

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 1 March 2019 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for Absence
2	Minutes (Pages 3 - 12) The minutes of the business meeting held on 18 th January 2019 and Action List are attached for approval
3	Declarations of Interest Members of the Board to declare an interest in any particular agenda item <u>Items for Discussion</u>
4	Gateshead Health & Care Partnership: Verbal Update - All
5	Public Sector Reform: Update on Programme of Work: Presentation - Mark Smith
6	Adverse Childhood Experiences - Caroline O'Neill (Pages 13 - 16)
7	'Thriving in Gateshead' Workshop: Discussion - All
7a	'Thriving in Gateshead' Workshop Next Steps - Alice Wiseman
8	<u>Items for Information</u> (Pages 17 - 68) <ul style="list-style-type: none">- Letter from the Chair to the Secretary of State for Work and Pensions regarding Universal Credit- Slide pack from the Thriving Conference held on 23rd January.
9	Updates from Board Members
10	A.O.B.

Contact: Melvyn Mallam-Churchill, Email: melvynmallam-churchill@gateshead.gov.uk,
Tel: 0191 433 3045, Date: Thursday, 21 February 2019

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 18 January 2019

PRESENT

Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Paul Foy	Gateshead Council
Councillor Ron Beadle	Gateshead Council
Councillor Gary Haley	Gateshead Council
Councillor Michael McNestry	Gateshead Council
Caroline O'Neill	Care Wellbeing and Learning
Steph Edusei	Gateshead Healthwatch
John Pratt	Tyne and Wear Fire Service
Dr Mark Dornan	Newcastle Gateshead CCG
James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
Dr Bill Westwood	Federation of GP Practices
Alice Wiseman	Gateshead Council
Sally Young	Gateshead Voluntary Sector

IN ATTENDANCE:

Mandy Cheetham	Teesside University
Susan Watson	Gateshead NHS Foundation Trust
John Costello	Gateshead Council
Steph Downey	Gateshead Council
Elaine Devaney	Gateshead Council
Julie Young	Gateshead Council

HW80 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Martin Gannon, Cllr Mary Foy, Cllr Malcolm Graham, Sheena Ramsey, Lynn Wilson, Jane Mulholland and Mark Adams.

HW81 MINUTES

As a matter arising it was noted that the Tyne and Wear Fire Service budget consultation has been extended by two weeks and will close on 28 January 2019; Board Members were encouraged to submit their views if they had not already.

The Board received an update from the Action List within the agenda pack highlighting matters arising from the last meeting. It was noted that an update report for the Delivery of Children and Young People's Mental Health and Wellbeing Service will be presented in June 2019. Additionally, it was noted that updates on Deciding Together, Delivering Together and the Annual Report on Permanent Exclusions will be presented to the Board as required as part of the Board's Forward Plan.

RESOLVED:

- (i) The minutes of the last meeting held on Friday 30 November 2018 were agreed as a correct record.

HW82 DECLARATIONS OF INTEREST

RESOLVED:

- (i) There were no declarations of interest.

HW83 GATESHEAD HEALTH & CARE PARTNERSHIP UPDATE: ALL

The Board received a verbal update on progress relating to the Transformation Programmes which has now commenced. It was noted that good progress is being made and that priority workstreams have been identified which include frailty, people with multiple and complex needs, and children and young people's mental health and wellbeing. It was highlighted that challenges have been identified in terms of resourcing and the need to encourage and facilitate a change of culture across system organisations.

It was highlighted that plans are being developed to support communications across organisations and to ensure that key messages and high-level updates are disseminated to staff.

It was stated that the new Memorandum of Understanding for the Gateshead System will be presented at the next Cabinet meeting.

A comment was made noting that NHS plans and budgets are not matched in the field of social care which is an issue. It was further noted that the social care green paper has not yet been published. Additional discussion took place on the crucial role of the community and voluntary sector in supporting mainstream services.

RESOLVED:

- (i) The Board noted the verbal update and agreed to receive additional updates as necessary.

HW84 DPH ANNUAL REPORT - ALICE WISEMAN

The Board received a presentation summarising the Director of Public Health's 2018 Annual Report.

The Board were advised that weight is a personal issue for individuals who can feel shame because of the current blame culture and media representation of those who are overweight. It was noted that within the media, those who are obese are perceived as being overindulgent, not in relationships or as comic characters.

It was highlighted from the presentation that two in every three adults in Gateshead has excess weight and that one in four adults in Gateshead are obese. It was further noted that in the most deprived areas of Gateshead the proportion of obese adults is almost double that in the least deprived.

The Board were advised that since the 1970's there has been a rapid increase in food production, portion sizes and accelerated marketing of energy dense foods containing cheap and potent sweetening agents. It was stated that human biology has been overwhelmed as a result.

It was noted that physical activity levels for the UK have continued to decline and are predicted to further decline by 35.1% by 2030. It was further noted that this decline is a consequence of increased car usage, technologies at work and home in addition to a change in occupational and domestic activity.

The Board were advised that obesity does not affect all groups equally, examples of this were provided noting that unskilled manual workers are more likely to have excess weight than white-collar professionals. It was further noted that there is overwhelming evidence of the costs of obesity to individuals, families and wider society; it was highlighted that the full economic cost to society is £50 billion.

The Board were provided with a summary of recommendations from the report noting that a whole system approach is needed and that everyone has a role to play. It was also highlighted that this report is a call to action and that the Council and its partners should consider measures that could be implemented at an organisational level to minimise the obesogenic environment for its workforce.

A comment was made suggesting that a contributing factor to the increase in obesity is the lack of home cooking education in schools. It was suggested that many young people do not have the skills to cook for themselves at home and have a reliance on readymade/fast foods. It was further noted that austerity has had an influence on families and their ability to access and provide healthy food for themselves, particularly those who are reliant on food banks.

It was stated that obesity is an intellectual argument and that collectively, changes can be introduced that will impact on the wider society. It was highlighted that in France, vending machines that offer healthies food items and fruit were popular but are rarely seen in the UK.

A discussion took place highlighting the various initiatives in place within partner organisations to encourage healthy weight and wellbeing. A comment was also made noting that employers should offer adequate facilities for staff to store/heat and consume food they chose to make at home. It was also noted that healthier, lower calorie foods that are pre-prepared can cost more to buy which can make accessing these foods difficult for those who do not have the skills and knowledge to cook for themselves.

The Board also debated the use of town planning and intrastate used in other countries that make activities such as walking and cycling easier to do in built up areas. It was highlighted that the Director of Public Health will attend the Dutch

Embassy to learn more about the work being done to improve access for non-vehicular travel. It was noted that feedback from this visit would be presented at a future Board meeting.

In highlighting recommendation 3 from the presentation: "Obesity is a problem of inequality, that needs to be tackled so everyone in Gateshead has the opportunity to thrive" a comment was made noting that participation in groups such as Slimming World can be expensive therefore excluding those on low incomes. It was stated this is further evidence that austerity has impacted on those who suffer the most deprivation and are unable to access support.

It was noted that Gateshead are seen as forward thinking in terms of planning and health policy. It was also highlighted that the Director of Public Health has been invited to speak at the House of Lords regarding Gateshead's policy to reduce the number of hot food takeaways across the borough.

RESOLVED:

- (i) The Board noted the contents of the presentation and agreed to receive further updates from the Director of Public Health following their visits to the Dutch Embassy and the House of Lords.

HW85 RESEARCH ON THE IMPACT OF THE ROLL OUT OF UNIVERSAL CREDIT - MANDY CHEETHAM

The Board received a report and presentation from Dr Mandy Cheetham on the Impact of the Roll Out of Universal Credit.

From the report it was noted that the full service roll out of Universal Credit (UC) started in Gateshead in October 2017. It was further noted that qualitative research on the impact of the UC roll out was commissioned by Gateshead Council's Public Health Team. Interviews were held between April and October 2018 with 33 claimants (including people with long term health conditions, disabilities and complex lives) and 37 staff supporting them.

The Board were provided with a summary of the aims of Universal Credit. It was highlighted that this new benefit was designed to simplify the benefits system, make work pay in addition to reducing fraud.

An overview of issues faced by new claimants was provided. It was noted that there were several issues including the online claims process, 5 week assessment period, incorrect awards and the impact on a claimant's physical and mental health.

It was stated that the online application process was discriminatory, particularly to those who lack the skills and knowledge to use ICT systems including those with mental health problems and learning disabilities.

The Board received further information and case studies in relation to the pitfalls felt by claimants of UC which included delays in payments, negotiating the claimant

commitment, the rise in poverty and the impact and consequences of declining mental and physical health.

From the presentation a variety of media coverage reporting on the impact of Universal Credit was displayed. Additionally, a quote was provided from the UN Special Rapporteur on Extreme Poverty and Human Rights was shown stating “British compassion for those who are suffering has been replaced by a punitive, mean spirited and often callous approach.”

The Board were advised that a full copy of the report has been published on Gateshead Council’s website.

The Chair thanked Dr Cheetham for the report noting its significance in understanding the real impacts of UC on individuals and society. It was also highlighted that senior members of staff within the Council have seen the full report and that a members seminar has also been held to advise Councillors of the concerns raised.

It was asked whether DWP staff who work locally could be interviewed about their views of UC and the impact on claimants; it was noted that this had been explored and whilst some staff were keen to participate, they were unable to do so.

It was agreed that the Board would draft a letter to be sent to the Secretary of State for Work & Pensions to highlight the concerns identified amongst UC claimants in Gateshead.

RESOLVED:

- (i) The Board considered the research findings and the potential implications.
- (ii) The Board agreed to write to the Secretary of State of Work and Pensions to register concerns about the impact of UC on vulnerable Gateshead residents in light of the research findings.

HW86 OFSTED INSPECTION OF LA CHILDREN'S SERVICES: SELF EVALUATION & ANNUAL CONVERSATION UPDATE - CAROLINE O'NEILL

The Board received a report to provide an update on the outcome of the annual conversation held with Ofsted on the 5th December, held under the Inspection of Local Authority Children’s Services (ILACS) framework.

A summary of the report was provided highlighting that the ILACS is a system of inspection that allows Ofsted to be proportionate, flexible and bespoke to each area they inspect. It was noted that the ILACS system includes:

- Local authorities previously judged to be good or better will get a one-week short inspection every three year (this is what Gateshead will receive)
- Our short inspections will result in judgements on the established four-point scale and will result in a grade
- We will receive Focused visits to identify good practice or areas for development (these

- are not graded inspections)
- Each year we will have an annual conversation between Ofsted and local authority lead by our Strategic Director of Care, Wellbeing and Learning
- To support our annual conversation and improvement journey we will complete a self-evaluation (SEF) of social work practice

The Board were also provided with an overview of the key points from the self-evaluation and annual conversation which was held on 5 December 2018 in York. It was noted that as part of the meeting the Council set out progress from the last annual conversation (held in October 2017) which was as follows:

- Our Strategic Director of CWL was appointed September 2017 meaning we now have a stable senior leadership team
- Our Early Help Service now well embedded, caseload capacity has been increased and we have developed a single integrated Early Help Structure
- We have strengthened our Edge of Care service through the Complex CiN and Rapid Response Teams
- Our Domestic Abuse services have been reviewed and a new service put in place
- We have strengthened our performance management information to ensure comparator data is included and commentary provided
- Regular service performance clinics ensure detailed scrutiny of data, and this now informs robust self-challenge and targets quality assurance work
- We have reviewed the appropriateness and timeliness of all children subject to Section 20 looked after arrangements which has resulted in a reduction of the cases from 22.3% last year to 16.7%
- The Jewish Community is now actively engaged in the safeguarding agenda via LSCB representation and safeguarding training with LA
- We have had our focused visit of the Care Leavers service in March 2018

The Board were also provided with a summary of areas identified for improvement that were outlined within the report in addition to key headlines from the feedback letter received following the annual conversation.

