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HEALTH AND WELLBEING BOARD AGENDA

Friday, 23 June 2017 at 10.00 am in the

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 12)
2a	**Action List - 28 April 2017 (Pages 13 - 16)**
	Action List from 28 April 2017 attached for note.
3	**Declarations of Interest**
	Members of the Board to declare an interest in any particular agenda item.
4	**Updates from Board Members**
	Items for Discussion
5	**Gateshead Health & Care Workforce: Challenges and Opportunities**
	Presentation / Discussion
6	**Gateshead Homelessness and Multiple and Complex Needs: Health Needs Assessment** (Pages 17 - 32)
	Executive Summary Attached – to be presented by Jill Harland
7	**0 - 19 Service Remodelling and Procurement** (Pages 33 - 44)
	Report attached to be presented by Lynn Wilson
	Performance Management Items
8	**Better Care Fund Quarter 4 Return 2016/17** (Pages 45 - 66)
	Report attached to be presented by John Costello
	Assurance Items
9	**Pharmacy Applications 2016/17: Update** (Pages 67 - 68)
	Report attached to be presented by Alice Wiseman
10	**Any Other Business**

Contact: Sonia Stewart; email; soniastewart@gateshead.gov.uk, Tel: 0191 433 3045,
Date: Thursday, 15 June 2017

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 28 April 2017

PRESENT	Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)	
	Councillor Jill Green	Gateshead Council
	Councillor Martin Gannon	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
	Ian Renwick	Gateshead Health NHS Foundation Trust
	Dr Bill Westwood	Federation of GP Practices
	Alice Wiseman	Gateshead Council
	John Pratt	Tyne and Wear Fire Service
	Sheena Ramsey	Gateshead Council
	John Pratt	Tyne & Wear Fire & Rescue Service
	Sally Young	Gateshead Voluntary Sector
	Wendy Hodgson	Gateshead Healthwatch
IN ATTENDANCE:	Julie Ross	Newcastle City Council
	Dave Leech	Tyne & Wear Fire and Rescue Service
	Joy Evans	Gateshead Council
	Dan Cowie	Newcastle Gateshead CCG
	John Costello	Gateshead Council
	Sonia Stewart	Gateshead Council
APOLOGIES:	Councillor Ron Beadle, Councillor Mary Foy and Councillor Malcolm Graham Mark Adams and Dr Mark Dornan	

HW125 MINUTES

RESOLVED - That the minutes of the meeting held on Friday 3 March 2017 be agreed as a correct record.

HW126 ACTION LIST - 3 MARCH 2017

RESOLVED - That additions and work in progress as listed on the action list be noted.

HW127 DECLARATIONS OF INTEREST

HW128 UPDATES FROM BOARD MEMBERS

HealthWatch Gateshead

Wendy Hodgson updated the Board on the current position regarding Healthwatch in Gateshead. Wendy advised that Tell Us North have been awarded the contract from 1 April 2017. She advised the Board that most of the staff have been TUPE'd over, this has gone smoothly and staff are keen. Work is being undertaken to recruit a new Committee but currently Kate Israel is acting as temporary chair. The team are currently working on introducing some new systems.

Gateshead Council

Currently, the Council is in the process of recruiting a new Strategic Director for Care, Wellbeing and Learning. Final interviews are scheduled for May; in the meantime Sheena Ramsey will be acting as Strategic Director of Care, Wellbeing and Learning. The Board was also advised that Elizabeth Saunders is no longer working for the Council and a new Interim Service Director for Commissioning and Quality Assurance will be starting during the week commencing 1 May.

CVS

A report has been produced based upon work the CVS have undertaken working with groups who are supporting people with physical disabilities. Issues have been highlighted around Welfare Reforms and it was noted that these groups are dealing with more and more people. The groups are finding that when they have supported people through an appeals process, 2/3rds have been upheld.

Health and Social Care Integration

The Board were advised that on 4 May and 27 June, members' seminars will be taking place in Newcastle and Gateshead respectively. Members are asked to attend if they are able as the aim is to talk about how we can work better together in terms of Health and Social Care.

HW129 NEIGHBOURHOODS & COMMUNITIES MODEL

A report was presented to the Board on the production, currently underway, of a Communities and Neighbourhoods model in Newcastle and in Gateshead designed to facilitate more care being provided in community and neighbourhood settings.

The model has been developed over the last 12 months through a range of stakeholder conversations. Describing a system architecture designed to shift care from hospital settings to community settings and ideally to people's own homes, the model captures work already underway in many parts of the Gateshead geography. The model will not duplicate existing work – but will bring into a coherent story, the collective efforts of statutory, voluntary, community and third sector agencies.

The Communities and Neighborhoods model is designed to deliver improved outcomes for the population in terms of their health and wellbeing and builds upon

measures and metrics already in place. For example, its success will be measured through the number of patients remaining at home 91 days after discharge, permanent admissions to care homes, reduced readmissions and delayed transfers of care. Such measures of success are taken from existing frameworks, and importantly from the Better Care Fund.

Feedback has been sought over the past couple of months. Once all the feedback has been received, the model will be revised at that point - it has not been revised following each engagement session as the initial views of each group were sought to see what consistencies were coming through within the feedback received.

The neighbourhoods and communities model is a large scale change programme and a lot of time has been spent in “conversation sessions” with various stakeholder groups. The current slides and handout are designed for professional audiences and work is currently underway to develop public facing documents. The model encompasses health and care services – there is not yet sufficient emphasis on children, health inequalities or the workforce challenge. The work on prevention and improving overall health is subject to a different workstream which also needs to be described within the slides.

It was felt that reference needs to be made within the model to the ‘place’ dimension and that the language used to describe the model will be key in getting key messages across. It was also felt that the ‘enhanced primary care’ component of the model will be crucial going forward.

It was queried how informal care featured within the model and it was felt that the model needs to reflect ways of working across the VCS.

It was noted that if the model is to be delivered, getting the finances right will be central to this, including how finances are pooled across the local system and how risks are shared. An open and honest conversation is required on this issue.

It is proposed that the Gateshead Tranformation Board, which exists as part of the Gateshead Care Partnership, leads the work to implement the communities and neighbourhoods model.

RESOLVED - (i) that it be noted that the title of the model will be changed following feedback already received
(ii) comments of the Health and Wellbeing Board will be noted as part of the overall feedback received and the model altered accordingly.

HW130 'FIRE AS A HEALTH ASSET'

The Board received a presentation from John Pratt of Tyne and Wear Fire and Rescue Service. John advised that Board that the Fire Service attend approximately 5000 properties in Gateshead each year undertaking safety checks and issuing smoke detectors to vulnerable and elderly residents.

