Gateshead Council Public Document Pack

HEALTH AND WELLBEING BOARD AGENDA

Friday, 10 June 2016 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Jane Robinson

Item	Business
1.	**Apologies for Absence**
2.	**Minutes** (Pages 3 - 10)
2.1	Action List (Pages 11 - 14)
3.	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
	Items for Discussion
4.	**Northumberland, Tyne & Wear Sustainability and Transformation Plan 2016/17 to 2020/21** Presentation from Newcastle Gateshead Clinical Commissioning Group
5.	**Smoking Still Kills; Smoke Free Vision 2025** (Pages 15 - 26) Report to be presented by Alice Wiseman
	Items for Assurance
6.	**Drug Related Deaths in Gateshead** (Pages 27 - 42) Report to be presented by Alice Wiseman
7.	**Safeguarding Adults Strategic Plan** (Pages 43 - 60) Report to be presented by Alison Elliott
8.	**Learning Disability Joint Health & Social Care Self-Assessment Framework** (Pages 61 - 64) Report to be presented by Lisa Phillipskirk
	Performance Management Items
9.	**Better Care Fund: Quarter 4 Return for 2015/16 to NHS England** (Pages 65 - 82) Report to be presented by John Costello

Items for Information

10. **Update on Support and Development Service for Gateshead CVS for 2016/17** (Pages 83 - 86)

Report to be presented by Dave Andrew

11. **Updates from Board Members**

12. **Any Other Business**

13. **Date and Time of Next Meeting**

Friday 15 July 2016 at 10.00am

Contact: Sonia Stewart; email; soniastewart@gateshead.gov.uk, Tel: 0191 433 3045,
Date: Thursday, 2 June 2016

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 22 April 2016

PRESENT

Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Helen Hughes	Gateshead Council
Councillor Catherine Donovan	Gateshead Council
Councillor Mick Henry	Gateshead Council
Councillor Frank Hindle	Gateshead Council
Councillor Michael McNestry	Gateshead Council
Douglas Ball	Healthwatch Gateshead
James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
Alison Elliott	Gateshead Council
Carole Wood	Gateshead Council
Emma Nunez	NHS England

IN ATTENDANCE:

Sonia Stewart	
John Costello	
Margaret Barratt	Gateshead Council
Bob Brown	South Tyneside Foundation Trust
Dan Cowie	Newcalte Gateshead CCG
Alison Dunn	Gateshead Citizens Advice Bureau
Julia Young	Newcastle Gateshead CCG
Alice Wiseman	Gateshead Council

HW24 APOLOGIES FOR ABSENCE

Apologies for Absence were received from Mark Adams, Bill Westwood and Councillor Malcolm Graham.

The Chair advised the Board that this would be the last meeting for Councillor Frank Hindle and thanked Councillor Hindle for his contribution to the Board, he would be a big miss and his contributions have been really appreciated.

The Chair also advised that this would be the last meeting of Carole Wood as Director of Public Health and again thanked Carole for her excellent contributions. Carole would be replaced by Alice Wiseman.

HW25 MINUTES

The minutes and action list of the meeting held on 26 February 2016 were agreed as a correct record.

Matters Arising

The Board were advised that following the last meeting Councillor Malcolm Graham had met with Fullfilling Lives and requested it be noted that he was very impressed with the work they were undertaking.

Some leaflets were provided for members of the Board for information.

HW26 DECLARATIONS OF INTEREST

HW27 NEWCASTLE GATESHEAD CCG OPERATIONAL AND COMMISSIONING PLANS 2016/17

The Board received a presentation from Dan Cowie, Newcastle Gateshead CCG. He advised the Board that over the last few months officers have been busy dealing with the production of plans alongside changing goalposts.

Firstly there is the CCG Operational Plan 2016/17. Then there will be a Sustainability and Transformation Plan for the whole of Northumberland and Tyne and Wear, which will include a chapter for the Newcastle Gateshead local health economy. The National Guidance has stated that we have to plan together and to demonstrate a robust grip on addressing the 3 gaps around health and inequality, care and quality and the financial gap.

There are 9 Must Dos from NHS England which need to be included in the operational plan. They are:

1. Development of STP
2. Aggregate financial balance
3. Sustainability and quality of general practice
4. Achievement of access standards for A&E and ambulance waits
5. Achievement of NHS constitution referral to treatment standards
6. Achievement of NHS Constitution cancer standards and one year survival.
7. Achievement of new mental health standards
8. Transform care for people with learning disabilities
9. Make improvements to quality

Work commenced on developing a Commissioner Plan for 2016/17 in October 2015. The aim is to try and shift provision from hospital settings. This work included communication sessions with staff and patients, public and clinical leads.

The Commissioner Plan for 2016/17 outlines current thinking in relation to key areas of focus for 2016/17.

The commissioning intentions are not a complete list of initiatives, projects and

service transformation areas that are either already underway of are in the pipeline, but instead;

- Outline the key priorities for the year ahead which will improve the quality of service and/or improve value for money;
- Provide the context for commissioning changes;
- Provide an indication to current and potential providers of how; working with our partners we intend to shape the delivery of health services for our population.

We have to start bringing in the bigger picture around planning, looking at the Care Home Vanguard and the Urgent Care work. The STP will be a five year plan over the NTW footprint. Work has commenced to set up meetings and forums to talk about what all this means. It has been a big challenge and as part of the process the Joint Accountable Officer Forum has been established with a sub group of this meeting on a weekly basis.

NTW have held initial meetings with planning leads and a short version of the STP has been submitted to NHS England in draft form. A final more detailed version will be required to be submitted by the end of June. There are 5 sections to complete and these cover:

- Leadership, governance & engagement
- Improving the health of people in our area
- Improving care and quality of services
- Improving productivity and closing the local financial grip
- Our emerging priorities
- Support we would like

The STP will look to shift our current challenges into enablers and focus on areas of system redesign. It was noted that prevention and early intervention has to be included as part of this. Things are moving at a rapid pace but with a robust methodology. System leadership and accountability is being looked at, as is collaborative hospital working including what an acute hospital will look like in the future. It was noted that the STP submission will be considered by the Board at its June meeting.

RESOLVED – (i) that the information in the presentation be noted.
(ii) that further updates will be brought to the Board as required.
(iii) the Board consider the STP submission at its next meeting in June.

HW28 BETTER CARE FUND SUBMISSION 2016/17

The Board were advised that the discussion on the previous item has covered a lot of the ground and information relating to the BCF. However, one of the key points to make sure that this BCF Plan is not a stand-alone document and therefore needs to be seen in the context of wider plans for the local health and care economy.

Details of Phase 1 and Phase 2 of the BCF submission required for the 2nd and 21st March have been previously circulated to the Board.

The Better Care Fund plan is part of a wider transformation journey and will enable us to identify how we shape our new models of care. The submission sets out the expenditure plans for the schemes for 2016/17 and reflects on progress made aginst the BCF schemes during 2015/16. Plans to meet the National conditions are also outlined as well as our aspirations for key metrics.

The deadline of the submission is 3 May and the formal endorsement of the Board is sought.

It was noted by the Board that this was a good example of good quality collaborative working.

RESOLVED - (i) That the submission be endorsed by the Board.
(ii) That any changes to the final submission be circulated to the Board.

HW29 SOCIAL PRESCRIBING IN GATESHEAD - UPDATE AND NEXT STEPS

The Board were provided with an update report following from a Workshop hosted by the Board on 23 November which examined a social prescribing approach in Gateshead. Work on social prescribing has been developed within the context of the Achieving More Together approach.

It was noted that the Healthier Communities OSC agreed that work should be undertaken to "Develop a Sustainable Model of Social Prescribing in Gateshead". This work was agreed on the basis of physical and mental health outcomes of those affected by mental ill health could be improved through a social prescribing approach.

The aim is to build more connected communities and more resilient communities. The Public Health team are in the process of developing this programme, work which links to the Live Well programme and Achieving More Together initiative.

The plan is to bring to a future board meeting a coherent framework around an Asset Based Approach. Thought is being given to what elements of the system need to be mobilised.

It was suggested to the Board that a joint paper with the CCG be brought back to the September meeting, with an initial focus on Long Term Conditions, Social Isolation and Mental Health.

RESOLVED - (i) That the information in the report be noted
(ii) That a joint report with the CCG be brought to the Board in September.

HW30 PERSONAL HEALTH BUDGETS: PROGRESS UPDATE

Julia Young from Newcastle Gateshead CCG updated the Board on the current position with regards to Personal Health Budgets. The CCG are fully committed to the implementation and mainstreaming of PHBs and Integrated Personal Budgets (IPB's) for its population. It has been acknowledged that to-date progress has not been as significant as required. The "Local Offer" is the CCG Strategy of how they will provide Newcastle Gateshead residents with more direct control over the care they receive within the NHS.

Information regarding the local offer will be made available to residents through the 'Your Health' area of the Newcastle Gateshead CCG website and also in leaflet format. It has been important to look at joint approaches from the Council and CCG.

In terms of the CCG deliverables, it was noted that there needs to be a particular focus on the cohort of Adults and Children with Learning Disabilities and/or autism.

A joint group has been planned as the payment mechanisms need to be looked at in order to make sure a robust system is in place.

There is a 'plan on a page' and a leaflet has been produced with plain English in mind.

It was noted that a number of queries could potentially be raised by those who might be entitled to apply. It was also noted that it appeared to be a really complicated process and people might be wary of the process.

The Board were advised that currently each applicant is supported through the process with a case manager. The Board were also advised that this is an enhanced local offer from April.

The challenge was trying to engage with people and being specific about what people can and can't do, who makes the decision as to whether people are entitled to the funds and if there is an appeals process.

RESOLVED - (i) That the current position be noted.
(ii) That further updates be provided to the Board as necessary.

HW31 HEALTH AND WELLBEING STRATEGY REGIONAL SEMINAR

The Board were advised that John Costello, Douglas Ball and Iain Miller had

attended the regional seminar which was arranged through the ANEC Chairs Network.

John Costello updated the Board on the event and advised that the main thing for him which cam of the session was the consensus that the STP is not a means to an end for the health and wellbeing agenda as a whole. There was a continuing need, therefore, to have a health and wellbeing strategy in place to steer the work of HWBs. However, there has been little new guidance from government in relation to the place/role of health and wellbeing strategies, having regard to new planning footprints etc.nor has there been any new guidance on how Boards should take the refresh of their strategies forward. In Gateshead's case it was felt that when we produced the initial strategy a lot of engagement work was undertaken, and that the key underlying challenges in the document still exist.

It was noted that whilst the health and wellbeing issues in the strategy are still prevalent we are moving in the right direction. It was therefore suggested that a refresh of the delivery plan may be the best way forward, although it was noted that the refresh may need to extend beyond the delivery plan itself. To ensure it has the desired impact, it might be that some changes are required to the strategy along with a refresh of the delivery plan.

It was suggested we need to think about how we unlock challenges and achieve sustainability whilst working towards triple integration. We also need to think about taking a life course approach.

Douglas Ball advised the Board he was a little disappointed with the regional seminar and had hoped that there ideas would have emerged on how we can do things differently. He felt areas such as transport were very important and wondered whether the Board has a broad enough remit.

Carole Wood advised that Board that Health and Wellbeing Boards' were meant to be system leaders. She noted that there are mixed views in the system about whether or not boards have achieved as system leaders, however, her view was that if the Board members do not have a collective vision, there is going to be a lack of achievement. Carole felt that Gateshead had a strong board and is a passionate believer that there is an important role for the Board. Carole advised this was a really good time to refresh the strategy with a stronger emphasis on the place agenda, which would include looking at employment, transport and housing.

It was felt that the Board needed to have some statutory powers which would give the Board some teeth and would bring together leaders who can make decisions.

It was agreed that at the September meeting of the Board the Board takes a more in depth look at whether to add to the Strategy or refresh the delivery plan.

RESOLVED - That the update be noted.

