

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 6 December 2016 at 1.30 pm in the Bridges Room - Civic Centre

From the Acting Chief Executive, Mike Barker

Item	Business
	Part 1 of the Agenda (1.30 pm - 2.30 pm)
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 6)
3	OSC Review - Second Evidence Gathering (Pages 7 - 10) Report of the Director of Public Health
4	The Council Plan - Six Month Assessment (Pages 11 - 58) Report of the Acting Chief Executive and Interim Strategic Director, Care, Wellbeing and Learning
	Part 2 of the Agenda (2.40 pm onwards)
5	Proposed Closure - Lobley Hill Branch Surgery (Pages 59 - 62) Report of Bensham Family Practice
6	Proposed Closure - Greenside Branch Surgery (Pages 63 - 72) Report of Partners of Crawcrook Medical Centre

Contact: Helen Conway - email helenconway@gateshead.gov.uk, Tel: 0191 433 3993,
Date: Monday, 28 November 2016

This page is intentionally left blank

GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 1 November 2016

PRESENT: Councillor N Weatherley (Chair)

Councillor(s): M Charlton, W Dick, B Goldsworthy,
M Goldsworthy, L Kirton, I Patterson, J Simpson, J Wallace
and A Wheeler

APOLOGIES: Councillor(s): C Bradley, D Davidson, M Hood, J Kielty,
P McNally and R Mullen

CHW16 MINUTES OF LAST MEETING

RESOLVED - that the minutes of the last meeting held on 13 September were agreed as a correct record.

CHW17 MATTERS ARISING

Healthwatch Gateshead reported that they had investigated the reports by patients of delays being experienced with the NHS 111 Service and the North East Ambulance Service (NEAS). The Service has admitted to staff shortages at present with an increased level of demand. NEAS has reassured Healthwatch Gateshead that these issues are being investigated as a matter of urgency.

Alice Wiseman reported that the NEAS have been recently rated as 'Good' by the CQC. The NEAS have 75 staff ready to come off training programmes which should help to alleviate the current staff shortages and it was suggested that the NEAS should be invited to a future meeting of the OSC to discuss the recent CQC rating.

RESOLVED - that the information be noted.

CHW18 PROPOSAL TO CLOSE BEDE BRANCH SURGERY

The Committee received a report and presentation regarding an application by the partners of St Albans Medical Group to close the branch surgery at the Bede Centre, Old Fold Road, Gateshead and outlined details of the engagement process carried out so far with patients and stakeholders.

The Bede Centre flooded in February 2016 which resulted in clinical sessions being transferred to the main Felling practice site. Due to a combination of staffing shortages and the impact of service charges on the practice's finances, the practice

is proposing to close the Bede branch site. No complaints have been received and patients have accessed services at Felling Health Centre from February 2016.

The Committee understood the rationale behind the proposed closure but were disappointed to note that another GP surgery was being lost in the borough, especially in an area of low car ownership and high deprivation.

The Committee were reassured that the pharmacy at the Bede Centre, which provides a delivery service, would remain open as this is governed under a separate contract, and also asked for feedback from the engagement exercises to be provided.

The Committee sought to understand why a small group of patients had only been accessing the Bede site and was advised that the consultation had highlighted transport as an issue. The Committee was reassured that in terms of access to the main Felling practice, there is a regular bus service and Age Concern also offers a service offering transport to the Felling Practice at a small charge and where the driver waits.

The Committee also sought to understand what was being done to address the issues raised by CQC and improve standards at the practice. The Committee was informed that the practice was working with CBC Federation to review systems and processes and an overhaul of the appointments system was taking place. Skill mix at the practice was also being addressed to ensure that GP's time was being used more efficiently.

The Committee queried whether the main site at Felling has sufficient capacity to cope with the patients who had been attending the Bede branch surgery. The Committee was informed that the Bede branch had been closed since February as a result of flooding at the site and the surgeries carried out at that site had subsequently been incorporated into the schedule at the Felling site.

The Director of Public Health advised the Committee that this scenario will be the first of others coming to OSC in the future as reduced funding and GP recruitment problems are being experienced across the country.

RESOLVED - that the information be noted.

CHW19 REVIEW OF THE ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING - FIRST EVIDENCE GATHERING SESSION

The Committee received a report and presentation in the first evidence gathering session examining the role of the supply of housing in Gateshead, with a particular focus on stock managed by The Gateshead Housing Company/anticipating the demand for and supply of housing in the future and highlight particular issues which are relevant to health and wellbeing and the activity being progressed to address these issues.

The Committee received two presentations:-

- Working with the existing stock, Anneliese Hutchinson, Service Director for Development and Public Protection and Jon Mallen- Beadle, Managing Director, The Gateshead Housing Company and
- Planning for future housing need, Anneliese Hutchinson and Neil Wilkinson, Spatial Planning and Environmental Manager.

Future evidence gathering sessions will cover the following:

December

- Provide an overview of the relationship between health and housing standards (ie. Condition, management and energy efficiency)
- Particular focus on fuel poverty
- Consider the role of housing and place

January

- How housing support and advice services maintain and improve health and wellbeing

The Committee expressed concern at the pay to stay initiative, the proposed impact on market rents being introduced and the proposed transfer of council stock by the Government and wished to support officers continuation to lobby government for clear legislation to be made available as soon as possible.

Committee expressed concern at the government's definition and ruling on affordable rents and asked for further information to be provided to councillors at a future meeting.

- RESOLVED -
- i) that the information be noted
 - ii) that the support of the committee be given to officers to continue to lobby government
 - iii) that further information be provided to committee on the definition of affordable rents
 - iv) that a letter highlighting the OSC's concerns be forwarded to government

CHW20 GATESHEAD HEALTH AND WELLBEING BOARD - PROGRESS UPDATE

The Committee received a progress report of Gateshead Health and Wellbeing Board.

The Health and Wellbeing Board Forward Plan for 2016/17 and strategic priorities for Gateshead identified through the Joint Strategic Needs Assessment (JSNA) were presented as well as the Strategic and Operational Plans during the period April to September 2016.

The Better Care Fund (BCF) Plan for 2016/17 was also agreed by HWB and the Board also received an update on progress in relation to the Performance Management Framework.

As part of the Board's assurance agenda, the following updates were also considered by the Health and Wellbeing Board:-

- Safeguarding Children Board Annual Report 2015-2016 and 2016-2017 Action Plan
- Safeguarding Adults Strategic Plan 2016-2019 and Annual Business Plan
- Healthwatch Gateshead Annual Report 2015/2016 and Priorities for 2016/17
- Drug Related Deaths Annual Report for 2015 and an overview of drug related deaths in 2016 to date
- Learning Disability Joint Health & Social Care Self- Assessment Framework

Other issues that were considered by the Board included:

- Social Prescribing in Gateshead
- Personal Health Budgets
- Smoking Still Kills: Smoke Free Vision 2025
- Child and Adolescent Mental Health Services (CAMHS)
- Live Well Gateshead Evaluation
- Primary Care Co-commissioning
- National Review of the Voluntary and Community Sector in improving Health, Wellbeing and Care Outcomes

The Committee also requested that a further detailed report be provided to the OSC on the Health Needs Assessments (HNAs) for Homelessness (looking at multiple and complex needs through the lens of homelessness) and Black and Minority Ethnic Communities.

- RESOLVED -
- i) that the information be noted
 - ii) that a further detailed report be brought back on the Health Needs Assessments (HNAs) for Homelessness

Chair.....

TITLE OF REPORT: **Review of the Role of Housing in Improving Health and Wellbeing – Second Evidence Gathering Session**

REPORT OF: **Alice Wiseman, Director of Public Health**

Summary

This report gives details of the evidence gathering session that will take place on 6th December 2016 and outlines the framework for future sessions. The views of the Committee are being sought on the evidence presented and the future plans outlined.

Background

1. Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2016-17 will be the role of housing in improving health and wellbeing.
2. The first evidence gathering session held on 1st November 2016 explored issues regarding health and the supply of housing with respect to the existing stock and anticipated future housing needs.

Purpose of this session

3. This is the second in a series of evidence gathering sessions being undertaken for this review. The purpose of this session is to examine the role of housing standards in Gateshead with respect to issues regarding:
 - the condition of the private housing stock (both physical condition and conditions of management in the private rented sector)
 - fuel poverty and affordable warmth

The aim is to highlight particular issues regarding housing standards, how these impact upon health and wellbeing, and issues and challenges in maintaining and improving standards.

Two national level external speakers, experts in their fields, have been invited to provide evidence, details as below.

4. The second evidence session will include the following presentations, each of which will be of 10 minutes duration, followed by questioning from the Committee:-
 - Impact upon health and wellbeing of standards in the private housing sector / Place shaping, housing and health – Peter Wright, Environmental Health and Trading Standards Manager, Development and Public Protection
 - Affordable warmth, fuel poverty and health - Peter Smith, Head of Policy and Research, National Energy Action (NEA)
 - Health and Housing – Gill Leng, National Home and Health Advisor: Health Equity and Mental Health Division, Public Health England

Issues to Consider

5. When considering the evidence outlined above the Committee may wish to consider the following:
 - Are members satisfied that enough is being done at the local and national level to secure improvements in standards of housing, so that local people's health and wellbeing will improve?
 - Are members satisfied with what is currently being done to prevent and react to poor standards in the private housing sector, and that full use is being made of existing opportunities?
 - Are members satisfied that the whole system, both nationally and locally, is moving towards sufficiently improving homes and their surrounding environment?
 - Are there any issues that members would wish officers to address to secure improvements in this field?
 - Do members have any other suggestions for different ways of working that could create beneficial improvements in the interaction between housing, local environment and communities?

Future evidence gathering sessions

6. It is proposed that future evidence gathering sessions cover the following:

January

- How housing support and advice services maintain and improve health and wellbeing

February

- Focus group to collate evidence from members

Recommendation

7. It is recommended that the Committee:

- Gives its views on the evidence presented.
- Agrees the proposals outlined at section 5 of the report as the focus for future evidence gathering sessions.

This page is intentionally left blank

TITLE OF REPORT: The Council Plan – Six month assessment of performance and delivery 2016/2017

REPORT OF: Mike Barker, Acting Chief Executive
Sheila Lock, Interim Strategic Director, Care, Wellbeing and Learning

SUMMARY

This report provides the six month assessment of performance and delivery for the period April to September 2016 in relation to the Council Plan 2015-2020.

Background

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the remit of Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).
2. The Council Plan 2015-2020 was approved by Cabinet on the 14 July 2015, to enable the Council, along with partners, to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030.
3. Gateshead's Sustainable Community Strategy Vision 2030 was also refreshed and approved by Cabinet on 3 November 2015.

2020 Target Setting

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

Delivery and Performance

5. This report sets out the achievements, key actions for the next six months as well as areas that require improvement in relation to the outcomes of Live Well Gateshead and Live Love Gateshead.
6. Where performance is available at the six month stage for relevant strategic indicators relating to this OSC, this has also been provided.
7. Progress as to how well the Council is performing in relation to the equalities objectives where information is available at this stage is also provided in this report.

Recommendation

5. It is recommended that the Care, Health and Wellbeing Overview and Scrutiny Committee:
 - (i) consider whether the activities undertaken during April 2016 to September 2016 are achieving the desired outcomes in the Council Plan 2015-2020;

- (ii) agree that the report be referred to Cabinet on 24 January 2017, with the recommendations from the Care, Health and Wellbeing Overview and Scrutiny Committee for their consideration.

Contact: Marisa Jobling

Ext: 2099

**Care, Health and Wellbeing Overview and Scrutiny Committee
Council Plan – 6 month Assessment of Delivery and Performance 2016/17
06 December 2016**

Portfolio	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care – Councillor Michael McNestry Health and Wellbeing – Councillor Mary Foy
Lead Officer	Sheila Lock, Interim Strategic Director, Care, Wellbeing and Learning
Support Officer	Alice Wiseman, Director of Public Health

This committee undertakes scrutiny in relation to:

- All the functions of the Council as a social services authority except those services provided to children and young people;
- The provision of health services in the Borough, including the function of reviewing and scrutinising matters relating to the health service to adults as set out in the Health and Social Care Act 2001 and associated regulations;
- The provision of health services to children and young people in the borough;
- The health functions discharged by the Health and Wellbeing Board and the Director of Public Health under the Health and Social Care Act 2012 and the National Health Service Act 2006 (as amended) and any related enactment.

Summary

This report sets out 6 month performance for the 2016/17 ‘assessment of delivery and performance’ in line with the Performance Management Framework. The report provides an update on performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the Council Plan 2015-2020 outcomes of Live Well Gateshead and Live Love Gateshead.

Our Achievements

- Supported 3 people with learning disabilities to develop their role as befrienders within the Community Links service to engage with 10 isolated older men to establish the viewpoints and aspirations that they have both current and future health and social care systems. Such feedback was embodied in the Newcastle Gateshead Care Home Vanguard programme engagement report in August 2016.
- Supported 5 young people with disabilities from the GATES employment support service to secure paid employment from their Internship placement within Intu Metrocentre. The success of the project has resulted in GATES being selected as a finalist in the ‘Organisations supporting disabled people into employment’ category of the North East Equality Awards.
- Introduced a formal information sharing partnership with the Care Quality Commission (CQC) and Clinical Commissioning Group (CCG) that meets bi-monthly to improve data sharing processes.
- Implemented the new model of Adult Social Care, with Social Workers and

assessing staff now based across the new teams action plans are in place for areas which still require development in order to fully realise the model.

- Worked with the Vanguard Project to develop a care home falls protocol throughout Gateshead.
- Distributed Naloxone (antidote to drug (opioid) overdose) to 250 service users in Gateshead and delivered training to key health and social care professionals.
- Conducted the Health Needs Assessment for people experiencing homelessness or vulnerable housing.
- Successfully defended a challenge on the Supplementary Planning Document (SPD) to prevent hot food takeaways in areas with high rates of obesity.

Key Actions over the next 6 months

- Design new service delivery model for extra care support services in Gateshead. Consulting with residents and stakeholders and tendering for new service.
- Develop Swanway with Home Group to provide innovative schemes for people with learning disabilities to live in the community.
- Agree the Serious Provider Concerns process and draft the procedure,
- Complete Health Needs Assessment for Carer's.
- Respond to the findings and recommendations of the Substance Misuse Clinical Audit.
- Develop a local 10 year delivery plan to address the harm caused by tobacco based on the output of the CLear assessment and national, regional and local intelligence.
- Further develop and implement a framework to deliver the council strategy for Achieving More Together (building capacity in communities).

Future Actions - Areas for Improvement

Enhancing Lives

- Continue to develop opportunities with the CCG to shape the market and integrate health and social care commissioning.
- Continue to develop a capacity building approach as part of Achieving More Together to be delivered across health, social care and the third and community sectors to develop knowledge and skills to deliver healthy lifestyle advice and interventions.

Quality of Life

- Develop a new fee band quality framework for Older Person's residential and nursing care homes.
- Develop terms of reference and improved information sharing at CQC and CCG partnership meetings.

Positive Lives

- Continue to embed the new model of adult social care, review its success

and make any required changes accordingly.

- Consider a fourth 'Reading Well: Books on Prescription' covering those with long-term conditions.

Protecting Lives

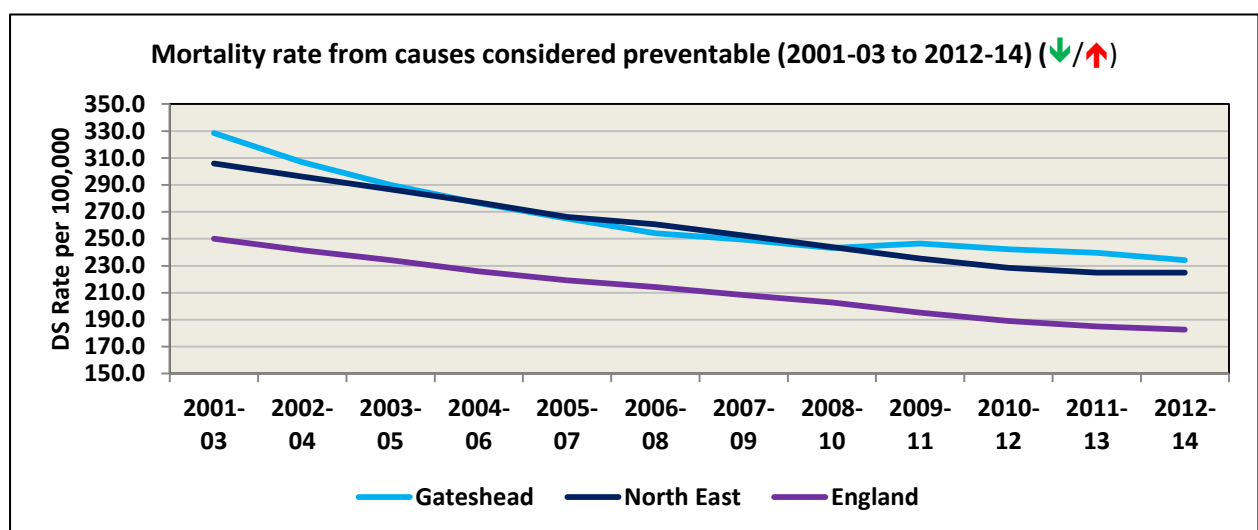
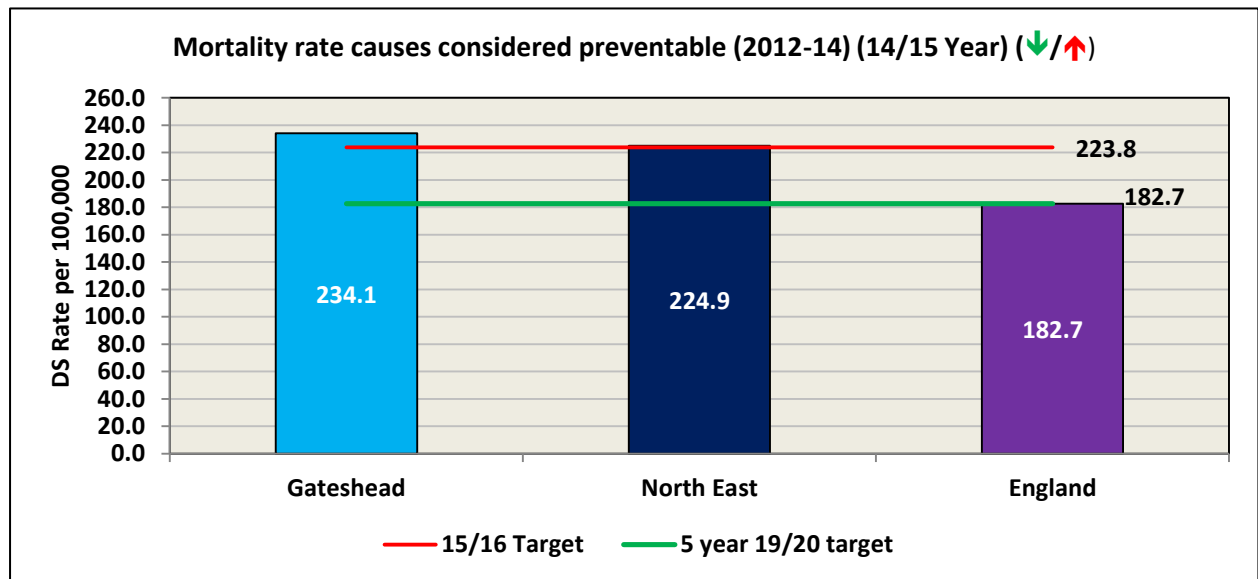
- Continue to work in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally.

Health and Wellbeing

- Continue to participate in the remodelling of LiveWell Gateshead to ensure that 'Active Intervention' remains a priority in reducing smoking.
- Continue to progress the refresh of our Health and Wellbeing Strategy for Gateshead which will focus on addressing health inequalities within Gateshead.
- Continue to develop the Obesity Strategy for Gateshead to cover the life course.
- Publish the Director of Public Health annual report on tobacco.

**Section 2 – Delivery of the Council Plan 2015-2020
Strategic Outcome Indicators - Summary of Performance**

LW19 – Reduce Mortality from Causes Considered Preventable



Key message: At this stage the year-end data for 2015/16 is not currently available.

The data currently available is for the 14/15 year (2012-14 data). This strategic outcome indicator currently shows there has been a reduction in the mortality rate from causes considered preventable (per 100,000) from 239.6 (2011-13 Data) to 234.1 (2012-14 Data) deaths.

However, while there has been a reduction in the mortality rates when comparing the 2011-13 data to the 2012-14 data, the target set for 2014/15 at 230.6 (per 100,000) was not met. However the decrease between periods 2011-13 and 2012-14 was a total of 2.3% which is the largest single decrease shown since the 2008-10 period (10/11 year)

Data shows that whilst the gap between the Gateshead and the England rate has been gradually narrowing since 2001-03 this narrowing had recently reversed with a slight increase between 2008-10 and 2009-11. The 2012-14 data has shown a continuation in the downward trend shown by the data since that point.

Overall between 2001-03 and the most recently released data for 2012-14 the mortality rate for Gateshead from causes considered preventable has reduced by 28.76% which is a higher percentage decrease than the England rate which dropped by 26.92%.

The basic concept of preventable mortality for all ages is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases. All Public Health programmes and the work of the Health and Well-being Board contribute to a reduction in premature mortality.

