

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 17 April 2018 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 8) The Committee are asked to approve the minutes of the last meeting held on 6 March 2018 (copy attached).
3	Health and Wellbeing Board - Progress Update (Pages 9 - 16) Report of Strategic Director, Care, Wellbeing and Learning.
4	Deciding Together - Progress Update Representatives of NTW NHS FT will provide the OSC with a verbal update.
5	Review of Work of Environmental Health Team (Pages 17 - 22) Report of Strategic Director, Communities and Environment.
6	OSC Review - Final Report (Pages 23 - 38) Report of Director of Public Health.
7	Monitoring - OSC Review of Role of Housing in Health and Wellbeing (Pages 39 - 52) Report of Director of Public Health.
8	OSC Work Programme Review (Pages 53 - 62) Report of Chief Executive and Strategic Director, Corporate Services and Governance.

Contact: Helen Conway email helenconway@gateshead.gov.uk, Tel: 0191 433 3993,
Date: Monday, 9 April 2018

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Public Document Pack Agenda Item 2

GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 6 March 2018

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, K Ferdinand,
B Goldsworthy, M Goldsworthy, M Hood, P Maughan,
R Mullen, I Patterson, J Simpson, A Wheeler, D Bradford,
J Lee and P Mole

IN ATTENDANCE: Councillor(s):

APOLOGIES: Councillor(s): C Bradley, J Wallace and M Hall

CHW82 MINUTES OF LAST MEETING

The minutes of the additional meeting held on 5 February 2018 were agreed as a correct record.

CHW83 MATTERS ARISING- BLAYDON GP PRACTICE

The Committee were advised that the Primary Care Commissioning Committee held on 27 February 2018 took a decision in relation to the Blaydon GP Practice. Officers from the Council attended and reiterated the points for keeping the Practice open (as did two reps from the practice Patient Engagement Forum) and the PCC Committee has decided to go for Option 1 (to go out to procurement) but on the basis that if this is unsuccessful, the practice would close and the list would then be dispersed.

There will also be further discussions between the CCG/NHS England and NHS Property Services regarding level of service charges for the building which are high.

Further updates will be given to Committee in due course.

RESOLVED – that the information be noted.

CHW84 DECIDING TOGETHER UPDATE

The Committee received a report and verbal update on governance arrangements for the Delivering Together Transformation programme.

The Deciding Together process involved asking people who use Mental Health services, their families, carers, Mental Health professionals and service providers for their views on improving the way specialist Adult Mental Health services are arranged in Gateshead and Newcastle; it culminated in a listening exercise held during Winter 2014/15 and was published in April 2015. In February 2017, a revised

scope was agreed which included:

- All NTW Adult and Older Person's services (community and inpatient)
- Gateshead Health Older People's Mental Health services
- Third Sector services, Community and Voluntary services
- Interfaces with General Practice, employment and housing

Design workshops in September and October 2017 considered the following themes across the Mental Health system, and co-produced service delivery designs which are now at the stage of implementation planning:

- Getting help when you need it
- Understanding need and planning support
- Delivering support
- Staying well

The Committee was advised that an overarching Steering Group manages this programme or work, led by Newcastle Gateshead CCG, and that beneath this, Operational, Finance and Resources leads will add depth to the designs/proposals, scoping out how demand would be met most efficiently and effectively across the system.

The Committee indicated that it was concerned to ensure that the proposals for community provision were appropriately funded and that they were balanced with an appropriate level of inpatient provision to meet Gateshead residents needs going forwards. The Committee therefore indicated that it would like to receive further updates in due course.

- RESOLVED -
- i) That the information be noted
 - ii) That further updates be provided to the Committee in due course, and in particular, details of proposed in-patient provision once that information is known.
 - iii) That the Committee will be kept informed with distribution of the communication messages and newsletters to pass onto constituents in due course.

CHW85 GATESHEAD HEALTHWATCH

The Committee received a report and presentation by Healthwatch Gateshead which provided an update about its work and its priorities for 2018/19.

The Committee were advised that Tell Us North CIC (TUN) is a community interest company which was successful in securing the contract to deliver Healthwatch Gateshead from 1 April 2017. TUN also holds the contract for Healthwatch Newcastle, and this allows the organisation to work across Gateshead and Newcastle when required, sharing resources, skills and knowledge whilst ensuring that both geographies remain distinct.

Priorities for Healthwatch Gateshead in 2017/18 were established at the beginning

of the financial year. The staff and volunteers at Healthwatch Gateshead have focused on two key priorities during 2017/18; carers' assessments and NHS Continuing Health Care. Support has also been given around Mental Health by holding "fringe events" to help engage the community in Deciding together, Delivering Together, reporting their views and experiences into the Rapid Process Improvement Workshops.

Progress to date was also reported to Committee on NHS Continuing Health Care (CHC), Carers, Mental Health and Outreach.

The Committee were also advised how Healthwatch Gateshead set their priorities by gathering information from:

- What people have told Healthwatch about local services
- What people who plan and provide services tell Healthwatch are their priorities for the year
- What Healthwatch hears nationally

The Healthwatch Gateshead Committee prepares a shortlist of issues and service areas based on the above which is then used as a basis for consultation from February through to the end of April. Local people are then asked for their views against the shortlist and this is shared through outreach, newsletters and social media. An Annual Conference is also held where attendees are asked to take part in the prioritisation exercise. The Healthwatch Committee, supported by the staff team, review the public prioritisation results and make a final decision on the coming year's priorities.

The short list of priorities includes:

- Access to services – impact of waiting times
- Children and families use of urgent care
- Impact of austerity on health and wellbeing
- Lack of funding for social care
- Low take up of cervical screening
- Mental health services
- Public health services

Once the priority setting is completed, Healthwatch Gateshead will adopt at least two priority areas to focus on for research/project work as happened in 2017/18, and the exercise will also help inform where the outreach and engagement work will be targeted.

The Committee also received an invitation to help choose the priorities for 2018-19 and to attend the joint conference with Healthwatch Newcastle focusing on the theme of "excellence in engagement" which will take place on Wednesday 25 April 2018 9am – 1pm at St Mary's Heritage Centre, Gateshead.

Any members of the Committee wishing to register for the conference can do at <https://healthwatch2018.eventbrite.co.uk>

- RESOLVED -
- i) That the information be noted
 - ii) That a further report to include the Continuing Health Care report and the finalised Healthwatch Gateshead priorities for 2018/19 be presented to a future meeting of the OSC.

CHW86 WORK TO ADDRESS THE HARMS CAUSED BY TOBACCO - INTERIM REPORT

The Committee received the interim report as part of the OSC's review in 2017-18 on work to address the harms caused by tobacco.

The Committee were advised that the following issues and challenges have emerged from the review so far:-

- Austerity and Public Sector budget cuts
- Complex systems and historical siloed approaches
- The role of the tobacco industry
- The perception that the job is done leading to a shift of focus
- The perceived difficulty of 'doing' tobacco control
- The threat to the comprehensive regional tobacco control approach posed by financial pressures across the region
- NHS focuses on treatment not prevention – smokers not universally encouraged to quit and given support and medication to do so
- Funding cuts to public health and local authority budgets
- Reducing demand for the current Stop Smoking Service offer
- Persistent inequalities in smoking prevalence between different communities
- Mass media campaigns cut to the bone
- Enforcement cuts

The Committee were advised that the draft recommendations were outlined as follows:-

1) tobacco remains the greatest contributor to health inequalities and action to denormalise smoking and reduce prevalence lifts families out of poverty. The human, social and financial cost of tobacco to Gateshead means that it is vital to retain the Council's strong commitment to comprehensive tobacco control, and in fact, increase our efforts.

2) refresh and reaffirm our commitment to the 2025 vision of 5% adult smoking prevalence.

3) invest to save principles would suggest the continuation of appropriate resourcing for this priority area.

4) the smoke-free Gateshead Alliance should be supported to drive the emerging Gateshead Tobacco Plan forward and to clearly set out action across the whole community to address the harm caused by tobacco.

5) continued support and commitment for the regional Fresh Tobacco Control Office

tobacco is important to continue development of hard hitting mass media campaigns which have a strong evidence base in triggering quit attempts, encouraging quitter to stay quit, and reducing uptake among children.

6) action to be taken to address inequalities through community asset based approaches to develop co-produced solutions which aim to reduce prevalence of smoking in our more deprived areas and with those groups considered to be vulnerable.

7) embed action on smoking in all other relevant Council and public sector plans through a Health in All Policies Approach.

8) aim to embed NICE guidance (PH23) 'Smoking Prevention in Schools' across Gateshead schools.

9) Ensure training is available to provide people living and working in Gateshead with skills and confidence to provide brief advice and intervention on smoking through the development of the Making Every Contact Count initiative.

10) Maintain compliance with current smoke-free legislation and continue support for the new law which bans smoking in cars that are carrying children.

11) Renewed efforts to be made to increase public support for Smoke Free environments such as smoke-free communities and specified outdoor zones.

12) Support the NHS to develop nicotine dependence pathways and to become completely smoke-free.

13) Further develop stop smoking services to provide flexible options in a range of settings accessed by those at greatest risk.

14) Complete a Health Equity Audit (HEA) to inform development and delivery of Stop Smoking Services in areas of greatest need.

15) Undertake further work as part of Smokefree NHS work to further reduce the number of women who smoke during and after pregnancy.

16) Reduce harm through continued support for evidence based harm reduction.

17) Communication and media capacity for tobacco control is vital and the capacity to be proactive in terms of public relations activity and media should be developed so as to engage residents of Gateshead in the tobacco control agenda.

18) Advocate for a national tobacco sale and distribution licensing scheme, the tobacco industry bearing the full cost of its implementation and enforcement, with the aim of eliminating the illicit and illegal trade in tobacco, and to end selling of tobacco products to minors.

19) Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

20) Ensure compliance with legislation to reduce tobacco promotion (e.g. Plain packaging) and advocate for further restrictions.

21) Advocate for a new annual levy on tobacco companies to ensure they pay more for the harm they cause. Funding from a levy should be used to make smoking history for more families including support and encouragement to help people quit.

- RESOLVED -
- i) That the information be noted
 - ii) That the Committee agreed to receive further updates in due course.

CHW87 ANNUAL WORK PROGRAMME

The Committee were provided with the provisional work programme for 2017/18.

The appendix to the report set out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

- RESOLVED -
- i) That the information be noted
 - ii) Noted that any further reports will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Chair.....



TITLE OF REPORT: Gateshead Health & Wellbeing Board – Progress Update

REPORT OF: Caroline O'Neill, Strategic Director, Care, Wellbeing & Learning

Summary

To update and seek the views of the Care, Health & Wellbeing OSC on the work of the Gateshead Health & Wellbeing Board for the six month period October 2017 to March 2018.

