

# CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

**Tuesday, 28 January 2020 at 1.30 pm in the Bridges Room - Civic Centre**

---

From the Chief Executive, Sheena Ramsey

---

Item	Business
<b>1</b>	<b>Apologies for absence</b>
<b>2</b>	<b>Minutes of last meeting</b> (Pages 3 - 10)  The Committee are asked to approve the minutes of the last meeting held on 10 December 2019.
<b>3</b>	<b>Proposed Expansion at Prudhoe Hospital</b>  Presentation by Mark Knowles, Programme Director CNTW NHS Trust
<b>4</b>	<b>Continuing Health Care Funding CCG Update</b>  Presentation by Julia Young, Newcastle Gateshead CCG
<b>5</b>	<b>Suicide: Every Life Matters - Evidence Gathering</b> (Pages 11 - 18)  Report of the Director of Public Health
<b>6</b>	<b>Drug Related Deaths Update</b> (Pages 19 - 24)  Report of the Director of Public Health
<b>7</b>	<b>Health &amp; Wellbeing Board Progress Update</b> (Pages 25 - 32)  Report of the Strategic Director, Children, Adults and Families
<b>8</b>	<b>Annual Work Programme</b> (Pages 33 - 36)  Joint Report of the Chief Executive and Strategic Director, Corporate Services and Governance

This page is intentionally left blank

## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

**Tuesday, 10 December 2019**

**PRESENT:** Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, K Ferdinand,  
B Goldsworthy, M Goldsworthy, M Hood, R Mullen,  
I Patterson, J Wallace, A Wheeler, P McNally, J Gibson,  
Diston and H Haran

**APOLOGIES:** Councillor(s): M Hall, J Lee and K McClurey

#### **CHW158 MINUTES OF LAST MEETING**

The Committee agreed the minutes of the last meeting, held on 29 October 2019 as a correct record.

#### **CHW159 SUICIDE: EVERY LIFE MATTERS - EVIDENCE GATHERING REPORT**

The Committee received a report and two presentations from Gail Kay, Project Director/Mental Health Programme Lead, NE & N Cumbria ICS and Iain Miller, Public Health on the range of work that is being undertaken in relation to Suicide Prevention in Gateshead at:

- Regional level, through the Integrated Care System (ICS) Every Life Matters sub group, part of the Mental Health sub group of the prevention workstream
- Sub Regionally at the Integrated Care Partnership (ICP) level, with the Northumberland and Tyne & Wear Suicide Prevention Steering Group work, developed with NHS England modernisation funding during 2019.
- Locally through the work of Gateshead Mental Health and Wellbeing Partnership

#### **Action on Suicide Prevention at three levels**

##### **ICS Level Intervention**

The Committee were advised that organisations across the North East and the North Cumbria (NENC) are working in partnership to coordinate improvements, where necessary, across traditional boundaries. Developing and integrating care across boundaries involves NHS organisations working with Councils and the voluntary or charity sector and engaging with the people using services, “people with lived experience”.

An ICS is not a specific organisation but rather a way of leading and planning care

for a defined population in a coordinated way across a range of organisations.

A Mental Health ICS Programme was established with seven priority workstreams, one of those being Suicide Prevention. The mental health work stream does not have a surveillance or performance monitoring role and does not have a statutory authority, this remains with provider organisations and commissioners.

The North East and North Cumbria ICS “Every Life Matters” Suicide Prevention Steering Group oversees the Suicide Prevention work and has Senior Leaders from health across the Region overseeing the programme of work, with a project lead coordinating the implementation of Every Life Matters delivery plan.

The Committee were advised that this work is fully linked in to national activity, including national workshops led by the Royal College of Psychiatrists and a visit from the national enquiry team. The focus of the work is to:

- Ensuring that best practice and learning is shared across agencies
- Duplication is lessened
- Resources are shared to improve efficiency and effectiveness
- Impact is monitored

The “Every Life Matters” Suicide Prevention delivery plan is divided into five key areas of activity:

- Leadership
- Prevention
- Intervention
- Postvention
- Intelligence

Expected outcomes:

- To reduce the number of suicides, including high risk groups, and by a minimum of 10% by 2021 in all areas across the ICS
- To reduce the incidence of self-harm and repeated self-harm
- To reduce the impact and suicide
- To reduce the stigma of self-harm and suicide

National funding has been allocated to support the implementation process with Northumberland and Tyne and Wear, led by Gateshead and Newcastle Public Mental Health leads, successful with Wave 2 funding.

### **Northumberland and Tyne and Wear Level**

The Committee were advised that funding (identified above) has led to a full programme of work at Northumberland, Tyne and Wear level which benefits Gateshead residents as identified below.

Northumberland and Tyne and Wear, led by Gateshead and Newcastle Councils, have been successful in securing wave 2 NHS England Modernisation Funding for the value of £450K to take forward a prevention programme across the sub regional (Integrated Care Partnership (ICP) level. A North ICP Suicide Prevention Steering

group has been established and an Action Plan is in place to take forward workstreams. Wave 3 funding will be available from April 2020.

A Suicide Coordinator has been recruited, starting in post with Northumbria Police on 7 October 2019. The post will oversee the delivery of the Transformation Funding Action Plan and identify other areas for development around Suicide Prevention at the ICP geography.

A Data Analyst was recruited on 8 November 2019 by Newcastle City Council. The post will be managed by the Suicide Prevention Coordinator on a day to day basis and will enable Suicide data to be analysed across the Northumberland and Tyne and Wear Geography covered by Northumbria Police and NTW Mental Health Acute NHS Trust.

Discussions have been held around the process for an Early Alert system so that data on cases can be gathered at the point of the incident, rather than waiting over a year until an audit of the Coroners files produces an overview of the profile. The model being adopted is very similar to the Drug Related Deaths (DRD) process already in place in Gateshead.

Postvention support offer will be a Police led process through the completion of the CID27 form and then establishing the needs of the families and friends at the point of the First Response. Training will be facilitated by the Suicide Prevention Coordinator who will work with If U Can Share and the Police to establish training programme for First Responders.

South Tyneside Public Health Team has led the development work for the tendering for leads for the delivery of a Training Hub and Level 1, 2 & 3 programmes on Suicide Prevention across Northumberland and Tyne & Wear. The Tender document has been completed and is currently out to tender. We aim to have programmes of training being delivered by January 2020.

Newcastle United and Sunderland Football Foundations are being commissioned for the development of a joint programme and campaign targeting Men on work around Suicide Prevention through a 'Be a Game Changer' campaign. This will be branded with both Football Foundations team colours.

The Suicide Prevention Coordinator is leading on the process of delivery of small grants funding in partnership with North Cumbria NHS Acute Trust, the lead organisation for the ICS Suicide Prevention programme which this work sits under.

Work around Self-Harm is progressing after initial ideas tabled at Steering Group, around a Safety Planning Train the Trainer proposal, were deemed to be inappropriate and that the funding should be used to add value.