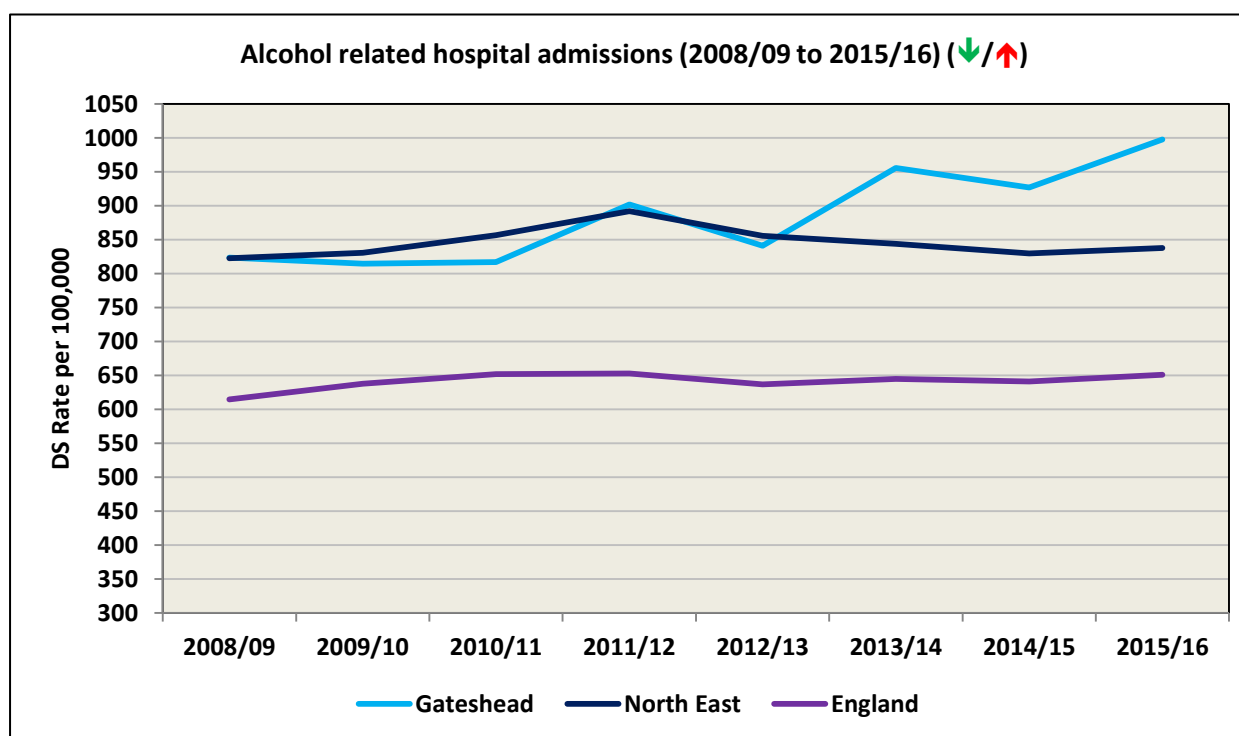
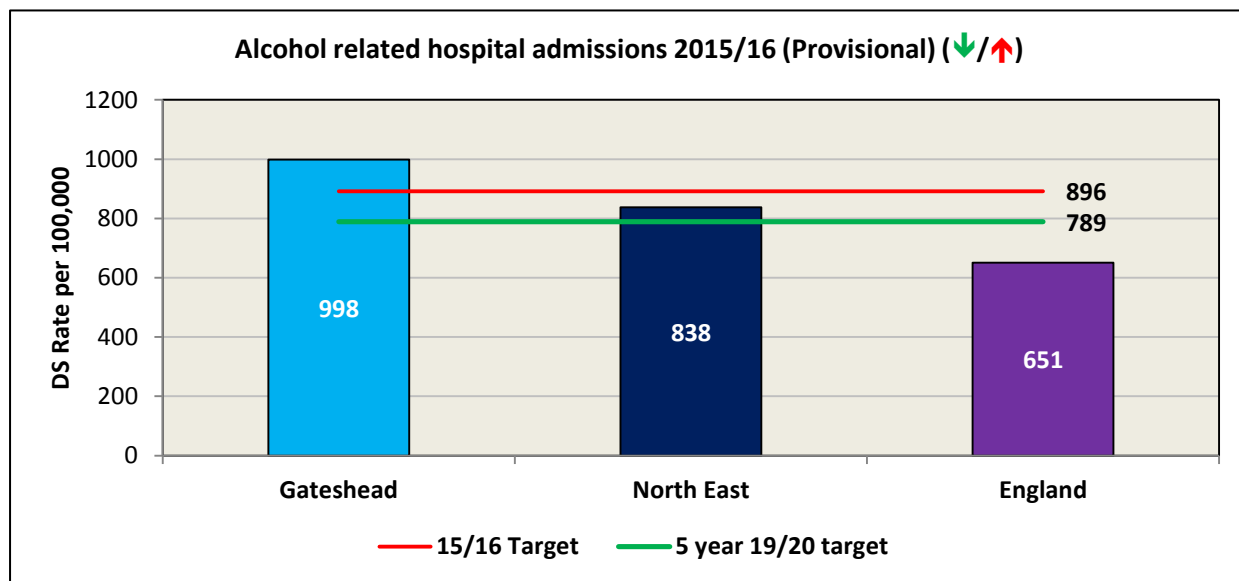
Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

In line with the concept, the Gateshead mortality rate from causes considered preventable (per 100,000) in 2012-14 was 234.1 deaths. The long term trend since 2001-03 has been down for Gateshead, the North East and England and this has continued with the new figures for 2012-14. This data represents the actual rates after the Population data and the European Standard Population calculation method were revised.

For the 2012-14 year there was a change in the calculation for preventable mortality. Due to changes in the International Classification of Disease Version 10 (ICD10) Coding (the code that defines the reason for admission to hospital) the data series have been revised and updated. This does not affect any year on year comparisons for Gateshead as the data on the Public Health Outcomes Framework (PHOF) tool has been revised right back to the start (2001-03). It has however resulted in an increase in the rates of preventable mortality for Gateshead. Following guidance from Public Health England they have advised that the definition of preventable mortality has not changed and that any increases are due to the change in the coding that classifies what is a preventable death.

This definition for this new strategic outcome indicator which was identified for inclusion in the suite of strategic outcome indicators is one of the key indicators included in the Public Health and NHS Outcome Framework. Since the strategic outcome indicator was introduced, the calculation methodology for this indicator has been revised. The 5 year target for 2019/20 has been agreed with the intention of continuing the solid downward trend shown above.

LW13 - Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow)



Key message: The latest data for year end 2015/16 shows an increase in the number of alcohol related hospital admissions from 927 (per 100,000) in 2014/15 to 998 in 2015/16. This data is currently provisional and it is based on the Local Alcohol Profiles for England (LAPE) quarterly flow data for 2015/16. The increase means Gateshead have failed to meet the 15/16 target of 896 and has increased against the 2019/20 5 year target. At this time there is no publication date available for the final 2015/16 data and based on previous releases 15/16 may not

be available until May 2017.

This change in the rate represents a 7.7% increase on the previous year. Based on the provisional data the rate in Gateshead is still significantly higher than the North East average (and remains significantly higher than the England rate.

The narrow measure of alcohol harm is a lot less sensitive to the changes that have occurred in NHS coding over the years. This indicator provides a much fairer comparison between the levels of harm in different areas and over time. It is also far more responsive to changes that result from any local action around alcohol which will enable Gateshead to more accurately see the results work targeted in this area.

The current methodology for collection for this strategic outcome indicator includes a wide range of diseases and injuries in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Details of the conditions and associated proportions can be found in the report Jones et al. (2008) Alcohol-attributable fractions for England: Alcohol-attributable mortality and hospital admissions <http://www.lape.org.uk/downloads/AlcoholAttributableFractions.pdf>

The five year target setting exercise has established a target for 2019/20 based around a year on year 3% reduction with the intention of reducing Gateshead's rate of alcohol related admissions to hospital to below both the current and predicted (19/20) North East rate.

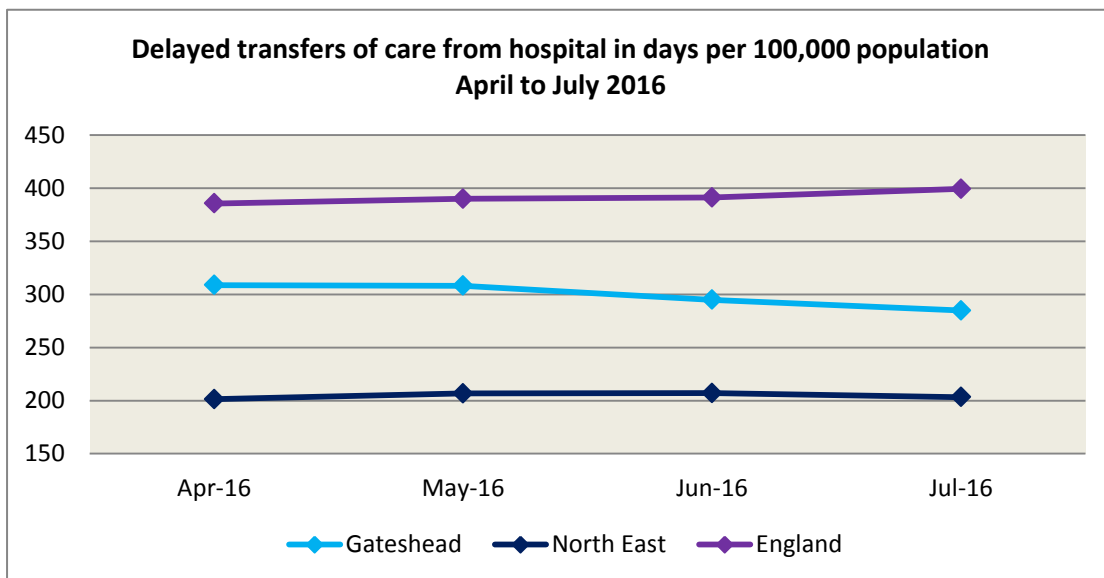
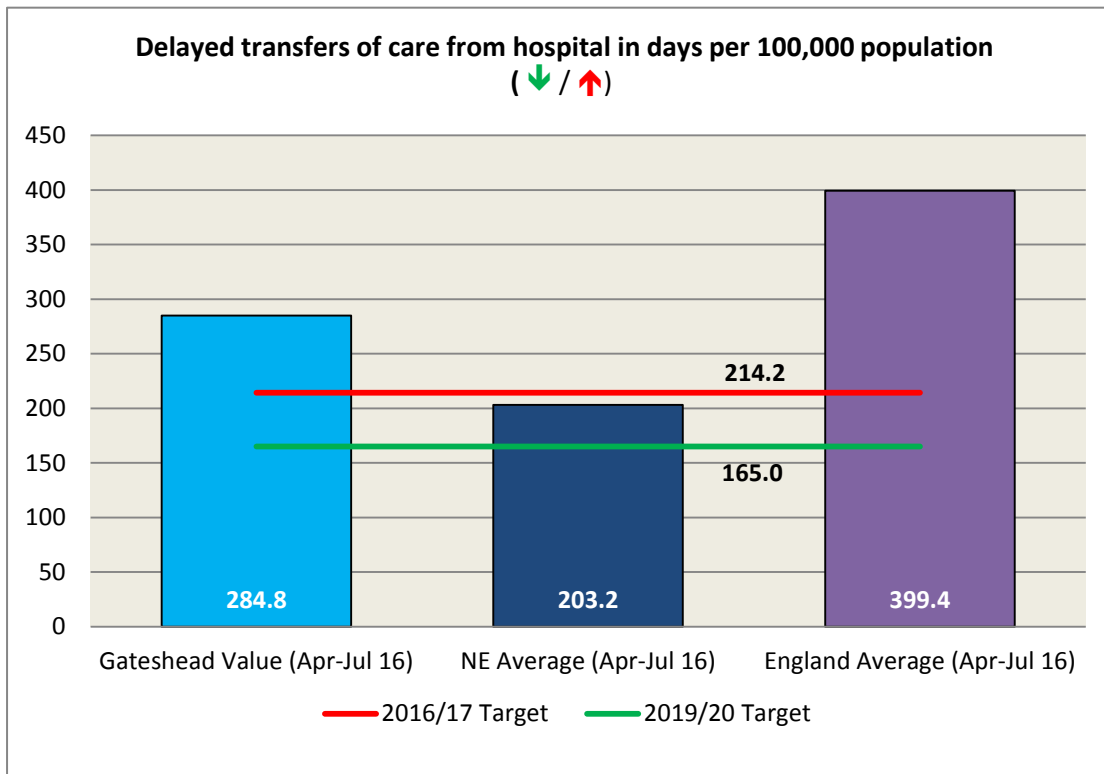
LW12 – Repeat Safeguarding Adult Referrals

Key Message: During the period of April to September 2016, 76 people had a repeat adult safeguarding enquiry, out of a total of 215 people with an enquiry in the period (35.4%). A repeat is defined as a person who has had one or more previous enquiries within 12 months of the latest enquiry. There is no target set for this indicator as this is the baseline year for reporting, following the introduction of the Care Act 2014.

A high proportion of concerns progressed to enquiries during the 2015/16 reporting period, which highlighted a good understanding about the new statutory criteria established by the Care Act 2014. There were concerns however that a significant number could be managed appropriately elsewhere, enabling the Safeguarding Adults Operational team and partners to focus upon those with higher levels of risk and harm.

A more robust and comprehensive criteria that assists front line practitioners to make sure that only those cases that do meet the new Safeguarding criteria progress has now been developed and implemented, and appropriate referral mechanisms are in place for those that do not progress to enquiry. This means that we should see a reduction in the number of repeat enquiries when reporting during April to September 2017 and onwards.

LW10 - Delayed transfers of care from hospital in days per 100,000 population



Key Message: This is a new strategic indicator from 2016/17. The latest available information available relates to the period of April to July 2016. Baseline for new indicator at end of 2015/16 was 213.1 days per 100,000. For this period there has been an average rate of 284.8 delayed transfers in days per 100,000 population attributable to the NHS, Social Care or both.

Performance for the period is higher than the annual target of 214.2 and baseline

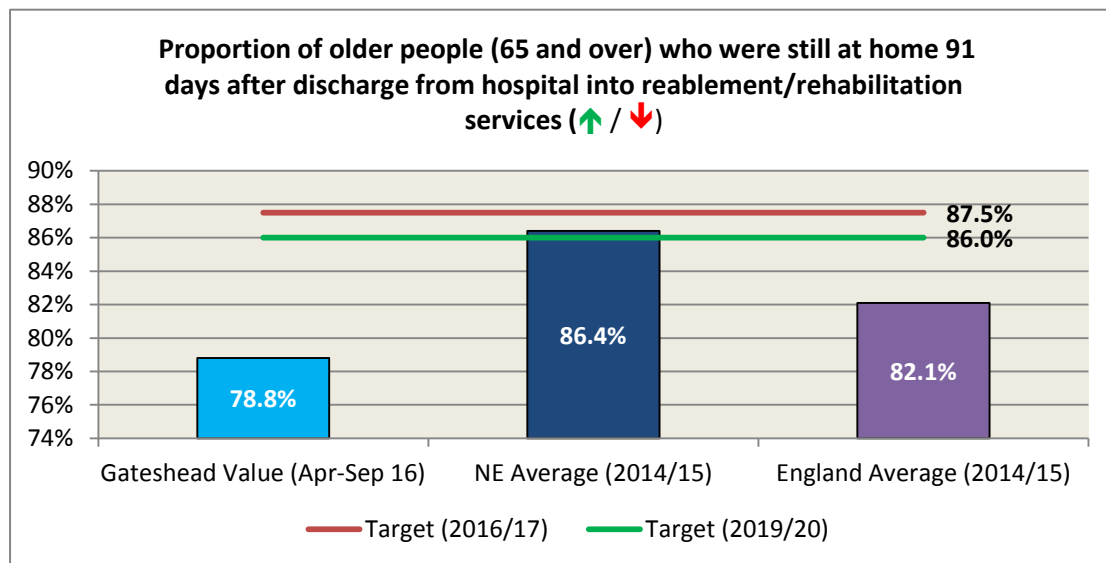
of 213.1 and is also higher than the 2019/20 target of 165.0. Gateshead has a lower rate than the current England average of 399.4 but is higher than the North East average of 203.2.

Monthly trend information shows the rate for Gateshead is reducing gradually throughout the year, which is a positive sign. The main areas for delays are Residential Care Home Placement (566 days), followed by Care Packages in own home (435 days).

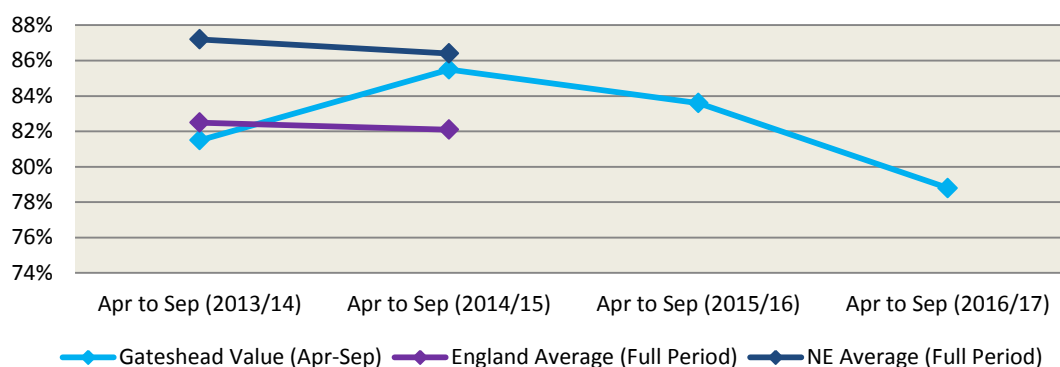
This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

This measure reflects the overall number of delayed transfers of care in **days** attributable to NHS, Social Care or both. A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

LW11 – Helping Older people to live independently – the proportion of older people 65+ still at home 91 days after hospital discharge to a reablement service



Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (↑ / ↓)

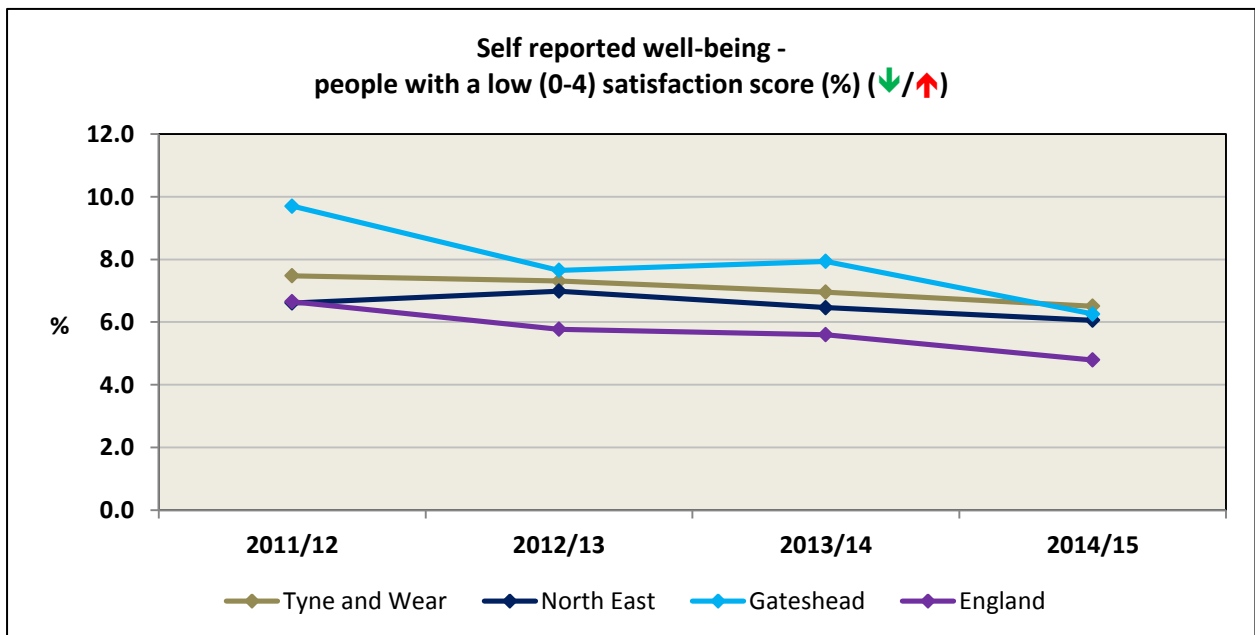
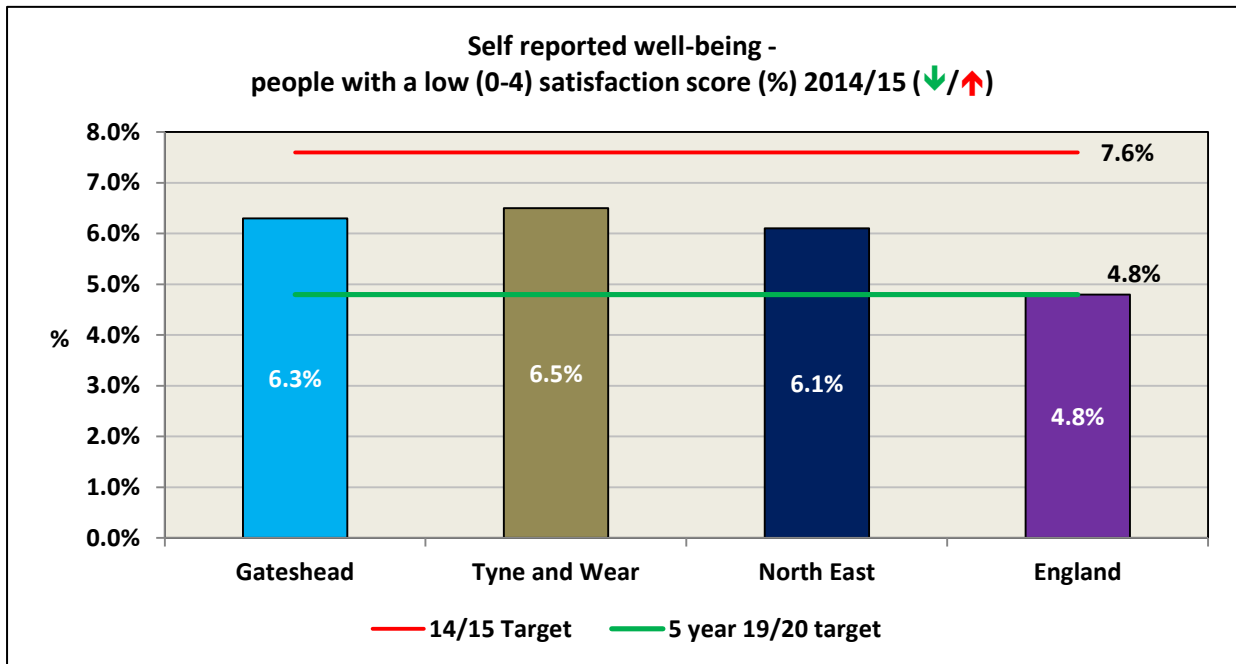


Key message: The indicator value stands at 78.8% (345 out of 438) for all of those that were discharged from hospital in January to June 2016, and followed up 91 days later during April to September 2016. The value for this period is lower than the same period last year, which was 83.6% (404 out of 483). Performance is below the challenging target of 87.5% and is below the North East and England averages (please note that the latest available averages are for the 2014/15 period).

