GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 21 July 2017

PRESENT Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Paul Foy	Gateshead Council
John Pratt	Tyne and Wear Fire Service
Councillor Ron Beadle	Gateshead Council
Councillor Malcolm Graham	Gateshead Council
Councillor Michael McNestry	Gateshead Council
Dr Mark Dornan	Newcastle Gateshead CCG
Dr Bill Westwood	Gateshead Federation of GP Practices
Sally Young	Gateshead Voluntary Sector
Steph Edusei	Gateshead HealthWatch

IN ATTENDANCE:

Alison Dunn	Gateshead Citizens Advice Bureau
Susan Watson	Gateshead NHS Foundation Trust
Matthew Liddle	Gateshead Council
Wendy Hodgson	Gateshead Healthwatch
Andy Graham	Gateshead Council

APOLOGIES: Councillor Mary Foy and Councillor Martin Gannon
Ian Renwick, Alice Wiseman, Sheena Ramsey and Sir Paul Ennals

HW147 MINUTES

RESOLVED - That the minutes of the meeting held on Friday 23 June be agreed as a correct record, subject to it being noted that Sir Paul Ennals was in attendance at the meeting but was not listed.

Matters Arising

The Board were advised that as per the suggestion from the previous meeting that the Homeless Health Needs Assessment was taken to the Board of the Gateshead Housing Company. The Gateshead Housing Company Board were keen to work with the Health and Wellbeing Board on progressing this work.

It was noted that the report was also taken to the Gateshead Care Partnership and the Mental Health Programme Board at which it was also well received.

HW148 ACTION LIST

It was noted that the Substance Misuse Strategy was approved by Council on 20 July.

Concern was expressed about the Deciding Together, Delivering Together work and the expectation of up to date figures on CAMHS Service waiting lists.

It was suggested that Chris Piercy be invited to bring an update to this Board in September / October.

The Chair advised that she would be speaking to NTW and South Tyneside FT regarding their non-attendance at the Board.

RESOLVED - That actions and updates since the last meeting be noted.

HW149 DECLARATIONS OF INTEREST

HW150 CONTRIBUTION OF THE VOLUNTARY AND COMMUNITY SECTOR TO IMPROVING HEALTH AND WELLBEING IN GATESHEAD

The Board received a presentation from Sally Young, who had been asked to report on the current contribution of the Voluntary and Community Sector (VCS) in Gateshead. There is a perception that the VCS is being asked more and more to complement existing services, and this raises some concerns about their capacity to provide this support.

The Board were advised that there are likely to be between 700-1000 groups, activities and organisations making up a complex VCS in Gateshead which employ between 3000-4000 people working alongside a number of volunteers. A further 500 charities are not based in Gateshead, but provide activities within the area. It is estimated that 34% of Gateshead residents volunteer. It was noted that the majority of VCS funding does not come from the public sector, for example, one charitable organisation with a turnover of £300,000 receives £10,000 from the LA. It is estimated that 7 out of 10 VCS organisations saw an increase in demand for services in the past year.

The Biggest Challenges highlighted include:

- The impact of welfare reform
- Increased poverty in communities
- Reduction in provision of statutory services
- Having to pay for things that were once free
- Lack of jobs / employment opportunities / sanctions

In terms of organisational challenges the following were highlighted:

- Funding
- Recruitment and retention of volunteers, especially in terms of volunteers being asked to take on additional work in areas they are not necessarily

familiar with
- Coping with increased costs
- Maintaining sustainability

The role of the VCS in improving health, wellbeing and care has developed enormously in the last twenty-five years. It has multiple roles, often dependent on the size and nature of the organisation; these include:
- As a service provider
- As a mechanism for bringing patients, users, and carers together e.g. support groups, peer experience
- As an advocate for individuals, groups and communities who are often excluded
- Through the use of volunteers to enhance services and experiences
- As a partner in decision-making
- As a source of information, knowledge and expertise on particular communities (e.g. contributor to the JSNA)
- As an improver of the physical environment
- As a campaigner for environmental and other improvements

However most of these activities require capacity and resources, whether it is goodwill, time, space, volunteers, finance etc. and there is a concern, that VCS organisations will be expected to substitute for paid public sector staff. The shift towards social prescribing is of increasing concern as resources seem to be invested into sign-posters / navigators/ directories indicating where services are, but not into the services themselves. A clear definition of social prescribing isn't available and leads to inconsistencies.

There have been some successful examples of asset transfers from the public sector to voluntary organisations, but these take time and a lot of resources. Initially public sector (mainly council) staff were able to invest time in these and provide support and a safety net, however the more recent transfers are not as sustainable.