Background

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2017/18 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the work of the HWB.
3. A report has already been provided on the work of the HWB for the period 1 April 2017 to 30 September 2017.

Gateshead Health & Wellbeing Board – Progress Update October 2017 to March 2018

4. The following update highlights key issues considered by the HWB and progress made for the period 1 October 2017 to 31 March 2018.

Needs Assessments

Pharmaceutical Needs Assessment:

5. The Board considered a revised Pharmaceutical Needs Assessment (PNA) 2018 for Gateshead. The development and publication of a PNA is a statutory responsibility of the Health and Wellbeing Board under the Health and Social Care Act 2012.

6. The PNA describes the Gateshead population's health needs and the pharmaceutical services which exist or could be commissioned to address these. It is also used to identify any gaps in pharmaceutical services which could be filled by new pharmacies. The initial PNA was produced and implemented on 1 April 2015 with the requirement that the HWB publish a statement of its revised assessment within 3 years of publication. Development of the PNA was led by the Council's Public Health Team with input from the CCG, the Local Medical and Pharmaceutical Committee and HealthWatch Gateshead.
7. The PNA concluded that the current number of pharmacies and overall number of hours is adequate to meet the needs of people accessing pharmacy services, with the possible exception of the East locality.
8. It was also found that there is varied access to pharmacy services in the evenings and at weekends across the localities and it was recommended that NHS England and the CCG work with the Local Pharmaceutical Committee to review the availability of pharmacy services out of normal working hours and implement any required changes.

BME Needs Assessment

9. The Board received an update from partner organisations on how they are implementing the recommendations from the black and minority ethnic (BME) population needs assessment in Gateshead.

Director of Public Health Annual Report 2017

10. The Gateshead Director of Public Health Annual Report 2017 "It never rains but it pours", was presented to the Board. The report focused on inequality and described how disadvantage can cluster and accumulate across the life course. It explored how inequalities are experienced through the eyes of people in Gateshead.
11. It was noted that poor health outcomes are significantly more prevalent in communities that experience other hardships such as poverty. It was also noted that the three key strategic recommendations set out in the report were consistent with the Council's new strategic approach around the 'Thrive' agenda:
 - The Health and Wellbeing Strategy should be renewed, adopting a much longer term approach, with a strengthened vision to address inequalities. This needs to include measures to address the social determinants of health alongside prevention and early intervention at every level.
 - Partners in Gateshead should shift the focus from managing the burden of ill health to promoting actions that create the right

conditions for good health through the employment of a robust Health in all Policies approach.

- The Council and its partners should target resources to those individuals and communities most in need. Robust evaluation of reach and impact should be undertaken regularly using a Health Equity Audit approach.

12. The Board felt that the report lays down some real challenges for healthcare commissioners and providers. It was also felt that there is an economic case to encourage local businesses to support work to implement the recommendations of the report.

Strategic & Operational Plans

13. The Board considered the following strategic and operational plans during the period October 2016 to March 2017:

Gateshead Council's New Strategic Approach:

An overview of the 'Making Gateshead a place where everyone thrives' - the Council's new strategic approach, was provided to the Board, including the 5 pledges to:

- Put people and families at the heart of everything we do.
- Tackle inequality so people have a fair chance.
- Support our communities to support themselves and each other.
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough.
- Work together to fight for a better future for Gateshead.

It was considered that there is a need to reduce demand for Council services from those in thriving communities and to focus available resources more on those who are 'vulnerable' or 'just coping'.

It was noted that the success in delivering the Council's new vision will be reliant upon the buy-in from residents and Council partners. As such, it is a call to action for members of the Board to work collaboratively to achieve the new vision.

Development of a Whole System Healthy Weight Strategy for Gateshead:

The development of a Whole System Healthy Weight Strategy for Gateshead was considered by the Board. Its purpose is to increase the proportion of the Gateshead population who are a healthy weight, requiring partner support for a whole system approach. It was noted that the issue is multifaceted and therefore requires a multifaceted solution.

The report asked Board members to:

- Consider the leadership role their organisations / system components might play in preventing obesity and promoting a healthy weight environment.
- Agree to the development of a whole systems healthy weight strategy and action plan, which all partners should sign up to facilitating system wide action (further reports to come to the Board on taking the strategy forward).

National Tobacco Control Plan

An update was provided to the Board on the new national Tobacco Control Plan and the implications for local action on smoking and tobacco control. The ambitions and actions in the Plan were broadly welcomed, and it was noted that they reflect existing practice in Gateshead.

It was also noted that the Plan, in itself, is likely to be insufficient to help us achieve our collective vision. There are opportunities to improve whole system wide delivery in Gateshead around the evidence base, for instance through comprehensive NHS implementation of NICE guidance. Gateshead still requires work at all tiers from the international down to the community grass roots level.

The Board endorsed the local approach being taken and supported the refreshed Gateshead Smokefree Tobacco Control Alliance's ambitions to reduce smoking prevalence to 5% by 2025.

Reviews

14. The Board considered the following reviews:

System Review: Gateshead Shared Care Substance Misuse

The Board considered an update on a system review of Gateshead shared care substance misuse services. The Board was advised that the scope of the review also included the provision of advice to the Council in relation to potential substance misuse service redesign. A summary of system wide observations were provided relating to engagement, treatment, recovery and governance. The Board noted the findings of the Shared Care Audit.

Strategic Review of Carers Services

The Board considered a report on the strategic review of carers services. It was highlighted that the review provided an opportunity for the Council and Newcastle Gateshead Clinical Commissioning Group to take an innovative approach to the integrated commissioning of carers services across Gateshead.

Gateshead Newcastle Deciding Together, Delivering Together

15. The Board considered an update on work to progress the implementation of 'Deciding Together, Delivering Together' (DTDT) regarding the design of inpatient and community adult mental health services.

16. It was noted that following extensive desk top data analysis and preliminary stakeholder engagement earlier in 2017, four week-long design workshops were held in September and October and attended by more than 70 participants including service users and carers. It was reported that the workshops generated a comprehensive description of the Community Mental Health services to be created in Gateshead and Newcastle under the following headings:
- Getting help when you need it
 - Understanding need and planning support
 - Delivering support
 - Staying well
17. An overview of the proposed structure to ensure there are strong implementation arrangements in place was also provided.
18. It was pointed out that some of the earlier consultation that took place on Deciding Together was undertaken when the scope did not include older people's mental health services in Gateshead. The widened scope provided opportunities for HealthWatch to continue to contribute to the design of services and that there will be continued engagement with stakeholders until re-designed services are established.
19. It was noted that outputs from the Deciding Together Work will need to be broken down into three categories of delivery over the short, medium and long term. The Board agreed to receive regular updates on the proposals.

Excess Winter Mortality in Gateshead

20. The Board considered the issue of excess winter mortality (EWM) in Gateshead. It was noted that although EWM is associated with low temperatures, conditions directly relating to cold, such as hypothermia, are not the main cause of EWM. The majority of additional winter deaths are caused by cerebrovascular diseases, ischaemic heart disease, respiratory diseases and dementia and Alzheimer's disease.
21. The Board was also advised that households living in fuel poverty are less likely to be able to afford the cost of staying warm in winter.
22. It was felt that increasing the uptake of the flu vaccine is one of the most important priorities for the NHS in reducing winter pressures and excess winter mortality.

Performance Management Framework

23. The Board received an update on progress in relation to key indicators linked to its health and wellbeing agenda drawn from:
- The Public Health Performance Management Framework
 - Gateshead Better Care Fund Plan

- Newcastle Gateshead CCG Strategic Indicators
- Children's and Adult Social Care Strategic Outcome Indicators

24. The Board also endorsed quarterly returns to NHS England relating to the Better Care Fund Plan – quarters 2 and 3 of 2017/18. The returns focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators.

Assurance Agenda

25. As part of the Board's assurance agenda, the following reports were received:

- The Local Safeguarding Children's Board Annual Report 2016/17 and Business Plan 2017/18;
- The Safeguarding Adults Annual Report 2016/17 and updated Strategic Plan 2016-19.

Other Issues

26. Other issues considered by the Board included:

- *Fit for the Future* – The Board received a presentation on the work of place based, community led, collaborative approaches to addressing health inequalities in Gateshead.
- *Remit of the Health and Wellbeing Board* – The Board agreed to proposals to extend its remit to take into account those areas relating to the health and wellbeing of children that were previously the responsibility of the Children's Trust Board. It also agreed to extend its membership to include the Cabinet Member for Children and Young People.

Recommendations

27. The views of OSC are sought on:

- (i) the progress update on the work of the Gateshead Health & Wellbeing Board for the six month period October 2017 to March 2018, as set out in this report.

Contact: John Costello (0191) 4332065

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TITLE OF REPORT: Review of the work of the Environmental Health team within Development, Transport and Public Protection

REPORT OF: Strategic Director, Communities and Environment

SUMMARY

The report provides details to the Care, Health and Wellbeing Overview and Scrutiny Committee, of the work carried out by Development, Transport and Public Protections, Environmental Health team during the last year.

