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CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 7 March 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 of last meeting** (Pages 3 - 8)
3	**Case Study - Delayed Transfers of Care** (Pages 9 - 14) Report of the Interim Strategic Director, Care, Wellbeing and Learning
4	**Healthwatch Gateshead Activity Report September 2016 to March 2017** (Pages 15 - 60) Report of Healthwatch Gateshead
5	**Review of the Role of Housing in Improving Health and Wellbeing - Interim Report** (Pages 61 - 76) Report of the Director of Public Health

Contact: Helen Conway : email helenconway@gateshead.gov.uk, Tel: 0191 433 3993,
Date: Monday, 27 February 2017

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 24 January 2017

PRESENT: Councillor N Weatherley (Chair)

Councillor(s): M Charlton, C Bradley, D Davidson, K Ferdinand, B Goldsworthy, M Goldsworthy, M Hood, J Kielty, L Kirton, R Mullen, I Patterson, J Simpson, J Wallace and A Wheeler

APOLOGIES: Councillor(s): W Dick

CHW26 MINUTES OF LAST MEETING

RESOLVED - That the minutes of the last meeting held on 6 December 2016 were agreed as a correct record.

CHW27 IMPLEMENTATION OF DECIDING TOGETHER PROPOSALS - PROGRESS UPDATE

The Committee received a report which provided an update on the progress made in respect of the implementation of the Deciding Together proposals and sets out the next steps for all organisations involved.

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) and implications and how the local offer would be aligned to the aspirations of the STP. The STP priorities were confirmed as matching the local priorities of care closer to home, easy access and smooth discharge to appropriate support in the community.

2. 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.

A workshop is arranged for Wednesday1 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 felt that it is better to jointly consider how best to plan and implement the outcome of Deciding Together and work together to achieve this for the local populations in a realistic way.

The output from the workshop on 1 February will be to draw up and develop the joint implementation plan across all partners and agree some early 'wins', therefore ensuring that there is a reduced reliance on hospital beds, the time spent in hospital is shortened and the experience of the service users' is improved.

Councillors expressed concerns that there appeared to be lack of clarity in the availability of funding to move the scheme forward. The Committee were reassured that it was still the intention of the CCG to deliver the scheme as agreed on the site at St Nicolas' Hospital and work is underway to prepare a business case in order to apply for funding.

Councillors requested that it would also be useful to have sight of the conclusions arising from the consultation process.

Two carers attended the meeting and sought confirmation that the scheme for 3 acute wards on the St Nicholas' site was still anticipated and that any out of area placements be kept to a minimum.

The CCG and Northumberland, Tyne and Wear NHS Trust confirmed that the aim is still to deliver at St Nicholas' site as planned and work is ongoing to try and get the necessary funding in place which has delayed the process and also that each individual case is dealt with on its own merits and that out of area placements are kept to a minimum as far as possible.

RESOLVED -
- i) That the information be noted
- ii) That the progress to date on Deciding Together be noted and agreed
- iii) That further updates be brought to Committee at future meetings

CHW28 REVIEW OF THE ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING - THIRD EVIDENCE GATHERING SESSION

The Committee received a report and presentations in the third evidence gathering session examining 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 of this session was to highlight how the Council addresses housing needs identified for those with acknowledged social care needs, and the role of universally available and largely preventable 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

Peter Wright, Environmental Health and Trading Standards Manager gave the committee a presentation on Housing Support an Advice Services.

Elizabeth Saunders, Interim Service Director, Health and Social Care Commissioning and Quality Assurance gave the committee a presentation on Housing Support Services for people with social care needs and also presented two case studies.

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 February 2017 at 2.00 pm.

RESOLVED - i) That the information be noted
ii) That further updates be provided to committee from the focus group on 16 February 2017 and in preparation for the final evidence gathering session.

CHW29 CARE ACT UPDATE

The Committee received a report providing the details of the implementation and embedding of the Care Act (2014); which came into statute in April 2015

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).

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 expediemtial increase in Deprivation of Liberty Assessments, which many of the Stock Takes identified were creating significant pressure, at the pint6 at which Councils were planning for the implementation of the Care Act changes.

The Care Act is now “mainstream” social care business, and as such the implementation groups that were set up 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).

There have been several reissues of the Statutory Guidance, with the most recent coming in late 20-16, 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.

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.

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 practitioners 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.

RESOLVED - That the information be noted

CHW30 REVIEW OF ANNUAL WORK PROGRAMME

The Committee received a report providing an update on the current position with regard to the annual work programme.

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 be 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.

All of the Council’s Overveiw 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 have been included within OSC work programmes to provide an

additional means of examining issues of concern/carryiong out more detailed work on a particular topic/measure the impact of a particular OSC's review recommendations over a specific period of time.

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

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 2015-16 work programmes that feedback on their effectiveness be sought during its work programme review in 2016/17.

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.

RESOLVED - i) That the information be noted

ii) Note that any issues identified by members of the OSC as potential review topics by 14 December 206 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 dealt with via other Council processes.

Chair……..

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Gateshead Council

CARE, HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
7 March 2017

TITLE OF REPORT: Case Study – Delayed Transfers of Care from Hospital

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

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Summary

The purpose of this report is to advise OSC of 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.

The OSC is asked to consider the issues raised and the recommendations of the report.

Background

1. Healthier Communities (now Care, Health and Wellbeing) Overview and Scrutiny Committee 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 pressures 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 issues.

2. Comprehensive and multi-agency planning for discharge from hospital is an integral part of the care of patients and their overall experience of care. Work to ensure smooth discharge from hospital to community and other settings with minimum delays requires effective working arrangements across health, housing and social care as well as close liaison with patients, their carers and local voluntary and community support organisations. This case study looks at the arrangements in place in Gateshead, including some new initiatives which have been developed this year.

What is a Delayed Transfer of Care?

3. The recognition of the pressure on health and social care services is currently very high profile, both nationally and locally. The increasing number of frail older people living in our communities, many of whom have multiple and complex health needs, means that health and social care systems need to continuously improve and adapt, in terms of supporting to be discharged from hospital in a safe and timely manner. Many people admitted to hospital fear the experience of hospitalisation and of losing their autonomy; they want to return to living their

previous lives as soon as possible. Acute hospitals should only be used for the delivery of services that cannot be provided as effectively elsewhere in the health service, social care or housing system (DH, 2003).

4. 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 there are three criteria which must be applied in order to make the decision 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) A clinical decision has been made that the patient is medically fit for discharge/transfer AND,
b) A Multi-Disciplinary Team (MDT) decision has been made that the patient is ready for discharge/transfer AND,
c) The patient is safe to discharge/transfer.

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

Increasing Older Population

5. The number of older people in England is increasing rapidly, by 20% between 2004 and 2014, and with a projected increase of 20% over the decade to 2024. Hospitals have also experienced increases in the number of emergency admissions of older patients, by 18% between 2010-11 and 2014-15. Older patients now account for 62% of total bed days spent in hospital. (National Audit Office; Discharging Older Patients from Hospital 2016)

6. Older people's ability to perform everyday activities can reduce while in hospital. One study found that 12% of patients aged 70 and over saw a decline in their ability to undertake key daily activities (bathing, dressing, eating, moving around and toileting) between admission and discharge from hospital, and the extent of decline increased with age. (National Audit Office; Discharging Older Patients from Hospital 2016)

System Pressures

7. Both the personal and system impacts of delayed transfers of care are regularly reported in the media; across the popular and specialist press. A number of system leaders, including Dr Sarah Wollaston MP, Chair of the Health Select Committee; Sir Simon Stevens, CEO of NHS England and Cllr Iizzi Seccombe, Chair of the LGA Wellbeing Board, have all called on the Government to recognise and address the significant financial pressures across health and social care.

8. The costs associated with delayed transfers of care regularly provide headline news. Age UK in March 2016 estimated the national cost to have been £910million between June 2010 and January 2016, based on an average cost for a hospital bed and reported delays. Whilst data is reported and collected for each health and social care system, there is some recognition within the sector, that

slight differences in the interpretation of the regulations can make it difficult to accurately compare data from one area to another.

9. The solutions 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. However with the increasingly frail older population and the need to give people the best opportunity to recover their independence, there is recognition that bed based reablement services are an essential part of the system. Furthermore, the fact that decisions regarding long term residential or nursing care should ideally not be made whilst someone is still in a clinical or hospital environment, mean that 'step down' alternatives are essential.

10. As well as focusing on delayed transfers of care and the activity to support discharge from hospital, integrated approaches are required across the health and social care system to prevent unnecessary admissions to hospital. These approaches need to ensure that those people with complex health and social care needs have clear and well understood plans in place, which mean that support can be mobilised where appropriate, to continue to support the person (& their carers) in their own home.

New Approaches

11. 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. Understandably, the preference of most people is to go directly home from hospital, and whilst for some people they require a period of reablement following a stay in hospital, for others, ongoing planned care is required. The pressures in the home care market are again well documented, both regionally and nationally, and the data collected in terms of delayed transfers of care identified that this was a particular pressure area in Gateshead.

