



## **GATESHEAD HEALTH AND WELLBEING BOARD AGENDA**

**Friday, 2 December 2022 at 10.00 am in the Whickham Room - Civic Centre**

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for Absence</b>
2	<b>Minutes</b> (Pages 3 - 10)  The minutes of the meeting held on the 21 <sup>st</sup> October 2022 are attached for approval, together with the Action List
3	<b>Declarations of Interest</b>  Members of the Board to declare an interest in any particular agenda item
4	<b>Updates from Board Members</b>  <b><u>Items for Discussion and/or Agreement</u></b>
5	<b>Alcohol Related Harm - Julia Sharp</b> (Pages 11 - 14)
6	<b>Draft ICS Strategy - Peter Rooney, Integrated Care Board</b> (Pages 15 - 52)
7	<b>Gateshead Health Trust's Corporate Strategy 2022/23 - 2024/25 - Kirsty Roberton</b> (Pages 53 - 84)
8	<b>Gateshead Place Governance - Mark Dornan, Lynn Wilson and John Costello</b> (Pages 85 - 104)
9	<b>Gateshead Cares System Board Update - Mark Dornan / All</b>
10	<b>A.O.B.</b>

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## GATESHEAD METROPOLITAN BOROUGH COUNCIL GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 21 October 2022

<b>PRESENT</b>	Councillor Lynne Caffrey	Gateshead Council
	Councillor Leigh Kirton	Gateshead Council
	Councillor Bernadette Oliphant	Gateshead Council
	Councillor Martin Gannon	Gateshead Council
	Councillor Gary Haley	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	Councillor Pamela Burns	Gateshead Council
	Councillor Jane McCoid	Gateshead Council
	Councillor Jonathan Wallace	Gateshead Council
	Alice Wiseman	Gateshead Council
	Dale Owens	Gateshead Council
	Phill Capewell	Healthwatch Gateshead
	Steve Thomas	T&W Fire and Rescue
	Peter Udall	Gateshead Council
	Dr Mark Dornan	ICS/Gateshead Cares
	Lisa Goodwin	Connected Voice
Claire Wheatley	Northumbria Police	
Helen Fergusson	Gateshead Council	
<b>IN ATTENDANCE</b>	John Costello	Gateshead Council
	Julia Sharp	Gateshead Council
	Peter Wright	Gateshead Council
	Phil Hindmarsh	Gateshead Council
	Eileen Kaner	Newcastle University
	Lynne Paterson	Gateshead Place ICB
	Marc Hopkinson	Gateshead Council
	Joanna Clark	Gateshead Health NHS FT
	Lynn Wilson	Gateshead Council/ICB
	Councillor Catherine Donovan	Gateshead Council
Sue Taylor	Balance	

### **HW359 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Kevin Scarlett, Nicola Allen, Steph Downey and Steve Kirk.

### **HW360 MINUTES**

#### RESOLVED:

- (i) The minutes of the previous meeting held on 9 September 2022 were agreed as a correct record.
- (ii) The Board noted the update from the action list.

**HW361 DECLARATIONS OF INTEREST**

RESOLVED:

- (i) There were no declarations of interest.

**HW362 UPDATES FROM BOARD MEMBERS**

Alice Wiseman advised the Board that £5m of Government funding had been awarded to tackle health inequalities in Gateshead.

Claire Wheatley provided an update on Northumbria Police's Prevent Strategy which aims to reduce crime and disorder via early intervention. Claire suggested that she would be happy to provide further details at a future meeting.

RESOLVED:

- (i) The Board noted the updates.
- (ii) The Board agreed to receive a further update on Northumbria Police's Prevent Strategy at a future meeting.

**HW363 FOCUS ON ALCOHOL AGENDA - PROFESSOR EILEEN KANER (NEWCASTLE UNIVERSITY), SUE TAYLOR (BALANCE) AND JULIA SHARP (PUBLIC HEALTH)**

**HW364 THE EVIDENCE EMERGING FROM INTRODUCTION OF MUP**

The Board received a presentation from Professor Eileen F. S. Kaner of Newcastle University on the impact of minimum unit pricing (MUP).

From the presentation, Board members were provided with an overview of the public health rationale for MUP and NICE PH24 guidance. An explanation of how modelling informs the NICE guidance was also given.

Attention was drawn to the impact of MUP in the UK; it was also highlighted that legislation to have a minimum price of £0.50 per unit had passed in Scotland in 2012, Wales introduced MUP in March 2020 and MUP in the Republic of Ireland was introduced in January 2022.

