

GATESHEAD HEALTH AND WELLBEING BOARD

Friday 17 July 2015

Present: Councillor Lynne Caffrey (Chair) – Gateshead Council
Councillor Helen Hughes (Vice-Chair) – Gateshead Council
Councillor Michael McNestry – Gateshead Council
Councillor Catherine Donovan – Gateshead Council
Dr Mark Dornan – NHS Newcastle Gateshead CCG
Trevor Atkinson - GVOG
Councillor Mick Henry – Gateshead Council
James Duncan – Northumberland, Tyne and Wear NHS
Foundation Trust
Jane Mullholland – NHS Newcastle Gateshead CCG
Susan Watson– Gateshead Health NHS Foundation Trust
Sharon Stuart – Healthwatch Gateshead

In attendance:

Alice Wiseman – Gateshead Council Public Health
Jim Brown – Gateshead Council Public Health
Gary Hetherington – Local Safeguarding Children Board
Louise Gill – Local Safeguarding Children Board
Susan Watson– Gateshead NHS Foundation Trust
John Costello – Gateshead Council
Sonia Stewart – Gateshead Council

1. APOLOGIES FOR ABSENCE:

Apologies were received from David Bunce, Carole Wood, Councillor Malcolm Graham, Councillor Frank Hindle, Councillor Mick Henry, Mike Robson, Ian Renwick and Dr Bill Westwood.

2. MINUTES

The minutes of the meeting held on 24 April 2015 were agreed as a correct record, subject to it being noted under the item on Older People and Social Isolation that, for the purposes of clarity, the action was to produce a scoping of the work already underway in this area and not an action plan to take the work forward.

Matters Arising

There were no matters arising.

Action List

The Action List was noted.

It was also noted that:

- it is planned to hold a workshop in the Autumn around Social Prescribing. There is a lot of interest in this issue within the VCS.
- a workshop was due to take place in July on the Tobacco Control 10 year plan; however, as there was going to be a poor turnout, it has been agreed to re-arrange it. The Chair requested that partner organisations make a commitment to attend the workshop.

3. DECLARATIONS OF INTEREST

The Chair asked for any declarations of Interest. None were submitted.

4. Second Draft Health and Wellbeing Board Forward Plan and Meetings Schedule

At the previous meeting of the Board, it was agreed that the following 5 key areas should be the focus of its work during 2015/16 in the light of feedback received from partners:

- Strategy/policy development and commissioning intentions
- The transformational / integration agenda and ways of working
- Health and care service developments/reviews
- Performance Management Framework
- Assurance Items.

A meetings schedule had also been developed to incorporate a number of items linked to these areas. It was suggested that it would be helpful to identify indicative timings for those outstanding items to be incorporated within the meetings schedule. It would then be circulated to Board members.

It was noted that the Voluntary Sector Health & Wellbeing Advisory Group valued the development of a Forward Plan by the Board as it would help the Advisory Group in planning its own work programme linked to that of the Health & Wellbeing Board. It was also noted that it is important that the plan is owned by all partners, particularly members of the Board.

It was also noted that a draft of the communications plan will be brought to the next meeting of the Board.

- RESOLVED
- that the information in the report be noted.
 - that timings be identified for outstanding items to

come to the Board linked to its Forward Plan. This can then be circulated to Board members.

5. STRATEGY FOR HIGH QUALITY AND SUSTAINABLE GENERAL PRACTICE 2016 – 2019

The Board were provided with an update on the development by Newcastle Gateshead CCG of a Strategy for High Quality and Sustainable General Practice for 2016-2019.

The 3 key components of the Strategy's vision are Involvement, Improvement of the Quality of Services, and People Living Happier and Healthier Lives.

The first engagement events took place in May 2014 and there was a patient and public involvement event in June 2014. Subsequent to this, working groups were established between September 2014 and January 2015. The groups looked at Models of Care, Workforce and Systems. Meetings were arranged for all practices and there was consultation with the General Practice Development Forum.

It was noted that in terms of care settings, integration will be particularly important. In terms of the national agenda, the CCG is looking at triple integration between Primary and Hospital Care, Health and Social Care and Physical and Mental Health. This then feeds into care pathways.

In terms of primary care, it was noted that much time has been spent trying to understand the picture. The focus of the Strategy is to be transformational over a three year period, with General Practice owning the direction and new approaches being tested out.

