



## **GATESHEAD HEALTH AND WELLBEING BOARD AGENDA**

**Friday, 16 July 2021 at 9.00 am in the Council Chamber - Civic Centre**

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From the Chief Executive, Sheena Ramsey

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Item Business

**1 Apologies for Absence**

**2 Minutes** (Pages 3 - 10)

The minutes of the business meeting held on 11<sup>th</sup> June 2021 and Action List are attached for approval.

**3 Declarations of Interest**

Members of the Board to declare an interest in any particular agenda item.

**Items for Discussion**

**4 Gateshead Integrated Team Working - Joint Presentation led by Lynn Wilson**

**5 Gateshead Health & Care System Update - Mark Dornan / All**

**6 Review of the Role and Membership of the Health & Wellbeing Board: Part 2 Discussion - Alice Wiseman** (Pages 11 - 16)

**7 Covid-19 Response Update and Assessment of its impact on Communities - Alice Wiseman / Lynn Wilson** (Pages 17 - 28)

**8 Updates from Board Members**

**9 A.O.B.**

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**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**GATESHEAD HEALTH AND WELLBEING BOARD MEETING**

**Friday, 11 June 2021**

**PRESENT:**

Councillor Lynne Caffrey	Gateshead Council (Chair)
Councillor Leigh Kirton	Gateshead Council
Councillor Gary Haley	Gateshead Council
Councillor Michael McNestry	Gateshead Council
Caroline O'Neill	Care Wellbeing and Learning
Dr Mark Dornan	Newcastle Gateshead CCG
Alice Wiseman	Gateshead Council
Lisa Goodwin	Connected Voice
Siobhan O'Neill	Healthwatch
Steven Thomas	TWFR

**IN ATTENDANCE:**

John Costello	Gateshead Council
Lynn Wilson	Gateshead Council/CCG
Steph Downey	Gateshead Council
	NHS
	GP Federation

**HW260 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Bernadette Oliphant, Cllr Martin Gannon, Cllr Paul Foy, Cllr Susan Craig, Andrew Beeby James Duncan, Jo Corrigan and Mark Adams.

**HW261 MINUTES**

The minutes of the last meeting held on 23 April 2021 were agreed as a correct record.

The Board also received an update on items contained within the Action List; it was noted that the recommendations from the Director of Public Health's Annual Report would be fed into the Board's Forward Plan. It was also reported that the update on Homelessness and Rough Sleeping would come to the Board at the September 2021 meeting.

**HW262 DECLARATIONS OF INTEREST**

RESOLVED:

- (i) There were no declarations of interest.

The Board received a verbal update and presentation with an update on the local Covid-19 response and vaccine rollout.

It was noted that there has been a slow rise in cases since 2 June 2021 with 130 cases reported in the last 7 days. The Board were also advised that there had been a strong uptake in testing and vaccination; it was highlighted that 74.0% of the adult population had now received a first dose of a vaccine.

The Board were then presented with a summary of positive cases which showed that the average age of those testing positive for Covid-19 was 42. Data was also presented across a range of other age-groups in addition to data on negative test results.

A summary of regional communication campaigns was provided; from the update the Board noted that the "Every Question Matters" campaign is to launch on Monday 14 June to promote vaccine uptake and address common concerns. The Board were also provided with an overview of the Covid Junior Champions Programme, a partnership between Gateshead Public Health and Edberts House.

The Board agreed that it was important that the vaccine rollout continues at pace; concern was noted that there are some supply issues which are causing some problems for Gateshead. The Board also discussed the importance of all eligible adults booking their second dose of the vaccine as soon as they can.

A discussion took place on the potential of booster vaccinations in the Autumn/Winter; it was suggested by officers that a local approach to the vaccine rollout works best and that this has been proven in Gateshead. It was asked whether it was important to receive the same vaccine as a booster than what had been given as part of the initial vaccination phase. It was confirmed that a different vaccine can be given as a booster and that this may even improve protection against serious illness.

The Board noted that there was a growing prevalence of positive cases amongst the younger population and school-age children, those most likely to be socialising and those most likely to have not been vaccinated yet. Concern was noted that the long-term physical health impact of Covid-19 is not yet known. It was also noted that the pandemic and the various lockdowns and restrictions have had a severe impact on the mental health of young people. The Board were advised that a report on the impact of Covid on disadvantaged areas would be presented at the next meeting.

It was asked whether there was capacity within the system to have a vaccination programme within schools to encourage vaccination uptake in more deprived areas. It was highlighted that sites close to schools are being looked at. A discussion also took place on the pandemic and how it has exacerbated inequalities across Gateshead.

It was agreed that the primary care workforce, working with partners across the system in Gateshead have done some amazing work throughout the pandemic.

RESOLVED:

- (i) The Board noted the update within the presentation.
- (ii) The Board agreed to receive a report on the impact of Covid on disadvantaged areas at the next meeting.

**HW264a** Gateshead System Working - Lynn Wilson / All (Presentation)

The Board received a verbal update noting that partners across the system have been working closely on matters such as delayed transfer of care and the discharge to assess model. It was noted that there has also been a number of joint appointments across the CCG and the local authority.

The Board were provided with an overview of the 'Integrated Gateshead Team' in addition to a summary of the strategic plans for 2021 and beyond. It was noted that a planned approach was needed as we come out of the pandemic where services have largely been 'fire-fighting'. The Board also noted an update on clinical leadership and the prevention agenda.

It was highlighted that there is to be a review of children's speech and language therapy services and that work is ongoing with the integrated commissioning team. The Board also agreed to receive an update on services for older people and family drug and alcohol services at a future meeting.

The Board welcomed the update and agreed that there was a lot of positive action taking place. Concern was noted that the demand on local authority children's services showed no sign of slowing down. It was also noted that the community and voluntary sector are keen to play an active part in taking forward work on the transformation of community mental health services.

It was reported that there are three strands of work within the CCG being prioritised, these are:

- Delivering the health and wellbeing vision
- Evolving arrangements linked to Gateshead Place
- Covid recovery

It was further noted that demand for A&E services is high and that a 'talk before you walk' campaign is being promoted to encourage the use of NHS 111. The Board also noted comments that NHS 111 had some issues in responding to demand. The Board were advised that GP services continue to face unprecedented demand.

The Board were also advised of the 'Be Kind' campaign, the Board were encouraged to view a clip from the campaign available on online.

RESOLVED:

- (i) The Board noted the updates and it was agreed that it would receive a presentation from the Integrated Gateshead Team at its next meeting.

