

# CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 24 January 2017 at 1.30 pm in the Bridges Room - Civic Centre

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From the Acting Chief Executive, Mike Barker

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Item	Business
1	<b>Apologies for absence</b>
2	<b>Minutes of last meeting</b> (Pages 3 - 10)
3	<b>Implementation of Deciding Together Proposals - Progress Update</b> (Pages 11 - 12)  Report of Newcastle Gateshead CCG
4	<b>Review of the Role of Housing in Improving Health and Wellbeing - Third Evidence Gathering Session</b> (Pages 13 - 16)  Report of the Director of Public Health, and  Presentations from Elizabeth Saunders, Interim Service Director, Health and Social Care Commissioning and Quality Assurance, Care Wellbeing and Learning.  Peter Wright, Environmental Health and Trading Standards Manager, Development and Public Protection, Communities and Environment  Paul Gray, Public Health Programme Lead, Care Wellbeing and Learning
5	<b>Care Act Update</b> (Pages 17 - 20)  Report of the Strategic Director, Care Health and Wellbeing
6	<b>Review of Annual Work Programme</b> (Pages 21 - 22)  Report of the Acting Chief Executive

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Date: Monday, 16 January 2017

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

**Tuesday, 6 December 2016**

**PRESENT:** Councillor N Weatherley (Chair)

Councillor(s): M Charlton, C Bradley, W Dick, K Ferdinand,  
M Hood, L Kirton, R Mullen, I Patterson, J Simpson,  
J Wallace and A Wheeler

**APOLOGIES:** Councillor(s): D Davidson, B Goldsworthy, M Goldsworthy  
and J Kielty

**CHW21 MINUTES OF LAST MEETING**

RESOLVED - That the minutes of the last meeting held on 1 November 2016 were agreed as a correct record.

**CHW22 OSC REVIEW - SECOND EVIDENCE GATHERING**

The Committee received a report and presentations in the second evidence gathering session examining the role of housing standards in Gateshead with respect to issues regarding:

- the condition of the private 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.

Peter Wright, Environmental Health and Trading Standards Manager provided the committee a presentation on the impact on health and wellbeing of standards in the private housing sector/place shaping, housing and health.

Peter Smith, Head of Policy and Research, National Energy Action (NEA) provided the committee with a presentation on affordable warmth, fuel poverty and health.

Gill Leng, National Home and Health Advisor, Health Equity and Mental Health Division, Public Health England, provided the committee with a presentation on health and housing.

The Committee requested that further information be provided with regard to the number and type of prosecutions relating to poor landlords.

It is proposed that future evidence gathering sessions will cover the following:-

January – how housing support and advice services maintain and improved health and wellbeing

February – focus group to collate evidence from members

- RESOLVED- i) that the information be noted  
ii) that further information be provided to Committee regarding the number and type of prosecutions arising from poor landlords

## **CHW23 THE COUNCIL PLAN - SIX MONTH ASSESSMENT**

The Committee received a report which provided the six month assessment of performance and delivery for the period April to September 2016 in relation to the Council Plan 2015-2020.

The 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.

Where performance was available at the six month stage for relevant strategic indicators relating to this OSC, this was also presented to Committee.

Progress as to how well the Council is performing in relation to the equalities where information is available at this stage was also provided to Committee in the report.

The Director of Public Health, Alice Wiseman supported by the Service Director, Adult Social Care, Steph Downey highlighted the key achievements, challenges and issues within the report for the committee's consideration.

- RESOLVED -
- i) The Committee were satisfied that the activities undertaken during April 2016 to September 2016 were achieving the desired outcomes in the Council Plan 2015-2020.
  - ii) That the report be referred to Cabinet on 24 January 2017 for consideration.

## **CHW24 PROPOSED CLOSURE - LOBLEY HILL BRANCH SURGERY**

The Committee received a report from Katrina Roberts, Practice Manager at Bensham Family Practice to take the Committee through the proposal/rationale for the closure of the branch surgery at Lobley Hill and the engagement work carried out with patients and stakeholders.