12. Therefore the CCG, the QE Hospital Trust and the Local Authority have worked with our 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 the 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.

13. The need for good multi-disciplinary working is essential in terms of arranging and facilitating safe discharge from hospital. Whilst across the health and social care system we have had a good track record of working together, this has usually been on a “patient by patient” basis, with little opportunity for system learning, and the need for individual escalation of issues, where problems occur.

14. Building on a model developed in other areas, we have introduced a weekly “surge” meeting, 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 can be stepped up to daily if and when required, e.g. when the ‘system’ is reporting significant pressures.

15. 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.

16. 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 for 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.

Future Plans

17. As noted at point 13, the Gateshead Care Partnership has the development of integrated ways of working as core element of its delivery model. A number of different work streams are being developed to identify and deliver the new models of care, which will include engagement with the health and social care workforce and the communities we support. As well as focusing on hospital discharge, the need is recognised for integrated and effective systems across health and social care to prevent unnecessary admissions to hospital. Early discussion with health and social care union colleagues has been positive, with a plan in place for regular updates.

18. 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. We are also aware of other areas piloting similar approaches, and therefore will seek to undertake some shared learning, to identify whether there is a financial justification for the continuation of a longer term solution.

19. 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.

20. 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.

21. Across the system we 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.

22. 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.

23. 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.

Recommendations

24. Overview and Scrutiny Committee is requested to
    1) Note the content of the case study
    2) Provide views on the issues discussed
    3) Advise whether it is satisfied with the approaches taken so far and the future plans outlined.

Contact: Steph Downey, Service Director Adult Social Care (ext 3919)

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Healthwatch Gateshead Activity Report
September 2016 to March 2017

1. Introduction. This report outlines the key activities undertaken by Healthwatch Gateshead to support, promote and encourage residents to have a stronger voice in their health and social care by either being the representative of diverse communities or by providing intelligence – including evidence from people's views and experiences – to influence the policy, planning, commissioning and delivery of health and social care.

2. Healthwatch Gateshead. The Health and Social Care Act 2012 set out that Healthwatch would be established in April 2013 in order to provide local citizens and communities with a stronger voice to influence and challenge how health and social care services are delivered within their locality.

3. Governance. The Board currently has a core of four Directors, previous Directors having left due to illness or work promotion out of the area. The Board had been actively recruiting individuals who committed to the ethos and goals of Healthwatch Gateshead. They had intended to take up their roles if Healthwatch Gateshead C.I.C. had won the contract from April 2017 to deliver Healthwatch services on behalf of Gateshead residents.

4. The shadow board have been expanding the involvement and impact of Healthwatch Gateshead C.I.C. while the staff were concentrating on delivering the Healthwatch services contractual commitments.

5. Research Projects. Healthwatch Gateshead engages with national and local policy makers, residents, commissioners, service providers and stakeholders to inform the type of research and engagement activities that Healthwatch Gateshead may undertake based on residents' experiences of health and social care.

6. Customer Relationship Management (CRM) system. We have installed the latest version of Healthwatch England (HWE) CRM system which enables us to capture information more efficiently from meetings, activities, residents' issues etc in a single place. This enables us to track issues, identify local problems and enable Healthwatch England to identify potentially national issues and enables us to satisfy requests from the Care Quality Commission in a more efficient and effective manner.

7. Volunteer Programme. To supplement the resources provided under the Healthwatch services contract we have been developing our volunteer programme to undertake a range of activities which provide feedback on services received by Gateshead residents. We have a core team of trained volunteers who undertake the following roles:

- Enter and View Authorised Representatives
- Mystery Shoppers

7.1 Enter and View:

The latest Enter and View visit was to Springvale Court Residential Care Home in October. A team of four trained volunteers and a staff member conducted the visit. This is a residential care home recently judged to as Requires Improvement by the CQC. The purpose of the visit was linked to their most recent CQC inspection and NICE guidelines regarding engagement of residents in meaningful and individualised activity.

The subsequent report made several key recommendations to the provider. The home was given the chance to comment on the report but no comments were forthcoming. This report was also shared via the normal channels to the CQC, Healthwatch England, NHS England, Local Authority, CCG, Health and Wellbeing Board. The CQC have advised that they will be using the information and recommendations as part of their next inspection of the service.

The next Enter and View visit is planned for 8 March 2017.

7.2 Mystery Shopping:

Mystery Shopping is a new project which was developed in September. The first Mystery Shopping Project was to explore mechanisms to support meaningful patient engagement in GP surgeries. A team of volunteers contacted all GP practices in Gateshead acting as a potential new patient to explore patient engagement based on a specific scenario.

A report was produced and circulated to all Practices and the CCG. Practices were offered specific feedback about their Practices performance should they wish to receive it. One Practice asked us for this.

The report was received favourably by the CCG who have advised that they thought the report was very clear and made some useful recommendations.

Furthermore, they advised us that they discussed the report at the CCG delivery group which includes practice managers from Newcastle and Gateshead. It was agreed that the highlighted an area where improvements could be made and that the practice managers will take the report to the Newcastle and Gateshead practice managers meetings to share the recommendations and agree actions for practices.

We are currently undertaking a mystery shop of NHS providers regarding the NHS Accessible Information Standard. The resulting report will be circulated via the normal channels. All reports are published on our web site.

The "Mystery Shopping" role has proved very successful.

The purpose of this role was:

- To test the service user experience of the health and care services for Gateshead residents using different scenarios and situations.
- To find out about the consumer experience of people with disabilities or other specific groups such as young people.
- To see if contacts and services advertised are up to date and still available.

The expected outcomes achieved include:

- Recognise good practice and highlight areas of excellence.
- Identify areas of concern to assist with service improvements.
- Gain a good understanding of what it feels like to be a service user.
- Make recommendations to the service provider about how to improve the service user experience.
- Improved training programmes instituted by CCG.

7.3 Partnership working with the QE Hospital

Collaborative working with the Queen Elizabeth Hospital is being developed in two ways. Firstly, we are working with them to carry out Patient Led Assessments of the Care Environment (PLACE visits). One of our volunteers will be participating in these alongside QE staff and volunteers.

Secondly, we are working with the Day Surgery Matron and the Quality Improvement Team to recruit patients using Day Surgery as mystery shoppers. Patient Experience Mystery Shoppers will provide us with real time feedback about their patient experience and how it could have been improved. We will collate all responses and produce a final report and recommendations. This project will start week commencing 13 February 2017 and will run for three months.

We are helping with the recruitment and training of volunteers.

7.4 Volunteer Involvement in Social Care QA Visits

Discussion have been held with representatives from Social Care Commissioning Team. They were very open to involving our volunteers in their QA process. We have discussed the possibility of our volunteers being included in their inspection timetable. It is likely that

our volunteers would focus on conducting observations and conversations with residents prior to the LA visit. This would provide the opportunity for HWG to identify any issues, areas of concern and other key emerging themes which we can flag up to the LA team so they can be explored further during their visit.

We are awaiting contact from LA representatives to determine next steps and to progress this further.

8. Annual General Meeting. At our AGM we invited organisations the opportunity to take part in round table discussion with residents. Only the Council Commissioning group did not accept the invitation. Topics chosen by the different organisations were: -

- **Queen Elizabeth Hospital** – the balancing of patients' priorities'
- **North East Ambulance Service** – what can be expected
- **Health Champions** (Newcastle and Gateshead Clinical Commissioning Group) – how to get involved
- **Newcastle and Gateshead Clinical Commissioning group** – Continuing Healthcare criteria and funding
- **Adult Social Care** - service delivery and social care pathway
- **Northumberland Tyne and Wear NHS Trust** – mental health service provision
- **Public Health** - in Gateshead and what it does.
- **Healthwatch Gateshead Volunteer Proposition** – what we do and why?

It was a very successful event for all participants. The full report is provided at Appendix 1.

9. Oversight and Scrutiny Committee. At the September meeting Healthwatch reported discussions with NEAS regarding shortfalls in paramedics

10. North East Ambulance Service. We attend the regular meetings of the Ambulance Service Health Watch meetings, to raise issues for Gateshead residents.

11. Care Home Vanguard. Significant involvement with the various Vanguard groups to understand the new models being proposed and to influence their development. Healthwatch Gateshead delivered training courses for volunteers. HWG has taken part in the programme evaluations undertaken by both Newcastle and Sunderland Universities. To ensure effective and efficient use of resources we have challenged the value of so many meetings, some of which have now been discontinued.

12. Adult Safeguarding Board. HWG has raised concerns that CQC had identified that several care homes where marked as unsafe and that there could be safeguarding issues for vulnerable adults. The Adult Safeguarding Board has now agreed to monitor the situation and has requested regular reports to identify whether the situation is improving or deteriorating.