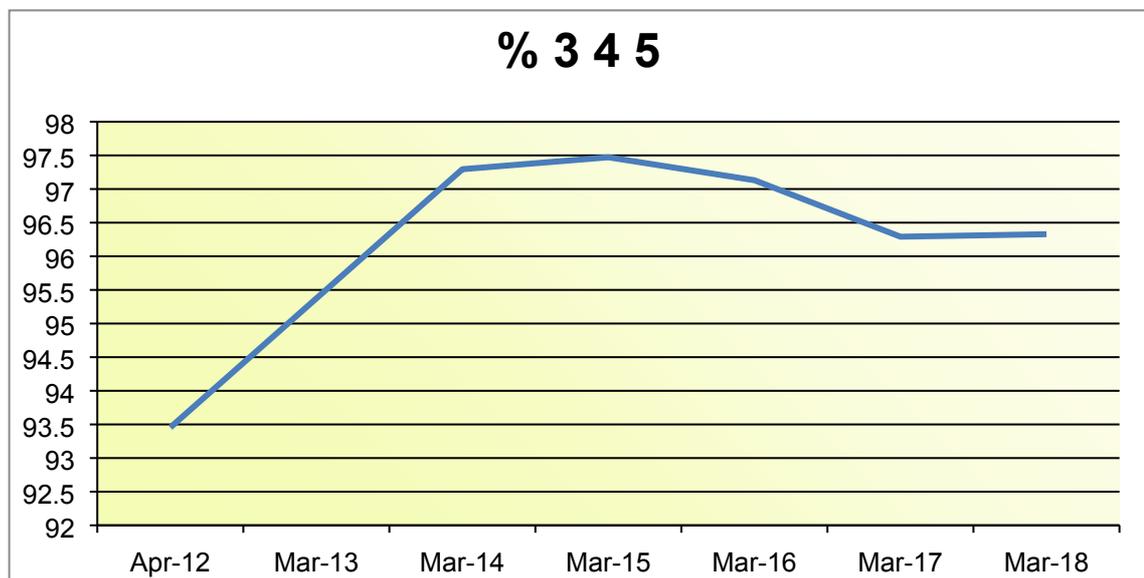
Background

1. During 2017/18 the Environmental Health Team within Development, Transport and Public Protection have responded to over 800 accidents, food poisonings and service requests and undertook over 1500 interventions in a wide range of premises to build stronger, healthier, prosperous and sustainable businesses.
2. The team produces a service plan each year, which details the activities that the team must undertake in the coming year. This includes the number of interventions in each of the risk categories for food hygiene, food standards and health and safety, the number of service requests that are expected to be received, the number of accident investigations to be undertaken, the number of food samples to be taken and all other work that the team undertakes. Within the plan there is an estimate of the amount of resources in officer time that will be required to undertake all the activities and compares it to the officer time available, based on 220 days per officer.
3. The number of food premises on the team's database at the start of 2017/18 was 1600 and health and safety premises was 3000.
4. Under food safety legislation it is a requirement to visit all new food businesses with 28 days of opening. Within 2017 we had 120 new businesses register with the team. New businesses receive an enhanced questionnaire, so that the team can prioritise inspections so that the highest risk businesses are inspected quicker than lower risk premises.
5. At the start of 2017/18 it was estimated that there was a deficit in officer days and this was compounded by that fact that the Technical Officer post was vacant for much of the year because of ill health
6. In 2017/18 the team was required to undertake 1101 food hygiene interventions, 1018 food standards interventions and 1433 health and safety interventions. The team achieved 100% of interventions to high and medium risk food hygiene premises. The low risk premises that didn't receive an

intervention will be prioritised for an intervention during the coming financial year. We also carried out 43 accident investigations and responded to 218 service requests.

7. The team has introduced complaint selection criteria which highlights complaints of public health significance. All complaints are recorded against the relevant premises and where multiple complaints are received close together then a visit will be undertaken, even if the complaint does not fall within those we would normally investigate. During the year 2 prosecutions were undertaken and 3 simple cautions issued. We were also involved in a major investigation into the sale of DNP. DNP is a chemical which typically has industrial applications including fertiliser. It is used by some bodybuilders to strip remaining bodyfat prior to completion. DNP causes the cells within the body to heat up and there have been a number of deaths associated with its use due to multiple organ failure. The investigation involved coordinating 3 local authorities' actions and liaising with the National Food Crime Unit, The Medicines and Healthcare Products Regulatory Agency (MHRA) and local Police forces. The investigation also involved agencies in the USA. The investigation was equivalent to a major prosecution in terms of resources.
8. Figure 1 shows the percentage of premises receiving a Food Hygiene Rating Score of 3 or better for each year and shows how the percentage of premises has fallen since 2015, but stabilised this year.

Figure 1



9. We have introduced a charge for FHRS reratings and although we have only had 5 requests, these do take a significant amount of time as it equates to a new inspection. These have generated £800 in income.
10. We have generated approximately £6500 from registering skin piercing activities throughout the year. We have also provided 6 export certificates at a cost of £75 each, for a total of £450.

11. The team have been granted permission to recruit a new full time EHO and it is expected that the new officer will commence work in May 2018.
12. The Food Standards Agency (FSA) have carried out a desk top audit of the food safety service during the year following the annual return for last year. This involved forwarding our service plan and an action plan to reduce the backlog of inspections and achieve 100% of inspections due. The action plan included the appointment of a new Technical Officer, the use of a contractor to inspect our outstanding C category food hygiene inspections, and the proposed recruitment of a new EHO to the team.

Conclusion

13. In 2017/2018 the team has continued to undertake a wide range of interventions, both proactive and reactive. however, while 100% of high and medium risk interventions were achieved, only 25% of the total number of interventions were achieved. The appointment of a Technical Officer and an EHO is anticipated to improve this performance in the coming year. The decline in level of the Food Hygiene Rating Score in previous years has stabilised, showing that food premises are generally maintaining standards.

Recommendation

12. The Committee is asked to OSC give its views on the work of the team and progress made against the service plan.

Contact:
Stewart Sorrell
Assistant Manager (Environmental Health)
Extension 3917

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APPENDIX 1

Actions agreed with the FSA:

- All outstanding C category (medium risk) premises have been allocated to a contractor to inspect prior to 31 March 2018.
- All A and B category (High risk) premises that are due an inspection will receive the inspection prior to 31 March 2018.
- The vacant sampling officer post was filled in November 2017, unfortunately that officer is now on long term sick leave but we are implementing alternatives for visiting outstanding D category premises.
- We have taken on a Graduate EHO until August 2018 who can carry out a number of associated activities, such as Infectious Disease investigation, accident investigation, simple complaint investigation, etc. freeing officer time for inspections.
- We have been granted permission to appoint an extra EHO and the recruitment process has begun with a requirement that the inspector be competent to inspect at least C category premises.

Elected members to be advised of the above and give their views by 30 April 2018.

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17 April 2018

TITLE OF REPORT: **Work to address the harms caused by tobacco – Final Report**

REPORT OF: **Alice Wiseman, Director of Public Health**

Summary

Tobacco use in Gateshead impacts negatively upon physical and mental wellbeing, upon the local health and social care economy, and perpetuates poverty and inequalities within and between generations.

Persistent, pervasive, comprehensive, co-ordinated and integrated action on tobacco control is essential to make smoking history in Gateshead.

Background

1. Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2017-8 will be work to address the harms caused by tobacco. The review has been carried out over a six month period and a draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations.

Report Structure

2. This interim report sets out the findings of the Care, Health and Wellbeing Overview and Scrutiny Committee in relation to work to address the harms caused by tobacco in Gateshead.
3. The report includes:
 - The scope and aim of the review
 - How the review was undertaken
 - Summaries of key points from evidence gathering sessions
 - Analysis – issues and challenges
 - Emerging recommendations

Scope and aims of the review

4. The scope of the review was to provide an overview of current activity to reduce harms caused by tobacco in Gateshead compared to best national and/or international practice, where such practice exists.
5. It was agreed that the above would be considered in the context of:
 - Higher than average levels of smoking in Gateshead
 - The fact that smoking remains the single cause of most preventable illness and death in Gateshead
 - Significant inequalities in the prevalence of smoking persist between different groups and areas
 - A reduction in demand for stop smoking services
 - Particularly low levels of take up of stop smoking services amongst some groups ie. People from black, Asian and minority ethnic groups
 - Pressure on Public Health budgets now and in the future, and opportunities for future savings to primary and secondary care costs from prevention activity.

Responsibilities and Policy Context

6. Statutory duties for public health were conferred on local authorities by the Health and Social Care Act 2012. Local authorities have, since 1 April 2013, been responsible for improving the health of their local population. Section 12 of the Act lists some of the steps to improve public health that local authorities and the Secretary of State are able to take, which includes providing facilities for the prevention or treatment of illness, such as action on smoking and tobacco.
7. A new national Tobacco Control Plan was published in July 2017. The government set out national ambitions intended to focus tobacco control across “the whole system”. These ambitions centre on a vision to create a smokefree generation. This will have been achieved when smoking prevalence is at 5% or below. These ambitions are supported by a range of proposed actions clustered around the four themes of prevention first, supporting smokers to quit, eliminating variations in smoking rates, and effective enforcement:
8. The Council is also committed to support the evidence-based actions of Fresh, the Regional Office for Tobacco Control, which comprise the following strands:
 - Developing infrastructure, skills and capacity at local level and influencing national action
 - Reducing exposure to second hand smoke
 - Supporting smokers to stop
 - Media communications and social marketing
 - Reducing the availability of tobacco products and reducing supply of tobacco

- Reducing the promotion of tobacco
 - Tobacco Regulation
 - Research, Monitoring and evaluation
9. Vision 2030 sets out the 6 Big Ideas for Gateshead. Of these, “Active and Healthy Gateshead” resolves to provide support to encourage people to improve their health and lifestyle. The five year Council Plan sets out how Gateshead will be a healthy, inclusive and nurturing place for all.
10. The Gateshead Health and Wellbeing Board has undertaken to reduce smoking prevalence in Gateshead to 5% or less by 2025. All twelve North East Health and Wellbeing Boards support this ambition and it is referenced by both STPs

Review Methodology

11. The review comprised four evidence gathering sessions. Evidence was sought from Gateshead Public Health Team, Development and Public Protection, Fresh North East and Action on Smoking and Health (ASH). The sessions were designed to examine activity that reduces harm/prevents illness caused by tobacco. This can be thought of in terms of four main sets of activities:
- Stopping people starting smoking
 - Helping people stopping smoking
 - Reducing exposure to secondhand smoke
 - Tobacco control (ie. Enforcement of legislation round the sale of tobacco)

At a population level, making tobacco use the exception rather than the norm (the “denormalisation” of tobacco use) can be seen as central to all of the above.