The 6Ps of Integration which are felt to be integral are:

- People
- Professionals
- Partnerships
- Premises
- Process
- Pound

A strategic objective around general practice models of care delivery has been identified, as have 3 enabling objectives relating to the workforce, estates and technology. A golden thread of quality care runs through these objectives.

The Strategy will be taken to the CCG Governing Body on 8 September and any final comments are welcome. It was noted that comments can be fed into the Strategy development and further update reports will be brought back to the Health and Wellbeing Board.

It was queried how the JSNA has been reflected within the strategy document and it was agreed to include further detail on this within the final draft.

RESOLVED - That the presentation is noted and that details of how the JSNA has informed the strategy to be included within the final document.

6. PREVENTING MALNUTRITION IN LATER LIFE – UPDATE ON THE MALNUTRITION PREVENTION PILOT, THE NEW GATESHEAD MALNUTRITION ALLIANCE and THE MALNUTRITION PREVENTION STRATEGY FOR GATESHEAD

A report was presented to the Board to provide an update on the development of a Gateshead Malnutrition Alliance and a Malnutrition Prevention Strategy and to seek views on the plans going forward.

Malnutrition is common, particularly in older people, it is thought that 14% of people 65 years of age are affected, which equates to about 5,200 people in Gateshead. Around 30-40% of older people admitted to care homes or hospital are malnourished.

Causes of and risk factors for malnutrition are numerous, including both physical and mental problems such as swallowing difficulties, dementia or depression, as well as psychosocial factors such as social isolation, financial issues, mobility issues, access to shops, lack of cooking skills and bereavement.

There has been a pilot running between April 2014 and March 2015 and Gateshead was one of five pilots across the country looking at ways of reducing malnutrition in older people. The pilots were led nationally by the Malnutrition Task Force and sponsored by the Department of Health.

The Gateshead pilot steering group included representation from Gateshead Council (including Adult Social Care, Commissioning and Public Health), Age UK Gateshead, Gateshead Clinical Commissioning Group, Gateshead Health NHS Foundation Trust, South Tyneside NHS Foundation Trust and Healthwatch Gateshead.

The Gateshead Pilot has been very successful; however, there is still a way to go. The Gateshead Pilot focussed on 5 priority areas:

- Raising Awareness for the public
- Raising Awareness for staff
- Use of a validated screening and assessment tool
- Use of volunteers at mealtimes in promoting independence centres
- Sharing knowledge and skills

Some of the achievements and outcomes of the pilot include:

- A social marketing campaign launched in April 2014, in which hundreds of posters and leaflets on malnutrition were circulated across health, social and community settings. A total of 19 information awareness sessions were held with older people and carers.
- Television and radio interviews with steering group members were broadcast on Tyne Tees TV and NE1.fm radio.
- Surveys demonstrated that awareness by older people/carers of the causes and symptoms of malnutrition increased during the course of the pilot.
- Engagement was undertaken with the voluntary sector and older people's representatives, including Gateshead Carers, Gateshead Older Peoples Assembly, Gateshead Crossroads, and Gateshead Sight Service.
- Age UK Gateshead recruited a new Primary Care Navigator who will be involved in malnutrition work.
- A staff training needs analysis was undertaken.
- Training in malnutrition knowledge and skills was undertaken with a total of 239 members of staff.
- Care Pathways were developed for primary health care, community services, care homes and 'alerters' (including domiciliary care, housing, social care and unpaid carers).
- A total of 57 people attended a celebration event held in March 2015 to share the achievements and learning from the pilot.

An additional outcome of the pilot has been the development of a Malnutrition Prevention Strategy for Gateshead, (for people 65 year of age or older in community settings). In order to implement the strategy, maintain malnutrition as a priority and build on the successes of the pilot, the Gateshead Malnutrition Alliance has been formed.

The Alliance is chaired by Chris Piercy (Executive Director of Nursing and Patient Safety, Newcastle Gateshead CCG) and Margaret Barret (Lead Manager/Principal Social Worker, Adult Social Care, Gateshead Council) is Vice Chair.

The Strategy identifies 6 areas of work needed to reduce the prevalence and impact of malnutrition, each of which is linked to specific action plans:

- Building Community Capacity
- Building service delivery capacity
- Training and implementing care pathways
- Social marketing
- Development and implementation of primary care indicators
- Monitoring outputs and outcomes

It is proposed that the ongoing work to address malnutrition will be linked to the Better Care Fund initiatives and that the Alliance will report to the Better Care Fund Programme Board.

The Board felt that the work so far was excellent; however, there are still some unanswered questions.