13. Empowering and Informing Gateshead Residents. Healthwatch Gateshead has a statutory duty to empower residents to enable them have a voice in both national and local consultations which could impact on their health and social care and to represent their views to those who commission and provide health and social care services. We have continued our role of reaching out to different groups to inform and collect views. Initial contact has been made with religious groups. We attended 51 outreach events to reach a cross section of residents.

14. Deciding Together Consultation on the Future of Specialist Mental Health Services in Newcastle & Gateshead. We continue to actively promote the residents' views on the proposed changes to Adult Mental Health Services in Gateshead and Newcastle and had planned to monitor the actual impact against proposed impact for residents.

15.Health and Wealth - Closing the Gap in the North East, Report of the North East Commission for Health and Social Care Integration. We represented the local Healthwatch organisations on the North East Commission evidence review panel and submitted our comments on their final report to both the Health and Wellbeing Board and directly to NECA. We were the only North East Healthwatch to comment directly to the commission.

16 Gateshead Council Consultations on Social Care budget for 2017. We presented residents views from previous consultations on this subject.

17. Other Consultations publicised. We have actively publicised 18 consultations covering a range of health and social care topics, far too many for any one individual to have the time to read, digest and then respond. Those we have publicised are shown at **Appendix 2.**

18. Healthwatch Gateshead informs residents about national and local consultations which could affect the health and social care. This is undertaken by either holding special events, participating in local events across the borough, through our social media, website, our electronic newsletter, council newsletter or through partners, our contacts database and Survey Monkey. Our electronic newsletter goes to over 500 organisations and individuals, see **Appendix 3.**

19. Strategic Partnerships Representing Gateshead Residents

Healthwatch Gateshead Chair, Board members and the Staff team represent Healthwatch Gateshead at a variety of forums, networks and strategic boards. Our role is to ensure that the voice and opinions of local people are taken into account when decisions are being made about health and social care services. We have had regular representation and input to the following: -

- **Primary Care Joint Commissioning -** the body responsible for the planning and commissioning of healthcare services to meet the needs of the local community.

- **Gateshead Safeguarding Adults Board**- whose overarching purpose is to help and safeguard adults with care and support. Healthwatch Gateshead has provided an Interim Chair for this committee until a new chair is appointed.

- **Local Engagement Board** - Members of the public are invited to these quarterly Local Engagement Boards (LEBs) to discuss important health issues and services and to help shape, improve and develop local NHS services.

- **Health and Wellbeing Board** - established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.

- **Care, Health and Wellbeing Overview and Scrutiny Committee -** Council overview of provision of health services to the local population.

- **Gateshead Patient User Carer Public Involvement *Group (PUCPI)* -** aims to ensure that the needs and issues identified by members are brought to discussion with commissioners.

- **Gateshead Smoke Free Tobacco Alliance (Ten Year Tobacco Plan) -** reducing the number of residents who smoke in Gateshead. Healthwatch Gateshead is providing the Vice-Chair for this committee.

- **Gateshead Care Home Vanguard -** a joint approach by NHS Newcastle Gateshead CCG and Gateshead Council to deliver improved health and social care into homes for residents and their families.

- **North East Commission for Health & Social Care Integration -** The purpose is to establish the scope and basis for integration, deeper collaboration and devolution across NECA's area to improve outcomes and reduce inequalities. (The area covered by NECA and the Commission is County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland.).

- **Joint Integrated Care Programme Board/STP -** response to NHS England regarding the future structure of healthcare in the North East.

- **Achieving More together -** Gateshead Strategic partnership to enable residents make the most of their capabilities.

- **Gateshead Voluntary Sector Advisory Group -** provide input to Health and Wellbeing Board.

- **Gateshead and Newcastle Joint Overview and Scrutiny Committee -** has a statutory role in considering whether it has been appropriately consulted and whether any proposed developments are in the best interests of the health service in their area.

- **North East Ambulance Service NHS FT –** provides ambulance services which cover the counties of County Durham, Northumberland, and Tyne and Wear, along with the boroughs of Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees.

- **A&E Local Delivery Board –** Concentrating on managing the winter demand for services

Appendix 4 list the meetings generally attended by the Chair, board member or Senior Manager.

20. Website. The HWG website has been refreshed and offers more information on local services and our marketing and promotional activities are increasing, including closer working with Citizens Advice. We provide an A to Z list of services for all kinds of health and social care information, advice, complaints, care pathways, patient and support groups. There is also a section on frequently asked questions which is reviewed on a regular basis to save individual's time if we have already responded to a similar question. We do however encourage new questions.

21. Partnership Working. Healthwatch Gateshead works in partnership with both voluntary organisations and statutory bodies to reduce duplication of effort and provides greater value for money in an era of austerity. We have started discussion with religious organisations to gather feedback from their communities and outreach. Our partners inform Healthwatch of issues raised by their members or who may be affected by the various consultations.

22. In accordance with our business plan we have continued to offer our assistance by informing key stakeholders of the views HWG has gathered. This included: -

- participating whenever possible in consultation events run by Health and Social Care commissioners and providers.
- continuing to work closely with the Care Quality Commission to help inform and shape their forward plans. We will assist CQC in their inspections, provide detailed information received from Gateshead residents.
- working with the North East Commission for health and social care integration to try and ensure that any future design is resident orientated, rather than institution based.
- working with the joint integrated care programme board to develop a sustainable transformation plan with is more patient based then institution based.
- delivering the agreed contract requirements.
- promoting and supporting the Council's 10 Year Tobacco reduction programme.
- promoting well being events.

23. Summary. This OSC is asked to note the contents of the report and the significant contribution that Healthwatch Gateshead has made in enabling residents of Gateshead to have a voice in the health and social care they receive. The contract for the delivery of Healthwatch services in Gateshead from April 2017 has been award by Gateshead Council to 'Tell Us North' who currently hold the contract for the delivery Newcastle Healthwatch Services. This is the final report from the current contract holder.

D.G.Ball **Chair of Healthwatch Gateshead**

Appendix 1 Healthwatch Gateshead Annual Report

See separate report

Appendix 2 Consultations on website and e-bulletins from September 2016 – present

- Dementia Care and Support
- Sustainability and Transformation Plans
- Unpaid Carers Survey
- Dementia Care and Support for Carers
- Supported Housing Fund
- Care Quality Commission Regulations Fees
- Work Health and Disability
- Dementia Friendly Swimming

Surveys on website and e-bulletins from September 2016 – present

- Under 25's Health Survey
- Gateshead College Health Survey
- Learning Disability and Mental Health Services
- Work Health and Disability Green Paper
- Accessible Information Standard
- Urgent Care – What does Urgent mean to you
- Gateshead Councils Health and Lifestyle survey
- Eating Disorders
- North East Ambulance BAME survey
- National Dementia Citizens Programme

Appendix 3 - Recipients of Healthwatch Gateshead Electronic Newsletter

- All Care Homes in Gateshead
- All Residential Homes
- All Nursing Homes
- Individuals
- All Schools
- Various Council departments i.e. Communities, Neighbourhoods and Volunteering, Community Safety, Wellness Hub, Looked After Children, Safeguarding Team etc.
- Public Health department
- Various healthcare personnel – Sexual Health Lead, Dementia Leads, Volunteering Lead, Patient Experience Teams, Hospital Communication Department, PALS, NTW, CCG staff, Health Champions Lead etc.
- Ambulance Service
- All GP surgeries and Practice Managers
- Many voluntary sector organisations – i.e. Age UK, Carers Association, Hearing Loss Support, Your Voice Counts, Rape Crisis Centre, Changing Lives etc.
- All Community Centres
- All Leisure Centres
- Readers At Home Service
- All Councillors
- Local MP's
- All Dentists
- All Opticians
- Local Media - including radio and newspaper
- Hospital Radio
- ICA – Independent Complaints Advocacy
- All Pharmacies
- All Children's Centres
- Specific Black and Minority Ethnic Community Groups
- All Advocacy Projects in the Borough
- HWG staff, volunteers and Board members
- Other local Healthwatch organisations
- Health and Wellbeing Board

- All Libraries
- Clinical Professional Networks – pharmacy, dentistry, ophthalmology
- Northumbria Police
- Tyne and Wear Fire Service
- Care Quality Commission

Appendix 4 Meetings generally attended by the Chair, board member or Senior Manager

September

- Health and Wellbeing Board
- HWG Board

October

- PUCPI
- World Mental Health Day
- Learning Disability Partnership
- Vanguard
- NE Ambulance Service
- Accident and Emergency Delivery Board
- Transforming Participation Board
- Health and Wellbeing Board
- Local Engagement Board (LEB)
- HWG Board
- HWG Annual Event and AGM

November

- Care Health and Wellbeing OSC
- Vanguard
- Learning Disability Partnership
- Adult Safeguarding Board
- Accident and Emergency Delivery Board
- CCG engagement Event
- HWG Board

December

- Tobacco Alliance
- Health and Wellbeing Board
- HWG Board
- PUCPI
- Care Health and Wellbeing OSC
- Accident and Emergency Delivery Board
- Learning Disability Partnership

January 2017

- Vanguard
- STP Public event

- Learning Disability Partnership
- QE strategy Meeting
- Accident and Emergency Delivery Board
- NE Ambulance Service
- Children's Safeguarding Board
- Health and Well Being Board
- Adult Safeguarding Board

February 2017

- Learning Disability Partnership

healthwatch Gateshead

QE Gateshead

Quality and excellence in health

"Have your say and we will make sure your voice is heard by those who make decisions on your behalf"

Contents

healthwatch Gateshead

1. About Us - What is Healthwatch?

Healthwatch organisations were established across England to create a strong, independent consumer champion whose role is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services in order to better meet their needs.

