

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**

**HEALTH AND WELLBEING BOARD MEETING**

**Friday, 15 July 2016**

**PRESENT**

Councillor L Caffrey (Chair)	
J Green	Gateshead Council
M Graham	Gateshead Council
M McNestry	Gateshead Council
M Foy	Gateshead Council
D Ball	Healthwatch Gateshead
B Westwood	Federation of GP Practices
H Patterson	South Tyneside Foundation Trust
Alice Wiseman	Gateshead Council

**IN ATTENDANCE:**

Susan Watson	Gateshead NHS Foundation Trust
Joe Corrigan	Newcastle Gateshead CCG
Alison Dunn	Gateshead Citizens Advice Bureau
John Costello	Gateshead Council
Catherine Horne	Newcastle Gateshead CCG
Jan Thompson	Gateshead Council
Peter Wright	Gateshead Council
Adam Lindridge	Gateshead Council
Nicola Johnson	Gateshead Council
Joy Evans	Gateshead Council
Emma Gibson	Gateshead Council

**HW49 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mark Dornan, Mark Adams, Emma Nunez, Councillor R Beadle, Elizabeth Saunders and Sally Young.

**HW50a Minutes**

RESOLVED - That the minutes of the meeting held on 10 June were agreed as a correct record, subject to it being noted that Emma Nunez had submitted her apologies and they were not recorded.

## **Matters Arising**

Members of the Board were invited to attend a workshop on the Development of a 10 Year Plan for Tobacco Control. The workshop had a very disappointing turnout. It was noted that if we are going to create a vision for Gateshead we need to work together. The Chair advised the Board that she would ask Iain Miller, Public Health, to re-organise a meeting as we all need to work together to tackle the issues and achieve our ambitions.

At the last meeting we looked at the STP and the analysis of the gap in funding led to the discussion that leadership meetings need to take place. The Chair informed the Board that she had met with leaders of Newcastle and Gateshead Council and they did agree that we need to work more closely around key challenges, including public health and that a system leadership meeting is needed.

Chief Executives have been tasked with organising a meeting-and this will be fed into the Health and Wellbeing Board. It was also noted that the Association of Directors of Social Care have put together a toolkit of integration of health and social care which it may be useful to look at.

### **HW51 ACTION LIST**

RESOLVED - That the Action List incorporating actions from 10 June meeting be noted.

### **HW52 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **HW53 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) AND WAITING TIMES FOR GATESHEAD**

The Board received a presentation on Child and Adolescent Mental Health Services. The Board were informed that Newcastle and Gateshead Council are working collaboratively with the CCG. In February 2015 consultations were undertaken with professionals and key stakeholders. It had been identified that waiting lists nationally for Tier 2/3 treatments was 26 weeks. In Gateshead, waiting list times were 15 weeks and that has been brought down to 9 weeks. NTW has a target to receive 70% of children and achieved 86% of their target re: referrals.

The scope of the project was to look at Tier 2 and Tier 3 services and it was an opportunity to come together as partners to improve services.

A baseline was established and case for change transformation document was produced. Work is currently ongoing looking at the data. This led to the Expanding Minds/ Improving Lives Project with a listening exercise taking place involving children, young people and parents. Several consultation events took place involving schools and multi-agency partners. An online survey was also developed. There are still some focus groups taking place over the next few weeks.

The key messages (and National Policy) are telling us that we need to develop a model that:

- Is focused on prevention and early intervention
- Responds to the needs of children and young people
- Has clear routes to the right support at the right time in the right place
- Has a recovery focus
- Has a shared care approach - "No Bounce"
- Allows for ease of access and choice
- Provides appropriate escalation when necessary
- Has clear roles and responsibilities
- Has integrated working at its heart

Further work is to be undertaken to develop the model and by the end of August it is anticipated that a half day workshop will be held. Engagement with governing bodies is planned for September, with testing out of the model to take place between December and March. It is important that this is done over a phased approach.

RESOLVED - That the current position be noted and the Board receive further updates as required.

#### **HW54 SUBSTANCE MISUSE STRATEGY FOR GATESHEAD**

The views of the Health and Wellbeing Board were sought on the Draft Substance and Alcohol Misuse Strategy 2016-2021. Gateshead currently has the 7<sup>th</sup> highest rate of alcohol related admissions to hospital in England. Though recent figures show early indicators of a positive downward trend in recent years. However, despite this overall decrease the rate of admissions for women has increased by 30.3% since 2008/09.