It was felt that malnutrition should not be an issue for people within care homes and that appropriate responses can and should be built into both residential and home care.

It was noted that addressing malnutrition is a significant and important area of work and there is a need to focus on avoidable malnutrition. However, it was also noted that even where appropriate interventions are in place, there will be some people who do not gain weight and we need to be able to spot this at an early stage.

It was noted that good care homes have a particular focus on nutrition. Given the increasing pressures within the sector and the time commitment involved in enabling staff to respond appropriately to the nutritional needs of people being cared for (including training and awareness raising), it was felt that this is also a key issue for the future.

It was noted that data is also available on children who are underweight and responses which are in place to address this, including holiday hunger programmes.

RESOLVED - That the achievement and outcomes of the Pilot and the Malnutrition Prevention Strategy be noted by the Board.

7. HEALTH NEEDS ASSESSMENT OF THE EX-ARMED FORCES COMMUNITY IN GATESHEAD: KEY FINDINGS

A report was presented to the Board to seek views on the Health Needs Assessment of the ex-armed forces community in Gateshead. The Gateshead Council Public Health Team was asked by the Gateshead Armed Forces Network to undertake a health needs assessment.

The ex-service community in Gateshead is made up of between 19,000 and 28,000 people. There are between 9,000 and 14,000 adult and child dependents of people who have ever service in the UK Armed Forces.

In the 2012 Gateshead Residents Survey, people who had ever served reported significantly worse health and more disability than those who have never served. Of those who had ever served, 43% responded that their day to day activities were limited (a little or a lot) because of a health problem or disability which had lasted, or was expected to last, at least 12 months, compared to 27% of those who had never served.

Unemployment is similar to the general population. The ex-service community younger than 65 years of age is more likely than the general UK population of the same age to report a long term illness that limits their activities (24% compared to 13%). Conversely, the ex-service community 65 years of age or older is less likely to report ill health than the UK population of the same age.

Locally the issues seem to be higher hospital utilisation, difficulty finding housing, job insecurity, debt and access to credit.

Evidence on interventions for the ex-Armed Forces community is scarce, and what exists is mainly of low quality or US based. The following appear to be of benefit:

Psychological therapies for depression and anxiety are most effective for early service leavers, and less effective for ex-service personnel with a physical disability or a substance or alcohol misuse problem.

In mental health services, integration and co-location with primary care; providing assessment and treatment together, increasing knowledge of Armed Forces culture among staff, ensuring strong links with other agencies and allowing self-referral.

Barriers to access to services that have been identified in literature and by stakeholders and the ex-service community include:

- Cultural issues
 - Not recognising a problem or need for treatment
 - Stigma about mental illness
 - A culture of self-reliance and not seeking help
 - Difficulty articulating need
- Transition issues
 - Lack of familiarity with civilian life
 - Loss of community support networks
 - Perceived inefficiency of services leading to impatience, loss of trust, and disengagement with services.
 - Lack of knowledge, interest or understanding prior to discharge of the need to develop skills transferrable to employment following discharge.

There are a number of services available in Gateshead which include:

Gateshead Armed Forces Network
Armed Forces Community Support
Veterans and Families Hub
Veterans' Wellbeing Assessment and Liaison Service (VWALS)
Career Transition Partnership (CTP)
Combat Stress
Royal British Legion
Soldiers' and Sailors' Families Association

Other e.g. THRIVE, Poppy Factory, Veterans at Ease

Some recommendations which have come out of the assessment include:

- Sharing by the Ministry of Defence of Information on the number of service leavers indicating that they intend to relocate to Gateshead, and the number who are engaging with transition services
- Sharing of information by the justice system
- Recording in primary care, including if dependent/bereaved
- Recording in secondary care
- Training of healthcare professionals in culture/needs, risk factors, helping to navigate system and managing expectations
- Continue training of other frontline staff (housing professionals, debt advisers, jobcentre plus staff, citizens' advice staff).
- Build capacity by working closely with Live Well Gateshead and voluntary sector
- Maximise communication and signposting between agencies
- Engage with the most vulnerable service leavers
- Consider providing services within GP practices where there is a high population of ex-service personnel
- Consider carefully targeted social marketing to increase awareness of primary care mental health (IAPT) services, counselling and alcohol services.
- Work with Adult Social Care and carers associations to meet the needs of the ex-service community who are carers.

It was noted that there is an action plan attached to the assessment and the Board may wish to have an annual update.

RESOLVED - That the information in the report be noted.