This strategic outcome indicator measures the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into a rehabilitation or reablement service. This strategic outcome indicator is part of the Department of Health's Adult Social Care Outcomes Framework.

The data included in this indicator looks at all of those aged 65 and over discharged from hospital, following a multi-disciplinary assessment where the intention was for the person to return home after receipt of reablement, rehab or intermediate care services. Services that are currently contributing to this indicator are the in-house START team, Promoting Independence Centre intermediate care beds, Stroke Team and CROP Team.

LL4 - Wellbeing – Decrease the Percentage of People who are Dissatisfied with Life



Key message: At this stage the year-end data for 2015/16 is not currently available. Target for 2015/16 is 7.3%

The data currently available is for the year end 2014/15; this shows we have had a reduction in the percentage of people in Gateshead reporting a low satisfaction score. This has dropped from 7.9% in 2013/14 to 6.3% in 2014/15. As a result of this decrease Gateshead has successfully surpassed the target for this indicator that was set for 2014/15 of 7.6% (per 100,000). This reduction is in line with the drops shown by the figures for England, the North East and the Tyne and Wear area.

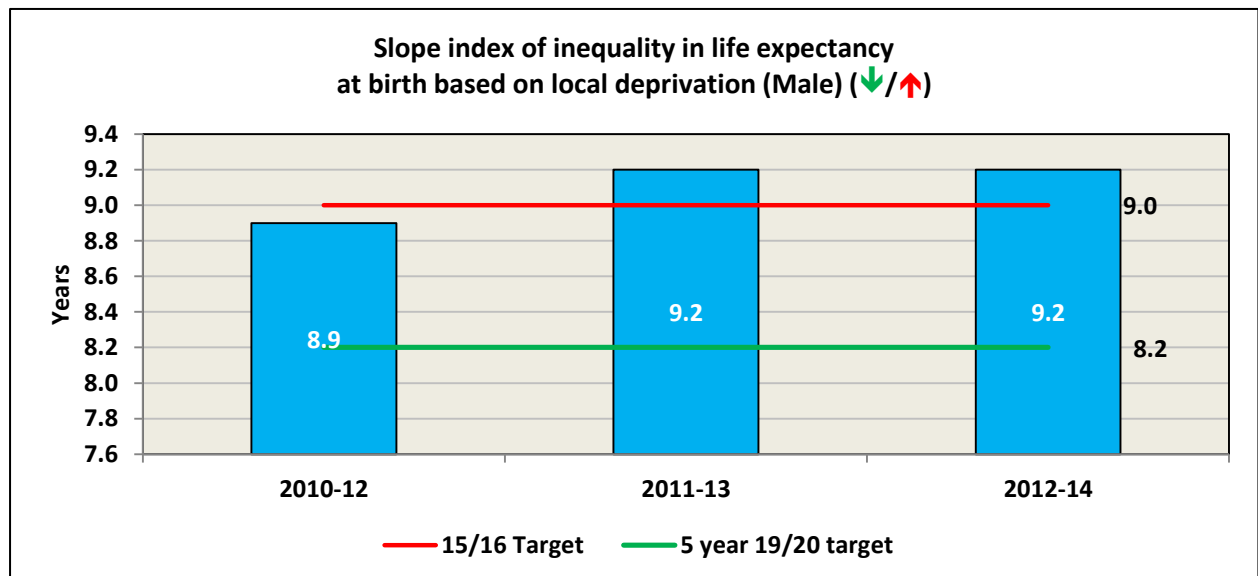
This strategic outcome indicator was included in the suite of strategic outcome indicators and originates from the Public Health Outcomes Framework for 2013-16. It is one of a series of four indicators intended to provide insight into levels of mental well-being and its determinants as opposed to levels of mental illness. The Office for National Statistics (ONS) advises that this statistic remains experimental in nature. Since introduction into the suite of strategic outcome indicators, there has been a revision in the calculation methodology of the indicator since reporting at year end 2012/13. Previously a low satisfaction score was defined as 6 or less. However, the indicator calculation has been revised to consider low satisfaction as a score of 4 or less. Data for the revised definition was made available for 2011/12 and 2012/13 and these years are comparable with each other.

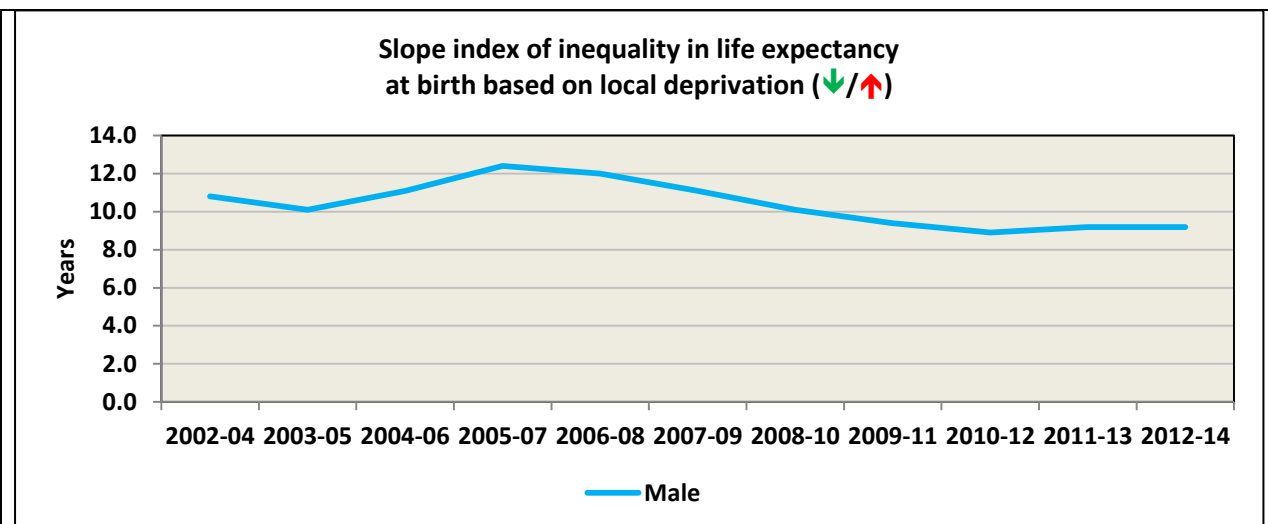
The data is collected from the ONS Annual Population Survey. Dissatisfaction with life is interpreted as those respondents providing a score of 4 or less (out of a possible 10) to the question "Overall, how satisfied are you with your life nowadays?"

Wellbeing is seen as a key issue for the Government as people with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

The five year target setting exercise has established a target for 2019/20. The intention of the new target is to reduce Gateshead's percentage of people reporting a low life satisfaction score to the current (14/15) England rate. This is a challenging target and gives us the aim of being the best in the North East for wellbeing.

LW24 - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male)





Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated the final version will be released by the Public Health Frameworks tool in February 2017.

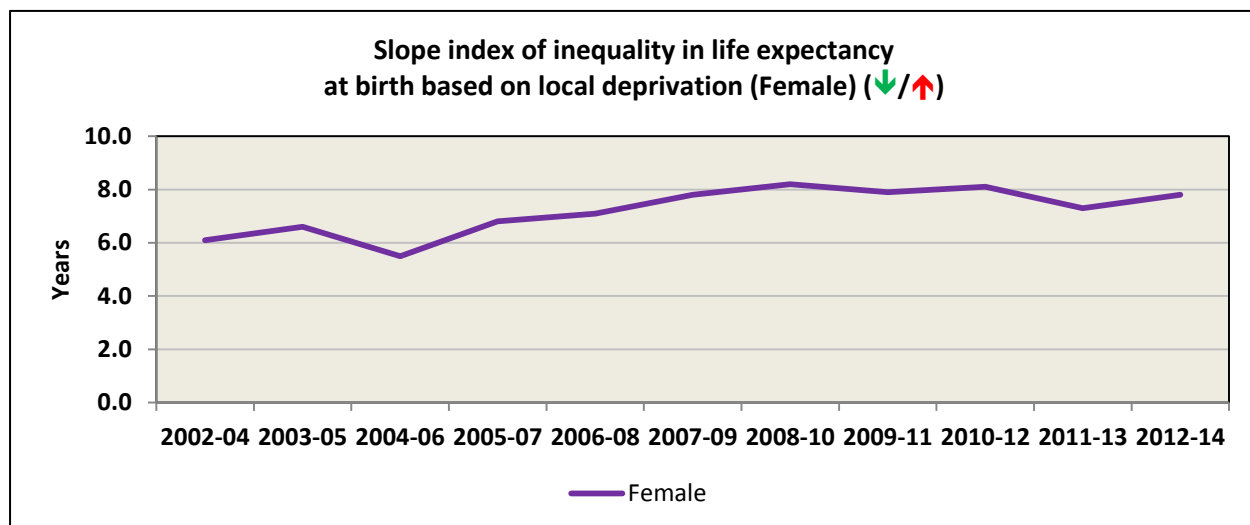
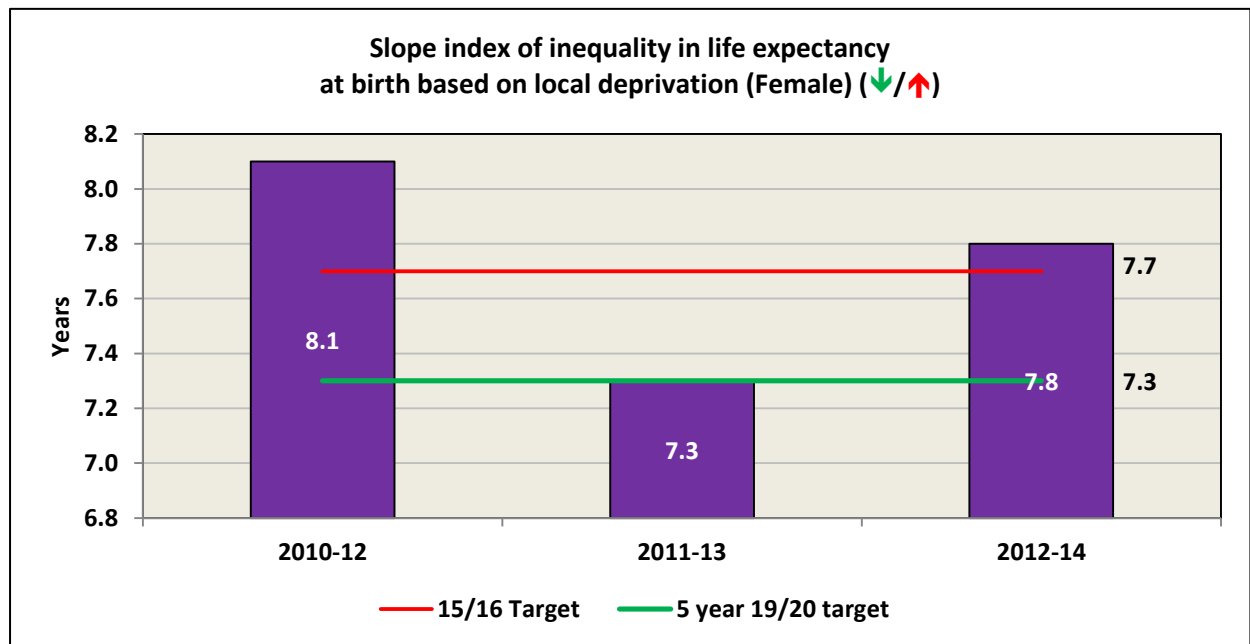
The data currently available is for the year end 2014/15 (period 2012-14); this shows that inequality in life expectancy for males has not changed since the 2011-13 period remaining at 9.2 years. This means that Gateshead missed the target set for 2014/15 of reducing inequality to 9.1 years. Overall inequality in the life expectancy gap for males has reduced by 14.8% since 2002-04.

Data for 2011-13 to 2012-14 has shown no change in the life expectancy gap between the most deprived and most affluent communities for males remaining at 9.2 years. This data is the first time since the availability of the data in 2002-04 that there has been neither an increase nor a decrease in the gap in inequalities for males. It is not known at this stage if after the increase the previous year this represents stagnation in the previously shown decreasing trend or if this represents the beginning of a clear change in the gap in inequality between the lowest and highest deprived communities in the Gateshead area for males.

This is one of the few indicators in the Public Health Outcomes Framework (PHOF) set that is explicitly an inequalities indicator. It shows inequalities within local areas, enabling a focus on small areas of deprivation that exist everywhere as well as areas where the whole local authority area has poor health status. The indicator was included into the suite of strategic outcome indicators and is a key high-level health inequalities outcome and is core to the aims of Public Health.

The target setting exercise for this indicator has established the 5 year target for 2019/20. The target intention for this indicator is not just to go for a standard to try to continue with the previously shown downward trend and look for a year on reduction in the rate of inequality. The baseline year for this data has been set as the data published as of Feb 2015 (2011-13 period).

LW25 - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Female)



Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated the final version will be released by the Public Health Frameworks tool in February 2017.

The data currently available is for the year end 2014/15 (period 2012-14); this shows that inequality in life expectancy for females has increased from 7.3 years in 2013/14 (2011-13 period) to 7.8 years in 2014/15 (2012-14 period). This means that Gateshead missed the target set for 2014/15 of reducing inequality to 7.2 years. Overall inequality in the life expectancy gap for females has increased by 27.9% since 2002-04.

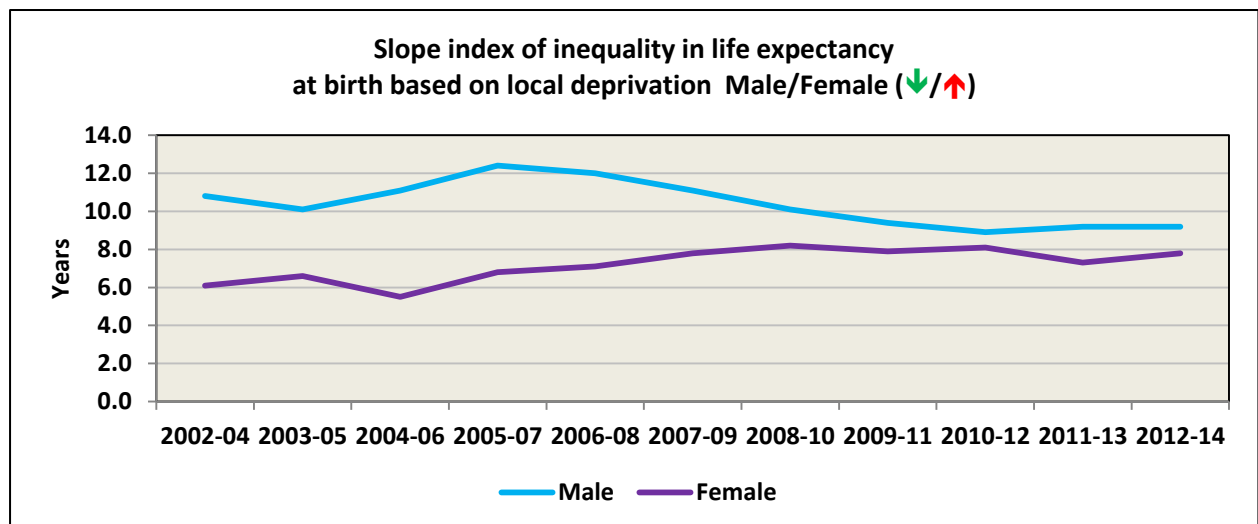
For women, from its lowest point in 2004-06 at 5.5 years the gap in inequality between the least and most deprived communities in the Gateshead areas for

females has been gradually rising year on year. The 2012-14 data represents an increase of 6.8% on the previous period and an increase of 41.8% since the lowest point in 2004-06. This increase suggests that the previous periods decrease in inequalities may have been an anomaly and the increasing trend that had previously been seen is set to continue.

The target setting exercise for this indicator has set the new 5 year target plan and established a target for 2019/20. The intention is to try and halt the increasing trend in inequalities for females and to bring this growing gap back down again.

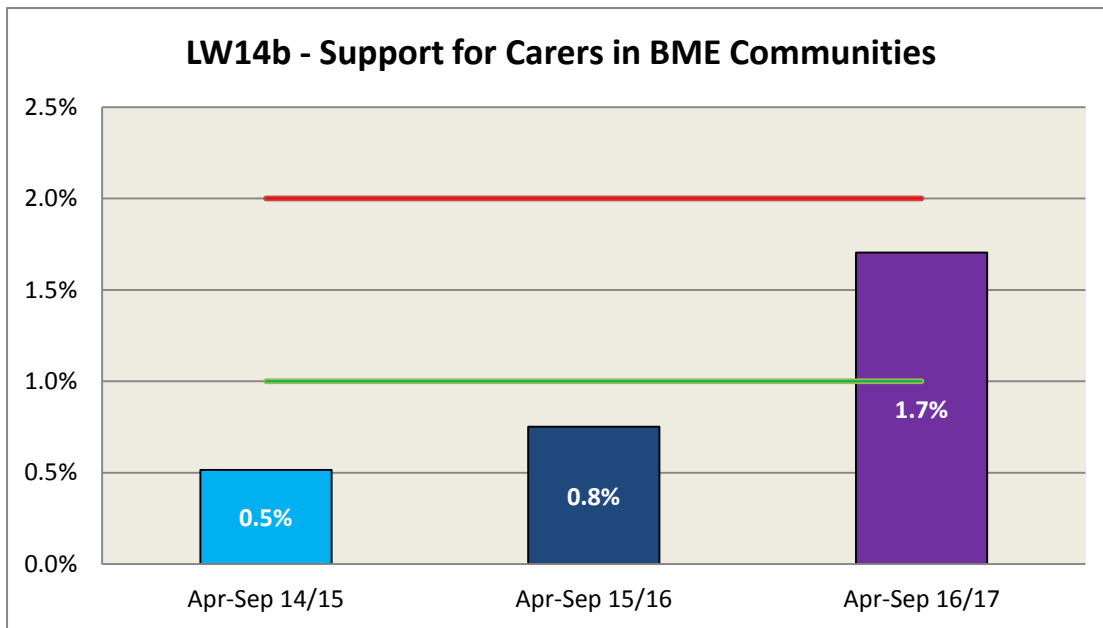
Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male/Female)

Given the way that these two indicators have been split up it was felt that it would be beneficial to provide some context to the two sets of data using a third graph with the male and female inequality rates over-laid so that it is possible to see change in rate compared to each other.



Key Message: As indicated by the above graph the gap between male and female inequality has narrowed considerably since its largest gap in 2005-07. Despite there being no change in the rate for males for 2012-14 the increase in the rate for females has seen the gap between the two data sets begin to narrow again. Unless this proves to be a reversal of the previously seen trends it is expected that at some point within the next 5 year period (possibly even within the next 2 periods) the gap between the lowest and highest areas of inequality in life expectancy in Gateshead will be largest between those of female gender.

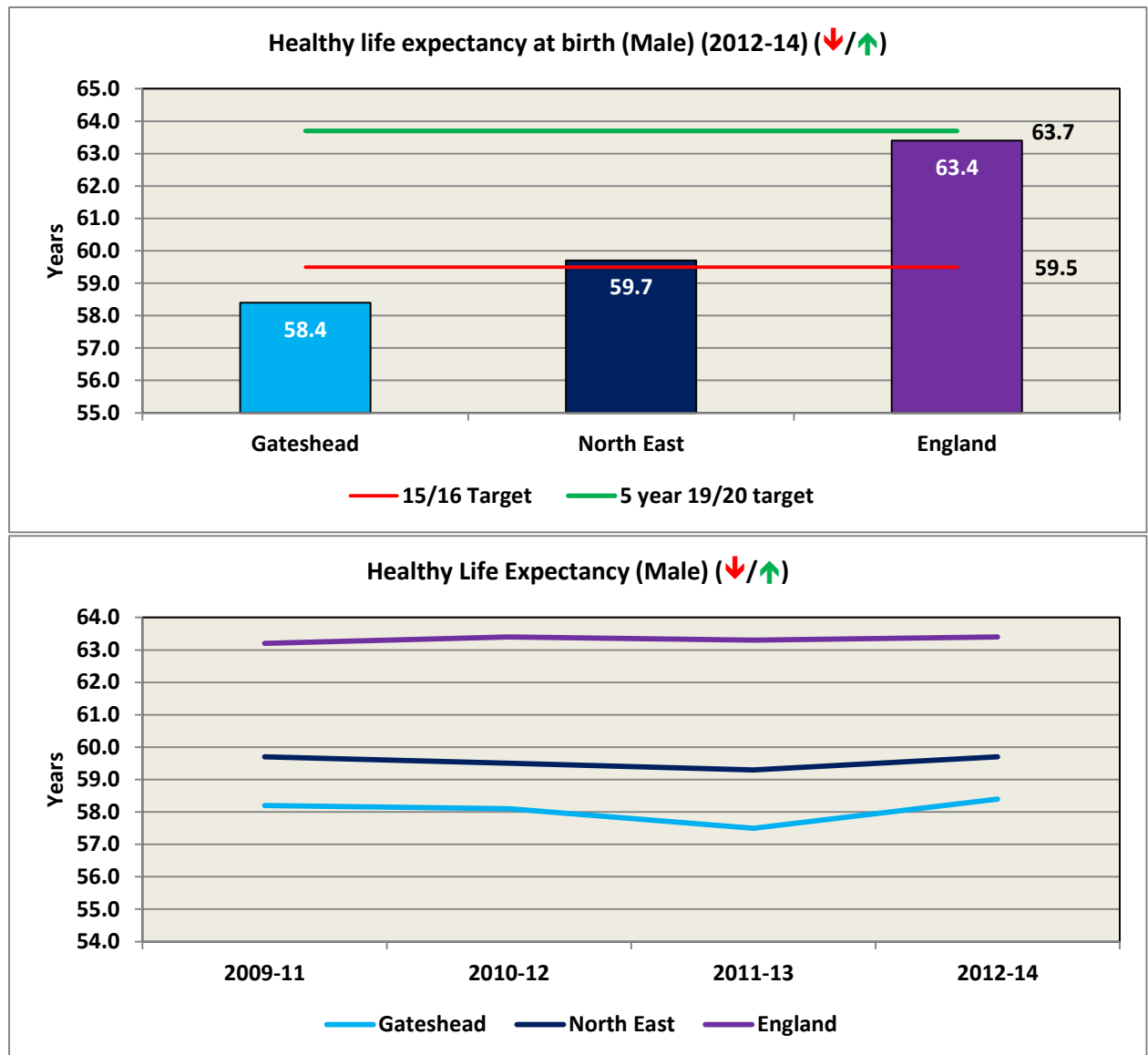
LW14b – Equalities Objective – Delivered Targeted Support to BME Carers



Key Message: 9 BME Carers out of a total of 528 Carers have accessed a carer's assessment during April to September 2016 (1.7%). This has increased by one BME Carer from the figures reported in the 2015/16 six monthly report (8 out of 1063 – 0.8%). Performance is above the 2016/17 target of 1.0% and is only slightly lower than the 2019/20 target of 2.0%.