### **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 of 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 1 January 2015 to 31 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. 433 questionnaires were sent out to patients living in the Lobley Hill area and 127 replies were received. 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 service to the main site. It is practice policy to endeavour to meet 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. The Practice Manager does not feel that there are any 'physical' problems that patients have to encounter. The full range of primary care services from a purpose built and modern building that conforms with all required legislation are also offered from the main site at Sidney Grove.

The main site at Sidney Grove is also situated on the main bus route, with the bus stop both north and south right outside the entrance to the surgery.

### **Capacity**

As the current one hour surgery is simply transferring to the main site there have not been any problems encountered with access to appointments.

## **Timeline**

The practice are proposing a timeline of 6 weeks from the OSC meeting.

The practice feel it is necessary to move the short surgery of one hour per week for the reasons outlined below:-

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

RESOLVED – that the information be noted.

## **CHW25 PROPOSED CLOSURE - GREENSIDE BRANCH SURGERY**

The Committee received a report from Dr Anil Doshi, Dr Stella Jacobs, Nurse Practitioner Janet Thomas and Partners of Crawcrook Medical Centre in order to take Committee through the proposal/rationale for the proposed closure of the branch surgery at Greenside and the engagement work carried out so far with patients and stakeholders.

Crawcrook Medical Centre currently deliver 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 medical centre are proposing to close the branch surgery at Greenside due to the fact that by January 2017 they will have lost 50% of the GP capacity, and despite the best efforts they 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 the GP resource has reduced by 33% from January 2016, due to two of the salaried GPs leaving, the practice felt they 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 another GP will be leaving, reducing the GP resource by a

total of 50% and making it impossible to sustain continued delivery of services over 2 sites. The practice are therefore having to review their structure and ways of working to accommodate this reduction.

### **External Audit**

An external audit was carried out to help the practice 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 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 the practice decision for the services to be consolidated to the Crawcrook site.

The practice has looked at the demographics of those 58 patients which only attended Greenside and these are set out 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

In the age group 61-90 there were 8 attendances of more elderly patients and the practice has confirmed they will look at way to be able to mitigate the consequences for these patients. The practice has also confirmed that they have contacted the local bus company to ask which bus services are available for residents of Greenside and Greenside patients.

### **NHS England and 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 lose the branch site. The CCG are also aware of the proposal and Jane Mulholland, Director of Operations and Delivery was also in attendance at the OSC.

### **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 Defibrillator have been purchased and are in place at Greenside and all the staff appraisals have now 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 hopefully make it possible to improve access for all patients.

### **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. The Practice has found it impossible to recruit GPs to replace the 2 salaried GPs, despite having advertised twice in the last year. This resulted in no applications whatsoever to the adverts. This is currently in line with the national situation due to a lack of GPs generally and exacerbated by the facts that GPs do not necessarily choose 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 2020's.

### **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 initiatives allowing them to support Crawcrook Medical Centre along with other local vulnerable practices.

Regular meetings are taking place with CBC to review and support Crawcrook moving forward.

One of the primary aims of these meetings is improving access for all out 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, the practice 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 the 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 that there are GPs present on site to safety support and supervise the clinical skill mix of the team. Being on one site will also ensure that 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 all of the remaining GPs see patients from one site.

The Committee were advised that the practice is not a dispensing practice and the proposal does not impact in any way on the GMS contract that is in place.

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.

Members of the staff at Greenside are lone workers once the GP has finished surgery and whilst safety factors have been put in place to minimise risk, the situation of lone working is not ideal.

### **Car Parking**

Concerns have been raised relating to Parking Issues at Crawcrook Medical Practice and in advance of the OSC meeting an independent survey of the site in relation was carried out the previous week.

Andrew McGarvie from Communities and Environment attended the OSC and provided aerial shots of the car parks in the vicinity of the GP practice and concluded that there was generally sufficient parking in the area available overall to meet local needs and the needs of patients accessing the main GP practice at Crawcrook. Key points to note are there are approx. 11 to 12 staff at the Crawcrook Practice parking in the adjacent care park (which has been designated for staff only and has parking capacity for 16) and arriving before 9am.

