

# **GATESHEAD METROPOLITAN BOROUGH COUNCIL**

## **HEALTH AND WELLBEING BOARD MEETING**

**Friday, 20 April 2018**

### **PRESENT:**

- Councillor Lynn Caffrey Gateshead Council (Chair)
- Councillor Paul Foy Gateshead Council
- Councillor Martin Gannon Gateshead Council
- Councillor Malcolm Graham Gateshead Council
- Councillor Michael McNestry Gateshead
- Council Councillor Gary Haley Gateshead Council

### **IN ATTENDANCE:**

- Carl Sketchily – South Tyneside NHS Foundation Trust
- Catherine Richardson – Newcastle Gateshead CCG
- Dr Mark Dornan – Newcastle Gateshead CCG
- Jane Mullholland – Newcastle Gateshead CCG
- John Gibson - NTW
- John Pratt – Tyne & Wear Fire Service
- Judith Turner - NTW
- Michael Brown – Gateshead Healthwatch
- Natalie Royston – Molnlycke Health Care

### **HW12 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Mary Foy, Cllr Ron Beadle, Sheena Ramsey, Mark Adams, Alice Wiseman and Sir Paul Ennals.

### **HW13a Minutes**

#### **RESOLVED:**

- (i) The minutes of the last meeting held on 19 January 2018 were agreed as a correct record.

#### **HW14 ACTION LIST**

John Costello provided an update of the Gateshead Health & Wellbeing Board Action List from the agenda. It was noted that all actions from the last meeting are complete and the Pharmaceutical Needs Assessment has been agreed by all necessary parties and has now been published.

RESOLVED:

- (i) Board Members noted the above.

#### **HW15 DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **HW16 HEALTH & CARE INTEGRATION UPDATE - ALL**

The Board received a report providing an update from local system leaders on progress in taking forward the integration of health and care in Gateshead, building upon the recommendations of the report agreed by the Board on 8 September 2017.

It was noted from the report that there is whole system support for an integrated approach to health and care in Gateshead to meet three key objectives:

- To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
- To support the development of integrated care and treatment for people with complicated long term health conditions, social problems or disabilities.
- To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.

It was noted that a previous update report had recommended the establishment of a formal group under the auspices of the health and wellbeing board, to further develop the proposals for the integration of health and care services. It was also noted that the Board had endorsed the proposed direction of travel and asked that regular updates on progress be provided.

A summary of the work undertaken by each workstream area as well as planned next steps was provided to the Board. This included plans to hold a one week workshop in early June to consider key issues, opportunities and challenges identified by the workstream areas to-date. It was noted that a report out from the workshop would be compiled and provided for Board members, including the next steps to be undertaken.

A concern was raised that the update report contained no information around wider

engagement – it was noted that engagement is planned and an update on this will be presented in the next report.

RESOLVED:

- (i) The Board noted the contents of the report

## **HW17 CHILDREN & YOUNG PEOPLE MENTAL HEALTH LOCAL TRANSFORMATION PLAN - CATHERINE RICHARDSON**

Catherine Richardson provided an introduction to the Children and Young People Mental Health Local Transformation Plan. The Board then received a presentation providing further detail of the plan and progress on the implementation of new Children and Adolescent Mental Health Service CAMHS model. A copy of the presentation is to be circulated to members of the Board following the meeting. It was noted that estimates suggest that just under 1 in 10 children aged 5 to 16 will have some form of poor mental health, with the prevalence increasing with age.

An overview of hospital admissions for mental health conditions and self-harm was provided highlighting that there are a small number of children aged 0-17 with mental health conditions severe enough to be admitted to hospital. It was further noted that currently the number of admissions per year stands at around 42. From the presentation it was reported that in recent years, on average around 147 young people aged 10-24 have had an emergency hospital admission for self-harm for each year. It was also reported that compared to England, Gateshead's emergency admissions are significantly higher and have been consistently so over recent years.