It was concluded that:

- MUP does affect price and alcohol purchases
- Effects are slightly bigger than UK model estimates
- Effects are sustained in Scotland (similar size of effect in Wales)
- There is most effect on households that buy the most alcohol
- The effect on lower income households is complex
- There is some concern about accuracy of targeting
- There may need to be additional measures (particularly focused on younger men who are the heaviest drinkers)

It was questioned whether the introduction of MUP in England would cause a rise in the production and consumption of black-market alcohol. The Board were advised

that there is no evidence to suggest this would happen based on the introduction of MUP in other areas of the UK.

The Board noted its thanks to Professor Kaner for her work and presentation.

RESOLVED:

- (i) The Board acknowledged the impact of MUP on communities.
- (ii) The Board noted the contents of the presentation.

#### **HW364a ALCOHOL HARMS, CAMPAIGNS AND ADVOCACY**

The Board received a presentation from Sue Taylor of BALANCE on alcohol harms.

From the presentation the Board were advised that alcohol is linked to 200 medical conditions and can cause at least 7 types of cancer. It was also highlighted that the average age of alcohol related death is 54 with alcohol harm placing massive demands on health services. Attention was also drawn to the fact that alcohol harm is linked with wider health inequalities and mental health problems.

The Board were presented with data illustrating the harms caused by alcohol across the UK; it was stated that the situation is worsening and that the cost to UK society as a result of alcohol harm is between £27-£52billion every year.

It was noted that approximately 88% of adults in the North East drink alcohol with 47% drinking in excess of 14 units per week. It was also explained that 2020 was the worst year on record for alcohol specific deaths in the North East according to ONS data.

From the presentation, the Board were advised that alcohol is too affordable and available. It was also argued that alcohol is heavily promoted and that this has an influence on children. The Board were also provided with examples of campaigns to reduce alcohol harm (similar to those used in tobacco control).

RESOLVED:

- (i) The Board noted the update from the presentation.

#### **HW365 ALCOHOL-RELATED HARM IN GATESHEAD AND ALCOHOL SUPPORT PATHWAYS**

RESOLVED:

- (i) The Board agreed to defer this item to a future meeting.

#### **HW366 DELAYED DISCHARGES - JO BAXTER AND DALE OWENS**

The Board received a report seeking views on current and future plans to support Health and Social Care to prepare for winter and reduce the harms caused to individuals by delayed discharges and unavailability of social care support to effect timely, safe, discharge.

It was reported that the introduction of Discharge to Assess within Gateshead as a

response to the COVID 19 Pandemic allowed patients to be discharged effectively to the most appropriate setting for their care and followed up in the community where longer-term plans could be made.

It was noted that from November 2021 a steady increase in those awaiting a social care package to facilitate their discharge has had a significant impact on all parts of the health and social care system. The Board were advised that this included patient treatment and care. This report outlined the reasons for delayed discharges, the impact on all providers within the system including the ambulance service, the effect on patients and highlighted why partners across Gateshead need to urgently address this.

The Board discussed the issues reported; a comment was made suggesting that social care providers struggle to recruit and retain staff due to the low wages being offered across the industry. It was also noted that initial and ongoing training within social care roles was important for staff and patients (in addition to regular employee supervision). The Board also acknowledged the importance of patient involvement in decision making that affects them.

The Board suggested that ICB resources be used to alleviate the problems reported; the Board were advised that the ICB had invested via the local authority. It was also noted that BCF funding is being used to help reduce pressures, but challenges remain.

**RESOLVED:**

- (i) The Board noted the ongoing challenges and information from the report.
- (ii) The Board requested a progress report on delayed discharges in 2023.

**HW367 WINTER PRESSURES PLAN - MARC HOPKINSON AND LYNNE PATTERSON (PRESENTATION)**

The Board received a presentation providing an update on the Winter Pressures Plan.

The Board noted that there is currently an increasing demand being place on urgent and emergency care services caused by:

- Changing needs of an ageing population;
- Changing expectations as a result of 24/7 culture;
- Year-round demand, no downtime over summer period
- Rising demand
- Impact of Covid; and
- Increased acuity of patients

It was also reported that demand also includes a high proportion of out of area patients as Gateshead Health NHS FT routinely provides healthcare to new patient groups as a result of service reconfigurations and patients are diverted from other trusts.

The Board were advised that in response to increasing capacity and operational

resilience in the UEC there are plans to prepare for variants of Covid-19 and respiratory challenges, including integrated Covid-19 and flu vaccination programmes.