### **Gateshead Level Interventions**

The Committee were advised that the focus of Gateshead's local Suicide Prevention work is through the Gateshead Mental Health and Wellbeing Partnership. This partnership is led by Cabinet member, Cllr Mary Foy.

At a Population level there is a focus on encouraging organisational sign up to Time to Change, the anti-stigma campaign, and focussed work into local communities with The Five Ways to Wellbeing. There is support of World Mental Health Day each October with a strong presence from Statutory and Voluntary Community Sector organisations supporting people with Mental Health related issues and the partnership use of Public Health England's (PHE's) Every Mind Matters campaign for a consistent partnership level focus.

The Partnership has developed a local Suicide Prevention Action Plan which forms part of the Gateshead Public Mental Health strategy. This includes a focus on development of Community based suicide prevention interventions on Males 40 - 55 years.

Gateshead Council has signed the Time to Change pledge and has made a commitment to change how we think and act about mental health in the workplace. An action plan is in place with all actions developed to tackle stigma and improve people's mental health and wellbeing.

The Council holds the Continuing Excellence level of the Regional Better Health at Work Award which, among the key criteria for award holders, focuses on improving the mental health of the workforce.

The Committee were advised of the positive impact that Partnership working at a range of levels has in the delivery of preventative work into Gateshead.

The Committee were advised of the downward trend, outlined in the Evidence Gathering Paper 2 tabled with Gateshead Care Health and Wellbeing OSC on 29 October 2019, identified in recent PHE Fingertips data.

The Committee were reminded that the last evidence gathering sessions on 28 January 2020 will hear from representatives from the Criminal Justice system and Voluntary Community Sector (VCS), identifying high risk groups and what can be done to minimise risk.

- RESOLVED -
- i) That the information be noted
  - ii) That a further update on the Criminal Justice system and Voluntary Community Sector (VCS) be brought to the next meeting of the Committee on 28 January 2020.

## **CHW160 HEALTH AND WELLBEING STRATEGY DEVELOPMENT**

The Committee received a report and presentation which provided an update on progress in developing a new Health and Wellbeing Strategy for Gateshead.

The focus of the new strategy is based upon the aims from the Marmot work "Fair Society, Healthy Lives" focusing on health inequalities. This builds on the issues

identified from the 2017 DPH annual report – “Inequalities: it never rains but it pours”.

A presentation was provided for members of the OSC which updated the draft Health and Wellbeing Strategy – “A job, a home, good health and friends”.

RESOLVED - That the information be noted

## **CHW161 MAKING GATESHEAD A PLACE WHERE EVERYONE THRIVES - SIX MONTH ASSESSMENT OF PERFORMANCE AND DELIVERY 2019/20**

The OSC received the six-month update of performance and delivery for the period 1 April 2019 to 30 September 2019 in relation to the Council’s Thrive agenda for the indicators and activity linked to care, health and wellbeing delivered and overseen by Adult Social Care and Public Health services within the Care, Wellbeing and Learning Group.

The Committee were advised that the Thrive approach aims to narrow the gap of inequality across Gateshead resulting in more people living healthier and happier lives.

As part of the Council’s performance management framework, five-year targets were replaced with a single 2020 target with strategic indicators identified as either target or tracker indicators. These targets were approved by Cabinet on 12 July 2016.

The 20 strategic indicators for Adult Social Care and Public Health currently fall under three pledges of “Tackle inequality so peoples have a fair chance”, “Work together and fight for a better future for Gateshead” and “Supporting Communities”

The OSC were advised of two areas where further information may be sought:-

### **Alcohol Misuse**

The Committee were advised that the rate of hospital admissions for alcohol related harm has increased. Gateshead has a significantly higher rate than national and regional averages, is at its second highest recorded rate and has the third highest rate in England.

The OSC felt that this is an area of particular concern as Gateshead is significantly higher than both the NE (862 per 100,000) and the England average (632 per 100,000). It is also considered unlikely at this stage that, unless there are some significant reductions, Gateshead will reach its 5-year target.

The Committee were advised that Gateshead has the 2<sup>nd</sup> highest rate for this indicator in the North East, the highest of its 16 comparable CIPFA LA’s, and is the 3<sup>rd</sup> highest of the 152 English UTLA’s.

### **Excess Weight**

The OSC has already requested a progress update on this issue – focusing particularly on work in GP practices and schools – and this has been slotted into the

work programme for March 2020.

### **Target SC1**

Gateshead is now significantly higher than the England rate of 22.6% for the first time since 2013/14 and we are higher but not significantly higher than the North East rate (24.3%) for the first time since 2013/14.

This is Gateshead's highest prevalence of excess weight at 4-5 year olds since 2009/10 and our joint 2<sup>nd</sup> highest in the published 12 years of data.

The increase for 2018/19 is the highest % point and the highest overall percentage increase since 2013/14. When compared to the national picture Gateshead has the 23<sup>rd</sup> highest level of excess weight amongst reception age children out of the 150 English LA's with a recorded level.

### **Target SC2**

Gateshead is higher but not significantly higher than the North East rate of 37.5% and is still considered significantly higher than the England rate of 34.4%

As a result of this latest increase Gateshead has now seen its Excess weight levels decrease by only 1.3% since 2007/08 (38.3%) this is despite an almost continual decrease in the levels up to 2014/15

When looking at the national picture Gateshead has the 42<sup>nd</sup> highest level of excess weight amongst year 6 children out of the 150 English LA's with a recorded level

Lindsay Murray provided an update to OSC on her new role in reshaping the Council's performance monitoring arrangements and how performance is reported – in particular, ensuring that what it monitors is more loosely aligned to its priorities arising from the Thrive agenda.

- RESOLVED -
- i) That the information be noted
  - ii) The OSC agreed that the activities undertaken during April – September 2019 helping to support delivering the Thrive agenda
  - iii) The OSC noted that Cabinet will consider a composite performance report at the meeting on 21 January 2020.

## **CHW162 PROPOSAL TO MERGE 108 RAWLING ROAD WITH OXFORD TERRACE AND RAWLING ROAD MEDICAL GROUP**

The OSC received a presentation and briefing note on the proposed merger of 108 Rawling Road and Oxford Terrace.

Dr Mathu Krishnan, the longest serving GP in Gateshead has informed NHS Newcastle and Gateshead Clinical Commissioning Group that he wishes to retire on 31 December 2019. Dr Krishnan has made an application to the CCG to merge with Oxford Terrace and Rawling Road Medical group (OTRR-MG) on 1 January 2020.

Dr Krishnan will retire on 31 December 2019. The current premises at 108 Rawling Road will close on that date. Dr Krishnan's practice boundary currently covers the whole of Gateshead and beyond. Patients in future will be able to access services from 1 Oxford Terrace and 1 Rawling Road which is on the same street, a one minute walk from this site therefore travel for patients will be no practically different.

Oxford Terrace and Rawling Road Medical Group and Dr Krishnan's Surgery are applying for a full merger of the two named GP practices.

After many years of dedicated service to the community, Dr Krishnan has decided to retire. Dr Krishnan is very keen to ensure his patients continue to receive the excellent care that they have always had and he feels that a merger with Oxford Terrace and Rawling Road Medical will provide this.