**HW264b** Gateshead Health & Care System Update - Mark Dornan / All

RESOLVED:

- (i) The Board noted the update from the Gateshead Health & Care System (Gateshead Cares).

**HW265 REVIEW OF MEMBERSHIP OF THE HEALTH & WELLBEING BOARD - ALICE WISEMAN**

The Board received a report to seek initial views on a review of the Health & Wellbeing Board membership so that the Board is best placed to take forward the key aims of the Health & Wellbeing Strategy and the recommendations of the DPH 2020 annual report on inequalities in Gateshead.

It was reported that securing the right balance of membership was important in order to enable the Board to focus on areas linked to the wider determinants of health such as housing, economy and creating sustainable and resilient communities.

The Board agreed that a 'primacy of place' approach to initiatives and services was important, it was noted that the new Strategic Housing Board for Gateshead would be tackling issues that also feed into the Health & Wellbeing Strategy. It was noted that it is important that the lines are not blurred with other strategic boards and that priorities must be clear.

A discussion took place on prospective changes to the Board's membership and potential options.

RESOLVED:

- (i) The Board considered the issues set out within the report and agreed to review its membership so that it is best placed to take forward key priorities.
- (ii) The Board agreed to receive a further update on proposed membership at the next meeting.

**HW266 BCF 2020/21: END OF YEAR TEMPLATE RETURN TO NHS ENGLAND - JOHN COSTELLO**

The Board received a report for endorsement to the Better Care Fund end of year return for 2020/21 that has been submitted to NHS England on 19<sup>th</sup> May 2021.

RESOLVED:

- (i) The Board retrospectively endorsed the Better Care Fund end of year return for 2020/21.

**HW267 NHS ENGLAND NOTIFICATION OF APPLICATION TO RELOCATE PREMISES: MD & AG BURDON LTD (WHICKHAM) - JOHN COSTELLO**

The Board received a copy of a letter regarding the application of MD & AG Burdon Ltd to move premises.

The Board noted the requested and had no objections.

RESOLVED:

- (i) The Board noted the application and letter.

**HW268 UPDATES FROM BOARD MEMBERS**

The Board noted that Gateshead Council is to host a SEND pilot as requested by Ofsted. It was reported that this request is seen as a compliment to services within the Council and that schools have been contacted to support with the pilot.

The Board also noted updates on works underway at the QE and the formation of a committee within the Citizens Advice Bureau.

RESOLVED:

- (i) The Board noted the updates.

**HW269 AGREE SUBSTANTIVE ITEMS FOR JULY AND SEPTEMBER BOARD MEETINGS**

RESOLVED:

- (i) Items for the July Board meeting were confirmed.

**HW270 AOB**

RESOLVED:

- (i) There was no other business.

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**GATESHEAD HEALTH AND WELLBEING BOARD  
ACTION LIST**

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Matters Arising from HWB meeting on 11<sup>th</sup> June 2021</b>			
<b>Covid-19 Response &amp; Vaccine Update</b>	To receive a report on the impact of Covid on disadvantaged areas	A Wiseman	On the agenda of the 16 <sup>th</sup> July Board meeting
<b>Gateshead System Working</b>	To receive a presentation from the Integrated Gateshead Team at the Board's next meeting	L Wilson	On the agenda of the 16 <sup>th</sup> July Board meeting
<b>Review of Membership of the Health &amp; Wellbeing Board</b>	To receive a further update on proposed membership at the next meeting	A Wiseman and J Costello	On the agenda of the 16 <sup>th</sup> July Board meeting
<b>Matters Arising from HWB meeting on 24<sup>th</sup> April 2021</b>			
<b>Taking forward recommendations from the Director of Public Health's Annual Report 2020</b>	To consider at a future Board meeting on how the recommendations of the report can best be addressed through the Forward Plan.	A Wiseman	To feed into the Board's Forward Plan
<b>Matters Arising from HWB meeting on 22<sup>nd</sup> January 2021</b>			
<b>Homelessness / Rough Sleeping Update</b>	To receive a substantive update on the development of a strategy at a future meeting	K Scarlett	To come to the Board in September

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Matters Arising from HWB meeting on 11<sup>th</sup> December 2020</b>			
<b>Addressing Poverty in Gateshead: An Overview</b>	To provide the Board with an update on work being done within the community and voluntary sector at a future meeting	A Dunn & L Goodwin	To feed into the Board's Forward Plan
<b>Older Persons Care Home Model</b>	To bring back an update on the progression of the model to a future Board meeting	B Norman	To feed into the Board's Forward Plan
<b>Matters Arising from HWB meeting on 6<sup>th</sup> March 2020</b>			
<b>Integrated Care Partnership (ICP) Suicide Prevention Developments</b>	The Board agreed to receive an update on the matter in 6 months.	I Miller	To feed into the Board's Forward Plan
<b>Matters Arising from HWB meeting on 17<sup>th</sup> January 2020</b>			
<b>Childhood Immunisations</b>	The Board to receive an update report in the summer (to include details of the immunisations programme for 2020/21).	R Chapman & F Neilson, NHS England	To feed into the Board's Forward Plan

**TITLE OF REPORT:            Role, Function and Membership of the Health & Wellbeing Board**

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## **Purpose of the Report**

1. To set out some options to inform follow-up discussions on the role, function and membership of the Health & Wellbeing Board so that it is best placed to take forward the key aims of our Health & Wellbeing Strategy and the recommendations of the DPH 2020 Annual Report on inequalities in Gateshead.

## **Background**

2. The Board considered at its last meeting on 11<sup>th</sup> June an initial report and position statement on a review of the Board's membership. It was noted that:
  - We should take the opportunity to reflect on the role and purpose of the Board to inform the review of its membership.
  - Although much of the Board's membership is defined by legislation, there is scope to add to its membership, recognising the need to think beyond health and care services in order to achieve health outcomes.
  - The Council's constitution states that the Board may itself appoint such additional persons to be members as it thinks appropriate (article 11.02). Appendix 1 sets out the Board's current membership.
  - Addressing the challenges set out in our Health & Wellbeing Strategy will require a more direct focus on the wider determinants of health and wellbeing as suggested by its title 'Good jobs, homes, health and friends'.
  - Addressing the recommendations of the DPH 2020 report on revisiting inequalities will require a specific focus on targeted support for our most disadvantaged citizens i.e. proportionate to need; a focus on creating well-being through our economic recovery work; and ensuring that health equity is central to our whole approach, working with local communities.
  - If the Board is to be well placed to address these challenges, we will need to broaden its membership accordingly.
  - In securing the right balance of membership going forward, there is a need to consider how the following areas of focus can best be represented:
    - housing

- economy
  - maximising household income
  - sustainable and resilient communities
- It will be important that there is clarity on the focus of the HWB in these areas that is distinct from that of other partnership boards such as the new Strategic Housing Board.
3. It was agreed that a further discussion would take place on these issues at its July Board meeting and that some options would be set out to inform these discussions.

