

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 28 April 2017

PRESENT

Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Jill Green	Gateshead Council
Councillor Martin Gannon	Gateshead Council
Councillor Michael McNestry	Gateshead Council
James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
Ian Renwick	Gateshead Health NHS Foundation Trust
Dr Bill Westwood	Federation of GP Practices
Alice Wiseman	Gateshead Council
John Pratt	Tyne and Wear Fire Service
Sheena Ramsey	Gateshead Council
John Pratt	Tyne & Wear Fire & Rescue Service
Sally Young	Gateshead Voluntary Sector
Wendy Hodgson	Gateshead Healthwatch

IN ATTENDANCE:

Julie Ross	Newcastle City Council
Dave Leech	Tyne & Wear Fire and Rescue Service
Joy Evans	Gateshead Council
Dan Cowie	Newcastle Gateshead CCG
John Costello	Gateshead Council
Sonia Stewart	Gateshead Council

APOLOGIES:

Councillor Ron Beadle, Councillor Mary Foy and Councillor Malcolm Graham
Mark Adams and Dr Mark Dornan

HW125 MINUTES

RESOLVED - That the minutes of the meeting held on Friday 3 March 2017 be agreed as a correct record.

HW126 ACTION LIST - 3 MARCH 2017

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

HW127 DECLARATIONS OF INTEREST

HW128 UPDATES FROM BOARD MEMBERS

HealthWatch Gateshead

Wendy Hodgson updated the Board on the current position regarding Healthwatch in Gateshead. Wendy advised that Tell Us North have been awarded the contract from 1 April 2017. She advised the Board that most of the staff have been TUPE'd over, this has gone smoothly and staff are keen. Work is being undertaken to recruit a new Committee but currently Kate Israel is acting as temporary chair. The team are currently working on introducing some new systems.

Gateshead Council

Currently, the Council is in the process of recruiting a new Strategic Director for Care, Wellbeing and Learning. Final interviews are scheduled for May; in the meantime Sheena Ramsey will be acting as Strategic Director of Care, Wellbeing and Learning. The Board was also advised that Elizabeth Saunders is no longer working for the Council and a new Interim Service Director for Commissioning and Quality Assurance will be starting during the week commencing 1 May.

CVS

A report has been produced based upon work the CVS have undertaken working with groups who are supporting people with physical disabilities. Issues have been highlighted around Welfare Reforms and it was noted that these groups are dealing with more and more people. The groups are finding that when they have supported people through an appeals process, 2/3rds have been upheld.

Health and Social Care Integration

The Board were advised that on 4 May and 27 June, members' seminars will be taking place in Newcastle and Gateshead respectively. Members are asked to attend if they are able as the aim is to talk about how we can work better together in terms of Health and Social Care.

HW129 NEIGHBOURHOODS & COMMUNITIES MODEL

A report was presented to the Board on the production, currently underway, of a Communities and Neighbourhoods model in Newcastle and in Gateshead designed to facilitate more care being provided in community and neighbourhood settings.

The model has been developed over the last 12 months through a range of stakeholder conversations. Describing a system architecture designed to shift care from hospital settings to community settings and ideally to people's own homes, the model captures work already underway in many parts of the Gateshead geography. The model will not duplicate existing work – but will bring into a coherent story, the collective efforts of statutory, voluntary, community and third sector agencies.

The Communities and Neighbourhoods model is designed to deliver improved outcomes for the population in terms of their health and wellbeing and builds upon

measures and metrics already in place. For example, its success will be measured through the number of patients remaining at home 91 days after discharge, permanent admissions to care homes, reduced readmissions and delayed transfers of care. Such measures of success are taken from existing frameworks, and importantly from the Better Care Fund.

Feedback has been sought over the past couple of months. Once all the feedback has been received, the model will be revised at that point - it has not been revised following each engagement session as the initial views of each group were sought to see what consistencies were coming through within the feedback received.

The neighbourhoods and communities model is a large scale change programme and a lot of time has been spent in “conversation sessions” with various stakeholder groups. The current slides and handout are designed for professional audiences and work is currently underway to develop public facing documents. The model encompasses health and care services – there is not yet sufficient emphasis on children, health inequalities or the workforce challenge. The work on prevention and improving overall health is subject to a different workstream which also needs to be described within the slides.