Fire death risk factors have been identified as Mental Health, Poor Housekeeping, Alcohol, Smoking, Drugs (prescription/illegal), limited mobility and living alone. The fire service priorities and core activities include responding to incidents, building resilience, prevention work and protection.

The Fire Service holds a community Risk Profile and looks to see what the current demand is and future demand in order that they can put the right resources into the right places. The ultimate aim is to achieve zero fire deaths.

Part of the work the service undertakes focuses on education training which takes place at Safety Works. A large number of school children attend and the messages delivered could be tweaked to included health and lifestyle messages. The service also visit schools and have worked with some challenging teenagers.

The service has taken part in a trial in Newcastle "Safe and Well" - the main area of focus for this was falls prevention. A cost benefit analysis was undertaken and it was identified that for every £1 investment, a saving of at least the equivalent of £2.52 would be made through demand reduction. This saving would also be recurrent.

Examples were provided of current joint working taking place in Gateshead e.g. through Care Call; mobile wardens/sheltered schemes; the Multi- Agency Safeguarding Hub; the Older People's Assembly; Changing Lives; and GP surgeries/care navigators/district nurses.
John advised that Board that he felt that there were a number of opportunities to work together with partners to improve health and wellbeing in Gateshead. This included:

- Prevention focused activities
- Working together for joint benefit e.g. JSNA and data sharing to improve targeting/risk profiling; two-way referral/signposting (including Making Every Contact Count)
- Supporting the health and wellbeing agenda in Gateshead

It was also noted that there are links between the work of the Fire Service and telecare initiatives e.g. for older people and people with learning disabilities.

RESOLVED - That the information in the presentation be noted.

HW131 CHILDHOOD OBESITY: YEAR 6 DATA UPDATE

An update report was provided to the Board on how Gateshead is performing in reducing childhood obesity using data from the National Child Measurement Programme (NCMP). Future projections / trends were also considered.

Since the programme launched in 2006, the remit of the programme has changed from being a measurement programme that measures the rates of childhood obesity on a national and local level each year to something more similar to that of a screening programme that now informs parents of their child's results once they have been measured.

Since the launch of the NCMP programme in 2006 we have 11 years of data to help identify patterns and trends in our local obesity rates. In 2013/14 the Year 6 cohort measured were the same cohort as those measured in Reception during 2007/08.

When the current Year 6 cohort (2016/17) was measured in reception there was a drop in excess weight. Based on previous trends we would have expected to see this drop reflected in the measure for 2016/17. However, what has actually been observed in an increase in the rate of excess weight from under 24% to over 38%. Over the last 2 years there has been an increasingly upward trend in rates of excess weight for Year 6 children to its highest point since the beginning of the NCMP.

Since April 2013, local authorities have been responsible for commissioning public health services for school-aged children aged 5 to 19. In October 2015 the commissioning responsibility for the 0 to 5 public health nursing workforce (health visiting and family nurse partnership) also transferred to local authorities. This transfer of responsibilities has given local authorities the opportunity to ensure that commissioning for children aged 0 to 5 and 5 to 19 is joined up so that the needs of everyone aged 0 to 19 are comprehensively addressed.

Since September 2016, the Gateshead Healthy Schools Programme has operated a traded service for schools to buy into. Approximately half of Gateshead Schools bought into the programme and, to date, 38 schools have signed up to the programme for 2017/18. It was noted that the Public Health Team has been restructured and a post has been identified specifically to address obesity across the lifecourse. Work is planned to develop a strategy that will take account of emerging evidence, current action and local needs.

The Public Health Team are also collaborating with Edberts House, in a community development childhood obesity project, 'Fit 4 The Future', with families in the Old Fold and Nest Estates.

RESOLVED - (i) that the current position be noted.
(ii) that a report be received at the June meeting outlining a potential future model for delivery of 0 to 19 public health services.
(iii) that the development of a whole systems obesity strategy for Gateshead be approved.

HW132 FINAL GATESHEAD SUBSTANCE MISUSE STRATEGY & ACTION PLAN

A report was presented to seek the endorsement of the Board of the Substance Misuse Strategy 2017-2022 and Action Plan for Gateshead.

The Board received a presentation in July 2016 and the Strategy has been through a full consultation process, including a Joint Meeting of the Community Safety Board and Health and Wellbeing Board.

The Strategy is formed around 3 objectives – reducing demand, reducing supply and

building recovery. Prevention across the lifecourse and protecting those affected by substance misuse are embedded within the integrated drug and alcohol strategy. However, it is acknowledged that some distinctly different approaches are required to address drug and alcohol harm. The need for high level strategic action has been identified and this has been incorporated into the final strategy document.

Key changes/additions made since the first draft strategy was considered by the Board in July 2016 include:

- The new Chief Medical Officers low-risk drinking guidelines and the need to raise public awareness of these revised levels;
- Increased recognition of the Carers' role and needs in supporting those who misuse substances;
- Further detail of the contribution of the Making Every Contact Count programme;
- A commitment to explore the possibility of pooled budgets and joint commissioning of services;
- The actions arising from the joint Health and Wellbeing and Community Safety Board meeting.

The Substance Misuse Strategy Group will prepare quarterly reports to track progress against the outcomes and indicators set out in this strategy, with remedial action being taken by partners in areas where there is under-performance or blockages.

RESOLVED - (i) that the Substance Misuse Strategy and Action Plan for Gateshead for the period 2017-2022 be endorsed.
(ii) that future reports be received in order that the Board can scrutinise and challenge against progress.
(iii) that the Board take appropriate action when required to enable the Strategy Group to deliver the outcomes of the strategy as required.

HW133 BETTER CARE FUND 2017 - 2019 SUBMISSION ARRANGEMENTS

The Board received a report to provide an update on the Better Care Fund Plan submission requirements for 2017-19.

Currently, detailed Planning Guidance on the BCF is still awaited from NHS England and it has been suggested that the Guidance may be published in the week commencing 24 April.

For 2017-19 there are four national conditions relating to the BCF, rather than the previous eight:

(i) Plans to be jointly agreed
(ii) NHS contributions to adult social care is maintained in line with inflation
(iii) Agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care
(iv) Managing Transfers of Care (this is a new condition to ensure people's

care transfers smoothly between services and settings).

As in previous years, there will be a requirement for local areas to transfer the BCF into one or more pooled funds.

Areas will also need to agree targets for metrics on delayed transfers of care; non-elective admissions; admissions to residential and care homes; and effectiveness of reablement.

It is envisaged that all areas will be able to work towards graduation from the BCF to be more fully integrated by 2020, with areas approved in waves. NHS England will test the graduation process with a small number of areas in a 'first wave' in order to develop the criteria for graduation. Once the criteria have been confirmed, subsequent graduation waves will not be restricted in numbers in the same way.