### **Role and Function of the HWB**

4. The role and function of the HWB, as set out in the Council's constitution (see appendix 2) draws from its key statutory responsibilities set out in the Health & Social Care Act 2012:
- To assess the needs of the local population and lead the production of a joint strategic needs assessment (JSNA).
  - To produce a joint health and wellbeing strategy for its local population that reflects the JSNA.
  - To promote health and care integration, partnership working and support joint commissioning.
5. The Council's constitution also includes a role for the Board around ensuring the delivery of better health and wellbeing outcomes for children and adults, and to improve the quality of education and care as well as to ensure value for money.
6. Whilst these roles remain relevant today, it is now timely to consider strengthening the wording of the Board's remit to reflect its role going forward. In particular, there is an opportunity to include reference to the role of the Board in the following areas in response to the discussion at the June meeting:
- To provide strategic direction on the wider determinants of health in order to create the conditions where peoples' health and wellbeing is able to thrive.
  - To provide strategic direction on addressing inequalities across our local population through targeted support for our most disadvantaged citizens.
  - To promote equity of health and wellbeing, working with local communities and local partners.
  - To promote the primacy of place in health and care decision making so that it is as close to communities as possible, liaising with broader health and care geographies towards this end.
7. Finally, clarity will be needed on how the HWB will interface with other partnership boards such as the new Strategic Housing Board i.e. to avoid duplication of roles.

It will be important that the role and focus of the HWB is distinct from that of other partnership boards.

### **Review of the Board's Membership - Scenarios for Consideration**

8. In reviewing the Board's membership to enable it to best fulfill its roles and responsibilities, consideration could be given to the following scenarios, which are not mutually exclusive:

#### **Scenario 1:**

9. Maintain core membership of the Board as it is currently but add to its associate membership list.

*Given the clear focus of our Health & Wellbeing Strategy on the wider determinants of health and addressing inequality, this does not appear to go far enough in securing the required impetus to address key challenges presented by this agenda.*

#### **Scenario 2:**

10. Expand the core membership of the Board to cover the following areas of focus:
- housing (e.g. a representative could be nominated by the Strategic Housing Board);
  - economy (e.g. a representative that is active in fair employment /good work for all and/or community wealth building agenda);
  - maximising household income (e.g. a representative of Citizens Advice Bureau or similar organisation);
  - sustainable and resilient communities (e.g. a police representative or a representative of an organisation with a track record in building resilience within local communities).

*The inclusion of representatives covering some/ all of these areas would provide additional expertise to the Board and could help to facilitate a co-production approach to plans and initiatives at Place. This could also help to avoid a duplication of roles as representatives of these areas could support the interface between the HWB and other partnership boards as need be.*

#### **Scenario 3:**

11. Establish a broad reference group(s) of organisations that the Board can liaise with and draw upon in developing its response to key challenges linked to its areas of focus going forward.

*A broad reference group(s) arrangement would be inclusive and provide a flexible and adaptable approach is securing additional expertise and insight on issues linked to the wider determinants of health/ addressing inequalities etc. However, on its own, it may not provide the impetus needed to secure the step-change in approach and direction that the Board is seeking.*

**Scenario 4:**

12. A hybrid approach is adopted which would see the Board expand its membership to encompass some/ all of the additional areas set out in scenario 2 as well as putting in place a broader reference group(s) as set out under scenario 3 above.

*This arguably could provide the best of worlds, so to speak. On the one hand, an expanded Board membership to support its response to key challenges, supported by a wider reference group(s) to provide input to that response at key points as required.*

**Updating the Membership List**

13. Finally, the opportunity can also be taken to update the membership list of the Board e.g. by formally removing South Tyneside NHS FT from the list which reflects the current position in practice.

**Recommendations**

14. The Health and Wellbeing Board is asked to:
  - (i) Consider its future role and function as set out in this report.
  - (ii) Consider the scenarios set out in this report in coming to a view on its membership going forward.

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**Contact:** Alice Wiseman (0191) 433 2777 email: [alicewiseman@gateshead.gov.uk](mailto:alicewiseman@gateshead.gov.uk)  
and John Costello (0191) 43332065 email [johncostello@gateshead.gov.uk](mailto:johncostello@gateshead.gov.uk)

### **Membership of the HWB – Article 11.02 of the Council's Constitution**

The Health and Wellbeing Board will consist of 20 members as follows:-

- Eight councillors (including the Chair and Vice Chair)
- Strategic Director, Care Wellbeing and Learning
- Director of Public Health
- Two Gateshead clinical commissioning group representatives (the Chair or Assistant Chair of the Clinical Commissioning Group and one representative at Director level or equivalent)
- A representative of the NHS England
- A representative of the Local Healthwatch
- A representative of Gateshead Voluntary and Community Sector
- A representative of Gateshead NHS Foundation Trust
- A representative of South Tyneside NHS Foundation Trust
- A representative of Northumberland, Tyne and Wear NHS Foundation Trust
- A representative of Gateshead Federation of GP Practices
- A representative of Tyne and Wear Fire and Rescue Service
- Plus an Associate Member of the Board - Chair of the Local Safeguarding Children Board and Adult Safeguarding Board.

The councillors are nominated by the Leader of the Council who can also nominate himself.

The Council may appoint such other persons or representatives as it thinks appropriate having consulted the Health and Wellbeing Board.

The Health and Wellbeing Board may itself appoint such additional persons to be members of the Health and Wellbeing Board as it thinks appropriate.

### **Role and Function of the HWB - Article 11.03 of the Council's Constitution**

The Health and Wellbeing Board will have the following roles and functions:

- a) to lead on the production of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment;
- b) to lead on the production of a Joint Health and Wellbeing Strategy;
- c) for the purpose of advancing the health and wellbeing of children and adults in Gateshead, encourage integration in the provision of health, education and social care in its area;
- d) provide such advice, assistance or other support as the Health and Wellbeing Board considers appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 and the Children and Social Work Act 2017 in the provision of health and social care services;
- e) to encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board;
- f) to encourage persons who arrange for the provision of health, education and social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;
- g) provide an opinion to the Council on whether the Council is complying with its duty to have regard to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy;
- h) to exercise any other function that the Council requires the Health and Wellbeing Board to undertake on behalf of the Council; and
- i) to ensure the delivery of better health and wellbeing outcomes for children and adults, and improve the quality of education and care as well as to ensure value for money.



