

GATESHEAD HEALTH AND WELLBEING BOARD

Friday 11 September 2015

Present: Councillor Helen Hughes (Vice-Chair) – Gateshead Council
Councillor Michael McNestry – Gateshead Council
Councillor Catherine Donovan – Gateshead Council
Councillor Mick Henry – Gateshead Council
Councillor Frank Hindle – Gateshead Council
Dr Bill Westwood – Gateshead Federation of GP Practices
Dr Mark Dornan – NHS Newcastle Gateshead CCG
Trevor Atkinson - GVOC
Mike Robson – South Tyneside Foundation Trust

In attendance:

Anne Moore – Northumberland, Tyne and Wear NHS Foundation Trust
Jane Mullholland – NHS Newcastle Gateshead CCG
Susan Watson – Gateshead Health NHS Foundation Trust
Andrew Moore – Healthwatch Gateshead
Margaret Barrett – Gateshead Council
John Costello – Gateshead Council
Pam Lee – Gateshead Council
Lisa Philliskirk – Gateshead Council
Gail Bravant – North of England Commissioning Support
Sonia Stewart – Gateshead Council

1. APOLOGIES FOR ABSENCE:

Apologies were received from Councillor L Caffrey, Councillor Malcolm Graham, David Bunce, Carole Wood, Mark Adams, Ian Renwick and James Duncan.

2. MINUTES

The minutes of the meeting held on 17 July were agreed as a correct record.

Matters Arising

There were no matters arising.

Action List

The Action List was noted.

3. DECLARATIONS OF INTEREST

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

4. VANGUARD – Community Beds and Home Based Care: Issues for Consideration

The Board heard from Jane Mullholland on the current position with regards to the Vanguard Project.

NHS England invited organisations and partnerships to become a Vanguard site for the New Models of Care Programme. More than 260 individual organisations and health and social care partnerships expressed an interest.

Gateshead was chosen as one of only 6 enhanced health in care homes sites. The care home population is 206,000 in Gateshead with a 9% increase in people aged 85 years expected by 2030.

There has been a 14.5% reduction in non-elective admissions for nursing and residential home residents since the 2011/12 baseline year; Vanguard is looking at how this reduction can continue and be expedited further.

The project team in Gateshead will share learning with the 5 other areas who, in turn, will share their experiences and learning with Gateshead.

A 3 year plan has been submitted and to-date a project manager is in post and recruitment is underway for a patient engagement post. Stakeholder events have been taking place and another is to be held on 16 September. A mapping exercise of the 6 care home projects has taken place and support packages are being formalised. The NHS England Chief Executive is Gateshead's mentor.

Next steps will include finding out the outcome of the value proposition submitted, employing the team, inviting stakeholders to join workstreams and establishing task and finish groups. An evaluation framework will also be completed.

It was noted that alignment is key in terms of the wider integration agenda and governance arrangements. It was queried whether it was now timely to hold a whole system event on integration and, if so, what the focus of the workshop should be. This matter will need to be considered further.

RESOLVED - That the information in the presentation be noted.

5. PERSONAL HEALTH BUDGETS – UPDATE ON PROGRESS

The Board received a report updating progress in relation to the implementation of Personal Health Budgets in the Gateshead area. The requirement to have Personal Health Budgets available to patients has been in place for some time; the CCG is currently working on the design of a system concentrating mainly on the area of continuing health care. Support and advice is being provided by Council officers, including links with personal care budgets.

By 31 March 2016, the CCG will need to have developed a local offer. Another piece of work is ongoing with public health to scope services in order to ensure there is no double funding.

A working group has been set up, including representatives from the direct payments team, which is looked at past experiences and following a model which has been working well in South Tyneside.

The discussion by the Board on personal health budgets identified both challenges and opportunities and it will be important that the right balance is achieved in terms of our approach in Gateshead.

Challenges highlighted included:

- The inherent difficulties in ‘unpicking’ budget lines and contracts in order to provide personal budgets to patients – for some areas it is more difficult than others e.g. where people have multiple long term conditions. On the other hand, end of life care presents opportunities for the introduction of personal budgets;
- The significant task involved, not only in raising awareness of personal budgets amongst patients and staff, but in securing the cultural shift that is needed to gain the necessary momentum to take personal budgets forward;
- The significant staff time and resource commitment involved in setting up, overseeing and maintaining personal budgets for those who choose them. This also raises the issue of the ‘opportunity cost’ of helping potentially fewer individuals who are able to opt for a personal budget instead of using those resources in different ways to help more people who are less able to take-up a personal budgets;
- The significant level of support that needs to be provided to patients, their families and carers to ensure that personal budgets can meet peoples’ needs;
- The potential negative publicity that personal budgets can attract where they are used in unconventional ways, irrespective of the health and wellbeing benefits that they may secure for the individual.