The practices have worked closely together as part of Bensham Federation along with two other local practices over the last four years, so have good working relationships already and share some staff that work across both practices. Care navigators and recently Frailty Nurse have worked with Dr Krishnan's most complex patients providing multidisciplinary working and case management approach to complex needs of patients and their carers.

It is proposed that in future services would instead be offered from the two sites below:

- 1 Rawling Road, Bensham, Gateshead NE8 4QS (0.1 mile or 76 yards from the current site)
- 1 Oxford Terrace, Bensham, Gateshead NE8 1RQ (0.6 mile or 1056 yards from the current site)

Patients will be able to book an appointment to be seen at either surgery. Parking is available at both sites.

The existing practice boundaries will remain unchanged.

The OSC were advised that it is anticipated that the proposed merger will increase the range of services provided and benefits for patients which will include but not be limited to:

- Improved access with the choice of appointments at either site;
- Option to book appointments with female GP's if desired;
- A choice of 15 doctors with different interests. For example: dermatology, minor surgery, family planning, musculo-skeletal conditions, heart conditions, chest conditions like Asthma and COPD;
- Care provided by an expert multidisciplinary team;
- Community Nursing and Health Visiting services will remain the same; and;
- The surgery has extended opening hours including: opening until 7.30 pm on Monday, 7 am opening on Thursday and Saturday morning 9 am to 12.30 pm

The NHS Fiver Year Forward View sets out a vision for the future of the NHS, which encompasses the development and implementation of a local plan to address the

sustainability and quality of general practice. This merger will help to use resources to improve services for the benefit of all registered patients. As part of new developments, practices will be working together as Primary Care Networks to meet the needs of their local population. Although welcome to join OTRR-MG, patients who live outside the area, have been asked to consider changing to a GP closer to home to ensure their needs can be met effectively.

The proposed merger will essentially mean that the two practices transfer to a single NHS contract with one clinical system. There will be no change to frontline services. Staff have been engaged from the outset so that they can support the process and provide information and reassurance to the respective practice patients.

The practice has liaised with North of England Commissioning Support (NECS) and once the propose merger takes place work will be ongoing to support the integration of the clinical and IT systems.

- RESOLVED -
- i) That the information be noted
  - ii) The thanks of the Committee on behalf of the people of Gateshead to Dr Krishnan, for his length of service and dedication to his patients
  - iii) The OSC agreed that the proposed merger should go ahead as outlined above

## **CHW163 WORK PROGRAMME**

The Committee received the provisional work programme for the municipal year 2019-20.

It was noted that the work programme was endorsed at the meeting on 23 April 2019 and councillors agreed that further reports will be brought to future meetings to highlight current issues/identify any changes/additions to this programme.

Appendix 1 (appended to the main report) set out the work programme as it currently stood and highlighted proposed changes to the work programme.

- RESOLVED -
- i) That the information be noted
  - ii) That further reports on the work programme be brought to Committee to identify any additional policy issues which the Committee may be asked to consider

**Chair.....**



**CARE HEALTH AND WELLBEING  
OVERVIEW AND SCRUTINY  
COMMITTEE  
28 January 2020**

**TITLE OF REPORT: Suicide; Every Life Matters – Evidence Gathering  
(Session 4)**

**REPORT OF: Iain Miller, Programme Lead**

---

### **Summary**

This report gives details of the evidence gathering session that will take place on 28 January 2020. The Care Health and Wellbeing Overview and Scrutiny Committee will hear about the work of Northumbria Police and the Voluntary Community Sector, namely the Recovery College Collective (Re Co-Co), and the range of work they are both involved in supporting some of our most vulnerable people in Gateshead and their role in championing Suicide Prevention interventions in the Borough. The report also outlines services commissioned through Newcastle Gateshead CCG that are complimentary to the services provided by the Police.

The views of the Committee are being sought on the evidence presented and the ongoing work on Suicide Prevention in Gateshead.

---

### **Background**

1. Care Health and Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2019-20 will be Suicide.
2. In April 2013 public health transferred from the NHS and into local government. Suicide prevention consequently became a local authority led initiative, working closely with the Police, Clinical Commissioning Groups (CCGs), Public Health England (PHE), NHS England, Coroners and Voluntary Community Sector (VCS) organisations.

### **Purpose of this session**

3. The three evidence gathering sessions to date have:
  - Provided a detailed overview of suicide from a legal/Coroners perspective and the impact of suicide from someone with lived experience, providing members with insight into the key factors involved and the impact of suicide on a community.

- Outlined Suicide statistics in Gateshead and described the process and findings of a local Audit of Gateshead data for the 2018 calendar year on Suicide and undetermined injury conducted in September 2019.
  - Presented, in partnership with Regional leaders, on the work at Integrated Care System (ICS) level and sub-regional Integrated Partnership (ICP) level covering Northumberland and Tyne & Wear outlining the benefits that Gateshead gain from this work.
4. This fourth and last evidence gathering session presents the roles of the Criminal Justice System, namely Northumbria Police, and the Voluntary Community Sector (VCS), namely the Recovery College Collective (Re Co-Co), and the range of work they are both involved in supporting some of our most vulnerable people in Gateshead and championing Suicide Prevention interventions in the Borough. It will also outline services commissioned through Newcastle Gateshead CCG that are complimentary to the services provided by the Police.

### **Northumbria Police's role in Suicide Prevention**

5. Northumbria Police is committed to the protection of all vulnerable members of its communities including those considered at risk of or are contemplating suicide. All Northumbria Police staff encountering any subject in the course of their duties who could meet this criterion would be expected to complete either a Vulnerable Adult (VA) or Child Concern (CC) referral. These referrals are submitted to **Multi-Agency Safeguarding Hubs** (MASH's) where they are triaged, and information shared to ensure each individual has been signposted to appropriate support services.
6. Police and Staff in Cumbria, Northumberland, Tyne and Wear Mental Health Foundation Trust (CNTW) join up around those critical cases of frequent attenders or high-risk people and work together to develop multi agency-plans to prevent suicides. They work together to look at what the need is and how they can jointly prevent someone being in a high-risk situation. Having that joined up and consistent approach from all in contact with someone can be reassuring and help someone feel safe. Attempts are also made to decriminalise the process of support, only ever using criminal justice means as a last resort if it absolutely necessary and all other options have been pursued to save a life. There has been some success with this approach.
7. Police have access CNTW systems to ensure correct signposting and notification to mental health staff already working with the subject is available within the MASH. Whilst these referrals can often be submitted prior to any person going into crisis they would similarly be completed following any physical intervention by the police. This would include incidents involving a subject threatening self-harm or suicide.
8. **Harm Reduction Units** (HRU's) have been set up in each of the three Area Commands within Northumbria Police with each working alongside

partner organisations to identify risk to individuals and problem solve for those people who come to the notice of Police while in crisis or while at notable suicide locations. They also look to target harden where possible those public area's/iconic locations which attract more subjects in crisis such as the bridges, predominantly but not exclusively over the Tyne, and cliff tops, for example at Marsden Grotto in South Tyneside. The Safeguarding Department have developed and introduced an enhanced risk assessment document which is used for identified high risk offenders (child sex offenders) to risk assess and signpost them for support following any police contact, either within a Custody Setting or as a voluntary attender. To supplement this work, Custody Liaison and Diversion nursing staff are available for all detained persons in force custody suites from 7am to 7pm.