It was noted that sector led work is being done regionally to prepare for Ofsted when they visit. It was further noted that the Council is being proactive in liaising with other Councils to share best practice and ways of working.

RESOLVED:

- (i) The Board noted the contents of the report.

HW87 PLACEMENT SUFFICIENCY AND COMMISSIONING STRATEGY FOR CHILDREN IN CARE IN GATESHEAD 2018-2021 - CAROLINE O'NEILL

The Board received the report on 'Placement Sufficiency and Commissioning Strategy for Children in Care in Gateshead 2018-2021'.

The report provided details of the strategy of how Gateshead Council will ensure that there is sufficient accommodation of all types of children in their care. The report included further details under the following titles:

- Corporate Parenting Pledge
- Gateshead Demographic Context
- Children in Care and Placement Profile
- Provision and market analysis
- Financial Analysis
- Commissioning Intentions

From the report under 'Gateshead Demographic Context' a summary of the Gateshead population was provided. It was also highlighted that 1 in 4 children in Gateshead live in poverty. It was also noted that the number of Looked After Children cared for by the local authority has increased over the past 12 months.

An overview of 'Provision and Market Analysis' was also provided to the Board in addition to a summary of adoption numbers. It was noted that Gateshead received 128 enquiries from members of the public regarding adoption during 2017/18 which is a slight decrease on the previous year.

In providing an update to the Board on Commissioning intentions it was noted that there is to be an integrated commissioning approach for children and families across social care and health.

RESOLVED:

- (i) The Board noted the contents of the report.

HW88 BETTER CARE FUND QUARTER 3 RETURN TO NHS ENGLAND - JOHN COSTELLO

The Board received the report Better Care Fund: 3rd Quarterly Return (2018/19) for endorsement.

It was highlighted that the Board had approved the Gateshead Better Care Fund (BCF) submission 2017-19 at the September 2017 meeting which was approved by NHS England in October 2017.

A copy of the return was appended with the agenda pack for information.

A comment was made noting that current performance looks good.

RESOLVED:

- (i) The Board endorsed the Better Care Fund 3rd Quarter return for 2018/19.

HW89 UPDATES FROM BOARD MEMBERS

A discussion took place regarding the Council's motion to address 'period poverty' highlighting that many schools have signed up to the Red Box Project. It was noted that more needs to be done to improve access to sanitary products across the whole system. It was highlighted that the contact within Gateshead Council for this is Michael Walker who is the Council's Poverty Lead.

HW90 A.O.B.

There was no other business.

Item 2.2

GATESHEAD HEALTH AND WELLBEING BOARD ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 18th January 2019			
Update on Gateshead Health & Care System Approach	To receive further updates as required.	John Costello / All	To feed into the Board's Forward Plan.
Director of Public Health Annual Report	To receive further updates from the Director of Public Health following the visits to the Dutch Embassy and the House of Lords.	Alice Wiseman	Visits have been completed. To feed into the Board's Forward Plan.
Research on the impact of the roll out of Universal Credit	To write to the Secretary of State of Work and Pensions to register concerns about the impact of UC on vulnerable Gateshead residents in light of the research findings.	Mandy Cheetham	Letter Prepared.
Matters Arising from HWB meeting on 30th November 2018			
Delivery of Children and Young People's Mental Health and Wellbeing Service	The receive a further update in June 2019.	Chris Piercy	To feed into the Board's Forward Plan.
Deciding Together, Delivering Together Update	The receive further updates as required.	Caroline Wills	To feed into the Board's Forward Plan.
Annual Report on Permanent Exclusions (2017/18)	The receive further updates as required.	Jeanne Pratt	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 19th October 2018			
JSNA Update / Refresh	A further update/ refresh of the JSNA	Alice Wiseman	To feed into the Board's Forward

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	to be received by the Board in September 2019. An item on Air Quality to be brought to a future meeting of the Board.	Gerald Tompkins	Plan.
Matters Arising from HWB meeting on 7th September 2018			
Update on Integrated Care System / Integrated Care Partnership	To receive further updates as required.	Mark Adams	To feed into the Board's Forward Plan.
Local Safeguarding Adults Board Annual Report	To continue to receive updates from the SAB as required.	Sir Paul Ennals	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 20th July 2018			
Gateshead Healthy Weight Needs Assessment	To bring back an update on progress in developing a whole system strategy in approx. 6 months' time.	Emma Gibson / Alice Wiseman	To feed into the Board's Forward Plan.
Drug Related Deaths in Gateshead	The Board agreed to receive a further update later in the year.	Gerald Tompkins / Alice Wiseman	To feed into the Board's Forward Plan.
Updates from Board Members	An update on HealthWatch Gateshead priorities to be provided at a future Board meeting.	HealthWatch Gateshead	To feed into the Board's Forward Plan.



Health and Wellbeing Board

1 March 2019

Gateshead – An ACE Aware Council

Purpose of the report

1. The purpose of this report is to seek the support of the Health and Wellbeing Board in promoting Gateshead as an ACE, Adverse Childhood Experiences, Aware Council so that the wider workforce and partners understand the significant impact of ACEs on the health and well-being of Gateshead's children and adults.

The first of the council's 5 pledges under the Making Gateshead a Place where Everyone Thrives is:

Put people and families at the heart of everything that we do

Therefore it is essential that increasing the awareness of ACEs and the negative impact they can have on the lives of our residents is central to the council's policy direction.

Background

2. A large number of children growing up in Gateshead will suffer Adverse Childhood Experiences at some point in their life. Generally, children will not be severely impacted by a single ACE but the more ACEs a child experiences the more likely it is that their lives will be negatively impacted in a range of ways. ACEs lead to childhood trauma and, without very strong resilience factors in a child's life to combat the trauma, it is likely to have a hugely negative impact on the health and well-being of a child and the healthy life expectancy of that child.
3. Dr Nadine Burke Harris' research in America highlights how the repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. This unfolds across a lifetime, to the point where those who have experienced high levels of trauma are at triple the risk of some significant health issues such as heart disease and lung cancer.
4. The Scottish and Welsh governments have been very proactive in highlighting the importance of ACEs on a child's health and well-being. However, there is a need to do more in England.
5. There are currently no national guidelines relating to how best to tackle ACEs. However, a parliamentary enquiry that considered evidence-based intervention has recently been published. The publication recommended:

- Improving knowledge about ACEs and their possible effects amongst professionals
- Encouraging the use of data to assess the impact of early intervention initiatives
- Using evidence to increase the chances of successful programme implementation.

Overview of ACEs

6. Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including which lead to toxic stress in children. They can include:
 - domestic violence
 - parental abandonment through separation or divorce
 - a parent with a mental health condition
 - being the victim of abuse (physical, sexual and/or emotional)
 - being the victim of neglect (physical and emotional)
 - a member of the household being in prison
 - growing up in a household in which there are adults experiencing alcohol and drug use problems
 - growing up in poverty
 - bereavement

ACEs and Health Inequalities

7. Preventing ACEs should be seen within the wider context of tackling societal inequalities and in the context of Gateshead supporting our council ambition of making Gateshead a place where everyone thrives. While ACEs are found across the population, there is more risk of experiencing ACEs in areas of higher deprivation. Additionally, in areas of higher deprivation the population may have fewer resilience factors, such as financial security, good quality homes, strong family/friend networks, positive self-esteem, stronger mental and physical health.
8. ACEs have been found to have lifelong impacts on health and behaviour and they are relevant to all sectors and involve all of us in society. We all have a part to play in preventing adversity and raising awareness of ACEs. Resilient communities have an important role in action on ACEs.
9. An ACE survey with adults in Wales found that compared to people with no ACEs, those with 4 or more ACEs are more likely to:
 - have been in prison
 - develop heart disease
 - frequently visit the GP
 - develop type 2 diabetes
 - have committed violence in the last 12 months
 - have health-harming behaviours (high-risk drinking, smoking, drug use).
10. When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning.

11. ACEs should not be seen as someone's destiny. There is much that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life.

National Action

12. The Scottish Public Health Network produced a report 'Polishing the Diamonds – Addressing Adverse Childhood Experiences' in 2016 which summarised the research and set out a number of areas for action in Scotland.
13. The Scottish Government has also set out its commitment to preventing and mitigating ACEs. There is a Scottish ACEs Hub to progress national action on ACEs.
14. The ACE Hub, working with the Scottish Government and other partners is involved in action to:
 - raise awareness and understanding about ACEs
 - contribute to developing the evidence base on ACEs
 - develop policy and practice approaches to prevent ACEs and mitigate their negative impact

Proposal and/or Issues for consideration

15. In Lancashire and South Cumbria, a structured approach to ACEs has been developed as a framework to help improve population health. The pentagon model could be used to structure an approach to tackling ACEs across Gateshead

Prevent

Taking action to ensure that children are not exposed to ACEs by tackling the circumstances and environments which cause them.

Detect

Taking action to find children who are experiencing ACEs, and to identify adults who have been exposed to them in the past.

Protect

Taking action to reduce/mitigate the risk of adverse outcomes in children if they are exposed to ACEs.

Manage

Ensuring that if children are suffering from the effects of ACEs, they are able to access support services quickly and receive the best quality care.

Recover

Enabling ACE survivors to live healthy, happy, fulfilled lives, and supporting them to overcome the impact of their ACEs.

16. Designate Gateshead as an ACE aware council in which helping to reduce the incidence, and mitigating the impact, of ACEs is everyone's responsibility by:
 - preventing household adversity
 - supporting parents and families
 - building resilience in children and wider communities

- enquiring about ACEs routinely in your services to respond appropriately
- encouraging wider awareness and understanding about ACEs and their impact on health and behaviour
- using encounters with adults in services such as homelessness services, addiction, prison or maternity services, to also consider the impacts on their children or future children.

17. All partners are encouraged to adopt a commitment to raising awareness of ACEs and to accept shared responsibility for the above initially through the Local Safeguarding Children's Board, Gateshead Health and Care System Partnership and the Health and Well-being Board but extending to all partnership boards over time.

Communications Implications

18. There will be a need for extensive dissemination of information to seek the views of the council workforce, elected members of the council and all partners. Additionally, a broad training offer will need to be developed to ensure all staff and partners are well informed and invited to express their views on the proposal to raise awareness of ACEs. There will need to be strong links to the council's existing anti-poverty work and its Thrive agenda.

