

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**

**HEALTH AND WELLBEING BOARD MEETING**

**Friday, 10 June 2016**

**PRESENT**

Councillor L Caffrey (Chair)

J Green	Gateshead Council
M Graham	Gateshead Council
M McNestry	Gateshead Council
M Gannon	Gateshead Council
M Foy	Gateshead Council
R Beadle	Gateshead Council
B Westwood	Federation of GP Practices
M Dornan	Newcastle Gateshead CCG
J Duncan	Northumberland Tyne and Wear NHS Foundation Trust
S Young	Gateshead Voluntary Sector
A Wiseman	Gateshead Council

**IN ATTENDANCE:**

Joe Corrigan	Newcastle Gateshead CCG
Susan Watson	Gateshead Health NHS Foundation Trust
Steve Jamieson	South Tyneside Foundation Trust
Elizabeth Saunders	Gateshead Council
Iain Miller	Gateshead Council
Michael Laing	Gateshead Council
John Costello	Gateshead Council
Sonia Stewart	Gateshead Council

**HW35 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Alison Elliott, Douglas Ball and Ian Renwick.

**HW36 MINUTES**

The minutes of the previous meeting held on 10 April were agreed as a correct record, subject to it being noted that Susan Watson was in attendance representing Gateshead Health NHS Foundation Trust.

**HW37      DECLARATIONS OF INTEREST**

None

**HW38      ACTION LIST**

The Action List highlighted several items which will be included within the Board's Forward Plan for 2016/17.

**HW39      NORTHUMBERLAND, TYNE & WEAR SUSTAINABILITY AND TRANSFORMATION PLAN 2016/17 TO 2020/21**

The Board received a presentation from Joe Corrigan of Newcastle Gateshead CCG on the STP for Northumberland and Tyne and Wear 2016/17 – 2020/21.

The STP covers 6 local authorities in Northumberland and Tyne and Wear. There is also a component part around North Durham.

The plan is a whole system plan and there are narrative sub-levels covering the 3 local economies – Northumberland and North Tyneside, Sunderland and South Tyneside, and Newcastle Gateshead.

The plan is place based and population based and is not organisation based. Nationally there are 44 STP areas which NHS England will need to manage.

An initial submission was made on 11 May with a further submission on 30 June. There will be an assessment process undertaken in July. The plan needs to address and provide a whole system narrative on how we will close the gap relating to the Triple Aims relating to health and wellbeing, care and quality, and funding and efficiency.

There are 10 lines of enquiry:

1. How are we going to prevent ill health and moderate demand for healthcare.
2. How are we engaging patients, communities and NHS Staff.
3. How will we support, invest in and improve general practice.
4. How will we implement new care models that address local challenges.
5. How will we achieve and maintain performance against core standards.
6. How will we achieve our 2020 ambitions on key clinical priorities.
7. How will we improve quality and safety.
8. How will we deploy technology to accelerate change.
9. How will we develop the workforce you need to deliver change.
10. How will we achieve and maintain financial balance.

It is felt that Sustainability and Transformation Plans (STPs) are an opportunity to develop a route map to an improved, more sustainable, health and care system by:

- Bringing organisations together to work much more closely, beyond organisation boundaries

- Sharing of good practice and expertise
- Identifying those areas where a single or small group or organisations would, or is, having difficulty transforming services
- Identifying areas where the common agenda suggests we can do something once well, rather than several times less effectively
- Alignment with the work of the NECA Commission for Health and Social Care Integration

Key areas for transformation include:

- Acute hospital collaboration across clinical pathways
- Reconfiguration of services between acute providers
- Out of hospital collaboration
- Radical upgrade in prevention and wellbeing
- Development of accountable care systems
- Financial stability

The Board were advised that this was very much a system wide process with a narrative for the Newcastle Gateshead footprint linking with the narrative for other local health economies to form an overarching Northumberland Tyne & Wear narrative. In this way, there will be a tiered approach to the work. It was noted, however, that the funding gap by 2020 is expected to be around £80m for Gateshead, £200m for Newcastle Gateshead and approximately £960m across the whole NTW footprint for health and social care.