HW32 UPDATES FROM BOARD MEMBERS

NECA

It was noted that the North East Combined Authority have set up a commission to look at the Integration of Health and Social Care. It was noted that individual organisations will have submitted evidence to the commission and it was requested that organisations share their submissions with the Board. It was felt that the submission by the Gateshead Care Partnership might be of particular interest.

Care Health and Wellbeing OSC

It was noted that the Care, Health and Wellbeing OSC when discussing the 'Deciding Together Consultation' took a unanimous view that acute care should be readily accessible and are reserving the right to refer the matter to the Secretary of State. A letter has been sent to the CCG setting out the OSC's views.

It was also noted that a report had been published on the disparity in waiting time for children's mental health services.

CCG

It was noted that the new Community Health contract was being mobilised. An Estates Meeting has been held to look at the public estates and how they can be made best use of.

The CCG are also looking to progress to level 3 Commissioning for Primary Care. This would also mean that any underspend could be kept within the CCG's accounts to be used locally and not have to be returned to a central pot held nationally.

South Tyneside Foundation Trust

STFT has formed an alliance with Sunderland City Hospitals. A group has been created – South of Tyne and Sunderland Healthcare Group. This is to look at making improvements in quality and sustainability of services and has been seen as a positive development. It was pointed out that this is not a merger and both Foundation Trusts will maintain their statutory functions.

NTW

The Board were advised that the Trust has agreed a programme of work over the next year looking at a whole system approach and are committed to getting the best offer possible for children. The Trust has been notified of the date for its CQC inspection, which will take place from 31 May for 2 weeks.

Public Health

It was reported that Smoking during Pregnancy figures are now the lowest ever. This is as a result of a joint partnership approach working with the Queen Elizabeth

hospital and Midwifery.

GVOC

It was noted that since GVOC had ceased operating the Voluntary Sector Health and Social Care Advisory Group which feeds into the Board and had not had a meeting for a couple of months. Newcastle CVS has now been given the contract for one year to provide support to the CVS in Gateshead. It is recognised that Voluntary Sector input into this Board is essential.

HW33 ANY OTHER BUSINESS

HW34 DATE AND TIME OF NEXT MEETING

The date of the next meeting will be Friday 10 June 2016 at 10am.

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from 22nd April 2016 meeting of the HWB			
Newcastle Gateshead CCG Operational and Commissioning Plans 2016/17	The STP submission to be considered by the Board at its June meeting.	Dan Cowie/CCG	On the agenda of the June Board meeting
BCF 2016/17 Submission to NHS England	BCF 2016/17 submission documents to be made available to Board members.	John Costello	Completed
Social Prescribing in Gateshead: Update and Next Steps	That a joint report with the CCG be brought to the Board in September.	Alice Wiseman/ CCG	To feed into the Board's Forward Plan
Personal Health Budgets	Further updates on Personal Health budgets to be brought to the Board as necessary.	Julia Young/Gail Bravant	To feed into the Board's Forward Plan
Health & Wellbeing Strategy Regional Seminar	It was agreed that the September Board meeting will take a more in depth look at whether to add to the Strategy or refresh the delivery plan.	John Costello	To feed into the Board's Forward Plan
Matters Arising from 26th February 2016 meeting of the HWB			
Older People's Strategy & Action Plan	Take forward the proposal to incorporate the Older People's Partnership into the Vanguard	Lesley Bainbridge & Margaret Barrett	Report to be brought back to the Board at a future date – feed into the Board's

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	Pathway of Care Workstream Group		Forward Plan
Vanguard Care Home Programme	The Board agree to receive further update reports regarding the progress of the programme.	Caroline Kavanagh	To feed into the Board's Forward Plan
Matters Arising from 15th January 2016 meeting of the HWB			
Mental Health Employment Integration Trailblazer Pilot	That the Board note progress and receive a further update in 6 months.	Alan Jobling	To feed into the Board's Forward Plan
Matters Arising from 23rd October 2015 meeting of the HWB			
North East & Cumbria Fast Track Learning Disability Transformation Plan	Future reports to be brought back to the Board on progress.	Chris Piercy	To feed into the Board's Forward Plan
Child and Adolescent Mental Health Services (CAMHS) Transformation Plan	The Board to receive regular assurance reports.	Chris Piercy	To feed into the Board's Forward Plan
Children & Young People 0 – 19 Framework	The Board to receive a follow-up report when further modelling work is complete.	Carole Wood	To feed into the Board's Forward Plan
Tobacco Control 10 Year Plan	A plan to be brought to the Board within the next 6 months.	Alice Wiseman	To feed into the Board's Forward Plan
Matters Arising from 11th September 2015 meeting of the HWB			
Homeless Health: Deep-dive exercise	NTW also to be involved in this piece of work going	Jill Harland/Lisa Phillliskirk	Being progressed.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	forward. The findings of the further research work to be brought back to the Board.		To be included within 2016/17 Forward Plan
Substance Misuse Strategy Group Terms of Reference and Workplan for 2015/16	The Board to receive a draft Substance Misuse Strategy for Gateshead at a future meeting.	Alice Wiseman	Being progressed.
Matters Arising from 5th June 2015 meeting of the HWB			
Older Peoples Wellbeing – Addressing Social Isolation	A scoping report setting out work that is already ongoing and identifying gaps to be brought back to a future meeting of the HWB	Alice Wiseman	To be included within the 2016/17 Forward Plan
Matters Arising from 24th April 2015 meeting of the HWB			
Place shaping for health and wellbeing	That a stakeholder workshop be arranged on place shaping for health and wellbeing.	Carole Wood/Paul Dowling	To be included within 2016/17 Forward Plan

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Gateshead Council

HEALTH AND WELLBEING BOARD
10 June 2016

TITLE OF REPORT: Smoking Still Kills; Smoke Free Vision 2025

Purpose of the Report

1 To seek the views of the Health & Wellbeing Board on the development of a 10 year Tobacco Control delivery plan for Gateshead.

Background

2 Our Vision is for a smoke free future for our children, that our next generation will be born and raised in a place free from tobacco, where smoking is unusual. Our ambitious target is 5% smoking prevalence in adults by 2025.

3 Smoking remains the biggest killer in Gateshead and is the single most preventable cause of premature death. More people die from smoking related illness than all other causes each year. More than half of smokers will die early from a smoking related illness. A large number of smokers will also be living the last years of their life incapacitated by smoking related conditions such as respiratory disease, circulatory problems and cancers.

4 Smoking Costs Gateshead's economy around £30m each year with each smoker who smokes on average 20 a day spending £2,190 on smoking each year, that's £10,950 after five years.

5 Smoking exacerbates inequalities. Smoking accounts for over half of the difference in risk of premature death between social classes.

6 The current engagement in tackling tobacco could be improved.

Proposal

7 It is proposed that we review the work of our SmokeFree alliance using a national standard and identify its strengths and areas for improvement.

Recommendations

8 The Health and Wellbeing Board is asked to consider the following recommendations for action:

Action 1: Ensure a greater focus on tobacco control activity by all partners on Health and Wellbeing Board for Gateshead.

Action 2: Undertake a CLeaR review of the Gateshead Smokefree Tobacco Alliance in July 2016 in partnership with HWB members.
Note: PHE and FRESH have offered to support work with our Alliance and HWB members on either the 5, 6 or 8 July 2016. Our next Alliance meeting is on Tuesday 5 July 2016, 9.30 – 11.30, which fits with availability of external facilitators.

Action 3: We will work with young people in Gateshead to establish their views and build local action.

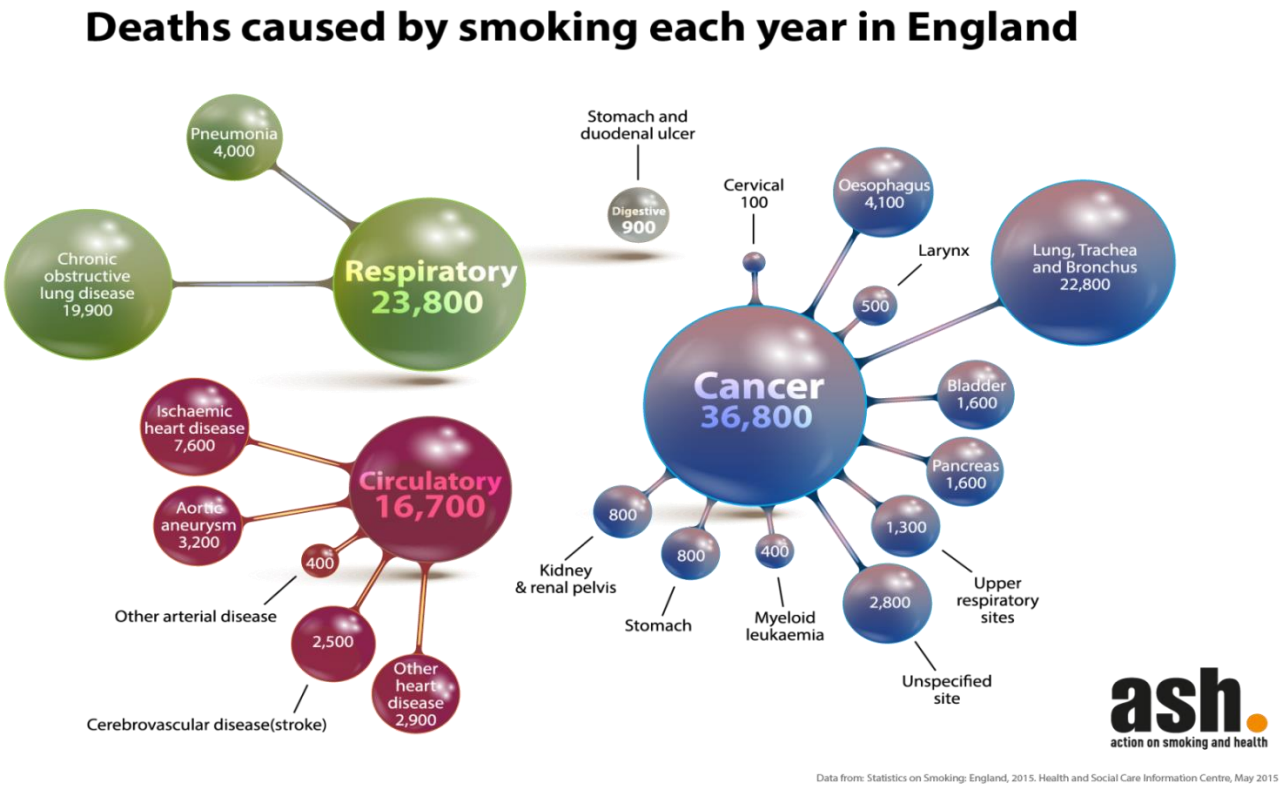
Action 4: Develop a local 10 year delivery plan based on both the output of the CLeaR assessment and national, regional and local intelligence (November / December 2016).

Action 5: To maintain public support for action, communicate a clear understanding of the harm caused by tobacco and the benefits of stopping smoking in partnership with FRESH NE.

Action 6: Ensure the Sustainability and Transformation Plan (STP) includes challenging action and targets for reducing smoking locally.

Contact: Alice Wiseman, Director of Public Health **Tel** (0191) 4332777
alicewiseman@gateshead.gov.uk

Smoking Still Kills; Smoke Free Vision 2025



Gateshead Health and Wellbeing Board

A message from the Chair of the Health and Wellbeing Board

Smoking remains the biggest killer in Gateshead and is the single most preventable cause of premature death. More people die from smoking related illness than all other causes each year. Around 420 people each year, the equivalent of a large aeroplane full of people, die in Gateshead from smoking related diseases. That's almost 9 people a week, or one death every 21 hours. More than half of smokers will die early from a smoking related illness. A large number of smokers will also be living the last years of their life incapacitated by smoking related conditions such as respiratory disease, circulatory problems and cancers.

Smoking stops unborn children getting the best start in life, it prevents young children from thriving, it recruits some of our children to an expensive addiction which will result in illness and death and takes money out of our poorer communities, and adds to many people's poverty and inequalities.