Subject to confirmation within BCF Planning Guidance to be published, it is understood that here will be a two stage submission process for the BCF:

- A six week period to prepare an initial first submission (i.e. from the publication date of the guidance). This will be followed by feedback on the first submission.
- A three to four week period to prepare a second submission as required.

As in previous years, it is proposed to utilise existing working arrangements in place to develop our BCF submission. Progress updates will also be brought to the Health and Wellbeing Board and approval sought to the BCF submission. Plans will also need to be signed off by the Council and Newcastle Gateshead Clinical Commissioning Group.

RESOLVED - that the information provided within the report be noted.

HW134 DECIDING TOGETHER, DELIVERING TOGETHER: UPDATE

The 'Deciding Together' consultation looked at inpatient services for people who use mental health services. In June 2016 the CCG governing body considered the findings of the Deciding Together process and made its decision about the future of the services. The following statement was released:

> *"Mental health services in Newcastle and Gateshead are set to be transformed – reducing the amount of time people will spend in hospital and creating better, more integrated care outside of hospital in the community, and helping people to recover sooner – and bringing them onto an equal footing with physical health care…. The changes will mean the creation of new in-patient facilities at Newcastle's St Nicholas' Hospital, and the opportunity to innovate a wider range of improved and new community services, some that will be specifically provided by community and voluntary sector organisations under future new contracts, that will link with statutory NHS services.*
>
> *While the decision will mean the closure of Gateshead's standalone Tranwell*

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

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

The money released from these changes will be invested into new and enhanced services that will create a better way for people to be supported and cared for in their own communities, minimising the need for in-patient care because new innovative services will support them, when they need it."

The Board were advised that the decision which has been made is not changing. This update is to advise on the process which will be undertaken to implement the decision.

The redesign work will cover all adult and older peoples mental health services in Gateshead and Newcastle; this recognises that the Deciding Together scope was limited to NTW provided services and that it was not sufficiently broad to redesign services to meet the mental health needs of the population. The increased scope, therefore, means covering the Gateshead and Newcastle provision of:

- All NTW NHS Trust provided adult and older people's services
- Gateshead Health NHS Trust provided older peoples mental health services (new to scope)
- Third sector services, community and voluntary service services (new to scope)
- Social care services (new to scope)

The Accountable Officer Partnership for Gateshead and Newcastle has identified Ian Renwick, Chief Executive of Gateshead Health NHS Foundation Trust, as the accountable officer sponsoring this work. Three work streams will be established to take this work forward. These are:

Resource review

- Briefly revisiting the validity of the Deciding Together resource assumptions (finances, activity, and capital).
- Appraising the available capital to accommodate the decision.

Stakeholder views

- Appraising the outcomes of Deciding Together and providing feedback on them.
- Proposing solutions to any concerns raised.

Design programme

- Developing a community services specification

- Developing an inpatient services specification

It was noted that a core and crucial component of the work programme will be the redesign of community mental health services.
The issue of waiting times for Child & Adolescent Mental Health Services (CAMHS) was also raised and it was requested that a report on this issue be brought to a future Board meeting.

RESOLVED - (i) That the information contained within the report be be noted.
(ii) That further updates be brought to the Board as they become available.
(iii) That a report on CAMHS waiting times for Gateshead residents be brought to a future Board meeting.

HW135 HEALTHWATCH GATESHEAD ACTIVITY REPORT (SEPTEMBER 2016 TO MARCH 2017)

The concluding report of the previous Chair of HealthWatch Gateshead was submitted to the Board for information.

RESOLVED - That the report be noted for information.

HW136 ANY OTHER BUSINESS

No additional items of business were raised.

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GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 28th April 2017			
Neighbourhoods & Communities Model	Comments of the Health and Wellbeing Board to be noted as part of the overall feedback received and the model altered accordingly.	Julie Ross	**Completed**
Childhood Obesity: Year 6 Data Update	That a report be received at the June Board meeting outlining a potential future model for delivery of 0 to 19 public health services.	Alice Wiseman	On the agenda of the June Board meeting
Final Gateshead Substance Misuse Strategy & Action Plan	That future reports be received by the Board so that it can scrutinise and provide challenge against progress made.	Joy Evans/Alice Wiseman	To feed into the Board's Forward Plan
Deciding Together, Delivering Together: Update	That further updates be brought to the Board as they become available. That a report on CAMHS waiting times for Gateshead residents be brought to a future Board meeting.	Julie Ross/Ian Renwick NHS Newcastle Gateshead CCG	To feed into the Board's Forward Plan

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 3rd March 2017			
Updates from Board Members	Consider findings of VCS study 'Doing Good in Gateshead' at a future Board meeting.	Sally Young & VCS colleagues	Due to come to the Board on 21st July
Health Protection Assurance report	Bring back a report to the Board regarding Excess Winter Deaths.	Alice Wiseman	To feed into the Board's Forward Plan
Matters Arising from Joint HWB/CSB meeting on 17th February 2017			
Impact of Alcohol	To bring an updated Substance Misuse Strategy and Action Plan to the Board.	Joy Evans/Alice Wiseman	**Completed**
Matters Arising from HWB meeting on 20th January 2017			
Updates from Board Members	A discussion to take place on workforce issues and their implications for Gateshead at a future Board meeting.	All	Due to come to the Board on 23rd June
BME Needs Assessment	An analysis of primary care data to be undertaken to investigate important risk profiles for this population. An action plan to be developed to propose solutions to ensure BME communities receive important messages regarding access to appropriate services. The action plan to be	All	**Completed** Due to come to the Board on 21st July

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	implemented in appropriate ways to ensure solutions to the issues and recommendations as set out in the Health Needs Assessment.		
Strategic Review of Carers Services	A further report to be brought to the Board on completion of the review.	Director of Commissioning & Quality Assurance	To feed into the Board's Forward Plan
Matters Arising from HWB meeting on 2nd December 2016			
Gateshead Sexual Health Strategy	An update on progress to be brought to the Board in a year's time.	Alice Wiseman/ Gerald Tompkins	To feed into the Board's Forward Plan
Matters Arising from HWB meeting on 21st October 2016			
Action List – HWB Development	It was suggested that the LGA could be asked to help with taking forward development work with the Board.	Sheila Lock / John Costello	Ongoing
Matters Arising from HWB meeting on 9th September 2016			
Gateshead JSNA 2016 Update	An update report to be brought to the Board in September 2017.	Alice Wiseman/Iain Miller	To feed into the Board's Forward Plan
HWB Forward Plan	Partners to contact John Costello with any additional items to be included within the Forward Plan.	All	On-going
National Joint	A further report to be	Sally Young	To feed into the

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Review of Partnerships and Investment in VCS in Health & Care Sector	brought back to the Board in three to six months' time.		Board's Forward Plan
Matters Arising from HWB meeting on 10th June 2016			
Drug Related Deaths in Gateshead	An update report to be brought to a future Board meeting.	Alice Wiseman	To feed into the Board's Forward Plan