The presentation highlighted the proposed single point of access for advice and treatment – a key component of the new whole system CAMHS model for Gateshead. Further information was also provided to the Board on local initiatives in addition to key points from the Local Transformation Plan. In explaining the next steps for the plan an overview of 'Kooth' was provided noting this is to be an 18 month pilot for an online counselling and emotional wellbeing service.

A question around waiting times was raised noting that some patients are waiting a long time following their initial referral for treatment. It was noted that the service are working towards a maximum waiting time of 18 weeks.

It was said that the workforce needs to be adaptable to the changing needs of children referred. It was also said that the long wait times for those requiring autism assessments is being looked at to make this more timely. It was noted that a recent unannounced CQC inspection came back with positive feedback for the service.

A concern was raised that the wait time of up to 18 weeks is too long but it was said that not all patients will wait this maximum time to be seen. It was further noted that those suffering trauma will be seen within 24 hours. It was noted that when the new system goes live it is expected there will be an increase in referrals due to processes

being streamlined.

An additional concern was noted that additional services are not being commissioned to deal with the variety of issues patients are facing; it was said that the new model will seek to move resources 'up stream'. It was noted that there have been lengthy discussions on the new model.

The issue of voluntary sector service providers with contracts ending was raised noting that some services have fallen victim to austerity. It was highlighted that it was not reassuring that vital voluntary sector services that patients rely upon currently may no longer exist in the future. It was also said that this can have a knock on effect on Council Services which are struggling financially. It was noted that the CCG is also experiencing financial pressures and that, ultimately, mental health services are not being adequately resourced by government.

A concern that patients who miss three appointments would be taken off waiting lists was raised. It was said that this is not the case however there needs to be a cut off for patients who continually fail to attend appointments (although it was also noted that failure to attend an appointment may rest with young peoples' parent(s) or carer(s) rather than young people themselves).

A comment was made that the Board wants the best for the children of Gateshead. The work of the service was acknowledged noting that they have a difficult job to do. Members of the Board agreed that an open dialogue needs to be maintained on this ongoing issue to ensure that the new process is working.

It was agreed that an update of this report would be brought back to the Board in the near future.

RESOLVED:

- (i) The Board noted the contents of the report and presentation.
- (ii) The Board agreed to receive further updates throughout the phased implementation of the CAMHS transformation programme.
- (iii) The Board agreed to receive further updates on current waiting list positions.
- (iv) The Board agreed the refreshed Children and Young People Mental Health, Emotional Wellbeing & Resilience plan and implementation arrangements.

## **HW18**

### **CAMHS WAITING TIMES - CATHERINE RICHARDSON**

The Board received the report of Catherine Richardson to seek views on a position paper on Children and Young People Mental Health Services Waiting Times. Representatives from NTW FT and STFT also spoke to the item.

It was noted that limited data was provided on waiting times for CAMHS services

which only covered 1<sup>st</sup> appointments and did not cover waiting times for treatment. It was also noted from the report that work is underway to understand pressures on services from both new referrals and waits for treatment and specific therapies. The Board reviewed the paper which outlined the number of Gateshead residents on waiting lists for 1<sup>st</sup> appointment pathway. It was further noted from the report that the looked after population of children that attend NTW services are recognised to be one of the most vulnerable groups.

It was acknowledged that there are huge pressures on services to support those requiring treatment. It was further reiterated that an open flow of communication between providers is required to ensure the best possible outcomes for patients.

RESOLVED:

- (i) The Board noted the contents of the paper.

#### **HW19 BETTER CARE FUND QUARTER 4 RETURN - JOHN COSTELLO**

John Costello provided the Board with the Better Care Fund return to NHS England for the 4<sup>th</sup> Quarter of 2017/18. It was proposed that the Board endorse the 4<sup>th</sup> Quarter return for 2017/18 to be submitted to NHS England.

RESOLVED:

- (i) The Board endorsed the report.