9. **Street Triage.** The Street Triage service is an integrated part of mainstream Police and Mental Health Services ensuring access to mental health assessment and advice, and creating robust multi-agency working.

Street Triage is open and accessible to people of all ages, where it is believed that they may have a mental illness, learning disability, personality disorder or misuse substances, who come into contact with the police outside of custody.

The team complete follow-up work to promote mental well-being and encourage access to appropriate services and offer support and work in partnership with Northumbria Police to provide mental health advice and guidance in an effort to assist the police in their decision-making process around managing risk.

The Street Triage service promotes prevention and reduction of offending by working in a flexible, mobile and timely manner with all agencies within the locality. The team seeks to provide an inclusive service to ensure that persons coming into contact with the criminal justice system receive a high quality, competent and effective range of interventions. The service delivery includes liaison, prevention and ultimately, if needed, equitable access to mental health services across the CNTW area. The service promotes social inclusion and acceptance of service users within mental health provision who may have offended, or are likely to offend or re-offend, to enable them to live a more productive, positive and fulfilling life.

10. **Negotiators.** The police negotiator cadre (team?) in Northumbria, which is a voluntary role undertaken by staff in addition to their day jobs, is amongst the busiest in the country with their staff deployed on almost three hundred occasions in 2019 to predominantly suicide intervention incidents. Following each incident an additional negotiator debrief document is forwarded to the NHS as a supplementary to the Vulnerable Adult and Child Concern referral discussed above. The innovative work of the Street Triage Team which see's police officers working with Mental Health Professionals has proven to be extremely effective in addressing those in crisis and often acts as the first contact point for those talked down from crisis. Police Negotiators continue to work closely with internal

and external departments/agencies to highlight those troubling cases where it is anticipated that additional support is required to prevent repeated self-harm attempts.

In addition to their preventative role, Police Negotiators have provided crisis intervention advice or '1st Responder Training' training to almost all Northumbria Police officers, Ambulance Service Hazardous Area Rescue Team (HART), Tyne & Wear Fire Brigade (TWFB) and are currently delivering training to NHS staff including those who work within crisis line centres."

### **Voluntary Community Sector (VCS) role in Suicide Prevention – Case example, Recovery College Collective (Re Co-Co)**

11. Re Co-Co delivers groups, courses, activities, engagement work, training and research in and around mental health, interpreting mental health in a broad inclusive fashion thus acknowledging cross-overs with, amongst other things; drug and alcohol issues, dysfunctional family situations, poverty, learning disability and autism spectrum problems. Everything Re Co-Co does is guided, steered and delivered by people with direct lived experience of distress and complex needs.
12. Re Co-Co works in collaboration with mental health service providers and other organisations that share their aims, in an 'open source' and non-proprietary way, to provide a safe space where people can learn from each other and form connections and friendships which aid and sustain their recovery. This collaborative partnership working helps to make Re Co-Co more approachable and accessible rather than something deemed negatively as too clinical. Their overarching ethos is that mental health, be it good or bad, never sits separate to the rest of life or society, it is always multi-factorial, and much of what Re Co-Co does is as applicable for the general public as it is for those given severe and enduring mental health diagnoses.
13. Re Co-Co has a strong emphasis on social isolation and loneliness and work hardest with their students to develop their own real-world social networks, which are the strongest protective factors against suicide. They encourage this by, in simple terms by:
  - 13.1. Providing somewhere to go which is accepting and welcoming, a safe space
  - 13.2. Something to do. Yes, mental health groups and courses, but just as importantly, activities and groups that develop skills, interests and hobbies, things that they find meaningful. Some people achieve this with peer support from those who've been in similar situations, which is a well-proven way of imparting helpful information and providing relatable support.

- 13.3. Re Co-Co build from what's strong in people, what they like doing, what they're good at, rather than unhelpfully overemphasising what's wrong. Many students come in a position of need or distress, but go on themselves to become facilitators, therapeutic enablers, with several progressing on to paid employment.
- 13.4. Provide specific courses to equip people with skills around dealing with crises, recognising stress, emotional regulation and coping techniques, plus content tailored to certain problems/diagnoses, such as self-harm, which is a very strong pointer to suicidal tendencies, personality "disorders", or drug/alcohol abuse.
- 13.5. Re Co-Co share training in these courses (train the trainers) to interested partner organisations and agencies. They've recently appointed some part-time benefits and human rights advisers, are exploring further work to address poverty and food poverty and maintain a campaigning/policy/awareness side to their work which includes being the local Time to Change anti-stigma hub, including suicide prevention at local and regional levels. The core ethos in all the general and the specific activities is quite simple, it's about developing community and a sense for people that they **do** belong, they **are** worthwhile, and that help **is** available, from people who've been in the **same** boat.
- 13.6. So, in conclusion, Re Co-Co's biggest contribution may be described in terms of reconnecting people; with themselves, with others, with community and, in Saltwell park particularly, with nature.

### **Complementary Commissioned services through Newcastle Gateshead Clinical Commissioning Group (CCG)**

14. Urgent and Emergency Response (Mental Health up to 72 hours). The current provision of **Psychiatric Liaison Teams** in Newcastle and Gateshead is to provide timely assessment, effective intervention and appropriate onward referral and sign-posting for people over the age of 16 who present to Acute services (inpatient wards and Emergency Departments) with mental health needs such as severe and enduring mental health conditions, self-harm, suicidality, medically unexplained conditions and mental ill-health commonly associated with old age, such as dementia and delirium