- Enable residents to find the right health and social care service for them by providing appropriate information, advice and signposting.

Healthwatch works with local residents, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of all local health and social care services.

1.1 Healthwatch Nationally and Locally

Healthwatch Gateshead was established under the Health and Social Care Act 2012 and is the independent local consumer champion across Gateshead.

Healthwatch Gateshead provides an opportunity for local residents to have a stronger voice to influence and challenge how health and social care services are provided locally.

The organisation brings together residents views and experiences' of local health and social care services and uses this feedback to build a picture of where services are doing well and where they can be improved.

Healthwatch Gateshead can provide residents with health and social care information about the choices they have and what they can do if things go wrong.

Nationally the Healthwatch Network is made up of 148 local Healthwatch's with Healthwatch England in place to offer leadership, guidance and support to the network.

2. Executive Summary – Key Findings

This report has been written following Healthwatch Gateshead facilitating an open event after identifying 8 key areas to stimulate conversation between the residents of Gateshead and some key decision makers / influencers of health and social care services in Gateshead.

This approach was to ensure there was a wide choice to attract the biggest participation. The areas for discussion included:-

- **Healthwatch Gateshead Volunteer Proposition** – what we do and why?
- **Public Health** - in Gateshead and what it does
- **Queen Elizabeth Hospital** – the balancing of patients priorities'
- **North East Ambulance Service** – what can be expected
- **Health Champions** (Newcastle and Gateshead Clinical Commissioning Group) – how to get involved
- **Newcastle and Gateshead Clinical Commissioning group** – Continuing Healthcare criteria and funding
- **Adult Social Care** - service delivery and social care pathway
- **Northumberland Tyne and Wear NHS Trust** – mental health service provision

The aim of the event was to facilitate a safe, comfortable environment where users of health and social care services were able to directly discuss their experiences with some of the key stakeholders and service providers in Gateshead and gain some mutual understanding of why decisions were being made and how they were able to influence service delivery.

This report accurately reflects what the audience felt where their priorities and this can be seen from the very wide ranging discussions. The clarification process for this report included making an approach to the key representatives for each topic to ensure they were given the opportunity to reflect and give any further added value to the comments and commitments made – there has been no editing of the comments to remove any individual's observations.

In terms of key findings:-

- The format and structure of an open forum to enable dialogue between users and provider of services was unanimously endorsed
- What was established clearly from the event was the obvious public interest in health and social care services and the need to have an established way of engaging with providers
- There are topics which need an event in their own right – Adult Social Care, for example
- There are engagement opportunities for the public which need more publicity – Health Champions
- Have more senior people around the tables to hear "stories" and experiences
- Continuing Healthcare criteria and funding – there is not enough information on how to qualify and what the process is for both adults and children.

2.1 Recommendations

Recommendations after the analysis of comments received from attendees by Healthwatch Gateshead are as follows: -

Recommendation 1 – Healthwatch Gateshead build in a programme of quarterly meetings to facilitate the ongoing dialogue between residents and service providers.

Recommendation 2 – Gateshead Council Adult Social Care to improve the process of accessing social care reviews and assessments

Recommendation 3 - Newcastle and Gateshead Clinical Commissioning Group to develop clear simple to understand guides for Adults and Children's Continuing Healthcare Pathway

Recommendation 4- Newcastle and Gateshead Clinical Commissioning Group to publicise the role of Health Champions alongside the social prescribing agenda

Recommendation 5 - Public Health to inform the public how to access information to support their health needs.

Recommendation 6 - Ambulance Service to consider needs of accessible transport for wheelchair users when going to hospital

Recommendation 7 - Queen Elizabeth hospital to review standard of British Sign Language standards to patients

Recommendation 8 - Northumberland and Tyne and Wear NHS Foundation Trust to develop a single point of contact for Gateshead residents

> Excellent event should be held more often. Once a year is too long.

3. Understanding the Issues

3.1 Aim of the Report

To demonstrate the value of holding listening events with the public who in turn can inform the providers of health and social care services in Gateshead of their experiences and concerns and build a common understanding on how this can be taken forward.

Secondly to demonstrate that Healthwatch Gateshead met one of its stated objectives:-

"***Making sure residents voices are heard by those who make decisions on their behalf".***

Overall the event was extremely well received with wide ranging discussions and dialogue. The key stakeholders took away some rich information to address some of the health and social care challenges of the future.

3.2 Methodology

There were 8 round table topics. The day was split into two discussion forums with the ability of the public to move between tables during the break for Afternoon Tea. In reality some discussions continued over the designated break time due to the interest generated. Each table was facilitated either by a staff member from Healthwatch Gateshead or a Board member. This report is generated from their notes.

3.3 Overview

Overall the event was extremely well received with wide ranging discussions and dialogue. The key stakeholders took away some rich information to address some of the health and social care delivery challenges. In turn has informed Healthwatch Gateshead's work plans for the foreseeable future

4. What We Did

We made the decision to have a listening event for local residents prior to our formal Annual General Meeting (AGM). We advertised the event widely and obtained an appropriate, accessible venue. We canvassed all the main stakeholders we had been working with and they committed to attend.

We wanted the public to hold us to account for one of our objectives:-

Making sure residents voices are heard by those who make decisions on their behalf

5. What People Told Us

There were some very lively and positive discussions around 8 topics of Health and Social care services in Gateshead with key decision makers present. Continue reading to find out more about what people told us.

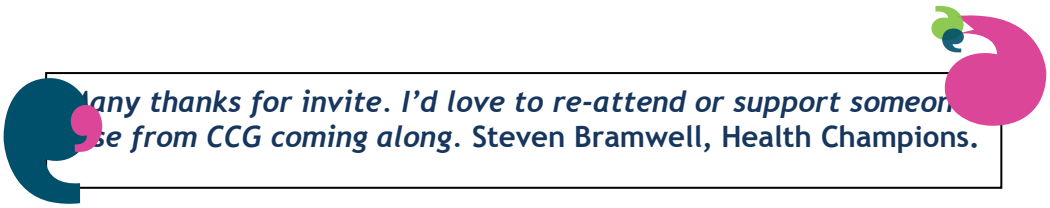

Table 1 - Gateshead Foundation Trust (Queen Elizabeth Hospital)

Carole Gourdie, Healthwatch, Joanne Stout, QE Clinical Lead Safecare and Judith Portlock, QE PALS Manager.

The North Regional Association for Sensory Support (NRASS) highlighted that their users had reported that the hospital was failing them as deaf patients. Some of the issues are highlighted below:-

Issue:- Interpreters are not available when deaf patients arrive in A & E.

When interpreters are booked often a request is not made for a gender specific interpreter, for example, if the patient is there for gynaecological issues then a female interpreter is required.

Ambulance personnel have no British Sign Language training.

Hospital staff, from reception to medical personnel with no BSL training and/or no identified staff members with this skill that can be called upon to offer support when a deaf patient requires assistance/support.

Carers/friends who arrive to support a deaf person not being able to be present during a consultation with the doctor due to not being 'family' to provide background to the patients circumstances.

No interpreter present at patient assessment. Do staff know how to access BSL interpreters?

Response:- Interpreters - A process is in place for booking BSL Interpreters who are available 24 hours a day. The QE will raise this in the Ward Managers meetings and propose that all ward staff are briefed regarding accessing BSL Interpreters.

The booking process for BSL interpreters will be highlighted to all support /reception staff in A & E, Outpatients and Clinics. Training will be provided to staff that are identified as unsure regarding the process.

Healthwatch Gateshead will follow these actions up also with the QE and will also have an additional meeting with NRASS to clearly identify all of the issues facing patients who are deaf and the difficulties this presents when accessing/using health and social care services.

Issue:- 'Carers Passport' available to non-family members through PALS – people are not aware of this.

PALS close at 5pm therefore outside of normal office hour's non-family would be unable to obtain a Carers Passport therefore would still be unable to support patient and/or be given any patient information.

Response:- The QE have the Carer's Passport across all wards. Signage is displayed to prompt Carers to ask staff for a Carer's Passport to enable them to visit outside visiting hours and be present during medical examinations and be given information on a patient's condition if the patient gives their permission.

The QE will raise this in the Ward Managers meetings and propose that all ward staff are briefed again to promote the Carer's Passport.

Healthwatch will promote the QE Carers Passport through their website, e-news and social media.

Issue:- Communication across the board for deaf patients is challenging as they are unable to use the telephone to access services/book appointments without support.

