

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 20 October 2017

PRESENT

Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Paul Foy	Gateshead Council
Councillor Ron Beadle	Gateshead Council
Councillor Mary Foy	Gateshead Council
Councillor Martin Gannon	Gateshead Council
Caroline O'Neill	Care Wellbeing and Learning
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
Dr Bill Westwood	Federation of GP Practices
Sally Young	Gateshead Voluntary Sector
Alice Wiseman	Gateshead Public Health

IN ATTENDANCE:

Andy Graham	Gateshead Public Health
Wendy Hodgson	Gateshead Healthwatch
Sir Paul Ennals	Local Safeguarding Children's Board
John Costello	Gateshead Public Health
Julie Ross	Newcastle City Council
Sue White	NHS
Michael Laing	Gateshead Care Partnership
Mark Harrison	Squiracle Limited
Gerald Tompkins	Gateshead Public Health
Joy Evans	Gateshead Public Health
Alison Dunn	Citizens Advice Gateshead
Saira Park	Gateshead Council
Emma Gibson	Gateshead Public Health
Paul Gray	Gateshead Public Health
Steph Downey	Gateshead Council

APOLOGIES:

Councillor Malcolm Graham
Ian Renwick

HW168 MINUTES

RESOLVED

- (i) The minutes of the meeting held on Friday, 8 September were agreed as a correct record.

HW169 ACTION LIST - 20 SEPTEMBER

The board received an update of the Gateshead Health and Wellbeing Board Action List as follows:

Agenda Item	Action	Completed or Status
Joint Strategic Needs Assessment Update	An update report on the JSNA to be received by the Board in September 2018. Consideration to be given to the relationship between poverty and peoples' mental health.	To feed into the Board's Forward Plan.
Integrating Health and Care in Gateshead	Further proposals to be brought back to the Board over the coming months for consideration. Colleagues from the VCS to be advised as to how they can best input to the process.	To feed into the Board's Forward Plan.
Better Care Fund 2017-19 Submission	The concerns of the Board regarding the ambitious targets for Delayed Transfers of Care, and the potential funding implications if these targets are not met, to be outlined formally as part of the BCF submission to NHS England.	Completed.
Feedback from Joint Members Seminar	Six monthly meeting arrangements to be set up in order to continue the NHS and Local Authority leadership conversations.	Ongoing.

RESOLVED

- (i) That the updates from the action list are noted.

HW170 DECLARATIONS OF INTEREST

RESOLVED

- (i) There were no declarations of interest.

HW171 GATESHEAD PHARMACEUTICAL NEEDS ASSESSMENT: CONSULTATION DRAFT

The Board received a presentation summarising the report outlining the Pharmaceutical Needs Assessment. It was noted that there are two purposes of the assessment which are:

- a. To determine if there are sufficient community pharmacies to meet the needs of the population of Gateshead
- b. To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population

The Board were advised that this draft of the report has been developed through steering groups made up of the Council's Public Health team, the CCG, the Local Medical and Pharmaceutical Committees and Healthwatch. It was also noted that as part of the assessment surveys were conducted of pharmacies and pharmacy customers and an analysis of health needs and current provision.

An overview of the current provision was presented. It was noted that all pharmacies are providing essential services such as dispensing, signposting and support for self-care and that advanced services (that require accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to premises) are also offered across Gateshead. The Board were also advised of the locally commissioned services available as outlined in the report. It was noted that almost all homes within Gateshead are within 1.5 miles of a pharmacy.

It was presented that the opening hours of pharmacies in Gateshead are variable. It was noted that every pharmacy has to provide a minimum of 40 hours per week of provision and that there is one pharmacy in Gateshead with a 100 hour contract. It was noted that there are pharmacies open after 6pm and at weekends; however, fewer numbers are open on Saturday afternoons and Sunday. From the presentation it was recommended that NHS England and the CCG work with the LPC to review availability of pharmacy services out of normal working hours and implement any required changes.

A summary of provision from 2015 vs provision in 2018 was provided, it was noted that the current picture is that pharmaceutical services are broadly adequate although there are queries over provision available in the east of the borough. It was also noted that the number of pharmacies participating in the Pharmacy Minor Ailments scheme has increased from 11 to 45 and that 11 pharmacies have now registered for the Health Living Pharmacy scheme with 33 working towards this.