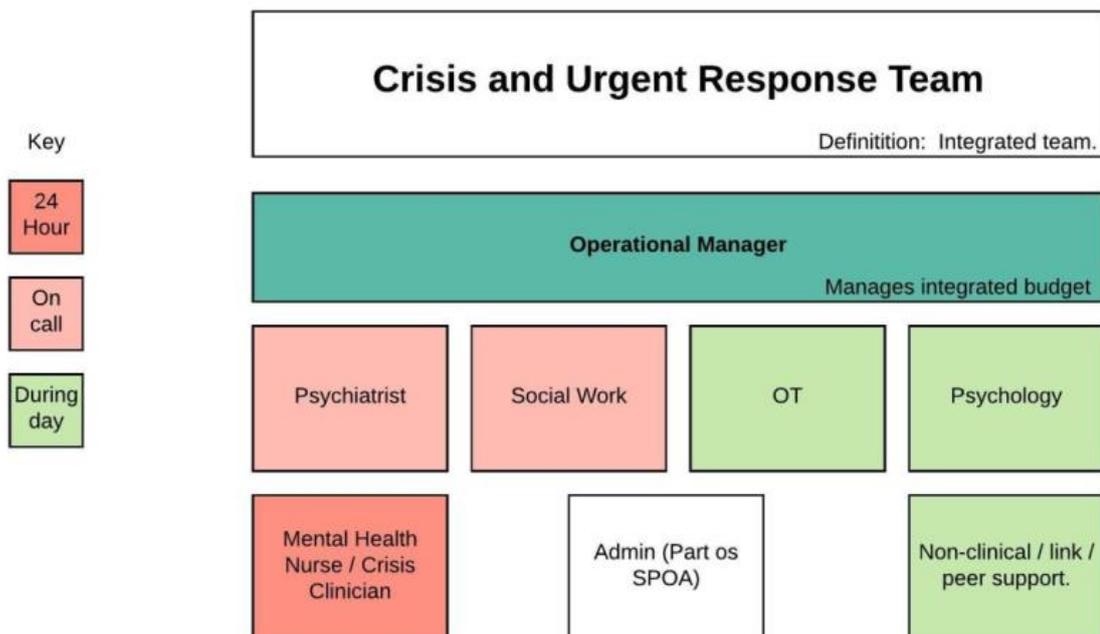
The Psychiatric Liaison Team will assess any patient over the age of 16 year and operates 24 hours a day, seven days per week, and 365 days per year.

15. **Intensive Community Treatment Service (ICTS)** provides safe, high quality care and treatment through a seamless Children and Adolescent Mental Health Service (CAMHS) pathway to children, young people (aged

0-18 years) and their families in need of highly responsive, enhanced, specialised community mental health services. The service delivers intensive home treatment, crisis intervention and community intervention packages that are designed to promote the recovery, well-being and stability of children, young people and their families. It provides a stepped care approach to care pathways that will bridge the gap between Getting More Help Services; Early Intervention in Psychosis and Tier 4 In-patient services in order to prevent inappropriate in-patient admissions. A stepped down care pathway to children, young people and their families is provided to ensure seamless transition to Local Community Services and to prevent relapse. A range of psychological therapies that are evidence based, suitable and acceptable to children, young people and their families are delivered.

16. Newcastle Gateshead **Crisis Home Treatment Team (CRHT)** offers an alternative to hospital admission wherever that is viable, irrespective of psychiatric diagnosis. CRHT teams also allow people to be discharged earlier from inpatient wards and receive treatment in their homes whilst still experiencing an acute phase of an illness or high-risk period. The purpose of all CRHTs are to increase the community-based options available for acute care/ treatment/intervention for service-users with acute mental health problems. CRHTs aim to provide evidence based individualised care and treatment.

17. As a result of the Deciding Together Delivering Together transformation programme the concept of a **Crisis and Urgent Response Team** as shown in the diagram below has been further developed.



NTW have recently restructured the Crisis service in Newcastle and Gateshead in order to ensure existing resources are designed around the needs of people in the locality. Access to the Crisis service in NTW is available 24 hours per day for people aged 16 years and over. All referrals are taken by Crisis Service staff via telephone.

### **Issues to Consider**

18. When considering the evidence outlined above the Committee may wish to consider the following:

18.1. The positive impact that Partnership working at a range of levels has in the delivery of preventative work into Gateshead.

19. An Interim Report of the evidence given over the four sessions to Care, Health and Wellbeing OSC will be presented to the Committee at their session on 04 March 2020.

### **Recommendations**

20. Overview and Scrutiny Committee is recommended to consider the contents of the report as part of their review of Suicide in Gateshead.

---

**Contact:** Alice Wiseman  
Director of Public Health, Ext: 277

This page is intentionally left blank

**TITLE OF REPORT:** Drug-related Deaths Update

**REPORT OF:** Alice Wiseman, Strategic Director of Public Health  
and Wellbeing

---

### **SUMMARY**

The purpose of this report is to give Overview and Scrutiny Committee an overview of drug-related deaths in Gateshead and the work that is being undertaken to tackle these.

The report will cover the following areas:

- Background
  - Overview of drug-related deaths
  - Gateshead's response to drug-related deaths
  - Recommendations
- 

### **BACKGROUND**

1. The Council is required, as one of the conditions of the Public Health Grant, to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.
2. The local provider of substance misuse services, commissioned by the Council, is the Gateshead Recovery Partnership (with Change Grow Live – CGL – as the lead provider), which comprises three elements:
  - **Clinical support service:** including prescribing, screening, interface with other clinical services (eg mental health) and clinical governance
  - **Treatment and care:** including keyworkers for all clients, to ensure coordinated care, psychosocial interventions, recovery coordination and safeguarding
  - **Recovery, abstinence and wellbeing:** including relapse prevention, support networks, housing, education, employment or training, and work to 'break the cycle' of addiction.
3. 2016-2018 saw a significant rise in the number of drug-related deaths (DRDs) in England, the North East and in Gateshead, with the North East having a notably higher rate of such deaths than all other English regions. This national trend began in 2012. Each life lost is a tragedy, with a profound and lasting impact on families and communities.
4. Preventing DRDs has always been a priority for the Council and its partners, and over recent years we have implemented new initiatives and ways of working which have helped save lives. This briefing will summarise the data for Gateshead and outline our response to the increase in deaths and how it

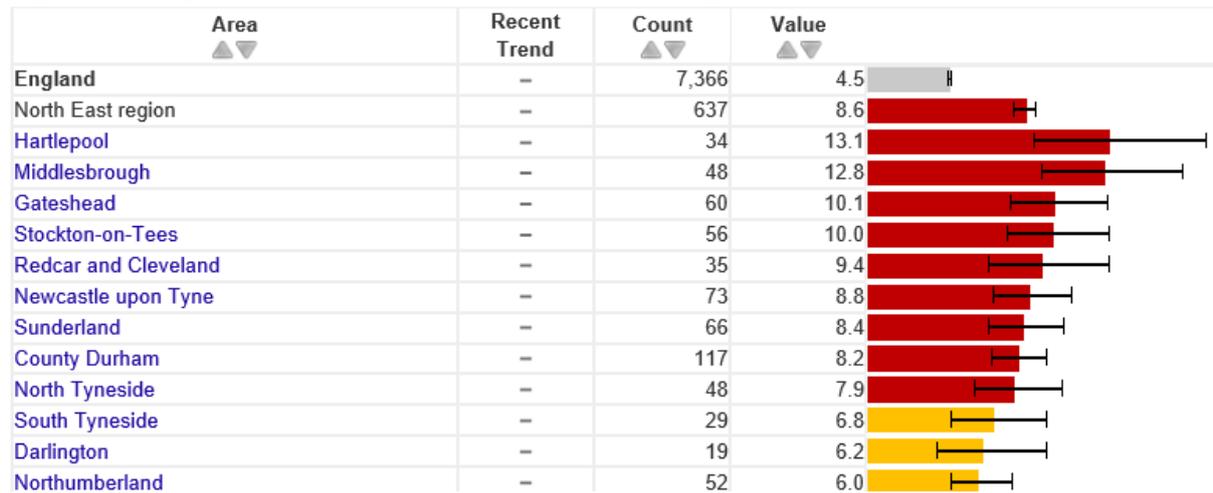
has informed service development and improvements aimed at reducing risk across the partnership.

