endorsed by the Board.

HW97 WINTER PREPAREDNESS

The Board received a presentation from Marc Hopkinson to provide assurance on Winter Preparedness for 2016/17.

Key principles have been signed up to in terms of delivery arrangements. Currently:

- Resilience/escalation plans have been developed by each organisation
- Plans were tested at a regional event in Autumn

- NECS manage 'winter' arrangements on behalf of the CCGs
- During Winter (Nov – March) there is regular contact between providers, commissioners (health and social care). Currently, this happens in a number of ways:
 - Daily situation reports (activity and data)
 - Daily calls/weekly surge meetings – in order to discuss operational issues
 - Chief Executive and Directors – calls (in and OOH) and meetings to ensure effective deployment of resources
 - Working with border partners in view of patient flows to Durham, North Tyneside and Northumbria etc.
- Review of winter will be undertaken by A&E Delivery Board members.

In planning for winter 2016/17, the A&E Delivery Board have agreed to focus on addressing the following areas:

- Patients being treated in the right place/closer to home
- Working as a system to avoid point of crisis/escalation
- 7 day working and availability of services 7 days a week
- Build flexibility in the system
- Improving system-wide communication.

National A&E improvement programme and guidance is being followed..

Also, there has been sign up to the North East Concordat which includes:

- Full capacity protocol for use across all Acute Trusts in the NE system
- Zero tolerance to ambulance handover >15 minutes
- Zero tolerance to diverts/deflections
- Trusted assessors

The Board were assured that lessons have been learned from last winter and all parts of the system are working together.

RESOLVED - That the information in the presentation be noted.

HW98 BETTER CARE FUND QUARTER 2 RETURN 2016/17

Endorsement was sought from the Board to the Better Care Fund return to NHS England for the 2nd Quarter of 2016/17.

The Board approved the Gateshead Better Care Fund (BCF) submission for Gateshead at its meeting on 22 April 16 which in turn was approved by NHS England in July 2016.

In line with the timetable set by NHS England a return for the 2nd quarter of 2016/17 has been submitted on the 25 November. The return sets out progress in relation to budget arrangements, meeting national conditions, and performance against BCF metrics.

RESOLVED - That the Better Care Fund Quarter 2 return for 2016/17 be endorsed by the Board.

HW99 ANY OTHER BUSINESS

Time to Change Hub

The Board were requested to support a joint bid with Newcastle Health and Wellbeing Board and Newcastle Gateshead CCG to deliver a local Time to Change Hub.

People with mental health problems can be made to feel isolated, ashamed and worthless; however, with the right support from those around them, people can recover. Time to Change has been set up to support communities, schools and workplaces to open up to mental health, to talk and to listen.

Time to Change is a national mental health anti-stigma campaign and social movement funded by the Department of Health, Comic Relief and the Big Lottery Fund. It is run by Mind and Rethink Mental Illness.

A Time to Change Hub is a partnership of local organisations, and people, who are committed to ending mental health stigma and discrimination. A Hub is organised and sustained by local organisations and individuals, support by Time to Change.

RESOLVED - That the proposed partnership by the Board with Newcastle be endorsed, with Newcastle Gateshead Mental Health Programme Board overseeing the development of the 'Hub' Programme.

HW100 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Friday 20 January 2017.