

GATESHEAD METROPOLITAN BOROUGH COUNCIL
CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
MEETING

Tuesday, 18 April 2023

PRESENT: Councillor W Dick (Chair)
Councillor(s): I Patterson, M Hall, J Gibson, P Diston,
J McCoid, J Green, S Potts, D Weatherley and A Wintcher

IN ATTENDANCE: Yvonne Probert (Healthwatch)

APOLOGIES: Councillor(s): B Goldsworthy, M Goldsworthy and H Haran

CHW36 MINUTES OF LAST MEETING

The minutes of the meeting held on 7 March 2023 were approved as a correct record.

CHW37 HEALTH AND WELLBEING BOARD - UPDATE

Committee received an update report on the work of the Health and Wellbeing Board (HWB) for the period October 2022 to March 2023.

It was noted that part of the key role of the HWB, alongside developing its own strategy, is in terms of influencing other strategies. Last year the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) were set up and the ICP was required to develop an integrated care strategy for the ICP area. The HWB was consulted on the strategy throughout its development and the Board considered it at length. The HWB must then have regard to the strategy when making decisions.

In terms of the ICP Strategy the HWB made a number of comments on the draft document. In particular, the Board felt there was not sufficient focus on the best start in life and focus on prevention and preventative measures needed to be strengthened. The HWB also made representations around recognising the importance of place in terms of the determinants of health and wellbeing. It was confirmed that the comments and representations made by the HWB during consultation were incorporated into the final strategy.

It was reported that the HWB received an update on the Special Educational Needs and Disability (SEND) Strategy for Gateshead. The HWB was informed of how the strategy was developing and priorities identified as well as an update on the new SEND inspection system. The HWB also received the Director of Public Health's Annual Report, which focused on women and health inequalities, the recommendations of which were endorsed by the Board. In addition, the HWB received a presentation by Gateshead Health Trust's Corporate Strategy. There was an awareness of the need to link this Corporate Strategy to the HWB's own strategy

for Gateshead.

It was noted that the HWB also considered an options paper around the governance at Place, given the guidance in relation to ICBs. The HWB supported the development of a Joint Gateshead Place Committee between the local authority and the ICB.

Committee was advised that a planning session was held on 10 March 2023 around the future direction of Gateshead Cares (Gateshead Health and Care System). The key messages from the session included transparency and honesty in addressing where progress is required in terms of health inequality gaps that have not been bridged, to provide a more targeted approach. Accessibility for service users, how communities are reached and a focus on prevention was also a key message from the session. Challenges were also highlighted in relation to workforce across the health and care system. Committee was advised that this issue has also been raised through the Joint ICS OSC. The planning session also highlighted the need to make the best use of data to inform work programmes.

During the reporting period the HWB received information regarding alcohol related harm and the evidence that Minimum Unit Pricing has an impact on reducing consumption. The HWB noted that the prevalence of alcohol in everyday lives impacts upon communities and adoption of a similar approach to tobacco is required.

The HWB received regular updates on the work of the Gateshead Cares System Board. In terms of the HWB's assurance role it received; Health Protection Assurance Report, Gateshead Better Care Fund Submission 2022/23 reports for sign-off. The HWB also considered other issues such as; delayed discharges, Winter Pressures Plan and Family Hubs implementation.

It was questioned what money and resources will come from the NHS. It was noted that functions and resources could be allocated to a Joint Place Committee, if agreed, which would offer a pool of resources. However, it was noted that this will take time. It was also acknowledged that both the local authority and the NHS are working together to address health and care challenges, therefore it is more important than ever to build on partnership work to-date to make the biggest change to people's lives.

It was questioned as to whether resources can be released from the NHS to manage people outside of hospital settings. It was confirmed that a lot of discussions have been held with Directors and ICB Strategy Leads around how pressure in the system can create problems, for example through assurance requests from NHS England, and how this can be better aligned. It was acknowledged that workforce is crucial and this is unlikely to be resolved in the near future, however a lot of regional work with Local Enterprises is being held with young people to encourage an uptake of careers in health. There is also joint work being held around placement opportunities and career pathways work, however this will all take time. It was noted that money has been received from Government for hospital discharges but this payment is a one-off and it was acknowledged that structural change is needed.

The point was made that there is need for a flexible system with stability, for example reducing the use of zero hour contracts. It was acknowledged that there are problems in terms of recruiting into social care and hospitals, there are multi-layered issues and it could be years before the initial impact of recruitment initiatives are seen. In the meantime there is a focus on retention of existing staff, for example through looking at creating more salaried workforce whilst still recognising that some staff prefer the flexibility of zero hours contracts.

Committee was advised that there are concerns regarding the difficult economic environment in particular in terms of competing with recruiters from other sectors. It was noted that Sunderland University is running a 'mini-medics programme' with investment from Amazon, targeting local primary schools with good uptake. It was noted that there is also work in primary schools through the ICP in Gateshead and the North of Tyne on a 'mini-scrubs' project. The aim of this is to ensure health and social care careers are in the children's conscience.