It is important to note that numbers of carers' assessments / reviews completed is significantly less than the same period over the previous 2 years. This decrease has led to the percentage rate increasing showing a higher proportion of carers from BME backgrounds being supported through carers' assessment. The values have been collated from recording made within Gateshead Council's electronic Social Care database.

LW20 – Healthy Life Expectancy at Birth (Male)



Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in March 2017.

The data currently available is for the 14/15 year (2012-14 data); This shows there has been an increase in the Healthy Life expectancy of males in Gateshead from 57.5 years to 58.4 years. This is the first increase in male healthy life expectancy for Gateshead since the data was first made available (2009-11 period).

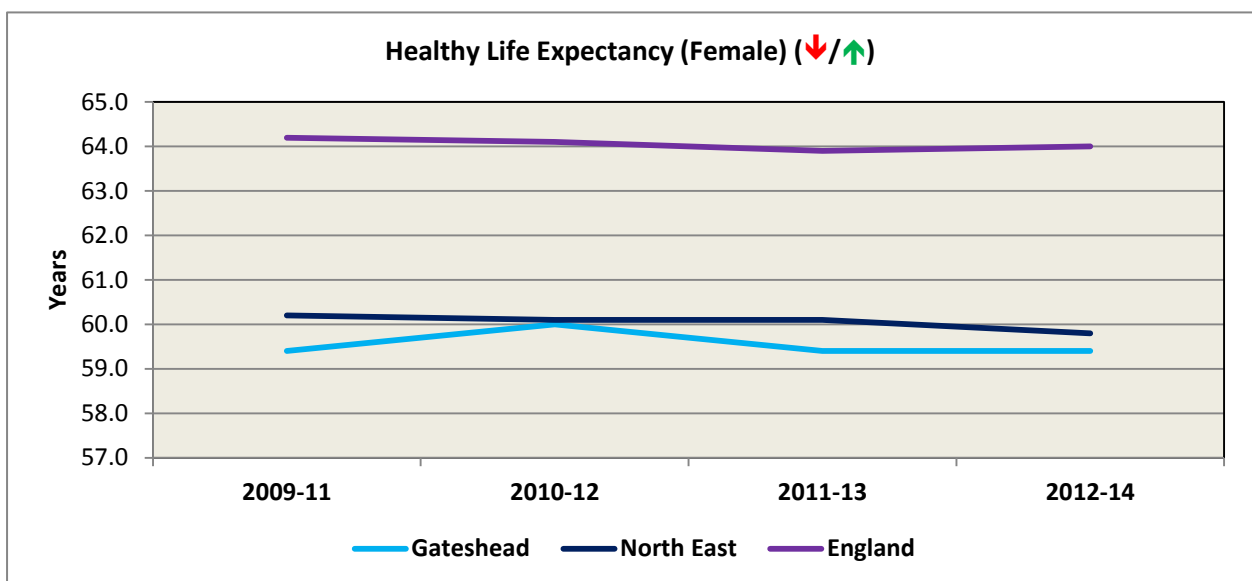
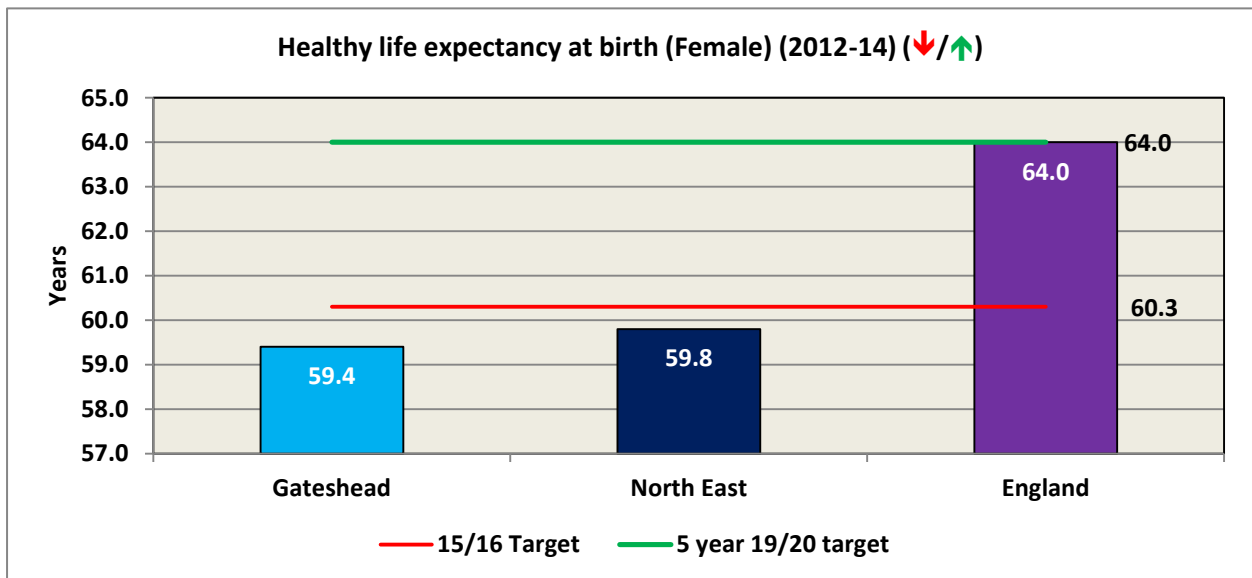
The target set for 2014/15 was 58.7 years which was a required increase of 2.1% on the 2013/14 data. Gateshead missed its 14/15 target by only 0.3 years.

Currently Gateshead is considered significantly worse than the England average of 63.4 years but can be considered similar to the North East average of 59.7 years; however Gateshead currently has the third lowest rate of healthy life expectancy for males in the North East.

The healthy life expectancy indicators are considered to be an extremely important summary measure of both mortality and morbidity and are able to set a context with which Gateshead is able to assess other indicators both at health and economic levels to identify drivers of healthy life expectancy. It is a measure of the average number of years a person would expect to live based on contemporary mortality rates and prevalence of self-reported good health.

The target setting exercise for this indicator has established the target for 2019/20 and set a challenging goal to be similar to the predicted England healthy life expectancy in 5 years' time of around 63.7 years which would start to put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with Vision 2030.

LW21 – Healthy Life Expectancy at Birth (Female)



Key message: At this stage the data for the 2015/16 year is currently unavailable. Data is based on 2012/14 year. It is anticipated this will be released by the Office of National Statistics in March 2017.

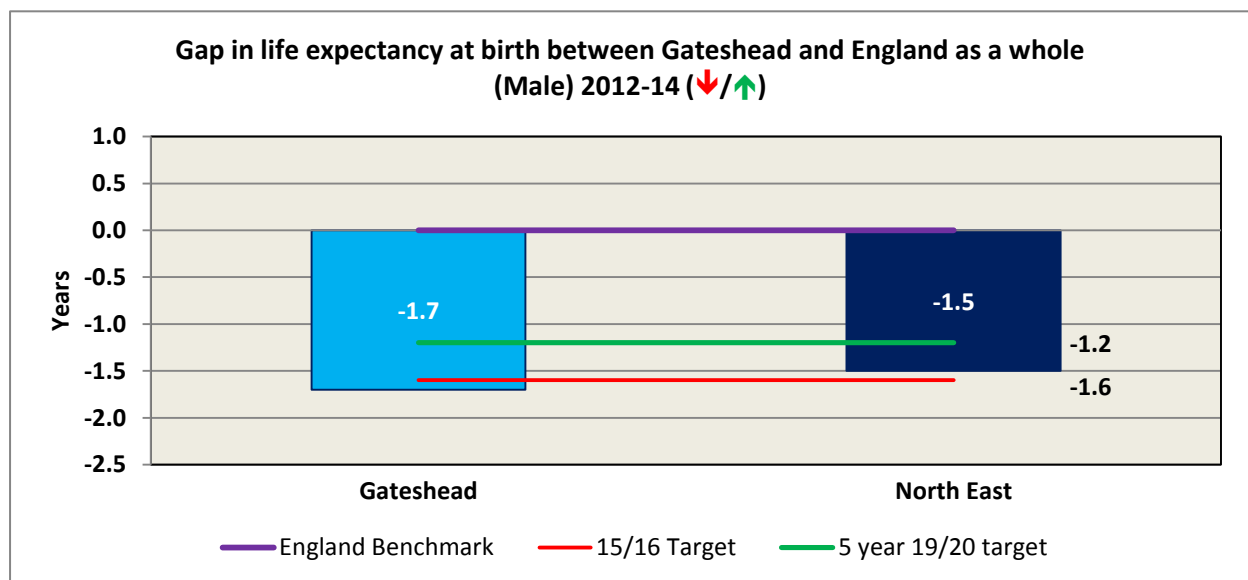
The data currently available is for the 14/15 year (2012-14 data); This shows there has been no change in the rate of Healthy Life expectancy of females in Gateshead with the rate remaining at 59.4 years.

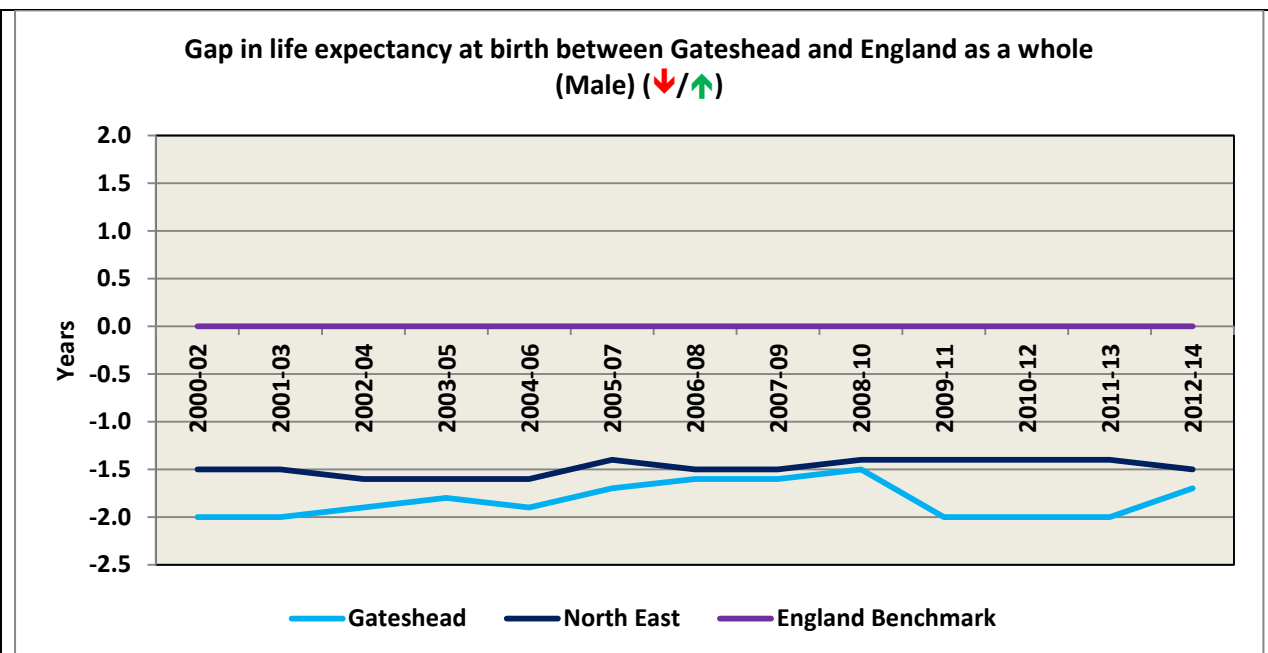
The target set for 2014/15 was 60.3 years which was a required increase of 1.5% on the 2013/14 data. Gateshead missed its 14/15 target by 0.9 years.

Currently Gateshead is considered significantly worse than the England average of 64.0 years but can be considered similar to the North East average of 59.7 years; however Gateshead currently has the seventh highest rate of healthy life expectancy for females in the North East. With rate remaining the same for 2014/15.

The target setting exercise for this indicator has established the new 5 year target for 2019/20. Given that the current England rate of health life expectancy for females has decreased for the past 3 periods in a row, and it is possibly going to continue to decrease for the upcoming periods, we have set ourselves a challenging goal to reach the current (64.0) England healthy life expectancy. Like the targets for male healthy life expectancy this would put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with the Vision 2030 plan.

LW22 Gap in life expectancy at birth between each local authority and England as a whole (Male)





Key message: At this stage the data for the 2015/16 year is currently unavailable. Data is based on 2012/14 year. It is anticipated this will be released by the Office of National Statistics in November 2016.

The data that is currently available is for the 14/15 year (2012-14 period). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has reduced from -2.0 years in 13/14 (2011-13 period) to -1.7 years.

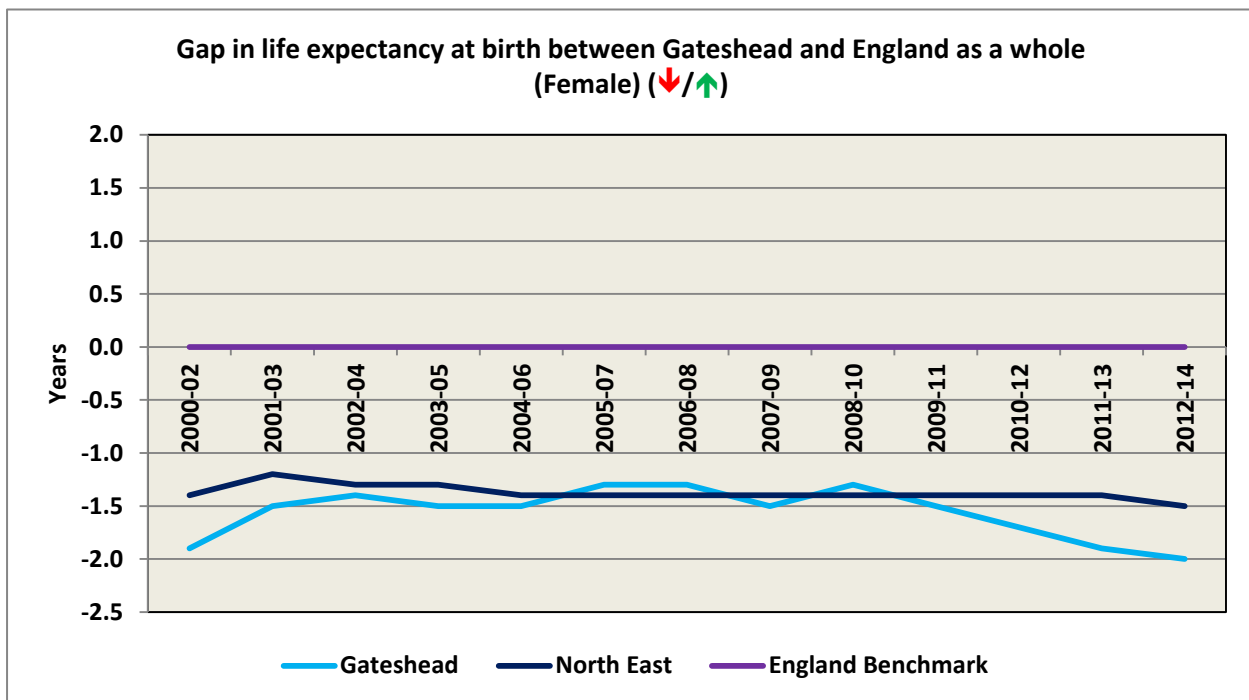
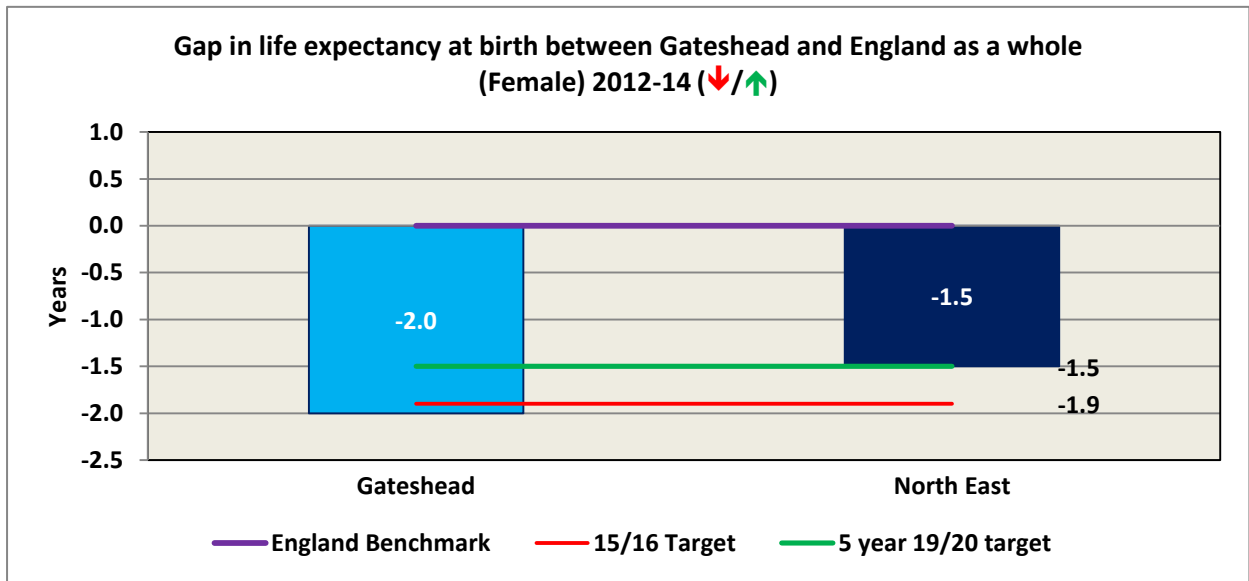
The target that was set for 2014/15 was to reduce the gap in life expectancy down to -1.9 years Gateshead has achieved this target.

Gateshead is considered similar to the North East average of -1.5 years but it has the sixth highest gap in life expectancy for males compared to the England rate in the region.

This indicator measures inequalities in life expectancy between each local authority area and that of England as a whole. It shows the absolute difference in years in life expectancy between the two areas for the given time period a negative figure means that the life expectancy of the area is lower than England, and a positive figure shows that the area has a higher life expectancy than England. This outcome focuses attention on the difference between life expectancy in local authorities and the overall England value and the need to improve the health of the whole area in relation to England. Gap in life expectancy at birth is considered to be one of the overarching outcomes for the nationally defined Public Health Outcomes Framework.

The target setting exercise for this indicator has established the target for 2019/20 with the intention of continuing to reduce the gap between Gateshead and England in terms of life expectancy, and maintain the desired goal of the Public Health Frameworks tool to show a reduction in the size of the negative figure.

LW23 Gap in life expectancy at birth between each local authority and England as a whole (Female)



Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in November 2016.

The data that is currently available is for the 14/15 year (2012-14 period). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has increased from -1.9 years in 13/14 (2011-13 period) to -2.0 years.

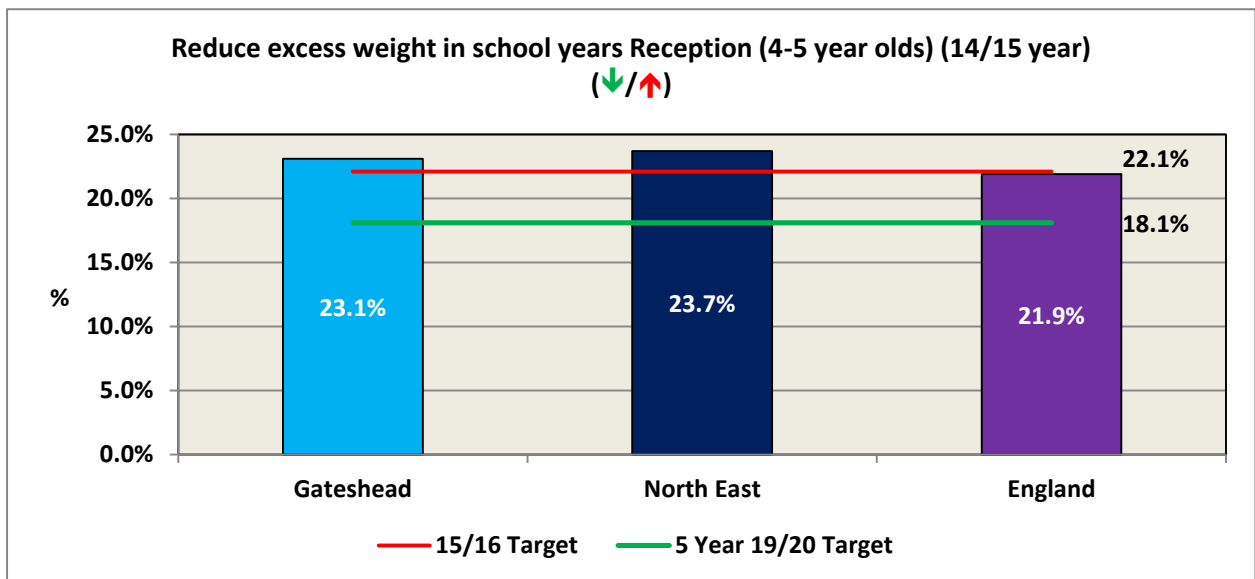
The target that was set for 2014/15 was to reduce the gap in life expectancy down to -1.8 years Gateshead has not achieved this target.