8. VISION 2030 REFRESH: ACTIVE & HEALTHY GATESHEAD BIG IDEA

A report was presented to update the Board on the Vision 2030 refresh. The development of a Sustainable Community Strategy is no longer a statutory requirement, but the Gateshead Strategic Partnership has agreed the need for a strategic plan to inform its priorities and monitor progress.

In 2007 Vision 2030 consisted of a vision, 34 outcomes, 6 big ideas, 36 improvement targets and 51 milestones. The refresh in 2010 consisted of a vision, 6 big ideas which each had 6 priorities and there were a total of 276 milestones. Over 20% of the milestones were complete at this time.

It was agreed that the Strategy needed to be looked at again in the light of changes to the GSP as well as the organisations and networks involved and in the context of less resource.

It is proposed that the document becomes more strategic with the ambitious and aspirational vision staying the same. The 6 big ideas and the ultimate aim of each are retained; however, the detailed pathway for each has been removed.

The outcomes originally listed under each big idea have been brought together and reduced by removing duplication. Equality of opportunity will be kept as a cross cutting theme to ensure that activity is targeted at areas of inequality. There will be a change of brand to help with celebrating and communicating our achievements to residents, with more emphasis on partners working together.

Partners are being asked to think about how they can contribute to the outcomes and discussions will continue over the next few months, focussing on how we link assets and needs by building on our systems and relationships over the short to medium term.

- RESOLVED -
- (i) That the refreshed content for Vision 2030 be noted.
 - (ii) That the 5 year outcomes be agreed.
 - (iii) That partners discuss within their organisations how they can contribute or lead on the 5 year outcomes.

9. K & A PHARMACY

A report was presented to the Board to bring to their attention representations which have been made by Ian Mearns MP to NHS England in connection with an unsuccessful application made by K&A Pharmacy to NHS England for a Local Pharmaceutical Services (LPS) contact from 1 April 2015, together with a letter from Gateshead's Director of Public Health to NHS England supporting the concerns raised and offering to contribute to a local health impact assessment.

The Board was also asked to consider the issue in the context of the wider implications for the residents of the Deckham area which continues to experience high levels of deprivation and health inequality.

K & A Pharmacy had been designated an 'essential small pharmacy' under national criteria which provided financial support for small pharmacies in areas where they are needed for patients, but where the level of business was otherwise too low for a pharmacy to be viable.

The national contract for these pharmacies was first introduced in 2006. However, following NHS reforms, NHS England confirmed last autumn that it would not be possible to continue national arrangements

and pharmacies must negotiate local arrangement with their Area Teams (now sub-regions) from 1 April 2015.

It was noted that NHS England has issued a brief response to Ian Mearns MP in which it reiterated that:

- The Essential Small Pharmacy Scheme ceased at the end of March 2015
- There are a number of alternative pharmacy contractors operating in the same area within 1 mile (as distinct from 1km) of K&A Pharmacy
- It did not view the decision as a substantial variation to existing services

It is understood that the MPs office will be sending a follow-up letter to NHS England seeking a fuller response to the specific questions raised in its original letter.

The issues raised for the consideration by the Board were:

- The particular circumstances of K&A Pharmacy with respect to its unsuccessful application to NHS England for a Local Pharmaceutical Services (LPS) contract from 1 April 2015, as well as the implications for local residents of the Deckham area that currently use the pharmacy.
- The wider implications for communities within the Deckham area, who continue to experience high levels of deprivation and health inequality, and how the local health economy can best support existing health facilities to maximize their contribution to meeting the needs of local people.

The Director of Public Health has also been in touch with the Local Pharmaceutical Services Committee regarding the matters raised.

It was reported that K&A Pharmacy are of the view that if they can increase prescriptions by 1,000 approx. it will be able to continue in business and that it has already done some work within the community to promote the business e.g. through electronic prescriptions.

The Board felt that it was important to ensure that the particular circumstances of residents within the Deckham area were fully considered by NHS England.

It was suggested that the Board could write to NHS England to:

- ask to be updated on the outcome of any further representations by Ian Mearns MP on the matter;
- ask how it will assist with local development work, in conjunction with K&A pharmacy, that best meet the needs of the local population

- seek its views on ways in which health facilities and services can be supported to meet the needs of people within the Deckham area.

RESOLVED - That a letter be sent by the Chair on behalf of the Board to NHS England to see if there is anything further that can be done to assist, reflecting the points above.

