

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**GATESHEAD HEALTH AND WELLBEING BOARD MEETING**

**Friday, 2 December 2022**

**PRESENT**

Councillor Lynne Caffrey – Gateshead Council (Chair)  
Councillor Gary Haley – Gateshead Council  
Councillor Jennifer Reay – Gateshead Council  
Councillor Jonathan Wallace – Gateshead Council  
Councillor Leigh Kirton – Gateshead Council  
Councillor Michael McNestry – Gateshead Council  
Councillor Martin Gannon – Gateshead Council  
Councillor Pamela Burns – Gateshead Council  
Dale Owens – Gateshead Council  
Dr Mark Dornan – ICB/Gateshead Cares  
Helen Ferguson – Gateshead Council  
Nicola Allen – CBC Federation  
Peter Udall – Gateshead Council  
Phill Capewell – Healthwatch Gateshead  
Vicky Sibson – Gateshead Council  
Yvonne Probert – Healthwatch Gateshead

**IN ATTENDANCE:**

Councillor Catherine Donovan – Gateshead Council  
Joanne Coleman – Gateshead Health NHS Trust  
Julia Sharp – Gateshead Council  
Kirsty Roberton – Gateshead Health NHS Trust  
Lynn Wilson – Gateshead Council/ICB  
Peter Rooney – NENC Integrated Care Board  
Phil Hindmarch – Gateshead Council  
Sue Taylor – Balance

**HW372 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Claire Wheatley, Andrew Beeby, Steph Downey, Alice Wiseman, Councillor Jane McCoid, Steve Kirk, Councillor Bernadette Oliphant and Steve Thomas.

**HW373 MINUTES**

RESOLVED:

- (i) That the minutes of the meeting held on 21 October 2022 be approved.
- (ii) That the action list update be noted.

**HW374 DECLARATIONS OF INTEREST**

RESOLVED:

- (i) That there were no declarations of interest.

## **HW375 UPDATES FROM BOARD MEMBERS**

The Board were advised that Adult Social Care have recently had their Peer Inspection in preparation for the CQC Inspection. A number of recommendations have been made and are currently being formulated into an action plan.

A new Persistent Physical Symptoms Service is being set up, this is a really good innovative piece of work, it is going to be shared with the Council's Overview and Scrutiny Committee.

It was noted that the Council is currently engaged in a public consultation in terms of its leisure services review. The public consultation is taking place until 20 December. A report will be taken back to Cabinet in the new year.

It was noted that this is a position none of us wants to be in however, so much of the budget is meeting statutory obligations.

A submission is being prepared in relation to a newly announced Adult Social Care Hospital Discharge Fund. This will be linked with the existing Better Care Fund. The submission needs to be made by the 16<sup>th</sup> December and a copy will also be brought to the next meeting of the Board in January.

RESOLVED:

- (i) That the Board noted the updates.

## **HW376 ALCOHOL RELATED HARM - JULIA SHARP**

The Board noted that Alice Wiseman provided a paper on Alcohol Related Harm at its last meeting and that it also received presentations from Professor Eileen Kaner of Newcastle University on the impact on Minimum Unit Pricing (MUP) in Scotland and from Sue Taylor, Balance. The evidence was that there had been some decline in alcohol consumption as a result of MUP.

It was noted that alcohol-related hospital admissions can be due to regular alcohol use that is above low risk levels and are most likely to involve increasing risk drinkers, higher risk drinkers, dependent drinkers and binge drinkers.

In terms of admissions for alcohol-specific conditions, numbers locally are 972 per 100,000 of the population, the England figure is 644.

It is felt that there is also a degree of unmet need within the population and if all those who needed support were to present to services that it would be difficult to meet their needs.

Treatment for adults is successful and is on par with the national figure.

There is support available, work is targeted at schools, and a number of campaigns raise the awareness of the health harms.

With regards to young people, we have a specialised young person service and a

separate Adult Substance Misuse Service. There are different interventions depending on the level of needs.

There are some opportunities with some supplementary funding which is available to build capacity in the workforce and get more people into treatment. Currently though there is no residential detox provision in the North East.

Regional Work is being undertaken as part of the recommendations from the Regional Alcohol Needs Assessment. SSMTR funding is available and there is a need to look at inpatient funding. We need to look at partnership working to better meet the needs of vulnerable dependent drinkers. Work also needs to be undertaken to embed an 'alcohol free childhood'.

There is a recovery community who are working to take away the stigma and give a message of hope. It was noted that for every person who has an issue, at least 3 more people are affected.