There are several layers to governance including an STP Programme Board which includes Newcastle and Gateshead. It was noted that this is still very much a work in progress and work is ongoing towards the next stage submission by 30 June. Further discussions will need to take place before final sign off.

Health & Wellbeing Boards are not required to approve or to be consulted at this stage, but NHS England need assurance that the plans reflect a shared view from the STP leadership team, based upon the needs of patients and taxpayers.

More formal engagement with Boards and partners will take place following the July conversations.

It was felt that it is important to be up front with local people regarding the extent of the financial challenges facing the local health and care system and implications of this for services in future years. This also has implications for levels of investment in prevention and early intervention.

It was queried how the Board can best raise its concerns regarding the challenges posed for the local system. It was noted that a leadership meeting is being arranged between Newcastle and Gateshead Council representatives which could look at this and related issues in the first instance. A view can then be taken on the next steps.

It was felt that the Board has an important role to play and needs to be part of the decision making process going forward.

RESOLVED - That the presentation and issues raised be noted.

#### **HW40 SMOKING STILL KILLS; SMOKE FREE VISION 2025**

The Board received a presentation from Iain Miller, Public Health Lead on Tobacco Control. The Board were advised that our vision is to reduce smoking to 5% prevalence in adults by 2025 in order to achieve a smoke free future for our children.

The Board were advised that smoking continues to remain as the biggest killer in Gateshead and is the single most preventable cause of premature death. Currently 42,000 people in Gateshead smoke (1,400 are aged 16 or under) and it is known that 32,000 of these wish to stop smoking. If we had the lowest smoking rate in England at 8.4% only 16,816 would smoke.

It is proposed that we review the work of our SmokeFree alliance using a national standard and identify its strengths and areas for improvement. The Board were asked to consider the following recommendations for Action:

1. Ensure a great focus on tobacco control activity by all partners on the Health and Wellbeing Board for Gateshead.
2. Undertake a CLear review of the Gateshead Smokefree Tobacco Alliance in July 2016 in partnership with HWB members.
3. For officers to work with young people in Gateshead to establish their views and build local action.
4. Develop a local 10 year delivery plan based on both the output of the CLear assessment and national, regional and local intelligence (November / December 2016).
5. Maintain public support for action, communicate a clear understanding of the harm caused by Tobacco and the benefits of stopping smoking in partnership with FRESH NE.
6. Ensure the Sustainability and Transformation Plan (STP) includes challenging actions and targets for reducing smoking locally.

RESOLVED - That the actions outlined be agreed by the Board.

#### **HW41 DRUG RELATED DEATHS IN GATESHEAD**

The Annual Report for Drug-related Deaths (DRDs) for 2015 was presented to the Board and an overview was given of DRDs to-date in 2016.

The Gateshead DRD Panel is a local multi-agency group that undertake inquiries into all deaths where drugs are suspected to be a direct cause of the death of a person in Gateshead.

The Board were advised that in 2015 there were 17 DRDs. To-date (January to May 2016) there have been 13 potential DRDs in Gateshead which is a significant increase. Whilst there has been an increase in DRDs nationally, the number in Gateshead is of significant concern.

The cases will be looked at and discussed at the next DRD panel; however, it is clear from information gathered to-date that the areas of concern are identical to those which have been highlighted within the 2015 annual report and, in particular:

- Dual Diagnosis
- Involvement with Social Services and the Criminal Justice System
- Unemployment
- Not in Drug Treatment
- Prescribing
- People present at the death not being aware of the signs of an overdose
- Previous overdoses (intentional and accidental); and
- Complex/chaotic lifestyle

Public Health are commissioning an audit of shared care arrangements to gain a better understanding of how we are working together and can improve services.

- RESOLVED -
- (i) That the current work is noted which will also be reported to the Safeguarding Adults Board.
  - (ii) That an update report be brought to the December Board meeting.

## **HW42 SAFEGUARDING ADULTS STRATEGIC PLAN**

The Board were presented with a report on the Safeguarding Adults Board Strategic Plan 2016-2019 and the Annual Business Plan 2016/17.