10. LOCAL SAFEGUARDING CHILDRENS BOARD ANNUAL REPORT 2014-15 and BUSINESS PLAN UPDATE

The Board were advised that the Local Safeguarding Children Board is a statutory body who are required to provide an annual report. It was reported that Gateshead is consistent in its principles which are to protect children from harm, keep children safe and to promote leadership, challenge and learning. The LSCB are in a continuous learning process and are in a very strong position locally.

It was reported that as part of work to increase Child Sexual Exploitation awareness, 'Chelsea's Choice' has been developed as a play and has been delivered across secondary schools. There is a broad comprehensive framework in place and a number of cases have been audited. We have moved from multi-tier to single implementation.

The annual report also contains multi-agency and single agency performance data for 2014-15. There has been a 6.2% decrease in the number of children who are subject to child protection plans at the year-end compared to the previous year. 67% of child protection plans were due to neglect, although this is not as pronounced as last year. There are a continuing high number of unborn babies subject to child protection plans as a result of robust early multi-agency assessment. There has been a decrease in the number of re-referrals into Children's Social Care, which suggests that families are receiving the services they need at the first point of contact in order to keep their children safe.

The Gateshead LSCB Business Plan 2014-2017 sets the strategic direction for the LSCB and reinforces the specific roles of the LSCB to lead, challenge and support learning. The priorities for 2015-16 which are set out in the year 2 action plan include:

- Jointly arrange an event to share local and national learning on CSE across the South of Tyne sub-region.
- Review the arrangements around the SLCB Business Planning Group and Board itself
- Develop a Communications Strategy
- Undertake the next LSCB inquiry with a focus on CSE
- Contribute to the Family OSC review of Child Protection
- Introduce a mini peer review process
- Explore ways to bring the voice of frontline staff into the LSCB

- Review specific areas of work including extremism, cyber-crime and Novel Psychoactive Substances (aka 'Legal Highs')

As part of ensuring links between the LSCB and the Health and Wellbeing Board, Board members may wish to suggest additional ways of strengthening links or additional information they would find useful.

RESOLVED - That the information in the Annual Report and Business Plan be noted.

11. PERFORMANCE REVIEW UPDATE: KEY HEALTH AND WELLBEING INDICATORS

A report was presented to the board proposing a suite of indicators to form the basis for a Performance Management Framework for consideration by the Board. A suite of Strategic Outcome Indicators is required to provide an overview of the health and social care system in Gateshead and to monitor progress towards achieving priorities.

It was noted that each organisation undertakes detailed performance monitoring at strategic and operational levels. Some of this information has been considered by the Health and Wellbeing board but this has tended to focus on specific areas or measures that are the responsibility of one organisation.

A selection of key indicators has been drawn from The Public Health Performance Management Framework, Gateshead Better Care Fund Plan, Newcastle-Gateshead CCG Planning for Patients, 2014/15 – 2018/19 and Children's and Adult Social Care Strategic Outcome Indicators. Performance in relation to these indicators was reported to the Board.

It was suggested to the Board that a small task and finish group be set up to finalise this working draft.

RESOLVED - (i) That current performance be noted.
(ii) That a task and finish group be established to finalise and refine the approach.

12. UPDATES FROM BOARD MEMBERS

Health Watch Gateshead

Sharon Stuart advised that she has been appointed as the Chair of Healthwatch Gateshead for a 6 month period. They are in the process of refreshing their strategy.

GVOC

Trevor Atkinson introduced himself as the new Chief Executive of

GVOC. He mentioned that the Voluntary Sector Health & Wellbeing Advisory Group are keen to contribute to the work of the Board and that they strongly support its work. The Group are also keen to see the timetable for the Service Reviews which are currently outstanding from the Board's Work Programme.

Queen Elizabeth NHS Foundation Trust

The Board were informed that Ian Renwick was currently in London to meet with the regulator to discuss the financial position of the Trust.

Gateshead Public Health Team

The public health team have been advised of national in-year cuts to the Public Health budget of £200m. It is thought that this will equate to approximately £1m for Gateshead.

The JSNA website is also being launched today.

CCG

The first phase of the mental health consultation has been completed. There will now be a period for some internal work to be undertaken whilst potential scenarios are considered. The second stage of the review will include a consultation on some possible scenarios.

13. GATESHEAD HEALTH PROFILE 2015

The Gateshead Health Profile 2015 was circulated for information.

14. DATE AND TIME OF NEXT MEETING

Friday 11 September 2015 at 10am