

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**

**HEALTH AND WELLBEING BOARD MEETING**

**Friday, 20 January 2017**

- PRESENT** Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)
- |                             |                                       |
|-----------------------------|---------------------------------------|
| Councillor Ron Beadle       | Gateshead Council                     |
| Councillor Mary Foy         | Gateshead Council                     |
| Councillor Martin Gannon    | Gateshead Council                     |
| Councillor Michael McNestry | Gateshead Council                     |
| Dr Mark Dornan              | Newcastle Gateshead CCG               |
| Ian Renwick                 | Gateshead Health NHS Foundation Trust |
| Dr Bill Westwood            | Federation of GP Practices            |
| Sheila Lock                 | Gateshead Council                     |
| Sally Young                 | Gateshead Voluntary Sector            |
- IN ATTENDANCE:** John Costello Gateshead Council  
Elizabeth Saunders Gateshead Council  
Sonia Stewart Democratic Services  
Steph Downey Gateshead Council  
Gerald Tompkins Gateshead Council
- APOLOGIES:** Councillor Jill Green and Councillor Malcolm Graham  
Mark Adams, Douglas Ball, Alice Wiseman and Joe Corrigan

**HW101 MINUTES**

RESOLVED - That the minutes of the meeting held on 2 December 2016 be agreed as a correct record.

**HW102 ACTION LIST**

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

**HW103 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **HW104 UPDATES FROM BOARD MEMBERS**

### **Gateshead CBC**

The Board were advised that Gateshead CBC has been renamed as CBC Health but will remain Gateshead based and focussed.

### **Newcastle/Gateshead CCG**

The Board were advised that the CCG are providing management support to North Tyneside CCG. It is hoped that this will provide opportunities for joint working.

### **Gateshead Council**

The Council's budget consultation process is drawing to a close, a report will go to Cabinet and Council towards the end of February which will incorporate the feedback received.

### **TWFRS**

Currently the fire service are undertaking a couple of pilots, one is as co-responders with the Ambulance Service and this has been evaluated, the outcome of which will be shared when available. The second is a Safe & Well visit signposting people to services if required.

### **Gateshead NHS Foundation Trust**

The Board were advised that it has been one of the worst winters, with many patients having respiratory ailments.

The QE have won a National Award from RICS (Royal Institute of Chartered Surveyors).

The Chief Executive advised that the QE are fortunate to have over 3,000 skilled and committed staff. There is evidence of good take up of flu jabs amongst staff. It was noted that the current cohort of trainee doctors are not favouring General Practice as a career path. There are significant workforce challenges in the north east which are multi-faceted.. It was also noted that half of the current GP workforce locally are approaching retirement.

It was noted that there is an item on workforce in the Board's forward plan. It was agreed that a group of people get together to plan a presentation to a future meeting of the Board on local workforce challenges and opportunities whilst also highlighting some of the good work that is taking place across local organisations.

### **Newcastle City Council**

Newcastle are to launch their new Obesity Strategy, an aim of which is for the City's population to lose 100,000 lbs in weight. Hugh Fearnley-Whittinstall is to launch the strategy

## **HW105 BME NEEDS ASSESSMENT**

The Board received a presentation on the work to produce a BME Needs Assessment, this work was requested in September 2016 and the report provided to the Board is an interim report to provide an update. A working group was established, however, capacity has been an issue. Whilst some local authority level data is available, the group have been reliant on national data. The group was in contact with the Diversity Forum and set up some focus groups to gather views.

There is a statutory duty in relation to the BME community to have their needs included in the Joint Strategic Needs Assessment. Data has shown that BME communities have been growing over the past 20 years. Data also shows that BME communities are living in the most deprived areas of the Borough.

Some of the key findings of the assessment have shown the following:

- The prevalence of long term conditions such as type 2 diabetes, coronary heart disease and stroke is up to 6 times higher (and they occur from a younger age) in the BME population.
- In addition, these groups progress from being at-risk to being diagnosed with these conditions at twice the rate of the white population.
- Tackling the issues will help tackle health inequalities, and satisfy public sector obligations under the Equality Act 2010.