- Note the definition of DRD only covers those deaths where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances are controlled under the Misuse of Drugs Act (1971) (this also includes Novel Psychoactive Substances). It does not include those individuals who may misuse drugs but die prematurely from physical health conditions or suicide.

## OVERVIEW OF DRUG-RELATED DEATHS

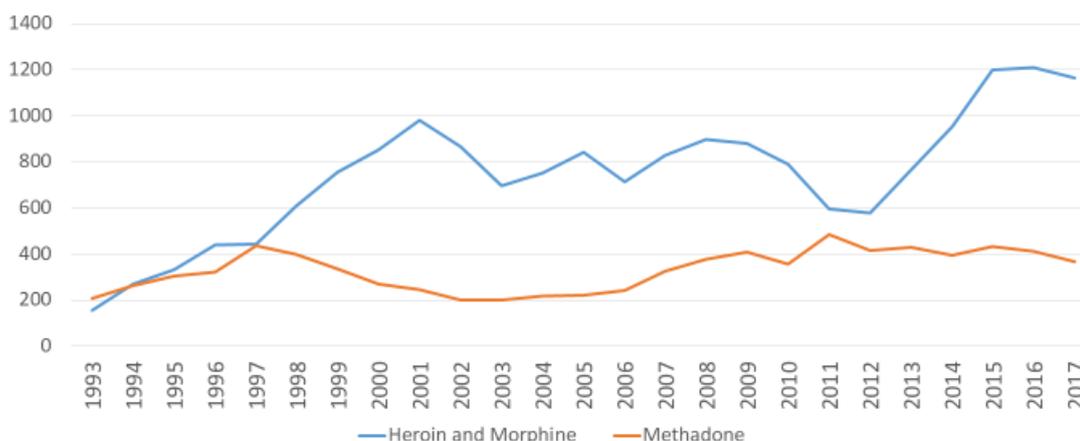
- In 2012, there were 6 DRDs in Gateshead. This figure increased steadily to 19 deaths in 2016, before falling back to 12 in 2017. However in 2018 there were 34 DRDs, and the provisional figure for 2019 is 25. These are our local figures based on notifications from the Coroner.

Figure 1: Drug-related deaths 2016-18 North East England



- The Office for National Statistics (ONS) publishes a standardised rate of deaths (per 100,000) from drug misuse for 3-year rolling periods. These figures are for deaths registered, rather than deaths occurring in, each calendar year. Recently released data give the rate of deaths for Gateshead in 2016-18 as 10.1 per 100,000 (see Figure 1). This was a 24.7% increase on the rate for 2015-17 and represents the highest ever recorded rate in Gateshead and the highest number of deaths.
- Figure 1 shows that the Gateshead DRD rate is higher than that for the North East, but the difference is not statistically significant. Furthermore, the Gateshead rate (and the North East rate) is significantly worse than the England rate of 4.5 per 100,000. Gateshead has the 5<sup>th</sup> highest rate of deaths of all local authorities in England.
- However, the increase in deaths experienced in Gateshead and the North East since 2012 has been seen across the country (see Figure 2).

Figure 2: Deaths from heroin and morphine, and methadone as of 2017 for England and Wales



10. There are many factors of significance in the increase. Firstly, heroin and other opioids are the most common substance involved in deaths, and since 2012 the availability of heroin has increased significantly: in 2017, opium cultivation in Afghanistan reached a record high. There has also been an increase in the supply and purity of cocaine (including crack), and a more complex mixture of substances is becoming available, often through the internet and highly organised criminal activity. The risks increase for individuals if they are using a cocktail of different drugs, including alcohol.
11. The age of those dying is also typically increasing, reflecting long-term use: health conditions such as respiratory and cardiovascular disease are common concerns amongst long-term users for example, and those suffering these physical problems are at greater risk of death if they overdose. The peak age for deaths nationally in 2017 was people in their 40s, although locally in 2019 the average age of death was 37 for both males and females.
12. Locally (and nationally), the majority of deaths are males. The data for 2019 show us that this trend is continuing with 76% of suspected local DRDs being male and 24% women.

## GATESHEAD'S RESPONSE TO DRUG-RELATED DEATHS

13. Public Health England recommends that a confidential inquiry should be undertaken following a DRD. In Gateshead this process is called a drug-related death review. The purpose of the review is to establish if there are any lessons to be learned from the circumstances of the case about the way in which we all work together with those who misuse drugs, to identify emerging themes and trends and to improve practice by acting on that learning. In response to the increasing levels of DRDs, our review process was updated in 2018, with the group (which is led by Public Health) meeting much more frequently to ensure reviews are completed and the learning acted upon in a

timely manner. Each year we publish an annual report on DRDs which is presented to the Health & Wellbeing, Community Safety and Local Safeguarding Adults Boards, highlighting common factors in local deaths, our learning from those deaths and the action we have taken.

14. Although we have reduced our expenditure on substance misuse since 2013, a lot of this has been achieved through redesign and integration of different elements into a single holistic service. In 2018, partly in response to the learning from DRDs, Gateshead Council reviewed and recommissioned the local substance misuse service, developing the new Gateshead Recovery Partnership model. Whilst it is recognised that access to treatment reduces risk of drug related death, it cannot remove it completely.
15. Examples of actions based on learning points from individual deaths have included steps to achieve closer working between the Gateshead Recovery Partnership and local mental health services, and with the safeguarding team, with a large safeguarding workshop being held in autumn 2019.
16. Naloxone (a product which reverses the effects of overdoses) is now made available to all heroin/opiate users, as well as carers, family members, and some staff groups, and has prevented a number of deaths. Training sessions on harm reduction and overdose awareness have increased.
17. Locally, we look holistically at addressing the harm caused by substances and have excellent relationships with Northumbria Police who help disrupt and tackle supply. Through the Community Safety Board, we have recently established the Central Drugs Alliance with the police, Newcastle Council and treatment services, to work together to share valuable information and disrupt supply.
18. In recognition of the contributory respiratory health factors that can lead to an individual being more susceptible to DRD, there have been developments within the substance misuse service. This year, for the first time, the service was able to administer flu vaccinations alongside treatment appointments for its service users. Service users also have access to an in-house Stop Smoking Service and progress is being made to deliver a respiratory screening service from the Gateshead Recovery Partnership base at Jackson Street.
19. Cocaine and crack users are less likely to be engaged with substance misuse services as they are often seen as being less harmful (eg cocaine is widely used as a recreational drug), so the increasing number of deaths featuring these substances requires a different approach. We have had discussions with regional colleagues about the joint delivery of a cocaine campaign to highlight the risks from its use.
20. The Public Health team is linking in with Newcastle University who are leading on a peer research study into DRD and Multiple & Complex Need. The research is at a final stage and the findings will inform our ongoing approach to reducing risk.

21. Public Health England have developed a self-assessment toolkit on DRDs. This is currently being completed alongside Gateshead Recovery Partnership, with input from service users. If any areas of development are identified these will be addressed.