Gateshead is considered significantly worse than the North East average of -1.5 years and it has the third highest gap in life expectancy for females compared to the England rate in the region.

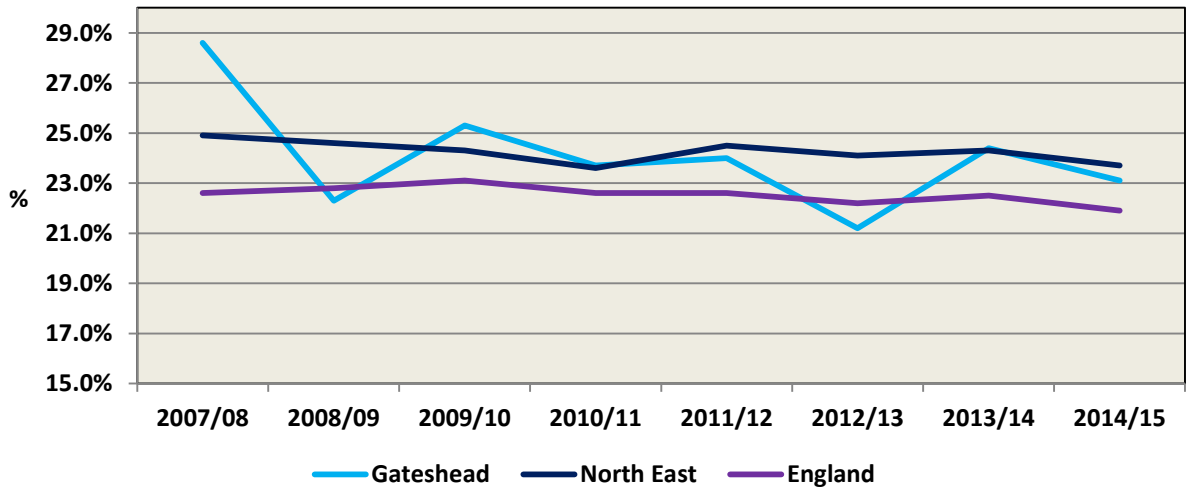
The gap in life expectancy between females in Gateshead and the overall England rate has been steadily increasing for the last 3 periods of data and the 2014/15 data has only continued this trend. 2014/15 is the first time that females have had a larger gap in life expectancy compared to England than males since the availability of this data and the current trends suggest that this may only be likely to increase.

As with the gap in life expectancy for males the target setting exercise for this indicator has established the target for 2019/20 with the intention of controlling the steadily increasing gap in life expectancy for females and then bringing this negative figure back down again.

LW4 a & b - Reduce excess weight in school years Reception & Year 6 (Excess weight defined as a combination of 'Overweight' and 'Obese')

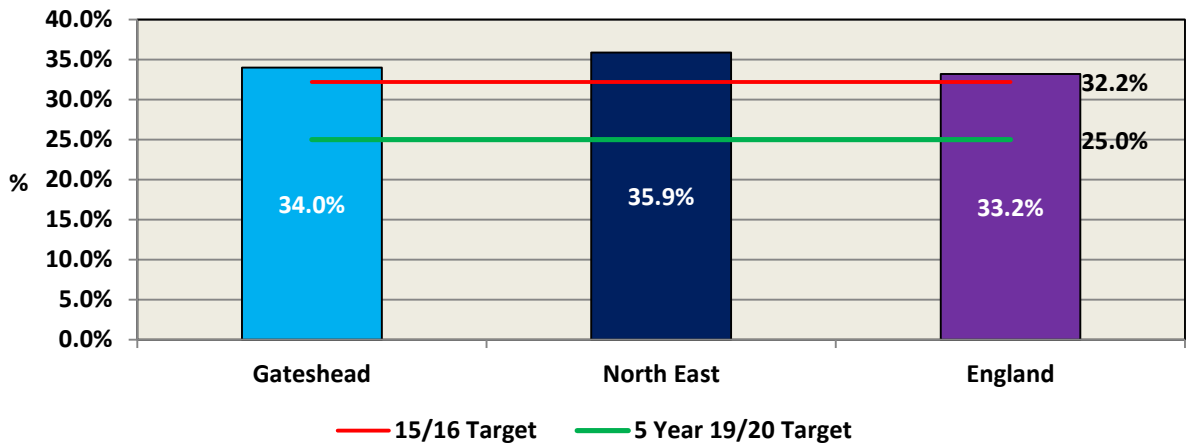


Reduce excess weight in school years Reception (4-5 year olds) (↓/↑)

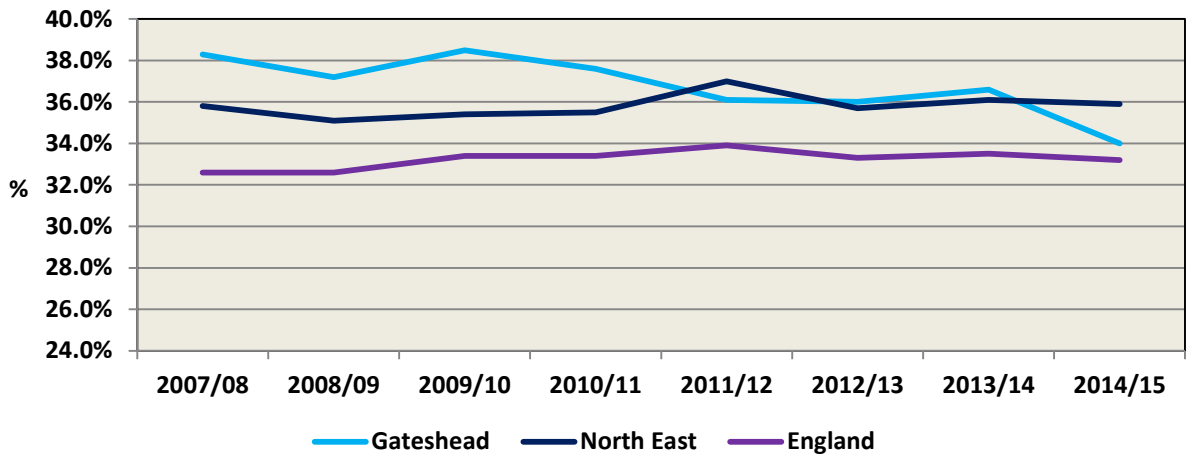


Reduce excess weight in school years Reception (10-11 year olds) (14/15 year)

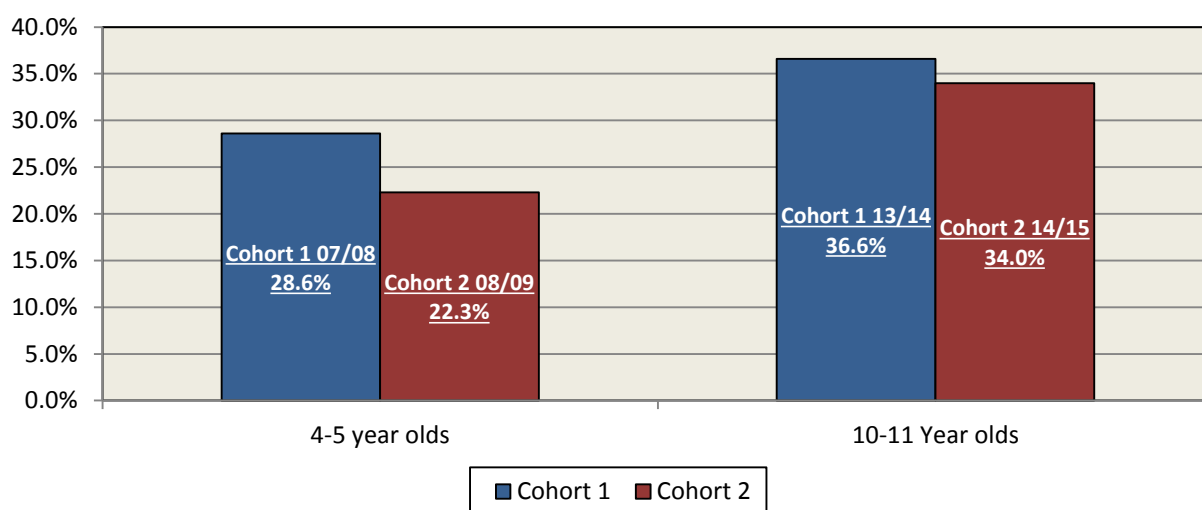
(↓/↑)



Reduce excess weight in school years Reception (10-11 year olds) (↓/↑)



Reduce Excess weight 4-5 & 10-11 year olds



Key message: At this stage the year-end data for 2015/16 is currently unavailable.

In February 2016 Public Health England revised the definition of this indicator to use pupil residence based on postcode rather than school location. This change has resulted in all data for the indicator being revised to take into account the new definition and the Gateshead data for 2006/07 being removed due to data quality issues.

The data currently available is for the 14/15 year. For children in reception (ages 4-5) 23.1% were considered to be of excess weight which was a decrease on the figure in 2013/14 of 24.4%. For children in year 6 (ages 10-11) 34.0% were considered to be of excess weight which was also a decrease on the figure from 2013/14 of 36.6%. In both age groups Gateshead is now considered to be statistically similar to both the England average and the North East average. In the 4-5 year old age group Gateshead now has the 5th lowest rate of excess weight in the North East and for 10-11 years olds Gateshead now has the 3rd lowest rate.

The target for 2014/15 for 4-5 year olds was 24.0% this target was achieved.

The target for 2014/15 for 10-11 year olds was 36.0% this target was achieved.

The two sets of excess weight data have been combined to enable us to monitor the difference between particular cohort groups at the two different measurement stages. Due to the changes made to the definition for these indicators we still only have 2 years' worth of children who were measured at the 4-5 year old stage and have now progressed to being measured at the 10-11 year old point. 4-5 year old Children measured in 2007/08 and 2008/09 have now been measured again in the 2013/14 and 2014/15 years respectively. In both these cohort years we have seen a marked increase in the percentage of children classified as excess weight.

For the cohort measured in 2007/08 and then again in 2013/14 there was a 28.0% increase in the percentage of children classified as excess weight (increasing from

28.6% to 36.6%). In the cohort measured in 2008/09 and then in 2014/15 there was a 52.5% increase in those children classified as excess weight (increasing from 22.3% to 34.0%). However despite the large increases in excess weight between the two measurement periods in both cohorts where the levels of excess weight have reduced at 4-5 years they have also reduced at 10-11 years. Unfortunately having only 2 cohorts of data at this time we are not in a position to suggest that by focusing on bringing excess weight down at 4-5 years we can also affect a positive change in those at 10-11 years.

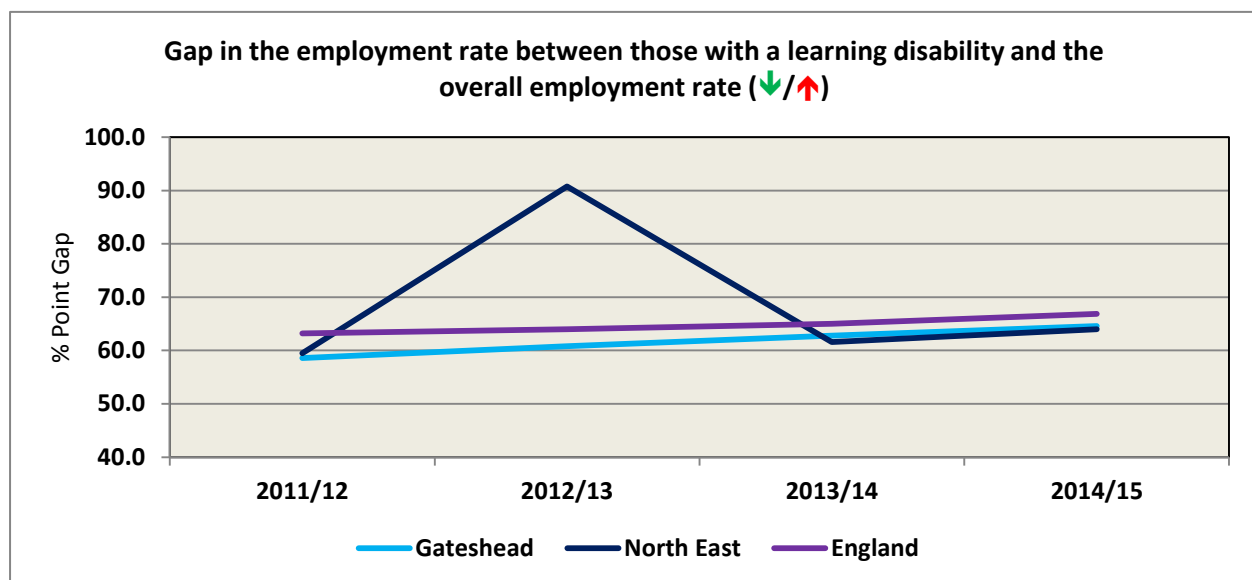
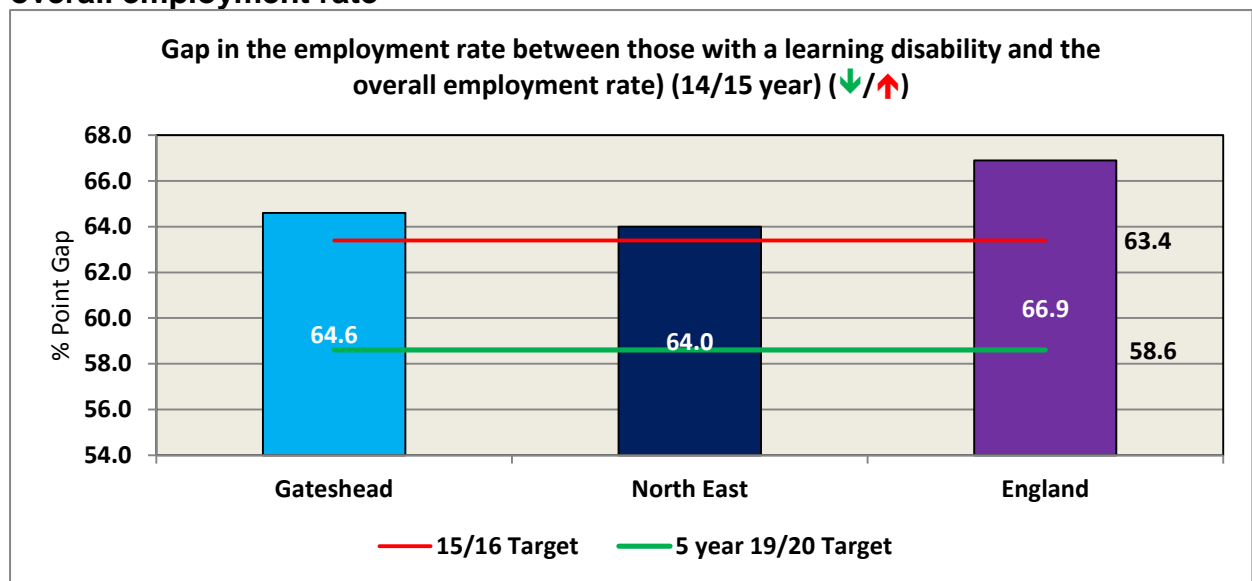
The current long term trend for children at 10-11 years old is now starting to show a very gradual decrease since the first available set of data in 2007/08. Since that point the percentage of excess weight children in this age group has come down by 11.2% and we are now at our current lowest level for this part of the indicator. This is in contrast to both the North East and England rates which are now showing a 0.3% and 1.8% increase overall.

This indicator will hopefully be able to tell us whether there is a connection in the work with children at the 4-5 age categories around excess weight and whether this is having an effect on the numbers of children who are then reporting as excess weight by the ages 10-11.

The UK is experiencing an epidemic of obesity affecting both adults and children and there is currently a huge concern around the rise of childhood obesity and the implications of such obesity persisting into adulthood. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

By choosing to ignore this problem Gateshead would effectively be saying that we as a local authority are comfortable with having around a third of our 10-11 and nearly a quarter of our 4-5 year olds being of excess weight. The 5 year targets up to 2019-20 that have been set for this reflect a commitment to reducing excess weight in both age categories and establishing children with a healthier childhood and consequently a healthier progression into adult life.

LW15 Gap in the employment rate between those with a learning disability and the overall employment rate



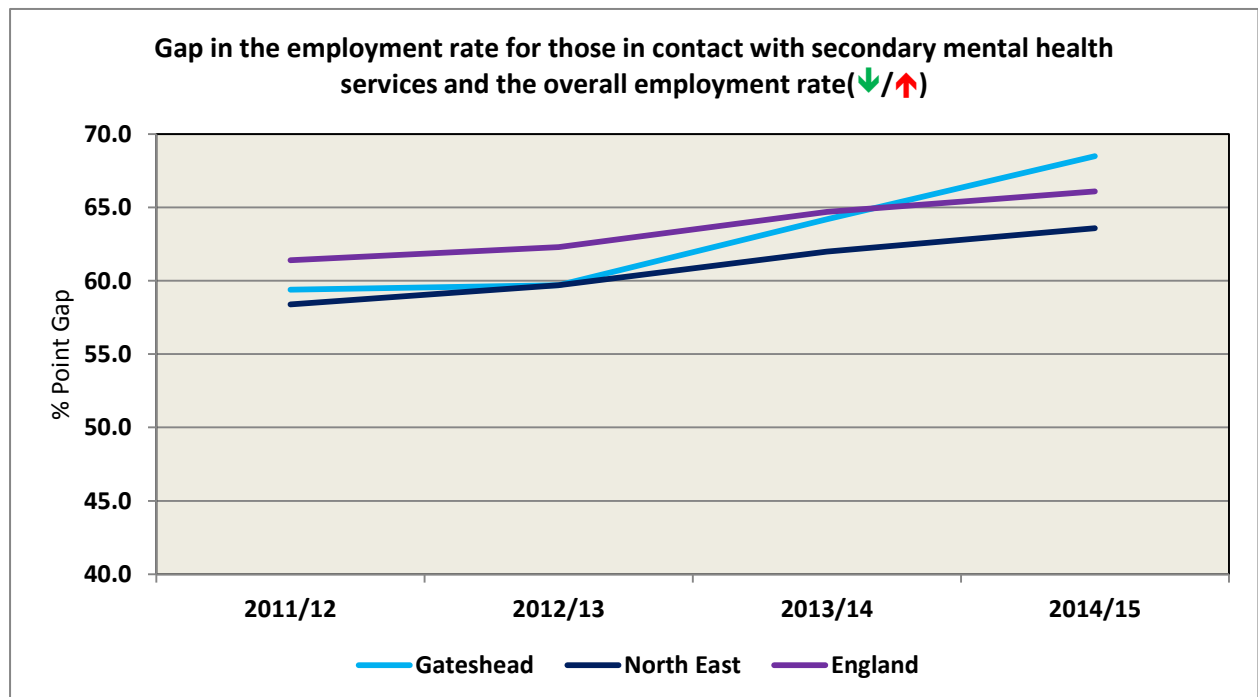
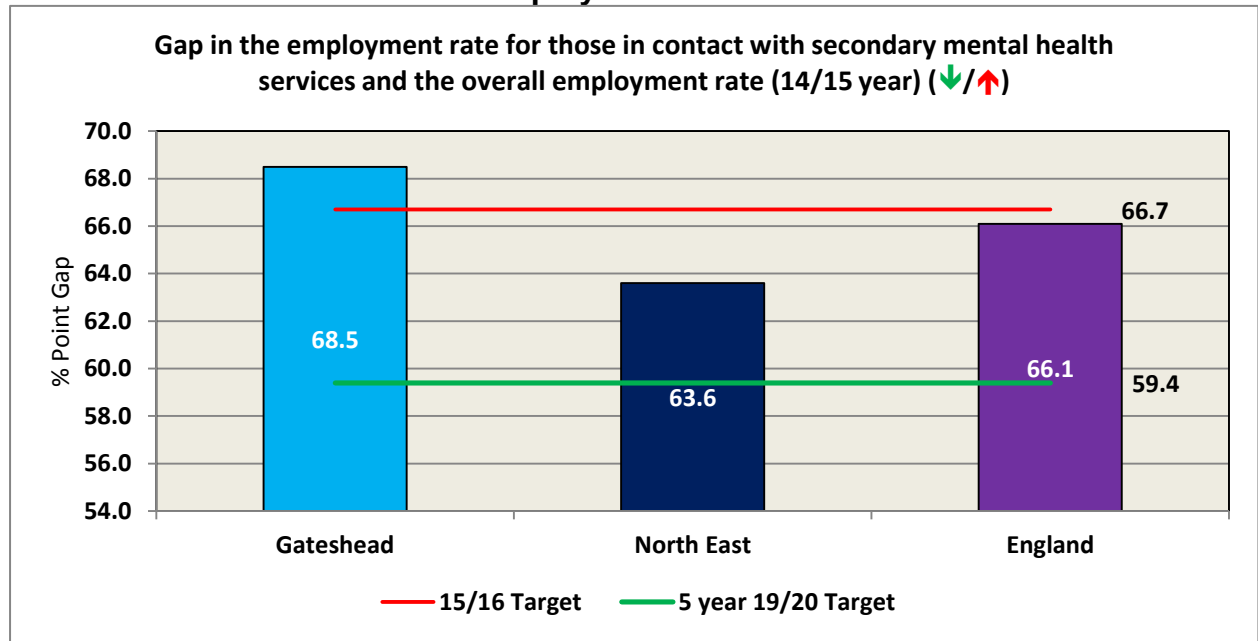
Key message: This data relates to the 2014/15 period. The 2015/16 indicator results have not yet been published by Public Health England.