### **Public Health Issues or Determinants of Ill health**

- The evidence confirms that Asian, black African and African-Caribbean and other minority ethnic groups are at an equivalent risk of diabetes, other health conditions or mortality at a lower BMI measurement than the White European population.
- Focus group participants had mixed knowledge of diabetes and health checks. Some knew about diabetes as it was common in their country of origin, others did not understand the condition.
- Cancer is emerging as an important issue for South Asians, it is important that they have access to information about cancer, including methods of prevention through lifestyle, diet and how to spot symptoms early.
- Data could be gathered from local cancer registers, hospital Episode statistics, public health observatories and local cancer networks
- Further work is required to meet the screening needs of this population e.g. collect and analyse data on the rate of oropharyngeal cancers, note of any demographic patterns
- Further work with local South Asian communities to understand how to make services more accessible e.g. if smokeless tobacco cessation services are provided within existing mainstream tobacco cessation services

Key recommendations of the assessment are as follows:

- NICE and other sources highlight the need to raise awareness for BMI measurement and thresholds that can be used for recognising risk as a

trigger for intervention

- Extend the use of lower BMI thresholds to trigger action to prevent type 2 diabetes among black African and African-Caribbean and Asian populations
- Ensure practitioners are aware that members of black, Asian and other minority ethnic groups are at an increased risk of chronic health conditions at a lower BMI
- Ensure member of black, Asian and other minority ethnic groups are aware that they face an increased risk of chronic health conditions at a lower BMI than the white population (below BMI 25kg/m<sup>2</sup>)
- Use existing local black and other minority ethnic information networks to disseminate information on the increased risks these groups face at a lower BMI
- Use family based educational intervention as a means of building on existing beliefs, attitude and behaviours, with a community based word of mouth approach.
- Local Authorities and their partner organisations ensure that services that they commission or provide include a focus on people from minority ethnicities and particularly within the 25-39 age groups.
- Outreach services are important to encourage engagement with local services and provide information
- Plan, design and coordinate activities to promote the uptake of HIV testing among local black African communities in line with NICE guidance on community engagement
- Seek to develop trust and relationships between organisations, communities and people
- Communities should be involved in all aspects of the plan which should take account of existing and past activities to address HIV and general sexual health issues among these communities
- Promote accessible services to teach English as a second language
- Consult families from BME communities about information in appropriate languages and ways of promoting to BME communities
- Provide advocacy, translation and interpretation services for families from BME communities who require support during and health and social care pathways
- Ensure service providers' information on services is readily available in appropriate languages and is promoted to BME communities
- Commission peer support forums for parents and carers from local BME communities and, where appropriate, tailored support services
- Commission services that are accessible for local BME communities e.g. in appropriate locations and at appropriate times, e.g. promote stop smoking services to communities prior to Ramadan
- Ensure that the BME communities chapter of the Health and Wellbeing Board's Joint Strategic Needs Assessment is updated to reflect the HNA and linked to all other chapters
- It is recommended that the Health and Wellbeing Board members ensure that their respective organisations and organisations who they commission with are actively aware of their requirement to collect and analyse data across workforce and delivery areas in their performance measurements and monitoring

- RESOLVED -
- (i) That the information contained in the report be noted.
  - (ii) that an analysis of primary care data is undertaken to investigate important risk profiles for this population
  - (iii) that an action plan be developed to propose solutions to ensure BME communities receive important messages regarding access to appropriate services
  - (iv) that the action plan be implemented in appropriate ways to ensure solutions to the issues and recommendations as set out in the Health Needs Assessment

## **HW106 SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) JOINT COMMISSIONING ARRANGEMENTS**

The Board received a presentation on both the expected inspection by OFSTED of the Special Educational Needs Service and Joint Commissioning Arrangements in place.

It was noted that the opportunity has also been taken to look at workstreams and joint working.

The focus of the inspection will be:

- How effective the local area works together to identify children and young people with SEND.
- How effective local areas are at assessment and meeting need
- How effective the local area is at improving outcomes.

In preparing for the inspection, a nominated officer has been identified and a Self Evaluation has been completed - this is in draft for consultation. We are also developing joint commissioning arrangements and have submitted key strategy and policy documents to Cabinet which have been approved. Preparation is ongoing to brief staff and partners who may need to attend focus groups as part of the inspection.

As part of the preparation for the inspection, Joint Commissioning Intentions have been developed in partnership with Newcastle-Gateshead CCG. These intentions have been informed by 'good practice' examples from across the country. The commissioning intentions identify what services are currently in place for children and young people with SEND and what is working and what is not working with the current arrangements.

