

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 25 April 2017 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes (Pages 3 - 8)
3	NEAS - Gateshead Performance Progress Update Presentation by Paul Liversidge, Chief Operating Officer NEAS and Elaine Criddle, ECIP Programme Manager, County Durham and Darlington Local A&E Delivery Board.
4	OSC Review - Final Report (Pages 9 - 22) Report of Alice Wiseman, Director of Public Health
5	Gateshead Health and Wellbeing Board - Progress Update (Pages 23 - 34) Report of Alice Wiseman, Director of Public Health
6	Review of GP Access - Second Progress Update Report (Pages 35 - 42) Report of Sheena Ramsey, Chief Executive and Alice Wiseman, Director of Public Health
7	Annual Work Programme (Pages 43 - 50) Report of Sheena Ramsey, Chief Executive and Mike Barker, Strategic Director, Corporate Services and Governance

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

Tuesday, 7 March 2017

PRESENT: Councillor N Weatherley (Chair)

Councillor(s): M Charlton, C Bradley, D Davidson, W Dick, K Ferdinand, M Goldsworthy, M Hood, J Kielty, R Mullen, I Patterson, J Wallace, A Wheeler and D Bradford

APOLOGIES: Councillor(s): B Goldsworthy and J Simpson

CHW31 MINUTES OF LAST MEETING

RESOLVED – that the minutes of the last meeting held on 24 January 2017 were agreed as a correct record.

CHW32 MATTERS ARISING

The Chair reported that a reply had been received from the Secretary of State regarding the proposed additional £20,000 funding to encourage more GP's to enter the specialism.

Officers and partners are currently looking into this as the CCG were unaware about this proposed additional funding and an update will be provided to the Committee in due course.

RESOLVED - that the information be noted.

CHW33 CASE STUDY - DELAYED TRANSFERS OF CARE

The Committee received a report providing progress to date to reduce delayed transfers of care from hospital, and to improve the system and experience for people who require a multi-agency approach at the point of leaving hospital.

In conjunction with the report the Committee received presentations from Steph Downey, Service Director, Adult Social Care and Independent Living, Michael Laing, Associate Director, Community Services, Gateshead Care Partnership and Jean Kielty, Service Manager, Assessment and Support, Adult Social Care and Independent Living.

This OSC received a case study in respect of delayed transfers of care in 2012. The OSC agreed to include an updated case study on this issue in its 2016-17 work programmes as this had been identified as an area where performance needed to

improve. The focus of the case study has been the pressure on the health and social care system in respect of timely and safe transfers of care, and the work being undertaken jointly by the Local Authority, CCG and QE Trust to address the issue.

A delayed transfer of care occurs when a patient is ready for transfer from acute care but is still occupying a bed for such care. To achieve a safe discharge that the patient is ready to be discharged. These are not separate or sequential stages; all three should be addressed at the same time whenever possible. They are:-

- A clinical decision has been made that the patient is medically fit for discharge/transfer AND,
- A Multi-Disciplinary Team (MDT) decision has been made that the patient is ready for discharge/transfer AND,
- The patient is safe to discharge/transfer

Delays are measured in key areas, and reflect delays between NHS to NHS service, and NHS to Local Authority Services.

Another two key factors are the increasingly older population which is projected to increase a further 20% over the decade to 2024 and system pressures and the associated costs with delayed transfers of care.

The support for people who require support at the point of discharge from hospital are as unique as the needs of the people themselves. However, they broadly fall into the following categories:

- Equipment and adaptations
- Housing
- Reablement/intermediate care (bed based and community based)
- Planned packages of support (home care)
- District nursing interventions
- Residential or nursing care

Best practice is that where possible people should be supported to return home directly from hospital, and one of the areas most frequently identified as a pressure, in terms of arranging safe discharge from hospital, is the provision of packages of home care.

Therefore the CCG, the QE Hospital Trust and the Local Authority have worked with the independent sector providers to develop a new and innovative approach to facilitating hospital discharges for those people who require a planned package of care. These 'bridging' packages, which commenced in January 2017, have enabled independent home care providers to employ home care assistants on a salaried basis, thereby enabling them to provide a rapid response service, to facilitate timely discharge from hospital. Whilst the data for January 2017 has not yet been reported by NHS England, the feeling from colleagues working within the system is that the approach has been successful, to such an extent that the original pilot period has been extended further.

Building on a model developed in other areas, weekly “surge” meetings have been introduced, which provides the opportunity to bring together a range of health and social care professionals, to discuss more complex discharge issues, provide support to “unblock” problems, and enable system learning for future scenarios. These meetings are stepped up daily if and when required e.g. when the system is reporting significant pressures.

The transfer of community health services from South of Tyne Foundation Trust to the Gateshead Care Partnership (a joint approach led by Gateshead CBC, QE Trust and the Council), took place in October 2016. This Partnership bid was based on the intention to develop a new model of integration between the different sectors of the health service, and between health and social care.

Whilst the work over the winter period has rightly focused on the safe transfer and mobilisation of the workforce and service, going forward, all partners are committed to developing integrated ways of working, which will seek to reduce duplication and therefore improve the experience of people/patients. Even within the short timescale that the service has been delivered via the Partnership, there have been some positive examples which have demonstrated how the removal of organisational boundaries has improved the delivery of care.

The pilot of the “bridging packages” of care model is being evaluated, and as noted, data from NHS England should shortly be available, which should help to establish whether there is an improvement in delays reported to be associated with community packages of support. Officers are also aware of other areas piloting similar approaches, and some shared learning will be undertaken to identify whether there is a financial justification for the continuation of a longer term solution.

The surge meetings are now an established and successful process, and the intention is to continue with this approach. However, there is also the opportunity to review the other meetings and groups across health and social care, to be clear that the arrangements are lean, and do not lead to duplication of discussion.

Other areas for development planned include the role of “trusted assessor” and “discharge to assess” models, both of which seek to streamline the assessment process, and the provision of pharmacy and patient transport support, which are both crucial to the safe discharge of people with complex health needs, whilst by their very nature, more complicated to arrange for people with complex needs.

Across the system officers have taken the opportunity to explore models and ways of working in other areas, especially those that were identified as integration Vanguards. This has led to joint visits to Stockport and Sunderland with a plan to visit Salford as well. Whilst such visits cannot provide a “blue print” for integration, it is helpful to understand what has worked well, and what has worked less well in other areas.

A review of Intermediate Care has been undertaken in Gateshead, and the outcomes from this review are feeding into a combined scoping paper, looking at the potential future model of Intermediate Care in Gateshead.

A crucial element of integration across health and social care is the ability for professionals from different sectors to be able to access and read information across electronic systems, on a system of role based access. Across the North East the Great North Care Record and Connected Health Cities are working on solutions which will facilitate this access, in a way which is embedded within existing IT and data base solutions.

- RESOLVED -
- i) That the information be noted
 - ii) That the Committee were satisfied with the approaches taken so far and the future plans and would welcome further updates at a future meeting

CHW34 HEALTHWATCH GATESHEAD ACTIVITY REPORT SEPTEMBER 2016 TO MARCH 2017

Douglas Ball, chair of Healthwatch Gateshead provided the Committee with a report highlighting key aspects of Healthwatch Gateshead for the period September 2016 to March 2017.

The Committee were also advised that the current provider for Healthwatch Gateshead has not been recommissioned and its contract finishes at the end of March 2017.

Cabinet awarded the new contract to Tell Us North to commence on 1 April 2017. Tell Us North CIC is the social enterprise set up to run Healthwatch Newcastle.

RESOLVED - that the information be noted.

CHW35 REVIEW OF THE ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING - INTERIM REPORT

The Committee received the interim report into the review of the role of housing in improving health and wellbeing. The review has been carried out over a six month period and has shown that many services across the council actively contribute towards the housing and health agenda. The review identified that all of these services were aware of key issues and challenges in ensuring that housing contributes positively to health in Gateshead.

The relationship between housing and health is generally well-appreciated amongst housing practitioners. Housing services were able to articulate how their activity contributed to health, and often saw securing, maintaining and improving health of their service users as central to their overall purpose.

Evidence submitted showed that activity under each of the three themes within the Council's Housing Strategy 2013-18 contributes to the health and wellbeing of Gateshead residents. Delivering the Housing Strategy through 2013-18 contributes to the health and wellbeing of Gateshead residents. Delivering the Housing Strategy through the implementation of the Housing Intervention Action Plan is therefore key to maximising the contribution of housing to improving health in Gateshead.

The review also showed that the Council faces significant challenges in realising its housing ambitions. These arise from ongoing changes to legislation, policy and funding arrangements.