As the hospital is a new building 'why are hearing loops not part of the infrastructure'?

The Data Protection Act can be a barrier for non-family (Carers/friends) – regarding medical information about the patient.

Response:- The QE are looking at other methods of communication for example text messaging for patients to book appointments at clinics etc.

Issue:- Hospital Discharge- A general comment was made about patients being discharged without follow-up when they return home no direct instance was given by a patient.

A general comment was made about patients being discharged late at night on their own without communication with family/carers or community support arrangements being in place. No direct instance was given of this by a patient.

Discharge delayed due to waiting for medication.

Outpatients discharge delayed due to waiting for medication.

The Freeman Hospital has specialist nurses in place and contact details are given to a patient on their discharge so they have support when back home. This means when a patient has concerns they have a designated person to contact who is familiar with them and their condition and can provide advice/support. All communication is recorded so when a patient returns to see their consultant or GP they do not have to go over any previous discussions they have had, the history is logged. Could this system be adopted by the QE in appropriate cases?

Response:- The QE stated that they have received no concerns or complaints to support the statement regarding patients are being discharged at night, work is ongoing to improve the discharge process. The QE will continue to improve hospital discharge and care pathway back into the community.

The QE have advised that additional pharmacists have been recruited to address the level of work the department experiences in an attempt to reduce waiting times during peak periods.

Healthwatch Gateshead will follow these issues up as part of the review of Hospital Discharge at the QE project work.

Issue:- Communication - Patient waited 3 hours in A&E to be seen by a doctor. This consisted of being seen at triage then taken through and put into a cubicle and left. Nobody came to update me on what was happening and how long it would be before a doctor came to see me, I felt very isolated. When I eventually saw a doctor the treatment and care was excellent.

Response:- Work is underway to have specific staff assigned to cubicles to keep patients up to date at regular intervals about the timescale to see a doctor if there are delays or long waiting times due to service demand.

Issue:- GP Referral Appointments - A patient told the table that he had experienced a delay in receiving an appointment at a clinic at the QE. When he rang up to enquire, he was asked for a 'password' to access any appointment information, he did not have this, so had to return to his doctor for the process to begin again.

Patient also advised that the telephone system does not answer your call straight away and puts you in a queue, it just continues to ring out until someone can take your call, therefore you don't know how long you will have to wait/let the call ring before it is going to be answered.

Response:- All appointments are booked through a central point - Bensham Hospital – the comment regarding the telephone system will be fed back.

The table was advised that there is a process in place for making a hospital appointment but it is clear that different GP surgeries are working in different ways. At the time a referral is made, patients need to be clear about their hospital appointment and ensure they receive their password so they can make enquiries if necessary with the hospital.

Healthwatch Gateshead will publicise this through their website, e-news and social media.

Issue:- Stroke Services. A patient advised that the QE A & E were not told by the ambulance crew that a stroke patient was on their way to them. The patient was not initially put on the stroke ward and was concerned that this could cause a delay of specialist treatment being given. The patient was moved onto the stroke ward after assessment.

The patient advised that the care received during assessment was excellent and when they were transferred to ward 22 they received excellent care.

The patient is however concerned about the plans to transfer all acute stroke cases to the Royal Victoria Infirmary (RVI), Newcastle from November. The rehabilitation ward will remain open at the QE and patients will return here when stable.

Response: Healthwatch Gateshead advised that there is a new model of care being implemented from the end of November 2016. The Clinical Commissioning Group is confident that this change in service will result in improved care for patients in Gateshead.

Healthwatch will highlight this change through their website, e-news and social media. They will put a link to the CCG Stoke Services in Gateshead briefing that provides a background to the changes and information about the changes.

Issue:- Feeding. A patient told the table that he had been in intensive care for 9 days and was then transferred onto the ward where he stayed for a further 3 days before being discharged. During this time he was still weak and when food was brought at meal times it was placed on the trolley but he couldn't reach it and felt too weak to eat. No assistance was given and the food was taken away which meant he had very little to eat during these 3 days.

Response:- The QE are very concerned about the issue around meals and will follow this up, however to prevent this happening there are volunteers on the ward at mealtimes along with staff to ensure patients are provided with assistance should they require it.

Issue:- Patient Isolation. A patient was on the Jubilee ward, the facilities are excellent with on-suite etc. but he felt very isolated.

Response:- The QE are aware of the issue around patient isolation that the new ward facilities present and they have put in place an initiative that is called 'Intentional rounding' where staff will visit each room regularly to interact with patients and check they are OK. All patients should have a general idea when a member of staff will be back to see them. Volunteers are also on wards to provide social interaction/company with patients who would like it.

These issues will be raised at Ward Manager's meetings.

Issue:- End of Life. A member of the public told the table about his father being admitted to hospital as an emergency and eventually passing away. The family were with the deceased but felt unhappy that a doctor was unable to attend to confirm 'that there was no sign of life'. The deceased died at 12.30 am and the family waited until 3.30 am. The doctors confirming the death would have given them closure so they felt very upset with this not happening within what they felt was a reasonable period of time.

Response:- The QE acknowledge how this must have felt and apologised for this and confirmed that the doctor would have arrived as soon as they possibly could to confirm that their father showed no sign of life.

Issue: Moving patients. A patient told the table about the staff trying to move them to another ward during the night with no explanation or discussion. The patient firmly refused to be moved and said it was upsetting and distressing to be woken up to be informed she was being moved and it would have been terrible to have woken up in a strange ward.

Response - The QE apologised to the patient and advised that they would raise this issue at the Ward Managers meeting but advised that sometimes it has to be done due to hospital bed pressures.

Issue:- Car Parking. Patients and visitors unable to get a parking space.
Why is the ambulance entrance shared with the public entrance and there is a bus stop at the junction and pedestrians walk across the entrance?

Response: - QE will feed these comments back

Issue:- Signage. A patient commented that it is very difficult to find your way around the hospital from the Windy Nook entrance due to lack of signage.

Response: – QE will feed this back and to have the issue resolved by signage being put up.
Members of the public highlighted that they found the Healthwatch Gateshead stand with information in the PALS area very useful.

It was also highlighted that members of the public also mentioned that they saw this Annual Event posters on the wards when visiting.

Issue:- Ambulance Service – a patient told the table after an accident at Gateshead Interchange when a person fell backward on the escalator onto her she had to wait 2 ¼ hours for an ambulance to arrive.

Response:- Healthwatch will feed this back to the Ambulance service for comment.

Issue:- GP Services - A patient told the table about having blood tests undertaken by their GP and the hospital contacting the GP to advise that the patient required urgent medical treatment and was to attend the hospital immediately. There was a delay in the GP contacting the patient but eventually this contact was made and the patient went straight to A & E. On arrival no note regarding the patient's situation was highlighted on their hospital record when their name was put into the system.

GP did not follow up with patient to ensure that they had attended for treatment.

Response:- Communication between GP and hospital departments and with patients, family, carers and friends (where there is no family). The hospital will always have difficulties when friends or voluntary carers want information about a patient because they do not have a right to the information and hospital staff do not know if the patient would like them to have information about their condition. It would be a breach of confidentiality for the hospital to give out personal information to anyone who states they are a carer or friend of the patient.

Healthwatch will follow this up by looking into the process that should be followed in these circumstances.

Response:- Healthwatch could introduce a **'Do you know'** section on the website:
For example, "Do you know" - if you are registered with a GP practice in England, you will have a Summary Care Record (SCR) unless you have chosen not to have one. Your SCR contains the following basic information:

- the medicines you are taking
- your allergies
- bad reactions you may have to certain medicines

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly. An SCR is used in a number of healthcare settings and will provide healthcare professionals with any information they wouldn't otherwise have. For example, when you're visiting an urgent care centre or being admitted to a hospital, staff could view your SCR and discover you are on a particular medication or have allergies.

Table 2 - North East Ambulance Service

Mark Johns, NEAS Engagement Manager and Nicola Winship, Healthwatch Gateshead

Areas of North East Ambulance Service work discussed:

- Emergency and Urgent Care
- Patient Transport Service - PTS and
- 111 (non emergency)

Issue: I can no longer book an ambulance to take me for my hearing test at hospital.

Response: Eligibility criteria has been introduced to try and eliminate abuse of the system. Member of public was encouraged to try and book again and at each appointment as may now meet criteria. Telephone number to ring to book Patient Transport Service is 0191 3017687. Criteria is based on age/mobility/disability.

Issue: If I'm going to hospital in an emergency ambulance I am unable to take my wheelchair along with me and therefore I have no independence during my hospital stay.

Response: NEAS is aware of this issue however emergency vehicles are not equipped for this and NEAS are currently not commissioned to do this however they are holding an event on 15 November at John Buddle House to discuss this issue, ideas include using accessible taxis to take wheelchairs to and from hospital.

Issue: (Historic):- I had an accident on the metro escalator and was in a great deal of pain. I waited 2 ½ hours for an ambulance despite numerous phone calls being made. My shoulder was dislocated. On arrival at Accident and Emergency there were further delays which combined with the delays from NEAS had an impact on my treatment and subsequent recovery.