It was felt that reference needs to be made within the model to the ‘place’ dimension and that the language used to describe the model will be key in getting key messages across. It was also felt that the ‘enhanced primary care’ component of the model will be crucial going forward.

It was queried how informal care featured within the model and it was felt that the model needs to reflect ways of working across the VCS.

It was noted that if the model is to be delivered, getting the finances right will be central to this, including how finances are pooled across the local system and how risks are shared. An open and honest conversation is required on this issue.

It is proposed that the Gateshead Transformation Board, which exists as part of the Gateshead Care Partnership, leads the work to implement the communities and neighbourhoods model.

- RESOLVED -
- (i) that it be noted that the title of the model will be changed following feedback already received
 - (ii) comments of the Health and Wellbeing Board will be noted as part of the overall feedback received and the model altered accordingly.

HW130 'FIRE AS A HEALTH ASSET'

The Board received a presentation from John Pratt of Tyne and Wear Fire and Rescue Service. John advised that Board that the Fire Service attend approximately 5000 properties in Gateshead each year undertaking safety checks and issuing smoke detectors to vulnerable and elderly residents.

Fire death risk factors have been identified as Mental Health, Poor Housekeeping, Alcohol, Smoking, Drugs (prescription/illegal), limited mobility and living alone. The fire service priorities and core activities include responding to incidents, building resilience, prevention work and protection.

The Fire Service holds a community Risk Profile and looks to see what the current demand is and future demand in order that they can put the right resources into the right places. The ultimate aim is to achieve zero fire deaths.

Part of the work the service undertakes focuses on education training which takes place at Safety Works. A large number of school children attend and the messages delivered could be tweaked to include health and lifestyle messages. The service also visit schools and have worked with some challenging teenagers.

The service has taken part in a trial in Newcastle "Safe and Well" - the main area of focus for this was falls prevention. A cost benefit analysis was undertaken and it was identified that for every £1 investment, a saving of at least the equivalent of £2.52 would be made through demand reduction. This saving would also be recurrent.

Examples were provided of current joint working taking place in Gateshead e.g. through Care Call; mobile wardens/sheltered schemes; the Multi- Agency Safeguarding Hub; the Older People's Assembly; Changing Lives; and GP surgeries/care navigators/district nurses.

John advised that Board that he felt that there were a number of opportunities to work together with partners to improve health and wellbeing in Gateshead. This included:

- Prevention focused activities
- Working together for joint benefit e.g. JSNA and data sharing to improve targeting/risk profiling; two-way referral/signposting (including Making Every Contact Count)
- Supporting the health and wellbeing agenda in Gateshead

It was also noted that there are links between the work of the Fire Service and telecare initiatives e.g. for older people and people with learning disabilities.

RESOLVED - That the information in the presentation be noted.

HW131 CHILDHOOD OBESITY: YEAR 6 DATA UPDATE

An update report was provided to the Board on how Gateshead is performing in reducing childhood obesity using data from the National Child Measurement Programme (NCMP). Future projections / trends were also considered.

Since the programme launched in 2006, the remit of the programme has changed from being a measurement programme that measures the rates of childhood obesity on a national and local level each year to something more similar to that of a screening programme that now informs parents of their child's results once they have been measured.

Since the launch of the NCMP programme in 2006 we have 11 years of data to help identify patterns and trends in our local obesity rates. In 2013/14 the Year 6 cohort measured were the same cohort as those measured in Reception during 2007/08.

When the current Year 6 cohort (2016/17) was measured in reception there was a drop in excess weight. Based on previous trends we would have expected to see this drop reflected in the measure for 2016/17. However, what has actually been observed is an increase in the rate of excess weight from under 24% to over 38%. Over the last 2 years there has been an increasingly upward trend in rates of excess weight for Year 6 children to its highest point since the beginning of the NCMP.