Recommendations

19. It is recommended that Gateshead become an ACE aware council, in support of its Thrive policy, and embarks on a journey to raise awareness of, and commitment from, all partners.

Consultees:

The following officers have been consulted on the preparation of this report:

Alice Wiseman – Director of Public Health
 Sir Paul Ennals - Independent chair LSCB
 Val Hall, Service Director, Early Help
 Steve Horne, Service Director, Learning and Schools
 Elaine Devaney, Service Director, Children and Families
 Scott Hall - D/Chief Superintendent, Northumbria Constabulary
 Lynn Wilson, Service Director, Joint Commissioning and Quality Assurance
 Chris Piercy - Director of Nursing CCG

Contact: Caroline O'Neill

Ext: 2700



Rt Hon Amber Rudd MP - Secretary of State for
Work and Pensions
House of Commons
London
SW1A 0AA

My Ref.

LCS-DLDS-DS-S-003

Date:

13 February 2019

Dear Secretary of State for Work and Pensions

I am writing, on behalf of Gateshead Health and Wellbeing Board, to let you know about research on the impact of the roll out of Universal Credit in North East England, which has been recently published by Gateshead Council <https://www.gateshead.gov.uk/article/10089/People-moved-onto-Universal-Credit-are-fighting-to-survive->.

The qualitative research was undertaken by researchers from Teesside University and Newcastle University. It involved interviews with 33 Universal Credit claimants, many of whom have health conditions and disabilities, and 37 staff supporting them from community and voluntary organisations, housing organisations and the local authority.

The report makes for deeply distressing reading and we would like to highlight the findings for the Department for Work and Pensions to consider.

UC is having a profoundly negative impact on the mental and physical health, social and financial resilience and employment prospects of vulnerable claimants, resulting from the claims process itself, and the consequences of life on UC.

Claiming UC was experienced as complicated, difficult and demeaning for UC claimants in this study. Participants described a labyrinthine, dysfunctional UC system prone to administrative errors, experienced as impersonal, hostile, degrading and difficult to navigate.

The requirement to initiate and manage a UC claim online was problematic for many participants. Digital literacy, verifying identification online, lack of computer access/bank account and /or email address added to the difficulties of application.

The consequences of waiting for payment of between 5-12 weeks (on average 7.5 weeks) pushed many people into debt, rent arrears and serious hardship, which included going without food and utilities. Few people said they knew about, or were offered, alternative payment arrangements (APAs).

The impact of claiming and managing on UC was profound; increased conditionality, harsh deductions, threat of sanctions, and risk of eviction and homelessness, food and fuel insecurity, further exacerbated health conditions. UC impacted so negatively on claimant's mental health that some had considered suicide.

Staff supporting UC claimants described confusing, inconsistent and inaccurate advice from UC helpline staff, and delays in correcting mistakes. The arbitrary nature of UC decision-making lead

to frustration and concern for claimants ahead of managed migration. Fears were expressed about the anticipated effects of the 'two-child limit' on larger families. Significant workload pressures and additional costs were described for voluntary and community sector organisations, local government, and the wider health and social care system, including primary health care, as a result of UC.

The researchers conclude that UC is not working for vulnerable claimants and does not achieve its aims of simplifying the benefit system and improve work incentives. UC adversely affected vulnerable claimant's rights to health, social security and an adequate standard of living, increased poverty, insecurity and social isolation among people with disabilities and health issues.

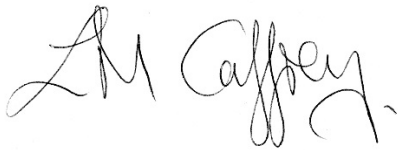
Members of the Health and Wellbeing Board would be interested in working with DWP staff to explore ways in which we can collectively manage the impact of UC on vulnerable claimants, improve the support available to people going through the UC claims process and pilot innovative ways to overcome the issues raised in the report, in partnership with people with disabilities and health conditions locally.

We recognise that opportunities exist to replicate this research in other areas of the UK so that lessons can be learned before the Government proceeds with the roll out of UC. Members of the research team would be willing to work with DWP researchers or other academic teams to plan this.

Please do not hesitate to contact me if you would like to discuss this further. If you have any queries about the research, I will gladly put you in touch with the researchers.

I look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lynne Caffrey'.

Cllr Lynne Caffrey (Chair of Health and Wellbeing Board) on behalf of Gateshead Health and Wellbeing Board Members

Encl.
cc Shadow Secretary of State for Work and Pensions.

Gateshead Health & Wellbeing Board Membership:

- Chair – Councillor Lynne Caffrey, Gateshead Council
- Vice Chair – Councillor Paul Foy, Gateshead Council
- Councillor Gary Haley - Cabinet Member for Children and Young People
- Councillor Malcolm Graham, Gateshead Council
- Councillor Martin Gannon – Leader, Gateshead Council
- Councillor Mary Foy - Cabinet Member for Health and Wellbeing
- Councillor Michael McNestry – Cabinet Member for Adult Social Care
- Councillor Ron Beadle, Gateshead Council
- Alice Wiseman - Director of Public Health, Gateshead Council
- Caroline O'Neill - Strategic Director, Care Wellbeing and Learning
- Dr Bill Westwood – Gateshead Federation of GP Practices
- Dr Mark Dornan - NHS Newcastle Gateshead Clinical Commissioning Group (CCG)
- James Duncan - Northumberland Tyne and Wear NHS Foundation Trust
- Susan Watson – Gateshead Health NHS Foundation Trust
- Steph Edusei, HealthWatch Gateshead
- John Pratt - Tyne and Wear Fire and Rescue Service
- Mark Adams - NHS Newcastle Gateshead Clinical Commissioning Group (CCG)
- Sally Young – Community and Voluntary Sector Representative
- Representative of South Tyneside Foundation Trust
- Representative of NHS England

Associate Member:

- Sir Paul Ennals - Local Safeguarding Children's Board

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Thriving in Gateshead

– rethinking Health and Wellbeing



Welcome

Councillor Lynne Caffrey

Chair of the Gateshead Health and Wellbeing Board



Programme & Housekeeping

Alison Dunn

Strategic Lead for Poverty and Inequality, Gateshead Council
& Chief Executive, Citizens Advice Gateshead



Making Gateshead a place where everyone thrives

Councillor Mary Foy

Cabinet Member for Health and Wellbeing
&

Sheena Ramsey

Chief Executive



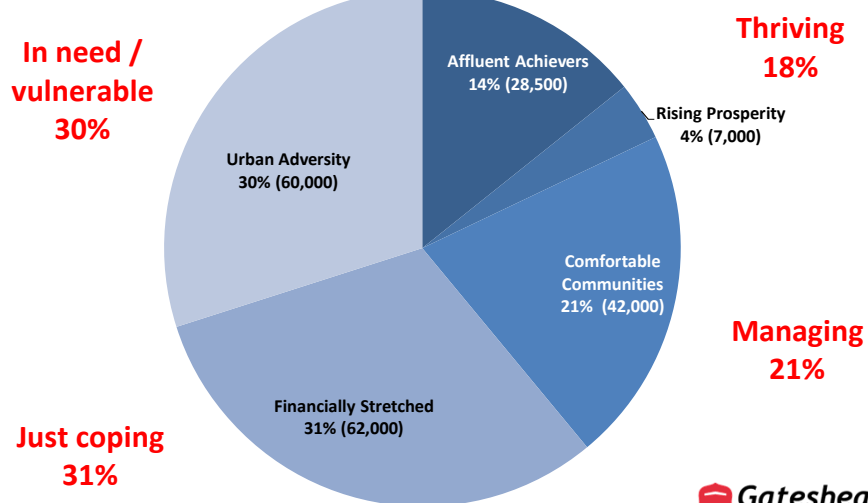
Developing a new Policy driven approach

This work was guided and shaped by: -

- Changes in organisational leadership
- Chief Executive review
- Peer challenge
- Work with our Cabinet
- Councillor engagement
- Evidence led



Evidence Base
Gateshead Acorn 2016 Categories
% of population



Thriving 32,500 (18%)

Financially comfortable, home owning, good life expectations

Managing 42,000 (21%)

Stable families, average income, mainly owner occupier

Just coping 62,000 (31%)

Low income, potentially some benefits, some health issues, lower price housing

In need 60,000 (30%)

Social rent, low cost private rent, low income/benefits, poor health



**Making Gateshead a
place where everyone
thrives**



We want Gateshead to be a place where everyone thrives



We know that over 50% of people and families in Gateshead are either managing or just coping and over 30% are in need or in vulnerable situations. We want to change those statistics and aim to make Gateshead a place where everyone thrives.



We know that the vast majority of people in Gateshead care about the community they live in. They don't want to live in a community along side people who are struggling and they want to help and support and do something about that!



Council pledges

We have developed five pledges to help guide our decision making:

- Put people and families at the heart of everything we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead



A call to action

How you (partners) can get involved...

Examples include:

- Recognise that issues cross different organisations
- Share expertise, information and knowledge
- Integrate service into co-ordinated packages and focus on those most in need
- Champion Gateshead and put people at the heart of all we do



It's your Gateshead Get involved



Health Inequalities

Professor Sir Michael G Marmot

Director of the Institute of Health Equity
(UCL Department of Epidemiology & Public Health)



Gateshead a Marmot City?

Michael Marmot

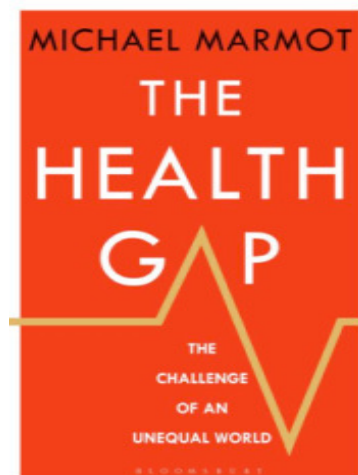
@MichaelMarmot

www.instituteofhealthequity.org

Gateshead

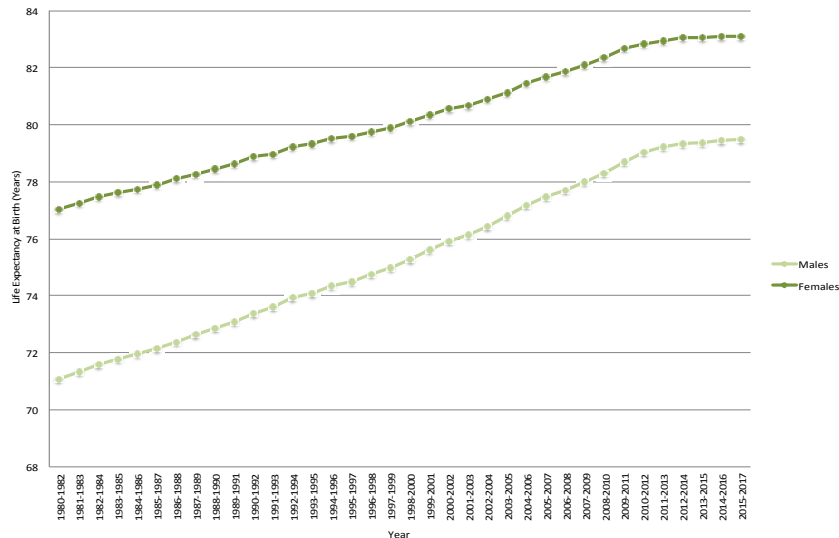
23 January 2019

Why treat people and send them back
to the conditions that made them sick?