Gateshead Homelessness and Multiple and Complex Needs

Health Needs Assessment

May 2017

Gateshead Council

Author: Jill Harland, Speciality Registrar Public Health, Gateshead Borough Council

Acknowledgements

Many Thanks to all those who assisted in the preparation of this report –

Rachael Andrews, Sophie Boobis, Debbie Cassidy, Mandy Cheetham, Phil Conn, Joy Evans, Catherine Hattam, Lindsey Henderson, Matt Liddle, Mal Maclean, Narelle McKinley, Mark McCaughy, Iain Miller, Lisa PhilisKirk, Sue Renforth, Moira Richardson, Mark Smith, Carl Taylor, David Turpin, Sarah White, Alice Wiseman

Executive Summary

Introduction

Gateshead Health and Wellbeing Board requested the undertaking of this Health Needs Assessment (HNA). A HNA is a tool for change that is used to identify the health needs of a particular population, with similar characteristics, or a population in a particular geographical area. The focus of the HNA is on vulnerable, homeless adults (18 years and over) who are enduring multiple and complex needs. This typically includes vulnerable single person households for whom the local authority does not have a statutory duty to accommodate. This encompasses those who are rough sleeping, living in supported accommodation, such as hostel or night shelter or receiving floating support to help sustain an independent accommodation option. It also includes those living in insecure accommodation, 'sofa surfing', squatting, people at risk of homelessness and those who have a history of episodic homelessness. They often have repeated experiences of homelessness or vulnerable housing as well as a wide range of other support needs which include substance misuse, physical and mental health issues, chronic poverty, social exclusion, cycles of physical and emotional abuse and involvement with the criminal justice system. They do not fit neatly into existing service compartments and frequently struggle to navigate a complex system where they either receive help late or not at all. This is not acceptable or sustainable. This HNA takes place against a backdrop of ongoing work.

Aim

The Gateshead Homelessness and Multiple and Complex Needs HNA will assess the scale, nature and impact of homelessness combined with complex and multiple needs in Gateshead in order to provide information which can be used to address the wider determinants of health and influence strategies and actions to prevent and alleviate homelessness and reduce health inequalities for this group

Objectives

- Identify the extent of the vulnerably housed and homeless population in Gateshead – specifically those not considered to be statutory homeless and for whom the local authority does not have a statutory duty to accommodate.
- Identify where and how homelessness overlaps with other issues associated with deep social exclusion and poor health and wellbeing outcomes.
- Identify the current and future health and wellbeing needs of people with lived experience of homelessness (main burdens of morbidity and mortality).
- Identify the triggers and pathways to vulnerability and protective factors across the life course and explore what successful support should look like by including the views of those with lived experience of homelessness.
- Understand the system and service response to homelessness and multiple and complex needs in Gateshead. (including access, utilisation, health outcomes, quality – identify gaps/challenges and opportunities)

Inform what might be done to ensure more comprehensive ways of working that are better able to tackle homelessness and meet people's overall needs and aspirations for recovery and well-being.

Methods

The HNA employed a range of collaborative methods to assess the scale and nature of adult homelessness in Gateshead. This involved reaching out to those with lived experience of homelessness, directly through peer research and stakeholder consultation and indirectly by seeking information from the people and services that they were in contact with. Methods included; **Epidemiological methods** to describe health need using estimates of incidence and prevalence of homelessness and to pragmatically review the literature. **Corporate methods** to undertake peer led qualitative research and a HNA Stakeholder Consultation Event; **Comparative methods:** to

consider current provision in Gateshead and compare what current understanding suggests is important to help make homelessness a rare event and to effectively support those experiencing multiple and complex needs.

Data Collected

Adequate baseline data is necessary to help understand and address health inequalities. The HNA identified a number of data gaps and data limitations in relation to quantifying and understanding the needs of homeless adults with multiple and complex needs and how they are currently using services. The HNA found variation in how homelessness is defined and understood and therefore measured and the same issues apply to multiple and complex needs. Data, at Gateshead level on homeless adults' use of primary and secondary care was unavailable, it was not retrievable for mental health service use or adult social care and attempts to obtain data from the criminal justice system were unsuccessful. Limitations were identified in the available data for supported housing. Key sources of local data that was available for the HNA is detailed in the main report. Primary data was also collected for the HNA through peer research methods and through deliberative stakeholder consultation.

Headlines

- Homelessness is not inevitable and is rarely a housing issue alone.
- This HNA has identified local and national evidence of a strong overlap between homelessness and other support needs such as substance misuse, physical and mental ill health, cycles of physical and emotional abuse and involvement with the criminal justice system.
- Homelessness is evidence of inequalities and is a late marker of exclusion and disadvantage.
- Current evidence suggests that homelessness results from the impact of structural, institutional, relationship and personal risk factors and triggers which have a cumulative impact, and are often underpinned by poverty and structural inequalities.
- The HNA highlights the difficulties in quantifying homelessness in Gateshead from the various information sources available (see Chapter 11):
    - Gateshead has seen an increase in the number presenting to the Housing Options service for advice. In 2010/11 the figure stood at 1,759. The following year, the number increased to 3,144 and since then annual numbers have remained fairly static with 3,322 presentations in 2015/16.
    - Whilst the number presenting for support has increased, the number presenting as homeless saw a step change from 756 in 2010/11 to 493 in 2011/12 followed by a progressive decline to 335 in 2015/16.
    - The level of homeless prevention activity increased year on year. In 2010/11 there were 1,437 preventions and during 2015/16 3,411 households were prevented from becoming homeless as a result of activities carried out by the local authority and partners working with those identified as vulnerably housed.
    - Those assessed as being homeless and in priority need has remained relatively stable between 2010/11 and 2015/16 with around 200 households annually.
    - Those assessed as homeless but not in priority need has seen more variation, with numbers declining from 334 in 2010/11 to 110 in 2015/16.
- We do not know the exact numbers of homeless people in Gateshead experiencing multiple and complex needs but the national Hard Edges Report (Fitzpatrick 2015) estimates that in Gateshead there are 3,325 people facing any one of three problems of homelessness, substance misuse and crime. The number of people experiencing all three problems was 245, for this group alone that equates to an annual public spending cost of £5,576,895 based on a national model (see Chapter 8).