Since April 2013, local authorities have been responsible for commissioning public health services for school-aged children aged 5 to 19. In October 2015 the commissioning responsibility for the 0 to 5 public health nursing workforce (health visiting and family nurse partnership) also transferred to local authorities. This transfer of responsibilities has given local authorities the opportunity to ensure that commissioning for children aged 0 to 5 and 5 to 19 is joined up so that the needs of everyone aged 0 to 19 are comprehensively addressed.

Since September 2016, the Gateshead Healthy Schools Programme has operated a traded service for schools to buy into. Approximately half of Gateshead Schools bought into the programme and, to date, 38 schools have signed up to the programme for 2017/18. It was noted that the Public Health Team has been restructured and a post has been identified specifically to address obesity across the lifecourse. Work is planned to develop a strategy that will take account of emerging evidence, current action and local needs.

The Public Health Team are also collaborating with Edberts House, in a community development childhood obesity project, 'Fit 4 The Future', with families in the Old Fold and Nest Estates.

- RESOLVED -
- (i) that the current position be noted.
 - (ii) that a report be received at the June meeting outlining a potential future model for delivery of 0 to 19 public health services.
 - (iii) that the development of a whole systems obesity strategy for Gateshead be approved.

HW132 FINAL GATESHEAD SUBSTANCE MISUSE STRATEGY & ACTION PLAN

A report was presented to seek the endorsement of the Board of the Substance Misuse Strategy 2017-2022 and Action Plan for Gateshead.

The Board received a presentation in July 2016 and the Strategy has been through a full consultation process, including a Joint Meeting of the Community Safety Board and Health and Wellbeing Board.

The Strategy is formed around 3 objectives – reducing demand, reducing supply and

building recovery. Prevention across the lifecourse and protecting those affected by substance misuse are embedded within the integrated drug and alcohol strategy. However, it is acknowledged that some distinctly different approaches are required to address drug and alcohol harm. The need for high level strategic action has been identified and this has been incorporated into the final strategy document.

Key changes/additions made since the first draft strategy was considered by the Board in July 2016 include:

- The new Chief Medical Officers low-risk drinking guidelines and the need to raise public awareness of these revised levels;
- Increased recognition of the Carers' role and needs in supporting those who misuse substances;
- Further detail of the contribution of the Making Every Contact Count programme;
- A commitment to explore the possibility of pooled budgets and joint commissioning of services;
- The actions arising from the joint Health and Wellbeing and Community Safety Board meeting.

The Substance Misuse Strategy Group will prepare quarterly reports to track progress against the outcomes and indicators set out in this strategy, with remedial action being taken by partners in areas where there is under-performance or blockages.

- RESOLVED -
- (i) that the Substance Misuse Strategy and Action Plan for Gateshead for the period 2017-2022 be endorsed.
 - (ii) that future reports be received in order that the Board can scrutinise and challenge against progress.
 - (iii) that the Board take appropriate action when required to enable the Strategy Group to deliver the outcomes of the strategy as required.

HW133 BETTER CARE FUND 2017 - 2019 SUBMISSION ARRANGEMENTS

The Board received a report to provide an update on the Better Care Fund Plan submission requirements for 2017-19.

Currently, detailed Planning Guidance on the BCF is still awaited from NHS England and it has been suggested that the Guidance may be published in the week commencing 24 April.

For 2017-19 there are four national conditions relating to the BCF, rather than the previous eight:

- (i) Plans to be jointly agreed
- (ii) NHS contributions to adult social care is maintained in line with inflation
- (iii) Agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care
- (iv) Managing Transfers of Care (this is a new condition to ensure people's

care transfers smoothly between services and settings).

As in previous years, there will be a requirement for local areas to transfer the BCF into one or more pooled funds.

Areas will also need to agree targets for metrics on delayed transfers of care; non-elective admissions; admissions to residential and care homes; and effectiveness of reablement.

It is envisaged that all areas will be able to work towards graduation from the BCF to be more fully integrated by 2020, with areas approved in waves. NHS England will test the graduation process with a small number of areas in a 'first wave' in order to develop the criteria for graduation. Once the criteria have been confirmed, subsequent graduation waves will not be restricted in numbers in the same way.