1. Stalling Life Expectancy

Life Expectancy at Birth, England, 1980-92 – 2015-17

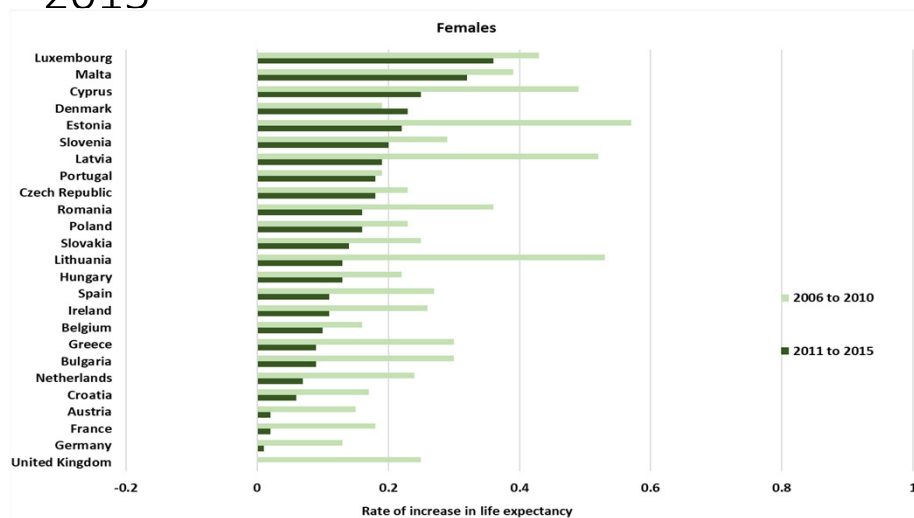


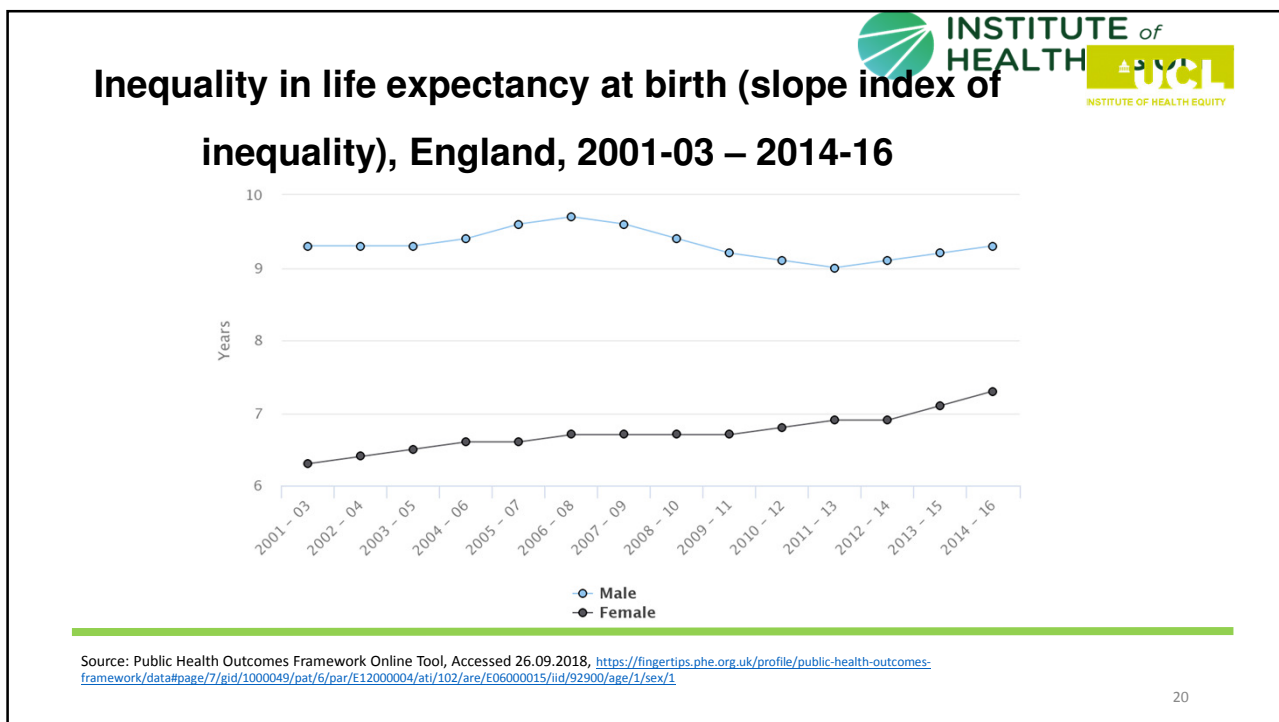
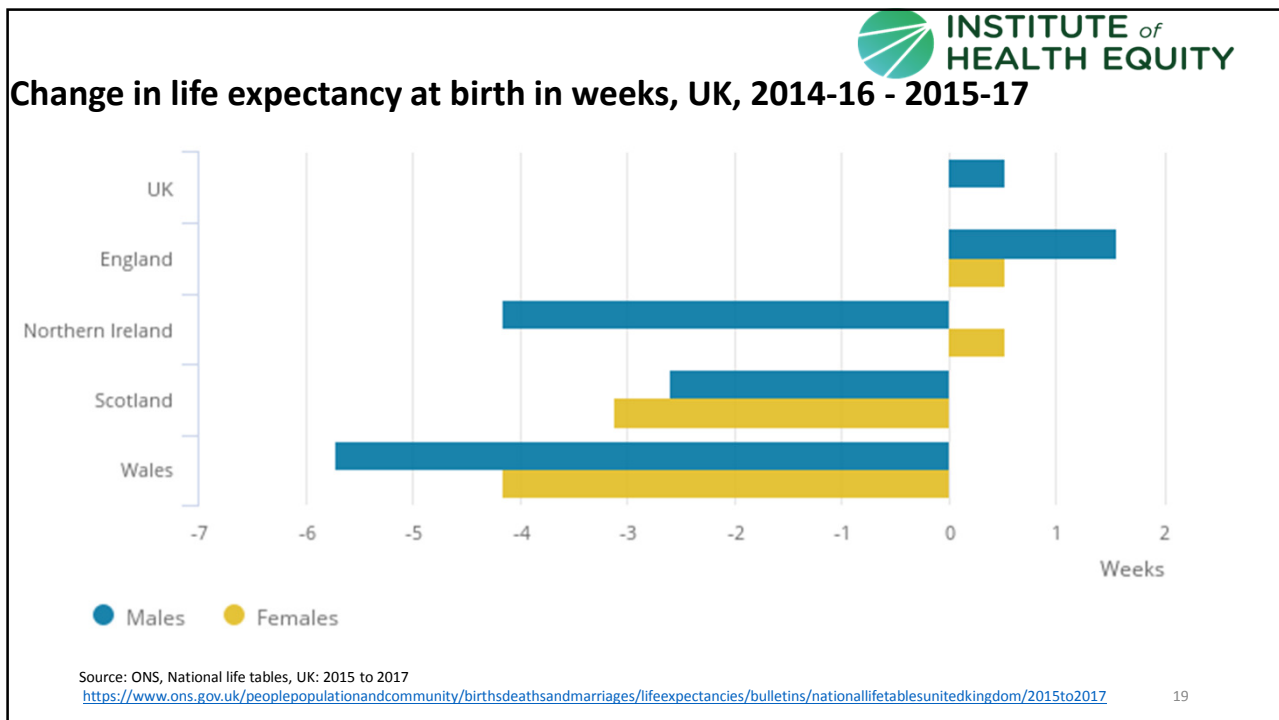
Source: ONS, National life tables, UK: 2015 to 2017

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2015to2017>

17

Life expectancy increase 2006-, 2011-2015





Can strategies to reduce health inequalities work?

New Labour did have a strategy

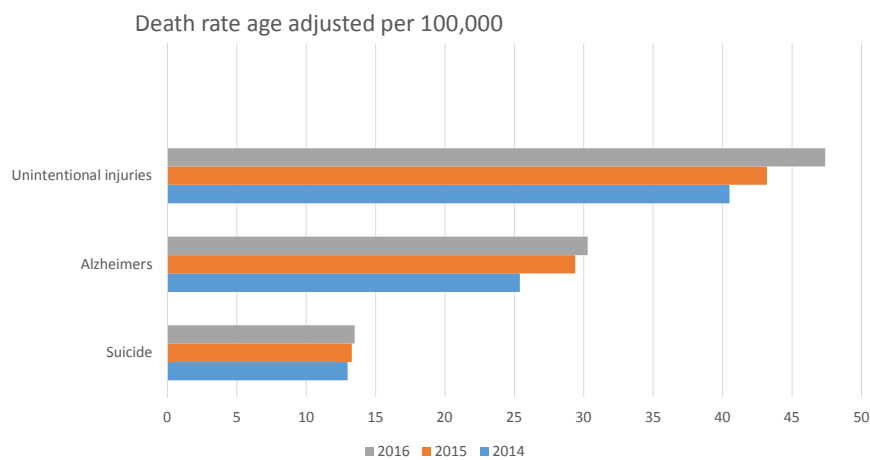
Any evidence?

Trends in life expectancy gap between most deprived areas and the average



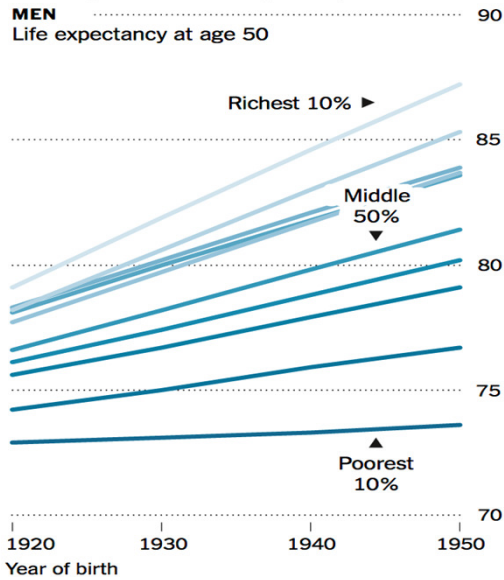
Does the USA represent the future?