Response: Discussed historic issues due to staff shortages. NEAS has undergone a big recruitment campaign and has recruited more paramedics to fill these gaps. Also discussed triage and that paramedics must attend life or death situations (red calls) first and this is why the triage call is so important. Delays in ambulance wait times can sometimes be out of NEAS control due to lengthy delays with handovers at hospitals.

Issue: (Historic) Staff Attitudes:

1. Don't pre-judge. Had a bad experience with the Patient Transport Service (PTS). Recently recovering from a stroke and so was unable to drive. Ambulance driver was judgemental when collecting the patient as there was a car on the drive and asked her if she really required the ambulance. Although she looked healthy she was not and was unable to drive – don't pre-judge.

2. Having a serious asthma attack. GP visited and called an ambulance. After a long wait an ambulance arrived however it wasn't an emergency ambulance as the call had been incorrectly triaged. In praise of the NEAS driver however, he assessed the seriousness of

the situation and decided not to wait for another ambulance as he had oxygen on his vehicle already and took her straight to hospital.

Response: Agreed that staff shouldn't pre-judge and confirmed that NEAS staff do receive regular and appropriate training. With regards to the second issue, again, this was an historic issue regarding delays but once again reinforced the issue of getting the triage right so that the correct ambulance is sent in each situation.

Issue: Residents living close to the Queen Elizabeth hospital advised that staff parking is affecting access for ambulances.

Response: This matter should be directed to the Queen Elizabeth hospital and addressed with staff.

General comments:

- Used emergency ambulance service recently. Very quick response and excellent service.
- Paramedics – excellent and calming manner, they fully take control of the situation.
- NEAS has recently introduced a text service for Patient Transport Service (PTS), however this has not yet been rolled out to include dialysis transport.
- NEAS staff are fully trained to be dementia friendly and will explore working with Alzheimer's society too.
- Problems with access to Metro Centre as sometimes paramedics are directed to the wrong access door.

Successful event and well organised. Thanks for the invitation, we were really happy to be part of it. I'm happy to explore how we can work together better in the future. **Mark Johns, North East Ambulance Service.**

Table 3 - Healthwatch Gateshead Volunteer Proposition

Karen Bunston, Healthwatch. Christina Massey and Freda Bevan, Healthwatch Volunteers
Key themes for discussion and information sharing on Healthwatch Gateshead table included:

- The Enter and View process, the role of Authorised Representatives and how people can get involved.
- Mystery Shopping projects and opportunities for people to volunteer as Mystery Shoppers
- The role of Community Ambassadors and how we ensure this is as inclusive as possible and covers the whole of the Borough.
- Healthwatch volunteers shared their experiences with participants.
- Opportunities for collaboration with local voluntary and community groups and organisations.
- How to broaden Healthwatch's appeal to all members of the local community.

Participant's feedback:

- People generally agreed that the volunteer role descriptions were comprehensive and clearly defined the role, expectations and benefits to the volunteer.
- The "critical friend" approach to Enter and View adopted by Healthwatch Gateshead was considered to be the most appropriate way of achieving service improvement.
- The volunteering opportunities were of good quality and likely to have broad appeal although it was acknowledged that involving men in volunteering was still a challenge.
- Recognition that Healthwatch Gateshead is committed to inclusivity of opportunities by meeting additional support needs wherever possible and through training, support and re-imbursement of expenses.
- The Enter and View reports were positively received.

- Participants heard from our volunteers about their positive experiences of Enter and View visits and Mystery Shopping.
- There is an opportunity to develop a mystery shop in collaboration with Action on Hearing Loss specifically around NHS England Accessible Information Standard.
- Arthritis Care are also keen to link up with Healthwatch and have extended an invitation to attend one of their sessions which are held at the Civic Centre (first Monday of each month, 60-80 people attend), include information in their newsletter and potentially put a Healthwatch widget on their website.

Table 4 - Adult Social Care

Clare Ault, Service Manager / Care, Wellbeing and Learning/ Adult Social Care Assessment and Planning/ Gateshead Council

Kim Newton, Healthwatch

The following issues and questions about Adult Social Care were raised and responded to at the Adult Social Care table:

Issue: - What is the current structure within Gateshead Council?
Discussion took place around the recent changes in Adult Social Care staffing in Gateshead and Clare Ault gave a brief explanation of the new structure.

Response: - Sheila Lock is the Interim Strategic Director Care, Wellbeing and Learning
Stephanie Downey is the Service Director Adult Social Care and Independent Living
Clare Ault is the Service Manager and Principal Social Worker for Care, Wellbeing and Learning, responsible for Adult Social Care Assessment and Planning, Safeguarding Adults Team and the MASH (Multi-Agency Safeguarding Hub).

Issue: - What is the future for Blaydon Lodge and Marquis Way Bungalow? This was identified for closure in the Social Care review last year?

Response: - This is a service for complex and severe needs. No decision has been made yet. Clare Ault will speak with the appropriate Service Manager to provide carers with a more comprehensive update.

Issue: - How can I get help to put on compression stockings? I have been told by my GP that the district nurse can't do this for me.

Response: - This is a health need and it really ought to be health professionals who help you to do this task. If you also have social care needs then you will need to receive a care act assessment. Clare explained the Care Act eligibility criteria.
In the future health and social care will integrate and this brings opportunities for pooled money to make accessing services easier.

Clare spoke with person asking the question in private and agreed to follow up actions to help solve the problem.

Issue: - Is there a budget to help with extra costs for someone living in their own home with complex behaviour needs?

Response: - There is a Transforming Health Care budget available to meet extra costs that may occur, where people have left or are leaving long stay hospital placements relates to complex behaviours/mental health needs. Social Care or health colleagues apply for this budget if a person

is eligible to access it. For other people with complex behaviour needs that are eligible for health and or social care services these needs will be met from those budgets.

Other Comments

Social Care Services
Of those people who currently use social care services it was noted that these were generally good or very good and current care packages are meeting the needs of people and their carers.

Social Care Pathway
The Social Care Pathway was discussed at length.
The following points were raised regarding the process of accessing social care reviews and assessments:

- There is no continuity of social workers
- My social worker went on long term sick and my case was not picked up
- There needs to be a clear pathway for people trying to access social care services
- There is delay in getting back to people
- I have had to chase up my carers assessment
- I feel let down as a Carer
- You have to fight to have your loved ones needs met
- No one returned my call

Response and Actions

It was acknowledged that there should be consistency at the “front door” for people accessing services.

Adult Social Care phone-lines are often the first point of contact for people requiring social care support and therefore need to be triaged correctly to ensure they are navigated correctly.

Phone calls and follow-ups should always be actioned as agreed with people accessing the service.

Clare and her colleague Jean Kielty are currently looking at standards and processes within and across the service and will implement any changes required.

Healthwatch Gateshead could offer support in a volunteer led mystery shopping exercise on the quality of the front door triage phone system.

Table 5 - Newcastle/Gateshead Clinical Commissioning Group

Victoria Clark, Healthwatch and Norah Stevens, CCG Gateshead Engagement Lead

Continuing Healthcare (CHC) process and criteria was brought up several times for both adults and children. The process and criteria for CHC is very complicated for family members and lay members to understand. Members of the public don't know what is available or where to get the information from.

Issue: - CHC process for children is awful. We got eligibility of care criteria given and nothing else. The forms must be completed on the child or persons worse day – its heart breaking.
Why don't social workers and clinicians tell you about everything that is available when you are in that position i.e. CHC etc?

Response: - The Local Authority is responsible for carrying out assessments for Continuing Healthcare. If this isn't done by the Local Authority then Continuing Health Care cannot be awarded or considered.

Issue: Why can't the CHC forms be simplified and social workers use "our language" not jargon. Why do people use scary words like court of protection, deprivation of liberties, best interest's assessor etc. The forms are not appropriate. They are designed for older or almost dead people.

Response: - It is very difficult to have 1 form that fits all and it is not always appropriate. Efforts have been made previously to simply form as much as possible.

Issue: Members of the public don't know where to go to get information from re: carers, DOLS, Continuing Healthcare etc.

Response: - Social workers should give you information. There is also a wealth of information from Healthwatch, your GP or health practitioner, PALS, Local Authority, Advocacy services and various voluntary organisations, for example Carers Association and Crossroads.

Issue: - Our care plan now is not relevant to our needs and when we do get a care plan, we only get 2/3rds of actual care. Care plans are great on paper – if you get one. However, care plans actions are not actually happening.

Response: - You should receive all the care detailed in your plan. If you are not getting this it needs to be addressed with your social worker.

Issue: - What about when your social worker says there is nothing available? That there is no provider for the care needed? If the social worker says there is no provider available, we then get nothing. If the social worker can't find a provider then how can I? We have to struggle on, or leave family members in hospital when there's nothing medically wrong with them.
Response:- This is a local authority issue and should be taken up with Adult Social Care.