However the other nearby car park is only operating at between 60% to 70% capacity throughout the day and there are other time restricted parking bays in the vicinity of the practice.

If the OSC has concerns about car parking resulting from the additional patients who will have to attend the site as a result of the proposed closure of the Branch Surgery at Greenside, the option may be to request that the GP Practice/Assura (who manage the car park) act on the concerns of the Committee and allocate some of the parking provision at the adjacent site to public parking and ask that the CCG and NHS England encourage this course of action (however it does not appear that there is anything requiring them to do so)

The Committee discussed at length the situation facing the practices but noted that it has been coming for a while and was not an isolated incident. The Committee suggested that Government be lobbied and the Department of Health be informed about the situation and the serious problems that now exist with the lack of GPs and failure to recruit.

Committee suggested joint working arrangements being developed with other practices in the vicinity, and although discussions have taken place and practices are willing to work together the situation regarding the lack of or retention of GPs is a borough wide and regional issue.

Ward Councillors, Jack Graham and Kathleen McCartney attended the OSC and raised the following concerns; Cllr Graham expressed concern that some of his constituents are not convinced that closure is a good idea and a petition from the residents is

currently being developed. Cllr Graham asked if a locum had been considered? Jane Mulholland reported that no one had come forward albeit this had been explored but the issue of lone working at the Greenside site was putting a lot of people off.

Cllr Graham also expressed concern with the current telephone appointment system not being fit for purpose. The Practice Manager replied that there is a new telephone system in place with additional lines and once all the staff have completed training (which is ongoing) things should improve.

Cllr McCartney asked if any additional provision had been made to transport Greenside residents to the Crawcrook site as the bus service is very poor. The Practice Manager reported that the bus companies had been made aware of the proposed closure and had provided information about bus timetables and timings.

Cllr McCartney asked if the public car park can be returned to public use as it is currently being used by medical centre staff.

Cllr McCartney asked if the practice were aware of the high level of upset and bad feeling amongst the residents? The Practice Manager reported that they were aware and were arranging an open day and had also held a public meeting recently to try and alleviate as many concerns as possible.

- RESOLVED -**
- i) That the information contained in the report be noted.
  - ii) That the disappointment of the Committee be conveyed to the Government and the Department of Health in order to express concern at the shortage of GPs and lack of retention of GPs within Gateshead borough and the north east region
  - iii) That further consultations be undertaken with the community to ease the transition should the proposed closure of Greenside go ahead.

**Chair.....**

24 January 2017

**TITLE OF REPORT:** Implementation of Deciding Together Proposals – Progress Update

**REPORT OF:** Newcastle Gateshead CCG

## Summary

This report provides the OSC with the details of progress made in respect of the implementation of the Deciding Together proposals and sets out the next steps for all organisations involved. The OSC is invited to comment on the work carried out /progress made/ future work.

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## Background

NHS Newcastle Gateshead Clinical Commissioning Group's governing body made its decision in June 2016 to change the way current services provided by Northumberland, Tyne and Wear NHS Foundation Trust (NTW) are arranged. This decision was made after a wide ranging public engagement and consultation process that took place over the last two years.

The changes will mean the creation of new in-patient facilities at Newcastle's St Nicholas' Hospital, and the opportunity to innovate a wider range of improved and new community services, some that will be specifically provided by community and voluntary sector organisations under future new contracts, that will link with statutory NHS services.

While the decision will mean the closure of Gateshead's standalone Tranwell Unit, as well as the Hadrian Clinic in Newcastle, it provides the opportunity to make significant changes that will create new interlinking community and hospital mental health services. This will reduce reliance on hospital stays, shorten the time people spend in hospital and improve their experience of services, helping them to recover sooner, stay well and have fulfilling lives.

Older people's services in Newcastle would also change and be consolidated at St Nicholas' Hospital, closing wards based on the former Newcastle General Hospital site.