First evidence gathering summary

12. Presenters at this first evidence gathering session provided an overview of current work to reduce harms caused by tobacco, and introduced the proposed outline for future evidence gathering sessions.
13. Andy Graham, Consultant in Public Health, Gateshead Council, challenged a perception that smoking as a health topic was “done”. He outlined the extent of social, economic and health related harms that tobacco use visits upon Gateshead. Key points included:
- A smoking prevalence of <5% is the point at which society is approaching smokefree status
 - If Gateshead had the lowest smoking rate in England (4.9%), 9,809 people would smoke
 - In Gateshead, around 29 000 of our adult population are smokers (17.9%). The England average is 15.5%

- They spend over £55.4m pa on cigarettes, contributing greatly to poverty in our most deprived neighbourhoods
- Around 14 500 (50%) of our resident smokers will die prematurely due to smoking
- Around 12.4% of 15 year olds in Gateshead smoke; around 280 young people.
- Nearly 500 Gateshead residents every year will die from smoking related diseases
- Half of the difference in life expectancy between Gateshead and England is due to our higher smoking prevalence and the resultant premature deaths
- Around 9 500 buy from the illicit trade, which is linked to drugs, loan sharks and prostitution and puts an estimated £10.5m into criminal hands annually
- It also loses £14.7M pa in duty to the Government
- The estimated total annual cost to Gateshead of tobacco use is £65.7m annually. Over £45M of this is lost productivity due to early deaths and smoking breaks.
- Smoking remains the single greatest cause of preventable illness and death in Gateshead
- There are significant inequalities in the prevalence of smoking between different wards in Gateshead (10.4% - 34.8%)
- Our recent fall in prevalence (18.3% - 17.9%) is our lowest in recent times and we still have the 4th highest regional prevalence
- Demand for stop smoking services is reducing locally, regionally, and nationally
- There are particularly low levels of take up of stop smoking services amongst some groups i.e. people from Black, Asian and minority ethnic groups
- There is pressure on Public Health budgets now and in the future

14. Andy went on to note Gateshead's history of rising to the challenge of smoking in Gateshead:

- Gateshead has been at the forefront of local comprehensive tobacco control – a multi-component, multi-agency approach to deal with the harms of tobacco
- Gateshead advocated strongly to protect people from secondhand smoke which resulted in national smokefree legislation
- The Gateshead Director of Public Health's aspirational report on tobacco harms sets out a range of key recommendations focusing on the need to:
 - Maintain momentum
 - Address inequalities
 - Ensure that the polluter pays
 - Protect children
 - Reduce prevalence

- Invest in the future
- These form the basis of a new 10 year Tobacco Control Strategy for Gateshead. Priorities for Tobacco Control will include:
 - Normalising smokefree environments
 - Influencing national and local policies and regulation
 - Amplifying mass media campaigns
 - Consistency of support to stop smoking in primary care
 - Restrict access to tobacco, extend smokefree
 - Commitment of secondary care health services to support quit attempts

Andy ended by reminding Members that, unlike many other public health issues, tobacco control is a war with the tobacco industry, an industry adept in the use of deception, denial and delay to achieve its ambitions.

15. Peter Wright, Environmental Health, Community Safety and Trading Standards Manager, Gateshead Council, also endorsed the central point that work on smoking and tobacco is far from completed. Noting that the annual number of deaths in the UK due to tobacco is ten times that of the UK death toll from German bombing in World War Two, Peter:

- Reminded Members that in fifteen years of service to Gateshead Council, he had never detected any sign that Members were resigned to the fate of their constituents and consistently wanted the best outcomes for their health
- That Members have historically given Officers an incredibly clear steer to go all out to get a workplace smoking ban, resulting in:
 - 25% of national consultation responses supporting workplace smokefree legislation were submitted by Gateshead residents
 - Gateshead staff providing the evidence of the negative impact of banning smoking only in food led pubs
 - Staff from the council and QE hospital being invited to speak to MPs before the vote in 2006
 - Our Environmental Health staff being part of a limited consultation on the regulations and guidance

16. Peter also noted the value of previous work under the leadership of Portfolio Holders for Health and Directors of Public Health, such as:

- Smokefree communities and Smoke Free Homes
- Work to support the ban on displays in shops, including evidence gathering by Trading Standards
- Early political lobbying and support for standardised packs
- Evidence given to MHRA panel on electronic cigarettes

- Robust action by Police and Trading Standards against illegal tobacco
- Councillor worked with ASH on their retailers document – Counter Arguments
- Proposals for Licensing of tobacco sale and wholesale supply given to government, considered by the Treasury

Second evidence gathering summary

17. The second evidence gathering session heard evidence on support to help smokers to stop smoking.

18. Paul Gray, Public Health Programme Lead for Tobacco Control, presented information on the local stop smoking service. Key points included:

- Smoking prevalence in Gateshead follows the regional and national downwards trend from 20.7% of adults in 2012 to 17.9% of adults in 2016
- There is significant variation in smoking prevalence between different wards in Gateshead, from 34.8% in High Fell to 10.4% in Whickham South and Sunnyside and Ryton, Crookhill and Stella
- Stopping smoking benefits physical and mental wellbeing within minutes of stopping, and these benefits accrue over time
- The Gateshead Stop Smoking Service is:
 - Available to anyone who lives or works in Gateshead
 - Available through most GP practices and many community pharmacies
 - Free (except for prescription costs)
 - A 12 week programme of treatment for nicotine dependency with 1:1 behavioural support
 - Able to confirm patients' smoking status after four weeks by carbon monoxide testing in the great majority of cases
- The Stop Smoking Service makes available a wide range of nicotine replacement products and medicines that can help to reduce the craving for tobacco
- The behavioural support improves the patients' likelihood of quitting by:
 - Helping clients to optimise the use of products (nicotine replacement or other)
 - Working with clients to develop coping strategies to deal with urges to smoke and withdrawal symptoms
 - Support client motivation
 - Boost client self confidence
- The Stop Smoking Service is provided through nearly all GP practices and many community pharmacies in Gateshead. There is reasonable coverage

across the Borough although pressures for demand exist sporadically based largely on the turnover of staff trained as advisors.

- The Stop Smoking Service providers are asked to promote their services especially at those most likely to suffer health inequalities due to tobacco use. These include:
 - Routine and manual workers
 - Black and minority ethnic groups
 - Pregnant women
 - People with long term conditions or mental ill health
 - People at risk of dying early from heart disease
 - People with disabilities
 - People on low incomes
 - Homeless people
- A Health Equity Audit for the service has not been completed since 2012, so it is not possible to comment upon how well the service supports quits in the above groups. The last two years of data suggest that:
 - the service is more effective in supporting larger numbers of women than men to quit
 - the service sees very few smokers who are not white
 - the service supports a proportionately larger number of smokers who do not work, or who work in routine and manual occupations
- Nationally the number of quit attempts made through local stop smoking services reduced by 19.6% in 2016/17. In Gateshead, the number of quit attempts fell by 11.5% in 2016/17, and the number of four week quits by 10.6%.
- Since 2012/13, smoking in pregnancy has shown a consistent downwards trend until 2016/17, when the percentage of mothers smoking at time of delivery increased from 13.3% to 14.5%.

19. Andy Graham, Consultant in Public Health, discussed some of the broader issues that support quit attempts at a population level, and, in particular, the value of co-ordinated local and regional tobacco control activity. Tobacco control was defined as “the efforts of people and organisations working together to prevent the death and disease caused by smoking”.

20. While the North East still has a higher incidence of smoking, the gap between smoking levels in the North East and England has reduced. Nationally, the North East has seen a greater reduction in smoking levels since 2005 than any other English region. The introduction of evidence-based stop smoking services in the

late 1990s has helped an estimated one million people to stop smoking since then.

21. Tobacco control in England is changing fast. Smoking rates are falling faster than at any time in the last decade yet the most deprived families, people with mental health problems and many pregnant women in deprived communities are being left behind. New but uncertain approaches are emerging and while supporting patients who smoke to quit is key to NHS sustainability, many local authorities are finding universal evidence-based services hard to sustain.

22. Maintaining this momentum will rely upon continued effort to:

- Increase the real cost of tobacco – amplify tax increases with local action on illicit trade
- Mass media – work to get added value in Gateshead on regional and national campaigns
- Implement consistent Very Brief Advice (see Appendix A) in primary care – aim for 50% of smokers
- Consider implementation of the Stop Smoking+ model of support (see Paragraph 23 and Appendix B) and implement consistent secondary care provision – appropriate and timely help
- Reduce access to tobacco – restricting outlets, tackling illicit and extending and enforcing smoke-free efforts

23. Regarding stop smoking services specifically, the original model of universal evidence-based service with specialist behavioural support and medication remains the best option. Where this is not possible then this level of service should be targeted at priority groups at least. A recently proposed three-tier approach proposed as a new way of organising local stop smoking support – Stop-Smoking+.

Stop-Smoking+ is a new model for Stop-Smoking Services that provides better value and meets the needs of smokers better. It places smokers' choice at the heart of the process of determining what method of stopping to use. It involves ensuring that smokers' have the information they need to make choices in terms of what each method involves, what it will require of them and what the benefits will be. It focuses on three methods of stopping to cover the full spectrum of support to cater for all smokers' needs and preferences:

- Specialist support of top quality for smokers who need it and are willing to make the necessary commitment
- Brief support and a stop-smoking medicine for those who want help but are not willing to commit to a specialist course
- Self-support for those who want to stop but do not want professional support

The key points of the Stop-Smoking+ model are:

- Ethical: Smokers who will benefit from Specialist Support can access it and gain the benefit
- Efficient: Resources are not wasted providing behavioural support to smokers who do not want it and will not benefit from it
- Equitable: Under the right conditions, disadvantaged smokers will engage with the top quality service

For a fuller description of the Stop-Smoking+ model see Appendix B.

Third evidence gathering summary

24. The third evidence gathering session heard evidence from Ailsa Rutter OBE, Director of Fresh, the Regional Office for Tobacco Control, on the importance of a holistic, integrated and co-ordinated approach to tobacco control with a focus on three key strands - protection from second-hand smoke, the role of media, and helping smokers to stop/minimise harm.

25. Key points included:

- Smoking remains the largest cause of premature death, responsible for the deaths of at least fifteen North Easterners every day.
- The reason for this is that smokers are addicted to nicotine. Nicotine addiction is a chronic, relapsing, long-term condition that usually starts in childhood and runs in families.
- The nicotine itself is not responsible for deaths, rather, it is the tens of cancer-causing compounds that tobacco smoke also contains
- Fresh supports key strands of tobacco control work around the region, leading to the ambition supported by all twelve Health and Wellbeing Boards and referenced by both STPs, to reduce smoking levels to 5% by 2025
- Achieving this goal is completely achievable through the co-ordination of local, regional, national and international activity and the engagement of smokers to:
 - Increase quit attempts
 - Maximise success of quit attempts
 - Increase harm reduction
 - Reduce uptake
- Research suggests that both increasing quit rates and reducing uptake to support the 5% by 2025 will be achieved by continuing and improving the implementation of specific policies:
 - Increasing the real cost of tobacco by amplifying tax increases with improved enforcement

- Running regional mass media campaigns such as those co-ordinated by Fresh
 - Implementing Very Brief Advice such that support to encourage a quit attempt is offered to 50% of smokers per year
 - Ensure specialist stop smoking support widely is accessible to all, especially disadvantaged smokers (ie. those with mental illnesses, substance misusers, offenders, pregnant smokers) through the availability and promotion of stop-smoking support
 - Extending smoke-free to normalise smoke free environments including NHS Trusts, social housing and outdoor spaces
 - Reducing access to tobacco through licensing, the restriction of tobacco retail outlets and enforcement
- Ailsa emphasised especially the evidence-based value of mass media and communication campaigns to achieve year round “noise” of many messengers with clear messages, and giving voice to the experience of real local people
 - An example of a clear message is “How to stop smoking”:
 - Try to quit at least once a year
 - Use psychological support
 - Use pharmacological support
 - Ailsa encouraged Members to consider that:
 - Tobacco dependence is the index long term condition - other diseases are co-morbidities
 - Smoking cessation is the highest value intervention in the NHS: affordable, cost-effective, clinically effective
 - Smoking cessation works and we need it happening across the whole of the NHS
 - Smokefree NHS MUST be a key focus next few years
 - Local Authorities play a key role through the provision of community Stop Smoking Services and, through their connection with communities, smokers are easy to reach
 - There is a huge opportunity to build on progress so far

Fourth evidence gathering summary

26. The fourth and final evidence gathering session heard evidence from Hazel Cheeseman, Director of Policy for Action on Smoking and Health, on national perspectives on the contribution of local government to reducing harms due to tobacco.