If we want an "Active and Healthy Gateshead", If we want "A healthy , inclusive and nurturing place for all", If we want to give our children and young people the Best Start in Life, we need to focus on driving down current rates of smoking towards the lowest rates in England.

A message from the Director of Public Health

People in Gateshead are living longer and healthier lives than ever before, however there are still significant challenges. The biggest challenge is the stubborn inequalities in health outcome between different groups in our population and different areas of our Borough. Smoking has been identified as the single biggest cause of the inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes.

A total of 42,042 (ASH Ready reckoner 2015) Gateshead people smoke (21.0% of the population) with around 1,430 of these under 16 years of age. If we had the lowest smoking rate in England of 8.4%, a further 25,226 people would not be smokers and the benefits for our populations' health, and the economic wellbeing of our Town, would be enormous. We need to do more to support our residents to be smoke free, around 32,000 of people who currently smoke want to stop. Anything we can do to make this easier would be met with support.

If we are serious about achieving an Active and Healthy Gateshead, supporting and encouraging people to improve their health and lifestyle whilst eradicating health and inequality gaps, we need to reinvigorate our action on tobacco and smoking.

One Vision (Smoke Free Gateshead)

“Smoking Still Kills”

No one can say that the job of tobacco control is done when thousands of smokers in Gateshead face the risks of smoking related illness and premature death, young smokers start smoking every day and smoking remains the principal cause of health inequalities. In Gateshead over 420 people die each year from smoking related illness.

Our Vision is for a smoke free future for our children, that our next generation will be born and raised in a place free from tobacco, where smoking is unusual. Our ambitious target is 5% smoking prevalence in adults by 2025. We have already made good progress over the past 10 years with smoking rates falling from 29% to 21% but there is much more we can do.

Key Facts in summary

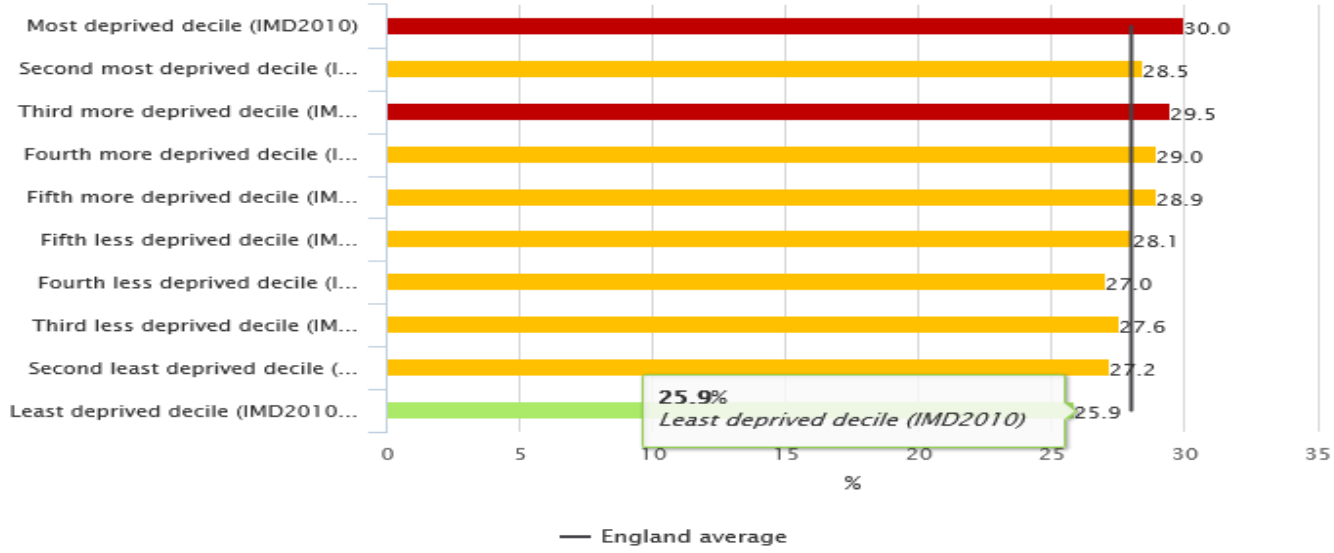
- Smoking is the primary cause of preventable illness and premature death in Gateshead.
- Smoking accounts for half of the difference in risk of premature death between social classes.
- Half of all life-long smokers die prematurely losing on average 10 years of life.
- Tobacco is a key contributor to poverty. Around 300,000 households in the NE have at least one smoker with around a third of these falling below the poverty line. If these smokers were to quit, nearly 34,000 households would be lifted out of poverty.
- Each year in the Gateshead smoking is estimated to cost society approximately £65.1m, that’s £1,936 per smoker / year.

We need continued investment in comprehensive tobacco control, combined with effective Stop Smoking Service interventions to ensure smoking rates continue to fall over the next decade.

“Smoking is our biggest cause of inequalities” - Years on lives and life on years

Smoking drives Inequalities. Our vision is to reach the same 5% prevalence by 2025 across all smokers, regardless of their socio-economic situation.

Figure 3: Smoking prevalence in adults in routine and manual occupations - current smokers (IHS) England, 2014



Smoking remains by far and away the single biggest preventable cause of death and illness in England. In 2013, 78,200 people aged over 35 years died from smoking-related causes in England, 17 per cent of all deaths in this age group. (Annual Mortality Statistics. Statistics on Smoking, England 2015. Health and Social Care Information Centre) that’s over 200 people every day. Likewise the impact of smoking on ill health is huge; in 2013/14 an estimated 28% of all the hospital admissions in England in the 35 years+ age group were attributable to smoking. (Hospital Episode Statistics. Statistics on Smoking, England 2015. Health and Social Care Information Centre)

Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off.

Smoking is far more common among unskilled and low income workers than among professional high earners. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. In Figure 3 above the rate for least deprived routine and manual workers (25.9%) is higher than the average for the general population across Gateshead (21%).

In poorer communities, young people are more exposed to smoking behaviour, more likely to try smoking and, once hooked, they find it harder to quit.

Smoking is so corrosive to individual, family and community health that any success in reducing smoking in disadvantaged groups has knock on benefits for the wider determinants of health, above all through reductions in poverty.

Why then should we set targets for manual socio economic groups that are less ambitious than those from other groups? The starting point may be higher but our vision is the same.

"Smoking costs our economy"

Our vision is for a ban on all burning tobacco products. The total cost to the Gateshead economy is estimated at £65.1m, that's £1,936 per smoker / year. This is broken down as shown in the graph below. This cost is in comparison to a total contribution in tobacco duty of £34.79m, leaving a shortfall of just over £30m.

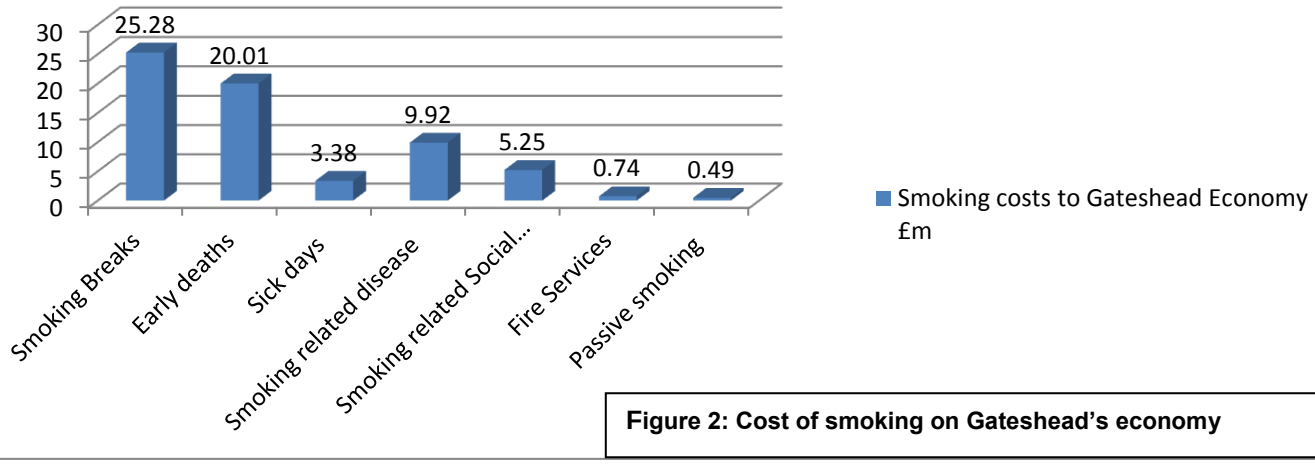


Figure 2: Cost of smoking on Gateshead's economy

Early deaths due to smoking result in 1,117 years of lost productivity and a cost of £20m in Gateshead. There are also 37,876 days of productivity lost because of smoking related sick days, at a cost of £3m. (ASH ready reckoner December 2015).

23,712 Gateshead households have at least 1 smoker, 34% of which fall below the poverty line. If smokers stopped and the money was recirculated back into the household budget, it would lift around 2,655 Gateshead homes, 4,434 Gateshead people, out of poverty (ASH Ready Reckoner, 2015).

Illicit tobacco sales account for approximately 5% of sales. This is money going into the hands of criminal gangs, avoiding duty and tax. There is strong Public support to curb the sale of Illicit tobacco.

A person who smokes on average 20 a day spend £2,190 on smoking each year, that's £10,950 after five years.

“Smoking steals our young people’s future”

Our vision is for No Young People to start smoking. Smoking is an addiction that takes a hold of most when they are young. Two-thirds of smokers start before age 18. Of those who try smoking between one-third and one-half will become regular smokers. Young people are most at risk if they grow up in a world where smoking is normal or accepted where they believe smoking is desirable and where they have easy access to cigarettes.

Children in disadvantaged circumstances will bear the greatest burden, continuing the cycle of inequalities. They are more likely to start smoking at an earlier age, find it more difficult to stop once they start and death rates are up to three times higher in these groups than more affluent communities. We also know that Illicit tobacco is targeted into lower socioeconomic areas.

We need to work in engaging Young People to think more about the role that the tobacco industry has in recruiting new smokers to replace those that have either stopped or died. We already know 74% of adults in the North East feel that tobacco companies can’t be trusted to tell the truth (FRESH NE).

- Tobacco companies make an equivalent profit of almost £4,000 for every death they cause
- In the UK, the tobacco industry needs to recruit 100,000 new smokers each year to replace those who die
- The tobacco industry makes more money than McDonalds, Coca Cola and Microsoft combined

We will work with young people in Gateshead to establish their views and build local action.

Next Steps

Building on and Developing Assets in Communities

Our Vision is for a Smoke free Gateshead. ASH identify effective tobacco control requires focus on three domains as detailed here:

- **C**hallenge for your existing tobacco control services – based on evidence of the most effective components of comprehensive tobacco control, as outlined in NICE Guidance and "Healthy Lives, Healthy People, a Tobacco Control Plan for England".
- **Lea**dership for comprehensive action to tackle tobacco.
- **R**esults demonstrated by the outcomes you have delivered against national and local priorities.