- Spending on homelessness and multiple and complex needs is still largely reactive but preventing and rapidly resolving homelessness always costs less public money than allowing homelessness to become sustained or repeated (Pleace 2015).
- The prevalence of problematic childhood experiences among those with multiple and complex needs points to a need for more improved understanding within children and family services of routes in to multiple exclusion homelessness and more targeted work with children who are experiencing issues that may relate to later homelessness (McDonagh 2011).
- The HNA identified evidence to suggest that our current system is weakest where it needs to be strongest. The way services are funded, commissioned, monitored and measured often requires homeless, vulnerable individuals with multiple and complex needs to navigate a complex system that requires them to engage and manage relationships with numerous different agencies in order to address their needs.
- The presence of vulnerabilities such as a history of anti-social behaviour, substance misuse and criminal activity can act as a barrier to accessing a suitable and stable home. People with such vulnerabilities may be forced to seek accommodation in temporary accommodation that can be counterproductive for individuals with complex and challenging needs. Evidence suggests that 'drug taking, threatening behaviour, poor living conditions and disruptive residents often do further damage to the wellbeing of a group of people who may already have precarious lives, volatile relationships and health problems' (Rose and Davies 2014).
- The HNA Peer Research interviewed 27 people in Gateshead with lived experience of homelessness and multiple and complex needs. They identified a number of factors that contributed to their homelessness experiences these included: not being heard in childhood, childhood trauma, mental health and substance misuse, debt and job loss. Respondents raised issues of missed opportunities to intervene, particularly between the ages of 16 and 20, and they talked about the impact of being provided with accommodation and/or support that was sometimes inadequate and even detrimental to their health and wellbeing. Gaps in support were identified across housing, physical, social and mental health. Respondents highlighted a need to listen to people earlier and to listen well, to address issues around transitions and how appropriate help and support can be accessed, to remove postcode barriers and to ensure staff are appropriately trained to recognise and support multiple and complex needs (see Chapter 16).
- The HNA stakeholder consultation event engaged with 30 organisations and 83 people (including those with lived experience). Some powerful key messages emerged from the participants: these were targeted at policy makers, commissioners, service providers and front line staff. Key themes were around a need for system leadership, integration, co-production, prevention and earlier intervention, improved accessibility and workforce development (see Chapter 15).
- The HNA identified evidence locally and nationally of significant and long standing health inequalities faced by people experiencing homelessness. Gaps in our understanding of how local health services are accessed by homeless groups is a barrier to tackling health inequalities that could be addressed. Mental health as a cause and consequence of homelessness and the significant barriers faced in trying to get the right help and support, particularly for individuals with multiple needs, emerged across a number of local data sources. (see Chapter 14).
- It is essential to take the multiplicity of the needs of this population in to account because it is the co-occurrence of the individual factors which makes the way people experience them, and the solutions to them, very different to if any one factor was present as a stand-alone issue (Duncan & Corner 2012).
- To respond effectively to multiplicity of need there is a need to cut across policy areas, funding streams, geographical boundaries, organisations, departments and expertise and knowledge areas.

Key Findings and Recommendations

The following key findings and recommendations have emerged through the HNA process. They are presented with an ambition that they are translated into actions which make a genuine and enduring difference to those at risk of or experiencing homelessness and multiple and complex needs.

To make homelessness a rare event in Gateshead and effectively support people with multiple and complex needs.

Key finding 1:

The HNA had demonstrated the considerable overlap between homelessness and a wide range of other health and support needs - homelessness is not just a housing issue. Homelessness is not inevitable but the HNA shows we are still not solving it, we still have occurrences in the Borough: 3,322 presentations to Housing Options, 211 homeless in priority need, 110 homeless not in priority need, 457 referrals to Supported Housing, Fulfilling Lives: 14 rough sleepers, 50 Hidden Homeless, Basis@363: 163 rough sleepers, 578 hidden homeless, Hard Edges Report: 3,325 in multiple and severe disadvantage

Recommendation 1:	**What do we need to do differently?**
Establish system wide leadership & governance of homelessness prevention	Coordinate homelessness prevention and support to include preventing all domains of homelessness (statutory homeless, single homeless, rough sleepers, hidden homeless, multiple exclusion homeless, severe and multiple disadvantage) across Gateshead Council and partners.

How?

- System Leadership – Identify and implement a system wide governance system for homelessness prevention and support: Workshops to take this forward:
  - **Gateshead Council Workshop for Strategic & Service Directors and Portfolio Leads** : Care Wellbeing & Learning, Communities & Environment, Public Health, Commissioning & Quality Assurance, Adult Social Care and Independent Living, Council Housing Design & Technical, Development & Public Protection, Benefits and Financial Assessments, Learning & Schools, Economic & Housing Growth, The Gateshead Housing Company, Portfolio Lead (Health, Community Safety, Housing & Economic Development).
  - **External Stakeholder Workshop** with Gateshead Council, CCG, NTW, PHE, Housing Providers, Experts by Experience, Criminal Justice/Probation, Community and Voluntary Sector, Fulling Lives.
- Identify an existing forum, or convene a new group to oversee implementation of the Health Needs Assessment and review links with the Housing Intervention Work Plan
- Review the role of the Health & Wellbeing Board in this agenda.
- Visible/genuine involvement of those with lived experience of homelessness and multiple and complex needs within the governance system and policy making process.

Key finding 2:

Spending on homelessness and multiple and complex needs is still largely reactive rather than tackling the root causes (structural, institutional, relationship, personal). Gateshead recorded 3441 cases of homelessness prevention - this figure represents those helped when presenting in housing difficulty. However, we know that visible forms of homelessness are a late marker of disadvantage and often occur after hidden forms of homelessness such as sofa surfing as well as after contact with non-housing services (e.g. criminal justice system, mental health services, treatment agencies). The numbers of people facing all three problems of homelessness, substance misuse and crime in Gateshead equates to an annual cost of £5,578,895 for 245 people (chapter 8). The Peer Research (chapter 16) and review of the literature (Chapter 9) indicates that to tackle the root causes of homelessness and multiple and complex needs we need to build on and continue approaches in Gateshead which address poverty, tackle inequalities and offer help much earlier and when it is first needed (make every contact count) across the life course (many problems start in childhood) and across the wider determinants of health.

Recommendation 2:	**What do we need to do differently?**
Tackle the root causes of homelessness within all policy areas.	Re-orientate spending towards tackling the root causes of homeless and multiple and complex needs. Make this an explicit goal across all policy areas that contribute to the wider determinants of health in Gateshead (e.g. economic, environment, education, health, social care, housing, welfare services and criminal justice) and offer help when it is first needed across the life course.

How?