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

- To review the actions set out in the Housing Intervention Action Plan, and, where appropriate, provide Public Health support to assist in maximising the benefits to health arising from delivering elements of the Plan. The evidence presented in the review identifies priority candidate elements with the greatest potential to improve health and wellbeing.
- To ensure that improving health and wellbeing is reflected in the production of local development plan documents (i.e. Making Spaces for Growing Places).
- Review how health and wellbeing is reflected in Council Letting Policies and TGHC support services (i.e. health criteria, preventative interventions).
- To assess the current range of Council private sector housing interventions to maximise their contribution to health and wellbeing (including energy efficiency programmes, private landlord accreditation, Selective Landlord Licensing, financial assistance programmes, falls prevention, Making Every Contact Count)
- To undertake actions to ensure that the greatest proportion of Council housing is maintained to a standard that secures the health and wellbeing of residents within the context of changes to revenue and capital funding.
- Determine the circumstances where the council seeks to ensure that high design and space standards are delivered, including accessibility.
- Determine the need for, location of and processes to deliver adequate levels of supported, specialist, and older persons housing

- RESOLVED -
- i) That the information be noted
 - ii) That the evidence presented and the outcomes from the recent focus groups will form the basis and preparation of the final report to be considered at its meeting on 25 April 2017

Chair.....

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TITLE OF REPORT: **Review of the Role of Housing in Improving Health and Wellbeing – Draft Final Report**

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

Summary

Housing is a basic human need and good quality homes are essential to ensuring the best physical and mental health possible. A warm, affordable and dry home, that is safe, and has sufficient space, is a positive contributor to health and wellbeing.

The Council has high ambitions to ensure that there is an adequate supply of healthy housing in Gateshead, but challenges to this arise from ongoing changes to legislation, policy and funding arrangements.

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. The review has been carried out over a six month period and a draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations.

Report Structure

2. This interim report sets out the findings of the Care, Health and Wellbeing Overview and Scrutiny Committee in relation to the contribution of housing to improving health and wellbeing in Gateshead.
3. The report includes:
 - The scope and aim of the review
 - How the review was undertaken
 - Summaries of key points from evidence gathering sessions
 - Analysis – issues and challenges
 - Emerging recommendations

Scope and aims of the review

4. The scope of the review was to consider factors influencing the ability of individuals and households to access and sustain a good quality home, suitable to their needs, and factors that impact upon the quality and suitability of homes. These factors included:
 - availability, affordability and choice
 - security of tenure
 - property maintenance and management
 - energy efficiency of properties (linked also to fuel poverty)
 - design that helps meet the requirements of those with specialist needs
 - the location and infrastructure of the neighbourhood
 - the provision of supported accommodation and/or housing support services

Responsibilities and Policy Context

5. As a local housing authority, Gateshead Council has a wide range of statutory housing responsibilities. Many of these statutory responsibilities, and also those set out in planning and social care legislation, confer upon the Council duties to influence, directly or indirectly, housing supply, housing standards and housing support.
6. Vision 2030 sets out the 6 Big Ideas for Gateshead. Of these, “Sustainable Gateshead” commits to improving living conditions, and “Active Gateshead” resolves to provide support to encourage people to improve their health and lifestyle. The five year Council Plan sets out how Gateshead will be a healthy, inclusive and nurturing place for all, and a destination of choice for families with excellent, affordable housing.
7. The Council’s Housing Strategy 2013-18 sets out the objectives and priorities for addressing key housing challenges covering three themes:
 - Housing standards
 - Housing supply
 - Housing support

Review methodology

8. The review comprised three evidence gathering sessions. The sessions were themed according to the three strands of the Council’s Housing Strategy (see Paragraph 7 above).

During these sessions the Committee heard evidence from a number of presenters regarding:

- the relationship between housing, health and health inequalities
- existing and anticipated demand for housing
- existing and anticipated demand for health and social care services

- demographic changes (especially the proportional increase in numbers of older people)
- national and local housing, health and social care policies
- what housing services are provided and by whom
- issues and challenges for the Council's strategic and operational housing functions including housing advice and support services

First evidence gathering session

9. The first session focused on improving health through housing supply by having the right homes in the right place.
10. The context for this was that ensuring the supply of good housing that people want and can afford in the places they want to live, now and in the future, meets a fundamental requirement – the availability of suitable housing.
11. The Committee heard from two presenters. Anneliese Hutchinson, Service Director for Development and Public Protection and Jon Mallen-Beadle, Managing Director, The Gateshead Housing Company, presented on planning for future housing need, and working with the existing housing stock.
12. Key points included:
 - Gateshead has a disproportionately high incidence of people on low incomes in some localities
 - People on low incomes have fewer housing options and are more likely to rent
 - People on lower incomes are more likely to have poor health and live in poorer quality housing
 - Concentrations of poor housing are therefore also concentrations of people in poor health
 - This is another example of social impacts arising from individual/community economic status
 - Housing affordability and housing for older people are key issues for health and wellbeing with respect to the supply of suitable housing
 - There are costs to health arising from poor/inappropriate housing
 - Unplanned outcomes arising from welfare reform and the Housing and Planning Act 2016 are negatively impacting upon vulnerable groups in Gateshead
 - There is a desire to improve links between the council's strategic housing function and the Health and Wellbeing Board
 - There is a need to retain and improve our focus on a diversified portfolio of housing options for people that meet a wide range of needs and preferences as per the Housing Strategy and Housing Intervention Work Plan
 - A quality/attractive environment is important for improved health and wellbeing (ie. Life Time Neighbourhoods)
 - Action is underway to ensure the provision of appropriate specialist and elderly accommodation to reflect future need
 - Poor housing standards are more prevalent amongst the private housing stock and improving standards remains important.

- Changing patterns of demand, shifting expectations and financial constraints have resulted in increased voids and reduced levels of homes meeting Decent Homes Standards in Council housing stock.
- The Council's capacity to respond to these issues is rapidly diminishing due to:
 - Budget cuts and fewer staff resources to intervene
 - Government policy
 - Lack of capital funding to bring forward much of our difficult to develop brownfield land.

Second evidence gathering summary

13. The second evidence gathering session heard information on housing standards in Gateshead with a focus on the condition of the private housing stock (both physical condition and conditions of management in the private rented sector), fuel poverty and affordable warmth.

14. Peter Wright, Environmental Health and Trading Standards Manager, presented on the impact upon health and wellbeing of standards in the private housing sector and the role of place shaping, housing and health. Key points included:

- Poor housing conditions including dampness, excess cold, disrepair and structural defects can increase the likelihood of cardiovascular and respiratory diseases; injuries due to trips, falls and fires; exposure to lead or carbon monoxide, and mental health problems including anxiety and depression.
- The ability of individuals to avail themselves of a home suitable to their needs depends upon factors such as employment status, income level, health and lifestyle, security of tenure and educational/skills attainment.
- Around 26% of all households in Gateshead are socially rented, while 74% of homes are privately owned. The proportion of homes with hazards identified through the Housing Health and Safety Rating System is greater in the private sector.
- The proportion of privately rented homes in Gateshead increased by over 40% between 2001 and 2011 while the proportion of socially rented homes fell.
- This change in tenure, combined with changes introduced through welfare reform, has seen a marked increase in the numbers of homes in multiple occupation, and in public health related housing requests for service received by Environmental Health.
- The cost to remedy unsatisfactory private sector housing in Gateshead is estimated at £44M.
- Examples of good practice in Gateshead have included a falls prevention home improvement service, once NHS funded and now entirely funded by the Council, the introduction of a Selective Landlord Licensing Scheme, and the adoption of a management methodology that focuses the work of the Private Sector Housing Team on "helping people to live better lives".

- Challenges include low national expectations for the improvement of private sector housing conditions, and issues with accountability for this.
- Housing is a key part of “place shaping” activity (ie. the creative use of powers and influence to promote the well-being of communities and citizens). This activity extends beyond objective changes in the physical environment – it concerns changes in subjective experiences and perceptions of place over time.
- Place shaping is allied to concepts of “place-based health”, a systems approach to promote prevention and independence that relies upon moving away from short term operational and political pressures through transformational leadership and vision.