The Board were advised that there is to be a public and stakeholder consultation

from 23 October to 22 December to consider whether there are sufficient community pharmacies to meet the needs of Gateshead and whether other services could be delivered by community pharmacies. A revised Pharmaceutical Needs Assessment will be brought to the Board for approval by March 2018.

It was asked what the Board's thoughts were on online pharmacies as there are two operating out of Gateshead. It was noted that whilst there is little can be done about influencing the services offered by online pharmacies, Public Health have concerns that online dispensing services are not able to offer the holistic services that are encouraged elsewhere.

A concern about the lack of action on improving the availability of out of hours services was raised as this issue had been brought to the board previously. It was noted that whilst there is provision available for urgent pharmaceutical needs, the availability of general provision out of hours continues to be an area for improvement.

It was noted that the majority of people lack awareness of the services being offered by pharmacies beyond dispensing, such as flu jabs; however, it was felt that pharmacies do have a responsibility to promote their own services and to be proactive in their respective communities. It was suggested that a 'Pharmacy First' advert could be placed in a future Council News magazine. It was also noted that GP receptionists are trained to suggest alternative provision where appropriate to those calling for a doctor appointment.

It was asked whether more specific information was available about provision availability in the East of the borough, particularly about what kinds of people are using what pharmacy and what services. It was noted that this specific information is not available.

The licensing of new pharmacies was discussed and it was noted that it is difficult for small and independent pharmacies to be competitive against larger chain pharmacies such as Boots. However, it was also noted that this is the reason for pharmacies to offer 'Healthy Living' services to increase footfall as they will be making a contribution to the local community.

RESOLVED

- (i) That the Health and Wellbeing Board approve the proposed consultation on the draft Pharmaceutical Needs Assessment.

HW172 SYSTEM REVIEW: GATESHEAD SHARED CARE SUBSTANCE MISUSE

The board received a presentation with an update of the clinical audit into the prescribing practises of GPs under contract with the Council to deliver substance misuse treatment. The board were advised that the scope of the review was to also provide advice to the Council in relation to potential substance misuse service redesign, offer clinical advice as appropriate and to undertake targeted consultation for specific elements of the process.

A summary of system wide observations was provided – these were as follows:

Engagement:

- A number of instances identified of direct access to ‘shared care’ via primary care
- Access to individuals within Primary Care is extremely variable
- Outreach provision, is fairly limited and poorly attended
- Recovery visibility is not evident within Primary Care settings
- The pathways and referral processes for anything other than ‘traditional’ medical treatments need to be redesigned and wherever possible simplified/publicised

Treatment:

- A general feeling that ‘navigation’ was difficult in terms of the right service managing the care of specific individuals to best meet their identified needs
- In terms of providing medical support, shared care was working well in relation to the retention of individuals, although there was limited evidence of arrangements being ‘plugged into’ community assets
- A proactive approach existed to get people into treatment and onto Opioid Substitution Treatment
- The enhanced Psychological Intervention programmes, were both well considered and delivered by experienced practitioners, but groups during the review were poorly attended

Recovery:

- There appears to be a slight clash of cultures and an absence, in respect of a shared understanding of recovery ambition
- High numbers within Shared Care were reported to be ‘using on top’ of prescription
- Payments for shared care weighted in favour of retention in treatment and receipt of medication rather than recovery from their addiction, reduction in drug/alcohol use
- Wider issues exist, such as poor recovery environment, particularly within primary care settings

Governance:

- There was a perceived absence of clinical leadership
- There is marked variation in practice across the treatment system
- Some practices have only one Dr., who may be providing services to significant numbers, without any contingency plan in place
- Primary Care treatment element is captured on a variety of systems with ‘periodic’ review by CGL workers and then elements manually input into CRiS

A graph showing the numbers of drug clients in primary care by practice was displayed – it was noted that the Teams area has the highest number of patients. Observations show that areas with high demand for these services are often those areas with the most experienced staff. However, it was also noted that whilst there are a significant number of experienced GPs delivering specialist clinical services within primary care, some GPs have had less exposure to appropriate quality

training and support, making for an inconsistent approach across Gateshead.