## **The Impact of COVID – Understanding the needs of Gateshead Communities – Baseline Assessment**

### **Introduction**

1. As part of our plan for recovery we need to understand what and where our communities' needs are. This paper is a first outline position statement on this.

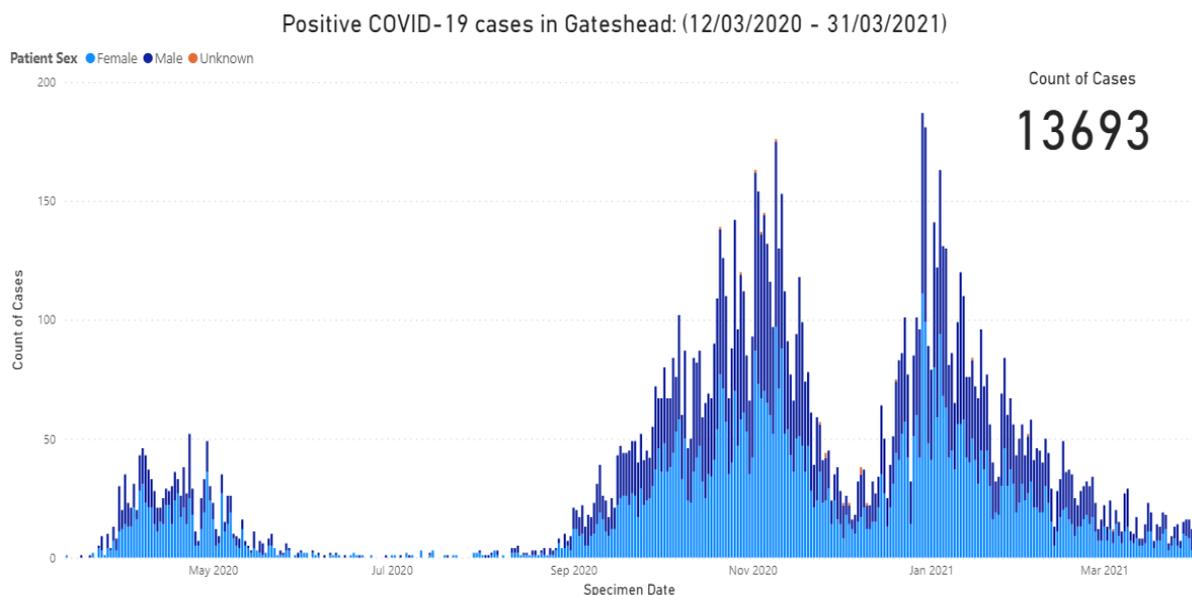
### **Context**

2. As set out in the Thrive Policy Framework and the Health and Wellbeing strategy, even before COVID almost a third of the local population were vulnerable and a similar level were just coping. The causes and consequences of poor health and wellbeing include:
  - Wider determinants: education, employment, housing, access to services;
  - Psychosocial factors: networks and self-confidence;
  - Behaviours: including smoking, alcohol consumption, diet and activity;
  - Health outcomes: obesity, high blood pressure, cancer, respiratory disease and anxiety/depression.
3. These consequences are not distributed equally leading to (and being a result of) inequalities.
4. At the start of 2020 in Gateshead we had seen our population's healthy life expectancy at birth slowing and in the case of female children, falling. Marmot says "the worsening of our health cannot be written off as the fault of individuals for living unhealthy lives. Their individual circumstances and poor life chances are to blame."
5. Austerity has taken its toll over the last 10 years. Analysis by the Human Rights commission in 2018 shows that, overall, changes to taxes, benefits, tax credits and Universal Credit (UC) announced since 2010 are regressive, and that the largest impacts are felt by those with lower incomes. Those in the bottom two deciles have lost, on average, approximately 10% of net income, with much smaller losses for those higher up the income distribution. Government funding for local authorities has fallen by an estimated 49.1% in real terms from 2010 to 2018. This equates to a 28.6% real-terms reduction in 'spending power', and one effect of this has been to reduce the capacity of the Council to respond to events such as the pandemic.
6. Poverty and health inequalities are placing an increasing demand on our services, so we need more than ever to focus our work and the money we have to spend, on what matters most. We want to help our communities not just survive, but to flourish, prosper and succeed.

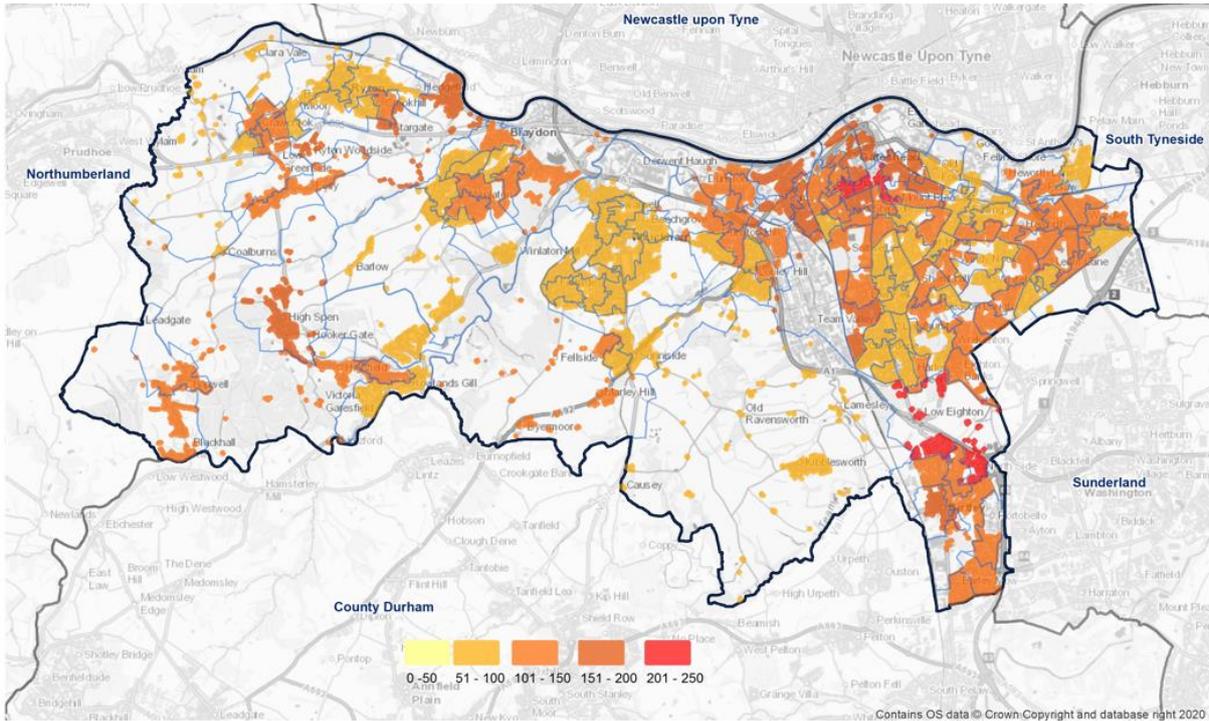
7. This report provides a cumulative summary of COVID-19 in Gateshead, before analysing its impact to date locally. It is based on data (although the hard evidence of impact remains limited as many relevant datasets will not be published for many months yet), the experiences and views of Council staff who have been involved in the response to COVID, and stories illustrating the experience of local residents.
8. This analysis is built around the **Health and Wellbeing strategy themes** and is followed by suggestions of key issues the Council may need to focus on as we lead the recovery in Gateshead.