From the presentation, the Board also noted that additional responses would include:

- Increased capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- Increased resilience in NHS 111 and 999 services, through increasing the number of call handlers and enhancing primary care support.
- Targeted Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services
- Reduced crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- Reduced hospital occupancy, through increasing capacity through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- Ensuring timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
- Providing better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

A question was asked regarding the availability of flu vaccinations in Gateshead, particularly in the West where it was suggested there is a shortage. The Board were advised that work is ongoing with the regional vaccine team on providing adequate supplies in Gateshead. The Board also acknowledged the impact of the cost of living crisis on health and inequalities.

RESOLVED:

- (i) The Board noted the update.

**HW368 GATESHEAD CARES SYSTEM BOARD UPDATE - MARK DORNAN / ALL**

RESOLVED:

- (i) The Board agreed to receive this update via e-mail due to time.

**HW369 GATESHEAD BETTER CARE FUND SUBMISSION 2022/23 - JOHN COSTELLO**

The Board received a report setting out the Better Care Fund Plan submission requirements for 2022/23, how they have been met and to seek retrospective endorsement to the Gateshead submission to NHS England.

RESOLVED:

- (i) The Board noted the key components of the national BCF planning requirements for 2022/23
- (ii) The Board retrospectively endorsed the 2022/23 BCF submission for Gateshead.

**HW370 CHILDREN AND YOUNG PEOPLE LOCAL TRANSFORMATION PLAN REFRESH (FINAL)**

RESOLVED:

- (i) The Board noted the item for information.

**HW370a** Health Inequalities Summit: The Deep End of Primary Care (hosted by the North East and North Cumbria Deep End Network), 9th November 2022

RESOLVED:

- (i) The Board noted the item for information.

**HW371 A.O.B.**

There was no other business.



Item 2.2

**GATESHEAD HEALTH AND WELLBEING BOARD  
ACTION LIST**

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Matters Arising from HWB meeting on 21<sup>st</sup> October 2022</b>			
<b>Partner Updates</b>	To receive an update on Northumbria Police Prevent Strategy at a future meeting	Claire Wheatley	To feed into Forward Plan
<b>Alcohol-related Harm in Gateshead and Alcohol Support Pathways</b>	To defer this item to the next meeting	Julia Sharp	On the agenda of the 2 <sup>nd</sup> December meeting
<b>Delayed Discharges Harm Assessment</b>	To receive a progress report on delayed discharges in 2023	Jo Baxter / D Owens	To feed into Forward Plan
<b>Matters Arising from HWB meeting on 17<sup>th</sup> June 2022</b>			
<b>Anti-Social Behaviour Review</b>	To bring and update to a future Board meeting	A Tankerville	To feed into Forward Plan
<b>Gateshead Health Protection Board</b>	To receive an annual update on the progress of the Board	M Hopkinson	To feed into Forward Plan
<b>Matters Arising from HWB meeting on 29<sup>th</sup> April 2022</b>			
<b>Climate Change Strategy for Gateshead</b>	To receive an update on progress in taking forward the Climate Change Strategy  To feed into the Implementation Plan being developed for the Health and Wellbeing Strategy	A Hutchinson / L Greenfield	To feed into Forward Plan

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## **TITLE OF REPORT: Alcohol Related Harm**

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### **Purpose of the Report**

- To provide information on findings from a recent study on the increase in alcohol related harm during the Covid pandemic, which has informed the addition of alcohol as a topic for presentations and discussion at Health and Wellbeing Board

### **How does the report support Gateshead's Health & Wellbeing Strategy?**

- Measures to reduce alcohol related harm cut across all sections of the Health and Wellbeing Strategy

### **Background**

- The latest Office for National Statistics (ONS) data shows there were 8,974 registered deaths from alcohol-specific causes registered in the UK in 2020, an 18.6% increase compared with 2019 and the highest year-on-year increase in almost 20 years.
- A report carried out by researchers at Newcastle University and the National Institute for Health Research (NIHR) Applied Research Collaboration (ARC) North East and North Cumbria (published in January 2022) highlighted that those already at risk of harm from drinking bought significantly more alcohol during Covid-19 lockdowns – with households in the North buying more than in any other part of Britain. The study helped to explain why the UK has seen the biggest jump in alcohol-related deaths in the UK in two decades.