15. Peter Smith, Head of Policy and Research, National Energy Action (NEA) Affordable warmth, presented on fuel poverty and health. Key points included:

- Living in a cold home contributes towards and can be a direct cause of a wide variety of physical and mental health problems including excess winter deaths, increased likelihood of use of primary care and admission to hospital.
- Cold, damp homes impact adversely upon children’s educational attainment.
- Fuel debts can cause emotional distress leading to poor mental health.
- The percentage of households in Gateshead experiencing fuel poverty using the low income high costs methodology is estimated to be 11.2%, significantly higher than the national average of 10.6%. This equates to around 10 108 households in Gateshead living in fuel poverty. This number has risen since 2011.
- Risk factors for fuel poverty include poor domestic energy efficiency, high energy costs and inadequate basic income.
- National research undertaken by NEA to determine the priority given to fuel poverty and excess winter deaths in local Health and Wellbeing Strategies and Joint Strategic Needs Assessments awarded Gateshead a score of 2 out of a possible total of 6.
- NEA recognised that the Health and Wellbeing Strategy and JSNA was not representative of activity on the ground, but voiced their concern that activity to improve affordable warmth in Gateshead relies significantly upon the limited and decreasing support available for the most vulnerable from the national Energy Company Obligation.
- NEA recommended that:
 - health and wellbeing boards update local policies and needs assessments to apply NICE guidance on cold homes
 - consider how the Health and Wellbeing Board, with support from Department of Health, PHE and NHSE, could undertake direct commissioning of health and housing services
 - health and wellbeing boards ensure that local initiatives that meet relevant NICE recommendations are sufficiently funded

16. Gill Leng, National Home and Health Advisor for Public Health England gave evidence on the relationship between housing and health. Key points included:

- The right home environment is essential to health and wellbeing throughout life. It is pivotal to healthy communities and to health equity.
- The “right” home environment is one which is healthy (warm and affordable to heat, free from hazards, safe from harm), suitable (enables movement around the home, is accessible, presents space to live), stable (promotes a sense of security and stability, support is available if needed), and is based in a healthy neighbourhood and community.
- The right home presents numerous benefits not only to health and quality of life, but also to social care, including improved independence, positive care experiences and reduced demand for health care and social care interventions.
- The right home can also promote timely discharge and reduced likelihood of hospital readmissions, and enables rapid recovery from periods of ill-health or planned admissions.
- Such benefits are not limited to older people. The right home also enables children and young people to start and develop well and working age adults to live and work well.
- There are system interests in “home”. There are multiple interests in homes and housing within local authorities, and multiple other public bodies share this interest (ie. health organisations, criminal justice bodies, immigration services).
- The importance of home and health is represented in a document, “A Memorandum of Understanding to support joint action on improving health through the home” (“the MoU”), signed by government departments, its agencies such NHS England, Public Health England and the Homes and Communities Agency, sector professional and trade bodies.
- The MoU seeks to establish and support national and local dialogue, information exchange and decision-making across government, health, social care and housing sectors, including the coordination of health, social care, and housing policies.
- Some areas have undertaken to use the MoU as a template for local collaboration on housing and health.
- The Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (“the STP”) refers to the importance of housing and the home as the hub of the future health system (ie. from “hospitals at the centre” to “home as the hub”). The presenter noted that in her review of all 44 STPs for the Department of Health, housing has been a variable factor and a more substantial theme in other STPs that she has reviewed.

Third evidence gathering summary

17. The third evidence gathering session detailed the nature of housing support and advice and supported housing services available in Gateshead.
18. The context for the session was the role of housing support and advice services in helping people to live in their own homes, and maximising opportunities to improve health and minimise harms.
19. Elizabeth Saunders, Interim Director Commissioning and Quality Assurance, presented on housing support services for people with social care needs. Key points included:
 - Housing care and support needs are identified as part of an individual's Social Care Assessment.
 - Gateshead Council meets eligible identified needs by commissioning a range of services, including both accommodation-based and non-accommodation based services, ranging from small packages of care at home to 24 hour supported accommodation.
 - Examples of housing care services include:
 - Independent supported living (ISL) schemes for people with a learning disability and /or autism who choose to share a home with others
 - Floating support for people with complex needs, often learning disabilities, which currently delivers support to individuals in their own homes
 - Domiciliary care services that provide support to individuals in their own home
 - A re-ablement service for people returning home from hospital for need further support to regain their independence
 - Sheltered accommodation and Extra Care schemes
 - Extra Care Housing was used to illustrate how supported accommodation can impact upon health. Extra Care Housing offers residents self-contained flats to maximise independence. There are other facilities on-site to encourage a community feel and to reduce social isolation. A recent consultation with residents showed that most felt less isolated since their move, and less likely to need to move into a care home.
 - Models of working bring together colleagues from commissioning, social work and housing to facilitate better planning for future needs, to improve matching processes and to identify gaps in the market. This approach is now used for those with learning disabilities, and for care leavers and people with mental health problems.
 - Challenges include reducing budgets, meeting anticipated future demand, and providing housing and support to meet specific needs, such as people who display challenging behaviour, forensic services, autism specialist services and homes with specialist adaptations.
 - Opportunities and next steps include:

- A Learning Disability Framework will be in place from 1 April 2017. Providers will place a greater emphasis on independence and empowering individuals.
- A consultation has been completed to facilitate the re-tender of Extra Care schemes with a new framework in place by July 2017.
- Sites such as those at Tynedale and Addison Court present opportunities to address gaps in the market (eg. Step up/step down facilities).
- Transforming Care for people with a Learning Disability and/or Autistic Spectrum Conditions presents an opportunity for the development of a 'community offer' as well as exploring joint commissioning with health and other regional local authorities.

20. Elizabeth Saunders, Interim Director Commissioning and Quality Assurance, and Peter Wright, Environmental Health and Trading Standards Manager, presented on preventative housing support and advice services for people who do not have eligible social care needs. Key points included:

- Housing support and advice services include a mixture of short term supported housing, floating support services, information and advice services and advocacy (statutory and non-statutory).
- The relevance of these services to improving and maintaining health and wellbeing can be thought of in terms of:
 - Early intervention – good quality advice, support and appropriate sign-posting at the early stages of crisis can often prevent poor health from deteriorating further thereby reducing demand for health and social care services
 - Housing Support – trained Support Workers provide direct support to vulnerable people often in poor health. Support can include promoting well-being and facilitating GP registration
 - Prevention of homelessness – poor physical and mental health is both a risk factor for and an outcome of homelessness. Referrals into supported housing services are designed for people who are literally homeless or threatened with homelessness.
- Case studies of service users of housing support services users provided insights into how the services impacted upon their lives:
 - *“Elizabeth House gave me confidence, and independence they made me feel better about myself. I didn't want to go into it, but I am pleased I did; I wouldn't be where I am now if I hadn't.”*
Elizabeth House service user
 - *“I strongly believe in leaving the past where it is, and I think being in here, I've turned a corner... I now have my own flat, the support of staff taught me I didn't have to react badly to things and always know there is possibilities and positives around the corner. I feel a completely new person and can't be any more thankful towards those who helped and supported me.”* Naomi House service user

- The Private Sector Housing Team provides a wide range of public health interventions to assist often vulnerable individuals directly, and to help them navigate and access other services, enabling them to remain independent and housed. Examples include:
 - Helping those inclined to hoard possessions, or those whose mental illness prevents them from keeping their homes free from clutter or pest infestations.
 - Mediating and resolving disputes between tenants and landlords, to get repairs done and to help tenants and landlords to understand their rights, and responsibilities, to support more positive relationships in the future.
 - Support to deal with neighbour issues such as leaks or refuse problems, pest infestations that cross boundaries, and anti-social behaviour.
 - Selective Landlord Licensing and HMO Licensing targets advice and guidance that can help to make tenancies more sustainable in neighbourhoods worst affected by poor housing conditions, antisocial behaviour and high resident turnover. Those living in privately rented properties, especially HMOs, in such neighbourhoods, are more likely to be vulnerable.
 - Financial advice on undertaking and funding home repairs and improvements to facilitate independent living.
- Challenges to the sustainability of much of this work arise from changes to funding for supported housing from 2019/20 linked to Universal Credit and the Local Housing Allowance, the Homelessness Reduction Bill, the Law Commission review of Deprivation of Liberty Safeguards advocacy, and ongoing Council savings proposals.
- Opportunities and next steps include:
 - The opportunity to shape and improve advocacy services in partnership with new providers
 - The new emphasis on prevention and extending homelessness duties in legislation should assist people currently not in “priority need”
 - Continued focus on outcome based commissioning, e.g. future funding for supported housing
 - The re-modelling of supported housing, completed within a co-production framework, will improve services, offer more accommodation choices for service users and adopt new thinking, e.g. psychologically informed environments.