For young people the rate of admissions for under 18s has decreased by 54% to 58.8 per 100,000, since the 2006/07 to 2008/09 period.

The Vision is to reduce the harms caused by substance misuse and make Gateshead, a safer and healthier place where less alcohol and no substances are consumed, and where:

- Recovery is visible, bringing about enduring change to local communities
- Substances are no longer a driver of crime and disorder
- Professionals are confident and well-equipped to challenge behaviour and support change
- There is a reduction in the health inequalities between socio-economic groups

As previously reported to the Board, there has been a spike in drug related deaths in recent years with 17 in 2015 and 15 deaths so far this year. The local figures however, do mirror the national trend.

This is the first combined strategy for several years. The strategy has joined these two issues due to the many similarities in the actions required to address this agenda. The joint approach is highlighted by the proposed shared aims and objectives below.

#### REDUCE DEMAND / PREVENTION ACROSS THE LIFE COURSE

Aim: to ensure that a coordinated 'whole family' approach is taken for initiatives working with children, young people, working age, older people, individuals, families and communities, protecting those most affected by substance misuse.

#### REDUCE SUPPLY PROTECTION AND RESPONSIBILITY

Aim: to ensure all sections of the trade promote responsible retailing to support a reduction in substance misuse-related harm. To mitigate the role of substance misuse in fuelling Crime, Anti-Social Behaviour, Violence and Domestic Abuse.

#### BUILD RECOVERY / HEALTH AND WELLBEING SERVICES

Aim: to ensure an evidence based 'health and wellbeing' focussed prevention, treatment and recovery approach is employed to address the needs to service users and their families experiencing alcohol related issues.

Despite the integrated strategy it is acknowledged that some distinctively different approaches are also required to address drug and alcohol harm. Alcohol required a population approach to address availability, acceptability and safer use. Substance misuse relates to a more specific client group and has a greater crime and disorder focus. This strategy therefore has two chapters, one for alcohol and one for drugs., to outline the specific work relating to each area.

The strategy also identifies the need for high level, strategic action. It is proposed that the work to address these objectives and actions is led by the Health and Wellbeing Board and the Community Safety Board and activity at both strategic and operational levels is reported at the Substance Misuse Strategy Group.

- RESOLVED -
- (i) That the comments of the Board be noted.
  - (ii) That the Strategy be presented to the Community Safety Board and relevant portfolio holders for comments.

## **HW55 LIVE WELL GATESHEAD EVALUATION**

The Board received a presentation on the evaluation of Live Well Gateshead. A researcher post was funded by Gateshead Council Public Health Team to undertake a qualitative evaluation of Live Well Gateshead, focusing on what works and for whom, identifying which elements of the LWG model are effective in improving Health and Wellbeing.

The underpinning principles of Live Well were that it fitted with the Council Plan, it was a mixture of group work and 1:1 work and it targeted the 35% of the most deprived communities.

The research identified areas which hinders access including, awareness of the programme, embarrassment and fear (lack of confidence), privacy and dignity and gender sensitivity.

The Live Well Gateshead project increased knowledge and skills including changes of habits and attitudes, it improved mental and physical health and physical activity, it reduced social isolation and increased connectivity and access to funding and resources; however, there was some fragmentation.

The evaluation has highlighted some recommendations, including:

- Make use of the evaluation findings
- Address gaps in monitoring data
- Overcome fragmentation in the model to ensure co-ordination
- Links with 'Achieving More Together' (AMT) / transformation agenda / adult social care model
- Use what we know works – collaboration

RESOLVED - That the presentation be noted.

## **HW56 PRIMARY CARE CO-COMMISSIONING UPDATE**

A report was presented to the Board to provide a briefing on the next steps for primary care co-commissioning.

Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning aims to support the development of high quality integrated out of hospital services based around the needs of local people.

In November 2014 NHS England released 'Next Steps towards primary care co-commissioning' offering CCGs the opportunity to take on additional responsibilities for the commissioning of primary care services. There were three levels that CCGs could assume from 1 April 2015:

- Level 1: Greater CCG Involvement in NHS England decision making
- Level 2: Joint Decision Making (Joint Commissioning) by NHS England and CCGs
- Level 3: CCGs taking on delegated responsibilities from NHS England

Newcastle Gateshead CCG undertook a process by which member practices voted for their preferred option. The result of this vote was that the CCG would enter into Joint Decision Making with NHS England on 1 April 2015. Since then, the Joint Committee has been established and business is being conducted via that forum. A subsequent practice vote to move to level 3 was undertaken in October 2015. Member practices voted to remain at level 2.