US Life expectancy declined 2 years in a row

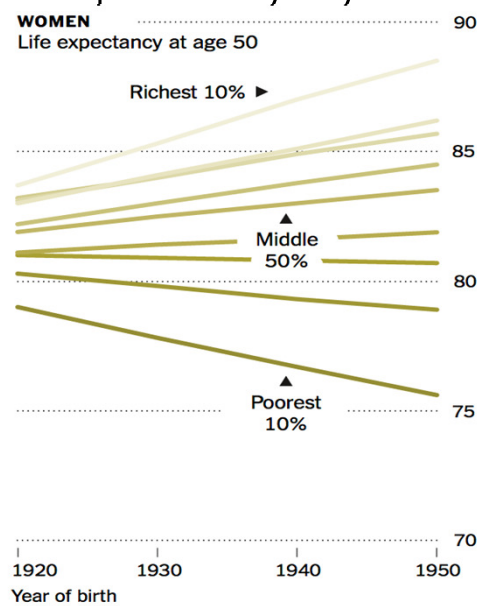


Unintentional injuries include accidental drug overdose 63,600 deaths last year

US Life Expectancy – year of birth



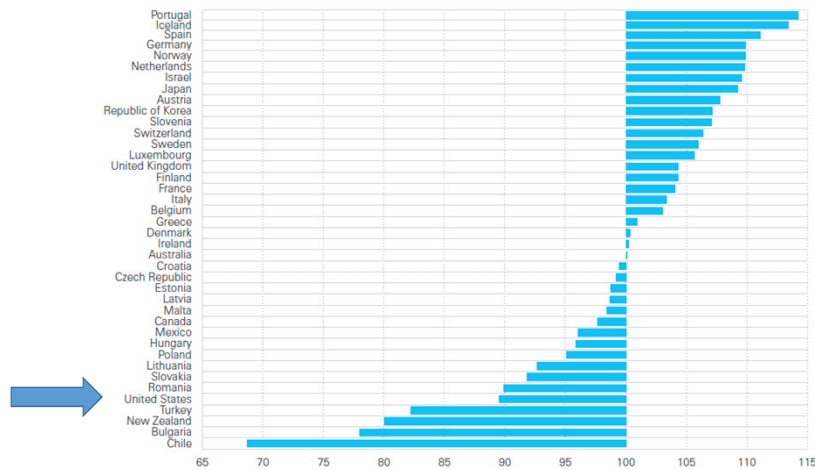
US Life Expectancy – year of birth



neonatal mortality, suicide 0-19, mental health 11-15, drunkenness 11-15, fertility 15-19



Average country performance across five indicators: neonatal mortality (< 4 weeks of age), suicide rates (0-19 years), mental health symptoms (11-15 years), drunkenness (11-15 years) and teenage fertility rates (15-19 years)



UNICEF Report Card 14

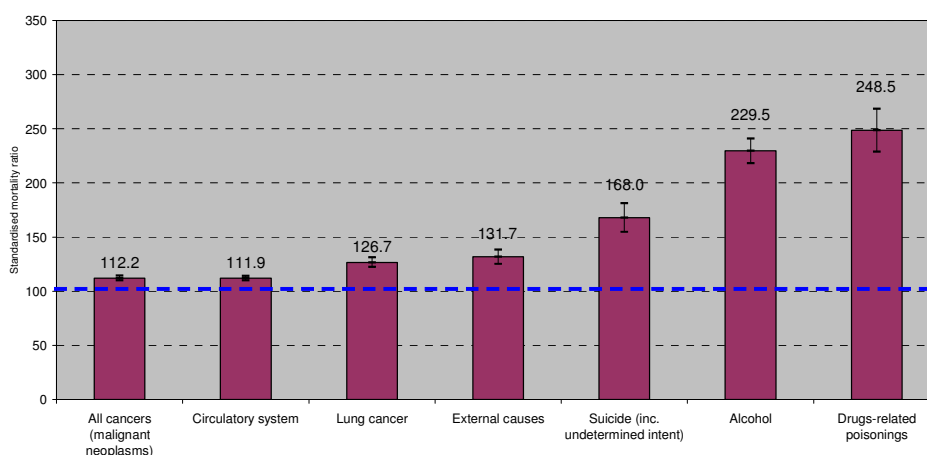


The mind is gateway by which social determinants affect ill-health.

- Mental illness and well-being.
- Psychosocial pathways to physical illness
 - Behaviours
 - Stress pathways

SMRs by cause, all ages: Glasgow relative to Liverpool & Manchester

All ages, both sexes: cause-specific standardised mortality ratios 2003-07, Glasgow relative to Liverpool & Manchester, standardised by age, sex and deprivation decile
Calculated from various sources



Source: Walsh D, Bendel N., Jones R, Hanlon P. It's not 'just deprivation': why do equally deprived UK cities experience different health outcomes? Public Health, 2010

from H. Burns, CMO Scotland

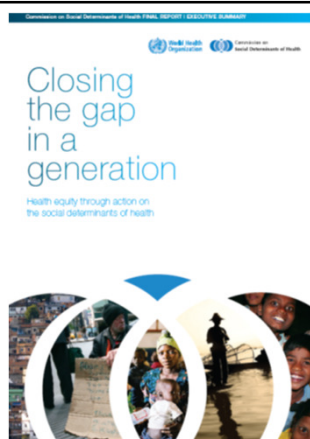
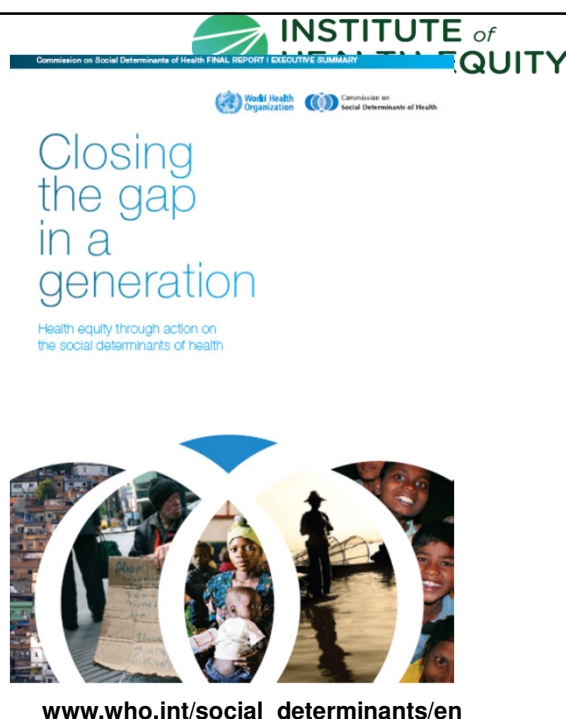


Health improvement in difficult times

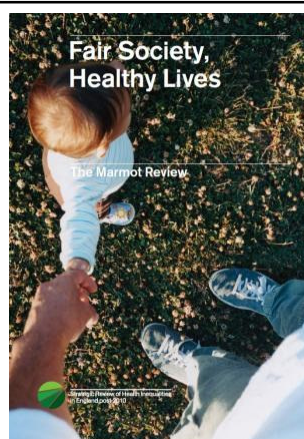
- A major element of the excess risk of premature death seen in Scotland is psychosocially determined
- Study evidence of low sense of control, self efficacy and self esteem in population in these areas

H. Burns, CMO Scotland

- Social justice
- Empowerment – material, psychosocial, political
- Improving the conditions in which people are born, grow, live, work and age
- Shaped by distribution of power, money and resources



The Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation

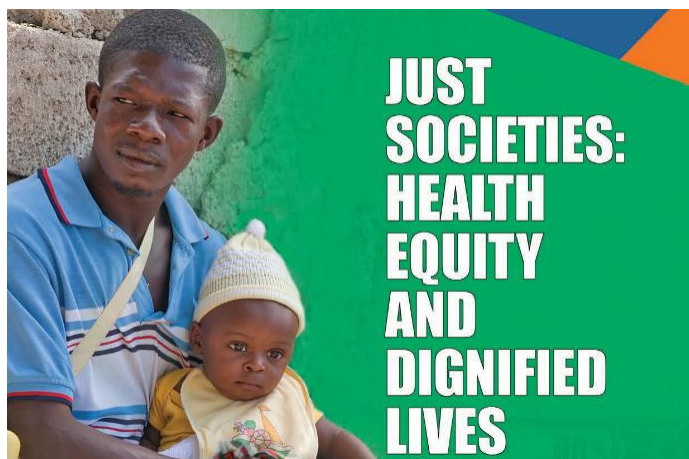


Strategic Review of Health Inequalities in England: The Marmot Review – Fair Society Healthy Lives



Review of Social Determinants of Health and the Health Divide in the WHO European Region

Commission of the Pan American Health Organization on
Equity and Health Inequalities in the Americas



56th Directing Council Washington, D.C., 23 – 27 September 2018



Fair Society, Healthy Lives:
6 Policy Objectives

- A. Give every child the best start in life**
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- C. Create fair employment and good work for all**
- D. Ensure healthy standard of living for all**
- E. Create and develop healthy and sustainable places and communities**



Strengthen the role and impact of ill health prevention



Lifecourse

*So we beat on, boats against the current, borne back
ceaselessly into the past.*

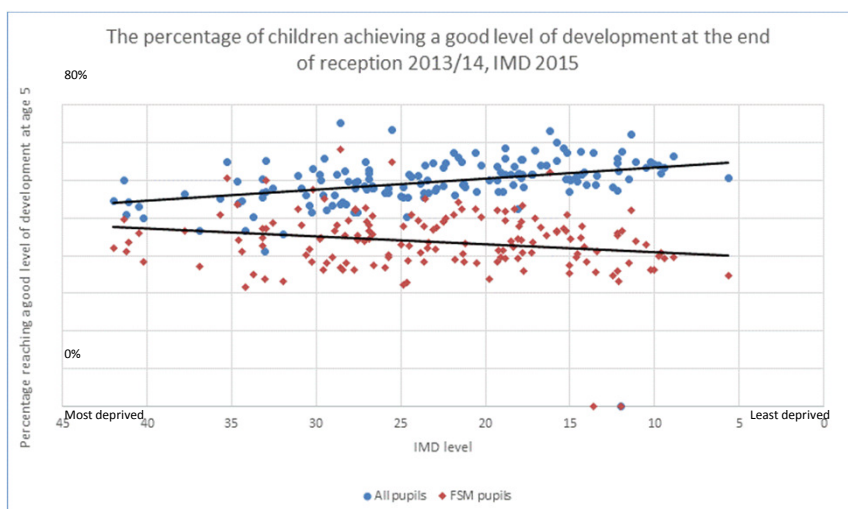
-F. Scott Fitzgerald, The Great Gatsby



Give Every Child the Best Start



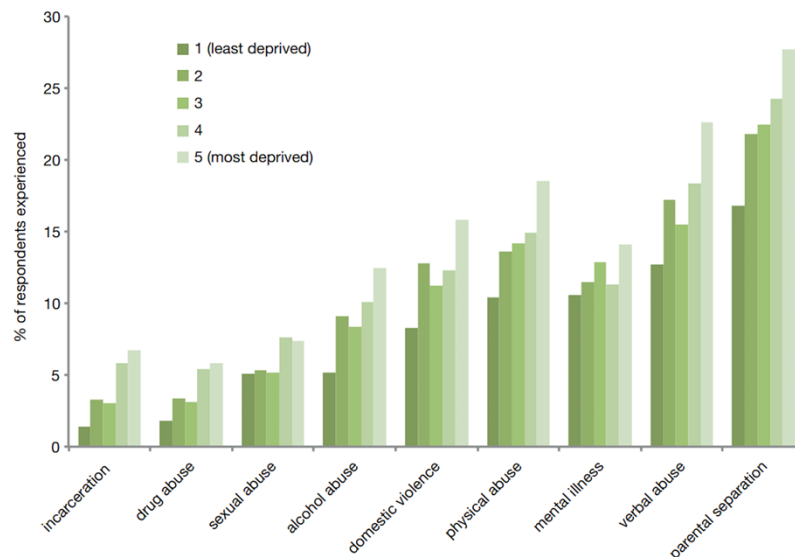
Level of development at end of reception