The board were advised that, in general, GPs had very little understanding of potential recovery and tended to subscribe to traditional harm reduction approaches. Further observations were delivered to the board, these were:

- There is currently no way of centrally determining range of dosage, but there is some anecdotal high levels of methadone prescribing, as well as prescribing of other 'abusable' medication e.g. Gabapentin, Benzodiazepines and Pregabalin.
- A particular concern is the prescribing of Methadone in various high strength forms
- Testing and supervision arrangements are extremely varied
- Supervised consumption appears to be used appropriately within initial stages, but not always reviewed either frequently or systematically
- There remains 'pitiful' coverage in some areas, which require support e.g. Chopwell

An analysis based on the review was summarised outlining strengths, weaknesses, opportunities and threats. It was noted that these findings would support with future priority setting.

The board were advised of the post audit considerations which were:

- Public Health's commitment to future review of shared care element following previous recommissioning and system changes
- The release of National Drug Strategy and UK Clinical Guidance
- The need to take immediate action on identified safety and governance issues.
- Opportunity to 'harmonise' contract end dates and consider 'whole system'
- Recognition that recommissioning of shared care element in isolation, would provide limited incremental improvement, but limits opportunity to take next 'logical steps' towards an enhanced treatment system
- Recommissioning of the whole system would provide greater opportunities to go 'faster and further' in the realization of high quality and efficient service provision, allowing for greater enhanced outcomes for individuals, families and communities
- Whilst the primary objective in undertaking the option of recommissioning services would be to increase performance, quality and positive outcomes for Gateshead residents, opportunities for efficiencies could be explored, quantified and reviewed in line with developing budget options for 2018-2020

A concern about the long term prescribing of methadone was raised. It was noted that the numbers of individuals who are successful in coming off methadone are not as visible due to the scale of long term prescribing. It was said that the recovery orientated approach was welcomed and that those who come off methadone could be used as mentors.

The board were advised that the peer support model is being used going forward, that recovery isn't sufficiently visible in primary care and that work is ongoing to improve this. It was also noted that the peer recovery model should be used system wide and that GP's should be educated to see that recovery is possible. It was noted

that prescribing opiates is an enhanced service offered by some GPs and that not all GPs offer such a service.

A comment was made that recovery is often a very long term goal for patients. Factors such as having chaotic lifestyles and financial problems can affect the chances of recovery for many individuals and this is why methadone is prescribed long term. It was noted that enhanced training for those delivering services in primary care can also support patients in other areas when necessary.

It was noted that there is data showing individuals making use of other services to support their recovery. Evidence shows a variation in experiences across Gateshead and this needs to be more balanced. It was also noted that there is to be a broad consultation to deliver a more holistic model and that services need to be more ambitious about supporting this demographic.

RESOLVED

- (i) That the Health and Wellbeing Board note the findings of the Shared Care Audit.

HW173 DEVELOPMENT OF A WHOLE SYSTEM HEALTHY WEIGHT STRATEGY FOR GATESHEAD

The board received a summary of the report on the Development of a Whole System Healthy Weight Strategy for Gateshead.

It was noted that the purpose of the report was to update the Board on the proposed approach to increase the proportion of the Gateshead population who are a healthy weight and to gain the support of the Board for a whole system approach to the issue.

The report recommendations for the Health and Wellbeing Board were as follows:

- Consider the leadership role their organisations / system components might play in preventing obesity and promoting a healthy weight environment as part of the whole systems obesity approach
- To agree to the development of a whole systems healthy weight strategy and action plan, which all partners should sign up to facilitating system wide action
- For organisation's to nominate a lead from their organisation to attend and progress actions as part of the working group
- Note and support the planned next steps in developing the whole systems approach
- Receive an update report in August 2018

A representative from Healthwatch volunteered to lead on this issue for their organisation. It was agreed that a separate meeting would be organised to discuss the involvement of the voluntary sector with this issue.

It was noted that this is a multifaceted problem which requires a multifaceted

solution. It was mentioned that the Local Government Award for Public Health was won by Gateshead for the role it has taken to reduce the number of takeaways opening in the borough.

RESOLVED

- (i) That the Health and Wellbeing Board note and agree the recommendations of the report.

HW174 EXCESS WINTER MORTALITY IN GATESHEAD

The report of Excess Winter Mortality (EWM) in Gateshead was summarised for the Board.

It was noted that it has been shown that lower indoor temperatures are associated with higher excess winter mortality from cardiovascular disease in England. The Board were also advised that households living in fuel poverty would be likely to find it difficult to afford the cost of staying warm in winter; it was noted that the issue of fuel poverty is being looked at by the Communities and Place OSC.