Fourth evidence gathering session

21. A focus group for elected members was held on 1 March 2017 to facilitate their submission of evidence to the review.
22. Members were given the opportunity to submit evidence according to the following four topics:
 - **In your experience, what do you think are the main links between housing, health and wellbeing in Gateshead?**

Key points noted were:

- Members appreciate that good health and good housing are co-dependent.
 - Social housing provides an important “step up” for people at times in their lives
 - Feeling secure within your property and within your neighbourhood is important
 - The security of tenure afforded by social housing provides a greater sense of security in ones’ home
 - Not feeling happy in ones’ home may lead to increased use of drugs and alcohol
- **Please describe up to three examples of good practice on housing and health in Gateshead from which we may learn.**

Key examples of good practice included:

- Selective landlord licensing in the private rented sector
 - Ensuring that housing provision meets social care needs
 - Holding private landlords to account
 - Requiring developers to provide accommodation for older people as part of larger developments
 - Locating mental health staff in the Gateshead Housing Company to better support tenants and advise staff
 - The Gateshead Housing Company’s support for patients being discharged from hospital
 - The Gateshead Housing Company’s signposting and direct support for tenants to, for example, identify and better help those with debt problem
 - Extra care accommodation for older people
 - Bespoke accommodation for people with learning disabilities
 - Using target hardening and environmental improvements to increase a sense a safety
- **Please describe up to three examples of health and housing practice where there was room for improvement.**

Key points were:

- Insufficient variety of provision in new developments, especially for older people
 - Insufficient resources for home adaptations
 - Ensuring that as many homes as possible meet Decency Standard
 - Reduced community spirit, meaning people are less likely to help themselves and each other
- **Please list your three top suggestions to improve the contribution of housing to health and wellbeing in Gateshead.**

Key points were:

- Improved investment in housing
- Improved collaboration between agencies, such as the CCG and the Gateshead Housing Company, and improved collaboration on health and housing issues generally
- Increase in extra-care accommodation
- Moving staff out of silo working - more council staff taking a wider view and considering the impact of their work on communities, and better communication between council staff
- Planning teams to better consider the needs of communities ie. avoiding concentrations of the same type of housing and encouraging mixed type developments to encourage mobility over life
- Proving more durable housing, and more social housing

Issues/challenges emerging from the review

23. The review showed that many services across the Council actively contribute towards the housing and health agenda. The review identified that all of these services were aware of key issues and challenges in ensuring that housing contributes positively to health in Gateshead.
24. The relationship between housing and health is generally well-appreciated amongst housing practitioners. Housing services were able to articulate how their activity contributed to health, and often saw securing, maintaining and improving the health of their service users as central to their overall purpose.
25. Evidence submitted showed that activity under each of the three themes within the Council's Housing Strategy 2013-18 contributes to the health and wellbeing of Gateshead residents. Delivering the Housing Strategy through the implementation of the Housing Intervention Action Plan is therefore key to maximising the contribution of housing to improving health in Gateshead.
26. The review showed that the Council faces significant challenges in realising its housing ambitions. These arise from ongoing changes to legislation, policy and funding arrangements.
27. The key housing objectives and challenges can be summarised as follows:

Housing supply

Objectives:

To ensure use of existing stock, and supply of new housing, best meets current and future needs and aspirations:

- More homes – 11 000 gross additions between 2010 and 2030
- Improved choice of homes – to grow and sustain our working age population, and meet the needs of an ageing population
- Fewer empty properties – to no more than 3% of total stock

- More jobs – economic growth, higher incomes, and greater skills, stimulated by housing development.
- Improved satisfaction with home and neighbourhood

Challenges:

- Accelerating the pace of housing development to meet current population projections and targets for sustainable housing growth
- Securing a range of affordable homes within new housing developments
- Utilising land efficiently through the use of brownfield sites and vacant properties.
- Securing the right mix of housing tenure and type to house increased working age and ageing populations.
- Reducing the number of empty homes
- Delivering strategic, place based regeneration

Housing standards

Objectives:

To improve the quality, condition and management of housing so that all residents benefit from safe, healthy and well-managed homes:

- Improved stock condition (including energy efficiency)
- Better management
- Reduced environmental impact
- More jobs
- Improved satisfaction with home, landlord and area

Challenges:

- Maintaining and driving-up standards (ie. condition, management, energy efficiency) in the existing private housing stock
- Maintaining Decent Homes Standard in the Council's stock
- Improving the quality of new-build design and space standards

Housing support

Objectives:

To help residents access and sustain a home which promotes their wellbeing:

- Fewer repeat interventions
- Fewer homeless households
- More people living independently
- Improved satisfaction with advice and support services

Challenges:

- Providing the most appropriate range of housing related support, to help residents access and sustain a home which promotes their independence and wellbeing
- Reducing future revenue costs to the Council

Draft recommendations

28. Review the actions set out in the Housing Intervention Action Plan, and, where appropriate, provide Public Health support to assist in maximising the benefits to health arising from delivering elements of the Plan. The evidence presented in the review identifies priority candidate elements with the greatest potential to improve health and wellbeing, further detailed below.
29. Ensure that improving health and wellbeing is reflected in the production of local development plan documents (ie. Making Spaces for Growing Places).
30. Review how health and wellbeing is reflected in Council Letting Policies and TGHC support services (ie. health criteria, preventative interventions).
31. Assess the current range of Council private sector housing interventions to maximise their contribution to health and wellbeing (including energy efficiency programmes, private landlord accreditation, Selective Landlord Licensing, financial assistance programmes, falls prevention, Making Every Contact Count).
32. Undertake actions to ensure that the greatest proportion of Council housing is maintained to a standard that secures the health and wellbeing of residents within the context of changes to revenue and capital funding.
33. Determine the circumstances where the Council seeks to ensure that high design and space standards are delivered, including accessibility.
34. Determine the need for, location of and processes to deliver adequate levels of supported, specialist, and older persons housing.
35. It is recommended that the Committee:
 - Gives its views on the report and recommendations and agree that the final report and recommendations be submitted to Cabinet for consideration.

Contact: Alice Wiseman

Ext. 2777

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TITLE OF REPORT: Gateshead Health & Wellbeing Board – Progress Update

REPORT OF: Sheena Ramsey, Chief Executive

Summary

To update and seek the views of the Care, Health & Wellbeing OSC on the work of the Gateshead Health & Wellbeing Board for the six month period October 2016 to March 2017.

Background

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2016/17 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the work of the HWB.
3. A report has already been provided on the work of the HWB for the period 1 April 2016 to 30 September 2016.

Gateshead Health & Wellbeing Board – Progress Update October 2016 to March 2017

4. The following update highlights key issues considered by the HWB and progress made for the period 1 October 2016 to 31 March 2017.

Needs Assessments

5. The Board considered a Health Needs Assessment of the black and minority ethnic (BME) population in Gateshead. The Needs Assessment included a profile of quantitative and qualitative information on BME communities, building upon the Joint Strategic Needs Assessment, to identify the protected population characteristics covered by the equity duty (Equity Act 2010). It used epidemiological methods to consider factors appropriate to the BME population that could give rise to health and social care needs. It was noted that further information regarding the use of services within primary care, diagnoses and referral rates to secondary

care for some medical conditions was outstanding which was being followed up.

6. The Health and Wellbeing Board agreed to the establishment of a short term task group to progress:
 - Analysis of primary care data in order to investigate important risk profiles for this population;
 - Develop an action plan to propose solutions to ensure BME communities receive important messages regarding access to appropriate services; and
 - Implement the action plan in appropriate ways to ensure solutions to the issues and recommendations set out in the HNA.

Director of Public Health Annual Report 2015/16

7. The Gateshead Director of Public Health Annual Report 2015/16, "Tobacco: a smoking gun", was presented to the Board. The report told the story of our ambition for a smoke-free Gateshead, a place where our communities are not affected by the harm caused by tobacco. It described the many different ways that people are affected by smoking, from causing or exacerbating poverty, to illness and early death. It also recognised the way that people and communities have been intentionally influenced by powerful corporations who have a vested interest in maintaining smoking rates as high as possible.
8. The report sets out the DPH's commitment that "We will do whatever it takes to end the harm that is caused to our families and communities by tobacco". To this end, 17 local, regional and national recommendations were identified, particularly with a view to:
 - Galvanising action and keeping up the momentum;
 - Addressing inequalities;
 - Protecting children; and
 - Reducing smoking prevalence.
9. The report laid a challenge to partners to act together so that we can truly say we are a smoke-free community, where no one, irrespective of their personal circumstances or where they live, is adversely affected by tobacco.
10. An update on recommendations from the previous year's DPH Report (2014-15) was also provided.

Strategic & Operational Plans

11. The Board considered the following strategic and operational plans during the period October 2016 to March 2017:

Sustainability & Transformation Plan (STP): The Board received presentations and updates from Newcastle Gateshead CCG on the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan. As provided for under NHS Planning guidance,

STPs are required to accelerate the implementation of the NHS Five Year Forward View (a vision for the future of the NHS based around sustainable new models of care), be place-based, multi-year plans that are built around the needs of local populations. In particular, the plan is required to address the health and wellbeing gap, the care and quality gap and the funding and efficiency gap across the local health economy.