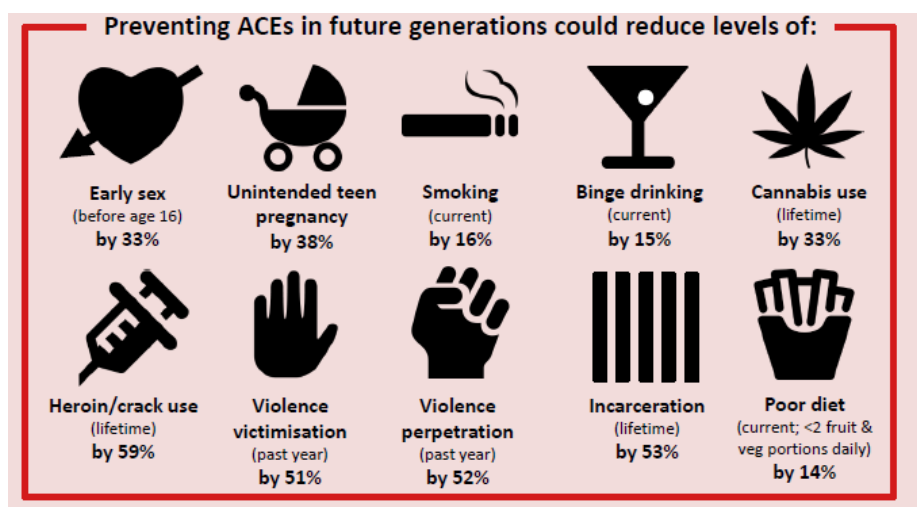
Level of development at end of reception

England and selected local authority areas	Level of development at age 5, 2013/14		
	All pupils (%)	FSM pupils (%)	Gap between all and FSM pupils (percentage point)
England	60.4	44.8	15.6
Hackney	64.9	60.7	4.2
Bath and North East Somerset	62.5	33	29.5

ACEs by income England 2013



Adverse Childhood Experiences: England

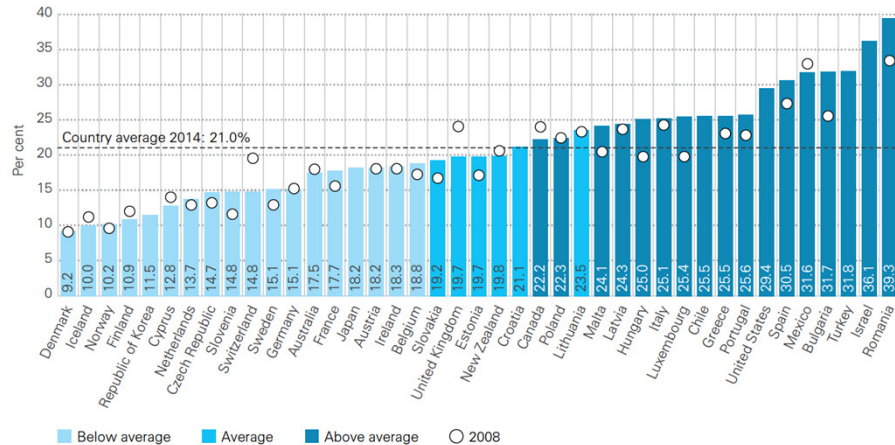


Bellis et al., 2014

Child poverty (<60% median income)

Figure 1.1 An average of one in five children in rich countries lives in relative income poverty

Percentage of children aged 0–17 living in a household with income lower than 60 per cent of the median, 2014 and 2008

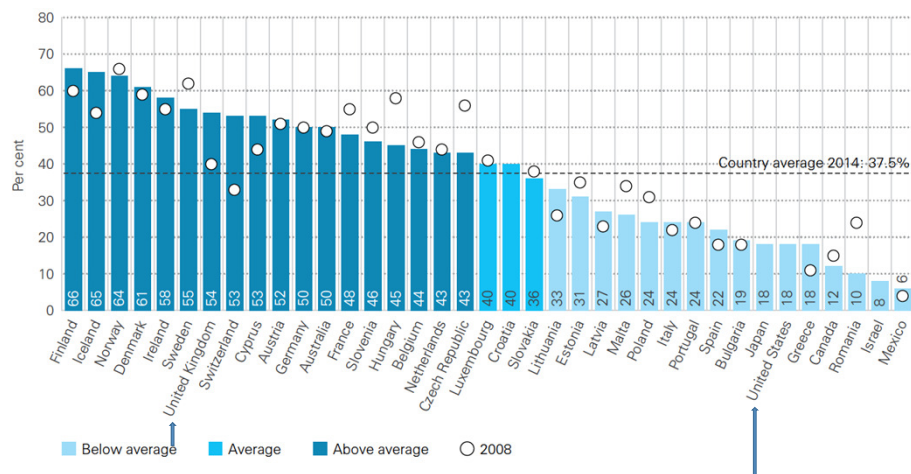


UNICEF Report Card 14

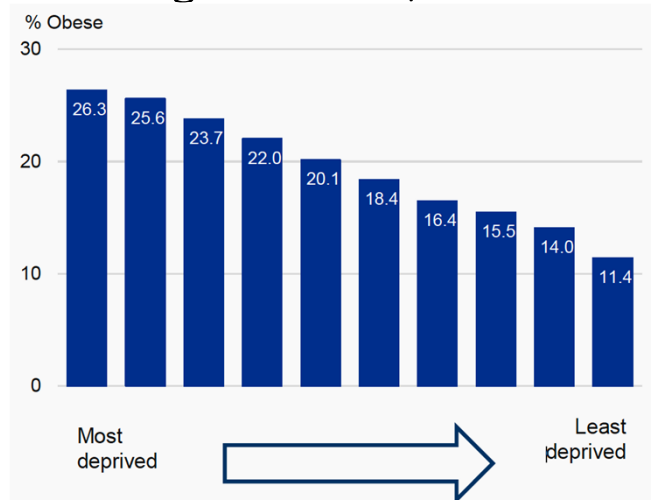
Reducing child poverty by social transfers

Figure 1.2 Finland, Iceland and Norway are most effective in reducing child poverty

Percentage reduction in the rate of child poverty due to social transfers, 2014 and 2008

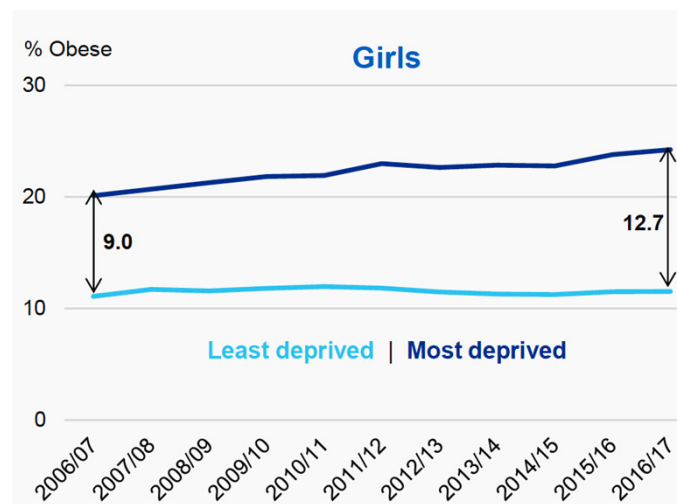


Obesity Prevalence in Year 6 by Deprivation England 2016/17

Obesity: 95th centile of BMI

National Child Measurement Programme

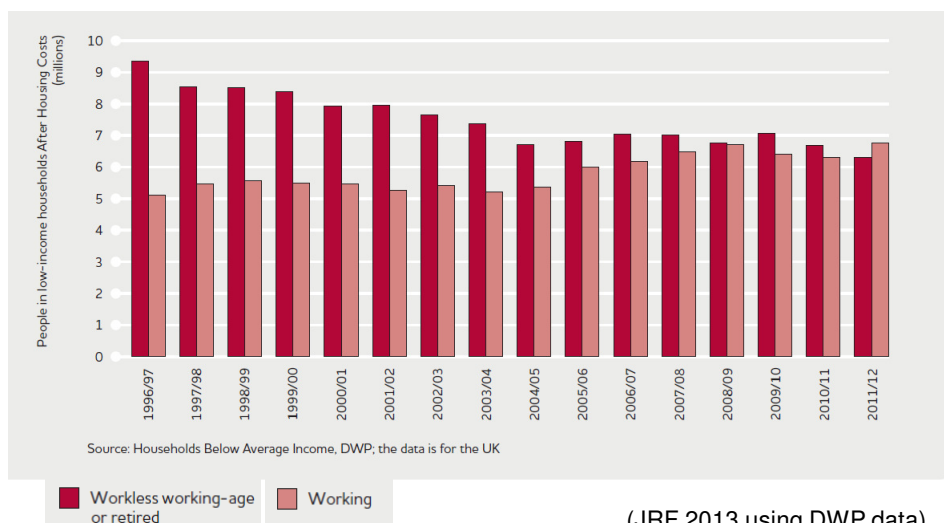
Deprivation gap in obesity Year 6 Girls England 2006-16/17



Ensure a healthy Standard of Living



6.7m of the 13 million people in poverty are in working households, UK 2011/12

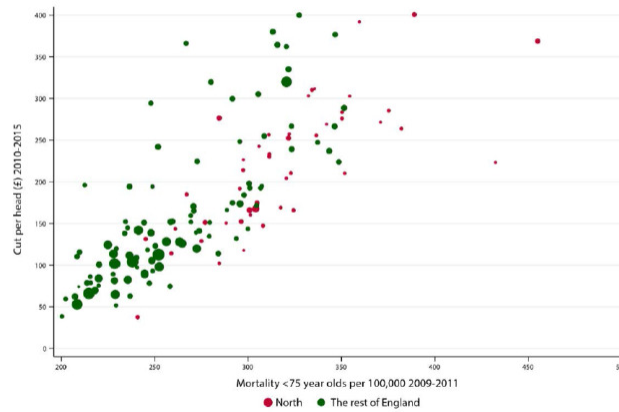


(JRF 2013 using DWP data)

Council cuts per head and premature mortality

Figure 2: Council cuts per head correlated against premature mortality rates

Cuts in council budgets are greatest in areas in the North of England, with the worst health