Figure 1: CLeaR Thinking Excellence in local tobacco control (ASH 2012)

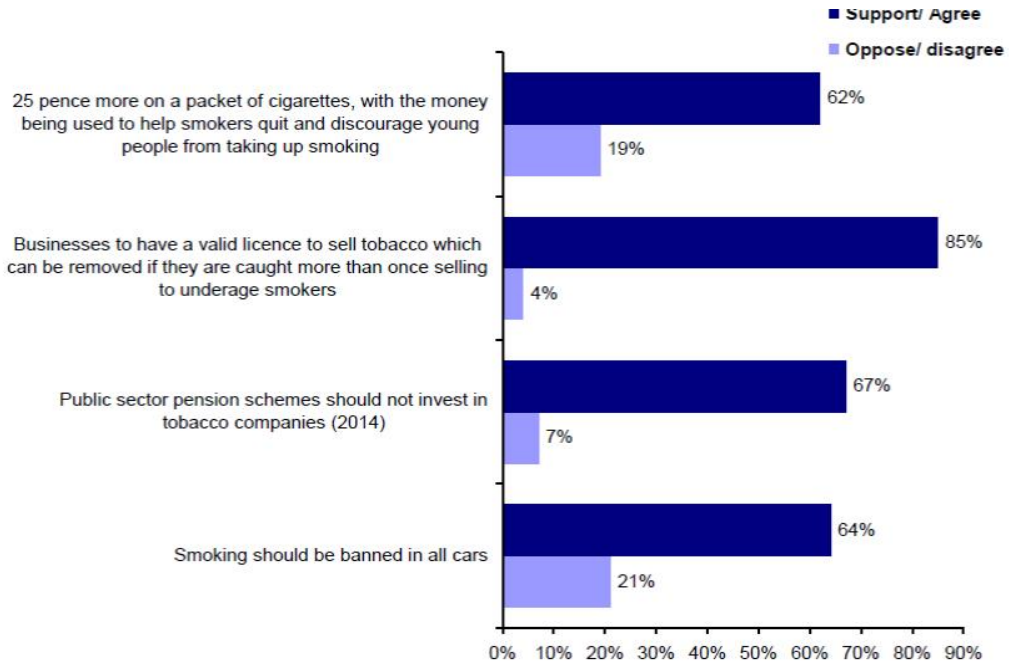
We need to review the work of our smokefree alliance and identify its strengths and areas for improvement. We can do this using the CLeaR methodology and support that is offered by Public Health England and FRESH NE. The CLeaR tool will provide the platform for our tobacco control alliance to assess our delivery plans and take assurance from review by our peers, that we are investing our resources wisely and in full knowledge of the evidence which supports this. This will support a refresh of our action plans and the development of a comprehensive 10 year tobacco control plan.

Ensuring Public support

Our vision is for a smoking prevalence of 5% by 2025. Maintaining public support for the target is key to being able to move forward with ambitious plans and engaging communities in action to tackle the issue.

Levels of support for intervention on smoking are at an all-time high. On behalf of Gateshead Council and the other 11 partner Local Authorities, FRESH regularly consults with people in the North East to gauge their opinions; the table below shows

that there is strong support in the region for further tobacco control measures, with the strongest support (85% positive – 2015 figures) being shown for a licensing scheme. (You Gov ASH Smokefree 2016).



• Smoking has declined by more than a third from 2005 to 2014, with the biggest decline of any region in England from 1 in 3 adults regularly smoking in 2005, it is now down to 1 in 5 (19.9%). This is 165,000 fewer smokers.

• Smoking related mortality in the NE is declining faster than the national average.

• The NE has highest public support for tobacco control measures through driving a social movement to shift the social norms and world leading media campaigns have helped to drive behaviour change

• Through implementing a systematic approach to implementing NICE guidance, NE maternal smoking rates have fallen by 4.0% (from 20.7% to 16.7%) compared to a 2.6% decline nationally

• The investment in a regional tobacco control programme has been exceptional value for money and provided a blue print for other areas of public health and firmly placed the NE on the international map for innovative, effective, collaborative workin

Way Forward – Recommendations

Action 1: Ensure a greater focus on tobacco control activity by all partners on Health and Wellbeing Board for Gateshead.

Action 2: Undertake a CLeaR review of the Gateshead Smokefree Tobacco Alliance in July 2016 in partnership with HWB members.

Note: PHE and FRESH have offered to support to work with our Alliance and HWB members on either the 5, 6 or 8 July 2016. Our next Alliance meeting is on Tuesday 5 July 2016, 9.30 – 11.30, which fits with availability of external facilitators.

Action 3: We will work with young people in Gateshead to establish their views and build local action.

Action 4: Develop a local 10 year delivery plan based on both the output of the CLeaR assessment and national, regional and local intelligence (November / December 2016).

Action 5: To maintain public support for action, communicate a clear understanding of the harm caused by tobacco and the benefits of stopping smoking in partnership with FRESH NE.

Action 6: Ensure the Sustainability and Transformation Plans (STPs) include challenging action and targets for reducing smoking locally.

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Gateshead Council

HEALTH AND WELLBEING BOARD
10 June 2016

TITLE OF REPORT: Drug Related Death Annual Report 2015 and 2016 Update

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1 Purpose of the Report

1.1 The purpose of this report is to present the Drug-related Death (DRD) Annual Report for 2015 and give an overview of the 2016 DRDs.

2 Background

2. As a reminder for partners, the Gateshead DRD Panel is a local multi-agency group that undertakes inquiries into all deaths where drugs are suspected to be a direct cause of the death of a person in Gateshead.

2.2 The purpose of the Panel is to:

- carry out case reviews following a drug-related deaths in Gateshead;
- establish whether there are lessons to be learnt from the case – particularly in relation to the way in which local partner agencies and services work; and
- make recommendations on both clinical practice and non-clinical policy and practice in order to reduce the risk of further drug-related deaths in the future.

2.3 Each year an Annual Report is produced which pulls together key learning from the deaths.

3 Annual Report for 2015

3.1 The attached report provides:

- An overview of drug-related deaths nationally;
- The Gateshead drug-related deaths process;
- Gateshead drug-related deaths in numbers;
- Key themes arising from the deaths; and
- Key actions and recommendations for 2016/17 which have been included in the action plan at the back.

4. Summary of DRDs 2016

4.1 There were 17 DRDs in 2015. To date (January-May) there have been 13 potential DRDs in Gateshead, which is a significant increase. These are deaths which the Coroner believes to be drug related however, this has not been confirmed through post-mortem.

4.2 These cases will be looked at and discussed at the next DRD Panel however a brief synopsis of the cases and information gathered to date shows that the

lessons from these cases are identical to those which have been highlighted in the 2015 annual report in particular:

- Dual Diagnosis;
- Involvement with Social Services and the Criminal Justice System
- Unemployment;
- Not in Drug Treatment;
- Prescribing
- People present at the death not being aware of the signs of an overdose (snoring loudly);
- Previous overdoses (intentional and accidental); and
- Complex/chaotic lifestyle.

5 Recommendations

5.1 Members are asked to:

(i) Comment on and discuss the attached Annual Report and action plan (Appendix 1)

(ii) Agree to receive future updates

Contact: Nicola Johnson **Tel:** (0191) 4333541

Gateshead
Drug Related Deaths

Annual Report 2015

Contents

OVERVIEW

Drug use and drug dependence are known causes of premature mortality, with drug poisoning and overdoses accounting for nearly one in seven deaths among people in their 20s and 30s in 2013.

The latest figures from the Office for National Statistics (ONS) on deaths related to drug poisoning (involving both legal and illegal drugs) and drug misuse (involving illegal drugs) in England and Wales for the last five years (2009 to 2013) indicate that there has been an increase of 21% in reported DRDs.

Nationally male drug misuse deaths (involving illegal drugs) increased by 23% and female drug misuse deaths increased by 12%. Male mortality rates significantly increased in three substance categories: heroin/morphine, benzodiazepines and paracetamol. Conversely female mortality rates remained relatively stable except for a sharp increase in the cocaine-related death rate.

Heroin/morphine remains the substances most commonly involved in drug poisoning deaths, with over half (56%) of all deaths related to drug poisoning in 2013 involved an opiate drug. Deaths involving tramadol have continued to rise (2.5 times the number seen in 2009).

For the last ten years the North East mortality rate for drug related deaths (DRDs) has been consistently higher than the rate for England and Wales. The North East had the highest mortality rate from drug misuse in 2013 at 52.0 deaths per million.

The context in which an acute DRD happens is often complex and there are many contributory factors; however DRDS are preventable. Public Health England (PHE) and the former National Treatment Agency (NTA) have published guidance documents that provide a framework for the prevention of DRDs, which includes a process for reviewing and learning lessons from DRDs at a local level and on a case by case basis.

The DRD review process is recognised as an important component in preventing further DRDs.

GATESHEAD DRUG RELATED DEATH PROCESS

Gateshead has a robust DRD review process which is complemented by a multi-agency DRD Panel.

The purpose of the DRD Panel is to carry out case reviews following on from a DRD in Gateshead, to establish whether there are lessons to be learnt from the case about the way in which local professionals and agencies work and to make recommendations on both clinical practice and non-clinical policy and practice to reduce the risk of DRDs in the future.

The DRD Panel is a multi-agency group that meets bi-monthly and carries out inquiries into each death where drugs are suspected to be a direct cause of death of a person in Gateshead.

Key activities of the Gateshead DRD Panel are:

- To ensure agencies contribute to the collection of data when required for the purposes of Drug Related Death Inquiries.
- To receive summary reports from the Safer Communities Co-ordinator following on from a drug related death in Gateshead.
- To review questionnaires and reports provided by agencies as part of the Drug Related Death Inquiry.
- To draw conclusions relating to a drug related death in Gateshead.
- To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together.
- To identify recommendations on both clinical practice and non-clinical policy and practice to reduce the risk of drug related deaths in the future.
- To ensure the recommendations form part of the Harm Reduction Action Plan.
- To ensure recommendations and lessons learnt as part of the Drug Related Death Inquiry are cascaded to all relevant agencies.
- To ensure cooperation with any parallel investigations of practice, for example, a mental health homicide or enquiry by the Local Safeguarding Children's Board resulting from a drug related death in Gateshead.
- To review the process for carrying out Drug Related Death Inquiries, and where necessary as a result of this make changes to the protocol.
- To ensure that the group works effectively and reports to the Joint Commissioning Group and Community Safety Partnership.
- To ensure the production of an annual report summarising recommendations resulting from the reviews is produced and presented to the Community Safety Partnership.
- To deal with any emerging issues relating directly or indirectly to this work.

GATESHEAD DEATHS IN NUMBERS

17 Drug related deaths
Increase from 6 in 2014

The average age is increasing – 35 years (from 32 in 2014)
Oldest was 49
Youngest was 23
0 young people

13 Males
4 Females

15 people resided in Gateshead

8 lived alone
5 lived with someone else
2 were homeless
1 was in a bail hostel
1 was in a hostel

1 had recently been released from prison

The majority (6) died in the Central area of Gateshead
9 died at home
7 died at a friend's house
1 died in a tent

14 were unemployed

6 were in drug treatment
9 were known to drug treatment
8 were not known

1 died on a Friday
3 died on a Saturday
2 died on a Sunday
3 died on a Monday
4 died on a Tuesday
3 died on a Wednesday
1 died on a Thursday

THEMES

A review of the 2015 DRDs highlighted the following common themes.

Methadone	Heroin	Pregabalin
Diazepam	Poly drug use Taking more than one drug	Diverted medication
Buying drugs over the internet	Mixing drugs and alcohol	Prescription drugs In combination with illegal
Do not want to engage with services	History of overdose	Snoring prior to death
Known to each other	Missed appointments	Failure to share information
Involvement in Criminal Justice	Tolerance levels following abstinence	Living alone
Not known to services	Referrals not made to services	Unemployment
Demands made on GPs	Pharmacies not engaged	Carers
Known to a number of services – complex cases	Not accepted into services – dual diagnosis	Vulnerably housed

KEY LEARNING

Duty Screening Tool

A referral was made to the Drug and Alcohol service (Evolve) on a Friday afternoon for poly drug use. The welcome appointment was made for the client for the following Wednesday. The client died before the appointment took place.

Evolve have since introduced a duty screening tool to ensure that new referrals have telephone contact at point of referral to discuss the reasons for referral in order to highlight any risks at time of referral. This is to allow for a brief intervention of harm reduction advice to be provided at initial contact and if the individual is highlighted as high risk at point of referral their assessment could be prioritised and arrangements made to make the assessment earlier.

Evolve will be taking part in a pilot in which the individual would attend the service on the day of referral and provide at point of contact brief intervention with harm reduction advice.

Take Home Naloxone

In response to the number of drug users who had overdosed Gateshead treatment service began the roll out of take home Naloxone to service users.

Prenoxad Injection is the first presentation of naloxone to be licensed for emergency use in the community – in the home or other non-medical setting by appropriate individuals for the complete or partial reversal of respiratory depression induced by opioids. The process advocates use alongside the ambulance service call out and gives valuable intervention in this situation, alongside basic life support.