22. A Members Seminar on Drug Related Deaths was held in December 2019 where further information was shared on local DRDs and the actions we are taking to address them.

## **RECOMMENDATIONS**

23. The committee is asked to note the contents of this report and consider the progress to date in tackling drug-related deaths in Gateshead.

**Contact: Gerald Tompkins, Consultant in Public Health and Service Director Health & Wellbeing, x2914**

---

This page is intentionally left blank



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

**REPORT OF: Caroline O’Neill, Strategic Director, Children, Adults and Families**

---

**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 April to September 2019.

---

**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 2019/20 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the work of the HWB.
3. This report provides an update on the work of the HWB for the period 1 April 2019 to 30 September 2019. A second progress update covering the period 1 October 2019 to 31 March 2020 will be brought to OSC on 21<sup>st</sup> April 2020.

**Gateshead Health & Wellbeing Board – Progress Update April to September 2019**

4. The following update highlights key issues considered by the HWB and progress made since the previous update to Care, Health & Wellbeing OSC.

**Health & Wellbeing Strategy Refresh**

5. The Board reflected on the next steps in refreshing our Health & Wellbeing Strategy following the ‘Thriving in Gateshead’ workshop that was held in January 2019 which had input from Sir Michael Marmot. Consistent with both Gateshead’s Thrive and Marmot agenda, the Board agreed that the

working title of the new strategy would be along the lines of ‘jobs, homes, health and friends’.

6. The Board agreed that the strategy would have a specific focus on the social determinants of health and wellbeing and would set out our approach to help deliver the five pledges of the Thrive agenda.
7. To ensure people and stakeholders have sufficient opportunity to shape, and subsequently own the strategy, several phases were identified as part of its development. It was also noted that a steering group had been established which included a wide range of stakeholders with strong links to all key groups.
8. It was agreed that a key focus of the next stage of work would be engagement with Councillors, partner organisations, residents and the voluntary and community sector. It was also confirmed that the final strategy would come back to the Board for approval before action planning takes place to take forward its implementation.
9. An update on the refresh of the strategy was provided to OSC at its last meeting on 10<sup>th</sup> December.

### **Integrating Health and Care in Gateshead**

10. The Board considered updates from Gateshead Health & Care System leaders on their work to integrate health and care services for the benefit of local people.
11. A summary of key successes was highlighted noting that a framework has been put in place for the Gateshead Health Care System through a Memorandum of Understanding and supporting Terms of Reference. It was also noted that there is an increased awareness of our respective challenges, including the challenges faced by providers.
12. It was reported that there has been significant commitment from partners as evidenced by regular meetings to maintain momentum. A summary of an agreed programme of work was also provided including three priority areas (Children and Young People’s Health and Wellbeing; Frailty; and People with Multiple and Complex Needs) and a number of key transformation programmes.
13. It was also reported that the System is seeking to develop relationships with new Primary Care Networks and to look at ways in which they can be supported.
14. An overview of areas for further development was provided to the Board including:
  - Infrastructure development
  - Budgetary and planning arrangements

- Cultural change across the system
- Embedding prevention in ways of working

15. The Board endorsed and commended the work and the direction of travel being pursued.

### **Early Help Service**

16. The Board received an update on the Targeted Family Support function of the Early Help Service.

17. The Early Help Service (Targeted Family Support) was introduced in October 2017 to provide a Tier 2 family intervention service to vulnerable families in the borough experiencing difficulties with children's behaviour, domestic routines, home conditions, managing a low income and ensuring that the family has access to the right services.

18. It was reported that a total of 2,615 children were referred to Targeted Family Support between October 2017 and February 2019 with a total of 1,837 children being allocated for a family intervention service. It was noted that the service continues to achieve sustained change within families as only 6% of all case closures are referred to Tier 3 services within 6 months of closure to Early Help.

19. The service continues to develop new and innovative areas of practice, including Gateshead leading a group of 10 regional local authorities in delivering a programme on reducing parental conflict.

20. It was also reported that a refreshed Gateshead Early Help Strategy is placing greater emphasis on Early Help as being "everyone's business" to broaden partnership responsibility for delivering timely and effective support to families.

### **Transforming Care: Older Persons Care Home Model**

21. The Board considered the current Older Persons Care Home (OPCH) model in Gateshead along with recommendations to transform the way services are delivered and contracted in the future.

22. The Board noted that the case for change arose from the need to tackle the challenges faced in the social care market whereby the existing contracting model is outdated.

23. An overview of key findings following a market analysis was summarised. It was noted that there continues to be an oversupply in the market with 9% vacancies - the main oversupply being in the East of the borough.

24. It was reported that the main conclusion from the data analysis is that there are a small number of care homes in Gateshead dealing with patients with the most complex needs.

25. The Board were advised that the care home sector has acknowledged that a different approach is needed to meet the challenges across the system. It was felt that the current contract model is no longer fit for purpose and that with an aging population, more people will require health and social care support in the years to come.
26. The Board was also provided with an overview of the benefits of a new integrated model, including the scope to improve quality and secure a more sustainable market. The Board was advised that a consultation period was underway which involved senior management across the local authority and CCG. Further updates will be brought to the Board as this work progresses.

### **Development of Primary Care Networks in Gateshead**

27. The Board received a presentation on Primary Care Networks (PCNs) and the local vision for primary care. It was reported that PCNs are formed from groups of practices covering 30-50,000 patients working together. Each network has a Clinical Director and a board made up of member practices with co-opted members from community service providers and other organisations.
28. The aims of the Networks were identified as:
- To bring care closer to the community and connecting the local primary care team.
  - To focus services around local communities and local GP practices to help rebuild and reconnect the primary healthcare team across the area they cover.
  - To improve health and save lives.
  - To improve the quality of care for people with multiple morbidities.
  - To help to make the NHS more sustainable.
  - To increase integration between practices, increase resilience, tackle variation in primary care, expand the primary care workforce, and increase investment into primary care.
29. The Board were informed of the steps taken to form PCNs in Gateshead which came into operation in July 2019 offering extended hours across the network and overseeing recruitment to shared posts (initially social prescriber and pharmacist). It was reported that PCNs would then start working to deliver identified network priorities.
30. The Board also received information on the clinical priorities set by NHS England for the Networks, funding arrangements and how networks would be configured in Gateshead. In addition, proposed links with the Gateshead Health & Care System and other geographies were discussed.

## **Healthwatch Gateshead – Update on Priorities and Research Work**

31. The Board received a report and presentation from Healthwatch Gateshead on its work over the previous year and emerging priorities for 2019/20.
32. It was reported that its work on Continuing Health Care (CHC) identified recommendations covering such areas as information provision; hospital discharge and the CHC process; quality assurance; feedback from patients and their carers; and children in transition to adulthood. This was also the subject of a report to OSC on 29<sup>th</sup> October 2019 and is an agenda item for its meeting on 28<sup>th</sup> January 2020.
33. The findings of research undertaken on the impacts of reduced funding for adult social care in Gateshead was also reported to the Board.
34. Healthwatch Gateshead's emerging priorities for 2019/20 were reported to the Board and following its annual conference in April 2019 were confirmed as – supporting effective GP patient participation groups; and adult social care direct.