It was reported that the third Social Worker through the apprenticeship scheme has graduated. There are a further 12 people on degree apprenticeships in social care at present.

RESOLVED - That the Committee noted the progress update on the work of Gateshead's Health and Wellbeing Board for the second six months of 2022/23 as set out in the report.

CHW38 COMMUNITY MENTAL HEALTH TRANSFORMATION

The Committee received a report on Adult Community Mental Health Transformation (CMHT) in Gateshead. The programme is run by the NHS and is aimed at developing a coordinated offer based upon the Primary Care Network (PCN) footprint. Building on local capacity in terms of community provision, led by experts. The CMHT approach is to increase communication and information sharing between partners and create a skilled local workforce in both clinical and non-clinical services. Work of CMHT is also closely aligned to Gateshead's Health and Wellbeing Strategy.

It was reported that a review of the mental health workforce was undertaken at a PCN level. This has led to the expansion of the workforce as GP's were facing difficulties getting mental health issues addressed. There are now approximately 32 new roles in the PCN areas with the introduction of Mental Health Practitioners, Peer Support Workers and Health and Wellbeing Coaches. In addition, work on a virtual hub has taken place as part of new locality working and the development of Family Hubs.

It was noted that a workforce network for Health and Social Care staff has been established to improve understanding of different roles across Gateshead and encourage more partnership working. It was acknowledged that there had previously been a gap in terms of communications between the workforce, however the network is now meeting in person on a quarterly basis to discuss roles.

A review of mental health residential care was carried out to understand pathways

and reduce the need for secondary care services. A Task and Finish Group has been established with partners such as Police, NEAS and 111 service, to address the need to make sure there is a quicker response to prevent hospital admissions. This could cover a number of issues, for example housing, debt crisis. Committee was advised that a crisis bed pilot for men has up to now resulted in the avoidance of 13 hospital admissions. This pilot will be reviewed and expanded if necessary.

Joint work has been carried out with the Voluntary and Community Sector and Neighbourhood Teams to ensure there are better non-clinical settings, such as Family Hubs. This is to allow better access to places and spaces sooner, although there are still challenges in terms of IT in relation to this.

It was reported that future focus includes further development of Family Hubs at a neighbourhood level and also more work on crisis provision. In terms of crisis provision, work is underway to look at a four-bed female crisis house. There will also be a continued focus on building capacity around complex needs as well as a focus on estates and information sharing.

It was questioned as to how referrals are made into the male crisis house. It was confirmed that the CNTW Crisis Team would refer if it was agreed that hospital admission was not required and the Team would offer support there. The individual would be required to have a place of residence which they could return to and typically a stay at the house would be for four weeks, although this can sometimes be shorter as there is intervention and robust support in place. Committee was advised that this is a pilot scheme and from this there will be a better understanding of what works and what needs purpose built.

In terms of funding for the Voluntary and Community Sector, it was queried as to how Councillors would know how to access that. It was confirmed that information on the funding went to all local providers, and through the ICBs events in the locality that were held.

The point was made that other organisations could carry out social prescribing but that money does not always follow referrals, therefore it was questioned whether there has been any work around self-directing support. It was confirmed that in terms of access, each PCN area now has Social Prescribers so everyone should be able to access that. There is also a lot of work ongoing to join up teams locally to enable people to understand what they have in their communities.

Committee raised the point that in relation to Direct Payments, not everyone is digitally connected and these people cannot be excluded. It was noted that this is where the Hub work comes in, the aim of the Hubs is to support these people. It was also noted that although there is a lot of emphasis on resources there is a need to change the culture to ensure people are not being passed around, where everybody takes joint responsibility in making sure people have the right information. It was confirmed that a Digital Inclusion Programme Manager is now in place and there is a committed group of staff across Gateshead, the ICB and technology organisations who are focused on ensuring access to services for all. The ICB Digital Inclusion Strategy Group provides an opportunity to influence at a regional level and share good practice. There is also increased focus on health literacy to ensure people do

not fall at the first hurdle. It was also confirmed that there is a desire to increase take-up of Direct Payments and this is included in Departmental priorities, this will be reported on in the next year.

It was questioned as to how the decision was made that the crisis house was for males. It was confirmed that this was as a result of data from the Crisis Team, however now there are a lot of younger females coming through so the pilot has been extended.

RESOLVED - That the Committee noted the contents of the report.

CHW39 WORK PROGRAMME AND DEVELOPMENT OF 2023-24 WORK PROGRAMME

The Committee received a report on the development of the Committee’s work programme for the new municipal year, following consultation with Councillors in February. The report highlighted the emerging themes and priorities that came out from the consultation.

It was suggested that long-Covid be looked at in relation to the Persistent Physical Symptoms Service Report in the next year. Officers agreed that this could be picked up either through this Committee or the through the ICB.

- RESOLVED -
- (i) That the Committee noted the work programme for 2022-23.
 - (ii) That the Committee noted the emerging issues for its 2023-24 work programme and noted the additional issue raised for consideration.

Chair.....