The percentage point gap in the employment rate between those with a learning disability (known to Adult Social Care) and the overall employment rate in Gateshead during 2014/15 was 64.6%. This gap is marginally higher than the North East average (64%), but lower than the England average (66.9%). A reduction of 1.2% in the gap is required to achieve the 2015/16 Gateshead target of 63.4% and a more challenging decrease of 6% is needed to achieve the 2019/20 target of 58.6%.

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication

of the impact limiting long-term illness has on employment among those in the "working well" life stage. The percentage point gap is calculated between the percentage of working age learning disabled clients known to Social Services in paid employment (aged 18 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).

LW17 Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate



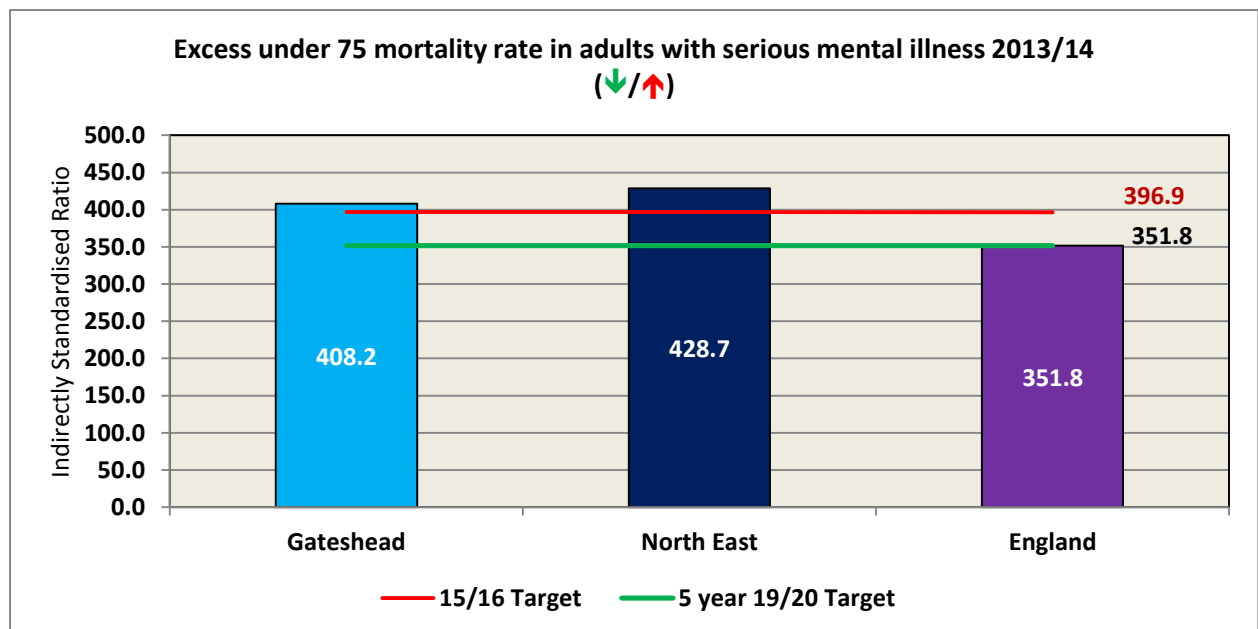
Key message: This data relates to the 2014/15 period. The 2015/16 indicator results have not yet been published by Public Health England.

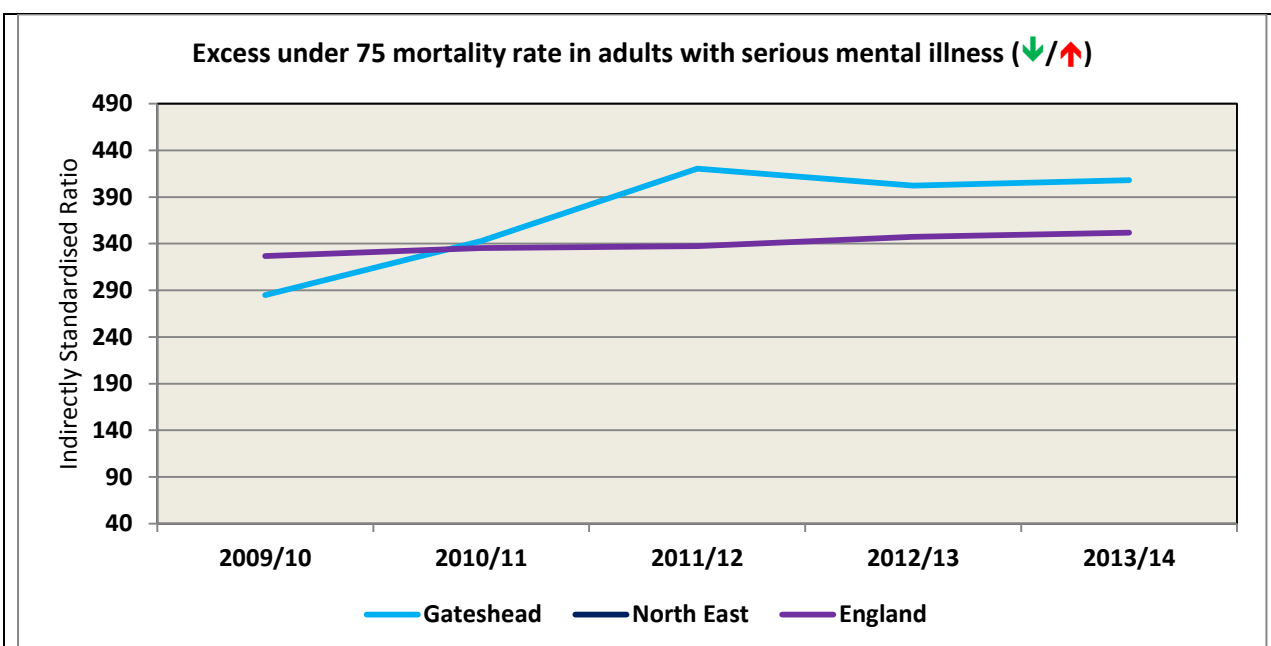
The percentage point gap in the employment rate between those in contact with

secondary mental health services and the overall employment rate in Gateshead during 2014/15 was 68.5%. This gap is higher than the North East average (63.6%) and higher than the England average (66.1%). A reduction of 1.8% in the gap is required to achieve the 2015/16 Gateshead target of 66.7% and a more challenging decrease of 9.1% is needed to achieve the 2019/20 target of 58.6%.

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage. The percentage point gap is calculated between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).

LW18 Excess under 75 mortality rate in adults with serious mental illness





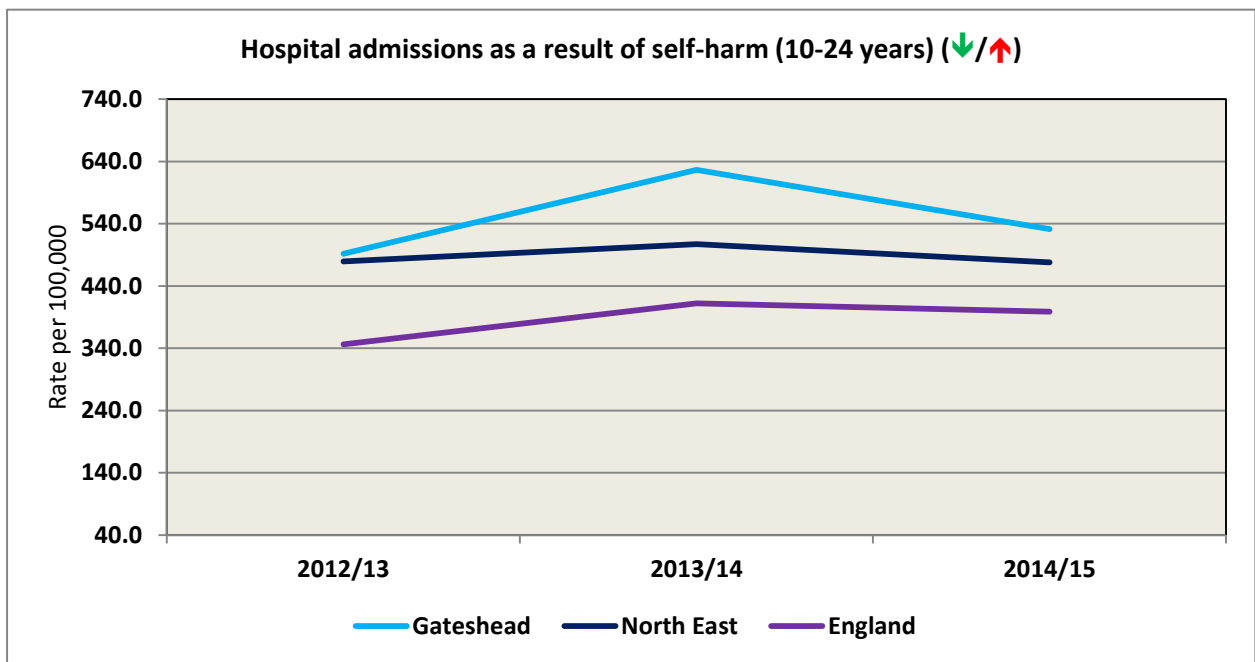
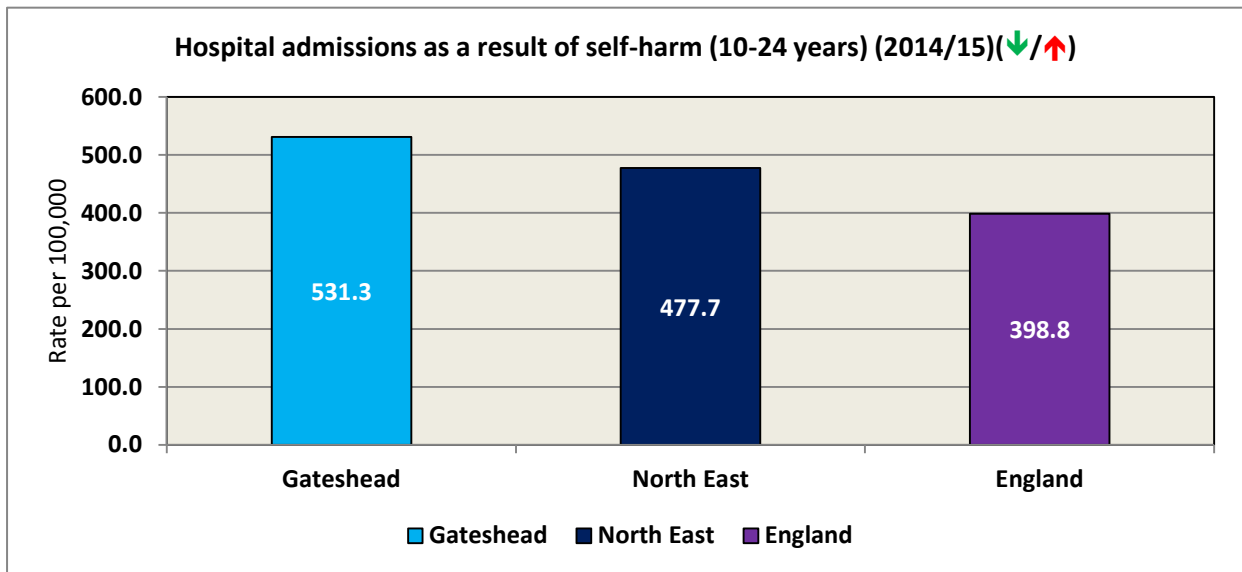
Key Message: At the time of writing, the latest available data for this indicator relates to the 2013/14 reporting period. The excess under 75 mortality rate in adults with serious mental illness in Gateshead was 408.2, a better position than the North East average of 428.7 and is the 5th best rate in the region. However, Gateshead is significantly higher than England, with an average rate of 351.8, which Gateshead has targeted to achieve by 2019/20. Examining the trend since 2009/10 the Gateshead rate has risen steadily, but has shown slight improvement since 2011/12 with a decrease from 420.4.

The ratio (expressed as a percentage) of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England.

The Disability Rights Commission has reported on serious inequalities experienced, in terms of reduced life expectancy, by those with severe mental illness. There is extensive published evidence that people with severe mental illness, such as schizophrenia, die between 15 and 25 years earlier than the average for the general population.

Due to the serious inequality of outcome in life expectancy for those with serious mental health problems, bodies such as the Disability Rights Commission have called upon the government to act to address it.

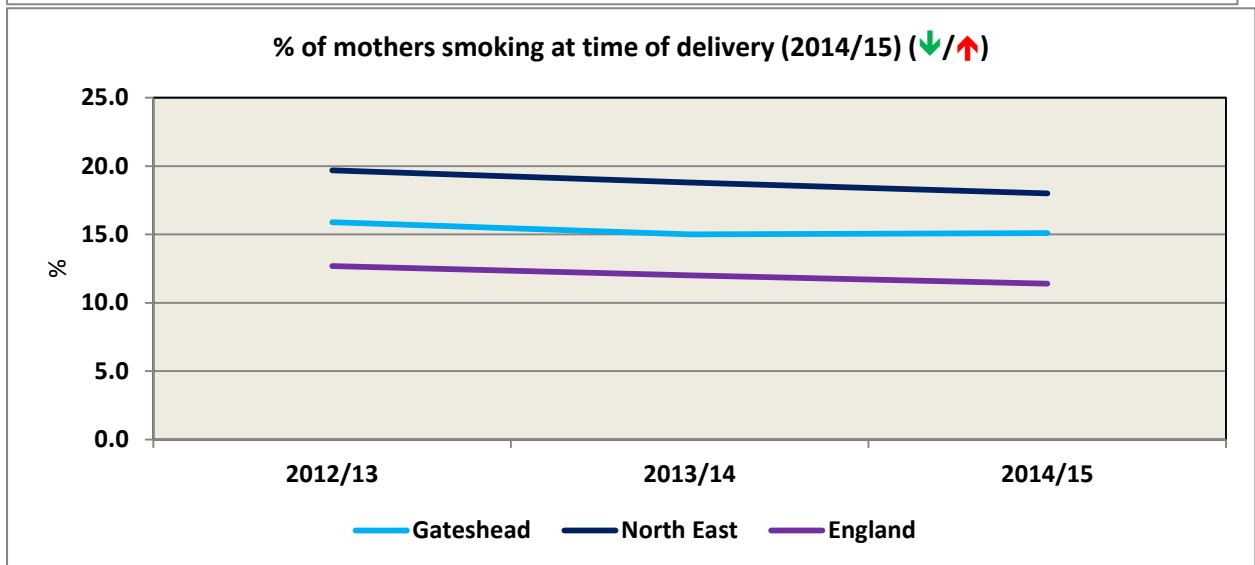
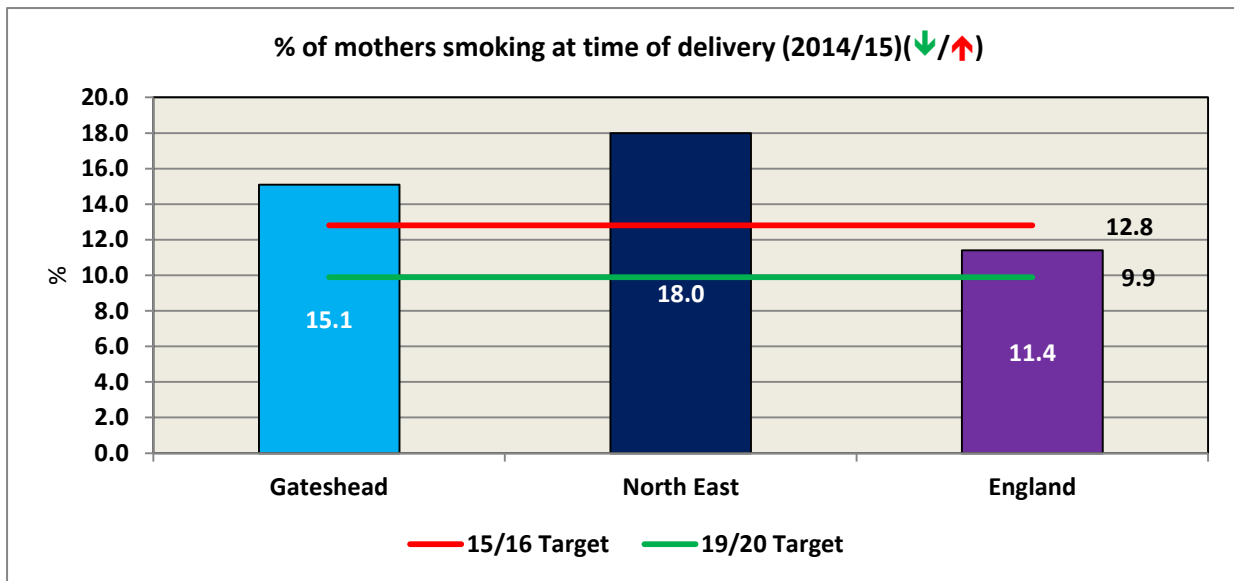
LW16 Promote positive emotional mental health amongst the school age population - hospital admissions as a result of self-harm (10-24 years)



Key message: The values relate to the 2014/15 reporting period and are the latest available at this time. Gateshead (531.3) has a higher rate of hospital admissions as a result of self-harm for 10-24 year olds per 100,000 population than the North East (477.7) and England (398.8).

Over the last 3 available reporting periods (2012/13 to 2014/15) Gateshead seen a large increase in admissions in 2013/14 (626.5) and has reduced by 15.2% in 2014/15.

LW02 - % of mothers smoking at the time of delivery



Key message: The values relate to the 2014/15 reporting period and are the latest available at this time. Gateshead (15.1%) has a lower percentage of mothers smoking at the time of delivery than the North East (18%) but is higher than the England percentage (11.4%).

Over the last 3 reporting periods (2012/13 to 2014/15) Gateshead seen a small but steady decrease in smoking status at the time of delivery, which equates to a variance of -5%. Over the same period, the North East average has decreased by a variance of -9% and England by -11%. A target of 9.9% has been set for 19/20 which would require a significant reduction in order to achieve.

Section 3 – Delivery of the Council Plan 2015-2020 Progress made against the Live Well Gateshead outcome in the Council Plan and targeted action

Live Well Gateshead – a healthy, inclusive and nurturing place for all

Our Achievements

Adult Social Care

Enhancing lives

During April 2016 to 30 September 2016 we have:-

- Upgraded Telecare equipment from the HRA capital programme for 2016/17 in 9 sheltered care schemes.
- The Commissioning team worked closely with the Economic and Housing Growth Team and Housing Services about the potential development on 2 of the sites identified to be used in the joint venture scheme with Home Group and ISOS Housing. Progress has been made on the Winlaton Project; this is a development of a concierge scheme and a cluster of supported accommodation, 2 bungalows and 7 individual units across 3 sites. The Commissioning Team have engaged with key partners across Gateshead, to develop thinking about a step up/down service that will embody the principles and approach of Transforming Care. The Accommodation and Support Group continues to take place; this is a collective meeting between Housing Services, Adult Social Care, and Commissioning to identify and respond to current and future need, facilitate the 'matching' process through housing socials, as well as informing how support can be delivered more efficiently and effectively, for example, through the use of assistive technology. Work is ongoing with current housing providers to see what voids they have in place and ensuring that the accommodation and support group is approaching all potential service users for suitable placements.
- Further developed strategic commissioning partnerships with our Clinical Commissioning Group (CCG) colleagues to deliver integrated models of care around intermediate care and reablement and to jointly commission services for Mental Health and Learning Disabilities. A Complex Case Meeting takes place on a monthly basis with Commissioning, Assessment and Community Teams and the CCG to look at those people who are currently in hospital or potentially at risk of being admitted.
- Continued to take forward work within the Better Care Fund. The 11 work streams currently support transition work into new models of care arising out of work within the STP (Sustainability and Transformation Plan) and integrated models of care over the next five years. This includes initiatives like locality based working, expansion of intermediate care services and Single Point of Access. These will ultimately be subsumed within a wholly integrated Health and Social Care model by 2021 and will form part of the alliance with the Queen Elizabeth Trust Community Services within the newly established Gateshead Care Partnership.
- Looked at opportunities with the CCG to shape the market. A strategic shift is being developed to integrating (across Health and Social Care) commissioning

with the CCG and whole system working to help shape the market. Currently the LA and the CCG are developing the approach through the Integrated Commissioning Group and the Children and Young People Strategic Commissioning Group. The approach for example is being developed currently through the Carers Review and the development of a Learning Disability Framework.

- Through GATES supported two people with disabilities with their employment internship programme at IKEA.
- Supported 3 people with learning disabilities to develop their role as befrienders within the Community Links service to engage with 10 isolated older men to establish the viewpoints and aspirations that they have for both current and future health and social care systems. Such feedback was embodied in the Newcastle Gateshead Care Home Vanguard programme engagement report in August 2016.
- Over the last 3 months we have continued to develop interventions in day service provision at Marquisway practicing and beginning to implement a myriad of specialist interventions for people with complex needs. All interventions will be demonstrated to service users/carers, specialist schools leads and health and social care professionals in November 2016.
- Supported Allsortz user led enterprise to develop since its commencement in August 2016. Eleven people with disabilities are currently accessing the furniture recycling enterprise.
- Supported CQC inspections across registered in-house provider services. Seven services (Eastwood Promoting Independence Centre, Tynedale Promoting Independence Centre, Southernwood Promoting Independence Centre, Blaydon Lodge, Domiciliary Care, Shared Lives and Independent Supported Living Schemes) received a 'good' rating from their 2016 Care Quality Commission (CQC) inspection. Shadon House Dementia Resource Centre received an 'outstanding' rating, with only 2 out of every 1,000 registered services being deemed as 'outstanding' by CQC. Within the inspection, one senior health care professional said "This is an excellent resource, which provides very high quality, person-centred care for people with dementia". A viewpoint shared by one relative who commented "The staff are brilliant. They have infinite patience".
- Received notice that 7 employees (4 from Domiciliary Care and 3 from Promoting Independence Centres) and 2 disability teams (Marquisway Bungalow and Guidepost) have been selected as finalists for the North East Care Awards on 01 December 2016.
- Supported 5 young people with disabilities from the GATES employment support service to secure paid employment from their Internship placement within Intu Metrocentre. The success of the project has resulted in GATES being selected as a finalist in the 'Organisations supporting disabled people into employment' category of the North East Equality Awards.
- With Service users and staff from Winlaton Community Base worked with Digital Voice in making films about the industrial heritage of their area. The 'Industrial Past of Winlaton' project was showcased to the Winlaton public on 13 September 2016. A further intergenerational project is due to be developed with Winlaton schools, which will develop the media and communication skills of Winlaton Base service users.
- With Special Olympics Gateshead Tyne and Wear won the 'Putting People First Personalisation' award at the Great Britain Care Awards in Birmingham on 20

May 2016. The award was testimony to the control that the Special Olympics programme had provided to people with disabilities in how they want to be supported in their lives. The sporting club also won the 'Outstanding sports club awards' at the North East Disability Sports Awards in April 2016, with Special Olympics Gateshead Tyne and Wear female athlete, Jemma Robinson, being awarded the 'Female Sports Personality of the year' award.