500 kits have been rolled out across Gateshead as part of the pilot.

Drugs Management Policy

Partners recognised the links between homelessness, housing issues and drug related deaths and so, in response to this a Drugs Management Policy for support accommodation premises was implemented.

The policy provides staff in supported accommodation with the necessary tools and guidance to effectively deal with incidents involving drugs – rather than evict a person in the first instance.

The policy details what actions should be considered to prevent the loss of accommodation and how best to support clients with substance misuse problems and those in recovery. There is clear evidence to show the importance of stable housing in tackling addiction and to sustain recovery which is why it is important to try and prevent the loss of accommodation.

To complement the policy supported accommodation staff will receive regular drug and alcohol awareness training and information regarding treatment services and options for support.

ACTIONS FOR 2016/17

Following the review of the cases and themes, the following actions for 2016/17 have been identified in order to prevent future drug related deaths:

DRD Process

- Gateshead Carers should be part of the DRD process
- Gateshead pharmacies should be part of the DRD process
- Refresh of the DRD inquiry process and questionnaires
- Review of information sharing processes to ensure there are no gaps between agencies

Communications

- Regular marketing campaign across Gateshead to promote treatment services and referral routes
- Publicise the dangers of buying drugs across the internet
- Appropriate publicity to raise awareness of the harms involved in taking cocktail of drugs and mixing drugs with alcohol
- Ensure agencies known who they can make referrals to when a client has multiple issues
- Be responsive to emerging drug trends and issues within the community
- Develop and promote referral pathways into Gateshead Carers

Harm reduction/Overdose awareness

- Regular safe injecting and overdose prevention sessions are available to all drug users in Gateshead
- All service users are given information about reducing the harms related to drug use and that the risks associated with mixing drugs are clearly explained including alcohol and drugs, poly drug use and diversion of medication with other drugs
- All service users are informed about the risk of using illicit methadone and other prescription drugs
- All service users are aware of the signs of overdoes in particular loud snoring
- Awareness raising with carers and community members about the dangers of diverting medication

Workforce Development

- Annual training session for supported accommodation providers
- Regular harm reduction and overdose awareness sessions for frontline professionals
- Regular overdose awareness sessions for frontline professionals
- Regular overdose awareness sessions for carers
- Ensure each service has a thorough disengagement process and be assured that this information is shared with all agencies involved

Dual Diagnosis

- Continue to highlight relevant cases to the dual diagnosis group
- Undertake a needs assessment of most vulnerable people known to DRD group agencies
- Investigate the possibility of funding to work with people with complex needs, based on the needs assessment
- Identify a different way of working with people with dual diagnosis
- Contribute the re-commissioning of mental health and treatment services

GPs/Prescribers

- Individual case summaries to be sent to the prescriber for review, wherever a prescriber is identified
- Re-establish regular Shared Care sessions to highlight cases and share learning where a prescriber has been involved
- Prescribers being aware of potential for misuse and diversion of medication by patients, especially when prescribing Pregablin, Gabapentin, Benzodiazepines and Opiates
- Work with GPs in order to understand the way in which they deal with patients who make demands for certain mediations
- Work with GPs to understand how they would share concerns regarding a vulnerable drug user

Take Home Naloxone

- Evaluation of Take Home Naloxone pilot
- Roll out of take home Naloxone in prisons

Reflective practice

- Individual cases are shared with prescribers and GPs where they have been recently involved in a case prior to death
- DRD Panel has a regular slot at Time in Time out sessions to highlight cases and share learning
- Where an individual is not from Gateshead ensure that services in other areas are made aware of lessons learned

Near Misses

- Establish a near miss referral pathway so that those who have overdosed are referred into drug treatment and receive appropriate support

Implementation

The DRD Group will work in partnership with the Substance Misuse Group and others to deliver the actions outlined above. Gateshead Community Safety Board will be responsible for overseeing the delivery of the actions and will receive regular reports on progress.

Drug Related Death Panel
Action Plan 2016/17

Ref	Action	Who	By when	Status/Update
1. Drug Related Death Process				
1a	Gateshead Carers should be part of the DRD process	Nicola Johnson	May 16	Complete
1b	Gateshead pharmacies should be part of the DRD process	Alice Wiseman	June 16	
1c	NTW should be part of the DRD process	Alice Wiseman	June 16	
1d	Job Centre/DWP should be part of the DRD process	Nicola Johnson	June 16	Complete
1e	Refresh of the DRD inquiry process and questionnaires	Nicola Johnson	February 17	
2. Communication				
2a	Marketing campaign across Gateshead to promote treatment services and referral routes – to services and potential clients	Racheal Taylor	July 16	
2b	Appropriate publicity to raise awareness of the harms involved in taking cocktail of drugs and mixing drugs with alcohol	Lee Hansom	July 16	
2c	Be responsive to emerging drug trends and issues within the community	All	As and when	
2d	Regular safe injecting and overdose prevention sessions are available to all drug users and carers in Gateshead	Rachael Taylor	As required	
2e	Ensure agencies known who they can make referrals to when a client has multiple issues	Nicola Johnson	June 16	
3. Harm Reduction				
3a	Awareness raising with carers and community members about the dangers of diverting medication	Helen Hughes	June 16	
3b	Annual training session for supported accommodation providers	Kate Stockdale	May 16 Annually	
3c	Review of Drugs Management Protocol	Mark McCaughey	September 16	
3d	Regular drug and overdose awareness sessions for professionals in Gateshead	Rachael Taylor	As required	
3e	All service users and carers are aware of the signs of overdoes in particular loud snoring	Rachael Taylor Faye Codling Helen Hughes	July 2016	

Ref	Action	Who	By when	Status/Update
4. Workforce Development				
4a	Services to review disengagement process and ensure there are communication channels to appropriate agencies	All	August 16	
4b	Develop and promote referral pathways into Gateshead Carers	Helen Hughes	August 16	
4c	Highlight the role of carers to professionals, in particular GPs and Pharmacies	Helen Hughes	September 16	
5. Naloxone				
5a	Extension of Naloxone	JazzChamley	November 16	
5b	Evaluation of Take Home Naloxone	Rachael Taylor Joy Evans	November 16	
5c	Roll out of take home Naloxone in prisons	Rachael Taylor Joy Evans	March 17	
6. Dual Diagnosis				
6a	Highlight relevant cases to the dual diagnosis group	Nicola Johnson	At each meeting	
6b	Identify a different way of working with people with dual diagnosis	Alice Wiseman	October 16	
6c	Undertake a needs assessment of most vulnerable people known to DRD group agencies	Alice Wiseman	October 16	
5d	Examine current pathways, protocols and policies for those needing both mental health and substance misuse services.	Alice Wiseman	October 16	
5e	Contribute to the re-commissioning of mental health and treatment services	Alice Wiseman	October 16	
5f	Explore the creation of a charter/agreement that no client can be closed for disengagement reasons, whilst they are still involved with (other) providers across the system.	Alice Wiseman Jazz Chamley	October 16	
7. GPs/Prescribers				
7a	Understand the way in which GPs deal with patients who make demands for certain mediations	Alice Wiseman	July 16	
7b	Understand how GPs would share concerns regarding a vulnerable drug user and ensure pathways to services are in place	Alice Wiseman	July 16	
7c	Re-establish Shared Care meetings	Rachael Taylor	August 16	
7d	Review take Home Methadone policy: • Pharmacies to be trained in OD awareness.	Alice Wiseman	November 16	

Ref	Action	Who	By when	Status/Update
	• Pharmacies to hold Naloxone.			
7e	Undertake a Clinical Audit of Shared Care arrangements	Alice Wiseman	October 16	
8. Reflective Practice				
8a	Individual cases are shared with prescribers and GPs where they have been recently involved in a case prior to death	Alice Wiseman (Chair)	Following each case	
8b	Identify gaps in provision for vulnerable clients who require housing	Mark McCaughey	September 16	
8c	DRD to receive regular updates from the supported accommodation substance misuse and offending sub group	Mark McCaughey	At each meeting	
8d	Facilitate2 x annual Time in Time out sessions re DRD process, cases and learning, misuse and diversion of mediation	Nicola Johnson	April 17	
8e	Individual case summaries to be sent to the prescriber for review, wherever a prescriber is identified	Alice Wiseman	Following each case	
9. Near misses				
9a	Establish a near miss referral pathway so that those who have overdosed are referred into drug treatment and receive appropriate support (including clients who have disengaged)	Dale Healey Nicola Johnson Rachael Taylor	June 16	
9b	Explore system that allows GP's to be notified when someone has been admitted to hospital with suspected OD, with a view to a GP meds review for over medicated clients.	Alice Wiseman	November 16	

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Gateshead Council

HEALTH AND WELLBEING BOARD
10th June 2016

TITLE OF REPORT: Safeguarding Adults Board Strategic Plan 2016/19 and Annual Business Plan 2016/17

Purpose of the Report

1. To provide the Health & Wellbeing Board with information with respect to the Safeguarding Adults Board Strategic Plan 2016 – 2019 and Annual Business Plan 2016/17.

Background

2. The Care Act 2014 enshrined in law the principles of Safeguarding Adults, which will not only ensure that the most vulnerable members of society are afforded appropriate support and protection, but will also help them to live as independently as possible, for as long as possible.

3. Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. This was updated in March 2016 by the Department for Health.

4. The Care Act places a duty upon Local Authorities to establish Safeguarding Adults Boards and stipulates that Safeguarding Adult Boards must produce a Strategic Plan and Annual Report. The Statutory Guidance encourages the Safeguarding Adults Board to link with other partnerships in the locality and share relevant information and work plans. Specifically, the guidance states that strategies for the prevention of abuse and neglect should tie in with the stated approach and practice of the Health and Wellbeing Board. The guidance also notes that the Safeguarding Adults Board Annual Report should be sent to the Chair of the Health and Wellbeing Board. The Safeguarding Adults Board Annual Report 2015/16 will be considered at the Safeguarding Adults Board in July 2016 and subsequently sent to the Health and Wellbeing Board as requested.

Safeguarding Adults Board Strategic Plan 2016/2019 and Annual Business Plan 2016/17

5. This is the first Strategic Plan for the now statutory Safeguarding Adults Board (Appendix 1). The Safeguarding Adults Board is committed to making Safeguarding in Gateshead person-led and outcome focused by adopting and implementing a preventing model.

6. The Gateshead Safeguarding Adults Board has established five strategic priorities for 2016/19:
    - Quality Assurance
    - Prevention
    - Community Engagement and Communication
    - Improved Operational Practice
    - Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

7. These strategic priorities will be underpinned by the six Principles of Safeguarding identified within the Care Act:

- **Empowerment** – people being supported and encouraged to make their own decisions and give informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** – support and representation to those in greatest need
- **Partnership** – local solutions through services working with their communities
- **Accountability** – accountability and transparency in safeguarding practice

8. The three year Strategic Plan is supported by an Annual Business Plan to enable the Board to prioritise and focus activity over the three year period (Appendix 2). To enable the Safeguarding Adults Board to fulfil its statutory obligations and the key principles of partnership and accountability, and additional priority of 'Strategic Governance' has been added.

Proposal

9. It is proposed that the Health and Wellbeing Board receive the Safeguarding Adults Board Annual Report at a future meeting.

Recommendations

10. The Health and Wellbeing Board is asked to consider the content of the Strategy and how the Board can contribute towards the strategic priorities.

Contact: Carole Paz-Uceira, Safeguarding Adults Business Manager **Tel:** (0191) 4332378

Gateshead
Safeguarding Adults
Board

Gateshead Safeguarding Adults Board

Strategic Plan 2016-2019

Contents

Introduction

This is the first Strategic Plan for the now statutory Gateshead Safeguarding Adults Board post implementation of the Care Act (2014) on April 1st 2015.

This three year Strategic Plan will be supported by annual Business Plans to enable the Board to prioritise and focus activity over the three year period. Of course, the national and local policy landscape is constantly changing and it will be important to review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead.