### **COVID in Gateshead**

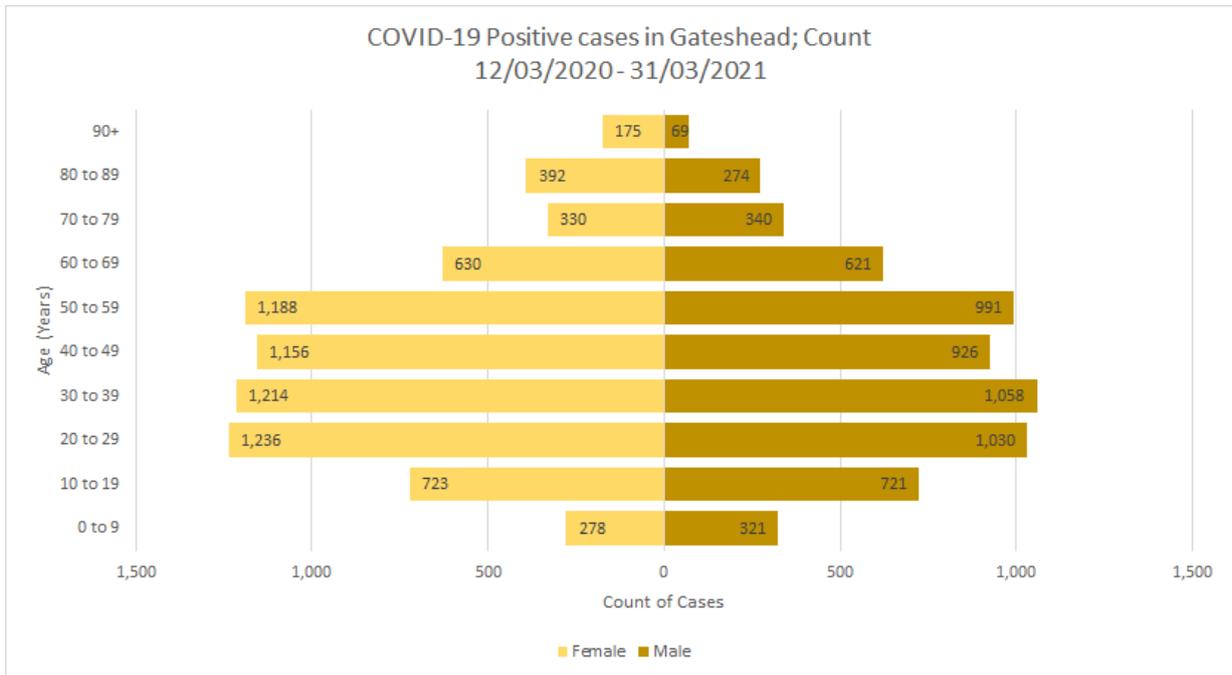
9. By the end of March 2021, there had been 13693 confirmed cases of COVID in Gateshead. With a cumulative rate of 6770 per 100,000 Gateshead was marginally lower than the Northeast (7134 per 100,000) but higher than the National rate of 6393 per 100,000. Cases in Gateshead peaked in spring and autumn 2020, and early 2021 with a high of 187 cases recorded in a single day, a pattern mirroring both regional and national trends. Testing capacity was very limited during the first peak so undoubtedly cases will have been significantly under-reported during that initial phase.



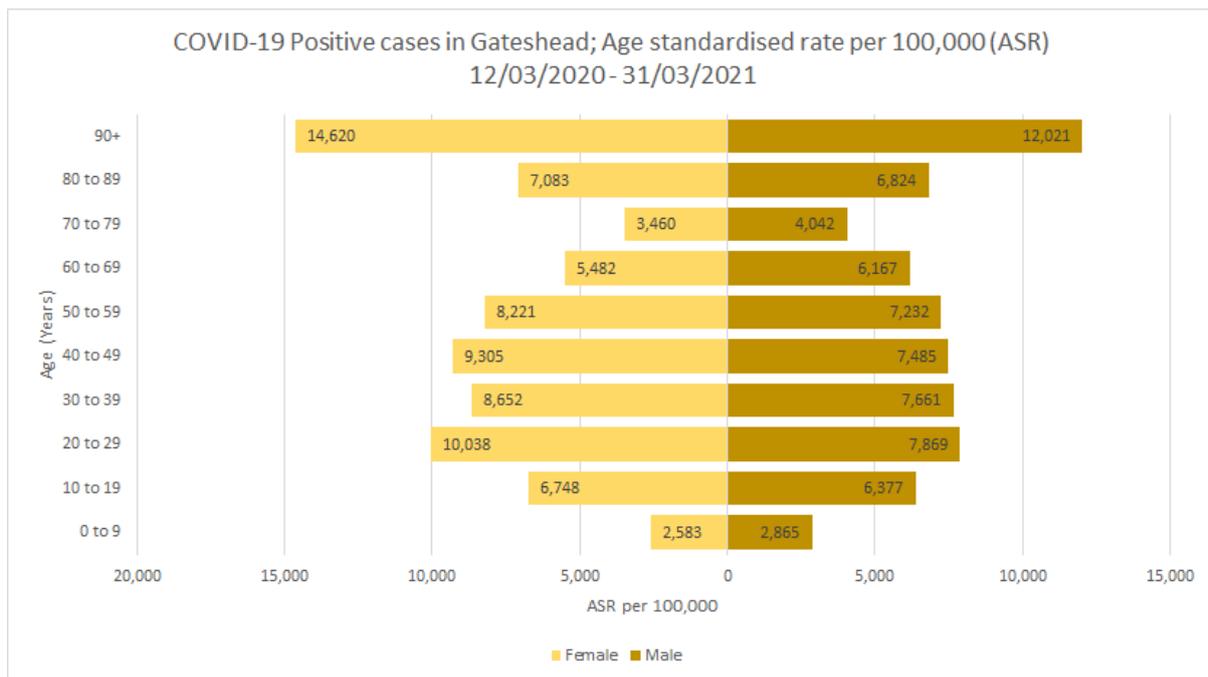
10. All areas of Gateshead have been affected, as shown by the map showing cumulative cases at the level of Local Super Output Areas