27. Hazel pointed out continued and significant progress since the introduction of smoke-free legislation, leading to UK leading Europe in tobacco control activity:

- Increased taxes above inflation every year since 2010

- Effective anti-smuggling strategies reduced the illicit trade
- Turned Britain into a dark market for tobacco
 - Not just all advertising promotion and sponsorship banned
 - Tobacco out of sight in shops
 - Standardised 'plain' packaging
- Restricted access to children
 - Age of sale 18
 - Vending machines banned
- Public support continues to grow - in the North East 78% of respondents in 2017 supported further government action to limit smoking.

28. While smoking remains “a burning injustice”, killing over 250 people per day, there are challenges remaining:

- Tobacco seen as ‘job done’ – shift focus away
- NHS focuses on treatment not prevention - smokers not universally encouraged to quit and given support and medication to do so
- Funding cuts to public health and local authority budgets
 - Mass media campaigns cut to the bone
 - Enforcement cuts
 - Smoking cessation services
- Tobacco industry lobbying continues unabated

Issues/challenges emerging from the review

29. The review identified the following issues/challenges:

- Austerity and Public Sector budget cuts
- Complex systems and historical siloed approaches
- The role of the tobacco industry
- The perception that the job is done leading to a shift of focus
- The perceived difficulty of ‘doing’ tobacco control
- The threat to the comprehensive regional tobacco control approach posed by financial pressures across the regional
- NHS focuses on treatment not prevention - smokers not universally encouraged to quit and given support and medication to do so
- Funding cuts to public health and local authority budgets
- Reducing demand for the current Stop Smoking Service offer
- Persistent inequalities in smoking prevalence between different communities
- Mass media campaigns cut to the bone

- Enforcement cuts

Draft recommendations

Recommendation 1: Tobacco remains the greatest contributor to health inequalities and action to denormalise smoking and reduce prevalence lifts families out of poverty. The human, social and financial cost of tobacco to Gateshead means that it is vital to retain the Council's strong commitment to comprehensive tobacco control, and in fact, increase our efforts.

Recommendation 2: Refresh and reaffirm the Council's commitment to the 2025 vision of 5% adult smoking prevalence.

Recommendation 3: Invest to save principles would suggest the continuation of appropriate resourcing for this priority area.

Recommendation 4: The Smoke-free Gateshead Alliance should be supported to develop a strategic Tobacco Plan for Gateshead and to drive this forward. This will clearly set out actions across the public and voluntary and community sectors to address the harm caused by tobacco.

Recommendation 3: Continued support and commitment for the regional Fresh Tobacco Control Office tobacco office is important to continue development of hard hitting mass media campaigns which have a strong evidence base in triggering quit attempts, encouraging quitters to stay quit, and reducing uptake among children.

Recommendation 6: Action to be taken to address inequalities through community asset based approaches to develop co-produced solutions which aim to reduce prevalence of smoking in our more deprived areas and with those groups considered to be vulnerable.

Recommendation 7: Aim to embed action on smoking in all other relevant Council and public sector plans through a Health in All Policies Approach to ensure recognition of the importance of public health across the public sector.

Recommendation 8: Aim to embed NICE guidance (PH23) 'Smoking Prevention in Schools' across Gateshead schools.

Recommendation 9: Ensure training is available to provide people living and working in Gateshead with skills and confidence to provide brief advice and intervention on smoking through the development of the Making Every Contact Count initiative.

Recommendation 10: Maintain compliance with current smoke-free legislation and continue support for the new law which bans smoking in cars that are carrying children.

Recommendation 11: Renewed efforts to be made to increase public support for Smoke Free environments such as smoke-free communities and specified outdoor zones.

Recommendation 12: Support the NHS to develop nicotine dependence pathways and to become completely smoke-free in line with NICE guidance (PH48)

Recommendation 13: Further develop stop smoking services to provide flexible options in a range of settings accessed by those at greatest risk.

Recommendation 14: Complete a Health Equity Audit (HEA) to inform development and delivery of Stop Smoking Services in areas of greatest need.

Recommendation 15: Undertake further work as part of Smokefree NHS work to further reduce the number of women who smoke during and after pregnancy.

Recommendation 16: Reduce harm through continued support for evidence based harm reduction.

Recommendation 17: Communication and media capacity for tobacco control is vital and the capacity to be proactive in terms of public relations activity and media should be developed so as to engage residents of Gateshead in the tobacco control agenda.

Recommendation 18: Advocate for a national tobacco sale and distribution licensing scheme, the tobacco industry bearing the full cost of its implementation and enforcement, with the aim of eliminating the illicit and illegal trade in tobacco, and to end selling of tobacco products to minors.

Recommendation 19: Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

Recommendation 20: Ensure compliance with legislation to reduce tobacco promotion (e.g. Plain packaging) and advocate for further restrictions.

Recommendation 21: Advocate for a new annual levy on tobacco companies to ensure they pay more for the harm they cause. Funding from a levy should be used to make smoking history for more families including support and encouragement to help people quit.

It is recommended that the Committee:

30.Gives its views on the report and draft recommendations and agree that the final report and recommendations be submitted to Cabinet for consideration.

Alice Wiseman

Director of Public Health

Appendix A

Very Brief Advice (VBA)

Giving patients advice and support to stop smoking is the single most cost-effective way to help smokers. Guidance from the Department of Health has identified that the systematic delivery of Very Brief Advice (VBA) and referral of smokers to effective, evidence-based stop smoking services are a vital part of ensuring that these individuals access the most effective method of stopping smoking.

VBA takes only 30 seconds to deliver and, if done appropriately, does not require detailed knowledge, as this will be provided by specialists at the Stop Smoking Service. The aim of training a wide range of people to deliver VBA is that staff have the skills, knowledge and confidence to engage with people when appropriate opportunities present to raise awareness, increase confidence and motivation to engage with stop smoking services.

NICE Public Health Guidance recommends giving advice on quitting to every smoker and should be based on the Ask, Advise, Act (AAA) model:

- ASK and record smoking status—is the patient a smoker, ex-smoker, or non-smoker?
- ADVISE on the best way of quitting—the best way of stopping smoking is with a combination of medication and specialist support
- ACT on patient response—build confidence and motivation, give information and refer to stop smoking services. Patients are up to four times more likely to quit successfully with support

Appendix B

Stop-Smoking+ model

The Stop-Smoking+ model provides smokers with three tiers of support to quit:

Specialist Support

- A clinical service for smokers who want help with stopping and are willing to put in the time and effort needed to get the benefit
- Takes about 6 hours of a smoker's life over 6+ weeks excluding travel time: about the number of hours of life gained from 1 day of not smoking
- Delivered by highly trained specialists
- Fully in accordance with guidance from the NCSCT and NICE.
- Uses established psychological processes and optimum medication
- Rigorously monitored for effectiveness
- Should improve smoking cessation rates by x4

Brief Support

- A clinical service for smokers who want help with stopping but are not willing to put in much effort
- Focus on stop-smoking medicine or NRT, one session of up to 30 mins and one follow-up, plus written materials, internet or app support
- Involves providing a prescription or voucher for: a) Varenicline (Champix), or b) dual form nicotine replacement therapy (NRT) - consisting of transdermal patch plus a faster acting product and advice on use plus a follow-up
- Delivered by trained health professionals as part of other duties
- Uses established psychological processes and optimum medication
- Rigorously monitored for effectiveness
- Should improve smoking cessation rates by x2

Self-Support

- For smokers interested in stopping but not wanting professional support
- Clear easy-to-access advice on ways of improving success rates, including advice on e-cigarettes, and links to digital resources on how to quit
- Provided through the internet and/or written materials handed out in GP surgeries
- Kept up to date
- Quality controlled
- Promoted through free and paid channels
- Should improve smoking cessation rates by x0.2

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CARE, HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE 17 April 2018

TITLE OF REPORT: Review of the role of housing in improving health and wellbeing – progress update

REPORT OF: Director of Public Health

SUMMARY

Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2016-17 was the role of housing in improving health and wellbeing.

The aim of the review was to recommend key housing actions that would have the greatest impact on improving health and wellbeing.

This report provides a summary update on progress against those recommendations to date. The Gateshead Housing Company has provided a more detailed update on their activities which is included in full in Appendix A.

Update April 2018

Recommendation 1: Review the actions set out in the Housing Intervention Work Plan, and, where appropriate, provide Public Health support to assist in maximising the benefits to health arising from delivering elements of the Plan. The evidence presented in the review identifies priority candidate elements with the greatest potential to improve health and wellbeing, further detailed below.

Update: Progress on delivery of the Housing Intervention Work Plan (HIWP) is being reviewed by DT&PP in consultation with CW&L, and Public Health contribution to this is in place.

The interventions contained within the HIWP are to be integrated within the Gateshead Housing Strategy 2018-2030, currently in draft stage.

Recommendation 2: Ensure that improving health and wellbeing is reflected in the production of local development plan documents ie. Making Spaces for Growing Places (MSGP).

Update: Consultation on the draft MSGP concluded at the end of August, Public Health was a consultee. The draft MSGP is programmed to be reported to Cabinet in October 2018.

Recommendation 3: Review how health and wellbeing is reflected in Council Letting Policies and TGHC support services (ie. health criteria, preventative interventions).

Update: A review of the Council's Strategic Tenancy Policy will be carried out as part of the of the Housing Strategy review (The Gateshead Housing Strategy 2018-2030, is currently in draft stage; due for completion in 2018), and existing Allocations and Letting Policies are under review, by the Council and The Gateshead Housing Company. The reviews will reflect the Council's agenda to make Gateshead a place where everyone thrives, as well as respond to Government policy and legislative changes, including the Homelessness Reduction Act 2017, and ongoing Welfare reform, including roll out of Universal Credit).