The Gateshead Safeguarding Adults Board is committed to make Safeguarding in Gateshead person-led and outcome focussed by adopting and implementing a preventative model. The Board have worked hard to ensure that within Gateshead we are Care Act compliant and have demonstrated via internal and independent scrutiny that we deliver quality services.

We face new challenges however ranging from the inclusion of new categories of abuse, the removal of thresholds, an important emphasis upon the empowerment of those Adults at risk of or experiencing abuse and neglect and unprecedented organisational changes for many of our partner organisations as a result of continual austerity.

The Gateshead Safeguarding Adults Board also continues to provide strategic leadership for our approach to responding to statutory duties detailed within the Mental Capacity Act, including the Deprivation of Liberty Safeguards.

The Gateshead Safeguarding Adults Board has a strong commitment from its members to implement the Strategic Priorities identified within this plan. Some of these we can address and deliver quickly. Others will need commitment and further development throughout the three year period.

Policy Context

The Care Act 2014 has enshrined in law the principles of Safeguarding Adults, which will not only ensure that the most vulnerable members of society are afforded appropriate support and protection, but will also help them to live as independently as possible, for as long as possible.

Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. This was updated in March 2016 by the Department of Health.

The Care Act sets out the Safeguarding Adult responsibilities for Local Authorities and their partners. It places a duty upon Local Authorities to establish Safeguarding Adults Boards.

A corner stone of the Care Act is the general responsibility placed on all local authorities to promote wellbeing. Significantly, the Care Act emphasises the importance of beginning with the assumption that the individual is best places to judge their own wellbeing. Under the definition of wellbeing, it is made clear that protection from abuse and neglect plays a fundamental role.

The Care Act identifies six key principles which underpin all adult safeguarding work and, which apply equally to all sectors and settings:

- **Empowerment** – people being supported and encouraged to make their own decisions and give informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** – support and representation to those in greatest need
- **Partnership** – local solutions through services working with their communities
- **Accountability** – accountability and transparency in safeguarding practice

Schedule 2 of the Care Act (2014) stipulates that Safeguarding Adults Boards must publish a Strategic Plan each financial year, which identifies how the Boards and their members will protect adults in their respective areas from abuse and neglect.

Gateshead Safeguarding Adults Board

Our vision

Our vision for adult safeguarding in Gateshead is:

'Everybody in Gateshead has the right to lead a fulfilling life and should be able to live safely, free from abuse and neglect – and to contribute to their own and other people's health and wellbeing'

In Gateshead we believe that safeguarding is everyone's business. This means, whoever you are, wherever you are and whatever position you have - you have a responsibility to take action to help protect our local residents when you hear about allegations of abuse or neglect.

We believe that our vision is shared and practiced by all our partner organisations. Safeguarding cannot be fully delivered by agencies acting in isolation – and can only be achieved by working together in partnership to help protect and support adults at risk of, or experiencing, abuse or neglect.

Governance arrangements

The Gateshead Safeguarding Adults Board became a statutory body in April 2015. The Board is responsible for assuming the strategic lead and overseeing the work of Adult Safeguarding and Mental Capacity Act/Deprivation of Liberty Safeguards arrangements in Gateshead.

Within Gateshead we have commissioned an Independent Chair to enhance scrutiny and challenge. The Board has a comprehensive Memorandum of Understanding which provides the framework for identifying roles and responsibilities and demonstrating accountability.

The Safeguarding Adults Board has developed strong links with the Local Safeguarding Children's Board, Health and Wellbeing Board and the Community Safety Board.

In law, the statutory members of a Safeguarding Adults Board are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of March 2016):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group
- Lay Members
- Gateshead NHS Foundation Trust
- South Tyneside Foundation Trust;
- Northumberland Tyne and Wear NHS Foundation Trust
- Gateshead College
- The Gateshead Housing Company
- Tyne and Wear Fire and Rescue Service
- Healthwatch
- Northumbria Community Rehabilitation Company
- National Probation Service
- Oasis Aquila Housing

The Safeguarding Adults Board is supported by four sub-groups:

- **Practice Delivery Group** (Chaired by Local Authority)

  The role of the Practice Delivery Group is to ensure that the Multi-Agency Safeguarding Adults policy and procedures and the Mental Capacity Act / Deprivation of Liberty Safeguards policy and procedures continue to be fit for purpose.

  The Group has responsibility for the production of the Strategic Plan, annual Business Plans and keeping up to date with national policy changes that may impact upon the work of the Safeguarding Adults Board. The Group also has responsibility for the development and implementation of the engagement strategy and implementation of the Dignity Strategy.

- **Quality and Assurance Group** (Chaired by Clinical Commissioning Group)

  The primary role of this group is to develop an oversight of all activity that is undertaken by Board member agencies and relevant services or organisations in order to safeguard those adults in Gateshead who are subject to the Safeguarding duties as stated in Section 42 of the Care Act 2014. Core activities include co-ordinating Safeguarding Adult Reviews and monitoring performance.

  The group monitors and scrutinises the quality of activities to ensure that the interventions offered were and continue to be person-centred, proportionate and appropriate. As well as retaining a strategic oversight of all safeguarding activity across Gateshead, the Quality and Assurance Group is responsible for considering any lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review, Serious Case Review or any other review process relevant to the Safeguarding Adults agenda.

- **Training Group** (Chaired by Local Authority)

  The role of the Training Group is to coordinate and develop Safeguarding Adults training and Mental Capacity Act / Deprivation of Liberty Safeguards training that is accessible for practitioners and managers in a multi-agency setting.

  For the purposes of quality assurance data is monitored regarding attendance, cancellation as well as evaluation of training courses. The group develop and implement ad-hoc bespoke training courses to meet evidenced demand in addition to core training courses.

- **Strategic Exploitation Group** (Chaired by Police)

  The Strategic Exploitation Group is a new sub-group of both the Safeguarding Adults Board and the Local Safeguarding Children's Board. The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery and trafficking in Gateshead.

  The Board and the four sub-groups regularly commission time limited task and finish groups to undertake specific pieces of project work.

Developing the Strategic Plan

The Gateshead Safeguarding Adults Strategic Plan has been developed in consultation with a variety of stakeholders, and underpinned by performance information and feedback from members of the general public, safeguarding adult service users, advocates and professionals from a range of service users.

Stakeholder consultation included:

- Safeguarding Adults Board partner organisations
- Practice Delivery Group
- Health Partners Network
- Healthwatch – via inviting members to a consultation event
- General public – via eight events during the Safeguarding Adults For Everyone (SAFE) week in November 2015
- Commissioned providers – via two workshops
- Practitioner feedback – via training courses, self neglect workshops, housing conference

Information gathered:

- Performance information
- Independent case file audits
- Partner inspection processes

Strategic Priorities

The Gateshead Safeguarding Adults Board has established five strategic priorities for 2016/19:

- Quality assurance
- Prevention
- Community Engagement and Communication
- Improved Operational Practice
- Implementing Mental Capacity Act/Deprivation of Liberty Safeguards

These will all be underpinned by the six Principles of Safeguarding identified within the Care Act (see page 4).

Quality Assurance

The Safeguarding Adults Board would like to continue to prioritise Quality Assurance in its widest sense. This will enable the Board to demonstrate quality and effectiveness at both strategic and operational levels. It aims to support a better understanding of how safe adults are locally and how well local services are carrying out their safeguarding responsibilities in accordance with the Care Act and the Gateshead Multi-Agency Policy and Procedures.

Key challenges include:

Short term (within year one)

- Improve data collection from all partner organisations reflecting the revised Policy and Procedures post Care Act implementation.
- Devise enhanced comprehensive performance management framework.
- Revise Safeguarding Adults Review Practice Guidance Note to introduce greater flexibility of approach.
- Improve efficiency of Safeguarding Adults Review process.
- Continue to learn from, and respond to, best practice/inspections/audits and reviews.

Longer term (by year three)

- Develop and implement a self assessment process to monitor effectiveness of the Board and partner organisations.
- Develop and implement programme of peer reviews at strategic and operational levels.
- Revise the Quality Assurance Framework, with a focus upon effectiveness and recognising and responding to risk.
- Improve reporting mechanisms from partner organisations to the Board. To include single agency safeguarding governance arrangements, inspections, safeguarding performance, workforce development and training strategies, complaints and compliments.

Prevention

Prevention is one of the six Principles of Safeguarding. Within Gateshead we have prioritised preventative work and have produced a range of practice guidance notes and bespoke training courses to support our front line practitioners.

Challenge has also been encouraged at Board level to develop services that are preventative and proactive rather than reactive. Nonetheless the policy landscape is changing, along with operational practice, and it is important that the Safeguarding Adults Board continue to focus on the prevention agenda.

Key challenges include:

Short term (within year one)

- **Self Neglect –** Revise the Self Neglect Practice Guidance Note to reflect updated Care Act statutory guidance and deliver updated practitioner training.
- **Exploitation** – Work with the LSCB to develop action plan for the Strategic Exploitation Group which focuses upon sexual exploitation, trafficking and modern slavery.
- **Female Genital Mutilation (FGM)** – Work with LSCB to produce Practice Guidance in relation to FGM.
- **Housing** – Complete the ongoing project work to understand and embed the role of housing practitioners within the Safeguarding process.

Longer term (by year three)

- **Financial Abuse** - Revise the Self Neglect Practice Guidance Note to reflect updated Care Act statutory guidance and deliver practitioner training.
- **Develop an understanding of the safeguarding implications for integration of health and social care.**
- **Enhance operational response to the Prevent agenda** – work with Community Safety Board to improve operational response to Prevent Cases.

Community Engagement and Communication

The Safeguarding Adults Board have prioritised empowerment, personalisation and making safeguarding personal to ensure that those adults involved within the safeguarding process have their wellbeing promoted and, where appropriate, that regard is given to their views, wishes, feelings and beliefs in deciding on any action.

Everyday practice however has demonstrated that there is a lack of understanding about safeguarding adults with the wider community which can impact upon the effectiveness of safeguarding adults as a whole.

Key challenges include:

Short term (within year one)

- Develop a comprehensive Community Engagement and Communication Strategy.
- Develop and disseminate key Safeguarding Adult messages to the wider community.
- Deliver focussed engagement activity ie expand activities during SAFE week and Dignity week.

Longer term (by year three)

- Harness partner/community resources to support with community engagement activities
- Continue to develop Safeguarding Adults Board identity.
- Work with the community and Healthwatch to develop a rolling programme of consultation.
- Develop and implement a Safeguarding Adults Champion scheme to raise awareness about the safeguarding adults agenda.

Improved Operational Practice

While this is a strategic plan, the Safeguarding Adults Board must ensure that operational practice is fit for purpose and delivering person-centred outcomes.

Following implementation of the Care Act on 1 April 2015 and the subsequent implementation of revised Multi-Agency Policy and Procedures in Gateshead feedback from adults who have been through the safeguarding process and from practitioners has identified a number of key challenges that the Board must ensure are addressed.

Key challenges include:

Short term (within year one)

- Ensure feedback is provided, where appropriate, to those who raised the safeguarding concern at the beginning/end of safeguarding process.
- Work with partners and providers to encourage swifter responses from single agency investigations.

- Focus on consent
  - Raise awareness about importance of seeking consent prior to concern being raised
  - Clearly document why, in certain circumstances, consent is over-ridden and explain to the adult and/or their advocate the reason why.
- Enhance quality of concerns – develop practice guidance for raising a concern.

Longer term (by year three)

- Improved user engagement mechanisms utilising recommendations from the national Making Safeguarding Personal programme.
- Improve the implementation of Mental Capacity Act assessments and Best Interest Decisions within the safeguarding process.

Implementing Mental Capacity Act/Deprivation of Liberty Safeguards

The Mental Capacity Act, including Deprivation of Liberty Safeguards, has been subject to significant legislative changes resulting in an unprecedented increase in resource demands nationally and locally.

The agenda will continue to evolve as new ways of working and case law is embedded into practice. There is an increasing need to improve the knowledge base of the MCA and DoLS agenda and to further enhance engagement with partner agencies and service users in relation to the MCA to enable the successful incorporation into everyday assessment and care provision.