- Supported 445 service users during 2015/16 via the in house Domiciliary Care Rapid Response service. The 7 day provision to assess and stabilise individuals in crisis, serving to prevent people moving further into unscheduled care system has a response time of 53 minutes and has prevented 81 inappropriate hospital admissions as well as supplying 99 individuals with a telecare solution to augment their ability to remain independent in their own homes.

.Quality of Life

During April 2016 to 30 September 2016 we have:-

- Continued to review the Quality Excellence Framework and process for setting fee quality bands for Older People's Care Home fees. A new system will be established in Gateshead for the new contract which is due to commence 01 April 2017.
- Developed a risk based approach to the management of contracts for the provision of adult social care services. Consultation and a pilot will take place with Providers with the new approach to be rolled out in 2017. A Quality Assurance Database has been created to hold intelligence/information to support the risk based approach.
- Integrated children, adults and public health contract management, systems and processes continue to be streamlined.
- Developed a draft process for serious provider concerns process and procedure for Gateshead. Flow chart and templates have been created, procedure to be drafted by the end of November 2016.
- Introduced a formal information sharing partnership with the Care Quality Commission (CQC) and Clinical Commissioning Group (CCG) that meets bi-monthly to improve data sharing processes. Terms and conditions are currently being re-drafted.
- Worked with the CCG to further develop personal budgets and direct payments including personal health care budgets to give people greater choice and autonomy around services they receive. Discussions have taken place to tie this work in with the creation of an integrated commissioning strategy across health and social care to ensure that flexible and creative community alternatives exist outside of core services. This would include the creation of a Personal Assistant register to support people to access community provision and a jointly commissioned carers' strategy to further facilitate take up by less able individuals.

Positive Lives

During April 2016 to 30 September 2016 we have:-

- Completed a review of the Physical Disabilities and Sensory Impairment Partnership Board. A Chair is in place, as is an updated action plan outlining priorities over the next 12 months.
- Established a Carer's Review Project Group and working groups to develop Carer's services in Gateshead with representation from the Local Authority, CCG/North East Commissioning Service and Public Health. Consultation with regional authorities is taking place to evidence best practice in delivery of carer's services and engagement with a wide range of carer's. The current spend on carer's services in Gateshead has been mapped across all partners.
- Signed up 43 Carers onto the Carers Emergency Support Service.
- Trained Care Assessment and Support staff in the adoption of an asset based approach to assessing and reviewing care needs within the Care Act. Under this system of working practitioners will address strengths as well as needs and how these can be deployed to assist with meeting needs. It moves the focus from a deficit model of needs based assessment to a strength based model focusing upon wellbeing and promoting independence. This approach complements the work being undertaken within Living Well Gateshead which targets the creation of healthy and supportive communities that delay or prevent the progression into statutory services because meaningful community alternatives do not exist or the focus on wellbeing takes a traditional service led route which de-skills the individual and makes them dependent upon services.
- Implemented the new model of Adult Social Care, with Social Workers and assessing staff now based across the new teams. As with any significant reorganisation, the model is still embedding, and work will continue to refine and review in due course. There have been some issues in terms of operationalising all elements of the model (e.g. in order to have a fully functional enablement service, we still require the independent sector to take over some domiciliary care work). The issues are well understood across Adult Social Care and Commissioning, and action plans are in place for areas which still require development in order to fully realise the model.
- Widened the Musical Memories group and developed into a Friendship Café. Called Friends Like Us – the café is held monthly and is now regularly attended by adults living with dementia and their Carer's, adults with learning disabilities and their support workers and also by members of the general public. There has been a session with live music and an event to celebrate National Poetry Day with poetry readings and performance. Future plans include a Christmas music event. The Friends Like Us group is addressing social isolation and bringing together people with a variety of needs and interests in a welcoming, relaxed environment.
- Consulted with adults with learning disabilities and their support workers to plan a range of activities to suit their needs. The programme of activities will start in the garden in the Spring 2017.
- Continued to host the Autism Information Hub at the Central Library offering a combination of resources about autism and monthly face to face information and signposting sessions supported by the Council's Special Educational Needs Improvement Team (SENIT) for people with autism, their families/carers and

practitioners. People are able to speak to a professionally trained autism specialist, consult a selection of library books from our special collection and reserve them for free.

Protecting Lives

During April 2016 to 30 September 2016 we have:-

- Appointed an interim Safeguarding Adults Board Business Manager and continued to develop the Adult Safeguarding Board. Appointed Sir Paul Ennals as the Safeguarding Adults Board Independent Chair. The sub groups are meeting on a regular basis and task and finish groups have also been established to complete specific pieces of work.
- Continued to work in partnership with the Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally. In total 988 home safety checks were completed, an additional 52 smoke alarms fitted and a total of 2641 calls challenged.
- Continued to develop a bespoke system to strengthen data collection and streamline processed for Deprivation of Liberty Safeguards.

Falls Prevention Strategy

During April 2016 to 30 September 2016 we have:-

- Commenced Postural Stability Classes at four locations across Gateshead. Evaluation of the project shows fantastic results and demand is outweighing resources.
- Worked in partnership with Newcastle Council to look at examples of best and a joint strategy.
- Worked with the Vanguard Project to develop a care home falls protocol throughout Gateshead.
- Analysed local data which indicates that since December 2015, there has been an overall reduction in the number of admissions to hospital relating to falls when compared to the same period last year.
- Agreed and launched a falls pathway as part of the Falls Strategy group, led by Public Health. This was created following research on clinical evidence and national guidance, as well as close collaboration with the Gateshead fall's strategy group data.
- Trained approximately 300 front line staff in falls awareness training.

Health and Wellbeing

Substance Misuse (Including Alcohol)

During April 2016 to 30 September 2016 we have:-

- Commissioned a Consultant to undertake a Clinical Audit to examine current practices and make recommendations regarding the future contracting of this

provision. This work is to take place from October - December 2016, with a report of outcomes in January/February 2017.

- Participated in a national Public Health England and Home Office pilot examining the opportunities that a 5th Licensing Objective for Public Health would offer. This work has included the development of an analytical mapping system to identify alcohol related harm across the borough. The evaluation report is due to be published in Autumn 2016.
- Circulated the draft Gateshead Substance Misuse Strategy to key partners and stakeholders and has presented at the Health and Wellbeing Board and the Community Safety Partnership.
- Distributed Naloxone (antidote to opioid overdose) to 250 service users in Gateshead and delivered training to key health and social care professionals.

Reducing Smoking

During April 2016 to 30 September 2016 we have:-

- Presented “Smoking Still Kills; Smoke Free Vision 2025” to the Gateshead Health and Wellbeing Board at their meeting in June 2016. The Board adopted the recommendations that outlined the vision for a smoke free future for our children, that the next generation will be born and raised in a place free from tobacco, where smoking is unusual. The target being a 5% smoking prevalence by 2025.
- Evaluated the 'No Butts' pilot programme with Citizens Advice Gateshead which showed promising results in the first 3 months and quit rates. Citizen’s Advice Gateshead continues to utilise budgeting conversations with clients to raise the possibilities and opportunities of quitting. Public health continues to explore opportunities to extend Brief advice about quitting and to recruit Active Intervention advisors in the wider community and voluntary sector.
- Continued to remodel the LiveWell Gateshead service. The LiveWell Hub has been decommissioned and their responsibilities have been brought 'in house' within the Council. All attempts have been made to ensure a smooth transition and limit the impact on providers of 'Active Intervention' in GP practices, pharmacies and community settings.
- Continued the development of the communication programme to increase awareness of the harms caused by smoking in pregnancy led by PHE. We will support the dissemination and publicity of this campaign when it is launched.
- Attended with key partners the regional dissemination event for the babyClear evaluation. The Consultant in Public Health is undertaking a further piece of evaluative research to look at this programme locally, this will incorporate recommendations to continue this evidenced based practice.
- Supported Stoptober and FRESH '16 Cancers' and 'Every breath' communications campaign with widespread coverage.
- Completed Tobacco Clear assessment with members of the Tobacco Alliance and the Health and Wellbeing Board.
- Supported the introduction of standard packs and European Union Tobacco Products Directive.

Sexual Health

During April 2016 to 30 September 2016 we have:-

- Continued to develop a Sexual Health Strategy to be presented to the Health and Wellbeing Board in October 2016.
- Negotiated and implemented a new Emergency Hormone Contraceptive Patient Group directive to continue service provision for the next 2 years.
- Launched an HIV Home sampling service.
- Updated the JSNA with the latest sexual health data.

Mental Health and Wellbeing

During April 2016 to 30 September 2016 we have:-

- Conducted an Audit of Suicide files for the calendar years 2014 and 2015. The data will be processed during October 2016 and a report will be available by November 2016.
- Presented findings from the Social Prescribing event to the Health and Wellbeing Board and developed a framework. Going forward the Social Prescribing Group will now work to develop skills and knowledge of people in 'Link Worker' roles and to augment the social prescribing offer across the system.
- Signed off the Public Mental Health Strategy at the Gateshead Mental Health and Wellbeing Group.
- Contributed to the CCG Deciding Together process and the decisions reached on the provision of Adult Specialist Mental Health services across Gateshead and Newcastle.
- Delivered three 'Reading Well: Books on Prescription' schemes across the library service, providing titles selected by health professionals, which are free to reserve. Two of the schemes aimed at adults cover dementia and mental health; the third, for teens and young adults, provides a comprehensive collection of books covering a topics such as body-image, self-harm and self-esteem. The programme is being delivered by The Reading Agency in partnership with public libraries and is funded by The Arts Council and the Wellcome Trust.

NHS Health Checks Programme

During April 2016 to 30 September 2016 we have:-

- Piloted the NHS Health Check Plus Families with one GP practice.
- Developed a NHS Health Check Service Specification for 2017/18.
- Implemented new national best practice guidance into the NHS Health Check Programme in Gateshead.
- Produced the NHS Health Check Infographic to illustrate the performance and outcomes of the programme. This has been a useful as a talking point about the programme and shared with regional NHS Health Check Groups and the National Programme Lead with positive feedback.

Health and Wellbeing Strategy

During April 2016 to 30 September 2016 we have:-

- Developed a Forward Plan for the Health and Wellbeing Board for 2016/17.
- Updated the JSNA. This included developing the intelligence offer underpinning the JSNA through work currently taking place on health needs assessments (HNAs) of the homeless and of black and minority ethnic communities.
- Continued work with the voluntary and community sector in order to develop qualitative 'life story' information to compliment the JSNA.
- Redesigned the JSNA web pages to improve access.
- Progressed the refresh of our Health and Wellbeing Strategy for Gateshead. Having considered the scope for a refreshed health and wellbeing strategy, the Health and Wellbeing Board agreed that this would need to link with a new requirement of NHS Planning Guidance for local health economies to produce a five year Sustainability and Transformation Plan (STP) for their area. Work has progressed, led by the CCG, to develop a STP incorporating the Gateshead area, which is due to be submitted to NHS England in October. The NECA/NHS Commission for Health & Social Care has also produced its report 'Health & Wealth - Closing the gap in the North East'. Both of these documents will inform the refresh of the Strategy.
- Continued to develop a health inequalities framework to address health inequalities within Gateshead.
- Continued to develop a 10 Year Tobacco Control Delivery Plan for Gateshead. The Health & Wellbeing Board has considered progress made and endorsed a set of recommendations to shape the next steps in taking this work forward.
- Developed our Better Care Fund Plan for 2016/17 in line with national guidance which has been approved in full by NHS England. Implementation of the plan is being progressed and a monitoring return for the 1st quarter of 2016/17 has been endorsed by the Health & Wellbeing Board and submitted to NHS England.
- Continued to monitor performance against key health and wellbeing outcomes through the Health & Wellbeing Board.
- Received assurance at the Health and Wellbeing Board from the safeguarding children and adult's annual reports and business plans.
- Considered Healthwatch Gateshead's Annual Report 2015/16 and Priorities for 2016/17.

Improve population health and wellbeing, reduce mortality and tackle inequality

During April 2016 to 30 September 2016 we have:-

- Disseminated the findings from the Live Well Gateshead Evaluation. Public Health is working with Live Well to take account of the findings.
- Completed the summer of cycling campaign between April and August incorporating the 'Every Body Active Every Day' Public Health England campaign to celebrate and promote cycling in Gateshead.
- Developed the frame work for social prescribing. Social Prescribing Group will now work to develop skills and knowledge of people in 'Link Worker' roles and to augment the social prescribing offer across the system.

Hearty Lives

During April 2016 to 30 September 2016 we have:-

- Fully embedded the learning, contacts and legacy associated with the hearty Lives programme within the Neighbourhood Management and Volunteering Team, part funded through the Live Well Gateshead Capacity Building programme. Not only has the member of staff been retained within one of the development roles within the Capacity Building Team but his experience and project ideas are being fully utilised by the rest of the team, particularly in respect of engaging men through a variety of initiatives.
- Use the learning from the programme to establish a number of Men's groups across Gateshead with Men's Health in general being promoted more and will continue to be promoted across the population through the Neighbourhood Management and Volunteering and the Public Health teams. Campaigns like men's health week have now gained support and take place on an annual basis.

Place Shaping

During April 2016 to 30 September 2016 we have:-

- Successfully defended appeals against the Hot Food Takeaway Supplementary Planning Document policy.
- Contributed to decisions on mobile food vendors' applications to ensure they promote health and wellbeing through the licensing regimen.

Cancer

During April 2016 to 30 September 2016 we have:-

- Worked with the CCG and held a workshop in September 2016 to develop a new Gateshead Cancer Strategy.

Healthy Weight

During April 2016 to 30 September 2016 we have:-

- Commenced a Healthy Weight Pilot Project with Edberts house and the local community. A community proposal will be developed and an Embedded Researcher will work with the community until Summer 2017 to address Childhood Obesity through an asset based approach.

Clinical Commissioning Group Locality Working

During April 2016 to 30 September 2016 we have:-

- Rolled out the diabetes profiles with input from the CCG and QE lead consultant.
- Rolled out the Chronic Obstructive Pulmonary Disease (COPD) profiles to support the Practice Engagement Programme (PEP) in June 2016.

- Supported the delivery of the House of Care Training.

Better Health at Work Award

During April 2016 to 30 September 2016 we have:-

- Visited businesses involved in the award and supported/advised on the development of a portfolio of evidence for assessment. New businesses participating in the award have expressed the health benefits that they have organised and the positive influence it has had with staff. One business with a canteen has made permanent healthier choices to the menu.
- Participated in a Team Valley business open day event in order to raise the profile of the award to businesses.
- Participated in an evening event for Gateshead businesses held at St Marys Heritage Centre in Gateshead to promote the award.

Key Actions over the Next Six Months

The following key actions have been prioritised for action over the next six months to support delivery against the shared outcome Live Well Gateshead – a healthy, inclusive and nurturing place for all.

Adult Social Care

Enhancing lives

- Continue to upgrade Telecare equipment from the HRA capital programme for 2016/17 with plan for 19 sites to be upgraded.
- Design new service delivery model for extra care support services in Gateshead. Consulting with residents and stakeholders and tendering for new service.
- Continue work with Housing Growth team and Home Group in the development of housing for people with a learning disability to reflect need identified from the Accommodation Support Group.
- Continue discussions on the feasibility of a core and cluster type housing model for people with a learning disability, to promote more efficient service delivery and promote independence.
- Continue to develop opportunities with the CCG to shape the market and integrate health and social care commissioning.
- Commence the recommissioning of extra care support services.
- Develop a capacity building approach as part of Achieving More Together to be delivered across health, social care and the third and community sectors to develop knowledge and skills to deliver healthy lifestyle advice and interventions. Training will also be delivered in the Five Ways to Wellbeing; prevention of falls and accidents; and in signposting to support for the wider determinants of health such as welfare rights advice and housing support. The Adult Social Care Front Door Team will be supported through further training to have constructive conversations with callers to enable sources of support in the community and self-help as part of the approach to early help.
- Through GATES support two people with disabilities to commence with their employment internship programme at IKEA by November 2016.
- Continue to develop interventions in day service provision at Marquisway and demonstrate to service users/carers, specialist schools leads and health and social care professionals in November 2016.

Quality of Life

- Retain annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).
- Develop a new fee band quality framework for Older Peoples residential and nursing care homes.
- Consult on the new risk based contract management framework, pilot the new tools and hold consultation/briefing sessions with providers on the new quality assessment framework.
- Continue to integrate Children's, Adults and Public health systems and processes.
- Agree the Serious Provider Concerns process and draft the procedure.

- Develop terms of reference and improved information sharing at CQC and CCG partnership meetings.
- Work with the Gateshead Care Partnership (and other NHS colleagues) to develop the local approach to integration across health and social care, which improve pathways for health and social care service users in Gateshead.

Positive Lives

- Continue to embed the new model of adult social care, review its success and make any required changes accordingly.
- Explore models of delivery in respect of direct support to individuals, building on the success of alternative user led developments, such as the Enterprises.
- Complete a Health Needs Assessment for Carer's.
- Produce and consult on model options for future delivery of Carer's services in Gateshead. Agree funding and pooled budget arrangements for future provision of Carer's services with partners and produce recommendations and a forward plan.
- Continue to sign up Carers onto the Carers Emergency Support Service.
- Launch the Reading Hack does#Love to Read on 24 October 2016 for two weeks leading up to the BBC #Love to Read Weekend. Young people will be at the heart of #Love to Read in libraries, sharing the books they love and promoting Reading Hack to young people. Gateshead's Reading Hack young people are part of a regional event, to be held in Newcastle with the author Sita Brahmarchi on 25 October 2016.
- The Friends Like Us group to hold a Christmas event at the Central Library to support addressing social isolation and bringing together people with a variety of needs and interests in a welcoming, relaxed environment.
- Programme of activities will start in the Central Library garden in Spring 2017 for adults with a learning disability and their support workers.
- Consider a fourth 'Reading Well: Books on Prescription' for July 2017, covering those with long-term conditions.

Protecting Lives

- Continue to work in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally.
- Continue to develop and implement a bespoke system to strengthen data collection and streamline processed for Deprivation of Liberty Safeguards.

Falls Prevention Strategy

- In cooperation with Adult Social Care, commence an Otago class (evidence based strength and balance exercise programme) in Blaydon.
- Link with leisure services to influence the exercise opportunities that incorporate evidence based falls prevention exercise.
- Work with Adult Social Care Direct to imbed basic falls screening protocol.
- Develop new Postural Stability Classes within four new locations in Gateshead.
- Develop a Falls Prevention page for Our Gateshead website.

Health and Wellbeing

Substance Misuse (Including Alcohol)

- Respond to the findings and recommendations of the Clinical Audit.
- Finalise the Gateshead Substance Misuse Strategy and resulting Action plans. The delivery of the strategy will be the responsibility of the Substance Misuse Strategy Group and accountable to the Community Safety Board and Health and Wellbeing Board.
- Review the Council's contribution to supporting the Alcohol Declaration signed in 2014.
- Continue to develop the joint working between Public Health, Trading Standards, and Licensing to further develop work in light of the findings of the Health as a Licensing Objective Pilot.

Reducing Smoking

- Publish the Director of Public Health annual report on tobacco.
- Continue to participate in the remodelling of LiveWell Gateshead to ensure that 'Active Intervention' remains a priority.
- Present Tobacco Clear paper to the Health and Wellbeing Board in October to update on progress and outlining the way forward for the Tobacco 10 Year Plan.
- Continue to be a partner in the work led by FRESH to Make Smoking History.
- Explore opportunities in community and secondary care settings to increase the delivery of very brief and brief advice, together with the promotion of the Active Intervention providers to increase uptake in those accessing stop smoking support.
- Develop a local 10 year delivery plan based on the output of the CLearR assessment and national, regional and local intelligence.

Sexual Health

- Finalise the Sexual Health Strategy performance framework.
- Complete integrated tariff analysis, finalise review and implement changes to year 3 sexual health pricing schedule.
- Bring all key performance indicators up to date with sexual health service provider.
- Migrate GP and Pharmacy contracting process onto online portals.

NHS Health Checks Programme

- Prepare and implement a new commissioning process for the NHS Health Check model 2017/18.
- Finalise arrangements for the training and mentoring for the NHS Health Check Programme.
- Scope out how the NHS Health Check Programme can be targeted to reduce health inequalities.
- Develop case studies and examples of good practice for the NHS Health Check Programme.

Health and Wellbeing Strategy

- Further develop the JSNA, including: reviewing the 'expert authors' list who provide the narrative for key topic areas; building upon the qualitative work

undertaken by voluntary sector providers in order to bring additional richness to the JSNA; looking at ways to integrate intelligence on Gateshead's assets into the JSNA.

- Continue to progress the refresh of our Health & Wellbeing Strategy for Gateshead which will include a focus on addressing health inequalities within Gateshead.
- Develop Commissioning Intentions for 2017/18 to feed into Operational Plans.
- Work with local partners to develop new ways of working to address key challenges across our health and care economy.
- Implement our Better Care Fund Plan for 2016/17 and develop our plan for 2017/18.
- Finalise a 10 Year Tobacco Control Plan for Gateshead.