#### **HW20 SECTOR LED IMPROVEMENT: 'MINI' HEALTH AND SOCIAL CARE SYSTEM REVIEW - STEPH DOWNEY**

The Board received a report and presentation providing an overview of CQC Appreciative Inquiry methodology and the forthcoming mini peer review that Gateshead is having in preparation for a potential CQC Appreciative Enquiry.

From the presentation a summary of the review approach by the CQC was provided in addition to an overview of reviews undertaken across various local authority areas. The Board were advised that the reviews are being carried out in the following format:

- Formal Notification (6 weeks)
- Briefings and working groups
- Data analysis and SOIR
- Case tracking
- Review team on site (week 6)
- Range of meetings, visits, focus groups
- Daily feedback, evolving programme, information requests
- High level feedback (day 5)

It was acknowledged that to date there have been a mix of good and poor performance of the 20 reviews completed. It was noted from the presentation that the CQC have found a strong commitment and enthusiasm from organisations and staff working across health and social care services to meet the needs of people who use services, their families and carers.

Further information was delivered to the Board outlining the priority areas for system leaders with emphasis on the CQC encouraging leaders to enable and incentivise health and social care partners to establish aligned objectives, processes and accountabilities.

An overview of the Local Sector Led Improvement Offer was given advising that the Gateshead Mini system review would take place on 11 May 2018 which will provide an opportunity to test out strategic plans and identify best practises. The Board were also advised that the national programme is expected to continue.

From the presentation the following challenges and opportunities were outlined:

- 1) The interface between an emerging Gateshead 'place' based approach to the integration of health and care to meet locally identified needs and priorities and a broader Cumbria & NE system wide approach.
- 2) Moving to an efficient and effective 7 day system, ensuring all parts of the system are able to respond to the challenge to deliver the right care, at the right time, in the right place.
- 3) The opportunity to learn from other health and social care systems, who have a similar vision and goals to Gateshead.

A comment was made acknowledging that external scrutiny of Gateshead services is useful.

RESOLVED:

- (i) The Board confirmed its commitment to participating in the review.
- (ii) Agreed to make relevant officers available for interview/focus groups on the day of the review.

## **HW21 HEALTH PROTECTION ANNUAL REPORT - GERALD TOMPKINS**

The Board received a report on health protection responsibilities and arrangements in Gateshead as part of the Council's statutory duties regarding health protection assurance.

From the report a brief summary was provided on prevention work; this included immunisation, screening, emergency preparedness, resilience and response. A further summary of surveillance and control work was provided to the Board highlighting that the rate of new STIs excluding chlamydia diagnoses in 15-24 year olds was 712 per 100,000 residents compared to 750 per 100,000 in England.

An overview of excess winter deaths was given noting that in Gateshead in winter 2014/15 there were 173 excess winter deaths compared to 70 in 2013/14. It was also noted from the report that the majority of deaths occurred amongst those aged 75 and over.

The report was concluded noting that existing health protection assurance arrangements are working well and have been effective in dealing with all aspects of health protection.

It was acknowledged that this report provided information in arrears as it related to 2016/17.

RESOLVED:

- (i) The Board noted and agreed the report.

## **HW22 UPDATES FROM BOARD MEMBERS**

Sally Young updated the Board on a new report entitled 'GAN Canny' – information on this is to be circulated to Board members.

John Pratt advised that prevention work is underway within the Fire Service with the over 65's to reduce falls at home. Home safety checks are being carried out where necessary and advice provided.

James Duncan advised the Board that NTW FT is undergoing an inspection from CQC.

Caroline O'Neil gave an overview of a recent focussed inspection of her service with a letter expected to be received by 11 May 2018. From this an action plan will be put in place – Caroline agreed to provide the Board with a further update on this at a future meeting.

Michael Brown advised the Board of the recent Healthwatch Continuing Healthcare report which is due to be published in April 2018.

RESOLVED:

- (i) The Board acknowledged the updates from Board members.

## **HW23 A.O.B.**

RESOLVED:

- (i) There was no other business.