Key challenges include:

Short term (within year one)

- Raise awareness and improve understanding of MCA across partner agencies
- Agree an approach to manage the increase in DoLS applications
- Understand and respond to impact of Domestic DoLS

Longer term (by year three)

- Focused awareness raising with professionals with respect to 16/17 year olds and the MCA
- Community engagement with respect to MCA and DoLS
- Develop a targeted approach to MCA and finances
- Practitioner training with respect to court processes
- Continue to raise awareness of full DoLS process

Gateshead Council

Produced by Gateshead Adults Safeguarding Board, April 2016

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0613-JH-April2016

Gateshead Safeguarding Adults Board

Item 7 – Appendix 2

Gateshead Safeguarding Adults Board

Annual Business Plan 2016/2017

This Annual Business Plan supports the Gateshead Safeguarding Adults Board to deliver the vision articulated within the three year Strategic Plan 2016/2019. The Business Plan is therefore focussed upon the five Strategic Plan 2016/19 priorities:

- Quality Assurance
- Prevention
- Community Engagement and Communication
- Improved Operational Practice
- Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

To enable the Gateshead Safeguarding Adults Board to fulfil its statutory obligations and the key principles of partnership and accountability, an additional priority of 'Strategic Governance' has been added.

The Gateshead Safeguarding Adults Board Sub-Groups will have a fundamental role in supporting the Board to achieve this Annual Business Plan:

- Quality and Assurance Group (QAG)
- Practice Delivery Group (PDG)
- Training Group (TG)
- Strategic Exploitation Group (SEG)

Gateshead Safeguarding Adults Board

Item 7 – Appendix 2

Priority	Challenge	Accountability	Board deadline
Strategic Governance	Update Memorandum of Understanding	Board	May 2016
	Approve Annual Business Plan	Board	May 2016
	Finalise Annual Report	Board	July 2016
	Appoint Independent Chair	Board	September 2016
	Develop Induction pack for Board members	Board	November 2016
	Develop Self-Assessment Tool	Board	January 2017
	Review Strategic Plan	Board	March 2017
	Develop Safeguarding Adults Board Newsletter	PDG	March 2017
Quality Assurance	Improve Data Collection from all partner organisations	QAG	November 2016
	Develop enhanced comprehensive performance management framework	QAG	November 2016
	Revise Safeguarding Adults Review Practice Guidance Note	QAG	January 2017
	Improve efficiency of Safeguarding Adults Review process	QAG	January 2017
	Evidence learning from, and responses to, best practice / inspections / audits and reviews	QAG	March 2017

Prevention	Work with the LSCB to produce Practice Guidance in relation to Female Genital Mutilation	SEG	September 2016
	Revise the Self Neglect Practice Guidance Note to reflect updated Care Act Statutory guidance	PDG	November 2016
	Deliver updated practitioner training with respect to Self-Neglect	PDG	March 2017
	Embed role of housing practitioners within the Safeguarding process	PDG	March 2017
Community Engagement and Communication	Develop a comprehensive Community Engagement and Communication Strategy	PDG	September 2016
	Develop and disseminate key Safeguarding Adult messages to wider community	PDG	March 2017
	Deliver focussed engagement activity	PDG	March 2017
Improved Operational Practice	Revise Multi-Agency Policy and Procedures to reflect quality assurance findings and manage volume of Safeguarding Concerns	PDG	September 2017
	Ensure feedback is provided, where appropriate, to those who raised the safeguarding concern at the beginning / end of the safeguarding process	Local Authority Operational Teams	July 2016
	Work with partners and providers to encourage swifter responses from single agency investigations	PDG Health Partners Network	January 2017
	Enhance quality of concerns – - Revise Raising Concerns training course	TG	May 2016

	- Develop Practice Guidance for Raising a Concern - Focus on quality of concerns during quality assurance process	PDG QAG	September 2016 March 2017
	Focus on Consent -Raise awareness about importance of seeking consent prior to concern being raised -Clearly document why, in certain circumstances, consent is over-ridden and explain to adult and /or their advocate the reason why	TG Local Authority Operational Teams	May 2016 May 2016
Implementing Mental Capacity Act / Deprivation of Liberty Safeguards	Raise awareness and improve understanding of MCA across partner agencies	TG / PDG	March 2017
	Agree approach to manage increase in DoLS applications	Local Authority DASS	March 2017
	Understand and respond to impact of Domestic DoLS	PDG	March 2017

Gateshead Council

HEALTH AND WELLBEING BOARD
10th June 2016

TITLE OF REPORT: Learning Disability Joint Health and Social Care Self-Assessment Framework

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Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the Learning Disability Joint Health and Social Care Self-Assessment Framework.

Background

2. The Learning Disability Joint Health and Social Care Self-Assessment Framework began being used in England in 2007/8. The framework has helped to improve services for people with learning disabilities by raising awareness of their health needs, driving increased health and local authority resources and improving interagency co-ordination.

3. The aim of the Framework is to provide a single, consistent way of identifying the challenges in caring for the needs of people with learning disabilities and documenting the extent to which the shared goals of providing care are met. The Framework has been created to provide a joint response from Clinical Commissioning Groups and Local Authorities

4. A light touch approach has been carried out this year with Public Health England pulling together information for Local Authorities and CCG's to

5. The information tells us that:

   a. About 0.5% of people who are registered with a doctor in Gateshead are identified as having a learning disability

      - This is slightly higher that England which is approx. 0.4%
      - However in the North East 0.6% of people are registered as having a learning disability

   b. The number of people with a learning disability in schools is generally higher than on doctors registers

   c. About 30 out of 1000 pupils in Gateshead have been identified as having a learning disability

      - This is lower than England which is 34 out of 1000
      - This is lower than the North East which is 39 out of 1000

   d. Over 0.3% of episodes of care for Gateshead residents had a co-diagnosis of learning disabilities

- This is higher than the England average which is 0.2%
- The North East region is about 0.3% and is the highest rate of all English regions

e. Just over 1% of people registered with their doctor in Newcastle/Gateshead CCG as having a learning disability were inpatients on a learning disability or psychiatric ward at the time of the Learning Disability Census – September 2015

- This is similar to the England average
- The North East has a rate close to 2% and is the highest rate of all English regions

f. Just over 30% of people registered with a Gateshead GP as having a learning disability were in contact with NHS learning disability services each month (August 2014 to September 2015)

- The England average is approximately 22%
- The North East average is about 32%

g. No people registered with a Gateshead GP practice as having a learning disability had an open stay in a learning disability hospital ward

- The England average is about 6 out of 1000
- The North East average is about 2 out of 1000

h. Approximately 73% of people with a learning disability known to adult social care services in Gateshead were living in “settled accommodation”

- This is the same as the England average
- The North East average is about 78% and is the highest rate of all the English regions

i. Approximately 7% of people with a learning disability known to adult social care services in Gateshead were receiving long term support in employment

- This is similar to the England average which is about 6%
- The North East average is about 5%

j. Approximately 62 people out of 1000 with a learning disability are referred to adult safeguarding in Gateshead

- This is the same as the England average
- The North East average is about 50 out of 1000

Proposal

6. It is proposed that the Learning Disability Partnership Board interrogates this information and uses it when setting its objectives for the coming year.

Recommendations

7. The Health and Wellbeing Board is asked to consider the report.

Contact: Lisa Phillipskirk, Housing Services Manager, Housing Services, Chair of the Learning Disability Partnership Board (0191) 4332689

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Gateshead Council

HEALTH AND WELLBEING BOARD
10 June 2016

TITLE OF REPORT: Better Care Fund: 4th Quarterly Return (2015/16) to NHS England

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Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to NHS England for the 4th Quarter of 2015/16.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission for Gateshead at its meeting on 19 September 2014, which in turn was approved by NHS England in December 2014.

3. NHS England introduced quarterly monitoring arrangements for the BCF which requires a template return to be submitted in respect of our BCF Plan.

4. The Board has previously endorsed the Quarter 4 return for 2014/2015 and Quarters 1, 2 and 3 returns for 2015/16.

Quarter 4 Template Return for 2015/16

5. A return has been submitted to NHS England for the 4th Quarter of 2015/16 in line with the deadline set of 27th May. The return reflects the trends reported to the Board at its April meeting when it considered and endorsed the BCF Plan for 2016/17. The return included a progress update and set out the position in relation to funding arrangements, national BCF conditions and metrics.

Future BCF Returns for 2016/17

6. Guidance is awaited from NHS England on BCF reporting requirements during 2016/17.

Proposal

7. It is proposed that the Board endorse the 4th Quarter BCF return for 2015/16 (attached as an excel document).

Recommendations

8. The Health and Wellbeing Board is asked to endorse the Better Care Fund 4th Quarter return for 2015/16 to NHS England.

Contact: John Costello (4332065)

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 27th May 2016.

The BCF Q4 Data Collection

This Excel data collection template for Q4 2015-16 focuses on budget arrangements, the national conditions, non-elective admissions, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 9 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
5) Non-Elective Admissions - this tracks performance against NEL ambitions.

6) Supporting Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Year End Feedback - a series of questions to gather feedback on impact of the BCF in 2015-16

8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
9) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 9 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the previous quarterly submissions and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.

If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance have been met through the delivery of your plan (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 to Q4
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual expenditure from the pooled fund in Q1 to Q4

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

5) Non-Elective Admissions

This section tracks performance against NEL ambitions. The latest figures for planned activity are provided. One figure is to be input and one narrative box is to be completed:

Input actual Q4 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell P8
Narrative on the full year NEA performance

6) Supporting Metrics

This tab tracks performance against the two national supporting metrics, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:
An update on indicative progress against the four metrics for Q4 2015-16
Commentary on progress against the metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Year End Feedback

This tab provides an opportunity to provide give additional feedback on your progress in delivering the BCF in 2015-16 through a number of survey questions. The purpose of this survey is to provide an opportunity for local areas to consider the impact of the first year of the BCF and to feed this back to the national team review the overall impact across the country. There are a total of 12 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund
There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Disagree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. Our BCF schemes were implemented as planned in 2015-16
2. The delivery of our BCF plan in 2015-16 had a positive impact the integration of health and social care in our locality
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan

Part 2 - Successes and Challenges
There are a total of 2 questions in this section, for which up to three responses are possible. The questions are:
11. What have been your greatest successes in delivering your BCF plan for 2015-16?
12. What have been your greatest challenges in delivering your BCF plan for 2015-16?

These are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

8) New Integration Metrics

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 / Q3 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

9) Narrative

In this tab HWBs are asked to provide a brief narrative on year-end overall progress, reflecting on a first full year of the BCF, with reference to the information provided within this and previous quarterly returns.