- Health and Wellbeing Board to identify how they include and engage with the Housing Sector and the wider determinants of health on the Health and Wellbeing Board. Health and Wellbeing Board
- The Gateshead Housing Strategy 2013-18, satisfies the requirement to publish a Homeless Prevention Strategy. The Housing Strategy promotes the principle of 'making every contact count' to prevent homelessness. The current strategy is due for a review. This process will involve key stakeholders and provider services and will be informed by policy (Homeless Reduction Act 2017) and evidence which will include the Homelessness and Multiple & Complex Needs HNA. It will also need to read across other policy areas, and links with wider service delivery across the Council. (Lead: Director Development & Public Protection

    - Work is already underway to review the work of the Council's multi-agency, Vulnerable Persons Housing Working Groups, VP Housing Panel, and the Vulnerable Persons Housing portal; which have been key tools in preventing homelessness.
    - Ensure that the reviewed Housing Strategy and Action Plans formally recognise the relationship between health, housing and homelessness.
    - Ensure that the Housing Strategy and Action Plans formally link to and influence other policies across the Council which address the wider determinants of health and can contribute to homelessness prevention across the lifecourse (e.g. links with Early Help) to address the root causes of homelessness, key transition points, and routes out of homelessness.
    - Ensure actions enable a shift of resources from managing homelessness and 'crisis' problems towards primary prevention of homelessness.
    - Ensure that the Housing strategy and Action Plan links to and influences policies which address the pervasive role of poverty as a root into homelessness and a barrier out of homelessness (e.g. recognition that poor financial circumstances are increasingly the reason why people are struggling to maintain tenancies/obtain tenancies supported or otherwise). We need to identify shared objectives and actions within the refresh of the Financial Inclusion Strategy 2012-15 and ongoing development of Gateshead Anti-Poverty Strategy.
    - Build an evidence base to demonstrate shared measures of success and cost effectiveness of re-orientation of resource towards prevention.

Key finding 3:

The HNA identified that there were gaps in the current approach to recording of housing status across a range of services. Identifying those who are homeless or at risk of homelessness when they first come into contact with a non-housing service, or are being reviewed is key to improving the support and health care that they receive and will enable more effective prevention and/or early intervention and support. This is not happening across all key services.

Recommendation 3:

Establish a system wide Identification of those who are homeless or at risk of homelessness to enable all services to contribute to homelessness prevention and support.

What do we need to do differently?

The Homeless Reduction Act 2017 places a new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless. In Gateshead we need to establish a system wide approach to assess, record, respond and review the housing circumstances of those in contact with health, social care, housing, criminal justice and welfare services in a timely manner and take appropriate action to prevent homelessness or enable move-on to a suitable home.

How?

- Through the review of homeless prevention actions within the Housing Strategy Action Plan, develop and agree a consistent methodology to identify the different domains of homelessness including those with multiple and complex needs.
- To improve the identification, assessment and recording of the different domains of homelessness – and embedding the methodology across services in Gateshead via, services signing up to it and though staff training and development
- Prioritise services working with groups identified by Public Health England (2016) who are at a particular risk of inappropriate or unsuitable housing:
    - children and their families
    - people with long term conditions
    - people with mental health issues
    - people with learning disabilities
    - people recovering from ill health
    - people who spend a lot of time at home e.g. carers
    - low income households (this is widespread and implications to be reflected in Housing Strategy).
    - people who experience a number of inequalities (homeless, sex workers, vulnerable migrants, Gypsies, Travellers, Roma).
- Early identification of those who are at risk of losing suitable accommodation or the current situation is causing concern and costs.

Key finding 4:

The HNA found gaps in routine and/or comprehensive data to be able to quantify single adult homelessness and to understand their health and care needs and health inequalities. There is also a gap in how we capture multiplicity of need. Data which captured service outcomes for this group was limited. The HNA also identified circumstances where data was being collected but not in a useable format for analysis either because of poor quality information systems or capacity issues. Stakeholders during the HNA Consultation highlighted wasteful data collection as an issue.

Recommendation 4:	**What do we need to do differently?**
Establish good quality & useful data on homelessness and multiple & complex needs.	Address gaps in local data collection about homelessness and multiple and complex needs and remove any unnecessary and wasteful data collection requirements, and identify systems for analysis and reporting (linking with Recommendation 1, regarding governance arrangements).

How?

- Through the review of homeless prevention actions within the Housing Strategy Action Plan undertake a review of data requirements:
  - Agree what data is needed to effectively quantify homeless adults with multiple and complex needs?
  - Agree what data is required to monitor health, social and economic outcomes related to this group?
  - Aspinall (2014) identified the following as particularly important for the vulnerable homeless: use of services (primary and secondary care); mental health status and use of psychiatric services; drug/alcohol misuse and use of related treatment services; sources that capture dual or sets of co-existing medical conditions.
- Then undertake an audit of data currently being collected by the Local Authority and its partners and benchmark this against agreed data requirements.
- Address gaps in Health data (primary care, secondary care, sexual health, mental health) to ensure that health inequalities relating to homeless adults with multiple and complex needs are monitored and addressed.
- Address limitations identified in the supported housing portal database (e.g. develop a solution in Northgate and/or work sub regionally with other housing providers to develop and implement on a sub-regional basis)
- Improve retrievability of data collected by The Gateshead Housing Company on Non-statutory Homeless (e.g. develop a solution through Northgate)
- Ensure data is collected and utilised pertaining to the vulnerable persons housing panel
- Gateshead Council and its partners to agree and resource a unified data set/system for homelessness and multiple and complex needs.
- Commissioners to enable flexibility in the development of outcome measures for homeless adults with multiple and complex needs to recognise the importance of service providers co-producing outcome measures that matter to the individual and also the need to enable short, medium and long term outcomes to be captured.
- Ensure outcome data that is collected on services commissioned to provide supported accommodation is retrievable and utilised.
- Review and update the JSNA based upon the Health Needs Assessment
- Explore how mapping tools can be utilised to portray housing tenure and links to communities of interest at a population level.

Key finding 5:

Evidence from the HNA (e.g. Peer Research, Fulfilling Lives service data, HNA Stakeholder Consultation Event) indicates that the way services are currently planned commissioned and delivered is in silos which rarely address all of the issues an individual may be experiencing. Those with multiple and complex needs are required to navigate a complex system and multiple professionals are working with the same individual. For example, data used in the HNA from Fulling Lives showed that on average each client was referred to 5.3 different services and 10% of their clients were referred to more than 10 different services. This means that in Gateshead vulnerable individuals are expected to be able to meaningfully engage and manage relationships with multiple services and multiple staff in order to have their needs addressed. This is an unrealistic expectation, it is unlikely to be effective and it is an inefficient use of resources.

Recommendation 5:	**What do we need to do differently?**
Join up commissioning processes to address homelessness & multiplicity of need	Join up across the system to commission and deliver coordinated, preventative services which are designed to understand and respond to the whole person and are able to work effectively with multiplicity of need.

How?