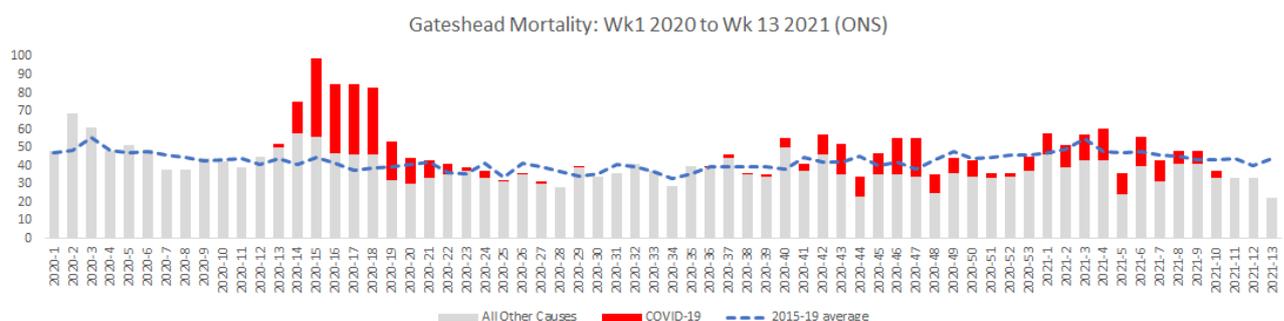
11. By contrast the impact for different age groups has varied significantly. The number of cases by age group is captured in the population pyramid below.



12. Overall the age distribution highlights that the proportion of the population who are most economically and socially active, i.e. 20–60-year-olds, carried the greatest burden of disease. Note the number of people in the older age groups is much smaller so the chart below shows the rates of cases by age bands.



13. The highest rates have been experienced by those aged 90+, and the lowest rates by those aged 70-79 and the 0-9's. The rates amongst the 80+ may reflect the impact of the first wave of the disease, not least in care homes. Low rates in those aged 0-9 reflects our understanding of the impact of the disease on children and young people. The comparatively low rates amongst 60-79 may be partly caused by the higher proportion of shielding in these age groups and may also suggest high levels of compliance with social distancing and other protective measures.
14. These rates are also influenced by the availability of testing, which initially was only available for those most seriously ill, before being gradually widened.
15. The pandemic had a huge impact on the local NHS and care services. By the end of March 2021 there had been with 1427 admissions of patients *with* COVID-19 to the Queen Elizabeth Hospital (note: not all these admissions were *due to* COVID), and 84 outbreaks in care homes.
16. In total, by 2nd April 2021 COVID-19 was responsible for 496 deaths locally, with significant excess mortality being experienced in spring 2020. The majority of these deaths occurred in care homes or hospital.



17. More positively, roll-out of the vaccination programme began in late 2020 and by 31 March 21 94,433 Gateshead residents had received their first dose, with 16,009 also having received their second dose.

### **Impact of COVID-19 in Gateshead**

**Give every child the best start in life, with a focus on conception to age two  
and**

**Enable all children, young people and adults to maximise their capabilities and have control over their lives**

18. Large numbers of children live in families where poverty is ever-present. Over 4,000 families (over 7,000 children) received winter grant payments, to help with essentials such as food and utilities.
19. COVID increased the stressors on families through factors including the lack of access to social networks, financial pressure and the disruption of routines. The data on the impact of the pandemic on children's services highlights the very real difficulties experienced by many families. We have seen a large increase in the number of families needing support:
- early help services are supporting more than 100 more children (a rise of 17%),
  - there are 10% more children identified as Children In Need,
  - the number of children and young people aged 0-25 years with an Education, Health and Care Plan in Gateshead at the end of September 2020 had increased to 1430 (10% increase)
  - more children are subject to Interim and Full Care Orders (13% increase)
  - more children than ever were looked after in Gateshead, reaching a peak of 454.
20. One specific area to highlight is domestic abuse, where there was a significant increase in the number of referrals following the ease of government restrictions - for example in June 2020 there was a 63% increase in referrals.

Case study: A and B

*A and B had been known to Children's Services for several years before moving into foster care. Both children had witnessed domestic abuse between their mother and her partners and mother also had a long history of alcohol abuse. For a period the children went to live with their father, however this could not be sustained as father was not able to care for the children safely.*

*Prior to the first national lockdown in March 2020, A and B were seeing their parents 4 times a week face to face (court directed). Whilst the children enjoyed spending time with parents, they were tired and often exhausted during and after this family time. In response to the national restrictions the contacts needed to be reduced to 1 time per week and it was quickly noted that A and B's behaviour became more settled following family time by both their social worker and the children's family. Feedback during a recent survey of family time also highlighted that the children had benefited from this change and B scored himself a 9 (out of 10) as being happy during his family time (this score was 5 prior to the reduced levels of contact).*

21. There has been considerable debate nationally over the impact of COVID on children's learning, with concern over the potential for its causing increased inequalities in development and attainment. However, there is no data at present to give us local evidence either way on the reality of this. By the summer we may have more understanding of this, and of any emerging patterns in differences in attendance. However, we expect that in addition to learning issues, schools will need also to address the mental health and wellbeing needs of children and promote physical activity. Additional national funding is being made available for focussed work on children and young people's Mental Health.
22. Time out of school can increase children's anxieties and their vulnerability through lack of contact with friends and trusted adults. As well as the safeguarding risks this presents, we are seeing rising demand for support with emotional health and wellbeing amongst 5 – 19 year-olds.

