

**TITLE OF REPORT: Gateshead Health & Wellbeing Board – Progress Update****REPORT OF: Caroline O'Neill, Strategic Director, Care, Wellbeing and Learning**

---

**Summary**

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

---

**Background**

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2017/18 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the work of the HWB.
3. This report provides an update on the work of the HWB for the period 1 April 2017 to 30 September 2017. A second progress update covering the period 1 October 2017 to 31 March 2018 will be brought to OSC on 17<sup>th</sup> April 2018.

**Gateshead Health & Wellbeing Board – Progress Update April to September 2017**

4. The following update highlights key issues considered by the HWB and progress made since the previous update to Care, Health & Wellbeing OSC on 25<sup>th</sup> April 2017.

**Joint Strategic Needs Assessment & Other Needs Assessments***Joint Strategic Needs Assessment*

5. The Board confirmed the following strategic priorities for Gateshead through the Joint Strategic Needs Assessment (JSNA):

**Best start in life**

- Education and skills
- Emotional health and wellbeing
- Starting and staying healthy and safe

**Living well for longer**

- Economic factors
- Emotional health and wellbeing
- Tobacco control and smoking
- Alcohol misuse
- Healthy weight and physical activity

**Older people**

- Frailty
- Long term conditions
- Emotional health and wellbeing

6. The following next steps were endorsed by the HWB:
  - Continuing to engage 'expert authors' in developing and reviewing the content of the JSNA;
  - Adding more examples of the 'lived experience' of local people in the form of case studies to bring additional richness to the JSNA;
  - Continuing to integrate intelligence on Gateshead's assets into the JSNA and to engage with the public;
  - To invite Health and Wellbeing Board members to suggest areas for 'Deep Dive' work such as that recently carried out in relation to Homelessness.
7. The findings of the 2016 Health and Lifestyle Survey were also reported to the Board. It was noted that the information will be used to enhance the JSNA evidence base.

***Gateshead Homelessness and Multiple and Complex Needs: Health Needs Assessment***

8. The Board also considered the Gateshead Homelessness and Multiple and Complex Needs Health Needs Assessment (HNA). It sought to assess the scale, nature and impact of homelessness combined with complex and multiple needs in Gateshead.
9. The HNA demonstrated that homelessness is not inevitable and is rarely a housing issue alone. There is a strong overlap between homelessness and other support needs such as substance misuse, physical and mental ill health, cycles of physical and emotional abuse and involvement with the criminal justice system. Homelessness is also evidence of inequalities and is a late marker of exclusion and disadvantage.
10. The Board recognised the need to address this issue from a whole system point of view. It noted that how we work together to meet the needs of the homeless and those with multiple and complex needs should be a

barometer of how well we work together as a local system. If we can get it right for this cohort, the ripple effect for other groups can also be significant.

11. The Board agreed that this piece of work be shared and progressed with partner organisations and that our local MPs be made aware of its findings so that they can bring them to the attention of central government. The report was subsequently presented to and endorsed by The Gateshead Housing Company and a letter has been sent to local MPs seeking their support in ensuring its key messages reach a wide audience, not least within central government itself.

*Gateshead Health Needs Assessment: Black and Minority Ethnic Population*

12. The Board received a progress update on a health needs assessment (HNA) of the black and minority ethnic (BME) population of Gateshead. It was agreed that partner organisations would report back on the steps they are taking to implement relevant recommendations and actions identified by the HNA.

**Integrating Health and Care in Gateshead**

13. The Board considered the current thinking of health and care system leaders in Gateshead about the opportunities for integrating services to improve the health and wellbeing outcomes of our population.
14. It was reported that there is whole system support for an integrated approach to meet the following three objectives:
  - (i) To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
  - (ii) To support the development of integrated care and treatment for people with complicated long term health conditions, social problems or disabilities.
  - (iii) To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.
15. It was agreed that system leaders would come together in a formal group, under the auspices of the health and wellbeing board, in order to further develop the proposals for the integration of health and care services in the borough. Further proposals will be brought back to the board over the coming months for consideration. Members of OSC will also be aware that an update on this work was provided to its meeting on 31<sup>st</sup> October.
16. A separate report was considered by the Board on discussions held between NHS and Local Authority leaders during May and June 2017 at two Members seminars focussing on the integration of health and care services. The main reflections from the joint seminars were:

- The NHS and Local Authority priorities are very similar – from focusing on preventative services and prioritising children’s health and care, to considering new solutions to the depleting workforce and the demise of community infrastructures.
- All parts of the public sector are facing huge financial challenges as demand grows and budgets reduce – we all support the need to work together across organisational boundaries and in the interests of the populations we serve.
- The local authority has responsibility for a range of services that can positively affect the health of the population – such as public parks and spaces, community facilities etc.; harnessing the opportunities to improve the overall health and wellbeing of the population within available resources was a recurring theme.
- The cost of providing hospital based care is substantial in comparison to community based and preventative services; our collective challenge is to find creative ways of reducing demand for hospital services; the resources released as a result could form a platform for investing in preventative services and other priorities such as primary care, community and mental health services.
- ‘Prevention’ was identified as a major theme. It was noted that austerity has led to some services being stopped or reduced. A priority is to consider how mainstream services can still have a preventative focus.

### **Strategic & Operational Plans**

17. The Board considered the following strategic and operational plans during the period April to September 2017:

*Substance Misuse Strategy for Gateshead:* The Board endorsed the Substance Misuse Strategy 2017-2022 and Action Plan for Gateshead with a focus on prevention across the lifecourse; promoting responsible retailing by the trade to support a reduction in substance misuse-related harm; and ensuring an evidence based ‘health and wellbeing’ approach to addressing the needs of service users and their families.

*A Year of Action on Tobacco and Smoking:* The views of the Board were sought on undertaking a “Year of Action” to highlight the harms arising from tobacco use and what’s happening in Gateshead to counteract them. It was reported that the intention is to maintain and raise the profile of the impact of tobacco in Gateshead, and to galvanise action at all levels (i.e. community, organisational, sector-specific) to combat harms.

A series of monthly activities is being undertaken to generate press/media interest and provide a platform for the communication of key messages around the impact on health, encouraging people not to start smoking, protecting others from second-hand smoke, and promoting support for those wanting to stop smoking.

### **People, Care & Communities (Neighbourhoods & Communities Model)**

18. The views of the Board were sought on an initial draft Neighbourhoods and Communities model that was developed to facilitate more care being provided in community and neighbourhood settings. The model sought to capture work already underway in many parts of the Gateshead geography. However, it was noted that there was insufficient emphasis on children and health inequalities within the draft model. It was felt that reference also needed to be made to the 'place' dimension and that the language used to describe the model will be key in getting key messages across. It was also felt that the 'enhanced primary care' component of the model would be crucial going forward.
19. A revised model was subsequently brought back to the Board which had been re-titled the 'People, Communities and Care' model. The updated model incorporated feedback received from stakeholders, including from the Health & Wellbeing Board.

### **Better Care Fund Plan 2017- 19**

20. The Better Care Fund (BCF) Plan for 2017-19 was agreed by the HWB in advance of being submitted to NHS England. It was developed in line with government guidance and confirmation has recently been received from NHS England that it has been approved in full. The Plan seeks to build upon existing work to provide more care in out-of-hospital settings and closer to peoples' homes.
21. The Board also endorsed a quarterly return to NHS England and a progress update on the previous year's BCF Plan (2016/17). The return focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators.

### **Contribution of the Voluntary and Community Sector to improving health and wellbeing in Gateshead**

22. The Board received a presentation on the contribution of the voluntary and community sector to improving health and wellbeing in Gateshead. It was noted that the VCS has multiple roles, often dependent on the size and nature of the organisation, and that these include:
  - As a service provider;
  - As a mechanism for bringing patients, users, and carers together e.g. support groups, peer experience;
  - As an advocate for individuals, groups and communities who are often excluded;
  - Through the use of volunteers to enhance services and experiences;
  - As a partner in decision-making;
  - As a source of information, knowledge and expertise on particular communities (e.g. contributor to the JSNA);
  - As an improver of the physical environment;
  - As a campaigner for environmental and other improvements.
23. The VCS identified the need to look at and re-define relationships with the sector, including the Gateshead Compact.