Experience has demonstrated that what makes local organisations work well is the involvement and support of local people. This can take time, involve community development, be focussed on a need, and the end result has got to be what that community wants. The contractual cycle can sometimes conflict between what a commissioner wants to purchase and what an organisation believes is necessary for delivering to its community. Artificial structures parachuted in, that don't have local ownership or buy-in, are unlikely to work.

In 2010, the Government proposed the opening up of public sector contracts to the voluntary sector. These included major contracts on the Work Programme and the Criminal Justice system. In reality, the vast majority of these contracts are now delivered by private sector international companies e.g. Serco, A4E and G4S and the voluntary sector has had a few painful experiences as end providers. A number of medium-sized organisations do not feel able to bid for public sector contracts as these have become larger and often the requirements are onerous and disproportionate to the contract value. As public sector funding has shrunk further, a number of organisations (voluntary and private), are removing themselves from

social care provision. Very recently Lifeline, a major charity (£60million) providing drug and alcohol services (albeit not in Gateshead), went into receivership.

The amount of volunteering in Gateshead is much higher than the UK, with Gateshead Council reporting that *“34% of Gateshead residents regularly taking part in an activity”.* There is clearly a strong base to build upon, and councillors and council officers are involved with and aware of the sector. Newcastle CVS has built up a good rapport with a number of voluntary and community organisations in Gateshead.

There have been major shifts in public sector organisations with more to come, and this has meant a loss of some partnerships, relationships and understanding of each other’s challenges and difficulties. This could be the right time to forge a new relationship, refresh the Gateshead Compact (which is a statement of the relationships) and work together across the wider partnership to improve health and wellbeing in Gateshead.

In terms of Next Steps, Sally felt that there was a need to look at relationships between the Local Authority, the Voluntary Sector and other statutory partners to regain and rebuild the trust. It was also felt that there was a need to look at whether there was real investment in the voluntary sector and to look at what the sector can offer. It was also suggested that procurement processes be looked at to see if in some cases they can be simplified.

RESOLVED - (i) That the information in the presentation and report be noted.
(ii) That a half-day session be organised to look at and re-define relationships with the VCS, including the Gateshead Compact.

HW151 GATESHEAD HEALTH NEEDS ASSESSMENT - BLACK AND MINORITY ETHNIC POPULATION

The Board were advised that this report was brought to the Board for an update in June and a number of actions were set. It was always the intention to bring a final version to the Board as there was a need to access and analyse further relevant Primary Care data. This has now been completed thanks to data provided by the CCG.

The main issue from the Needs Assessment is that the prevalence of risk factors in Gateshead appear to be lower than the national figures. It is likely that the main reason for this is the younger age profile in BME populations, but it may also be access to or use of services by them, for instance, the low uptake of Stop Smoking Services. There also appears to be an issue with low recording of ethnicity in some GP practices.

The Needs Assessment has been restructured, adding an executive summary and in response to the need for a workable action plan, the recommendations have been reviewed to include lead bodies/organisations with responsibility for the recommendation.

The Board was asked to receive and endorse the Needs Assessment with a formal update from partner organisations on their progress in implementing the recommendations to be brought to the Board in three months time.

The following comments were made in relation to the report:

- Healthwatch Gateshead advised the Board that as they were now working across both Newcastle and Gateshead and they have a joint staff team they may be able to assist in reaching into / engaging further with BME Groups.
- It was suggested that language and translation may be an issue in terms of accessing services
- In terms of the BME carers, a prevalence of 1.1% is reported, but there was debate about this as figures from the Gateshead Carers Association would suggest this to be higher. It was agreed that this would be acknowledged in the final copy to be available on the JSNA.
- Also Gateshead Carers have a group from Eretria set up who could easily be accessed for information to feed into future work.
- The report was commended and it was felt that the recommendations go a long way to helping BME communities access services.
- It was noted that the CCG have acted on some of the points raised, however it was suggested that it would be useful to know how partners plan to achieve the recommendations.

RESOLVED - (i) That the BME Needs Assessment be endorsed.
(ii) That partner organisations represented on the Board provide a progress update on implementing the recommendations in 3 months.

HW152 HEALTH AND LIFESTYLE SURVEY 2016 FINDINGS

The Board received a presentation which provided feedback on a Health and Lifestyle Survey undertaken by the Council in 2016. The Council used its online Viewpoint Panel to undertake the survey. The survey was undertaken between 16 March and 30 April 2016 and 1 November – 18 December 2016. The reason behind undertaking the survey is that good health is important for happiness and a general feeling of well-being. A healthy population is in a better position to enjoy life, live longer, to be more productive and to contribute towards economic growth. The Council is responsible for providing public health services and this survey was designed to explore attitudes to making healthy lifestyle choices, future areas of health promotion and to identify inequalities in health.