**Create fair employment and good work for all**

***and***

**Ensure a healthy standard of living for all**

23. Prior to the pandemic, Gateshead already experienced high levels of poverty with (in 'Thrive' terms) around 60% of households being vulnerable or just coping. We can expect the pandemic to have increased these levels further.
24. The full extent of the impact of COVID on the local economy is not yet known, but it is clear it has been severe, with a reduction in turnover for almost all local businesses, many of whom went into lockdown with cash reserves to last 6 months or less, and a small proportion having none. Costs rose for many, and investment has slowed, weakening productivity in the short to medium-term. Half of local businesses (based on survey data) had no plans to invest in workforce development, and almost 75% are reluctant to hire new apprentices, yet 40% report skills shortages.
25. There was a massive reduction in footfall in town and retail centres, which is now around half of that in the first six weeks of 2020. In Gateshead visitor numbers halved, with 12,000 job losses in hospitality, a 70% decline in turnover in the food & drink sector in the year, & hotel bookings for 2021 are at 7% of room availability.
26. The nature of work is changing with an increase in self-employment – but numbers of people moving into self-employment are outstripped by an increase in residents claiming Universal Credit (UC). At peak almost 10k self-employed residents applied for Self-employed Income Support.
27. Gross weekly pay for all employee jobs fell by 3.6% in 2020 to £419, which is £63.90 lower than the English average, signifying widening wage inequality. More than a third of the workforce has been furloughed & 72% of residents surveyed aged 18-49 have no savings or investments to cushion a fall in income. Almost 42,000 households in the borough earn less than £25k/year, and at £27,633, Gateshead's annual median income is £1,967 lower than the national average.
28. From March 2020 to December 2020 the number of Universal Credit (UC) claimants rose by 60% to 9365 – our rate now stands at 7.5%. Redundancies across the NE peaked at 14,000 people (Sept-Nov 20) – the highest level since 2009. By the end of 2020 the NE had the highest unemployment rate amongst the English regions (6.5%). The situation has been

particularly severe for young people, with the regional unemployment rate for 16-24yr olds standing at 14.6% and apprenticeships and training schemes also suffering. There was also a net increase in economic inactivity among 50-64-year-olds, suggesting older workers who have lost their job have left the labour market: between March and September there was also a rise in the number of Gateshead people who were long-term sick, from 9000 to 9700.

29. The steep rise in the numbers on UC corresponded to rising demand on CAB Gateshead for support with claims. CAB have also seen a large increase in employment-related enquiries, particularly related to pay, furlough and redundancy rights. Enquiries about energy bills increased markedly for the CAB and the hubs once the winter began to set in.
30. Council Tax collection further illustrates the level of need. In February 2021 around 1 in 4 council taxpayers received council tax support: 16.6k households are eligible for hardship fund relief, and 10k will have their bill reduced to zero for 2020/21. More cases may be identified by the year end.
31. The Council launched its hubs in March 2020, and they have been at the heart of our community response to COVID. By early February 2021 there had been around 8000 requests for help. Over half of these requests needed emergency food, 20% needed help with utilities and 17% needed help with routine shopping. The highest demand areas are High Fell, Felling, Deckham, Lamesley and Chowdene. The Council has to date provided 12,060 emergency food parcels, with 190 Gateshead households having been in contact with the community hub network in excess of 50 times.

### **Create and develop healthy and sustainable places and communities**

#### **and**

### **Strengthen the role and impact of ill health prevention**

32. Case Study: C

*I live in \_\_ with my family. This part of Gateshead means the world to me. It's the best place to live with the countryside right on your doorstep. But it's been hard over the last few years for this community. Sometimes it feels like everything has been taken away from us.*

*A healthy community is one where everyone looks out for each other and makes a difference. But everyone has to be involved to make a community work at its best. People have lost their hope and trust in the people who make decisions. The only way to get that back would be to be actually listened to, not just to have a talking shop. My dream for \_\_ is that it would have a community centre where everyone no matter their age could be together and have their voices heard.*

33. The COVID-19 pandemic has significantly disrupted the daily routines of citizens, with the requirement to stay at home and avoid close contact with others. This affects the capability, opportunity and motivation to make healthy choices in our behaviour. Many more of us are working from home for example, and risk being more sedentary as a result.
34. Although so far we have very limited local intelligence on this, survey data nationally and internationally has started to provide some insight into the nature and extent of changes in behaviour. This suggests levels of physical activity have declined. Consumption of fresh fruit and vegetables has fallen (which may be linked with the increase in poverty too) but we are

eating similar levels of high-sugar foods. There is little evidence of changes in levels of smoking but locally we have seen a big reduction in uptake of stop smoking services and the numbers of quits across Gateshead as a result. Some of our areas with the highest rates of smoking have the poorest provision and uptake (Bensham/Saltwell)

35. The levels of alcohol-related harm in Gateshead were already known to be high, but changes in access to alcohol and drinking patterns have raised concerns throughout the pandemic, with links to increases in poor mental health and domestic abuse being highlighted. Results from a number of studies and surveys show that it is people already drinking at risky levels who have increased their consumption, along with parents of children aged under 18. There is evidence that loss of community-based support networks is a factor in increased alcohol consumption – and that domestic abuse victims are also drinking more/at harmful levels to cope with their situation. Locally we have seen a significant increase in the numbers accessing alcohol treatment, particularly once the initial lockdown restrictions eased last June. This pattern continues to be seen in our local substance misuse services who report that each time there is a lifting of restrictions they experience an increase in alcohol referrals. The increased levels of consumption amongst risky drinkers could already be storing up problems for the future, particularly if consumption levels do not fall again post-Covid.
36. There has been a reduction in adults accessing treatment for dependence on opiates but we have continued to see high numbers of suspected drug-related deaths – 31 in 2021 (compared to 25 in 2020, and the peak of 34 deaths in 2018). A number of deaths were of former users who had completed their treatment but relapsed during the pandemic, and 12 of these individuals were still in treatment. Whilst in previous years our average age for drug related deaths has been younger than the national average, during the pandemic, it has been men in the 35-44 age group who have been most at risk. Use of illicit benzodiazepines is suspected in many of the deaths this year, although this is yet to be confirmed.
37. There was a decline in young people starting substance misuse treatment which has been attributed to the schools, where the services would normally begin engagement, being closed for many months. Referrals began to increase again in September 2020 when schools began re-opening.
38. The pandemic has been widely expected to have a negative impact on mental health. Quarantine is known to be psychologically harmful, but the wider aspects of lockdown such as social isolation, insecurity of employment and housing, the loss of support networks, anxiety about the physical health risks, and a lack of access to services may also be contributory factors. At low levels of distress the symptoms may include reduced concentration, poor sleep, feelings of unhappiness and loss of purpose. Higher levels of poor mental health are associated with poverty, but the pandemic is believed to affect the mental health of all parts of society. During the pandemic a survey of over 4,000 Gateshead residents showed that the pandemic has had a detrimental effect on people's wellbeing and ultimately, their mental health, with around a quarter of respondents stating it had made it worse. Nearly half were feeling stressed or anxious with a similar number of people worried about the future. This is consistent with national findings that the percentage of people with low life satisfaction levels has increased significantly compared to a year before.