## **Assurance / Performance Management**

35. The following items were considered by the HWB as part of its assurance role.
36. *Safeguarding Adults & Children*  
The Board considered the annual report and plans produced by the Local Safeguarding Children Board (LSCB) and the Safeguarding Adults Board (SAB).

The *Local Safeguarding Children Board (LSCB) Annual Report 2018-19* set out details of developments to safeguard and promote the welfare of children in the borough. Key areas included developing an early help strategy and work at a regional level, developing tools and processes – performance datasets, quality assurance frameworks, policies & procedures, training, and practice review arrangements.

It was reported that the number of children on child protection plans have decreased, as have numbers of children in care. The timeliness of assessments and conferences remains high. A major focus of work during 2018-2019 has been around developing new multi-agency safeguarding arrangements (MASA) and safeguarding plan.

It was also reported that some streamlining is proposed to the current arrangements, with greater integration between the children and adult boards. During the course of 2019-20, further work will be completed on integrating functions across the Northumbria footprint, and a wider structure review will be undertaken in the spring of 2020. It is envisaged that in September 2020 new arrangements will be introduced.

The *Safeguarding Adults Board (SAB)* Annual Report for 2018/19 provided an overview of the SAB structure, governance and scrutiny arrangements and performance information. A summary of key achievements was also provided for information.

It was reported to the Board that the SAB Strategic Plan 2019-24 was developed following a period of consultation which confirmed that the five SAB strategic priorities that had been in place since 2016 remained fit for purpose for 2019-24:

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

It was noted that each strategic priority is accompanied by a series of key actions that the SAB are committing to deliver during the five-year period.

#### 37. *Better Care Fund:*

The Board considered and endorsed the final quarterly return to NHS England for 2018/19. The return focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators – non-elective admissions to hospital, permanent admissions to residential care, reablement, and delayed transfers of care.

The Board also received a report on the BCF submission requirements for 2019-20 and arrangements for developing Gateshead's submission.

#### **Other Issues**

#### 38. Other issues considered by the HWB included:

*Air Quality Update* – the Board received an update on air quality in Gateshead which set out details of the sources of air pollution and its impact on people's health and wellbeing. Details were also provided of measures being taken to address air quality and the importance of continuing to make the case for change to local people, our workforce, partner organisations and local businesses.

*Climate Change Motion* – Details of a motion passed by full Council in May 2019 to declare a Climate Emergency was brought to the attention of the Board. The support of partner organisations was sought to make the Gateshead area carbon neutral by 2030. It was reported that the Council will support and work with agencies towards this end and Board members were asked to report back to the Board at a future meeting on the work their organisations are doing to reduce their carbon footprints.

*Deciding Together, Delivering Together* – the Board received an update on adult mental health services and partnership arrangements for taking this work forward.

*Achieving Change Together (ACT)* – the Board received an update on the work of the ACT Team which is developing a new, more dynamic, model of care for adults with a learning disability. It was reported that its vision is to achieve sustainable outcomes for Gateshead residents by promoting active, healthy, inclusive and independent lifestyles. Case studies were presented to illustrate the benefits of the new approach to individuals with learning disabilities, whilst also securing better value for money. It was noted that lessons learned would also be shared and good practice disseminated.

*CAMHS New Structure* – the Board received an update on the CAMHS new structure. It was reported that Northumberland, Tyne and Wear Foundation Trust (now Cumbria, Northumberland, Tyne and Wear Foundation Trust), as the lead provider, is leading work to transform the children and young people pathway across the Newcastle and Gateshead patch with a clear goal of moving more towards early intervention and prevention.

### **Recommendations**

39. The views of OSC are sought on:

- (i) the progress update on the work of Gateshead's Health & Wellbeing Board for the first six months of 2019/20 as set out in this report.

John Costello (Ext 2065)
--------------------------

This page is intentionally left blank

**TITLE OF REPORT:** Annual Work Programme

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

---

### Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2019/20.

---

1. The Committee's provisional work programme was endorsed at the meeting held on 23 April 2019 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

### Recommendations

3. The Committee is asked to
  - a) Note the provisional programme;
  - b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

This page is intentionally left blank

<b>Draft Care, Health &amp; Well-being OSC 2019/20</b>	
<b>25 June 19</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Constitution (<b>to note</b>)</li> <li>• Role and Remit (<b>to note</b>)</li> <li>• Making Gateshead a place where everyone thrives – Year End Assessment and Performance Delivery 2018-19</li> <li>• OSC Review of Suicide– Scoping Report</li> <li>• Implementation of Deciding Together – Progress Update</li> <li>• Diagnostic X Ray Services - Briefing</li> </ul>
<b>10 Sept 19</b> <b>5.30pm</b>	<ul style="list-style-type: none"> <li>• OSC Review of Suicide – Evidence Gathering</li> <li>• Social Services Annual Report on Complaints and Representations – Adults</li> <li>• Work Programme</li> </ul>
<b>29 Oct 19</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• OSC Review –Evidence Gathering</li> <li>• Annual Report of Local Adult Safeguarding Board and Business Plans</li> <li>• Monitoring OSC Review - Helping People to Stay at Home Safely</li> <li>• New O &amp; S Guidance</li> <li>• Gateshead Healthwatch Interim Report</li> <li>• Work programme</li> </ul>
<b>10 Dec 19</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• OSC Review – Evidence Gathering</li> <li>• Making Gateshead a place where everyone thrives – Six Monthly Assessment of Performance and Delivery 2019 -20</li> <li>• Health and Wellbeing Strategy Refresh</li> <li>• Proposed Practice Merger – Rawling Road</li> <li>• Work Programme</li> </ul>
<b>28 Jan 20</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• OSC Review – Evidence Gathering</li> <li>• Drug Related Deaths</li> <li>• Health &amp; Well-Being Board Progress Update</li> <li>• Continuing Healthcare Funding – CCG Update</li> <li>• <b><i>Proposed Expansion at Prudhoe Hospital</i></b></li> <li>• Work Programme</li> </ul>
<b>3 Mar 20</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• OSC Review – Interim Report</li> <li>• Gateshead Healthwatch</li> <li>• Support for Carers (Adults)</li> <li>• Work to Tackle Obesity – Progress Update</li> <li>• Work Programme</li> </ul>
<b>21 April 20</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• OSC Review of Suicide–Final Report</li> <li>• Monitoring - OSC Review - Helping People to Stay at Home Safely</li> <li>• Health and Well-Being Board – Progress Update</li> <li>• Sepsis Prevention - Case Study</li> <li>• OSC Work Programme Review</li> </ul>

Issues to slot in

- Universal Credit – Impact on Emotional Health and Wellbeing (possible joint meeting with other OSCs)
- Deciding Together Delivering Together – Progress Updates / 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
- ICS Updates - as appropriate.
- ***Green Paper on Adult Social Care -Council Response***