The Plan is divided into 3 main areas:

- Scaling up Prevention and Health and Wellbeing
- Out of Hospital Collaboration
- Optimal Use of the Acute Sector

The Board were advised that the STP will act as an 'umbrella' plan holding underneath it a number of different specific plans to address key challenges. The initial STP submission to NHS England was reported as outlining the 'current state' in terms of Health and Wellbeing, Care and Quality and Funding and Finance. It was noted that in our patch we have many Foundation Trusts rated by the CQC as 'outstanding' and 'good' and already have systems which are highly rated. This puts the local health and care economy in a good place to respond to the challenges and opportunities that lie ahead.

It was noted that:

- the next steps included carrying out further engagement on the content of the STP, to be followed by a formal consultation on the Plan (as part of this, a timeline would be developed);
- should any potential service changes emerge from the STP process, there will need to be full engagement and consultation with local people before any decision on the proposed change is made;
- the Board was not being asked to approve any plans at this stage.

Newcastle Gateshead CCG Operational and Commissioning Plan 2017/19: The Board received a presentation on the CCG's Operational Plan for 2017/18 and 2018/19. It was noted that the approach to operational planning and contracting will be built out from the STP.

Challenges identified included:

- Managing Increased Demand for services;
- Delivering Robust and Effective Community Services;
- Working together to develop new models of care.

Substance Misuse Strategy for Gateshead: a joint workshop style meeting of the Health & Wellbeing Board and the Community Safety Board was held to consider the 'Impact of Alcohol' on local people and their communities. It was envisaged that outputs from the meeting would then feed into a final Substance Misuse Strategy and Action Plan for Gateshead.

The workshop highlighted the need to: focus on prevention across the lifecourse; promote responsible retailing by the trade to support a

reduction in substance misuse-related harm; and to make the most of licensing and other regulatory powers in this area.

10 Year Tobacco Control Action Plan: The Board endorsed a 10 year Tobacco Control Delivery Plan for Gateshead and noted that further engagement work needs to take place on its content and how it will be taken forward working with local partners.

The 10 Year Plan sets out an ambitious target - smoking prevalence of 5% or below in Gateshead by 2025 - and identifies work in eight key areas as well as actions that partners can take forward to help us achieve that target.

The Board had previously received an update on the findings of a CLearR (Challenge, Leadership, Results) assessment of the Gateshead Smokefree Tobacco Alliance – a national standard developed by Action on Smoking and Health (ASH). Implementation of the Plan will be overseen by the Gateshead Smokefree Tobacco Alliance.

Strategic Review of Carers Services: The Board considered an update on the strategic review of services in Gateshead for unpaid Carers. It was noted that we are moving towards an integrated commissioned service between the CCG and the Council.

It was reported that engagement has taken place with commissioned providers to understand the current offer for Carers - how Carers access services, what is available, how often and the challenges encountered. A Health Needs Assessment for Carers has also been completed by the Public Health Team and has been shared with Providers and Carers.

Consideration is also being given to the future offers for Carers, ensuring that both young and adult Carers, as well as those delivering the services, are pivotal to re-designing it.

Gateshead Sexual Health Strategy: The Board approved a Sexual Health Strategy for Gateshead. The strategy document set out the local need for services (covering both reproductive health and sexually transmitted infections) and provided an overview of the commissioning and provision of sexual health services.

Long Term Conditions Strategy: The Board received, for information, the Long Term Conditions Strategy for Newcastle and Gateshead. The strategy aims to integrate services further, move care closer to the patient's community and increase the information and support people can access.

NECA Commission Report 'Health & Wealth'

12. The Board considered the NECA Commission Report 'Health and Wealth: closing the gap in the North East' – a call to action for leaders across the

health and care system in the NECA area to transform the health and wellbeing of north east residents and, in so doing, help to improve the performance of its economy and the prosperity of its people. The Board endorsed the report's three core themes:

- The need to shift resources towards prevention,
- How investment in prevention links with greater productivity, and
- The importance of system leadership/governance arrangements to make this happen across a north east footprint.

13. It was noted that organisations represented on the HWB would be submitting individual responses to NECA regarding the Commission's report, including the Council itself.

Performance Management Framework

14. The Board received an update on progress in relation to key indicators linked to its health and wellbeing agenda drawn from:

- The Public Health Performance Management Framework
- Gateshead Better Care Fund Plan
- Newcastle Gateshead CCG Strategic Indicators
- Children's and Adult Social Care Strategic Outcome Indicators

15. The Board also endorsed quarterly returns to NHS England relating to the Better Care Fund Plan – quarters 2 and 3 of 2016/17. The returns focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators.

Assurance Agenda

16. As part of the Board's assurance agenda, the Board received:

- The Safeguarding Adults Annual Report 2015/16;
- A report on Primary Care (Medical Services) Governance Arrangements as well as an update on the commissioning of primary care medical services;
- A presentation on Winter Preparedness (health and care) arrangements for 2016/17;
- The Health Protection Assurance Annual Report for 2015/16.

Other Issues

17. Other issues considered by the Board included:

- *Community Health Services: mobilisation and transformation* – a presentation on the key principles underpinning community health services going forward and key short, medium and long term challenges and opportunities.
- *Gateshead Council's Budget Proposals 2017/18* – a presentation on the Council's budget consultation (2017- 20) and, in particular, proposals relating to health and social care.
- *Statement of Intent: 'Delivering Better Health & Social Care Outcomes for Newcastle and Gateshead'* – an update was provided on a

statement of intent that has been agreed by Accountable Officers across Gateshead and Newcastle which commits partners to work together in developing a long-term approach to the health and social care economy of Gateshead and Newcastle (a copy is attached for information as an appendix to this report).

- *Overview and Scrutiny Committee (OSC) Work Programmes for 2017-18* – the Board commented on the emerging themes for OSC reviews and case study topics for 2017/18, including those for the Care, Health & Wellbeing OSC.
- *Gateshead Cancer Locality Group Work Programme* – this has been developed by the Gateshead Cancer Locality Group with a particular focus on reducing the prevalence of smoking and increasing survivorship (a complex interaction between early detection, where the disease has less chance to develop; through high quality treatment; and support with individual patient responsibility post-treatment).
- *Gateshead SEND Inspection and Joint Commissioning Arrangements* – a presentation on the Special Educational Needs and Disabilities (SEND) Inspection Framework and arrangements that had been put in place in preparation for the inspection. An update was also provided on work to progress joint commissioning arrangements in this area, working with Newcastle Gateshead CCG.
- *Time to Change Hub Bid* – the Board endorsed a proposed joint bid with Newcastle Wellbeing for Life Board and Newcastle Gateshead CCG to deliver a local ‘Time to Change’ hub (a partnership of local organisations and people who are committed to ending mental health stigma and discrimination).
- *Various items for the Board’s information* – such as the Great Northern Care Record to improve digital record sharing; and a report-out from a workshop on ‘Connected people, connected communities’, which sought to build upon existing work on asset based approaches etc.

Recommendations

18. The views of OSC are sought on:

- (i) the progress update on the work of the Gateshead Health & Wellbeing Board for the second six months of 2016/17, as set out in this report.

Contact: John Costello (0191) 4332065
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Delivering Better Health and Social Care Outcomes for Newcastle and Gateshead

Statement of Intent

January 2017



1. Introduction and Background

Newcastle and Gateshead face persistent and high levels of health inequality and Council social care budgets are being cut as resources have fallen and are vulnerable to further cuts. Investment in preventative social care and public health, and other areas where there is no statutory duty, are under particularly acute threat.

The NHS in the area is facing a different but no less difficult set of challenges. With service demand rising and constrained budgets within the NHS itself and the impact of reduced social care impacting discharges and other areas, the system is under considerable strain, with falling performance outcomes in some areas and increasing incidences of budget deficits.

Joint working across health and local government including but extending beyond the integration of health and social care could play an important role in reducing budget pressures and improving outcomes. It could also play a role in sustaining and developing the economy of the region. Health and social care are a key part of the economy, in terms not only of employment, but also innovation and as a growing export industry. The issue is how best to enable a whole system approach to be developed which is more robust and fit-for-purpose yet realistic building on the excellent work already underway between a range of health and social care partners in the Newcastle and Gateshead area. The purpose of this Statement of Intent is to provide a framework to enable such changes to be made.

2. Parties

This statement of intent commits all the following parties to the actions set out in this document:

Gateshead Health NHS Foundation Trust
Gateshead Metropolitan Borough Council
Newcastle City Council
Newcastle and Gateshead Clinical Commissioning Group
Newcastle Upon Tyne Hospitals NHS Foundation Trust
Northumberland, Tyne & Wear NHS Foundation Trust

3. Vision

The vision of the partners is that Newcastle and Gateshead is a model for how every part of the health social care and third sectors can work together to enable the people they serve to live longer, healthier lives, supported by the very best services available.