Case Study

*D is an 80 year old gentleman, who was referred to Age UK by his psychologist in May 2020. Physically, D is quite well, and lives independently at home, but he suffers from long-term depressive illness and anxiety related issues. This has a big impact on B's quality of life – he suffers from very low mood at times, and needs activities to encourage him to go out and meet other people. D has one daughter who lives away, and one son who he has no contact with, so does admit to spending much of his time on his own, and to feeling very lonely at times. D commenced with respite visits and Age UK's X Group ... he has befriended a number of the other members already, enjoys mutual conversations with them and ... is looking forward to meeting people in person once lockdown is over*

39. The NHS are seeing a rise in people reporting severe mental health difficulties, although initially there was a more than 30% drop in referrals to mental health services during the first peak of the pandemic (when access to services was greatly reduced). This is leading to concern that we are seeing the early signs of the impact of Covid-19 on mental health and the implications this will have on the capacity in the system. The CCG has provided additional assessment resources recently due to the numbers attending A&E in crisis, but that does not address the on-going need in those individuals for intervention and support.
40. During the pandemic the numbers of those with complex needs (including substance misuse, homelessness, mental health) presenting to services dropped substantially, as they were housed and access to other services became more difficult. We need to understand what impact COVID has had on those individuals and consider how best to support them in future.
41. The health impacts of the pandemic are also likely to include, over time, larger number of people presenting with more advanced stage cancers, and poorer outcomes amongst those with chronic diseases who have not been able to access routine health care, as well as the long-term consequences of less healthy behaviour.
42. We have seen increasing numbers of referrals to social care which may be a result of individuals being unable to manage on their own, and families no longer being able to cope with the care needs of their family members, with limited or no access to community support services and the social networks that enable them to cope. The lack of physical activity brought about by shielding and staying at home may have consequences for people's strength and balance, leading to higher risk of falls and potentially increased demand for social care.

#### *Case Study*

*Miss E was put in contact with Age UK. Her sister was currently in hospital with a broken hip and also had additional severe mental health problems. Miss E was unable to visit her due to COVID restrictions and was feeling guilt and a sense of letting her parents down as she had promised to look after her sister when they died. Miss E admitted she could no longer cope with caring for her sister who now needed 24 hour residential care support, but she didn't know where to start looking and was anxious and distressed about how to do the best for her sister.*

43. Since March 2020 (up to April 2<sup>nd</sup>) COVID has been a factor in the deaths of 496 Gateshead residents. However, in total in that time 3066 local people have died. The restrictions will have meant families had very limited, if any, contact, with their loved ones during their last days of life, and families have also been denied the opportunity to celebrate and mourn the lives of loved ones in traditional ways. Many of those who have died will have been alone.

### *Case Study: F reported*

*"I come from a very large family and grew up with lots of cousins and uncles and aunties and these relationships have continued all through my adult life with monthly family gatherings as there is always a birthday to celebrate when you have dozens of uncles, aunties and cousins. However, 2020 was a dreadful year as I lost several family members. I was unable to attend any of their funerals or church services due to limited numbers. Luckily, they all live local so I was able to line the streets and see those beautiful people in wooden boxes on their final journey from their front door. But the opportunity to hug and console the rest of my family who were there in the streets sobbing or those who were not in the streets as they were chosen to attend the services or gravesides, was prohibited. Do you know how difficult it is to choose 15 people to have the chance to go to the funeral; each feeling guilty they were selected or jealous they weren't picked.*

*"How long will it take us as a family or individuals to recover from loss and Covid restrictions and long-term impact. For some they will never recover fully"*

44. The importance of the network of community support, and the extent to which it has been missed, is difficult to quantify but probably impossible to overstate.
45. One call-handler in our contact centre reported "many have found it so difficult to adjust to lockdown and not being able to see all of their families. Most just looked forward to a chat...many have struggled with having a loved one suffer with Dementia or some other disability".

### **Discussion**

46. The impact of COVID has been felt across Gateshead, but we can anticipate that as more data becomes available we will be able to see ever more clearly the hard evidence of this. We believe, for example from the experience of hubs, that whilst the whole community has felt the effects of COVID, it will be places that we know have the greatest numbers of vulnerable residents and the highest needs that will have shouldered the greatest burden of harm, further exacerbating the inequalities within the Borough, to say nothing of our position relative to the country as a whole. The Gateshead system's focus on 'place' will be crucial as we move forward.
47. A number of priority areas for action emerge from this baseline analysis.
48. The over-riding one of these is action on poverty and the importance of services that provide advice and support to those in the communities of place and interest who have been most affected by the pandemic. Without sufficient income people cannot satisfy their basic needs for food and shelter.
49. One group where such support will be crucial is families with children, as demonstrated by the increase in demand on our early help children's services.
50. The clear message from the work of the Poverty Truth Commission, the insight around universal credit's impact and the day to day work of partners and services with local people, highlights the need to find ways to work alongside our community and develop a participatory leadership model that allows local people to truly influence future direction and policy for their local area.

*Case study: Gateshead Poverty Truth Commission: who are we?*

*Gateshead Poverty Truth Commission exists to ensure that people who have experienced poverty first-hand are at the heart of how Gateshead thinks and acts in tackling poverty and inequality.*

*We are made up of ‘experts by experience’ of poverty. Together we are building relationships with people who hold power in Gateshead. We’ll listen to and work with each other to tackle the causes and effects of poverty in Gateshead.*

*We believe that the only way to make change is to include the real experts in decision making. We believe “nothing about us, without us, is for us”.*

51. Continued investment is needed to meet rapidly growing demand for digital services and ways of working whilst recognising that there remain parts of our community for whom this will not be appropriate.
52. The long-term consequences of the pandemic for the health of the local population will also take time to become clear, but action on mental health and behaviours including alcohol consumption, smoking and physical activity would be early areas to address. However, it is impossible to untangle our community’s health from the economy – they are two sides of the same coin.
53. The final area to highlight is the need to recognise the loss of loved ones that many families will have experienced. We could consider finding some way to acknowledge this, possibly in terms of a physical memorial, but also through ensuring that as part of our focus on place we learn from other areas that have attempted to build wellness and kindness into their work with local communities.

#### **For consideration**

54. The meeting is asked to discuss the findings.

**Gerald Tompkins**

**Consultant in Public Health and Service Director Health & Wellbeing**

With thanks to colleagues across the Council for the provision of the data and reports on which this paper has been based

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