Recommendation 4: Assess the current range of Council private sector housing interventions to maximise their contribution to health and wellbeing (including energy efficiency programmes, private landlord accreditation, Selective Landlord Licensing, financial assistance programmes, falls prevention, Making Every Contact Count).

Update: This forms work streams of the Housing Intervention Work Plan (HIWP), and will be integrated within the Gateshead Housing Strategy 2018-2030, currently in draft stage. This work will also be influenced by the Council's agenda to make Gateshead a place where everyone thrives.

Recommendation 5: Undertake actions to ensure that the greatest proportion of Council housing is maintained to a standard that secures the health and wellbeing of residents within the context of changes to revenue and capital funding.

Update: Responsive Repairs Budgets have been protected during 17/18 following the decision to bring delivery of Repairs in-house from April 2017 - being delivered by TGHC/Construction.

The Level of Capital investment in Council owned stock has also been maintained to support continued investment in housing stock.

Key areas of investment include:

Maintaining Decency – Approx £11m of investment in elemental replacements, kitchens, bathrooms, heating systems, window replacement, etc.

Equality act, Fire Safety and Energy Efficiency works – Approx £13m of investment in these areas combined, notably during 2017/18 this has included the commencement of the HEIGHTs project focusing on energy infrastructure and fabric improvements to 7 tower blocks, improving thermal efficiency and delivering energy savings for residents.

Additional areas of investment include a programme of external wall insulation to non-traditional stock, electrical works and upgrades to warden call systems for vulnerable residents.

Housing Capital programme includes provision each year of £1.5m for Adaptations to provide aids and adaptations to enable residents to live independently. So far in

this financial year (Apr 2017 – Feb 2018) we have completed 315 major adaptations to council dwellings which include installation of equipment such as stairlifts, hoists, through floor lifts and stairlifts. Other home adaptations include level access showers, extensions to allow ground floor living and access ramps.

A further 203 adaptations to private dwellings carried out this year to date through the Disabled Facilities Grant facility.

Recommendation 6: Determine the circumstances where the Council seeks to ensure that high design and space standards are delivered, including accessibility.

Update: The Council remains committed through the Core Strategy & Urban Core Plan, and through the development of Council land, to secure good design within new housing developments.

The 2017/18 Strategic Housing Market Assessment (August 2017) has provided evidence relating to the need for higher space and accessibility standards within new housing development in Gateshead. This evidence is being used to inform the emerging, detailed MSGP local planning policies, however, it has already been established that the assessed need for accessible homes cannot be fully delivered through our planning policy requirements, due to viability constraints; alternative means of meeting this need will have to be considered. Supplementary research is being undertaken to provide additional evidence to support the proposal to require all new housing development to be compliant with the new Nationally Described Space Standards (NDSS).

The intention is that the draft MSGP will be reported to Cabinet in October.

Recommendation 7: Determine the need for, location of and processes to deliver adequate levels of supported, specialist, and older persons housing.

Update: A review of all specialist and supported accommodation needs is being lead by Care Wellbeing and Learning, in consultation with other Council Services including C&E, and TGHC. The review work is covering Young People; Vulnerable Adults; Learning Disabilities; Older People, and will lead to the commissioning of new models of support and supported accommodation.

The reviews will be informed by the findings of the Gateshead Homelessness and Multiple and Complex Needs Health Needs Assessment (HHNA), and will need to reflect the Council's Thrive agenda.

Recommendation

Overview and Scrutiny Committee is recommended to note and comment on the six monthly review update.

Contact: Alice Wiseman Ext: 2777

Appendix A

Recommendation

Update

Review how health and wellbeing is reflected in Council Letting Policies and The Gateshead Housing Company (TGHC) support services (ie. health criteria, preventative interventions).

Home adaptations

The Gateshead Housing Company manages the provision of adaptations to council dwellings from a council budget, and also manages the provision of adaptations to private properties funded through the Disabled Facilities Grant (DFG).

An ageing population means that a greater number of people in Gateshead are likely to be living with long term conditions and becoming frail in the years ahead. This will increase demand on both health, housing and social care services.

It is difficult to predict future need as the health needs of vulnerable groups are often complex, requiring a coordinated and flexible response from services. However, a consideration of those with existing conditions can give an indication of those whose vulnerabilities may impact on their physical and mental wellbeing or frailty in the future. It is estimated that there are nearly 20,000 people with a mental health problem in Gateshead. Almost 10,000 have moderate physical disabilities and a further 3,000 have serious physical disabilities. Other significant conditions include hearing and visual impairment, learning disabilities and autism which affect a further 10,000 people.

The number of people contacting The Gateshead Housing Company for adaptations help or advice continues to rise. So far in this financial year (Apr 2017 – Feb 2018) we have completed 315 major adaptations to council dwellings which include installation of equipment such as stairlifts, hoists, through floor lifts and stairlifts. Other home adaptations include level access showers, extensions to allow ground floor living and access ramps.

We have carried out a further 203 adaptations to private dwellings through the Disabled Facilities Grant facility.

In the full year 2016/17 a total of 679 adaptations were carried out. 353 were funded from the council capital budget and 326 were funded from DFG.

The 353 council funded adaptations included:

- 158 level access showers
- 73 stairlifts
- 16 ceiling track hoists
- 39 access ramps

Other adaptations included over-bath showers, automatic WC's, through-floor lifts, door opening systems and kitchen adaptations. The 326 DFG adaptations included:

- 124 level access showers
- 86 stairlifts
- 9 ceiling track hoists
- 11 door opening systems
- 1 ground floor extension

Other adaptations include bathroom alterations, safe play areas, rise and fall baths and ground floor WC's

Medical priority for rehousing

The Gateshead Housing Company manages the housing register and the allocation of council dwellings.

The Health and Housing team assess requests for additional priority for medical issues, carry out home visits, and make appropriate awards.

The team includes an Occupational Therapist and an Occupational Therapist Assistant. Their role is to ensure that those with severe disabilities who need alternative housing are matched to appropriate properties that are either already adapted or that are adaptable.

In 2016/17 the team assessed 924 applications, resulting in the following awards:

- 6 x Critical
- 189 x Urgent
- 201 x Substantial

Of the remaining 513, 224 did not fit the criteria for an award and 304 had experienced a change of circumstances since making the application and it was no longer required. For example, some adaptations may have been provided or rehousing had already been secured.

292 households were rehoused who had been awarded additional priority on medical grounds. The awards are a reflection of the unsuitability of someone's present home in relation to their medical condition. The alternative to a priority award to help someone move is to adapt their home to make it more suitable for them. By moving people who are unsuitably housed, it saves the cost of potential adaptations. The 292 cases of rehousing gave an estimated saving on adaptations of £1,094,866 over the year.

Number rehoused using a medical priority (Critical, Urgent or Substantial):	292
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Number rehoused from Council properties:	180 (61.43%)
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Number rehoused from private* properties: *Housing Assocs, owner-occupiers & private landlords.	113 (38.57%)
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Estimated savings by using existing adaptations:	£1,094,866
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Intergenerational Get Together

The Older Persons Housing team are working in partnership with Gateshead Council to develop part intergenerational get-together sessions with local schools.

The programme initially involves 6 weekly session including arts and crafts, music and movement and story time.

The sessions aim to promote a greater understanding and respect between generations and contribute to a more cohesive community encouraging the use of local services such as the library for borrowing story books.

At McErlane square we have brought together 10 residents from and 16 children from St Alban's School and Nursery

The first session took place on Friday 26 January with a Gruffalo storytelling theme at St Alban's

School. For the second session, children from the nursery came to the sheltered scheme with their musical instruments for a music and movement session.

One of the sessions will discuss housing and pupils will have the opportunity to learn about the lives of residents living in sheltered accommodation.

After these sessions the group will continue to spend time together with activities such as gardening and a summer picnic.

We intend to develop links with a number of schools to deliver joint work around technology, arts and crafts, gardening and performing arts.

Care Navigators and social prescribing

Models of social prescribing can enable GPs to access community-based support for their patients, including access to advice on employment, housing and debt advice.

Since November 2017, TGHC have developed a partnership arrangement with three medical practices based within the East and West of the borough, to develop a referral process to support social prescribing within Gateshead.

The local housing teams have had an opportunity to meet with the dedicated care link workers based in their neighbourhood, to develop an understanding of each other's role.

A total of 14 referrals have been received and advice and support has provided on rehousing, repairs, home conditions, medical adaptations and financial support. This has included joint home visits where appropriate.

The care navigators have also been provided with details of the Moving Forward Customer Training programme, which individual clients may benefit from.

Customer Training

Through the company's Moving Forward training programme we provide a range of free short courses for customers to help them maintain a healthy and happy lifestyle. These courses are designed to focus on the physical, mental and financial health and wellbeing of our customers and include:

- Dementia Awareness
- Diabetes Awareness
- Mental Health Awareness
- Manage Your Stress
- Mindfulness
- Digital Training
- Gardening
- Understanding Universal Credit.

We understand that many of our customers are faced with numerous pressures in their lives so our courses aim to help support customers with issues they may be experiencing. For example, the increase in reports of people being diagnosed with Dementia, Diabetes and mental health illnesses, led to us delivering awareness raising sessions around these important health issues to help provide timely information and support to customers who may be affected directly or indirectly by these conditions.

Digital training has been rolled out across a number of our sheltered schemes to help older people learn valuable skills to access online services and reduce the risk of social isolation by learning how to keep in touch with friends and family. This training has also been tailored and delivered to people with learning disabilities, which has had a particular focus around online safety.

Our gardening courses aim to equip customers with basic skills to help maintain their gardens and learn how to grow some fruit and vegetables, promoting healthy living. It is also reported around how gardening can offer wider health benefits due to the exercise it provides and help with improved mental health, for example meeting new people.

Manage Your Stress and Mindfulness courses also help customers recognise triggers that may affect their stress levels and learn useful techniques to manage and cope with these.

Our new course, Understanding Universal Credit, has evolved from our How to Manage Your Money course as we are aware of the significant increase in UC claims in Gateshead. It aims to help those customers who need additional support around their UC claims and how it affects them, and will also include basic budgeting skills to help people organise their money and understand more about priority payments.

We will continue to monitor the training we provide to ensure it is up to date and relevant in

relation to the wider issues around health and wellbeing in Gateshead.

The TGHC Community Fund

Our Community Fund, through the Community Foundation, enables Gateshead based community groups to apply for cash and in-kind grants of up to £5,000. One of the criteria for applying is, 'improving health and wellbeing opportunities for young people and the elderly.'