4. Objectives

The objectives of the partners are as follows:

- A continuing and sustained improvement in the health and wellbeing of the people of Newcastle and Gateshead as evidenced by greater longevity and better outcomes from health and care interventions
- Greater equality of outcomes, enabling people from across Newcastle and Gateshead to share in the improvements to the health and care system
- The maintenance and development of the highest quality health and social care
- An appropriately integrated and well planned, effective delivery model for health and social care
- A robust health and social care economy that is efficient in its use of resources
- A delivery system that is responsive to the needs of users in the short term and additionally, in the longer term, supports communities to be more responsible for the achievement of these objectives.

5. Principles

In pursuing the objectives of this Statement of Intent the partners commit themselves to operating within a set of principles. These are as follows:

- A commitment to taking a strategic view of health and social care and the needs of communities, seeking long term improvement in outcomes for Newcastle and Gateshead residents.
- A commitment to protect and support existing high quality provision, managing change in a way that preserves excellent, efficient provision.
- An openness to change on the part of each organisation, with each being led by evidence and strategic ambition as well as budgetary requirement in the formulation and delivery of proposals.
- Subsidiarity will be central to the work of partners. – if something can done by an existing organisation and it is best placed, it should be.
- Until or unless agreed otherwise, the activity of each partner organisation remains the responsibility of its Board/Council whose decision will be needed to change this.

6. Activities

The partners have agreed to start the process of joint working through a series of work streams bringing together local government and NHS partners. These areas of work are as follows:

Finance, Planning and Infrastructure

The development of financial modelling of the system: mapping existing financial flows across the Newcastle and Gateshead health and social care system, and modelling the impact of individual changes on system performance in order to understand how the impact of funding reductions is likely to impact on services and outcomes.

Innovation in Practice

Leading the development of innovation in practice, and the capacity to change what organisations do, helping organisations plan better, fund and manage their activities, so as to ensure that the process of working together leads to practical and actionable proposals both in the short and longer term including through the development of preventative health and social care.

System Re-design

Developing an analysis of the institutional landscape of the Newcastle and Gateshead Health and Social Care system; understanding the inter-relationships; jointly developing and testing the robustness of different models of health & social care delivery), making a balanced assessment of each and recommendations for one or more models to be considered for further development.

Strategy and Communications

Building an understanding of the drivers of health and social care spending for Newcastle & Gateshead, a ready means of communicating these and leading the development of a plan to engage all parties in responding to these findings.

These areas of work will be led by chief executives with agreed lead roles. Other important supporting work, for example in relation to workforce issues, will be taken forward by the Joint Programme Board, reporting to the Chief Executives.

7. Relationship to Regional and National Planning Including the STP


This Statement of Intent commits the partners to work together in developing a long-term approach to the health and social care economy of Newcastle and Gateshead beyond the timeframe of any individual planning cycle. However, this work must be cognisant of the requirements of national funding bodies including NHS England and in particular at present the requirement for each area to have a Sustainability and Transformation Plan. The partners are committed to an outstanding STP The initial work undertaken in Newcastle and Gateshead under the terms of this Statement of Intent has informed the development of the regional STP and will assist in its implementation. The same is true in relation to the North East Health


and Social Care Commission whose work the partners support and the outcomes of which should be mutually beneficial.

In signing this Statement of Intent, the partners agree to undertake work which will lead to proposals for new and innovative health and social care interventions. This may lead them to wish to revisit the planning assumptions of any and all national and regional bodies, making representations to National Government bodies for changes in funding, targets, regulation and reward to enable them to better to serve the interests of the people of Newcastle and Gateshead.

8. Governance

In signing the statement of intent, the Chief Executives of all partners acknowledge and agree both that: all substantive decisions relating to the future health and social care of Newcastle and Gateshead remain the responsibility of the Boards of Governance and Councils; and, that proposals for substantive change will need to be brought before these in the usual manner. However, to facilitate this, and to engender a new level of cooperation between partners, the Chief Executives agree to undertake the work needed to formulate a new light touch governance mechanism at which representatives of the governance bodies of every partner can meet and agree the recommendations of each will take to its constituent body for recommended decision.

Name	Signature	
Louise Robson		The Newcastle upon Tyne Hospitals  NHS Foundation Trust

Name	Signature	
Pat Ritchie		Newcastle City Council 

Name	Signature	
Ian Renwick		Gateshead Health  NHS Foundation Trust

Name	Signature	
Mike Barker		 Gateshead Council

Name	Signature	
John Lawlor		Northumberland, Tyne and Wear  NHS Foundation Trust

Name	Signature	
Mark Adams		 Newcastle Gateshead Clinical Commissioning Group

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CARE, HEALTH & WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
25 April 2017

TITLE OF REPORT: Review of GP Access – Second Progress Update Report

REPORT OF: Sheena Ramsey, Chief Executive

Summary

This report provides the second update to Care, Health & Wellbeing OSC on progress made against recommendations and actions identified from the review of GP Access in Gateshead.

Background

1. Care, Health & Wellbeing OSC focused its 2015/16 review on GP Access in Gateshead.
2. Access to GP services continues to be a key issue for local communities across the borough as a whole, whether from urban or more rural areas. The Committee received a significant amount of evidence as part of the review and undertook a series of visits to GP practices and other sites across the borough in order to scrutinise current arrangements in place, gain a better understanding of both the challenges and opportunities relating to GP access and the quality of care provided.
3. In particular, the evidence gathering sessions and site visits focused on:
 - Key issues relating to 'Access' to GP services, drawing on survey findings and other evidence on GP appointments, opening hours, out-of-hours etc.;
 - Issues relating to the quality and experience of care;
 - GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.
4. Committee Members acknowledged the input of GP practices to the review and expressed their thanks to their practice managers. The Committee also expressed its thanks to Newcastle Gateshead CCG, NHS England Cumbria & North East, Healthwatch Gateshead and Gateshead Community Based Care Ltd. for their contributions to the review.

Headline Findings

5. The Committee noted that a strong partnership approach is essential to ensure appropriate, timely and quality GP services can be accessed by Gateshead residents. Patients themselves also have a key role to play in providing feedback to their practice.
6. It was reported to Committee that Practice Action Plans are developed by all practices working with Newcastle Gateshead CCG and NHS England and are reviewed and updated annually. In continuing to develop these plans in the future, it was recommended that a specific focus is placed on ways individual practices can enhance access to GP services for their patients and actions that can be taken in this area. It was also noted that practice facilitators will continue to support practices in taking these actions forward.
7. The headline findings of the review acknowledged the opportunity to build upon existing work and continue the direction of travel set by local NHS Partners and GP practices themselves to enhance access to GP services in Gateshead. Progress against recommended priorities and actions to-date are set out below.

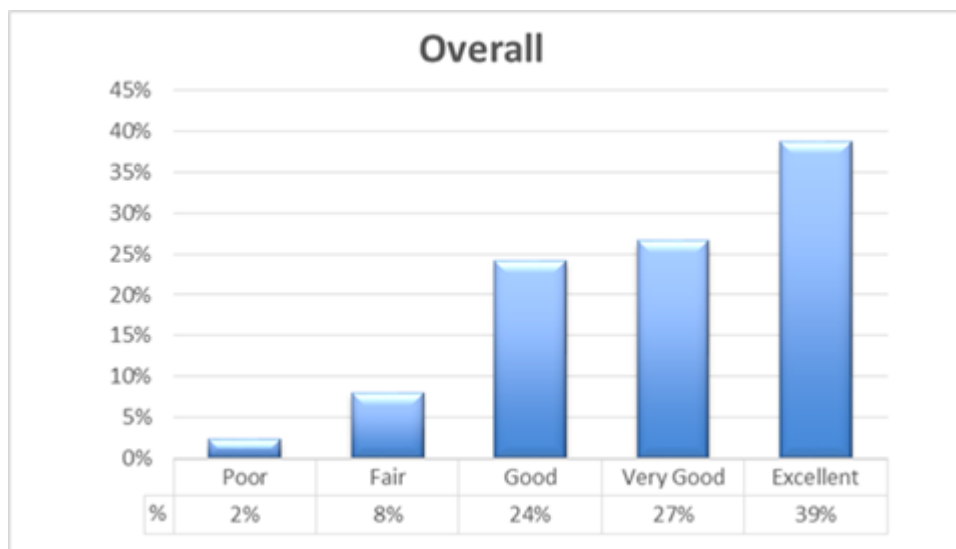
Priorities and Actions

Priority 1: Access & Appointments

Action	Progress
Action 1.1: Work with practices to ensure patients are aware of the different methods available to book an appointment and other options if an appointment is not available.	The national General Practice Patient Survey (GPPS) reported that the booking of online appointment at GP practices is up from 3.8% to 5% in the Gateshead area. As this is now an annual survey, there is no further update at this time.
Action 1.2: Communicate and explain to patients with long term conditions the 'Year of Care' approach to promote self-care for patients and to signpost them to available support, such as Live Well Gateshead.	The long term conditions patient reference group has developed the communication materials for patients with Long Term Conditions (LTCs). This is being reinforced at LTC appointments.
Action 1.3: Raise the awareness of patients of the scope to request a longer appointment if they feel it is necessary, so that appointments are less likely to overrun with a knock-on effect for other patient waiting times.	This has been actioned by Practice Managers through the Practice Managers Group and cascaded to all practices. Practice web sites are being up-dated.