Opportunities highlighted included:

- The scope to use personal budgets in a positive way as part of Gateshead’s personalisation agenda where we are seeking to provide maximum choice to people with health and care needs

within available resources and to remain independent for as long as possible;

- The freedom personal budgets can secure for patients to manage their care in a bespoke way that best meets their needs, including the scope to use alternative therapies and to secure care in different ways;
- The scope to link personal budgets with the social prescribing model being developed – this could be looked at as part of the forthcoming workshop on social prescribing where it will be important to define what we mean by social prescribing for Gateshead service users and patients;
- The scope to use learning from the introduction of personal care budgets in taking forward work on personal health budgets;
- The scope to align and bring together personal health and care budgets;
- The opportunity to use personal budgets as part of a broader agenda to redress the high dependency culture within Gateshead and the north east generally.

The PB team wants to make more progress, but arrangements are not yet in place and there is further work which needs to be done. There is a clear timescale for implementation and it is recommended that a further update report be brought back to the Board in April 2016.

- RESOLVED -
- (i) That points made by Board members during the discussion be noted.
 - (ii) That personal health budgets be examined in the context of social prescribing as part of a planned workshop due to take place in November.
 - (iii) That a further update report be brought back to the Board in April 2016.
 - (iv) That the CCG continues to work with the Council in making sure the best local offer for patients can be secured.

6. HOMELESS HEALTH – DEEP DIVE EXERCISE (JSNA FRAMEWORK)

A report was presented to the Board to seek approval of the next steps in identifying the health needs of the homeless community within Gateshead.

Reference was made to the presentation made by the North East Regional Homeless Group to the June Board meeting setting out the findings of an audit carried out across its 12 member authorities, including Gateshead. The audit of homeless health needs had generated a lot of discussion which led to a request by the Board for a 'deep-dive' exercise across Gateshead. The request sought clarification specifically on:

- What definition of homelessness had been applied?
- Whether the age/gender profile of the participants was representative of homelessness in Gateshead?
- Some specific aspects raised by the survey question regarding GP registration and A&E attendance, mental health etc.
- Whether significant groups were omitted from the survey due to the methodology e.g. sex workers, women?

It is proposed that further research be carried out to understand some of the messages in the baseline survey. The work will complement the health needs audit and seek to gather more in depth, qualitative information; it will also inform the Gateshead Joint Strategic Needs Assessment.

A collaborative approach has been adopted and partners include Gateshead Council Housing Services; Gateshead Public Health Team; Fulfilling Lives, Changing Lives, The GAP Project and Oasis Aquila Housing. It was requested that NTW also be involved in this work given the links between homelessness and mental health and issues around dual diagnosis.

It was queried how the street homeless will feature as part of the deep dive exercise and it was noted that one of the ambitions is to capture homeless people who are not in contact with services. It was also queried whether homeless people who are admitted to hospital would be captured by the further research to be undertaken – it was felt that this would likely be an outcome of the work.

The Health and Wellbeing Board welcomed the proposals and further update reports will be received by the Board as they become available.

- RESOLVED - That the approach and methodology as set out in the report be agreed.
- That NTW also be involved in this piece of work going forward.
 - The findings of the further research work to be brought back to the Board early in the New Year.

7. DRAFT COMMUNICATIONS STRATEGY FOR HEALTH AND WELLBEING BOARD

A report was presented to the Board to seek views on a draft Communications Strategy for the Board. The draft has been prepared in response to a need identified by the Board for a communications strategy to be developed to raise awareness of and promote the work of the Board.

An initial draft of the Communications Strategy was developed and circulated to the Board for comment in July. Feedback was positive and suggestions made to use the communications strategy to promote behaviour change relating to some of our major health and wellbeing

challenges has been incorporated into a second draft strategy circulated with the Board papers. The second draft also highlights the importance of social media as ways of engaging on issues linked to the work of the Board and the opportunity to develop more co-ordinated communications between partner organisations and closer working between communications teams.

Implementation of the communications strategy will need to be achieved within existing resources, having regard to existing capacity across partner organisations. However, it is also recognised that actions to join up communications activity across health and wellbeing partners will yield benefits around:

- consistent and timely messages on issues linked to the work of the Board;
- efficient ways of working across partner organisations.

The Board were asked for comments on the Strategy and it is proposed that communications leads meet to discuss arrangements for taking forward the strategy and to develop an initial communications plan for the Board for the six month period to 31 March 2016. This will also be brought back to the board for endorsement.

RESOLVED - (i) That the current draft Strategy be approved.
(ii) That the proposed next steps regarding the production of a communications plan be agreed.

