

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 15 January 2016

PRESENT:	Councillor L Caffrey (Chair)
	Councillors: H Hughes, C Donovan, M Graham, M Henry, F Hindle, I Blake, J Duncan, I Renwick, B Westwood, D Ball and M Dornan
IN ATTENDANCE:	P Walker, A Dunn, A Jobling, J Costello, S Jamieson, Councillors: S Green, M Hood, M Charlton
OBSERVERS:	Councillor J Beall, Stockton Council, Peter Kelly DPH Stockton

HW1 APOLOGIES FOR ABSENCE

Apologies were received from Mike Robson, Councillor M McNestry, Alison Elliott, Alison Smith and Mark Adams.

Update from Chair on MPs Select Committee

The Chair updated the Board on a request from a local MP regarding any information on GP Out of Hours Access. This was provided to the MP and it was mentioned at a Select Committee. Professor Maureen Baker said it was a national problem around barriers to access and unreasonable barriers to becoming a GP.

It was also noted that on Monday 18 January there is to be a debate on financial issues in Acute Trusts.

HW2 MINUTES

The minutes of the last meeting held on 4 December 2015 were agreed as a correct record.

Matters Arising

There were no matters arising.

Action List

There was 1 new item on the Action List which was listed on today's agenda.

HW3 DECLARATIONS OF INTEREST

There were no declarations of interest received.

HW4 NHS PLANNING GUIDANCE 2016/17 TO 2020/21

Mark Dornan provided the Board with an update on the CCG plans based on NHS Planning Guidance.

The CCG have to produce a sustainability and transformation 5 year plan and also have to produce a 1 year plan and update the Better Care Fund.

The 2016/17 Operational Plan will include some key 'must dos' which are to

- Reduce excess deaths by increasing the level of consultant cover and diagnostic services available in hospitals at weekends.
- Improving access to out of hours care by achieving better integration and redesign of 111, minor injury units, urgent care centres and GP out of hours services to enhance the patient offer and flows into hospital; and
- Improving access to primary care at weekends and evening where patients need it by increasing the capacity and resilience of primary care over the next few years.

The 3 gaps identified are straight from the NHS Forward View which is very positive.

Health and Wellbeing Gap– closed by earlier identification / management of long term conditions, greater personalisation of care and further investment in public health.

Care and Quality Gap – delivered by introducing new models of care – 5 North East Vanguard with expected savings of £22 billion.

Finance and Efficiency Gap – annual efficiency targets with proposed additional £8 billion NHS funding.

It was noted that provider efficiency is over half of the block of saving which is going to be a huge challenge.

The next stages are to develop a clear overall shared vision and plan for the public and patients of Newcastle and Gateshead. Accountable officers across the Newcastle and Gateshead health and social care system have already met to discuss how this work can be collectively taken forward.

Transformation footprints should be locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programme required and how it best fits with other footprints such as local digital roadmaps and learning disability units of planning.

Working together with senior colleagues across the system developing the STP.

The plans will be submitted in June and will run from October 2016 – 2021. The plans will need to be referenced when submitting funding bids in the future.

RESOLVED - That the information in the plan be noted.

HW5 HEALTH AND WELLBEING STRATEGY REFRESH (SCOPING REPORT)

The Board were presented with a report providing a draft copy of the Health and Wellbeing Strategy refresh. It was suggested at a previous meeting that this be brought to the Board because of the links with the CCG Plans.

The Health and Wellbeing Board still have a statutory duty to produce plans.

It is felt that the issues and ambitions within plan are still relevant to be taken forward into the new plan.

It was suggested that a Board Development Session be arranged to take this plan forward.

It was noted that there is a regional event on 7 April on the development of Health and Wellbeing Strategies and it was suggested that a Board development event take place after this event.

RESOLVED - That a Health and Wellbeing Board development event be arranged for a time after 7 April.

HW6 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2014/15

Carole Wood presented her report to the Board. It has been to the Council's Cabinet and will be presented formally at full Council in February. The focus of the report was health inequalities with a particular focus on health in childhood, including health in schools. Carole has looked back at the Marmot Review and the report from Due North. The Marmot Principles were linked into the Health and Wellbeing Strategy.

They were – Giving Children the Best Start in Life, Trying to improve prosperity by getting people into better jobs. Getting Children Ready for School and ready to learn. The report has looked at deprivation as an issue in Gateshead. As part of the Council plan improving prosperity, jobs and wealth are a priority.

In terms of a general overview of health it is improving slowly but still worse than the National Average on a number of indicators.

The Healthy Schools Programme will continue in 2016 and schools are being asked to contribute to the scheme.

Carole advised that we now have a more explicit strategy to tackle health inequalities and this aims to support people to manage the self care agenda.

RESOLVED - that the recommendation in the report be agreed.

HW7 HEALTH PROTECTION UPDATE

A report was submitted to the Board to provide an update on current Health Protection Issues.

Cancer screening is slightly down on the previous year in relation to cervical screening, however the update is similar to the North East and higher than England.

The Board received an update on cancer earlier in the year which reported that MacMillan had funded a post to increase cancer screening uptake. The post holder is employed by GVOC to work in the community for three years. The data referred to in the report is too early to reflect any impact of this post.