## Progress

A planning workshop was held in November to discuss and agree the joint approach between Gateshead and Newcastle local authorities, Newcastle and Gateshead Clinical Commissioning Group and Northumberland, Tyne and Wear NHS Trust.

The meeting had two purposes.

1. To consider the STP (Sustainability and Transformation plans<sup>1</sup>) and implications and how we would align our local offer to the aspirations of the STP. We were able to

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<sup>1</sup> Sustainability and transformation plans (STPs) are five year plans for the future of health and care services in local areas. NHS organisations have come together with local authorities and other partners to develop the plans in 44 areas of the country. STPs represent a very significant change to the planning of health and care services in England

confirm that STP priorities match our local priorities of care closer to home, easy access and smooth discharge to appropriate support in the community

2. We also needed to be clear with respect to the financial position as there is less available development money than previously anticipated across health and local authorities. The meeting confirmed that it was satisfied the original plan to locate Acute beds on the St Nicholas site remains the right option and is sustainable going forward

### **Next Steps**

We are planning a workshop on Wednesday 1 February for Newcastle Gateshead CCG, Northumberland Tyne and Wear NHS Foundation Trust, Gateshead and Newcastle local authority and third sector organisation colleagues to meet to discuss the next steps and the implementation of Deciding Together.

Given the changing landscape and current financial pressures for all organisations involved it is better we jointly consider how best to plan and implement the outcome of Deciding Together and work together to achieve this for our local populations in a realistic way.

### **Outcome**

The output from this workshop will be to draw up and develop the joint implementation plan across all partners and agree some early “wins”, therefore ensuring that we move towards the reduced reliance on hospital beds, shorten the time spent in hospital and improve service users’ experience of these services.

### **Recommendation**

Overview and Scrutiny Committee is asked to:

- i) Note progress on Deciding Together.

Chris Piercy  
Executive Director of Nursing, Patient Safety and Quality  
9<sup>th</sup> January

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

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

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### **Summary**

This report gives details of the evidence gathering session that will take place on 24<sup>th</sup> January 2017 and outlines the framework for future sessions. The views of the Committee are being sought on the evidence presented and the future plans outlined.

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### **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 1<sup>st</sup> November 2016 explored issues regarding health and the supply of housing with respect to the existing stock and anticipated future housing needs.
3. The second evidence gathering session held on 6<sup>th</sup> December 2016 heard information on housing standards in Gateshead with a focus on the private rented sector and the importance of “place”. External speakers provided evidence on the relationship between housing and health and in particular the significance of affordable warmth.

### **Purpose of this session**

2. This is the third in a series of evidence gathering sessions being undertaken for this review. The purpose of this session is to examine the role of housing support in Gateshead with respect to issues regarding:
  - the role of housing in supporting independence for those with social care needs, and
  - other housing support and advice services

The aim is to highlight how the Council addresses housing needs identified for those with acknowledged social care needs, and the role of universally available and largely preventative housing support services. It will show how housing support services can help people to live in their own homes, and can maximise opportunities to improve health and minimise harms.

3. The third evidence session will include the following presentations, each of which will be of 10 minutes duration, followed by questioning from the Committee:-
  - Housing support services for people with social care needs : supporting independence – Elizabeth Saunders, Interim Service Director, Health and Social Care Commissioning and Quality Assurance, Care Wellbeing and Learning
  - Housing support and advice services – Peter Wright, Environmental Health and Trading Standards Manager, Development and Public Protection, Communities and Environment; Paul Gray, Public Health Programme Lead, Care Wellbeing and Learning

### **Issues to Consider**

4. When considering the evidence outlined above the Committee may wish to consider the following:
  - Are members satisfied that the housing needs of people with social care needs are being adequately met?
  - Are members satisfied with the extent of housing support and advice services, and that these are reaching the right people?
  - Are there any issues that members would wish officers to address to secure improvements in this field?