## **Gateshead Health & Care Workforce: Challenges and Opportunities**

24. The Board received a presentation on key workforce challenges and opportunities relating to Gateshead. It noted that:

- Issues around workforce recruitment and retention are often tied to prospects for the local area and available resources and investment in the area;
- It is important to engage and work with local universities and colleges in looking to address the workforce issues identified e.g. work between the QE and Gateshead college;
- We need to continually review how new technologies can be harnessed to support our local workforce so that it can work in new ways and deliver our new models of care;
- The solution to workforce shortages is not always about recruiting more of the same. The answer can often be supporting staff to work in different ways, ensuring that 'prevention' is embedded in everything we do and is seen as everyone's responsibility – being proactive rather than reactive in our approach;
- 'Making every contact count' is a good example of how prevention can be embedded within the roles of all staff.

## **0 to 19 Public Health Service Provision**

25. The views of the Health & Wellbeing Board were sought on the proposed model for 0 to 19 public health services (health visiting, school nursing and family nurse partnership). It was noted that the review process included the following elements:

- A full health needs assessment;
- Evidence base and guidance review;
- Consultation with service users and key stakeholders;
- Development of a service model and specification to deliver an integrated 0 to 19 Healthy Child Programme.

26. It was reported that the new service specification would be published on the NEPO portal, with the new contract due to commence on 1<sup>st</sup> April 2018.

## **HealthWatch Gateshead Annual Report 2016/17 and Priorities for 2017/18**

27. The Board received a presentation from HealthWatch Gateshead on its priorities for 2017/18 and an update on progress since April 2017. Priorities identified for 2017/18 include:

*NHS Continuing Health Care (CHC)* – a joint priority area with Newcastle HealthWatch, proving an opportunity to combine data collection from the CCG and acute hospitals with patient and relative feedback.

The information gained will help HealthWatch to design a questionnaire for service users and carers to gather their experience of the process, and the information available to them. Findings will be the subject of a

comprehensive report which will be shared with stakeholders and providers for comment before it is published before the end of the financial year.

*Carers* – researching people’s experience of accessing care arrangements and follow-up support.

*Young People* – Young People will be an engagement priority for 2017/18.

*Mental Health* – A potential area for research which has been identified is the physical health of people with mental ill-health.

*End of Life* – HealthWatch is working with the CCG in undertaking a review of end of life services.

28. Progress in taking these priorities forward was reported to OSC at its meeting on 31<sup>st</sup> October.

### **Other Issues**

29. Other issues considered by the Board included:

*Deciding Together, Delivering Together* – an update was provided to the Board on arrangements being put in place to design inpatient and community mental health services across Gateshead and Newcastle.

*Childhood Obesity (Year 6 data)* – An update was provided to the Board on how Gateshead is performing in reducing childhood obesity.

*‘Fire as a Health Asset’* – The Board received a presentation on ‘Fire as a Health Asset’ from the Tyne & Wear Fire & Rescue Service. It was noted that fire death risk factors include people’s mental health, poor housekeeping, alcohol, smoking, drugs (prescription/illegal), limited mobility and living alone. The fire service priorities and core activities include responding to incidents, building resilience, prevention work and protection.

Opportunities identified by the Fire Service to work together with partners to improve health and wellbeing in Gateshead included:

- Prevention focused activities;
- Working together for joint benefit e.g. JSNA and data sharing to improve targeting/risk profiling; two-way referral/signposting (including Making Every Contact Count);
- Supporting the health and wellbeing agenda in Gateshead.

*Pharmacy Applications* – the Board considered reports on pharmacy applications received relating to change of hours, change of ownership and distance selling.

**Recommendations**

30. 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 2017/18 as set out in this report.

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