Other comments and suggestions

We are tired - we also have jobs to go to. When I was younger and caring for my disabled child(ren) it wasn't so much of a problem. Now I am older, I am tired, I have my own health problems, I have less energy, and I also have my elderly parents to look after. When I was younger my parents helped me care for my disabled child(ren), now they can't because they are old so I care for those as well. Yet my child(ren) son(s) needs have increased because of his age / condition / lack of social care.

Why is there not 1 person overseeing someone's care? – This includes children hence the confusion and difficulty around appointments, care and the family as a whole.

Social workers always cancel and re-arrange meetings at short notice, this is not always convenient for us but what can we do? We have to do what social worker says and when the social worker is available because if we don't, we get even less than we have now.

I worry if I have to go into hospital or have an accident that will look after my child (ren) then? Who will look after my elderly parents?

Continuing Health Care for children is allowed in their own home, yet it's not for adults. For adults it's got to be in a care home. Why is this? There's no consistency.

My kids have had no assessment from health. There is no defined process for children continuing healthcare needs.

I had the courage to complain about a particular service, then it was withdrawn with zero notice yet I know service provider is still providing this service to other families.

You've got to be practically dead or nearly dying in order to get CHC.

Gateshead Access Panel helped me get my CHC. It took me 5 years and had to try 3 times. It's a very complex system.

I didn't even know you could get CHC for children.

Services for those with severe learning disabilities and complex needs i.e. The Grove, are excellent and have had a budget reprieve but we have had to fight for everything.
Once Chris Pearcy came to Marquis Way and saw how the service actually worked he understood more.

Advocates do a fantastic job.

Finding out all of this information, the forms, the stress, the appointments, the inconsistencies are all just too much when you are a carer.

My advocate came to my home and explained the form and it was great.

The changes in continuing healthcare over the last 6 or 7 years are unrecognisable.
Continuing healthcare is moving (if not already moved) to palliative and end of life care – it's not continuing healthcare.
Continuing Healthcare is basically 24-7 nursing care.
Understanding the system is just too stressful.

Carers are at breaking point. It is a real fear that carers have – re: managing when you are older and are tired and have your own health problems.
If things are bad now – what is it going to be like in 10 or 20 years time?

As carers we have a real fear about the future.

Table 6 - Health Champions

Discussions began with a positioning statement around the origin of Health Champions and also what social prescribing is. Health Champions are volunteers who have an interest in health and social work within their GP practice to support patients with, information or access, to other activities which may support recovery in their health and well being.

The role of a Health Champion is all about the skills and abilities. It is part of the NHS 5 year Forward View which focuses on social prescribing. The role bridges the gap between the individual and actual setting up of social, community and activity groups. For example - a walking group established at a GP practice which runs regularly and gives patients some regular exercise – it also assists with social isolation and improves the well being of attendees.

Social prescribing is now going to have some funding released nationally as it is recognised that 20% or more of GP appointments are social care issues for which a medical prescription will not help. The ability of GP's to refer to a Health Champion frees up their time and supports the patient to access something which may be of more intrinsic value.

While resources are stretched, now is time where more creative responses to health and social care needs are required.

In Gateshead, 12 Practices are involved with Health Champions and Social Prescribing. 3 have been so for more than 3 years. 8 practices involved of up to 3 years and 1 practice is just starting. The benefits to the GP practices are measured in less repeat appointments.

The main questions were as follows:-

What can a Health Champion do for me?

The idea is that they will be able to help a patient access information and link in with local organisations to help address some of the patients needs without necessarily needing a GP referral. This may also mean working with Wellness Coaches too.
Health Champions would provide some guidance around lifestyle and accessing meaningful engagement in the community which can result in reduced loneliness, depression etc. This may be art based or something practical like gardening and walking groups or maybe a knit/natter group.

Does this mean I would never see my GP?
No, you can obviously see your GP when you have a medical need.
You may see other health professionals within your GP practice, like a Nurse, who can assist you without needing a GP appointment. It is more likely to be part of a holistic package treating you as a whole person rather than one bit of your body.
You may see your GP first as part of your diagnosis and then be passed to a Health Champion for further input with a review later. It is all about patient choice and what works for you.

You mentioned a number of GP Practices in Gateshead have Health Champions – why not all?
The Clinical Commissioning Group are working hard to get all Practices on board though it is a voluntary option at the moment. It has national support from NHS England and once benefits are demonstrated more support will follow. It is a new way of looking at solutions creatively and takes time to embed.

Other comments:-

This is open to everyone and it is about how we make residents of Gateshead's health better in more innovative ways. It is recognised that there are many areas of life that affect us – for example where the loss of a social security benefit can be detrimental to mental health. The loss of a job may result in both physical activity dropping and low self esteem and general well being – whilst a Health Champion will not be the total solution, they will be part of it in getting people back on the track to wellness.

There are also the benefits of volunteering your time as a Health Champion though it is acknowledged that the general public do not have much knowledge yet of this role. How do we get the message to people who don't go to the doctors?

Table 7 - Public Health

Catherine Wood and Janet Gauld, Healthwatch Board Member.

The Public Health agenda is very broad, how and what we eat, drink and live our lives impacts on all of our health. Public Health is therefore focussed on prevention and supporting the public to understand how they need to consider these health issues.

The Gateshead plan is about 'Living Well in Gateshead', investment is in prevention and trying to prevent ill health. We need to balance treatment and prevention and work closely with others. Public Health looks at the evidence base of health factors and inequalities.

Public Health's challenge is the treatment and care of people and how to prioritise prevention.

Issue - Smoking cessation is the biggest thing to save lives and save money in health. Cigarette and tobacco packaging needed changing. Public Health England worked on packaging. Government interested in tax from funding. Show less smoking on TV.

Response: - 7 steps campaign launched to help prevent passive smoking health conditions. Stoptober is a national smoking cessation campaign with celebrity endorsements. No TV advertising for smoking products anymore. Legislation is now in place re: smoking in cars with children and smoking in public places. There has been an impact of this on cafe culture. Smoke free hospitals were only introduced last March. Contracts now in place with GP's on smoking cessation.

Issue – Alcohol. Young people turn up at hospital with severe liver disease due to the price of strong, cheap alcohol. Retired people drink at home now. People who are working drink more due to stress. Are people drinking more because they are not in jobs, poor mental and physical health? Is this a vicious circle? It's cheap or cheaper to drink at home and easier for people to drink to cheer themselves up and block out stress. The units of alcohol in a bottle of wine for example clearly indicate what the recommended intake is. If you drink everyday you would be alcohol dependent it has no link to DNA.

Lots of things impact on alcoholism and drinking too much. People need educating rather than attacking the price - it's both - to enable people to make choices.

Alcohol is calorie laden and therefore impacts on obesity as well. Biggest issue in the North East is the viability of pubs and the social issue of alcohol acceptance.

A large number of pubs are closing down. Focus nowadays is on young people getting drunk. New demographics shows people are drinking more due to having a disposable income and drinking on a Sunday afternoon. Recent study also found some people only had one drink a week.

Response: - Public Health try to prevent underage drinking by working with shops and providing support and education to reduce alcohol intake. There is a heavy drinking reputation / culture in the North East. It has been found to be a big problem by the Befriending Service. Public Health's job is to recognise it has become a way of life and to address it. There is a clear public health link in with liver damage.

Issue - Access to Services is very tech heavy nowadays. The onus is on the service user to get it right rather than staff who work there, what if you are not confident with technology? Make a mistake? How do deaf people access services? Elderly will not use technology generally, so don't know what support exists. Everything suggests telephoning e.g. booking an appointment. If you have no communication support then you cannot access telephone. Deaf and hearing impaired community have to use websites, this is not always clear.

Response: - Public Health has to take into account the diverse needs of the population and support accessibility in whatever format it takes.

Issue - Obesity and being overweight is a big problem for public health. 66,000 residents in Gateshead are overweight – that's a significant part of the population. This is based on the Body Mass Index (BMI) calculation. It is different for some ethnic citizens though – Asian ethnicity is different, so waist size is used as a measure.
NHS Health Check – people between 40 yrs and 74 yrs, height, weight, blood sugar and cholesterol checked and asked questions about their alcohol levels.

Response:- Whilst Public Health is there to support people with prevention there is a joint partnership because people need to take responsibility for their own lives too. They also need awareness of what is in the food they buy and consume so they are able to make informed choices.