The joint arrangements clearly outline commissioning objectives and intentions, governance and reporting mechanisms.

The Board were informed that this has been a real opportunity to look at pathways and commissioning arrangements and that this has been done in co-production with young people and their families. Once the inspection has been undertaken there will be a report back to the Board with the details of the outcomes.

- RESOLVED -
- (i) That the information in the presentation be noted
  - (ii) That a further report be presented to the Board following the outcome of the inspection

## **HW107 GATESHEAD CANCER LOCALITY WORK GROUP**

The Board received a report on the development of a work programme by the Gateshead Cancer Locality Working Group.

The group is a multi-agency approach to improving cancer outcomes in Gateshead. The group has successfully evaluated its first work plan from 2015/16 and during this time the World Class Outcomes for Cancer document was produced and adopted as the National Cancer Strategy.

The Strategy contains 93 actions in six priority areas to be delivered at a local, regional and National level. These actions have been considered in the North East Cancer Network (soon to become the Northern Cancer Alliance) as well as all the cancer locality groups.

The Six Strategic Priorities are:

- Spearhead a radical upgrade in prevention and public health
- Establish patient experience on par with clinical effectiveness and safety
- Make the necessary investments required to deliver a modern high quality service
- Drive a national ambition to achieve earlier diagnosis
- Transform our approach to support people living with and beyond cancer
- Ensure commissioning, provision and accountability processes are fit-for-purpose

Two areas have been identified by the Gateshead Cancer Locality Work Group which would benefit from a multi-agency approach.

Smoking – reducing the prevalence of smoking must be one of our priorities if we are to reduce the incidence of cancer.

1-year survivorship. There is a complex interaction between early detection, where the disease has less chance to develop; through high quality treatment and support with individual patient responsibility post-treatment; and support with individual patient responsibility. A person shares a number of interactions with many agencies represented in the GCLG and a number of key projects need to be aligned to deliver the maximum impact.

RESOLVED - That the board endorse the information contained within the report and the work of the Gateshead Cancer Locality Group.

## **HW108 STRATEGIC REVIEW OF CARERS SERVICES**

The Board received a report on the current position with regards to the Strategic Review of Carers Services.

In response to the implementation of the Care Act 2014 Gateshead Integrated Commissioning Group agreed for Gateshead Council to take the lead on the review of Carers Services in Gateshead.

This has been seen as an exciting opportunity for both Gateshead Council and Newcastle Gateshead Clinical Commissioning Group in taking an innovative approach to the integrated commissioning of carers services across Gateshead.

Engagement has taken place with commissioned providers to understand the current offer for carers. Further engagement work is planned, including with the Newcastle Gateshead CCG Local Engagement Board, an on-line Carers Survey, and engagement with carers, commissioned providers, care management teams and stakeholders.

The proposed next steps include evaluating our findings from engagement activity and the Health Needs Assessment for Carers to assist us to:

- Determine outcomes which will deliver a better offer for Carers
- Design models of future care and support services
- Consult on suggested models of future care and support services
- Utilise this work as an exemplar to integrate health and social care services in line with our strategic direction

RESOLVED - That the current position be noted and a further report be brought to the Board on completion of the review.

## **HW109 PERFORMANCE REPORT FOR THE HEALTH AND CARE SYSTEM**

A report was presented to the Board to provide an update on the performance within the Health and Social Care system to enable the Health and Wellbeing Board to gain an overview of the current system and to provide appropriate scrutiny.

A suite of indicators was proposed to the Board in July 2015 and agreed as the basis for a performance management framework which would be brought to the Health and Wellbeing Board on a regular basis.

Because of the diverse range of indicators included in the Framework, the frequency with which metrics are updated varies. The latest available data for each indicator is reported.

Agency performance leads have highlighted metrics that are worthy of particular consideration by the Board. This could be because they represent a cross cutting issue or have been identified as an area of significant improvement or key risk.

RESOLVED - That the information be noted by the Board.

**HW110      DATE AND TIME OF NEXT MEETING**

Joint Health & Wellbeing Board and Community Safety Board - Friday, 17 February 2017 at 10am.

Health & Wellbeing Board - Friday 3 March 2017 at 10am.