The Care Act 2014 enshrined in law the principles of Safeguarding Adults which will not only ensure that the most vulnerable members of society are afforded appropriate support and protection, but will also help them to live as independently as possible, for as long as possible.

It is the legal duty for the Local Authority to have a Safeguarding Adults Board and the Board must produce a Strategic Plan and Annual Report.

This is the first strategic plan for the now statutory Safeguarding Adults Board. The Board is committed to making Safeguarding in Gateshead person-led and outcome focused by adopting and implementing a preventing model.

The Board has established five strategic priorities for 2016/19

- Quality Assurance
- Prevention
- Community Engagement and communication
- Improved Operational Practice
- Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

These strategic priorities will be underpinned by the six Principles of Safeguarding identified within the Care Act.

- Empowerment – people being supported and encouraged to make their own decisions and give informed consent
- Prevention – it is better to take action before harm occurs
- Proportionality – the least intrusive response appropriate to the risk presented
- Protection – support and representation to those in greatest need
- Partnership – local solutions through services working with their communities
- Accountability – accountability and transparency in safeguarding practice

RESOLVED - That the Safeguarding Adults Board Annual Report be brought to a future meeting of the Health and Wellbeing Board.

**HW43 LEARNING DISABILITY JOINT HEALTH & SOCIAL CARE SELF-ASSESSMENT FRAMEWORK**

A report was presented to the Board on the Learning Disability Joint Health and Social Care Self-Assessment Framework. The Board were advised that this year's assessment was undertaken on a light touch basis on the understanding that a more in-depth assessment will be undertaken next year.

The data provides a comparison for Gateshead against the North East and England and this information will feed into the JSNA and Commissioning Intentions.

The information will also be used by the Learning Disability Partnership Board to set its objectives for the coming year. It was requested that a report be brought back to the Board when these objectives are set.

RESOLVED –

- (i) That the information in the report be noted.
- (ii) That a report be brought back to the Board when the Learning Disability Partnership Board has set its objectives for the coming year.

**HW44 BETTER CARE FUND: QUARTER 4 RETURN FOR 2015/16 TO NHS ENGLAND**

A report was presented to the Board to seek formal endorsement of the BCF Quarter 4 Return for 2015/16 which was submitted to NHS England on 27 May. It was noted that the return reflects key trends that have previously been reported to the Board. 2016/17 will be used as a transition year whereby schemes link with new models of care. Guidance is awaited from NHS England on monitoring arrangements for 2016/17.

RESOLVED - That the BCF Quarter 4 return for 2015/16 be endorsed by the Board.

**HW45 UPDATE ON SUPPORT AND DEVELOPMENT SERVICE FOR GATESHEAD CVS FOR 2016/17**

The Board received an update report on the current position regarding the provision of support, development, networking and representation for the Voluntary and Community Sector in Gateshead. Newcastle Council for Voluntary Service has been

awarded a one year contract to fulfil this role. It was reported that Newcastle CVS has taken up some office space with Age UK and that one member of staff had transferred across from GVOC. 2 new staff have also been appointed. There are 5 events planned over the next few weeks covering each of Gateshead's neighbourhood areas.

The main focus of the work will be around smaller community organisations and it was noted that there is a desire to re-instate the Chief Officers Group. The website is established and an information magazine will be distributed in the next few days. Currently, within the contract, there is no community empowerment network. It was also noted that it will be important to ensure that there is consultation and engagement with the voluntary and community sector during the one year contract period.

RESOLVED - That the information in the report be noted.

#### **HW46 UPDATES FROM BOARD MEMBERS**

##### **Newcastle Gateshead CCG**

As well as the STP, the CCG are working on a local digital roadmap. Significant regional work has been undertaken on this and plans will have to be submitted to NHS England. The plan is about rolling out digital technology. All providers are involved in early discussions on this issue.

##### **Community Health Services**

Work is currently ongoing as part of the mobilisation phase. There are still quite a lot of mechanics and arrangements to be addressed, including the transfer of staff. Michael Laing will be joining the team as Associate Director. The Go Live date is 1 October 2016.

#### **HW47 ANY OTHER BUSINESS**

#### **HW48 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Friday 15 July at 10am.