The report also detailed that although EWM is associated with low temperatures, conditions directly relating to cold, such as hypothermia, are not the main cause of EWM. The majority of additional winter deaths are caused by cerebrovascular diseases, ischaemic heart disease, respiratory diseases and dementia and Alzheimer's disease.

It was noted that increasing the uptake of the flu vaccine is one of the most important priorities for the NHS in reducing winter pressures and excess winter mortality. A comment was made that those who work within the voluntary sector are often expected to pay for their own flu vaccinations it was agreed that this would be looked at further in taking this initiative forward.

RESOLVED

- (i) That the Health and Wellbeing Board ensure all reasonable measures are taken to encourage the uptake of the flu vaccine this winter amongst eligible groups.
- (ii) That the contents of the report are noted.

HW175 NATIONAL TOBACCO CONTROL PLAN

A summary of the National Tobacco Control Plan was delivered to the Board.

The report updates the Board on the new national Tobacco Control Plan and the implications for local action on smoking and tobacco control.

It was noted that the plan from the report is welcomed but in itself is insufficient to

help achieve the collective vision. The report concluded that there are opportunities to improve the whole system wide delivery in Gateshead around the evidence base. Gateshead still requires work at all tiers from the international to the community grass roots level.

RESOLVED

- (i) That the Board endorse the local approach as set out in the context of the national Plan, and support the refreshed Gateshead Smokefree Tobacco Control Alliance's ambitions to reduce smoking prevalence to 5% by 2025.
- (ii) The Board agreed the contents of the report.

HW176 LSCB AND LSAB ANNUAL REPORTS & BUSINESS/STRATEGIC PLANS

The Board received a summary of the LSAB and LSCB annual reports and plans.

It was reported that the main themes of the reports were to promote accountability and encourage partners to work together to make improvements. The newly appointed board manager Saira Park was introduced to the Board who has replaced Louise Gill.

It was noted that Gateshead is doing well but it was identified there are rising numbers in children being permanently excluded from schools which leads to other issues for children and their families. The Board were advised that it is still unclear why the number of children who self-harm is so high and it was noted that the CAMHS strategy would be scrutinised.

It was commented that the largest risk for children has stemmed from the austerity programme.

The report of the LSAB was also positive; it was noted that partners are in 'good shape'. It was reported that it is important for partners to continue to challenge each other and that collaborative work continues with regards to modern slavery and sexual exploitation.

The roll out of Universal Credit was mentioned as impacting on adult health and wellbeing and that it is crucial that partners take the necessary steps to ensure affected social housing residents are safe.

It was noted that the issue of permanent exclusions is being looked at by the Families OSC. A concern was raised about the redesign of pathways for support and how this is being managed for CAMHS. The issue of Universal Credit and the impact on services is ongoing and is being monitored.

It was noted from the report that it is reassuring that the boards have a clear view of their priorities. It was also noted that the issue of school exclusions is not always an issue of the school and that issues within the family can be the route of the problem.

It was agreed that Saira Park would contact Sally Young to discuss voluntary sector

engagement on safeguarding issues.

It was noted that Ofsted reviewed the board and made some recommendations which have been implemented. It was reported that there are higher child protection figures in Gateshead than our statistical neighbours. . The Board were advised that future reports would provide further information about the programmes of work identified and what is being done to implement them.

RESOLVED

- (i) That the Board note the contents of the reports.

HW177 UPDATES FROM BOARD MEMBERS

‘Deciding Together, Delivering Together’ – James Duncan reported that there would be a report-out from the latest design workshop this afternoon (20th October) at 3pm at the Royal Station Hotel.

Health & Care System Board for Gateshead – Mark Dornan provided an update on the work of the newly formed Health & Care System Board which has been tasked with taking forward actions identified within the report on integrating health and care in Gateshead (considered at the last Health and Wellbeing Board meeting).

Sally Young informed the Board that an extension of NHS charging regulations is due to come into effect on 23rd October. There is a concern that the regulations will increase barriers to healthcare for vulnerable groups – such as refugees, and people seeking asylum, homeless people, the elderly and those with mental health conditions. Gateshead MPs have been contacted regarding this issue.

HW178 ANY OTHER BUSINESS

No other business noted.