### **The 'alcohol paradox'**

- The study was carried out in an attempt to unravel what has been termed an 'alcohol paradox' – where overall shopping sales data had suggested that alcohol purchases in Britain did not appear to significantly increase after Covid-19 lockdowns were first announced in March of 2020, once the missing sales in pubs, clubs, bars and restaurants had been taken into account. However, many public surveys had suggested an increase in alcohol-related problems, and [ONS data](#) showed a sharp rise in deaths that were directly linked to alcohol misuse, indicating that some people were drinking a lot more. This new study looked at that data again - this time linking it more closely to factors such as household income, geographical location, alongside how much alcohol households would typically buy before lockdown.
- The new analysis showed that the top fifth of households in England that would normally buy the most alcohol in shops and supermarkets increased their purchases around 17 times more than the bottom fifth. Households in more socially disadvantaged locations also bought more.

- The study also found that households in the North of England - including the North East, North West and Yorkshire and Humber regions - increased their purchases more than in any other part of Britain, with the suggestion that this is probably because the North has more disadvantaged and heavier-purchasing households.
- Significantly, the analysis also showed that the increase in purchasing was less pronounced in Scotland and Wales compared to England, which could be down to the Minimum Unit Pricing (MUP) policy currently in place in both Scotland and Wales – which has already been shown to reduce supermarket and store purchases of alcohol, particularly amongst some of the heaviest-drinking households.
- When we look at the latest figures for alcohol-attributable deaths for 2020, most of these are related to chronic, longer-term conditions associated with continued misuse of alcohol. A large proportion of alcohol deaths during Covid have been fuelled by liver disease which is now the third leading cause of preventable death in the UK. Liver deaths have been rising in the UK for decades and the pandemic was a dreadful tipping point.
- Just like COVID, the vast swathe of alcohol harm falls on the most deprived people in our communities. This is especially worrying for regions like the North East where even before the pandemic we already suffered from the highest rates of alcohol-related death and illness in England.
- As alcohol has got cheaper, the harm to individuals and communities in England has got worse, whilst in Scotland, which has a minimum unit price for alcohol, has not seen such a rise in deaths. This increase in alcohol related harm is not a problem that will just come and go with the pandemic unless we take action.
- The findings suggests that a focus on policies to reduce high levels of drinking are even more important in extraordinary times, such as those we've seen since March 2020 - where a complex range of factors can lead to higher and potentially dangerous levels of longer-term drinking.

### **Proposal**

- It is proposed that the board consider the information within this report and the presentations by speakers on 21.10.22 and today.

### **Recommendations**

- The Health and Wellbeing Board is asked to consider the following actions
  - To continue to advocate for the introduction of MUP in England and consider writing to the Secretary of State to ask for a comprehensive review of the evidence and development of a national alcohol strategy
  - To continue to advocate for changes that restrict availability and promotion
  - To continue to advocate for changes which raise awareness of harms (i.e labelling, media campaigns)
  - For board members to review alcohol promotion within their own organisations to ensure that alcohol funded educational/training packages and resources are not delivered or promoted

- A review of the alcohol policy for events on council land with a focus on prohibiting alcohol consumption at family events which are aimed at children

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Contact: Alice Wiseman, Director of Public Health

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## Developing the Integrated Care Strategy

### National Requirement

All Integrated Care Partnerships (ICPs) are required to publish an Integrated care Strategy by December 2022. On 29 July 2022 the Department for Health and Social Care published guidance for the development of the Integrated Care Strategies.

### Steering Group

In anticipation of the national guidance we established a steering group to oversee the development the strategy. The steering group is jointly chaired by Jane Robinson, Corporate Director, Adult and Health Services, Durham County Council and Jacqueline Myers, Executive Director of Strategy and System Oversight, North East and North Cumbria ICB. The steering group includes representatives from local government, the NHS, and the Office for Health Improvement and Disparities (OHID, previously Public Health England). The steering group is supported by task and finish groups, for example a data and intelligence group.

### Call for Evidence and Data

In July the steering group issued a 'call for evidence', requesting key documents including Joint Strategic Needs Assessments (JSNAs) from a wide range of partners. In total over 300 documents were received. The call for evidence has strongly informed the content of the draft strategy, alongside the population health data, which can be viewed through the link: [Picture of Health - ICS edition 2022](#).

### Draft Document Engagement Phase

During September and October we began to draft the strategy. On 26 October we will publish the draft through the ICP page on the ICB website as a public facing document. We have developed a short survey to enable members of the public and stakeholders to give feedback throughout late October until 25 November. The feedback will be used to inform the final strategy. We will also take the opportunity, wherever practically possible, to speak with key stakeholders during this phase, for example through Health and Wellbeing Board meetings.

### Integrated Care Partnership

On 20 September the joint chairs of the steering group gave an update presentation to the ICP, including on the process to develop the strategy. The ICP will be asked to approve the final strategy in mid-December, informed the feedback from all stakeholders across the ICP geography, public and partner organisations.

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