There are some challenges to be faced, including the prevalence of alcohol within peoples lives, the visibility of alcohol is across the board. We have a licensing system which is difficult to challenge and influence from a public health point of view. There is an issue around the visibility of alcohol to children, for example a Temporary Event Notice may be for a community event in a park but there could be alcohol available. We have an opportunity on Council land to have family focussed events. There is also the whole issue of normalisation of alcohol within our society, we need to think about how we can change the mindset. It has taken a long time to do so with tobacco and it will also take a long time to do something similar with alcohol. The data is challenging and it is difficult to make in-roads where there are entrenched views.

It was noted that the LGA were doing quite a lot of work with regards to including Public Health as a Licensing Objective.

It was noted that with regards to the challenges, there are a number of adverts for supermarkets on television and that many adverts are focussed on alcohol. It is a highly well financed industry with a huge turnover. We need to have the same sort of approach as with tobacco. How do you address the challenge of such a well financed industry and what support is there for carers/partners of those who have alcohol issues. It was noted that we do have a carers service in Gateshead and there are National Networks; however, it is difficult to secure engagement. Each year we do a survey and half of the people in the North East are drinking higher than the recommended limits. It was noted that the Alcohol Free aspect of the World Cup has been very positive. Good practice has been highlighted in Scotland and the Republic of Ireland are undertaking similar measures.

It was noted that in the 1980s, bars used to shut earlier but licensing laws were changed to give more of a European feel. It was also noted that it is really important that where community events take place on Council land that we look at the licensing position.

It was queried in relation to people who are having a difficult time, how do we help

them avoid turning to alcohol. It was noted that a high number of the people who die from alcohol harm are often on their own at home and are amongst the most isolated in society.

RESOLVED:

- (i) That the Board continues to lobby government on this issue.
- (ii) That Board members consider the issue of alcohol promotion across their organisations.

## **HW377 DRAFT ICS STRATEGY - PETER ROONEY, INTEGRATED CARE BOARD**

The Board received a presentation from Peter Rooney with regards to the Draft Integrated Care Strategy.

Peter advised that the ICP is a statutory committee, established by the NHS and local government as equal partners, and involving partner organisations and stakeholders. It forms part of the arrangements for the Integrated Care System (ICS).

- Each Integrated Care Partnership is required to develop an integrated care strategy covering the whole ICP population by December 2022
- ICBs and local authorities must 'have regard to' the strategy when making decisions, and commissioning or delivering services
- The strategy must use the best evidence, building from local assessments of needs (JSNAs), and enable integration and innovation.

It was noted that the ICP should set an overarching strategic direction, the following was noted in relation to our Assets and Case for Change.

- We have strong communities, an amazing Voluntary, Community and Social Enterprise sector, World Class natural assets and vibrant industries
- We have a strong foundation of partnership working, an outstanding health and care workforce, and some of the best research and development programmes of any system
- Our health outcomes are some of the worst in England, with deep and protracted inequalities, which correlate with socio-economic deprivation
- Life expectancy at birth is 81 (women) and 76.9 (men), compared to 82.6 and 78.7 for England
- Healthy life expectancy is 60.2 (women) and 59.4 (men), compared to 63.9 and 63.1 for England.

There is a key commitment to reduce the gap by 2030.

The following comments were fed back to Peter and it was noted that a response on behalf of the Gateshead health and care system had also been sent in response to the consultation:

- It was noted that the strategy was high level and provides an overall strategic vision.

- The focus of the strategy on prevention and preventative measures could be enhanced.
- There needs to be a number of different plans to find solutions to key health challenges - sometimes we have tended to look at a complex problem to see what might be a simple solution which in turn can create perverse incentives.
- Noted that in Cuba there have a significant focus on prevention. The country has 9 doctors and 9 nurses per 1,000 of population, whereas the UK has 3.1 doctors per 1,000 which raises the question of how do we increase the focus on prevention.
- Increase the focus on Children and Young People – not very strong within the strategy currently.
- Would like an assurance that children will very much be at the forefront of the strategy – a focus on children will provide much more ‘bang for your buck’.
- Reference was made to the detailed response from the Directors of Children’s Services about the lack of reference to Children and Young People and the need to make key commitments in terms of Children’s Mental Health.
- The strategy should incorporate a more asset-based approach around connected communities.
- The strategy could move away from a ‘deficit approach’ in terms of how aspirations are set out e.g. increase the number of smoke free families instead of reducing smoking amongst individuals.
- There should be discussions with relevant Strategic Housing Leads to make sure the community is supported with good housing which promotes good health.
- There should be a focus on place, in terms of the determinants of health and wellbeing – housing is critical and people should live in a decent house in a decent place with a decent job and be able to have local places such as parks where they can walk, exercise, spend time etc. If we are required to have regard to the ICS strategy in terms of our local decision making, we need to have shared data and an evidence base.
- What we do with the strategy - that is the important thing. As there will be national priorities, regional priorities and local priorities, it raises the question how do we develop something meaningful locally (our local strategy), when we are also being directed by other strategies - national, regional etc. There needs to be the right balance between the ability to develop a local strategy, develop a local response to health and care challenges and responding to the requirements of strategies developed at broader geographies.
- If we don’t get the finances right and budgets pooled, we will not be able to make this work. Currently, local government finance and health finance arrangements are not aligned - we need to get this right first. Also, we have major shortages of health professionals and social care professionals which needs to be addressed early on within the strategy.

