

# Public Document Pack

## GATESHEAD METROPOLITAN BOROUGH COUNCIL

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

Tuesday, 6 March 2018

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

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

**IN ATTENDANCE:** Councillor(s):

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

#### **CHW82 MINUTES OF LAST MEETING**

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

#### **CHW83 MATTERS ARISING- BLAYDON GP PRACTICE**

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

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

Further updates will be given to Committee in due course.

RESOLVED – that the information be noted.

#### **CHW84 DECIDING TOGETHER UPDATE**

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

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

scope was agreed which included:

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

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

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

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

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

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

## **CHW85 GATESHEAD HEALTHWATCH**

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

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

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

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

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

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

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

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

The short list of priorities includes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **CHW87 ANNUAL WORK PROGRAMME**

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

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

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

**Chair.....**