

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 8 September 2017

- PRESENT** Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)
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| Councillor Mary Foy | Gateshead Council |
| Councillor Malcolm Graham | Gateshead Council |
| Councillor Michael McNestry | Gateshead Council |
| John Pratt | Tyne and Wear Fire Service |
| Dr Mark Dornan | Newcastle Gateshead CCG |
| James Duncan | Northumberland Tyne and Wear NHS Foundation Trust |
| Ian Renwick | Gateshead Health NHS Foundation Trust |
| Steph Downey | Gateshead Council |
| Sheena Ramsey | Gateshead Council |
| Alice Wiseman | Gateshead Council |
- IN ATTENDANCE:** Iain Miller Public Health
Alison Dunn Gateshead Citizens Advice Bureau
Gerald Tompkins Gateshead Council
John Costello Gateshead Council
Julie Ross Newcastle City Council
- APOLOGIES:** Councillor Paul Foy, Councillor Ron Beadle and Councillor Martin Gannon
Mark Adams, Sally Young and Dr Bill Westwood

HW156 APOLOGIES FOR ABSENCE

HW157 MINUTES

RESOLVED - That the minutes of the meeting held on Friday 21 July 2017 be agreed as a correct record.

HW158 ACTION LIST

The Board were advised that a report on CAMHS will be prepared and tabled at a future meeting of the Board.

The Board were advised that the issue of CAMHS is also due to be looked at by the Accountable officers Group.

HW159 DECLARATIONS OF INTEREST

HW160 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board received an update report and presentation on progress made against areas of action identified in the Gateshead Joint Strategic Needs Assessment (JSNA) paper to the HWB in September 2016.

A multi-agency steering group continues to oversee the development of this work-stream thus enabling the HWB to discharge its duties outlined under the Health and Social Care Act 2012. Membership of this group has been reviewed and updated but this is a continual process.

The Board were informed that continuing support from all HWB partners is essential to ensure that the JSNA remains a relevant and current tool, providing a comprehensive understanding of needs of those involved in securing and improving the health and wellbeing of the Gateshead population.

Work is currently ongoing to incorporate intelligence within the JSNA about how community initiatives/assets are helping to support local health and wellbeing needs.

The Board were advised that the next steps for the Steering Group will be:

- To continue to engage 'expert authors' in developing and reviewing the content of the JSNA;
- To add more examples of the 'lived experience' of local people in the form of case studies to bring additional richness to the JSNA;
- Continue to integrate intelligence on Gateshead's assets into the JSNA and engage public involvement;
- To invite Health and Wellbeing Board members to suggest areas for Deep Dive work such as that recently carried out in relation to Homeslessness

- RESOLVED -
- i) That the progress on the continuing development of the JSNA be noted;
 - ii) That the planned next steps in developing the JSNA be noted and supported;
 - iii) The Board agreed to retain the existing strategic priorities for September 2017 onwards;
 - iv) That the relationship between poverty and peoples' mental health is looked into further; and
 - v) Agreed to receive an update report in September 2018

HW161 INTEGRATING HEALTH & CARE IN GATESHEAD

The Board received a report which set out the current thinking of the health and care system leaders in Gateshead about the opportunities for integrating services with the explicit aim of improving health and wellbeing outcomes for the local population.

Work on this topic in Gateshead has developed in three parallel pieces of work over the last year:

- the operation of the Gateshead Care Partnership since October 2016
- the informal health and wellbeing board pre meeting of senior officers from

- the statutory bodies represented at the board, since April 2017
- the Accountable Officer Partnership across Gateshead and Newcastle published a 'statement of intent' (January 2017) describing its ambition to bring together health and care services.

The Board were advised that there is whole system support for an integrated approach to health and care in Gateshead, shared by accountable officers, their commissioners and their providers, to meet the following three objectives:

- To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
- To support the development of integrated care and treatment for people with complicated long term health conditions, social problems or disabilities.
- To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.

It is therefore proposed that the Gateshead health and care system leaders, who have compiled the report that was presented to the Board, come together in a formal group under the auspices of the health and wellbeing board, in order to further develop the proposals for the integration of health and care services in the borough. Further proposals should be brought back to the board over the coming months for consideration.