## RESOLVED

- (i) That the information presented be noted and the comments provided as part of the Board’s consultation response.

HW378

## **GATESHEAD HEALTH TRUST'S CORPORATE STRATEGY 2022/23 - 2024/25 - KIRSTY ROBERTON**

The Board received a presentation from Gateshead Health NHS Foundation Trust on their Corporate Strategy.

There are three strategic areas that the strategy is structured around, People, Patients and Partners.

These are underpinned by 7 Strategic Enablers: Digital and Data, Innovation and Improvement, Estates, Finance, People and OD, Communication and Engagement and Planning and Information.

There are five strategic aims:

- We will continuously improve the quality and safety of our services for our patients
- We will be a great organisation with a highly engaged workforce
- We will enhance our productivity and efficiency to make the best use of our resources
- We will be an effective partner and be ambitious in our commitment to improving health outcomes
  - Objectives:
    - Tackle our health inequalities
    - Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population
- We will develop and expand our services within and beyond Gateshead

Engagement work has been done with staff and patients and the following Vision 2025 has been developed:

- People will live more years in Good Health
- The Gap in Healthy life expectancy between people living in the most and least disadvantaged communities in Gateshead will be reduced
- People's experience of using services will be better. Our staff will be working in a way that embraces our organisations core values and beliefs
- Ensure our planned care reflects what is affordable and sustainable to meet the health needs for the community of Gateshead

There are four key components to addressing health inequalities:

Starting Well  
Living Well  
Ageing Well  
Better Care

The Trust is also looking at Digital Exclusion and how it can be built into everything it does.

The Plan which has been developed for the next 5 years is looking at 3 main areas:

- Remove barriers to access
- Focussing on experience of care
- Improving outcome for everyone

One area of success is the Tobacco Service, the QUIT Team is a joint venture. Everyone admitted who is a smoker has a visit from one of the team. In terms of the maternity ward, smoking at delivery is down from 17% to 7.8%. An incentive scheme was started and was offered to everyone in the person's household, it is recognised it is not just about the patients.

For staff we have a listening space and we have been working with Gateshead College to offer manicures, pedicures and massages.

With regards to the screening programmes, we have very good links with the Jewish community to make sure we are reaching harder to reach groups.

The Discharge from Hospital project is linking in with feeding families so that those who have no-one at home or no means to get food for going home are getting a box delivered with soup, cheese and crackers etc. in order that they can get home.

It was also noted that the Trust has an alcohol liaison nurse if a person comes through A and E. It may need to start looking at a similar model for alcohol to the one in place for smoking.

One aspect of the Trust's approach is asking patients who attend if they are worried about heating their house. The Trust is working with CAB and they are going to do some training with staff.

RESOLVED:

- (i) That the information presented be noted.

**HW379**

**GATESHEAD PLACE GOVERNANCE - MARK DORNAN, LYNN WILSON AND JOHN COSTELLO**

The Board were presented with a report to seek its views on the next steps in taking forward place-based governance and working arrangements for the Gateshead Health & Care System (Gateshead Cares).

It was noted that a Joint Committee arrangement has been suggested for Gateshead going forward.

A Joint Committee would be helpful for making joint decisions within its scope of authority between relevant partner organisations. The statutory bodies can agree to delegate defined decision-making functions (and resources) to the joint committee in accordance with their respective schemes of delegation. It was noted that there will need to be further discussions on roles, membership, structure and accountabilities. It is suggested that this is done across the partnership in a phased way.

It was noted that the Gateshead Cares System Board supports the proposed direction of travel and process outlined in the paper. CBC commented that they agreed with the approach set out within the report.

It was also noted that Gateshead Council had discussed the report at its Corporate Management Team and that further discussions will take place in the New Year.

RESOLVED:

- (i) That the comments of the Board be noted.

**HW380 GATESHEAD CARES SYSTEM BOARD UPDATE - MARK DORNAN / ALL**

This item was circulated to the Board for information after the meeting.

**HW381 A.O.B.**

No additional business was raised.