- Build on good work in Gateshead (The HNA Stakeholder Consultation Event – chapter 15, identified many assets across people and place in Gateshead) to join up assets, budgets and resources within Gateshead to make the most of the Gateshead pound. Led by Health and Wellbeing Board.
- Build on existing good practice to Integrate and join-up commissioning processes across health, care, housing and the criminal justice system in Gateshead to jointly address homelessness and multiple and complex needs. Health and Wellbeing Board
- Build an evidence base for what works and develop a local model for working with homeless adults with multiple and complex needs (system thinking - take a cohort of homeless adults with multiple and complex needs and learn how to be effective for each individual what does this tell us about root causes, what help is needed/works, learn from this, implications for how we do things) – See recommendation 6.
- Meeting the health needs of homeless people requires a shift in performance management from accountability for results towards practice improvement 'how do we help people to do the right job well' (Lowe 2016).

The Stakeholder Consultation Event Told Us To:

- Ensure a single point of access and single 'assessment' /understanding process for those with multiple and complex needs (for example learning from CYP Common Assessment Framework)
- Ensure we address need through positive transitions (e.g. hospital discharge, children to adult services, prison release, leaving care) Mental Health Programme Board
- Develop a lead practitioner role with the ability to marshal resources and act as a bridge across health, care housing and criminal justice and support smooth transitions between services and encourage services to be flexible for those with multiple and complex needs.
- Review service thresholds and remove any barriers to support to enable prevention and early intervention.
- Senior level strategic commitment from statutory and voluntary agencies to offer flexible responses for homeless adults with multiple and complex needs.
- Ensure services are assertively accessible and available 24/7
- A fast –track single 'assessment'/understanding process for those identified as vulnerable/multiple and complex needs.
- Ensure services are personalised and able to work with multiplicity of need
- Ensure services are equipped to address the issues that caused or put the individual at risk of homelessness (e.g. poverty, social exclusion, trauma, mental ill health) building on strengths and capabilities over the long term.
- Genuine involvement of those with experience of homelessness and multiple and complex needs.
- Access to mental health and dual diagnosis support.

Key finding 6:

The HNA Consultation Event and the Peer Research identified a need for staff from all sectors working with homeless adults with multiple and complex needs to have the appropriate skills, knowledge and attitudes to be able to support vulnerable people to achieve recovery and good health and wellbeing.

Recommendation 6: Ensure the workforce are equipped and supported to effectively understand & support multiplicity of need.	**What do we need to do differently?** Have a strategic approach across Gateshead to ensure that staff working with homeless adults with multiple and complex needs are equipped and supported to deliver person centred and inclusive care which facilitates recovery and good health and wellbeing.

How?

- Gateshead Council and Key Partners to develop a system wide workforce development strategy/action plan to ensure that the workforce has the appropriate skills, attitudes and knowledge to prevent homelessness and to support homeless adults with multiple and complex needs. To be achieved through:
    - Formation of a multi-agency (integrated) training sub group for multiple and complex needs – reporting to Gateshead Health and Wellbeing Board with agreed terms of reference, membership, aims and objectives.
    - Training sub group for multiple and complex needs to undertake a training needs analysis to enable services/professionals to identify training needs and priorities informed by those with lived experience.
    - Training sub group for multiple and complex needs to develop a system wide workforce development strategy/action plan ensuring this builds on and develops models of good practice in Gateshead and is informed by the training needs analysis.
    - Ensure links with the refresh of the Financial Inclusion Strategy and ongoing development of an Anti- Poverty Strategy around workforce development so that staff have access to financial inclusion training.
    - Staff working with homeless adults with multiple and complex needs to access brief intervention (Making Every Contact Count) training to support healthy lifestyle behaviours.

Key finding 7:

Public Health England (2016) is leading a programme of work that recognises and promotes the home as the main setting for health. In Gateshead the HNA found evidence that housing provision is often weakest where it needs to be strongest eg; drug related death no emergency couple accommodation; Overview and Scrutiny Committee no direct access accommodation; multi – occupancy hostels not conducive to health, Portal data; only 27% -33% of referrals to supported housing are accommodated with no follow up information for those vulnerable homeless who were not housed, fulfilling lives data found individuals with high numbers of moves.

Recommendation 7:	**What do we need to do differently?**
Ensure that those with multiple and complex needs have homes that are able to be 'a main setting for health'.	Ensure that in Gateshead we recognise and promote the home as a main setting for health by ongoing work to ensure that there is a sufficient supply and range of suitable emergency and settled accommodation for those with multiple and complex needs. This needs to be linked to appropriate and good quality support which is matched to individual needs to facilitate and sustain recovery and good health and wellbeing.

How?

- Commissioners, service users and providers to agree a definition of 'suitable' home – use Homelessness (Suitability of Accommodation) (England) Order 2012 as a minimum.
- Use the planned Housing Support Workshop (emerging from the Housing Intervention Plan, being led by the Housing Growth Unit) to map services that are in direct contact with residents and have a duty to carry out property condition inspections, mandatory and selective licensing, and immigration inspections (Private Sector Housing Team; TGHC staff).
- Need to build an evidence base to develop local solutions; for example much evidence pointing towards Housing First Approaches. (Recent paper by York University). The Council's Housing Solutions for Care & Wellbeing Meeting provides an appropriate forum to review the evidence and make recommendations.
- Ensure that we develop an integrated model of accommodation with support that is an opportunity to address the issues that caused or put the individual at risk of homelessness and is flexible and tailored to support those with short, medium and long term needs and has monitoring in place to fully understand the impact of the support on health wellbeing and recovery and enable ongoing practice improvement.
- Understand and reduce barriers to housing stability which emerge from poverty and social exclusion (e.g. Implications of welfare reform agenda - housing benefit cap, Universal Credit, Under Occupancy) through shared objectives within the refresh of the Financial Inclusion Strategy and Housing Strategy and input from the Employment & Enterprises Service in integrated models of support.
- Remove barriers to accessing suitable accommodation faced by some groups of adults with multiple and complex needs (e.g. Portal Data and feedback from Mental Health and Housing Workers indicate that for those with past history of arson, antisocial/challenging behaviour, substance misuse and high mental health needs it is difficult to find accommodation) by reviewing referral criteria and the accommodation offer.
- Ensure that we have sufficient emergency and settled accommodation for those people with mental health needs/complex problems.
- Review Council Housing Stock that is not being used.
- Build on existing evidence and Gateshead Fulling Lives Pilot around the value and effectiveness of Psychologically Informed Environments particularly in projects working with people with histories of complex trauma.

Key finding 8:

Homeless adults are not a homogenous group and some subgroups among homeless people may experience specific risks and needs profiles. The HNA highlighted some groups that have been identified within the literature who may have specific needs within Chapter 10. These groups included; women, ex service personnel, care leavers, those offending and leaving prison, lesbian, gay, bisexual and transgender homeless and migrant and immigrant homeless. The HNA also identified gaps in our understanding of the needs of some subgroups of homeless people in Gateshead.