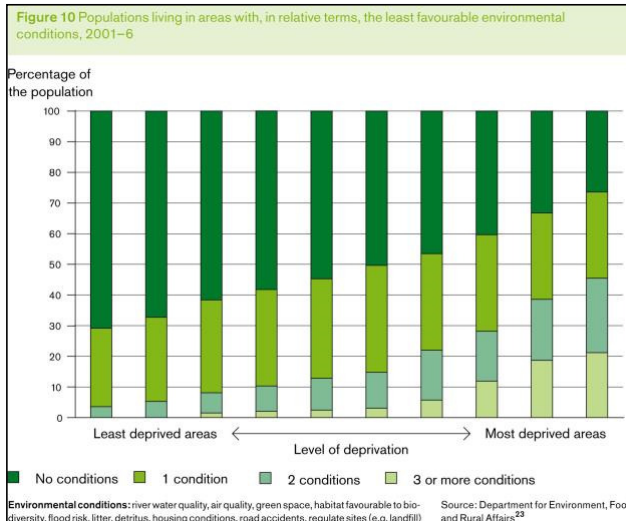


Sources: 1. DCLG - Local government financial settlement, 2. Public Health England - Longer Lives

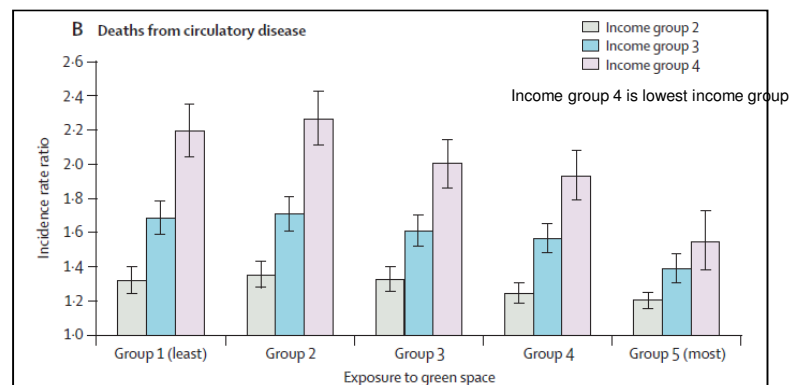
Source: Due North report

Characteristics of housing and neighbourhood matter for health

Living in areas with unfavourable environmental conditions in England

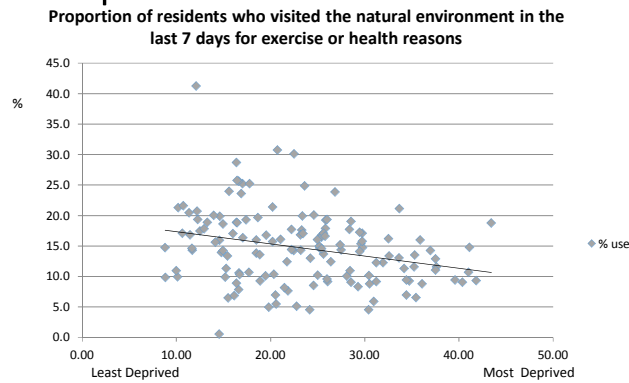


Health benefits of exposure to green space



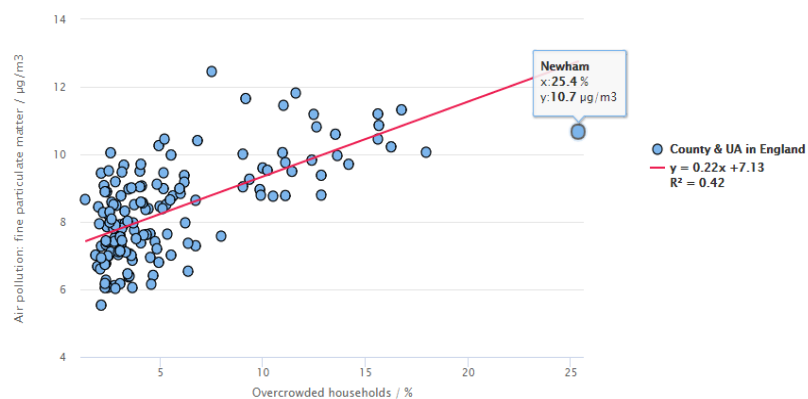
Source: Mitchell & Popham, Lancet 2008

Use of green space



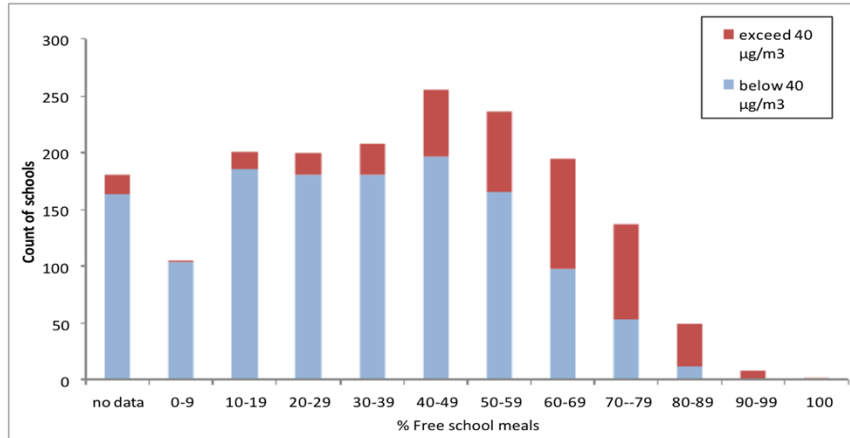
- In England, 15.3% had visited the natural environment from March 2012 to February 2013.
- Green space important for more deprived communities and has impact on CVD.
- However lower usage in more deprived areas.

Air pollution & deprivation levels



Deprivation air pollution and schools

Figure E4 Count of schools grouped by the proportion of pupils eligible for Free School Meals and an NO₂ exceedance



% homes not meeting decent homes standard, by region and tenure, 2012

Source: Due North Report



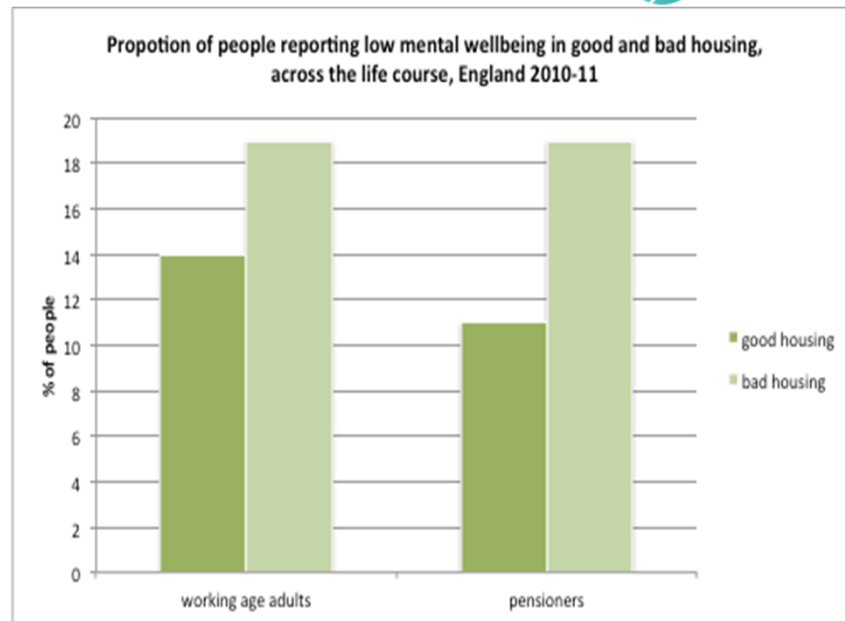
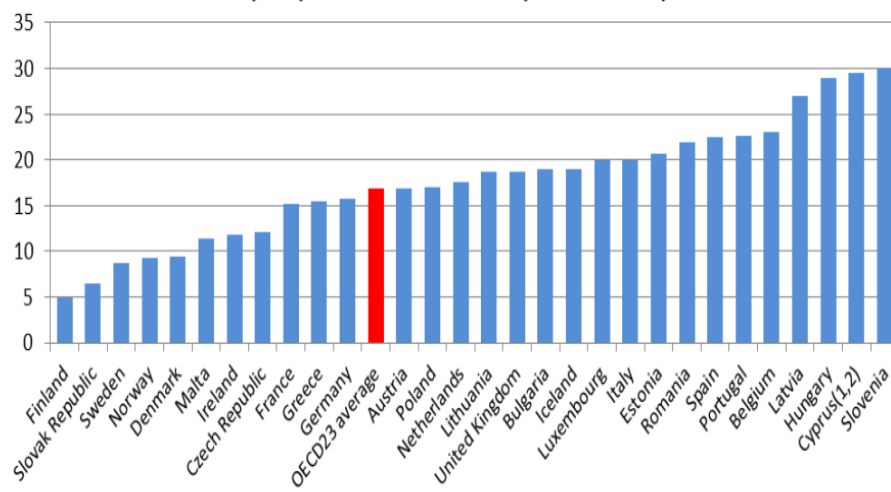


Chart SF1.5.B. Condition of household dwellings, 2011

Panel A. Proportion of children living in a household with one of: leaking roof, damp walls/floor/foundation, rot in window frames, door or floor



Ensure a healthy Standard of Living



Tax havens increase inequality

- 50% of wealth in tax havens belongs to top 0.01% of people in advanced economies
- That wealth is equivalent to 5% global GDP
- Tax avoidance on massive scale
- Added to that is avoidance of tax by multinationals

Zucman, G. Guardian 8 Nov 2017

Multinationals' tax avoidance

- €600bn a year shifted to world's tax havens
- €350bn into European tax havens – mainly profits from EU countries. Taxed at 0 to 5%
- Deprives the EU of a fifth of corporate tax revenue: **€60bn a year**
- For the UK **€12.7bn a year**
- Cf £350m a week is £18.2bn a year

Zucman, G. Guardian 8 Nov 2017

COVENTRY: A MARMOT CITY

Some key achievements

COVENTRY JOB SHOP

Operating since 2012, served 40,000 residents
Youth unemployment reduced from 27% to 12.3%
(above national average to below)
Average weekly earnings increased from £45 less than
national average to £17 less
There are 16.5% more residents in work since 2014



AMBITION COVENTRY

Employment support programme
engaged with 1,700 young
people at risk of not being in
employment, education or
training



60

Trieste: An Italian Marmot City



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Health Equity Network in the Americas HENA

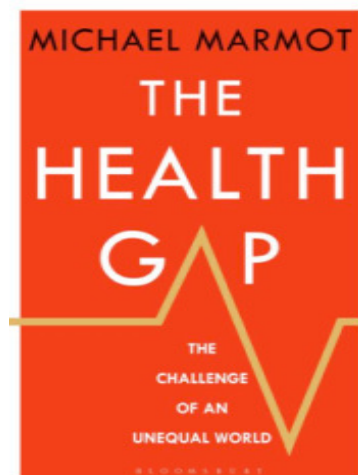


Report from the President

I spent the year as:

WMA President 2015-16

Why treat people and send them back
to the conditions that made them sick?