It was noted that the proposals that emerge will need to be bespoke and work for Gateshead. They will need to fit with local system values and principles, have broad support and be driven by our aim to improve the health and wellbeing outcomes of all local people. As part of this, there will be a need to get the finances right and to get the service offer right so that maximum value can be secured from the limited resources available across our health and care economy.

- RESOLVED -
- i) The Board welcomed the report and requested that colleagues from the VCS be advised as to how they can input into the process.
 - ii) The Board approved the creation of a time limited health and care system leader group to further develop the proposals, which would report regularly to the health and wellbeing board. The Board also agreed to delegate authority to this group to develop comprehensive and costed proposals.

HW162 BETTER CARE FUND 2017-2019 SUBMISSION

The Board received a report seeking approval to the Better Care Fund submission for Gateshead (2017-19)

The Gateshead BCF submission for 2017-19 has been developed working closely with colleagues at Newcastle Gateshead CCG. Engagement has also taken place with Gateshead Health NHS FT and Northumberland, Tyne & Wear NHS FT. The

submission timeline also provided for consideration by the Gateshead Voluntary Sector Health & Wellbeing Advisory Group.

The submission is in two parts:

- A Narrative Plan that addresses the key requirements of national planning guidance
- A supporting Planning Template which sets out further details on metrics, proposed expenditure and national conditions

The key thread which runs through the Gateshead submission is that the BCF forms part of a broader picture in working towards the integration of health and social care services for the benefit of local people and therefore should not be seen in isolation. The submission for 2017-19 references work to develop an out of hospital model for Gateshead (People, Communities & Care):

- Building upon the 2016/17 submission, the BCF will transition into the Gateshead People, Communities & Care (PCC) model.
- Work programmes/schemes funded through BCF will naturally 'mitigate' to the 'care and support' component of our PCC model (and more specifically the 'intermediate care' component).
- Work is also underway to consider a system 'outcomes framework' for our PCC model.

As in previous years, there is a requirement that BCF monies are transferred into one or more pooled funds. It is intended to continue with current arrangements which will be governed by a Section 75 agreement.

The Board were advised that previously, the BCF plan has included 11 core schemes but as these go back to 2014/15 it is now intended to group these under five broad areas which better reflect current arrangements and current priorities:

- Service Transformation
- Market Shaping and Stabilisation
- Managing discharges and admission avoidance
- Planned care
- Service pressures

In addition, there is also specific provision for:

- Disabled Facilities Grant
- Carers

The delivery of the plan will be governed by a Section 75 agreement which will set out respective responsibilities of the Council and CCG. Delivery will be overseen by the BCF Programme Board, including senior officers from the council and CCG. Updates will also be reported regularly to the Health and Wellbeing Board.

The Board welcomed the report but wished to place upon record that whilst it

remains committed to reducing the numbers of delayed transfers of care, the targets set are very ambitious and there are concerns regarding the potential for Improved BCF monies to be withdrawn if targets are not achieved. These ambitious targets come on the back of recognised significant pressures within the social care system, and the risk of withdrawal of monies from the Improved BCF creates a further uncertainty within the system. However, as a sector we remain focused that our efforts are concentrated towards the joint activity of ensuring timely discharge. The Board asked for a form of words to be drawn up and included within the final submission to NHS England to express its concerns.

- RESOLVED -
- i) That the Gateshead BCF submission for 2017-19 be approved
 - ii) That the concerns of the Board be outlined formally as part of the BCF submission.
 - iii) That thanks be placed upon record to John Costello and Steph Downey for their work in developing the submission in conjunction with NHS and other colleagues.

HW163 FEEDBACK FROM JOINT MEMBERS SEMINAR

The Board received a report which provided an overview of the discussions held between NHS and Local Authority leaders during May and June 2017 at two councillor seminars which focussed upon the integration of health and care services.

The seminars comprised presentations outlining the shared challenges of the health and care system (from the increased demand for services to the financial challenges) and wide ranging discussions about shared priorities across the two sectors and in particular, how working more closely together could help transform the services for the populations across the piece.