Many local people have benefitted from this funding. Some examples of funding that has been awarded include the following groups:

Gateshead Older Peoples Assembly – Their 'Eating Well Project' helped to support the rising concern of malnutrition amongst older people by offering participatory sessions to members to learn how to eat healthily at low cost, maintain a healthy weight and how to recognise the signs of unhealthy weight loss.

Gateshead Clubhouse – secured funding to make improvements to their room and kitchen facilities and provision of Mindfulness courses. Gateshead Clubhouse is a mental health community hub run entirely by its members and this grant has enabled more people to use the centre, generating more revenue and longevity for the group. Provision of Mindfulness training has helped many members manage and improve their mental health and wellbeing.

Silverline Memories – is a local charity providing support to people who are living with Dementia. They were awarded a grant to help improve their community garden which is a safe place where members and their carers can go to enjoy the relaxation benefits of it or actively take part in some gardening. The main aim of the garden is to address issues of loneliness and isolation associated with later life and dementia.

Newcastle Eagles Basketball – since 2009 we have worked in partnership with Newcastle Eagles, who effectively deliver health related engagement activities in primary schools. The 'Hoops4Health' project is an initiative to help develop the health of young people and sees players going into schools and delivering workshops to the children in year 5 and 6.

Workshops cover the benefits of activity and fitness, healthy eating and drinking, not smoking and confidence building, recently replacing a bespoke stereotyping workshop for Gateshead. Each of these workshops link directly to the health and wellbeing of young people, aiming to

increase exercise, improve diet and increase self-confidence. The latter workshop is new this year and has been introduced to support recent NHS reports of increasing levels of depressive thoughts among young people.

Some children have signed up to regular coaching sessions as a result of these workshops. All children also receive a free pair of tickets to a home game, which provides the opportunity to access sport that they may not have otherwise been able to, encouraging greater potential for future participation and improved health of young people.

Breakfast Clubs – in partnership with Greggs Foundation, we support a number of breakfast clubs in primary schools that are in some of the most deprived areas in Gateshead.

Providing breakfast clubs ensures young children receive a breakfast before school, where in many cases the alternative being they wouldn't have been fed anything. Feedback from teachers highlights the impact the clubs have had on the young people, some of which is shown below:

- *“Has had a major contribution to improved attendance, especially those regularly late”*
- *“Since attending breakfast club, staff have noticed a significant increase in children’s concentration and attention in class”*
- *“Has introduced better contact and relationships with parents because of the early drop off at breakfast club”.*

Initially the clubs are supported for a period of two years, when we will then review their progress and aim to provide further support where possible.

Rent and Income Advice and Support Services

Tenants who are experiencing difficulties may approach the TGHC Advice and Support team directly or they may be referred into the team by another service. Often a tenant may initially present as having 1 or 2 issues that they require support with, but in a large number of cases, it becomes apparent that the level of support required are well in excess of what was originally identified.

At present a majority of the referrals to the TGHC Advice and Support team are for assistance

with short term crisis issues. This can include:

- Assistance to make claims for the correct benefits
- Navigate the benefits system with an ongoing claim (e.g. Universal Credit claims at present)
- Help with delays to benefit payments
- Appealing sanctions
- Food parcels
- Fuel poverty

Once an Advice and Support Officer begins working with a tenant, further issues may then be identified; these issues can have a longer term detrimental impact on a tenant's health and wellbeing and we work with these tenants providing extra support that is focused on improving their health, wellbeing and ability to manage their own affairs.

These can be issues such as:

- Substance misuse
- Mental health issues (poor mental health or recognised conditions)
- Social isolation
- Serious multiple debt issues
- Family crisis's
- Numerous vulnerabilities

With tenants requiring higher levels of support, we make go much further than just dealing with the presented issue; we make sure we stay in touch, carrying out regular keeping in touch phone calls to ensure the tenant is managing to deal with their day to day issues.

TGHC investment work

Within the 2016-17 Capital budget TGHC completed 174 boiler replacements, this was a scheme to replace solid fuel appliances, gas back boilers and aged inefficient boilers. The boilers that were fitted were Vaillant eco TECpro28 and Greenstar 30i Erp boilers. Both of these boiler types are A rated with the added bonus of being highly efficient and economical to run with up to 89.3% efficiency, this will not only be cheaper to run for the customer but giving reliable instant heating /hot water .Efficient heating and hot water systems have shown to help in

the health & wellbeing of the customers, for example:

- People being less sick; so more time at work no loss in income
- Reduce cold related illness which can help effect cardiovascular and respiratory ailments
- Reduction of damp within the properties
- Helps in mobility; potential to improve independent living
- It can also improve mental status and create a positive environment for the customer
- Financial gains to the customer due to lower running costs.

Housing support Services

The Housing Services teamwork in partnership with NTW to provide housing support and advice to people experiencing mental ill health and well-being concerns.

We are developing our work on hospital discharge to play an important role to play in support customer's health and wellbeing and offer a valuable solution in both discharges from hospitals and the prevention of new admissions. We have established one point of contact with hospital wards to refer customers through, whether it is mental health reasons or physical health reasons they are unable to return home.

We are working with public health to monitor the access to and uptake of stop smoking services by homeless people. This monitoring will be built into the new homeless database being developed. If a customer advises that they are a smoker they will be offered very brief intervention advice on smoking.

We currently monitor and measure outcomes including health and wellbeing within the support plan used by support services – this includes support in relation to registering and attending GP appointments.

Front line housing support teams are currently undergoing PIE training and we are extending our involvement in the Making Every Contact Count training run via public health.

Older Persons Health and Wellbeing

Boccia Indoor Bowls

Boccia is an indoor sport with similar traits to French Bowls. In September 2015 The Older Persons Team began working with Gateshead Council's Get Active Team to find a replacement for the Rookie Golf program which was proving too costly to run. Get Active offered a number of free sports programs to engage people of all ages and abilities, including people with limited mobility and those who do not typically take part in physical activities.

An introductory Boccia Cup tournament was held in October 2015 at Gateshead Leisure Centre to celebrate International Older Persons Day. The event saw over 60 tenants from Sheltered Schemes across Gateshead form teams to compete for the cup. The tournament was extremely popular and led to the formation of a Boccia League.

Teams now compete against one another on a weekly basis during home and away league fixtures. Customers have thoroughly enjoyed playing the game but also relish the interaction with other schemes. This has led to a number of new friendships and the organisation of other joint events between neighbouring schemes.

As well as being lots of fun, the indoor bowls game has health benefits, as sessions get older people more mobile, improving their balance and reducing the risk of slips, trips and falls. Training has been given to a number of Sheltered Scheme Officers who can now facilitate games. The Older Persons Team's Tenant Led Budget was also used to purchase Boccia equipment so that teams can now practice regularly ahead of league fixtures.

Since the initial tournament in 2015, the cup competition has gone from strength to strength with the event growing in size every year. In 2016 The Mayor of Gateshead, Councillor Allison Ilderton-Thompson presented winners Mosspool with the cup and in 2017, staff from the Older Person's Housing Team refereed the all of the matches since the Council's Get Active team was scaled back and rebranded as Go Gateshead.

Work is currently ongoing to involve AgeUK with the Boccia league. These links were made after Tom Brewer from AgeUK was invited to present the 2017 Boccia Cup to this year's winners East and South Lea. AgeUK are keen to support teams to enter the league from the care homes that they are currently involved with. This relationship could also lead to AgeUK helping to provide transport via one of their mini-buses for Boccia Teams when they have a long distance to travel for away fixtures.

HenPower

The HenPower project, run by North East charity Equal Arts sees older people keeping hens to

reduce depression, loneliness and improve well-being. Set up at Wood Green Sheltered Scheme in 2013, the project has attracted press and television coverage from all round the world. Film crews from Germany to South Korea have visited the scheme to speak to the residents about the difference keeping chickens has made to their lives and that of the community in Bill Quay.

The 'Hensioners' most recent television appearance on Good Morning Britain turned into an internet sensation after television host Kate Garaway was struggled to hold a live chicken on air. In October they had attended the prestigious TSB Pride of Britain awards in London after being nominated for the award. This followed their award for being voted winners of The Pride of the Northeast in May 2017.

Awards and television appearances are now commonplace for the 'Hensioners' but they also revel in attending schools, events and roadshows to show people about the benefits of the project. They have inspired other Sheltered Schemes and Care Homes to start their own projects and will often get involved with providing advice and assistance for new start-ups.

TITLE OF REPORT: Annual Work Programme Review and Forward Plan

REPORT OF: Sheena Ramsey, Chief Executive
Mike Barker, Strategic Director, Corporate Services
& Governance

Summary

This report is set out in two parts. The first part highlights how this Committee has influenced / shaped the development of policy /decision making during 2017-18 and the second part details the development of the work programme for Overview and Scrutiny Committees (OSCs) and sets out the provisional work programme for the Care, Health and Well-being OSC for the municipal year 2018-19.

Background

1. On 18 July 2017 Cabinet agreed to pilot a number of changes to Overview and Scrutiny in Gateshead aimed at ensuring that Overview and Scrutiny in Gateshead:-
 - is first and foremost member led.
 - enhances the leadership role of OSC Chairs and Vice Chairs in driving forward, directing and shaping individual OSC work.
 - enhances engagement and involvement with OSC members in shaping the focus of the work of specific OSCs.
 - creates stronger relationships/linkages with the Executive.
 - enables Overview and Scrutiny to better understand and track how it is influencing Cabinet Policy / Decision making going forwards.

Annual Review

2. The pilot changes to Overview and Scrutiny commenced in September 2017 and this is the first review of the work programme following those changes.
3. During 2017-18 the OSC has sought to influence and shape policy development and decision making via a number of routes.
4. During this period the OSC's recommendations relating to the OSC's Review of the Role of Housing in Improving Health have been approved by Cabinet and implemented. The OSC has monitored progress on the implementation of these recommendations at its meeting on 12 September 2018. At that stage the recommendations had helped shape the content of the Housing Intervention Work Plan(HIWP), the production of the local development plan documents approved by Cabinet ie Making Spaces for Growing Places (MSGP). The OSC indicated at that time that it was satisfied with the level of progress made. The OSC will consider a further report in relation to progress against its recommendations at its meeting today.