Place Shaping

- Continue to develop the Obesity Strategy for Gateshead to cover the life course.

Cancer

- Continue to develop the Gateshead Cancer Strategy in partnership with the CCG.

Healthy Weight

- Develop a response linked to the Regional campaign on sugar which in turn is linked to the development of an Obesity Strategy for Gateshead.
- Re-examine the Healthy Weight Pilot Project with partners and devise an action plan to support the approach.

Better Health at Work Award

- Assess 5 businesses and organisations four for the bronze award and one for the gold award.
- Help, support and advise a further 7 businesses/organisations to be assessed in 2017. One of the new sign-ups for the Bronze award is Intu who manage the Metrocentre with businesses who employ over 9000 staff which would hugely increase the reach of the award.
- Encourage new businesses and organisations to participate in the award including housing associations based in Gateshead and businesses in the Team Valley.

This page is intentionally left blank

TITLE OF REPORT: **Proposal to Close Lobley Hill Branch Surgery**

REPORT OF: **Partners of Bensham Family Practice**

Summary

The attached document provides the OSC with information regarding an application by the partners of Bensham Family Practice to close the branch surgery at Lobley Hill, Gateshead and details of the engagement process carried out so far with patients and stakeholders. The views of the OSC are sought on the information provided.

Proposal

1. The Partners of Bensham Family Practice have made an application to close the branch surgery at Lobley Hill, Gateshead, in order to safeguard the viability and sustainability of the practice in the long term.
2. Details of the proposals and the engagement process with patients and stakeholders carried out in May / June 2016 are set out in Appendix 1 to the report.
3. Representatives from Bensham Family Practice will attend the OSC meeting to outline their proposals. A representative from NHS England and the Director of Transformation at NewcastleGateshead CCG will also be in attendance.

Recommendations

3. The Committee is asked to:-
 - a) Give its views on the information provided.

Contact:

Extension:

This page is intentionally left blank

Briefing paper to OSC re proposed closure of Lobley Hill (LH) Branch surgery.

Background Lobley Hill (LH) surgery has operated as a Branch surgery of Bensham Family Practice for approximately thirty years. The total practice list size is 4400 patients. For the last 5+ years the surgery was only open for one hour per week, with a GP consulting during that time. No Practice Nurse appointments, Long Term Condition screening or phlebotomy services have been offered at the branch during the whole time it has operated as a branch surgery. In the latter years of being open the one hour per week GP appointments are rarely fully booked as patients preferred to attend the main site on Sidney Grove. Furthermore the branch site is in a poor state of repair and following an independent Health & Safety assessment carried out in April 2016, it was declared unfit for purpose. All services were transferred to the main surgery at Bensham at the beginning of 2016 when the health and safety issues became apparent.

Audit of Lobley Hill Branch Surgery An audit was undertaken of the usage of Lobley Hill branch surgery for the period 1st January 2015 to 31st December 2015, the results of which were as follows:

- Appointments available: 276
- Appointments booked: 114
- Appointments unbooked: 162
- % of available appointments that remained unused: 59%

Engagement A very small number of patients used the branch surgery on a regular basis. A patient engagement exercise was carried out in May /June 2016. We sent out 433 questionnaires to the patients living in the Lobley Hill area and received 127 replies. 2 patients indicated they would change their practice should the surgery close the branch site. 1 family stated they struggled to attend the main site on Sidney Grove. This family were contacted and in fact their problem was the times they could pre book appointments for their disabled father. This family now has open access to any appointment at the main site. They did state that they preferred the main site as the facilities were better, including disabled access, disabled parking and full range of primary care services available.

The questionnaires that were returned indicated that all other patients overwhelmingly supported the transfer of the services to the main site. Our practice policy is very clear on meeting patient needs and as such any patient that requires a home visit is offered one on the day it is requested, regardless of their location.

Main site The main site on Sidney Grove has a large car park, disabled parking, ramps to the entrance, electronic opening doors, low reception desk facility, widened doorways, disabled toilet and handrails. We do not feel that there are any 'physical' problems that patients have to encounter. We offer the full range of primary care services from a purpose built and modern building that conforms with all required legislation. We are on the main bus route, with the bus stop both north and south right outside the entrance to the surgery.

Capacity As we are simply transferring a one hour surgery to the main site we have not encountered any problems with appointment access.

Timeline From presenting to OSC the proposed timeline is 6 weeks.

Other We feel it necessary to move this short surgery of one hour per week for the reasons below

- Lack of patient demand for the service
- Failure to pass Health & Safety inspection
- Patients prefer to attend the main site at Bensham surgery.

This page is intentionally left blank

TITLE OF REPORT: **Proposal to Close Greenside Branch Surgery**

REPORT OF: **Partners of Crawcrook Medical Centre**

Summary

The attached document provides the OSC with information regarding an application by the partners of Crawcrook Medical Centre, Pattinson Drive, Crawcrook to close the branch surgery at the Greenside Community Centre, Gateshead and details of the engagement process carried out so far with patients and stakeholders. The views of the OSC are sought on the information provided.

Proposal

1. The Partners of Crawcrook Medical Centre have made an application to close the branch surgery at Greenside Community Centre, Gateshead, in order to safeguard patient safety and the viability and sustainability of the practice in the long term.
2. Details of the proposals and the engagement process with patients and stakeholders are set out in Appendix 1 to the report.
3. Representatives from Crawcrook Medical Practice will attend the OSC meeting to outline their proposals. A representative from NHS England and the Director of Transformation at NewcastleGateshead CCG will also be in attendance.

Recommendations

3. The Committee is asked to:-
 - a) Give its views on the information provided.

Contact:

Extension:

This page is intentionally left blank

Proposal to Close Greenside Surgery
Branch surgery of Crawcrook Medical Centre
November 2016

1. Proposal to close the branch surgery of Crawcrook Medical Centre

This proposal is being made by Dr Anil Doshi, Dr Stella Jacobs and Nurse Practitioner Janet Thomas, Partners of Crawcrook Medical Centre, delivering primary care services through a GMS contract from the purpose built main surgery premises on Pattinson Drive Crawcrook and a limited service to patients within the Greenside Community Centre Premises. The reason for this decision is that by January 2017 we will have lost 50% of our GP capacity, and despite our best efforts we have been unable to recruit more GPs.

Background

Up until July 2016 Crawcrook Medical Centre has provided a clinical session at Greenside Community Centre. A GP from Crawcrook has attended the site 5 mornings a week, providing each morning allocated slots to see up to 12 patients face to face and one as a telephone appointment slot. Any patients who need to attend to see a nurse or health care assistant need to be given an appointment at the main surgery at Crawcrook, because the rooms at Greenside don't meet the national standards to see patients beyond anything other than a face to face consultation with a GP.

As our GP resource had reduced by 33% from January 2016, due to two of our salaried GPs leaving, we had no choice but to ask permission from NHS England in July 2016 to reduce the service at Greenside from 5 mornings a week to 3 mornings a week, as it became impossible to sustain GP cover for 5 days.

From mid-January 2017 we will lose another GP, reducing our GP resource by a total of 50% and making it impossible to sustain continued delivery of services over 2 sites. We are therefore having to review our structure and ways of working to accommodate this reduction. We have had an external audit carried out to help us understand how many patients attend Greenside surgery. The audit was carried out by an external auditor to look at the demographics and attendance of patients, resident with a Greenside address, during the 12-month period 26.09.15 to the 26.09.16. The results demonstrated that out of a potential 1500 Greenside residents 743 Greenside patients had attended in that year and there were only 58 patients identified who have only ever attended Greenside and have never attended the Crawcrook site, which is 3.8% of the 1500 Greenside residents. The remainder of those 743 patients have attended both Greenside and Crawcrook with 651 of those patients attending Crawcrook more than Greenside. The 58 patients represent 0.8% of the total population of the 7268 patients registered for both Crawcrook and Greenside and this confirms our decision for the services to be consolidated to the Crawcrook site. We have looked at the demographics of those 58 patients which only attended Greenside and these are set out in the table below: -

Age 01 -10		13
Age 11-20		5
Age 21-30		7
Age 30-40		3
AGE 41-50		14
Age 51-60		8
Age 61-70		5
Age 71-80		1
Age 81-90		2

Proposal to Close Greenside Surgery
Branch surgery of Crawcrook Medical Centre
November 2016

In the age group 61-90 there were 8 attendances of more elderly patients and we will look at ways to be able to mitigate the consequences for these patients. We have also enquired of the local bus company what bus services are available to inform all our Greenside patients.

2. Support of NHS England and the CCG

The practice has had discussions with both NHS England and the CCG informing them of the increasing vulnerability of the practice and NHS England have given guidance to the practice of the process required to make a proposal to close the branch site. The CCG are also aware of this proposal and Jane Mulholland Director of Operations and Delivery will be attending the OSC meeting on the 6th December 2016

3. Outcome of CQC Inspection

Following a recent CQC inspection, in March 2016, of both premises, the CQC report rated the practice "Good" for being "Well Led" and "Good for Caring" however there were areas that gave the rating for "Requiring Improvement" due to 2 issues,

- Not having a Defibrillator and oxygen at the Greenside site
- Staff appraisals not having been all completed for that year at the time of the inspection.

Not meeting these 2 areas brought the overall rating down to "Requires Improvement"

Both areas have now been satisfactorily met and the reports submitted to the CQC informing them that the Oxygen and the Defibrillator have been purchased and are in place at Greenside and all the staff appraisals have been completed. There is not a requirement for any remedial action plan as Crawcrook Medical Centre has addressed and corrected the CQC requirements.

One of the areas that CQC also highlighted during the inspection was patient concerns over access to appointments. The decision to close the branch surgery will make it possible to improve access for all our patients.

4. Justification for proposed closure

Having a 50% reduced capacity of GP resource by January 2017 will make it impossible to sustain services over 2 sites. It has been impossible to recruit GPs to replace the 2 salaried GPs, despite having advertised twice in the last year. This resulted in no applications to our adverts. This is currently a national situation due to lack of GPs generally and exacerbated by the fact that GPs do not necessarily choose to work in the Gateshead area as statistics seem to confirm they prefer to work in the South-East area of the UK. In addition, the pool of available GPs in the system has been greatly reduced due to dwindling interest in applications to become a GP and a lot of GPs choosing to emigrate to places like Australia where they are offered a better work life balance, along with better remuneration than can be offered within the UK. This picture is unlikely to change until the mid-2020s

5. Actions taken to reinforce our services when consolidated to Crawcrook site.

The Gateshead GP Federation known as CBC has been successful in securing funding through the Primary Care "Five Year Forward View" funding initiative allowing them to support Crawcrook Medical Centre along with other local vulnerable practices.

Proposal to Close Greenside Surgery
Branch surgery of Crawcrook Medical Centre
November 2016

We are currently having regular meetings with CBC to review and support Crawcrook moving forward.

One of the primary aims of these meetings is improving access for all our patients and consolidating all service delivery from one site to improve the current appointment system by better utilisation of the skill mix across the primary care clinical team. This will be done by reviewing our access and increasing our available appointments at Crawcrook along with additional training for the practice staff in signposting patients to the correct clinician. To prepare for this, we have been strengthening the resources amongst the other clinicians and have appointed a second full time Nurse Practitioner and an additional part time Nurse and are in process to recruit an additional Health Care Assistant. CBC have also supplied the resource of a Pharmacist and Pharmacy Technicians at Crawcrook Surgery, who can manage a substantial amount of the medicines management work, which will free up time for the GPs to be able to see more patients at Crawcrook.

To safely supervise the clinical skill mix, it is a necessary criterion and paramount that there are GPs present on site to safely support and supervise the clinical skill mix of the team. Being on one site will also ensure the GPs have full access to all of the EMIS clinical resources (some of which are not available for the GPs when working from the Greenside site) This would be impossible to manage with the level of reduced GP capacity in January 2017 unless we have all of our remaining GPs seeing patients from one site.

6. Dispensing

The practice is not a dispensing practice

7. Contractual

This proposal does not impact in any way on the GMS contract that is in place.

8. Training Practice Status

Crawcrook is a training practice and to maintain accreditation for the Training Status with a reduction in our overall GP resource, the consolidation to one site will allow the clinical team to be more effective, reduce the dilution of resource and maintain a clinically supportive environment conducive to training.

9. Lone working

Members of the staff at Greenside are lone workers once the GP has finished surgery and whilst we have put in safety factors to minimize risk, this is not ideal.

10. Timeline of engagement period with our patients and other key stakeholders see APPENDIX 1.

11. Summary of Patient Feedback

The feedback that was received from the patient consultation events and from comments direct to the practice have been themed into the categories listed below along with answers given. A total of 37 members of the public attended the public meetings on the evening of the 8th November 2016

Proposal to Close Greenside Surgery
Branch surgery of Crawcrook Medical Centre
November 2016

11.1. TRANSPORT

Why not provide a mini bus service?

This will depend on the Greenside Community making this a provision for their population as it is not a service that the surgery is able to offer. However, we have liaised with all transport services currently provided to see if we can encourage a more robust timetable of provision

Only 2 buses per hour (folly area)

We have been in contact with the bus company and they have reported back the following information from [Customer Services-gonortheast.co.uk](http://Customer.Services-gonortheast.co.uk) – “Generally speaking, between the hours of 10am - 5pm, we run the buses at 2 and 32 mins past the hour from Greenside to Crawcrook (10a service) and then from Crawcrook back to Greenside at 16 and 46 mins past the hour (10a service). Going from Greenside back to Crawcrook, they also run at 07:24, 07:52, 08:43, 09:00 and 09:30. Going from Crawcrook back to Greenside, they also run at 16:23, 16:58, 17:30, 18:00 and 1833. *At present, I am not aware of any plans to change services in this area.*”

11.2. MEDICATIONS

Thank you for your explanation, I am pleased that I can still get my prescription from Greenside Pharmacy.

We have had very productive discussions with the pharmacist at Greenside and nothing will change in relation to the excellent service she and her staff already provide.

We will also ensure that the pharmacist and her staff have allocated members of the team at Crawcrook to deal with all the repeat and acute prescriptions for Greenside patients to continue a seamless service.

What happens for patients on warfarin who need a repeat prescription I hope they don't expect patients to trail to Crawcrook to have book copied?

The service will, for a patient on Warfarin, remain the same as currently. The pharmacy in Greenside will fax the results to the surgery for confirmation where necessary, therefore as a patient you will not need to make any additional journeys.

11.3. APPOINTMENTS

It is frustrating enough to get an appointment as it is what about people who need to use public transport / old and small children people with mobility problems?

An independent audit was carried out of the Greenside patients and how they use the services between 26.09.15- 26.09.16. The results showed that apart from 58 of the total 743 patients that only attended the greenside surgery the remaining 685 patients attended both Greenside and Crawcrook site and 651 of this number attended Crawcrook more than Greenside.

I don't want to wait 4 weeks for an appointment

We are constantly working on the capacity and demand to give access to routine appointments for up to 6 weeks ahead. But this will only be possible if we consolidate to one site. Urgent appointments will always be given priority and where necessary seen on the day.

Will the doctors be more willing to make home visits to the greenside area?

The doctors have always provided home visits where they have felt it as appropriate.

Proposal to Close Greenside Surgery
Branch surgery of Crawcrook Medical Centre
November 2016

Phone lines always busy?

We have a new telephone system installed since March 2016. This has increased the number of lines available to take the calls to reduce as far as possible congestion where patients cannot get through. The fact that we would not need to supply a receptionist at Greenside would mean increasing the capacity to answer telephones at Crawcrook.

Explain how services will not be compromised closing Greenside how are you going to provide for the extra patients at Crawcrook?

At present a GP attends Greenside which reduces the appointment availability at Crawcrook and due to all slots at Greenside not being filled we do offer patients from Crawcrook an available slot at Greenside.

What does it mean to Crawcrook to accommodate 16 more patients per day that would have been seen at Greenside

It will make no difference to our demand but the fact that the GPs are all on one site will improve things because there are consultations with a GP at Greenside that could be managed by a different member of the clinical team and not necessarily have to be a GP

11.4. GENERAL

I'm satisfied with the service at Greenside it's a relaxed social hub, where people help each other out, closing will be detrimental to the health of the people.

Closing the medical aspect of the Community Centre does not change residents being able to use the centre as a relaxed social hub.

Could we have fewer days at Greenside?

We have already had to implement a reduced service

Will you continue to recruit?

We will continue to try to recruit additional GPs however the prospect of being successful due to the national picture is bleak, however we are looking to work collaboratively with other practices to give support where possible, but this would only work effectively if services are maintained at one site so they do not get diluted where they would become unsafe.

If you recruit will you reinstate the Greenside Surgery?

In the timescale, we must address this and the reasons for proposing closure, we cannot foresee that this will be a viable option.

Can we have a Nurse Practitioner up here instead of a doctor?

No this is not a feasible option as a Nurse practitioner needs available supervision and access to a GP to ensure patient safety

Why not reduce hours and number of days first until you get recruited a new doctor rather than take the brutal opportunity to reduce costs and service?

This decision is not about cost cutting, it is about maintaining patient safety by not diluting the service through a need to man two sites.

For those patients who don't come would it help to come for a visit?

If any Greenside patients who have never been to the Crawcrook surgery would like to come and have a look around this can be arranged.

Greenside is private, reception door can be closed – Crawcrook its open?

There is a facility at Crawcrook to go to a private confidential location should they wish to, and make this known to the receptionist, however it must also be said that the receptionist at

Proposal to Close Greenside Surgery
Branch surgery of Crawcrook Medical Centre
November 2016

Greenside is vulnerable being a lone worker at times if patients get aggressive (and it does happen)

11.5. PARKING.

Councillor Helen Hughes said at this point that currently there was a historical dispute between the developers and the Council which she is addressing.

11.6. HOME VISITS

[Concerns raised about home visits and whether patients would still be able to get home visits in Greenside.](#)

Any requests for home visits will be assessed in the same way they are currently being done and there is also the added facility of the Urgent Care Centre who support local practices and will do home visits when requested to the Crawcrook and Greenside patients as appropriate.

12. Other issues for Consideration

Staffing

There are no staff redundancies planned and there are no TUPE transfer issues to consider. All staff who currently are on rota for Greenside will just remain in the Crawcrook site.

IT Requirements

No discussions have taken place to decommission or relocate IT. This will be conducted in partnership with NECS pending the outcome of the proposed closure.

Quality and Outcomes Framework

There are no issues identified relating to QoF performance.

Home Visit Policy

The home visit policy for all patients including residents of Greenside will remain the same and all requests for visits are appropriately assessed to fully understand the nature and urgency of the request including the circumstances of the patient making the request.

CQC

Consolidating services and delivery of services from a single site will ensure that we are delivering a service to all of our patients from a purpose-built premise "Fit for Purpose"

Primary Care Web Tool

No detrimental Issues

Active Breaches

There are no active contractual breaches that have been served by NHS England

Proposal to Close Greenside Surgery
Branch surgery of Crawcrook Medical Centre
November 2016

Practice Declaration

Partners	Signature	Date
Dr Anil Doshi		
Dr Stella Jacobs		
Janet Thomas NP		

Action for Overview and Scrutiny

Overview and Scrutiny are asked to note the content of this briefing and highlight any additional issues that they feel may need addressing in informing and involving / consulting the local community and how they wish to be involved.

Proposal to Close Greenside Surgery
Branch surgery of Crawcrook Medical Centre
November 2016

APPENDIX 1

05.09.16: NHS England advised of the process.
15.09.16: Angela Frisby, Appeals and Overview and Scrutiny Co-coordinator informed of the pending proposal.
21.10.16: Jane Mulholland at the GATESHEAD CCG informed of the proposal
23.09.16: Letter to patient constructed and proofed by NHS England COMMS
05.10.16: the surgery staff were all informed of the proposal to close Greenside at the surgery protected TIME-IN session.
06.10.16 Members of the Greenside Community Centre Committee informed of the proposal and an evening meeting was arranged with the members of their committee on 18.10.16.and Dr Doshi, Mel Shotton and Maureen Kersley met with them week
06.10.16: A formal statement was prepared and proofed by COMMS for the surgery to respond if there are any media enquiries.
06.10.16: Councillors Helen Hughes and Kathleen McCartney and Jack Graham informed
06.10.16 Date agreed with the Committee at Greenside Community Centre to hold a public meeting 8 th November 2016 at 6:30pm
11.10.16: Commenced posting patient letters to the 1500 Greenside patients
11.10.16: Email sent to Patient Reference Group with copies of Patient letter, FAQ and Stakeholder briefing document in preparation for PRG meeting on 13.10.16
13.10.16: Extraordinary meeting convened with Patient Group re them producing a FAQ
13.10.16: All local practices sent a briefing document about the proposal
23.10.16 Reviewed FAQ document returned to practice by the PPG
23.10.16 Collated questions from the responses received from patients
24.10.16 Information put on the practice website, along with posters put up in the surgery waiting room at both sites, the local Pharmacies, and other appropriate public areas
27.10.16 Meeting with the Greenside Pharmacist to discuss the proposal and to identify ways to strengthen work with the Pharmacy to support Greenside patients.
26.10.16 Contacted the local bus services for their timetable and ask if the service could be enhanced to provide a more robust service between Greenside and Crawcrook
07.11.16 the Bus Company response from Ian McDonald Customer Services Advisor: Customer_Services-gonortheast.co.uk -Generally speaking between the hours of 10am - 5pm, we run the buses at 2 and 32 mins past the hour from Greenside to Crawcrook (10a service) and then from Crawcrook back to Greenside at 16 and 46 mins past the hour (10a service). Going from Greenside back to Crawcrook, they also run at 07:24, 07:52, 08:43, 09:00 and 09:30. Going from Crawcrook back to Greenside, they also run at 16:23, 16:58, 17:30, 18:00 and 1833. <i>At present, I am not aware of any plans to change services in this area.</i>
08.11.16 Responses to the letter to the 1500 cohort of Greenside patients collated and put into themes to feedback at the Public meeting at the Greenside Community