Excess winter deaths is creating some cause for concern, which is a national issue. Currently it can't be explained why this has happened.

There is an emerging concern with regards to the low level of uptake in regard to flu vaccinations. In terms of the Health Services, the Trust in particular has done really well with the uptake, however, there has been a struggle in the Local Authority in terms of uptake.

There appears to be a greater focus at the moment in relation to TB and how we are responding to newly arrived immigrants.

Sexual health in terms of STI rates in Gateshead are lower than the National Average but we are continuing to monitor trends and performance carefully.

RESOLVED - That the information in the report be noted.

HW8 ROLE OF HOUSING PROVIDERS IN PROMOTING HEALTH AND WELLBEING : HOUSING CONDITIONS

The Committee received a report in relation to the impact of Housing Conditions on Promoting Health and Wellbeing. The current make up of housing stock in Gateshead and the prevalence of certain 'hazards' to occupier's health and wellbeing was documented in a report produced for the Council by the Building Research Establishment (BRE) Stock Condition Projection Model for Gateshead in 2013.

The concept of 'Category 1 Hazards' were introduced by the Housing Act 2004 and their existence in a property means that the standard of the property falls below the legal minimum standard for housing.

The private rented sector has the highest proportion of non-decent homes.

Gateshead Housing Strategy has long recognised the impact of housing quality, condition and management on health and wellbeing with a key objective being “To improve the quality, condition and management of housing so that all residents benefit from safe healthy and well-managed homes.” Investment has had a direct impact on reducing hospital admissions through the prevention of falls and excess cold. It has also reduced the fear and incidence of crime and anti-social behaviour and increased residents’ satisfaction with their home and neighbourhood as a place to live.

Due to government measures, including the 1% rent reduction and the required sale of high value stock, the ongoing viability of the Council’s Housing Revenue Account is at risk. Work is ongoing to help the Council understand long term needs.

More than 1200 rented homes have been included within designated ‘Selective Landlord Licensing’ areas, with associated checks on ‘fit and proper’ status of landlords and property inspections having ensured that standards have been driven up in some of the lowest demand areas of the borough.

A further 900 homes have been improved to this standards outside of these areas following intervention by the Council.

RESOLVED - That the information in the report be noted and taken into consideration.

HW9 ACHIEVING MORE TOGETHER PROGRAMME

The Board were advised of an event which is currently in the process of being organised with input from Cormac Russell, who is an internationally-linked expert facilitator on developing asset based ways of working. He has worked with a range of NHS and local authority partners in the UK to help them develop their collective thinking with regard to principles and approaches.

The exact nature of the session is still under discussion, it is likely that several sessions will be held with different stakeholder groups. One ‘Master Class’ event for system leaders is being proposed, this would include Health and Wellbeing Board members, along with key partners such as representatives from Gateshead Strategic Partnership.

The Board were asked to note the dates in the diary. The Board were also asked to note the scope for further collaboration with Newcastle Health and Wellbeing Board to progress this approach.

RESOLVED – That the information be noted.

HW10 MENTAL HEALTH EMPLOYMENT TRAILBLAZER PILOT: DEVELOPMENT OF MODEL

The Board received an update report on the Mental Health Employment

Trailblazer Pilot.

This scheme was first brought to the Health and Wellbeing board in January 2015, however, there has been a delay in the funding which has resulted in the project start being delayed as it was dependent on match funding; however, everything is now in place and it is expected work will commence in late January. The project is being led by Northumberland County Council and is 1 of 4 pilots across the country.

The aim of the project is to try and embed employment support through existing IAPT services. People will be referred to the project by Job Centre Staff and there will be a team based across the North East. There will be a control group who will be given intensive one to one employment support.

It was noted that at the previous meeting the voluntary sector indicated that they would like to be involved and where possible offer support. It would be useful if they could be included where appropriate on a steering or operational group. The Board were advised that it was Northumberland Council who were leading the project

RESOLVED - That the Board note progress and receive a further update in 6 months.

HW1 PERFORMANCE REPORT FOR THE HEALTH AND CARE SYSTEM

1

A report was presented to highlight some areas of performance which it was felt represented cross-cutting themes. The areas have been discussed within each agency, however, if the Board felt that there could be different indicators, or some indicators added or removed, this could be considered provided the information is available.

It was noted that people with severe Mental Health problems die 15 year earlier, it was queried whether this could be reported. It was also queried whether a measure could be included on fuel poverty.

RESOLVED - That the information in the report be noted and potential additional measures be considered.

HW1 UPDATES FROM BOARD MEMBERS

2

Newcastle Gateshead CCG

The Allocations for NHS Funding have awarded a growth position of 3.6% which is good news, it was felt that this was because of Gateshead's CCG merge with Newcastle.

HW1 ANY OTHER BUSINESS

3

The Director of Public Health advised the Board that a funding pot was available

from the Council and CCG for social isolation and loneliness. There will be a one off round of funding. This is a bidding opportunity for the voluntary sector.

Copies of all reports and appendices referred to in these minutes are available online and in the minute file. Please note access restrictions apply for exempt business as defined by the Access to Information Act.

Chair.....

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