Action	Progress
<p>Action 1.4: Improve patients' reported experience of out-of-hours services - compare data from the GP Patient Survey with GatDoc data, explore the variation further and address any issues identified.</p>	<p>The most recent national General Practice Patient Survey (GPPS) reports that overall (good) experience of out-of-hours services in the Gateshead area has increased from 55% to 70%. As this is now an annual survey, there is no further update at this time.</p> <p>Overall satisfaction rates for the GatDoc out-of-hours service which have been compiled by Gateshead Community Based Care Ltd. show that 90% of respondents gave the out-of- hours-service a rating of Good to Excellent (see <i>Figure 1</i> below).</p>
<p>Action 1.5: Ensure patients have access to 7 day GP services. Continue to review data and the experiences of patients as a result of the Prime Ministers Challenge Fund initiative – working to implement 7 day access to primary care.</p>	<p>Patients continue to have access to Gateshead extra care appointments 7 days a week at Blaydon Primary Care Centre and Gateshead Health Centre; this has resulted in increased access from 8am to 8pm, Monday to Friday, with continued access on Saturday and Sunday. The scheme has been evaluated independently by NHSE very positively and it is being used as the model to roll out to Newcastle and beyond.</p>

Figure 1: Overall satisfaction rates for GatDoc as reported at June 2016



Priority 2: Addressing Variation in Quality

Action	Progress
Action 2.1: Continue to improve quality in GP services through identification of outliers in terms of performance and standards of care through the GP assurance framework and work with these practices to address variation through the CCG Practice Engagement scheme.	This is monitored through the NHSE assurance framework. In addition, the CCG's monthly visibility wall 'report out' continues where plans to address issues raised are discussed. Practices who are outliers are being visited by the CCG's Medical Director and recovery plans are put in place.
Action 2.2: Ensure that Practice Action Plans agreed with individual practices identify areas for development/particular focus as required, working closely with their designated practice facilitator to achieve targets jointly agreed with practices.	The CCG is currently launching the new scheme for 2017/18. 29 of the 31 practices have had an initial visit. Sign up to the Practice Engagement Scheme and associated Action Plans are to be completed by the end of May. The scheme has been well received so far.
Action 2.3: Deliver two learning and sharing events a year, to share good practice, help raise standards and reduce variation across practices.	Events for 2017/18 are in the planning stage. One event will be across Newcastle and Gateshead.
Action 2.4: Make the most of the Gateshead Practice Managers network to share good practice across the borough and provide support to practices when needed.	This is ongoing.
Action 2.5: To further improve quality in GP services, establish links and regular dialogue with CQC local managers to triangulate information and ensure a more holistic approach to quality improvement.	Quarterly meetings have been arranged with CQC to ensure triangulation of information to improve services. Last meeting was in March 2017.

Priority 3: Estates

Action	Progress
Action 3.1: Make the most of opportunities presented by the NHS Primary Care Transformation Fund to upgrade/extend GP premises to meet current and future care needs of	An Estates Transformation Technology Fund (ETTF) Plan was submitted to NHSE in June 2016 and approval was given to move on to the next stage. The CCG are working

Action	Progress
Gateshead patients.	<p>with partners, including the local authority, to proceed to outline business cases.</p> <p>The CCG was given funding to digitise records in one practice in Gateshead and one in Newcastle.</p>
<p>Action 3.2: NHS partners to continue to work with the Council to ensure that plans for housing development are factored into estate plans as required and that there is sufficient capacity within the primary care system to meet the needs of local communities.</p>	<p>This is ongoing through the Estates Strategy Group on which the Council is represented.</p>
<p>Action 3.3: Principal to be observed of making the most of the Gateshead £ when developing services by making the most of all stakeholders' property portfolios to rationalise estates and avoid void costs.</p>	<p>This is on-going.</p>

Priority 4: Workforce

Action	Progress
<p>Action 4.1: Acknowledging the shortage of doctors entering the GP training scheme and the consequent impact upon recruitment and retention:</p> <ul style="list-style-type: none"> • Develop a career start GP programme; • Develop a nursing in primary care programme; • Ensure workforce strategies are aligned. 	<p>A GP fellowship is being worked up to attract 4 new GPs into the CCG footprint - 3 in Newcastle and 1 in Gateshead.</p> <p>2 GPs from the training scheme are now working in Gateshead in innovative training posts in commissioning. It is hoped they will choose to stay in Gateshead when they are qualified as GPs.</p> <p>Work is also underway with Health Education England on the broader workforce agenda.</p>
<p>Action 4.2: Support practices to make the most of the particular skills/areas of expertise of individual doctors and other practice staff in</p>	<p>Gateshead Community Based Care (Gateshead GP Federation) is developing inter-practice referral schemes and further developing the</p>

Action	Progress
seeking to provide the best care for their patients.	'bureau' which supports back office functions.
Action 4.3: As part of the broader Gateshead place shaping agenda, stakeholders to continue to work with the Council to make Gateshead an attractive place to live and work.	This is on-going.

Priority 5: IT

Action	Progress
Action 5.1: Implement the NHS Digital Roadmap to support GP Practice appointment systems and help ensure patients receive the most appropriate care (the NHS Five Year Forward View included a commitment that by 2020 there would be "fully interoperable electronic health records so that patients' records are paperless").	A Plan was submitted to NHSE in June. Implementation is ongoing.

Priority 6: Patient Engagement

Action	Progress
Action 6.1: Promote Patient Engagement Groups across all GP practices to raise awareness among patients and also promote within Practices themselves.	This is being promoted through the Practice Managers Group and supported by the CCG engagement team.
Action 6.2: Look at new ways to promote Patient Engagement Groups and patient engagement generally e.g. through the Council Newsletter.	A review of how patients are engaged is being led by the Director of Nursing. This will inform engagement work going forward. The new arrangements are due to be agreed in April.
Action 6.3: Consider how the role of practice champions (volunteers) can be used to work with practices in engaging with patients.	The scheme is being evaluated during 2016/17 to inform future commissioning arrangements.

Recommendations

8. The Care, Health and Wellbeing Overview and Scrutiny Committee is asked to:
 - (i) Note the contents of this report and the progress achieved in the last six months.
 - (ii) Comment on whether the Committee is satisfied with the level of progress made.

Contact: John Costello (0191) 4332065

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TITLE OF REPORT:	Annual Work Programme
REPORT OF:	Sheena Ramsey, Chief Executive Mike Barker, Strategic Director, Corporate Services & Governance

Summary

The report details proposals for the development of the work programme for Overview and Scrutiny Committees (OSCs) and sets out the provisional work programme for the Care, Health and Well-being OSC for the municipal year 2017-18.

Background

1. Every year each Overview and Scrutiny Committee draws up a work programme based on the Council's policy framework which is then agreed by the Council as part of the policy planning process.
2. The Committee's work programme is a rolling programme which sets the agenda for its six weekly meetings. It is the means by which it can address the interests of the local community, focus on improving services and seek to reduce inequalities in service provision and access to services.
3. Under the Council's constitution the issues which will be considered by the Overview and Scrutiny Committees come from a number of sources:
 - During the year the Committee may choose to scrutinise decisions made by the Cabinet to ensure decisions are taken properly;
 - The Committee may be requested by the Cabinet to carry out reviews of particular issues in accordance with the Council's policy priorities;
 - The Committee will receive six-monthly reports on performance for comment to Cabinet;
 - The Committee will receive reports on relevant service improvement reviews at key stages of development to confirm to Cabinet that reviews are progressing appropriately;
 - Section 119 of the Local Government and Public Involvement in Health Act 2007 and Section 126 of the Police and Criminal Justice Act 2006 enable any member of the Council to refer to a relevant Overview and Scrutiny Committee any local government matter and any crime and disorder matter which affects their ward or constituents (Councillor Call for Action - CCfA).
 - Members of the Committee may identify particular issues for consideration;
 - Members may also examine issues in the Council's Forward Plan; and
 - In addition, where the Committee has reasonable concerns about a particular executive decision the call-in mechanism is available.