Better Care Fund Template Q4 2015/16

Data collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

Funds pooled via a S.75 pooled budget, by Q4? If no, date provided?
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Forecast					
	Actual	Yes	Yes	Yes	Yes	
	Actual					
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Forecast					
	Actual	Yes	Yes	Yes	Yes	
	Actual					
	Commentary	Yes				
	Commentary					

5. Non-Elective Admissions

Actual Q4 15/16	Comments on the full year NEA performance
Yes	Yes

6. Supporting Metrics

	Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential Care	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Reablement	Yes	Yes
	Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric	Yes	Yes
If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes	Yes

7. Year End Feedback

Statement:	Response:
1. Our BCF schemes were implemented as planned in 2015-16	Yes
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Yes
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Yes
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Yes
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Yes
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Yes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Yes
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Yes
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Yes
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Yes

11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response and category
Success 1	Yes
Success 2	Yes
Success 3	Yes

12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response and category
Challenge 1	Yes
Challenge 2	Yes
Challenge 3	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes
Total number of PHBs in place at the end of the quarter	Yes
Number of new PHBs put in place during the quarter	Yes
Number of existing PHBs stopped during the quarter	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

9. Narrative

Brief Narrative	Yes

Cover

Q4 2015/16

Health and Well Being Board	**Gateshead**
completed by:	Hilary Bellwood / John Costello
E-Mail:	hilarybellwood@nhs.net / johncostello@gateshead.gov.uk
Contact Number:	0191 217 2960 / 0191 4332065
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Lynne Caffrey, Chair of Gateshead Health and Wellbeing

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	16
4. I&E	19
5. Non-Elective Admissions	2
6. Supporting Metrics	9
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9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:	Gateshead

Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you now confirm that they have now?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board: Gateshead

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	Yes	Yes	Yes	Yes	
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	Yes	
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	Yes	Yes	Yes	Yes	
6) Is agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	Yes	

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:

Source: For each of the condition questions which are pre-populated, the data is from the quarterly data collections previously returned by the HWB.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Gateshead

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	£17,214,000
	Forecast	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	
	Actual*	£4,017,583	£4,009,766	£3,993,497			

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	£17,214,000
	Forecast	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	
	Actual*	£4,017,583	£4,009,766	£3,993,497	£5,193,154	£17,214,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	N/A

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	£17,214,000
	Forecast	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	
	Actual*	£4,017,583	£4,009,766	£3,993,497			

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	£17,214,000
	Forecast	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	
	Actual*	£4,017,583	£4,009,766	£3,993,497	£5,193,154	£17,214,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	N/A

Commentary on progress against financial plan:	Actual expenditure figures for 2015/16 show full expenditure against schemes less the value of the Performance Fund for Q1 to Q3, which was not released to the BCF pool due to the levels of Non Elective overperformance experienced in 2015/16.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

Non-Elective Admissions

Selected Health and Well Being Board: Gateshead

	Baseline				Plan					Actual				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	6,584	6,396	6,571	6,935	6,387	6,204	6,374	6,727	6,716	6,924	6,773	6,211	6,495	6,608

Please provide comments around your full year NEA performance	Improvement in Non Elective performance due to changes to Ambulatory Care activity reporting in line with agreed pathways. Reduced funding through Non Elective admissions is matched by increased funding to Ambulatory Care attendances, and therefore the performance fund released in year was used to offset this cost growth elsewhere in the system. Whilst over the full year activity levels came in above plan the improvements due to the changes in ambulatoory care reporting can be seen over the last 3 quarters of 15/16, had this technical change been implemented from the start of the year the plan would have been achieved.

Footnotes:

Source: For the Baselines and Plans which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs, as of 26th February 2016.

National and locally defined metrics

Selected Health and Well Being Board: Gateshead

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The admissions data for 2015/16 (based on April to March) shows that 56% of all new admissions (236 out of 425) were for people 85 and over. 47% of all new admissions were for people with dementia (200 out of 425). The 2015/16 outturn is 425 admissions - 1106.1 per 100,000 population (based on ONS 2012 population projections) - which is higher than the 2015/16 plan.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Performance for 2015/16 is under plan (85.6% against a planned 88.7%). Performance is based on those that were discharged from hospital during October to December, and followed up 91 days later during January, February and March. The final outcome for 2015/16, shows an improvement of 5.4% based on 2014/15 levels.

Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Estimated diagnosis rate for people with dementia
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Target of 69% has been exceeded at 69.2%

Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	Patient/Service User Experience metric Improve the percentage of patients who responded " Yes Definitely" to the following question from the GP patient survey: "For respondents with a long-standing health condition: In the last 6 months, have you had enough support from
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Aggregate results for the GP practice surveys conducted between July and September 2014 and January and March 2015 show that 39.5% of patients registered with a Gateshead practice answered Yes, definitely to the question In the last 6 months have you had enough support from local services or organisations to manage your long term condition.

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Year End Feedback on the Better Care Fund in 2015-16

Selected Health and Well Being Board: Gateshead

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Agree	On the whole, our BCF schemes progressed in line with our plans for 2015/16. Please see attached BCF Review Template, (accompanying our Q4 return, for further details)
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Agree	Implementation of BCF in 15/16 has prepared us for the transition of the BCF schemes to new models of care, as part of the overall transformation of health and social care.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	Increased focus on non elective performance through BCF and improvements to coding and counting in line with agreed pathways have resulted in an improved level of non elective admissions throughout the year.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Agree	The work undertaken in 2015/16 has enabled us to develop a detailed DTOC action plan which now forms part of our 16/17 submission - we have had a renewed focus on the wider inter dependencies which support our work in this area.
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	at a Single Point of Access and provides multi-disciplinary interventions to clients entering into the system. The new and extended model recognises the need for both home based and bed based services to develop and maintain independence. Our model has been established and we will begin implementation through the repositioning of long term domiciliary
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree	A panel has been re-introduced as a gatekeeper to all residential placements to ensure continuity and rigour for the application of alternatives to residential placements and to also review the referral pathway to determine whether BCF initiatives had been or could have been deployed. The Care Home Vanguard has provided the opportunity to support and transform the care home population.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Agree	Joint working has improved in terms of a more pro active approach in communication between LA and CCG, all parties more sighted on BCF and interdependencies and the wider health and social care system. There is a more open dialogue and transparency
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Agree	As above
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Agree	
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Agree	

Part 2: Successes and Challenges
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

11. What have been your greatest **successes** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **successes**	Response category:
Success 1	Preparing the groundwork for the transition of the BCF schemes towards new moels of care	1.Leading and Managing successful better care implementation
Success 2	Joint leadership relations and strengthening joint working	6.Developing organisations to enable effective collaborative health and social care working relationships
Success 3	System measurement across health and social care	5.Measuring success

12. What have been your greatest **challenges** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **challenges**	Response category:
Challenge 1	Austerity challenge and impact on overall system budgets	1.Leading and Managing successful better care implementation
Challenge 2	Delivery of timescales for transformational change	1.Leading and Managing successful better care implementation
Challenge 3	There is no overaraching health and social care regulatory system which does not facilitate a joint approach in working towards integration	4.Aligning systems and sharing benefits and risks

Footnotes:
Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

New Integration Metrics

Selected Health and Well Being Board: Gateshead

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Social Care	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	N/A	N/A	N/A	N/A	N/A	N/A

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot being scoped

4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	1
Rate per 100,000 population	0

Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	202,145

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - in some parts of Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html
Q4 15/16 population figure has been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:	Gateshead

Remaining Characters	25,006

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).
In developing our BCF plan for 2016/17, we took the opportunity to review the current schemes and to align them with emerging new models of care eg Care Homes Vanguard, Urgent Emergency Care Vanguard and Other Emerging Models of Care such as redesign of community health services, primary care, out-of-hospital care, prevention, assertive early intervention & enablement services etc. We also assessed the effectiveness of the schemes - overall achievements, what has worked well, challenges, what has not worked so well and what are the key next steps to progress and re-focus work, mindful of how this will support reductions in unplanned admissions and hospital delayed transfers of care. (see BCF Scheme Review Template). Social care services will be protected as we: • Reshape assessment and care management to strengthen single point of contact • Focus on prevention and early intervention enabling individuals to live independently for longer • Strengthen commissioning to shape and improve the care market to ensure its sustainability • Meet needs of individuals as set out in the Care Act 2014 • Meet new responsibilities under the Care Act to give advice and information to enhance choice and address demand and to work with self-funders and carers • Invest in 7 day services Arrangements for the delivery of 7 Day Services include: • Access to social care services 7 days via contact centre (adult social care direct) and Care call out-of-hours service. • Emergency duty team response with social work support. • Access to rapid response domiciliary care services and reablement to prevent admissions and facilitate discharge. • On site social work cover at QE hospital, extended to weekend cover to meet the needs of winter pressures. Access to senior management support out-of-hours via the emergency duty team. • Access to promoting independence centres and short stay facilities in Council and independent sector settings. • Agreement that if urgent placement is needed, funding will be agreed retrospectively rather than have any delay to funding panels /formal agreements. Current community services that are 24/7 include:

Gateshead Council

HEALTH AND WELLBEING BOARD
10 June 2016

TITLE OF REPORT: **Provision of Support, Development, Networking and Representation to the Voluntary and Community Sector in Gateshead 2016/2017**

Purpose of the Report

1. To update the Health & Wellbeing Board on a new Agreement with Newcastle Council for Voluntary Services (NCVS) to provide support, development, networking and representation to the Voluntary and Community Sector in Gateshead for 2016/2017.

Background

2. Following a Review of Funding to the Voluntary and Community Sector (VCS) by the Council, Cabinet approved Policy Advisory Group's advice on 19th January 2016 (Minute C138 refers), which stated:

   "Implement a review of how the Council commissions an infrastructure organisation in Gateshead to support the Voluntary and Community Sector (the Council for Voluntary Service - CVS). The Council currently commissions GVOC to provide the infrastructure organisation in Gateshead to support the Voluntary and Community Sector and this contract is due to expire on 31 March 2016".

   <u>The provision of support, development, networking and representation to Gateshead' s VCS 2016/17</u>

3. A thriving and vibrant voluntary and community sector is a vital characteristic that helps ensure the Borough's residents enjoy a higher quality of life with opportunities to improve their own health and wellbeing, together with their fellow residents and the communities they live in. To achieve this, the Borough's VCS needs to:

   - be effectively represented
   - be engaged in influencing and delivering services
   - be engaging in key decision-making processes
   - be championing excellence, continuous improvement and innovation, and
   - move towards greater self-sustainability where possible

4. At its meeting on 19th April 2016, Cabinet gave approval for an Agreement to be entered into between the Council and Newcastle CVS for the provision of services to the voluntary and community sector for 2016/2017. The Agreement includes an option to extend by up to a further 12 months, subject to the Council's budgetary position and further Cabinet approval.
   Cabinet also agreed that the Council shall commence discussions with partners and the VCS regarding the provision of a Council for Voluntary Services in Gateshead from 2017.

5. Informed by the 4 NAVCA (National Association for Voluntary and Community Action) Performance Standards of Development, Support, Collaboration and Influence, the Council identified the key functions that it wished to see provided under the terms of the Agreement with NCVS. They are:

    - Networking and Representation of the VCS
    - Support and Development of the VCS, to include
        - Intelligence
        - Resources
    - Engagement, marketing and communication

6. The key aspects of these functions are as follows:

    Networking and Representation of the VCS
    NCVS will be providing a lead representative and influencing role for the Borough's VCS, by engaging with key strategic partnerships and boards as required, and with Gateshead based organisations / service providers, and provide widespread feedback to the sector as an outcome of this role.

    Support and Development of the VCS
    NCVS will be proactively working on a prioritised basis with micro (up to £10,000 annual income) and small (annual income between £10,000 and £100,000) community organisations based in Gateshead.
    They will provide advice and guidance to community organisations to help develop their capacity and skills, provide funding advice to help increase income, and organise training and workshop activity. NCVS will also support the development of those organisations with annual income over £100,000 as and when appropriate.

    NCVS will also gather and share information on the health and viability of the VCS in Gateshead, and work with the Council and its partners to review the Gateshead Communities Together Strategy and Delivery Plan.

    Engagement, marketing and communication
    NCVS have started to develop a dedicated online presence on their website (www.cvsnewcastle.org.uk/gateshead) for Gateshead's VCS, providing information on the advice and support available.
    NCVS are also now administering the OurGateshead website on behalf of the Council.

7. <u>Joint Partnership Board</u>
    This will be set up to provide advice and guidance regarding the delivery of the Agreement, with membership including representatives from NCVS and the Cabinet portfolio holders for Communities and Volunteering.

8. <u>Current position</u>
    NCVS are finalizing their recruitment process for the appointment of two part time workers, who will be providing dedicated support to Gateshead organisations. An office base will also be established very shortly in Gateshead Town Centre, which together with planned outreach activity across the Borough will ensure the availability of personal support within the Borough will be available for the duration of the Agreement, and help with the joint working opportunities with key

Council services, such as the Neighbourhood Management and Volunteering team.

Recommendations

9. The Health and Wellbeing Board is asked to:
   - note the contents of this report, and
   - Consider how the Board can contribute to the wider review of support to the Borough's VCS.

Contact: David Andrew, Neighbourhood Management and Volunteering ext. 3824

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