The main reflections from both seminars are outlined below:-

- “The NHS and Local Authority priorities are very similar – from focussing on preventative services and prioritising children’s health and care, to considering new solutions to the depleting workforce and the demise of community infrastructures.
- All parts of the public sector are facing huge financial challenges as demand grows and budgets reduce – working together across organisational boundaries and in the interests of the populations we serve, is supported by all of us.
- The Local Authority has responsibility for a range of services that could positively affect the health of the population – from public parks and spaces to leisure centres and libraries; harnessing the opportunities to improve the overall health and wellbeing of the population by using such services more creatively, was a recurring theme in all discussions.
- The cost of providing hospital based care is huge in comparison to community based and preventative services; our collective challenge is to find creative ways of reducing demand for hospital services; the resources released as a result could form a platform for investing in preventative services and other priorities such as primary care, community and mental health services.”

Prevention was a major theme as both elected members collectively acknowledged austerity has led to a number of services in this area being stopped or reduced. A priority is considering how mainstream services can still have a preventative focus.

It is proposed that the NHS and Local Authority leaders continue to meet, on a six monthly basis, to discuss further shared priorities, consider the progress being made in integrating health and care services and identify further opportunities for joint working.

- RESOLVED -
- i) That the report and the attached notes outlining the headlines of the conversations held between NHS and Local Authority leaders during May and June 2017 be noted.
 - ii) That six monthly meeting arrangements be set up in order to continue the NHS and Local Authority leadership conversations.

HW164 HEALTHWATCH GATESHEAD ANNUAL REPORT 2016/17 & PRIORITIES FOR 2017/18

The Board received a report setting out the priorities for Healthwatch Gateshead in 2017/18 and an update on progress achieved since 1 April 2017.

Since 1 April 2017 a recruitment and selection process has taken place and an 8 strong committee has now been appointed to oversee the work at Healthwatch Gateshead. The Committee members have a complimentary range of skills and experience which will be of great benefit to the work and the strategic governance of the organisation. It is hoped that a chair will emerge from the committee members.

The Board were advised that engagement and consultation work was undertaken in April and the following priorities were agreed:-

- Carers
- NHS continuing health care
- Young people
- Mental health
- End of life

Other areas on the shortlist for prioritisation were:

- Queen Elizabeth Hospital
- GP services
- Black and minority ethnic health needs
- Social care

The Board were also notified that the Healthwatch AGM is scheduled for the morning of 31 October 2017.

RESOLVED - that the report and Annual Report for 2016/17 be received and noted.

HW165 PHARMACY APPLICATIONS

The Board were advised that in July 2017, one application from AOne Business Centre, Suite 6, 3 Summerhill, Blaydon on Tyne NE21 5JR was received in respect of distance selling premises by Pacific Chem Ltd.

Representations were made from the Local Pharmaceutical Committee and the Local Medical Council who are of the opinion that there is sufficient pharmaceutical provision within Gateshead and that this contract would undoubtedly destabilise the current service provision. The LMC also felt that GP practices have noted that patients are being approached directly by such (online) pharmacies and asked to give their permission to collect prescriptions and post their medication. This undermines the local relationship with GPs and pharmacists and may lead to requests for repeat prescriptions when not needed.

Gateshead Council Public Health also made a representation based on the information that the General Pharmaceutical Council registration for the named pharmacist was unable to be located.

- RESOLVED -
- i) That the information be noted
 - ii) That the representation made be agreed
 - iii) That future reports be received when new applications are submitted

HW166 UPDATES FROM BOARD MEMBERS

Ian Renwick reported that the 'Deciding Together, Delivering Together' week long workshops were now underway and the findings report from the first workshop on 'Getting Help' will be available at 3.00 pm today.

James Duncan reported that a new operational management structure for NTW is being put in place to provide an enhanced locality focus and further updates will be provided soon.

Mark Dornan reported that there will be a consultation exercise regarding GP services provided at Blaydon PCC (not including the walk- in- centre).. Further updates will be provided in due course.

A report on feedback received on the STP has been compiled and is available on the CCG's website.

Andrea Tickner may be in touch with members of the Board on opportunities to work together linked to the Council's procurement and commissioning policies which have been undated.

John Pratt, Tyne & Wear Fire Service, noted that the Board's discussions have highlighted the need to focus more on identifying key outcomes and how these can best be delivered. The Fire Service would welcome the opportunity to work with Board members on this going forward.

HW167 A.O.B

There were no issues of 'Any other business' reported.