In total over the two phases of the survey 881 people responded to the survey.

73% of respondents said they were in good or very good health with a further 20% who said their health was fair. 7% said they were in poor or very poor health. Although 73% said they were in good health, only 64% thought they were fit. Respondents who smoke do not get the recommended level of exercise or who have

excess weight are significantly less likely to feel fit than on average. The perception of fitness differs by gender with 41% of women saying they feel unfit, compare with 31% of men. It also appears, though not definitive that men may feel less fit as they grow older whereas women are the opposite and actually feel fitter they older they get.

Only 9% of respondents said they smoke regularly or occasionally. This is very low when compare with national smoking prevalence surveys and suggests that the Viewpoint Panel is biased toward non-smoking. 33% said they used to smoke but do not smoke at all now. Young people are more likely to smoke than older ones, with 12% of those aged under 35 currently smoking, compared to 3% of those aged 65 and over. There is also a significant 'social gradient' for smokers, with a gap of 11 percentage points between those living in the most and least deprived areas.

90% of respondents drink alcohol, but younger people under the age of 35 are significantly less likely to drink weekly or more often at just 32%, compared with 62% of those between the ages of 35 and 64 and 67% of those aged 65 or over. Men are significantly more likely to drink weekly or more often than women, and this is particularly the case for those aged 65+ with 82% of older men drinking that regularly compare with 47% of older women. There is a social gradient evident in those who drink weekly or more often with those in the 20% most deprived areas significantly less likely to do so (39%) than those in the 40% least deprived areas (70%).

Fruit and vegetables are a vital source of vitamins and minerals and should make up just over a third of the food we eat each day. Just under half (48%) of respondents are eating 5 a day. Indicatively, women aged 65 or over. 73% of older women have 5 a day which is significantly higher than any other aged and gender group. In comparison, only 44% of older men have 5 a day.

4 questions were asked about overall personal wellbeing. The questions asked were about satisfaction with life, happiness, anxiety and feelings of doing things that are worthwhile.

The headline results from these indicators are shown as follows:

Overall, how satisfied are you with your life nowadays?)	**49%** satisfied / dissatisfied **20%**
(Overall, how happy did you feel yesterday?)	**50%** happy / unhappy **23%**
(Overall, how anxious did you feel yesterday?)	**65%** not anxious / anxious **20%**
(Overall, to what extent do you feel the things you do in your life are worthwhile?)	**58%** worthwhile / not worthwhile **15%**

The final results have been reported to the Director of Public Health and the information will be used as evidence in Gateshead's Joint Strategic Needs Assessment which identifies key strategic priorities to improve the health and wellbeing of the population.

It was felt that the information provided was very useful, however, it was noted that

by their nature these types of surveys attract a particular section of the population. It was agreed that there needs to be some caution with the information provided, however, it was felt that overall it was a good indicator.

The Citizens Advice Bureau suggested it may be possible to run a version of this survey with their clients. There was also a discussion about using the survey on other subsets of the population, e.g. Ward Based.

RESOLVED - That the information in the presentation be noted.

HW153 A YEAR OF ACTION ON TOBACCO AND SMOKING: FIVE BY TWENTY FIVE

The Board received a report to seek their views on undertaking a "Year of Action" to highlight the harms arising from tobacco use, and what's happening in Gateshead to counteract them.

The Annual Report of the Director of Public Health for 2015/16 focused on the harms and inequalities arising from tobacco use in Gateshead and recommended maintaining momentum on action to minimise these harms. In keeping with that recommendation, the Public Health team has outlined a "Year of Action" to highlight the harms arising from tobacco use, and what's happening in Gateshead to counteract them.

The purpose of this Year of Action is to maintain and raise the profile of the impact of tobacco in Gateshead, and to galvanise action at all levels (ie. community, organisational, sector-specific) to combat harms.

The proposal is to undertake a series of monthly activities that would be used to generate press/media interest and provide a platform for the communication of key messages.

Key messages would include the impact on health and financial inequalities and harm reduction, encouraging people not to start smoking, protecting others from second-hand smoke, and promoting support for those wanting to stop smoking. The overall message is the desire to achieve a smoking rate in Gateshead of 5% by 2025 – "five by twenty five".

Activity each month would be promoted through the production of press releases, short videos and other activity that would be made available through Gateshead Council's social media and the Public Health Team's "One You Gateshead" social media channels. Suggestions for these are included in Appendix 1.

The impact of the "Year of Action" would be determined by information gathered from social media sources (ie. unique views, shares, likes, retweets etc), by comments received, and by changes in access to/uptake of stop smoking services.