### **Future evidence gathering sessions**

5. It is proposed that future evidence gathering sessions cover the following:
  - February**
    - The proposed date for a focus group to collate evidence from members is 16<sup>th</sup> February, 2-3.30pm

### **Recommendation**

6. It is recommended that the Committee:
  - Gives its views on the evidence presented.

- Agrees the date and time proposed at section 5 of the report for the final evidence gathering session.

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24 January 2017

**TITLE OF REPORT:** Care Act Update

**REPORT OF:** Sheila Lock, Interim Strategic Director, Care, Health and Wellbeing

### Summary

This report provides the OSC with the details of the implementation and embedding of the Care Act (2014); which came into statute in April 2015. The OSC is invited to comment on the work carried out /progress made/ future work.

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### Background

1. The Introduction of the Care Act (2014) in April 2015 was the biggest single change to Adult Social Care law in decades. The Care Act replaced a range of legislation and statutory guidance, dating back to the National Assistance Act (1948). Whilst the Act represented significant legislative changes, many of the functions (such as Direct Payments and Personal Budgets) were already embedded within practice. The Care Act did introduce a new legal framework for Carers, putting them on the same legal footing as the people they care for, by being entitled to support in their own right.

The role of the Safeguarding Adults Board (SAB) became a statutory function, albeit Local Authorities and Partners had worked together in functioning SAB's prior to the Care Act.

The Care Act (2014) replaced the existing guidance on eligibility criteria (Fair Access to Care Services – FACS), with a single new national eligibility criteria; as the criteria was set at a level equivalent to Substantial and Critical in FACS, Gateshead was not anticipating any significant difference in levels of eligibility.

Wellbeing and Prevention are two key strands of the Care Act (2014), which gives Local Authorities and their Partners both powers and duties, to develop and support system wide changes to promote the wellbeing of residents, and to ensure that preventing and delaying the need for care and support are at the heart of health and social care systems.

### Progress

2. Across the North East Region, Gateshead led the Regional Care Act Implementation Group, which brought together the 12 Councils with ADASS and LGA to plan, implement and monitor the outcome of the Care Act (2014).

In Gateshead a Council wide implementation group oversaw the policy and practice changes required to enable the Council and its Partners to deliver the requirements of the Care Act (2014).

A series of national “Stock Takes” were undertaken jointly across the DH, LGA and ADASS, which helped to provide assurance in terms of Councils’ readiness for the Care Act, monitor the impact of the changes, and identify any issues or gaps. Some Councils had assurance follow up calls following the Stock Takes, but Gateshead was not one of these.

A series of training was provided to employees across Adult Social Care, including nationally commissioned e-learning, and locally developed and delivered classroom based learning.

Adult Social Care’s new model has been developed and designed to help meet Care Act requirements; this was implemented in August 2016, and is currently being reviewed, with some changes expected by April 2017.

### **Next Steps**

3. The monitoring of the implementation of the Care Act (2014) has not identified any significant increase in assessments for either cared for individuals or carers. However, this needs to be taken into consideration alongside the exponential increase in Deprivation of Liberty Assessments, which many of the Stock Takes identified were creating significant pressure, at the point at which Councils were planning for the implementation of the Care Act changes.
4. The Care Act is now “mainstream” social care business, and as such the implementation groups are no longer operating. However the cultural and system changes required to fully implement the Wellbeing and Prevention agenda are an ongoing area of work, which will be addressed through strategies and programs such as Early Help and Achieving More Together. The work that Adult Social Care is undertaking in respect of Demand Management, and the customer journey will also be influenced by the guidance and principles embedded within the Care Act (2014).
5. There have been several reissues of the Statutory Guidance, with the most recent coming in late 2016, following a legal challenge in respect of Ordinary Residence (Cornwall Case). There has not as yet been a significant swathe of legal challenges in respect of the main legal provisions of the Care Act; however some specific areas, such as the levels of use of advocacy, have come under scrutiny.
6. At present Part 2 of the Care Act, which deals with the more significant changes in terms of the Care Cap and financial provisions, is “on hold” with a planned implementation date of 2020. The original planned implementation was delayed in recognition of the severe financial pressure the sector was under, and therefore there are some doubts as to whether Part 2 will be achieved in 2020. At this stage no further formal confirmation or plans have been issued by the DH, and therefore Adult Social Care departments are unable to plan for implementation at this time.