Other comments and suggestions

- How do we educate adults as well as children?
- How can we positively promote how to look after yourself and have fun instead of going to the gym?
- People become more dependent on the state and can't stand up for themselves.
- Cooking on a budget needs to be addressed as it's easy to make the wrong choices.
- Children don't know how to use a knife and fork these days.
- A test was carried out of a takeaway with a university and one meal equals to one week of saturated fat.
- People don't know what they are eating.
- Fast food is cheap and has big portions so we need to help people learn cooking skills and how to cook on a budget.
- Gateshead High Street dinner club for the homeless feed 9 people on a budget of £7.00, for example spaghetti bolognaise.
- It is difficult for people to buy the right things when they are on low incomes.
- Promote food courses to help people access and develop cooking skills.
- How do we get cooking back into life skills?
- Initiatives have worked for example, OAP swimming was free
- Gateshead Active card is only £1.80
- Should people get things for free?
- People need to take more control over their lives
- Live Well Gateshead
- Public Health funds fluoride in water. Why put fluoride in as it doesn't do anything for teeth and causes cancer? Does the local authority feed into research or is it national research. We have no say in what you drink and people should know what they are drinking. Why do dentists say not to swallow it? It is the other chemicals it contains.
- I'm glad Public Health has moved away from the NHS as the NHS is all medicine and pills
- How do we get information to people in a simple format so that they can take responsibility for access and support?
- I feel affluent areas are kept tidier than non affluent areas. I don't feel like GMBC are doing anything about it.
- Causes – rat infestation for example impacts on health.
- Impact of fortnightly bin collections. Disability based need, was told to pay £30.00 for an additional bin if incontinent and need more.
- How many people are becoming ill through prescribed medicines? Killing people with pills where there is no evidence of its impact.

Table 8- Northumberland Tyne and Wear Trust (NTW)

Janet Thomson, NTW Service Manager for Community Services in Gateshead and Michael Glickman, Healthwatch Board member.

The public who engaged with The Trust were very specific in their comments and a summary of their main points are raised as follows:-

- Isolation of people with hearing loss, unable to access services and more prone to social isolation
- Use of jargon and acronyms is confusing i.e. NTW, CCG etc.

- It is difficult to navigate through mental health services without prior knowledge
- Communication breakdowns between service users and providers and poor communication between organisations i.e. Voluntary organisations and NHS services for example.
- Works both ways because not all NHS services are aware of voluntary services
- Sunderland and South Tyneside has single point of contact for mental health but not Newcastle and Gateshead - GCCG
- Important that single point of contact is a Freephone number and callers are not put on hold
- Need to have long term follow up for mental health therapies to ensure that they have been effective. Returning patients should not be treated as new patients but referred to appropriate alternatives
- Need effective support and monitoring after treatment has concluded
- Some MH patients prefer to talk to non- professionals which is a strength of the VCS i.e. peer and mutual support groups.
- Difficulty accessing services
- Service changes make it difficult to identify correct point of contact particularly for low level needs
- Some GP's charge to complete risk assessments for mental health self referrals to Gateshead Clubhouse.
- Importance of looking after mental health of staff too
- No intention of changing services for Learning Disabled community until current services are evaluated but national requirement to review all long term residential residents with a view to community placements and ensuring services meet national standards.
- Trying to streamline assessments by joint appointments with Drs and Nurses.
- Reminders before appointments to promote attendance.
- Target 3 -4 weeks for initial appointment. It is currently 10 weeks. This is down from 18 weeks (national target)
- Saturday clinics are popular and may extend.

Response:- The Trust has promised to consider these points and build them into future developments.

6. What Next?

The comments, issues and experiences expressed in this report will be shared with the appropriate person from the organisation who attended the event.

The report will also be raised at a strategic level which will include the Gateshead Health and Wellbeing Board, Gateshead Care, Health and Wellbeing Overview and Scrutiny Committee, Newcastle and Gateshead Clinical Commissioning Group meetings. This will ensure we meet our obligation as a critical friend and we will hold the necessary bodies to account to support the improvement in health and social care services across Gateshead.

Healthwatch Gateshead expects to revisit this report in 6 months time to receive updates on the agreed actions and progress. We will then report the results through our social media, extensively in our work plans and other appropriate media.

The contents of this report will be shared with Healthwatch peers across neighbouring authorities.

The report will be available on Healthwatch Gateshead's website from 16 December 2016 and may also be presented to the following organisations as appropriate for information:

Healthwatch England
Care Quality Commission
NHS England
Gateshead Council - Commissioners

7. Thank You

Healthwatch Gateshead Board and Team would like to thank:-

Everyone who attended the event whether as a member of the public, stakeholder or key representative, in particular:-

Healthwatch Gateshead Volunteers, **Freda Bevan** and **Christina Massey.**

Engagement Lead at Newcastle/Gateshead NHS Clinical Commissioning Group, **Norah Stevens.**

Gateshead Council Public Health Lead for Health Improvement, **Catherine Scott.**

Janet Thomson, Service Manager for Community Services in Gateshead of Northumberland Tyne and Wear Trust (NTW).

Clare Ault, Service Manager for Adult Social Care Assessment and Planning at Gateshead Council.

Mark Johns the North East Ambulance Trusts Engagement Manager.

The Health Champion Lead for Newcastle Gateshead Clinical Commissioning Group (CCG), **Steven Bramwell.**

Gateshead Foundation Trust – Queen Elizabeth Hospital, **Joanne Stout** QE Clinical Lead Safecare and **Judith Portlock,** PALS Manager.

And finally, Gateshead Council Bewicks **Catering Staff** for the splendid afternoon tea and service.

Appendix 1 – Evaluation breakdown

Attendees were asked to complete a short evaluation form on their experience of the event.

Did you think there was ample time to discuss your issues and concerns?		
Too much time 0	Just right 19	Too little time 8
Did you feel listened to throughout the event?		
Yes 31	No 1	Don't know 4
Did you think the correct people /decision makers were in the room		
Yes 28	No 3	Don't know 5
How would you rate the event overall?		
Excellent 10	Good 14	Average 2

Attendees were asked if they had any messages to convey to Healthwatch Board.

- Keep up the good work x 3
- Thank you for being there
- Excellent event
- Should be held more often, yearly is too long
- Thank you for inviting me. I look forward to final report
- Please include children's services
- More dissemination of information – how, where to get the help and let people know what's going on i.e. health champions.

Complimentary comments were received on the event, format, timings and refreshments.

- Very helpful and informative
- Very good mix of people with different issues and no one talked too much
- Excellent, not too formal and a good length of time
- Interesting and informative, friendly and service users input was encouraged

We also sought comments from attendees to help us improve future events.

- Larger room needed x 5
- More time to talk about services and go to more tables
- Have more key people for the amount of people attending
- Get people to stand up when reporting back
- Disability awareness training to consider needs of hearing impaired.
- Display stands from other services x2
- Wider range of services present i.e. children's service
- More promotion to key groups i.e. Deaf community
- More time to discuss issues and use knowledge gained to problem solve
- More time needed to offer people advice

Other comments included

Very lively event with a wide cross section of people

Scones and tea were delicious

Good event that far more people would have benefitted from
First time I have attended. I have enjoyed the topics of discussion.

For further information regarding this report contact: -

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HWG

Healthwatch Gateshead

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Gateshead Council

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

7 March 2017

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

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

Summary

This is the interim report of the Committee's investigation into the role of housing in improving health and wellbeing in Gateshead. The views of the Committee are being sought on the information presented and the future plans outlined.

Background

1. Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2016-17 will be the role of housing in improving health and wellbeing.

2. The first evidence gathering session held on 1st November 2016 explored issues regarding health and the supply of housing with respect to the existing stock and anticipated future housing needs.

3. The second evidence gathering session held on 6th December 2016 considered 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.

4. The third evidence gathering session held on 24th January 2017 detailed the nature of housing support and advice and supported housing services available in Gateshead.

5. The report will be further informed by the findings of a fourth evidence gathering session based on members' experience in issues regarding health and housing to be held in the Civic Centre on 1 March 2017 (room to be confirmed).

Purpose of this session

6. The interim report (Appendix 1) provides a summary of the evidence gathered and draft recommendations to be considered by the Committee for presentation to Cabinet.

Recommendation

7. It is recommended that the Committee:

    - Gives its views on the report presented to inform the preparation of the final report to be considered at its meeting on 25th April 2017.

Appendix 1

TBC

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CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

7 March 2017

TITLE OF REPORT: **Review of the Role of Housing in Improving Health and Wellbeing – Interim 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.

Issues/challenges emerging from the review

21. 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.

22. 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.

23. 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.

24. 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.

25. The key housing objectives and challenges can be summarised as follows:

<u>Housing supply</u>

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

<u>Housing standards</u>

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

26. Please note that the final report will be further informed by the findings of a fourth evidence gathering session based on members' experience in issues regarding health and housing to be held in the Civic Centre on 1 March 2017 (room to be confirmed).

Draft recommendations

27. 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.

28. Ensure that improving health and wellbeing is reflected in the production of local development plan documents (ie. Making Spaces for Growing Places).

29. Review how health and wellbeing is reflected in Council Letting Policies and TGHC support services (ie. health criteria, preventative interventions).

30. 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).

31. 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.

32. Determine the circumstances where the Council seeks to ensure that high design and space standards are delivered, including accessibility.

33. Determine the need for, location of and processes to deliver adequate levels of supported, specialist, and older persons housing.

34. It is recommended that the Committee:

- Gives its views on the report presented to inform the preparation of the final report to be considered at its meeting on 25th April 2017.

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