Proposals

4. The Council has consulted partner organisations on the emerging themes for each OSC for 2017-18.
5. Partners have been supportive of the emerging themes and the views outlined will be key in assisting the Committee in identifying the right priority areas to take forward and shape the initial focus of specific areas of work. Details of the emerging issues for potential review / case study topics and the feedback from partners are set out at Appendix 2.
6. The work programmes will continue to be subject to a formal review. At this stage, feedback will be provided to the OSCs on the outcomes generated by the OSCs' reviews and information provided on how it is proposed to measure the resulting impact on local people.
7. The attached provisional work programme (Appendix 1) has therefore taken account of the following:-
 - Six-monthly performance reporting
 - Vision 2030, the Council Plan and partnership work generally
 - Current issues referred to Committees
 - Details of potential review topics
 - Proposed case studies
 - Legislative provisions and guidance on the Councillor Call for Action
8. The work programme remains provisional as:
 - Cabinet has not had the opportunity to fully review its work programme and it may wish to refer further issues to Overview and Scrutiny Committees for further consideration;
 - It does not take account of new policy issues which may be identified during the year, which Cabinet may refer to Overview and Scrutiny; and
 - It does not include issues identified by members of committees on an ongoing basis during the year as a result of scrutiny of decisions, call – in and councillor call for action.

Recommendations

9. The Committee is asked to:-
 - a) Agree the review topic and case studies for 2017-18, having considered the proposals outlined at Appendix 2.
 - b) Endorse the Overview and Scrutiny Committee's provisional work programme for 2017 -18 attached at Appendix 1, and refer it to Council on 8 June 2017 for agreement.
 - c) Note that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

Contact: Angela Frisby

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Draft Care, Health & Well-being OSC 2017/2018	
20 June 17 (5.30pm meeting)	<ul style="list-style-type: none"> • The Council Plan - Year End Assessment and Performance Delivery 2016-17 • OSC Review- Scoping report • MHA/DOLs Update • Deciding Together, Delivering Together - Progress Update
12 September 17	<ul style="list-style-type: none"> • Monitoring - OSC Review of Role of Housing in Improving Health & Wellbeing • OSC Review - Evidence Gathering • Social Services Annual Report on Complaints and Representations - Adults • Annual Report of Local Adult Safeguarding Board and Business Plans -(Chair of Board to attend) • Adult Social Care Account - Video
31 October 17	<ul style="list-style-type: none"> • OSC Review - Evidence Gathering • Health&Well-Being Board Progress Update • Gateshead Healthwatch • Quality of Care in Commissioned Services • Health and Social Care Funding • Food & Health and Safety Intervention Plans - Progress Update
5 December 17	<ul style="list-style-type: none"> • OSC Review - Evidence Gathering • The Council Plan - Six Monthly Assessment of Performance and Delivery (incl LSCB update) • New Service Delivery Model for Extra Care Services • Gateshead Care Partnership Progress Update
23 January 18	<ul style="list-style-type: none"> • OSC Review - Evidence Gathering • Delayed Transfers of Care / Reablement Progress Update • Case Study 1- Health and Social Care System Wide Workforce Issues
6 March 18	<ul style="list-style-type: none"> • OSC Review - Interim Report • Gateshead Healthwatch • Case Study 2- Hospital Admissions as result of Alcohol related Harm
17 April 18	<ul style="list-style-type: none"> • OSC Review - Final Report • Monitoring - OSC Review of Role of Housing in Improving Health and Wellbeing

	<ul style="list-style-type: none">• Health and Well-Being Board - Progress Update• OSC Work Programme Review
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Issues to slot in

- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- STP Updates - as appropriate.

Care, Health and Wellbeing OSC

Review Topic- Work to address harms caused by Tobacco

Links to

Vision 2030

Council Plan 2015-20

Director of Public Health Annual Report 2015-16

Case Study 1 – Health and Social Care System Wide Work Force Issues (to cover an overview of the current workforce position in Gateshead across the health and social care sector, along with details of system wide actions being undertaken to address the issues and an outline of the areas of risk / mitigation)

Links to

Vision 2030

Council Plan 2015-20

Case Study 2 - Hospital Admissions arising from Alcohol related Harm

Links to

Vision 2030

Council Plan 2015-20

Performance Issue – Target LW13 – Rate in Gateshead significantly higher than NE average and the England rate and provisional data indicates a rise in 2015-16 from 2014-15.

Partner Feedback

NHS Newcastle Gateshead CCG

The focus on alcohol, smoking and workforce is welcome, all of which are a huge area of concern for us all and we look forward supporting these areas with our local authority partners.

Tyne and Wear Fire Service

The Service is fully supportive of the emerging themes and priority issues identified and is able to provide information / evidence on the following areas:-

- What the Service can do to help “address harms caused by tobacco” and reduce “ hospital admissions arising from alcohol related harm”.
- How the Fire Service can become a ” health asset” as the Service is planning on developing its risk assessments to incorporate a total “ health and wellbeing assessment”

Corporate Resources OSC

It is proposed that this OSC focus on two Case Studies within its 2017-18 work programme as follows:-

Case Study 1 – Procurement of Goods and Services from Local Suppliers (to focus on how the Council procures locally)

Links to:-

Vision 2030

Council Plan 2015-20

Case Study 2 – Impact of Welfare Reform (in light of ongoing implementation of reforms and roll out of key areas such as Universal Credits)

Links to:-

Vision 2030

Council Plan 2015-20

Partner Feedback

NHS Newcastle Gateshead CCG

We support the OSC scrutinising the impact of Welfare Reform as this is an area which will / is having an impact on healthcare and its delivery.

DWP/ Job Centre Plus

Support the focus on the themes identified. May be able to contribute to the case study on welfare reform and would be pleased to be contacted to see if they can support this work.

CVS Newcastle

Overall the work programmes for the OSCs look comprehensive. On a specific note the issue of welfare reform is having a huge impact on the voluntary and community sector and the people that they support. They held an Open Forum last week on the issue with an excellent presentation from Alison Dunn, Citizens Advice. They could provide notes and information from this event to support consideration of this issue.

Economy, Environment and Culture Board

Supportive of the OSC scrutinising the impact of Welfare Reform.

Families OSC

Review Topic – Children on the Edge of Care (to focus on the needs of this group (toxic trio);evidence of the impact of neglect on life chances ;what the council and partners are currently doing; what the gaps are; what we need / are planning to do.)

Links to:-

Vision 2030

Council Plan 2015-20

Case Study 1 - Best Start in Life Outcome of Pilot Self -Assessment

Links to:-

Vision 2030

Council Plan 2015-20

Case Study 2– Early Help Strategy / Outcomes Framework / Performance Indicators

Links to:-

Vision 2030

Council Plan 2015-20

Communities and Place OSC

Review Topic – The Council and Partner’s Approach to Roads and Highways – to include:-

- road safety / road traffic accidents
- road and pavement repairs / funding
- bus lanes
- traffic congestion

(to focus on current position / challenges/ areas for future action)

Links to

Vision 2030

Council Plan 2015 – 20

Referral from Council – 22 Sept 2017 – Council asked Communities and Place as part of its work programme to review the work of all relevant agencies holding road safety responsibilities due to recent loss of life in road traffic accidents in Gateshead.

No Case study this year – Replaced with four progress update reports on:-

- Development and Extension of the Quality Bus Partnership
- Environmental Enforcement
- Future Direction of Leisure Services
- Housing Growth

Community Safety Sub OSC

Case Study – Impact of Alcohol on Community Safety

Links to:-

Vision 2030

Council Plan 2015-20

Partner Feedback

NHS Newcastle Gateshead CCG

The CCG is pleased to see the impact of alcohol in the community safety OSC work programme as this allows consideration of the influence of alcohol on the wider determinants of health.

Tyne and Wear Fire Service

The Service is fully supportive of the emerging themes and priority issues identified and is able to provide information / evidence on the following areas:-

- How the Fire Service can become a " health asset" as the Service is planning on developing its risk assessments to incorporate a total " health and wellbeing assessment"
- The Service is also heavily involved in tackling Anti-Social Behaviour (ASB). A good example is a project called the Phoenix Project which is a bespoke course which has been reintroduced within Gateshead to tackle specific ASB problems.

The Service would like the OSC to consider including scrutiny of "deliberate fires" as a priority issue for its work programme going forwards.

Corporate Parenting Sub OSC

Case Study – Performance / Planning / Safeguarding of Care Leavers

Links to:-

Vision 2030

Council Plan 2015-20

LSCB Annual Report and Plans