5. The OSC has also carried out a Review of work to address the harms caused by Tobacco and will agree its findings and recommendations in relation to that Review at its meeting today. These recommendations will be presented to a future Cabinet meeting for approval and, subject to these recommendations being agreed, the OSC will then monitor implementation of these recommendations during its 2018-19 work programme.
6. As part of its Review of work to address the harms caused by tobacco the OSC has also sought to influence NHS partners and requested that a letter to be sent to the Chief Executive of Gateshead Health NHS Trust highlighting the OSC's Review and seeking the Trust's support in prioritising work on Tobacco Control, specifically the identification and management of nicotine dependence among the Trust's patients.
7. An interim response was received in January 2018 indicating that the Trust's Executive team was exploring the issues raised and would respond further in due course. Subsequently, the Trust has advised that it has pledged to go Smoke Free and has committed to improving the identification and management of nicotine dependence in patients.
8. The OSC has monitored Council performance generally, in those areas falling within its remit, at its meetings on 20 June 2017 and 5 December 2017 and Cabinet has had regard to the OSC's views when considering the Council's performance overall.
9. The OSC has also monitored progress in relation to the following specific areas of performance and the OSC's comments have been fed into the improvement work progressed by relevant service areas and fed back to relevant partners.
 - MHA /DOLs.
 - Social Services Annual Report on Complaints – Adults.
 - Quality of Commissioned Services in Gateshead.
 - Integrating Health and Care in Gateshead.
 - New Service Delivery Model for Extra Care Services.
 - Gateshead Care Partnership.
 - Health and Social Care System Wide Workforce Issues.
 - Delayed Transfers of Care/Reablement.
10. The OSC will also consider progress in relation to Food and Health and Safety Intervention Plans at its meeting today.
11. This OSC has been formally consulted by Newcastle Gateshead CCG on options for the future of the Blaydon GP practice at its meeting on 23 January 2018. At that time, the OSC supported the option of retaining a GP practice at Blaydon as being in the best interests of the local health economy. Subsequently, it has been confirmed that, the Primary Care Commissioning Committee on 27 February 2018, having regard to OSC views, decided to go out to procurement but on basis that if this is unsuccessful the practice will close and the list will be dispersed.
12. This OSC has also previously been consulted on major service changes for mental health services across Newcastle / Gateshead and is now monitoring progress on implementation. The OSC has received two updates on 20 June 2017 and 6 March 2018 with a view to influencing the development of community based provision whilst at the same time ensuring the provision of sufficient appropriate/effective in

patient provision to meet local needs. The OSC's Vice Chair has also participated in the "Getting Help when you need it" Design Workshops held during Sept & Oct 2017.

Development of 2018-19 Work Programme

13. Every year each Overview and Scrutiny Committee draws up a work programme based on the Council's policy framework which is then agreed by the Council as part of the policy planning process.
14. The Committee's work programme is a rolling programme which sets the agenda for its six weekly meetings. It is the means by which it can address the interests of the local community, focus on improving services and seek to reduce inequalities in service provision and access to services.
15. Under the Council's constitution the issues which will be considered by the Overview and Scrutiny Committees come from a number of sources:
 - During the year the Committee may choose to scrutinise decisions made by the Cabinet to ensure decisions are taken properly;
 - The Committee may be requested by the Cabinet to carry out reviews of particular issues in accordance with the Council's policy priorities;
 - The Committee will receive six-monthly reports on performance for comment to Cabinet;
 - The Committee will receive reports on relevant service improvement reviews at key stages of development to confirm to Cabinet that reviews are progressing appropriately;
 - Section 119 of the Local Government and Public Involvement in Health Act 2007 and Section 126 of the Police and Criminal Justice Act 2006 enable any member of the Council to refer to a relevant Overview and Scrutiny Committee any local government matter and any crime and disorder matter which affects their ward or constituents (Councillor Call for Action - CCfA).
 - Members of the Committee may identify particular issues for consideration;
 - Members may also examine issues in the Council's Forward Plan; and
 - In addition, where the Committee has reasonable concerns about a particular executive decision the call-in mechanism is available.
16. This year the changes piloted included enhanced engagement and involvement with OSC members in shaping the focus of the work of specific OSCs via a specific work programme event held on 9 February 2018. At that event councillors had regard to the key issues/challenges/legislative changes affecting the work of the Council within the forthcoming twelve months which fall within the specific remits of each OSC and the 5 pledges under the Thrive agenda:-
 - Put people and families at the heart of everything that we do
 - Tackle inequality so people have a fair chance
 - Support our communities to support themselves and each other
 - Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough.
 - Work together and fight for a better future for Gateshead
17. Subsequently, the Council has consulted partner organisations on the emerging themes for each OSC for 2018-19.

18. Details of the emerging issues for potential review and feedback from partners are set out at Appendix 2.

19. The attached provisional work programme (Appendix 1) has therefore taken account of the following:-

- Six-monthly performance reporting
- The Thrive agenda and the Council Plan and partnership work generally
- Current issues referred to Committees
- Details of potential review topics
- Legislative provisions and guidance on the Councillor Call for Action

20. The work programme remains provisional as:-

- Cabinet has not had the opportunity to fully review its work programme and it may wish to refer further issues to Overview and Scrutiny Committees for further consideration;
- It does not take account of new policy issues which may be identified during the year, which Cabinet may refer to Overview and Scrutiny; and
- It does not include issues identified by members of committees on an ongoing basis during the year as a result of scrutiny of decisions, call – in and councillor call for action.

Next Steps

21. The OSC Co - ordinator will carry out further work with OSC lead officers across all of the OSCs to consider what future improvements can be made to the process of tracking how OSCs are influencing policy development and decision making with a view to strengthening the annual review process going forwards.

Recommendations

22. The Committee is asked to:-

- a) Note the information contained in the annual review and provide any comments.
- b) Agree the review topic /emerging issues for 2018-19, having considered the proposals outlined at Appendix 2.
- c) Endorse the Overview and Scrutiny Committee's provisional work programme for 2018 -19 attached at Appendix 1, and refer it to Council on 24 May 2018 for agreement.
- d) Note that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

Contact: Angela Frisby

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Draft Care, Health & Well-being OSC 2018/2019	
19 June 18	<ul style="list-style-type: none"> • Constitution (to note) • Role and Remit (to note) • The Council Plan – Year End Assessment and Performance Delivery 2017-18 • OSC Review – Helping People to Stay at Home Safely – Scoping Report
18 Sept 18	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Monitoring - OSC Review of work to Address Harms caused by Tobacco • Social Services Annual Report on Complaints and Representations – Adults • Annual Report of Local Adult Safeguarding Board and Business Plans –(Chair of Board to attend) • Work Programme
30 Oct 18	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Health and Social Care Integration • Gateshead Healthwatch Interim Report • Work programme
11 Dec 18	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • The Council Plan – Six Monthly Assessment of Performance and Delivery 2018-19 (incl LSAB update) • Health & Well-Being Board Progress Update • Work Programme
22 Jan 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Work Programme
5 Mar 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Interim Report • Gateshead Healthwatch • Health and Social Care Integration • Work Programme
23 April 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Final Report • Monitoring - OSC Review of Work to Address Harms caused by Tobacco • Health and Well-Being Board – Progress Update • OSC Work Programme Review

Issues to slot in

- Deciding Together Delivering Together – Progress Update / Potential Consultation?
- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- STP Updates - as appropriate.

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Care, Health and Wellbeing OSC

Review Topic – Helping People Stay at Home Safely (to focus on how assistive technology can help people stay at home safely longer, impact of re-ablement services, the development of housing options to promote independent living etc)

Links to

**Thrive Agenda – Making Gateshead a place where everyone thrives
Council Plan 2015-20**

Health and Social Care Integration – OSC views to be sought on policy direction and performance on six monthly basis

Partner Feedback

Newcastle Gateshead CCG – supportive of emerging themes
Job Centre Plus – supportive of emerging themes

Corporate Resources OSC

- **Helping to increase support / capacity of Voluntary Sector/ explore how organisations link with each other and specific services within council**

- **Tackling Social Exclusion**

**Links to Thrive Agenda – Making Gateshead a place where everyone thrives
Council Plan 2015-20
DPH Report on Inequalities**

Partner Feedback

The Gateshead Voluntary Sector Leaders Group and Newcastle CVS would wish to be actively involved in the items under review by the Corporate Resources Overview and Scrutiny Committee.

Clearly voluntary and community organisations are separate, independent entities, but it is in all our interests to make Gateshead a thriving place to live and reduce inequalities. The Gateshead Voluntary Sector Leaders Group has met to discuss the issues raised by the Council in relation to making Gateshead a place where everyone thrives and they are putting together an offer for consideration.

Tackling social exclusion, in whatever form, is a priority for many voluntary and community organisations.

Newcastle Gateshead CCG – supportive of emerging themes
Job Centre Plus – supportive of emerging themes

Families OSC

Review Topic – Obesity (across the life course) – to involve joint sessions with CHW OSC and Communities & Place OSC.

**Links to:- Thrive Agenda – Making Gateshead a place where everyone thrives
Council Plan 2015-20**

Case Study -Tackling the Toxic Trio (domestic abuse, substance abuse and neglect)

**Links to:- Thrive Agenda – Making Gateshead a place where everyone thrives
Council Plan 2015-20**

Progress updates on :-

- CAMHS
- School Exclusions
- Secondary Schools Performance
- Early Help
- SEN Progression
- Foetal Alcohol Syndrome
- How the Council is meeting the needs of children and young people with learning disabilities.

One off report – Issues relating to Provision of School Meals

Partner Feedback

Newcastle Gateshead CCG – supportive of emerging themes
Job Centre Plus – supportive of emerging themes

Communities and Place OSC

Review Topic - Work to Raise Community Aspirations beyond school /address skill shortages and increase employment

**Links to:- Thrive Agenda – Making Gateshead a place where everyone thrives
Council Plan 2015-20**

Progress Updates on:-

- Managing the Environment – waste/litter/dog fouling
- Management of Highways – potholes /traffic lights/street lights
- Support for Business
- Postal Provision
-

Partner Feedback

Newcastle Gateshead CCG – supportive of emerging themes
Job Centre Plus – supportive of emerging themes

Community Safety Sub OSC

- **Approach to encouraging the reporting of discrimination/hate crimes**
- **Approach to educating communities / raising awareness of differences amongst individuals / race/cultures**

Links to:- Thrive Agenda – Making Gateshead a place where everyone thrives

Council Plan 2015-20

Partner Feedback

Newcastle Gateshead CCG – supportive of emerging themes

Job Centre Plus – supportive of emerging themes

Corporate Parenting Sub OSC

Permanence Planning (Adoption) – Case Study 1

Links to:- Thriving Agenda – Making Gateshead a place where everyone thrives

Council Plan 2015-20

Care Leavers Offer – Case Study 2

Links to:- Thriving Agenda – Making Gateshead a place where everyone thrives

Council Plan 2015-20

Care Leavers Offer – Quality and Impact – Six Monthly Progress Updates

Partner Feedback

Newcastle Gateshead CCG – supportive of emerging themes

Job Centre Plus – supportive of emerging themes

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