Subject to confirmation within BCF Planning Guidance to be published, it is understood that there will be a two stage submission process for the BCF:

- A six week period to prepare an initial first submission (i.e. from the publication date of the guidance). This will be followed by feedback on the first submission.
- A three to four week period to prepare a second submission as required.

As in previous years, it is proposed to utilise existing working arrangements in place to develop our BCF submission. Progress updates will also be brought to the Health and Wellbeing Board and approval sought to the BCF submission. Plans will also need to be signed off by the Council and Newcastle Gateshead Clinical Commissioning Group.

RESOLVED - that the information provided within the report be noted.

HW134 DECIDING TOGETHER, DELIVERING TOGETHER: UPDATE

The 'Deciding Together' consultation looked at inpatient services for people who use mental health services. In June 2016 the CCG governing body considered the findings of the Deciding Together process and made its decision about the future of the services. The following statement was released:

"Mental health services in Newcastle and Gateshead are set to be transformed – reducing the amount of time people will spend in hospital and creating better, more integrated care outside of hospital in the community, and helping people to recover sooner – and bringing them onto an equal footing with physical health care.... The changes will mean the creation of new in-patient facilities at Newcastle's St Nicholas' Hospital, and the opportunity to innovate a wider range of improved and new community services, some that will be specifically provided by community and voluntary sector organisations under future new contracts, that will link with statutory NHS services.

While the decision will mean the closure of Gateshead's standalone Tranwell

Unit, as well as the Hadrian Clinic in Newcastle, it provides the opportunity to make significant changes that will create new interlinking community and hospital mental health services that will reduce the reliance on hospital stays, shorten the time people spend in hospital and overall improve their experience of services, helping them to recover sooner, stay well and have fulfilling lives.

Older people's services in Newcastle would also change and be consolidated at St Nicholas' Hospital, closing wards based on the former Newcastle General Hospital site.

The money released from these changes will be invested into new and enhanced services that will create a better way for people to be supported and cared for in their own communities, minimising the need for in-patient care because new innovative services will support them, when they need it."

The Board were advised that the decision which has been made is not changing. This update is to advise on the process which will be undertaken to implement the decision.

The redesign work will cover all adult and older peoples mental health services in Gateshead and Newcastle; this recognises that the Deciding Together scope was limited to NTW provided services and that it was not sufficiently broad to redesign services to meet the mental health needs of the population. The increased scope, therefore, means covering the Gateshead and Newcastle provision of:

- All NTW NHS Trust provided adult and older people's services
- Gateshead Health NHS Trust provided older peoples mental health services (new to scope)
- Third sector services, community and voluntary service services (new to scope)
- Social care services (new to scope)

The Accountable Officer Partnership for Gateshead and Newcastle has identified Ian Renwick, Chief Executive of Gateshead Health NHS Foundation Trust, as the accountable officer sponsoring this work. Three work streams will be established to take this work forward. These are:

Resource review

- Briefly revisiting the validity of the Deciding Together resource assumptions (finances, activity, and capital).
- Appraising the available capital to accommodate the decision.

Stakeholder views

- Appraising the outcomes of Deciding Together and providing feedback on them.
- Proposing solutions to any concerns raised.

Design programme

- Developing a community services specification

- Developing an inpatient services specification

It was noted that a core and crucial component of the work programme will be the redesign of community mental health services.

The issue of waiting times for Child & Adolescent Mental Health Services (CAMHS) was also raised and it was requested that a report on this issue be brought to a future Board meeting.

- RESOLVED -
- (i) That the information contained within the report be noted.
 - (ii) That further updates be brought to the Board as they become available.
 - (iii) That a report on CAMHS waiting times for Gateshead residents be brought to a future Board meeting.

HW135 HEALTHWATCH GATESHEAD ACTIVITY REPORT (SEPTEMBER 2016 TO MARCH 2017)

The concluding report of the previous Chair of HealthWatch Gateshead was submitted to the Board for information.

RESOLVED - That the report be noted for information.

HW136 ANY OTHER BUSINESS

No additional items of business were raised.