The CCG Executive are now seeking to move to co-commissioning level 3 with a member practice vote by 20 September 2016 after a members meeting on 13 September. This will ensure sufficient time to engage member practices in the

process.

RESOLVED - That the comments of the Board be noted and further updates be made available as and when they are required.

**HW57 HEALTH AND WELLBEING BOARD FORWARD PLAN AND MEETINGS SCHEDULE FOR 2016/17**

The Board was presented with an initial draft Forward Plan and meetings schedule to steer the work of the Board during 2016/17.

The Health and Wellbeing Board is in its fourth year as a statutory Board. A draft forward plan has been developed to guide and shape the work of the Board during 2016/17. It reflects issues which have been identified by the Board to-date and relates to 5 key areas of focus:

- Strategy, policy development and commissioning intentions
- Transformation agenda, integration and ways of working
- Health and care service developments and reviews
- Performance Management
- Assurance Issues

An indicative timetable has been produced for these issues to come to the Board. It also sets out potential items for consideration which have not been slotted into the meetings schedule. These items are to be discussed with partners prior to the next meeting.

It is proposed by the September Board meeting to:

- Confirm the 'big issues' which should form the core of the Board's business during 2016/17, when they should come to the Board and the lead organisations
- Identify any preparatory work that will need to be undertaken and/or arrangements put in place to facilitate this

A final draft 2016/17 Forward plan and supporting timetable will then be brought to the Board for endorsement on 9 September.

RESOLVED - (i) That the comments of the Board be noted;  
(ii) That the final draft Forward Plan 16/17 be brought to the Board on 9 September.

**HW58 HEALTHWATCH GATESHEAD ANNUAL REPORT 2015/16 AND PRIORITIES FOR 2016/17**

The Board received a presentation from Douglas Ball, Chair of Healthwatch Gateshead. He set out the vision and role of Healthwatch and how they give residents of Gateshead a voice by conducting research, asking for views, empowering communities, and providing information, undertaking consultations and

representation as well as working with partners.

Healthwatch Gateshead encourages residents to input their views, and seeks to create good relationship with partners and stakeholders in order to work with them to ensure better health outcomes for residents.

Healthwatch Gateshead have held some major consultation events and produced reports from these to highlight any issues raised.

The team are small but also carry out signposting activities, including volunteers programmes.

Some issues for residents include the number of consultations which are web based, as this can disenfranchise some people.

Gateshead Healthwatch future strategy is to:

- Continue to promote prevention
- Encourage commissioners and service providers to focus on the recipients
- Represent residents views/concerns
- Deliver agreed contractual obligations
- Work with the North East Commission for health and social care integration
- Work with Joint Integrated Care Programme Board to try and make the Sustainable Transformation Plan less institutional based
- Promote wellbeing and self-responsibility

Healthwatch have some plans for future research to look at:

- Housing and its impact on health and wellbeing
- Issues around hospital discharge and social care provision
- End of life practices in hospitals and care homes
- Barriers to improving the health of children

RESOLVED - (i) That the presentation be noted.  
(ii) That Healthwatch Gateshead bring back to the Board a more detailed forward/business plan for 2016/17.

## **HW59 PERFORMANCE REPORT FOR HEALTH AND CARE SYSTEM**

The Board received an update report on performance within health and social care to enable the Health and Wellbeing Board to gain an overview of the current system and to provide appropriate scrutiny.

An initial Performance Report was considered by the Board on 17 July 2015. That report proposed a suite of indicators to form the basis for a Performance Management Framework for consideration by the Health and Wellbeing Board on a regular basis.

Because of the diverse range of indicators included in the Framework, the frequency with which metrics are updated varies. The report included the latest available data for each indicator.

The Board should be re-assured that where there are areas which are showing as under-performing, there are plans in place to address this.

RESOLVED- That the information contained within the report be noted.

**HW60            UPDATES FROM BOARD MEMBERS**

It was noted that there has been a decision regarding the outcome of the Deciding Together consultation, there will be in-patient beds in Newcastle which is a good outcome as opposed to patients and their families having to travel to Morpeth or Sunderland.

**HW61            ANY OTHER BUSINESS**

Congratulations were given to John Costello and all of those who have worked on the BCF.

**HW62            DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Friday 9 September 2016 at 10am.