### **Outcome**

The Care Act (2014) represents a significant change in social care law, and provides us with opportunities to address Wellbeing & Prevention and therefore to delay the need for care and support. However, the cultural and system changes required to bring about **real** changes are significant, and we need to make sure that the system wide change programmes such as the STP, support the changes required to fully implement the benefits the Care Act can provide. Clearly this is a challenge in a fragile Health and Social care system, but one which leaders across Gateshead are committed to.

## **Recommendation**

- . Overview and Scrutiny Committee is asked to:
  - i) Give its views on the information set out in this report.

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**CARE, HEALTH & WELLBEING  
OVERVIEW AND SCRUTINY  
COMMITTEE  
24 JANUARY 2017**

**TITLE OF REPORT: Review of Annual Work Programme**

**REPORT OF: Mike Barker, Acting Chief Executive.**

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### **Summary**

The report updates and seeks the Overview and Scrutiny Committee's views on the current position with regard to the annual work programme.

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### **Background**

1. At its meeting on 19 April 2016, the Care, Health & Wellbeing Overview and Scrutiny Committee agreed its work programme based on the Council's policy framework. This work programme was then agreed by the Council as part of the policy planning process.
2. In line with the process agreed by all OSCs this OSC selected its review topic and case studies using a process designed to help make linkages between potential topics and the Council's policy framework.

### **Proposals**

#### **OSC Review Topics for 2017/18**

3. In advance of the OSC agreeing its review topic for 2017-18, members of the OSC were invited to identify any issues which may potentially be appropriate for a detailed review by 14 December 2016. It is proposed that those issues put forward by members are added to the list of potential review topics for consideration by the OSC at the start of the municipal year, unless the issue is already being, or would more appropriately be, dealt with through other processes within the Council. Members will be notified if this is the case and advised as to how their issue is being dealt with.

### **Monitoring of OSC Reviews**

4. All of the Council's Overview and Scrutiny Committee's have received feedback on the outcomes of the specific reviews undertaken by them during 2015-16. This Committee has received a monitoring report on the outcomes generated by its Review of GP Access on 13 September 2016 and will receive a further monitoring report on 25 April 2017.

## Case Studies

5. Case studies have been included within OSC work programmes to provide an additional means of examining specific issues of concern/carrying out more detailed work on a particular topic/measure the impact of a particular OSC's review recommendations over a specific period of time.
6. The case study for 2016/17 is :-
  - **Delayed Transfers of Care** (Linked to Evaluation of new Model for Adult Social Care) – 7 March 2017 meeting
7. Each OSC has identified specific issues to be considered through the case study method and it was agreed that in view of the timing of case studies within the 2015-16 work programmes that feedback on their effectiveness be sought during its work programme review in 2016/17.
8. During 2015/16 the OSC considered the following case study :-
  - **Multi – Agency Safeguarding Hub (MASH) Case Study and Progress Update – 19 January 2016 meeting**

The OSC focused on:-

- The work the Council was taking forward in collaboration with partners to support and protect vulnerable adults in the borough.
- A specific example of the work carried out by agencies involved in the MASH and its outcomes.
- the number of referrals made to the MASH and it was noted that since April 2015 there had been 333 referrals overall which had comprised of approximately 30 to 40 referrals per calendar month.

Having examined the issues the OSC : Agreed to receive further updates on the work of the MASH as part of the Adult Social Care performance reports.

## Recommendations

9. The Committee is asked to
  - (i) Note that any issues identified by members of the OSC as potential review topics by 14 December 2016 have been included in the list of review topics to be considered by the OSC at the start of the municipal year unless such issues are being or would more appropriately be dealt with via other Council processes.
  - (ii) Give its views on the review monitoring process carried out so far.
  - (iii) Give its views on the effectiveness of the case studies carried out in 2015/16.