8. SUBSTANCE MISUSE STRATEGY GROUP TERMS OF REFERENCE

A report was presented seeking the Board's endorsement of the revised Terms of Reference for the Substance Misuse Strategy Group and a Workplan for 2015/16 which has been produced.

The Terms of Reference for the Substance Misuse Strategy Group have been revised for 2015/16. The overarching purpose of the Group is to produce and deliver an aspirational and ambitious vision for addressing drug and alcohol related issues within Gateshead (on behalf of the Community Safety and Health and Wellbeing Boards).

The role of the group is to identify and address current and future substance misuse issues impacting on the Borough and, more specifically, is responsible for the development and implementation of the Substance Misuse Strategy in Gateshead.

A Workplan for 2015/16 has also been developed working with partners to ensure that a range of issues linked to drug and alcohol misuse are being proactively addressed.

The Board commented that there could be more specific reference to younger people, including issues around Fetal Alcohol Spectrum Disorders (FASDs), which could be incorporated within the action plan. It was noted that this had been discussed, including the implications for governance arrangements – linkages will also need to be made with the Local Safeguarding Children’s Board. NTW emphasised the importance of the children and young people’s dimension of work to address substance misuse.

The importance of rehabilitation was also raised and the need to reflect this explicitly within the scope of the work to be undertaken.

It was noted that the LMC would wish to be represented on the Substance Misuse Strategy Group.

- RESOLVED -
- (i) That the revised Terms of Reference and Annual Work Plan be endorsed by the Health and Wellbeing Board, having regard to the points made by the Board.
 - (ii) That the Local Medical Committee be invited to attend the Substance Misuse Strategy Group.
 - (ii) That the Board will receive the draft Substance Misuse Strategy at a future meeting.

9. HEALTHWATCH GATESHEAD REPORT FOR 2014/15 AND PRIORITIES FOR 2015/16

The Board received the annual report of Healthwatch Gateshead for 2014/15 and details of its priorities and plans for 2015/16.

In particular, it was noted that Healthwatch Gateshead had taken part in the Healthwatch England special inquiry on hospital discharge. A survey had also been developed by Healthwatch Gateshead around GP Access, the findings from which are being fed into the Care Health and Wellbeing OSC Review of GP Access.

In terms of priorities for 2014 – 2017, the following have been identified.

Strategic Development –

- To work proactively with the Clinical Commissioning Group, the Local Authority and all other health and social care providers and maintain strong working relationships.
- Widen access and involvement; and
- Create an organisation that is representative of and influenced by the local population.

Operational Development –

- The plan is to develop the volunteer programme to establish volunteers who will engage with a range of communities across Gateshead.
- Implement reporting mechanisms which enable us to gather views of a wide range of diverse communities.
- Build an effective evidence base so that local delivery of services can be influenced on behalf of local people.

Delivery –

- Develop engagement with hard to reach groups
- Develop a programme of innovative and creative engagement activities
- Develop our local ‘drop-in’ sessions so that we can have an effective presence across the borough.
- Widen access.

RESOLVED - That the Healthwatch Annual Report 2014/15 and Strategic Priorities be noted.

10. BCF QUARTER 1 RETURN for 2015/16 to NHS ENGLAND

A report was presented to the Board for the endorsement of the Better Care Fund (BCF) return to the Department of Health for the 1st Quarter of 2015/16.

The Board’s Forward Plan for 2015/16 includes a new Performance Management section of the agenda which is being used to update the Board on progress in relation to the BCF and other key indicators linked to its health and wellbeing agenda. It was agreed at the time that the performance update would, in turn, be used to inform future returns to the Department of Health.

It was noted that the Board considered a Performance Review update report at its meeting on 17 July, which included the BCF, and that it was agreed that this would be used to inform the Quarter 1 return for 2015/16 due for submission on 28 August as this deadline fell between Board meeting dates. The next BCF return is due in November and information relevant to this will be brought to the Board on 23 October as part of the next performance management update.

RESOLVED - That the Quarter 1 BCF submission for 2015/16 be endorsed by the Board.

11. UPDATES FROM BOARD MEMBERS

Public Health

Newcastle and Gateshead CCG and Newcastle and Gateshead local authorities have submitted an expression of interest to become a pilot area for the National Diabetes Prevention Programme.

Gateshead Council

The Council is required to review its Statement of Licensing Policy (alcohol). This is currently out for consultation and is available on the Council's consultation page on its website. A link to the consultation will be circulated to Board members.

Newcastle Gateshead CCG

The government has announced eight vanguard sites for developing new models of urgent and emergency care. One of the models is the North East Urgent Care Network, which covers the whole of the north east. The programme is intended to enable the network to transform urgent and emergency care.

12. DATE AND TIME OF NEXT MEETING

Friday 23 October 2015 at 10am.