Some of the following ideas were highlighted from the calendar:

- Promotion of the Rebranded Stop Smoking Service

- Celebrating 10 Years of Smoke Free Public Buildings
- “Burning Injustice” tobacco poverty. Cost to social care and the NHS

It was suggested that there was a need to keep other organisations informed with this and supply resources where available in order for them to also be involved in the initiative. It was suggested that the fire service, the CCG, and CBC should be included as potential partners. It was noted that Paul Gray is the contact within Public Health.

RESOLVED - That it be noted that the Board fully supported the campaign.

HW154 BETTER CARE FUND FOLLOW UP REPORT TO QUARTER 4 RETURN

The Board received an update report on progress against the national conditions and metrics linked to the BCF. The report also set out the planned steps towards progressing these areas of work.

National Condition 4 (ii) – Are you pursuing Open APIs (ie systems that speak to each other)

The long term next steps are in the further development of the Great North Care Record. This is being developed at a regional level with significant input from health and social care organisations from Newcastle and Gateshead. It is anticipated that we will soon be able to make use of open APIs from Primary Care clinical systems as part of the national GP Connect Programme. Health and Social Care Network connectivity is being explored and an initial fact finding meeting has taken place, led by the Council’s ICT services. This is as a result of the proposed co-location of the 0-19 public health nursing service and the Council’s children’s services.

National Condition 4 (iv) – Have you ensured that people have clarity about how data about them is uses, who may have access and how they can exercise their legal rights.

This is an ongoing piece of work which will need to be a regular feature of communications to the people of Newcastle Gateshead. We are currently seeking case studies to help us explain messages about data and technology in ways which are relevant to our populations and professionals.

The next step is to develop a clearer plan in relation to communications which will happen at a local level to complement communications from the regional Great North Care Record level.

National Condition 6 – Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans.

As a Care Home Vanguard Programme, we are currently identifying what developments will be completed and what will be progressed further at the end of the Vanguard period. In particular, we are focusing on taking the learning from providing enhanced care to older people living with family in care homes to their own

homes. This already involves much of our BCF initiatives and will continue to be improved upon wherever necessary.

National Condition 7 – Agreement to invest in NHS commissioned out-of-hospital services.

As with the frailty developments identified, this will involve many of our BCF initiatives and will continue to be improved upon whenever necessary. This includes a whole system integrated approach that ensures the voluntary care sector is also appropriately involved.

The quarter 4 BCF return either reported 'no improvement in performance' or 'on track for improved performance, but not to meet full target for the following metrics:

Estimated diagnosis rate for people with dementia

It is understood from a clinical audit completed as part of the Care Home Vanguard Programme that around 7% of care home residents are likely to have dementia but are not yet formally diagnosed. As a result, a bespoke diagnosis pathway has been developed in order to address this.

Delayed Transfer of Care (DTOC)

Work has been undertaken between the Council and the Trust to ensure that there is a coordinated and agreed approach to DTOC (as analysis identified that there had been some changes to recording, which had not been agreed across the system).

The CCG, LA and Trust worked together during the winter period to develop a different approach to facilitating home care packages from hospital. This was piloted as the "bridging service", and is in the process of being evaluated. The high level feedback, however, was positive and we are looking to develop a longer term model, through the improved Better Care Fund.

Patient/Service User Experience metric

In 2017, NG CCG in partnership with their key stakeholders have developed a Long Term Condition Strategy which seeks to improve care delivery and self-management of LTCs right across disease progression from diagnosis to end of life, including a specific focus on frailty.

Reablement

Going forward, where there is a requirement to provide urgent support (eg to support discharge from hospital or end of life care) and only the reablement service can provide this, we will look to make sure that such referrals are not recorded as reablement, as they are not truly reflective of the service and therefore should not be counted as such. From the analysis of those people who were admitted to reablement in order to prevent a hospital admission but subsequently deteriorated and were then admitted to hospital, we will ensure that the lessons learned from the analysis are developed into an action plan. Within any changes, we need to balance

our approach in order to prevent a situation occurring whereby the system becomes risk averse and does not accept referrals from those people with higher level needs.

The Board were advised that in September there will be the new re-iteration of the plan which the Board will have an opportunity to comment on.

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

HW155 UPDATES FROM BOARD MEMBERS

Newcastle Gateshead CCG

The Board were advised that the assurance ratings for CCGs were to be published, this was going to be done in a very low key way. However, Newcastle Gateshead CCG were to be listed as requiring improvement in their finances.

It was suggested that the Board expressed its concern that the CCG has to return a given percentage back to the centre. Whilst it is appreciated that this is a national process, it is bound to have an effect on the morale of people working in the services.

Healthwatch Gateshead

The Board were advised that Wendy Hodgson has been appointed as the Operations Manager for Healthwatch Gateshead.