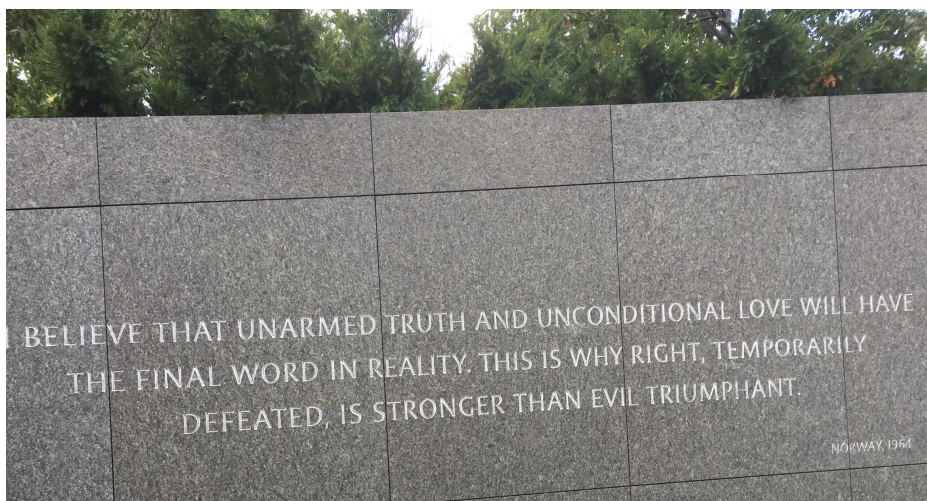
My two messages in a world of post-fact politics

- Evidence-based policy
- Spirit of social justice

Remember: We said that

“Social injustice is killing on a grand scale”

Martin Luther King



A Marmot City - What's Coventry done and how, what difference has it made?

Sue Frossell

Public Health Consultant, Coventry City Council



Coventry – a Marmot City

Sue Frossell
Consultant in Public Health
Coventry City Council
23rd January 2019



My story

Personal experience of poverty

Injustice button

The 2010 experience

Exploring in MK and then to Coventry

The broken record technique

Coventry's Story



- **2013** Coventry identified as one of seven pilot areas
- The **Marmot steering group** - broad range of partners
- Three-year action plan around the **six policy objectives**
- **Ethos** of system wide thinking has embedded **Marmot principles** around “tackling inequalities” - **Marmot brand** well recognised across the system.
- **2016** Winner of the Public Health **LGC award**
- **2016** CCC, UCL and PHE Committed to working together for a further three years with two key priorities – Action Plan 2016-19
- **2018** Agreement across Marmot partners to steer the work around Poverty prevention and mitigation



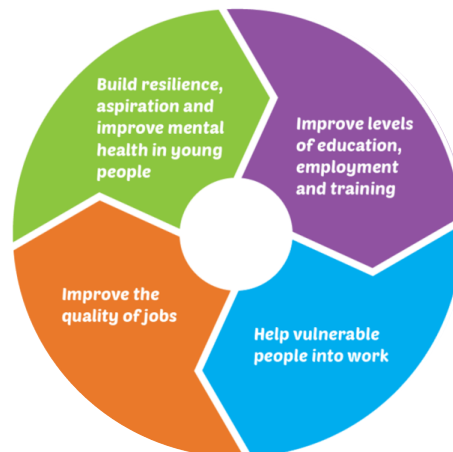
Marmot Strategy 2016-2019



One of three priorities in **Coventry's Health and Wellbeing Strategy 2016-2019** is to work together as a Marmot City to reduce health inequalities

Coventry City Council's Public Health team have **worked with stakeholders and national experts**, including PHE, IHE, WM Police, and WMFS, and to consider where partners should focus to have the biggest impact on inequalities

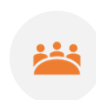
Priorities were identified as tackling inequalities disproportionately affecting **young people** and ensuring economic growth in Coventry is '**good growth**' which benefits the more disadvantaged residents.



Health and wellbeing and inequalities embedded in the Council plan



Health Inequalities is now considered alongside the Equalities Act characteristics in all major policy decisions taken by the Council (adopted by West Midlands Fire Service)



Work with WMCA to develop the Thrive (workplace wellbeing) programme (16 organisations in progress)



Cycle Coventry – ensuring cycle infrastructure and training in more deprived parts of the city



NHS Health Checks and health inequality



Joint working between the Police and mental health services – mental health street triage



Safe and well checks

Progress



Increase in % children with good development by the end of reception year



1700 young people (NEETs) supported by Coventry Ambition programme



Reduction in % 16-18 year olds not in education, employment or training (NEET)



16.5% more Coventry residents in work than 5 years ago when the Job Shop opened



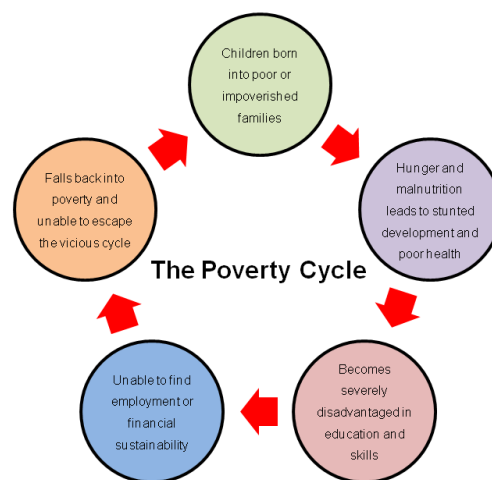
Employers challenged - 5 years ago average weekly wages £45 below the UK average & now are only £17 below (regional average £35)

Progress

Exploring Poverty

Impact of significant life events

- Adverse childhood experiences
- Transition points
- Unplanned parenthood
- Major injury or illness
- Loss of job
- Separation from partner
- Retirement



Poverty in a Marmot City Summit – new priorities



Summit – 12 November 2018

- Key priorities:
 - Engaging with business
 - Importance of lifelong learning as a route out of poverty
 - Debt collection and the impact on perpetuating poverty
 - Employment and poverty workstream
 - The NHS Role in reducing poverty

Poverty in a Marmot City Summit – new priorities



- Employment & Poverty working group
 - Multi-agency
 - Identified quick wins
 - More effective partnership working and communication
 - Clarity of offer of support to employers
 - Areas for influence and negotiation
 - Business rates incentives for positive employer practices (real living wage, local employment etc)
 - Flexible council tax debt repayments for low income households willing to work with services

Poverty in a Marmot City Summit – new priorities



Further priority areas include:

0-19 year olds:

- Risk of isolation for new parents
- Lifelong learning and skills development

Adults and older people

- Improved awareness of and access to services
- Welfare and entitlements



Housing First initiative being taken forward by DPH

Other broader opportunities



COVENTRY
EUROPEAN CITY OF SPORT
2019



'Culture underpinning the health of the city'



Principles for future

Evaluate and publish

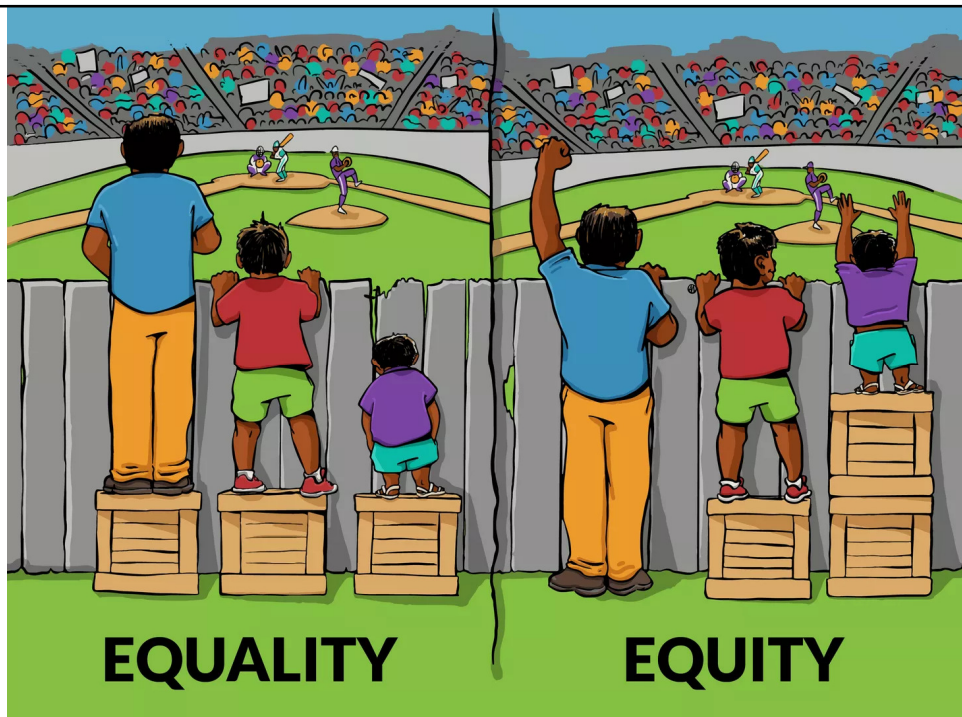
Poverty is one part of health inequalities and the proportionate universalism approach is the right approach

Strategic approach to using existing systems to reduce health inequalities?

Identify and use levers across the system

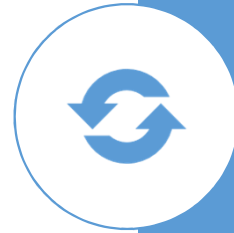
All partners involved and committed

Everything in our power to allocate resources to achieve similar outcomes across our communities



Our journey continues ...

- Refresh plan with poverty workstream
 - Engage more with NHS
 - Complete full evaluation
 - Keep it fresh and moving
-
- THANK YOU FOR LISTENING!



An Integrated Health and Care system - Embedding Prevention

Warren Heppolette

Executive Lead – Strategy & System
Development, Manchester City Council



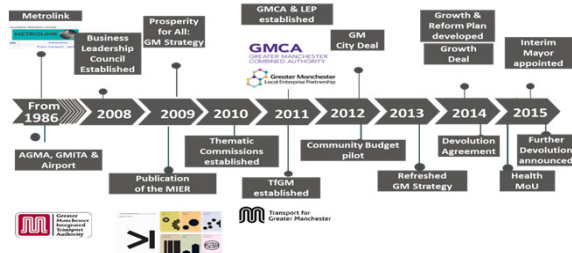
 **Gateshead**
Council



People & Place as the organising principle



GVA – Gross Value Added
LEP – Local Enterprise Partnership



The Partnership has its own stratigraphy



Is the system a single managed entity, or can it just behave as if it is?



We don't have
the benefit of
laboratory
conditions



We're closer to
an archipelago
than a single
landmass



Tribes and
Tribulations.
The baggage cannot
be left at the door



It thrives on a
blend of
discipline and
creativity



Questions



Reflections

Alice Wiseman

Director of Public Health for Gateshead



Discussion groups

Group 1: The wider determinants of health

Group 2: Our health behaviours and lifestyles

Group 3: The places and communities we live in,
and with

Group 4: An integrated
health care system



Next steps

Alice Wiseman

Director of Public Health for Gateshead