Recommendation 8:	**What do we need to do differently?**
Meet specific needs within the homeless population – personalisation and equalities.	Need to ensure that in Gateshead we have robust ways to identify subgroups among homeless people to ensure that the prevention activity and the support and services commissioned and available to them is tailored to meet their specific needs.

How?

- Need to ensure that data collection systems are able to distinguish subgroups within the homeless population to better understand their routes into homelessness, their presenting needs and short, medium and long term outcomes. See Recommendation 4.
- Build on existing evidence and gaps in knowledge about the needs of specific subgroups within the homeless population in Gateshead to inform commissioning and service development. See Recommendation 2.
- Commissioning Processes in Gateshead need to identify and better understand the needs of vulnerable subgroups of homeless people to ensure that homelessness solutions are tailored to meet specific needs. Commissioning and Quality Team, Newcastle and Gateshead CCG
- Expedite responsibilities under the Public Sector Equalities Duty

Key finding 9:

Homelessness is evidence of health inequalities. Data was not available from primary and secondary care for those identified as homeless in Gateshead however, the HNA was able to draw on other service data sets to highlight health issues faced by local homeless adults with multiple and complex needs and consider this in light of national/international evidence. Chapter 14 of the HNA has highlighted inequalities in access to health services by homeless people (e.g. 69% of health drop users not registered with a GP), inequalities in healthy lifestyle behaviour; oral health, sexual health, substance and alcohol misuse, significant levels of expressed mental health need, dual diagnosis and undiagnosed learning difficulties.

Recommendation 9:	**What do we need to do differently?**
Demonstrate a reduction in health inequalities experienced by homeless people with multiple and complex needs.	Demonstrate a reduction in health inequalities experienced by homeless people with multiple and complex needs in Gateshead via a coordinated approach between health, housing and care to improve care pathways and address gaps in provision, and access to preventative and treatment services.

How?

- Agree what data (primary and secondary care) to monitor access to health service and wellbeing of this group. See recommendation 4. Newcastle Gateshead CCG
- Identify a link GP and resource nursing input to enable re-launch of NHS Health Drop-In Pilot at Basis@363 to include physical health assessment, screening for dental/oral problems, Blood Borne Viruses, smoking, drug and alcohol problems, TB screening, screening for mental health problems. Formal Evaluation Newcastle Gateshead CCG.
- Identification of those not registered with a GP and promotion of GP registration – Staff (Housing Support staff/Fulfilling Lives Navigators) to continue support with GP registration and continued use of Basis@363 as address for those without permanent address.
- Navigation model to support individuals to attend appointments and engage in treatment.
- All hospitals should have protocols for discharge planning for excluded groups (guidance developed by St Mungos and Homeless Link). Newcastle Gateshead CCG, Northumberland Tyne and Wear NHS Foundation Trust, Gateshead Health NHS Foundation Trust

Reduce the Inequalities in Healthy Lifestyle Behaviours:

- Develop a plan for housing and resettlement services to become health promoting environments/settings. Public Health and Commissioning and Quality Team.

Reduce nutritional health inequality of Homeless People

- Supported Housing to have a role in promoting good nutrition link to Health Promoting Environment Plan. Public Health and Commissioning and Quality Team
- Ensure homeless groups included in strategies to promote healthy eating/good nutrition. Public Health

Reduce the inequalities in smoking prevalence for homeless people by:

- 10 Year Strategy – target to reduce inequality in smoking prevalence for vulnerable groups and need to identify homeless population to enable monitoring of access and uptake of smoking cessation services. Public Health
- Staff working with vulnerable groups to be targeted to undertake Active Intervention Training. Public Health
- Substance Misuse Strategy Acton Plan to include requirement for recovery and treatment service, Housing and Fulling Lives Navigators to undertake Active Intervention Training. Public Health

Reduce inequalities in dental health

- Audit access to dental services and identify how access to dental health services can be improved for homeless groups with local NHS/Community Dental Services– Public Health
- Dental care for excluded groups to be included in Gateshead Oral Health Strategy Public Health.
- Ensure that obtaining data about the homeless population is prioritised within any future oral health needs

assessment undertaken in Gateshead – Public Health

- Self-Assessment of Gateshead arrangements for dental care for homeless/vulnerable groups against The Faculty for Homeless and Inclusion Health: Standards for commissioners and service providers (2013)
- http://www.pathway.org.uk/wp-content/uploads/2014/01/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf
- Supported Housing support workers to support dentist access.
- Fulling Lives Navigators to support dentist access
- Oral Health promotion through supported housing/Basis@363. (link to plan for Health Promoting Environments/Queens Nursing Institute Guidance for promoting oral health).
- NHS Health Drop-In at Basis@363 – an opportunity to review dental health/support dental registration

Reduce Inequalities in sexual health

- Homeless groups to be identifiable within Sexual Health Provider data sets and their access and uptake of sexual health services to be monitored and reviewed. Public Health.
- Access to sexual health services/STI screening to be improved (e.g. via Homeless Service Settings, Basis@363 Health Drop-In) Public Health
- Sexual health to be included within Health Promoting Environments Plan – (e.g. free condoms n Homelessness set). Public Health & Commissioning & Quality Team

Reduce Inequalities in Mental Health

- Homeless People to be identifiable with Mental Health Service Provider data sets (primary and secondary) and their access and uptake of mental health services to be monitored and reviewed (how can this be achieved?)
- Accommodation options for homeless people to be mental health promoting (e.g. through Psychologically Informed Environments) link to Health Promoting Environment Plan.) Commissioning & Quality Team
- Housing Support Staff to have access to mental health training and supervision to support them to understand and respond to the interaction between mental health issues and behaviours leading to homelessness – See Recommendation 6.
- Review the range of mental health services available to those with multiple and complex needs (co existing mental health and substance misuse problems, experience of complex trauma, personality disorder). Do we currently have the right choice of support and treatment options for people with the most complex needs in Gateshead including crisis support? Are there any Gaps? (The Faculty for Homeless and Inclusion Health 2013 Standards for commissioners and service providers p.25 could provide a baseline to review against) file:///C:/Users/jill/AppData/Local/Microsoft/Windows/INetCache/IE/1VUVHUA3/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf
- (This includes standards for community mental health services, in-patient psychiatric services, personality disorder services, psychological services, Counselling Services).
- Ensure that referral pathways and criteria for the range of services is clear and available to support staff working with this group and does not exclude those with dual diagnosis, experience of complex trauma, personality disorder and unreliable attendance and those who do not wish to engage with substance misuse services.
- Ensure that mental health support is a core part of an integrated model of support to those with multiple and complex needs (able to work with multiplicity of need) See Recommendation 5.

Reduce inequalities in substance misuse

- Use data already being captured by treatment and recovery services to review uptake and access of support and outcomes by homeless groups. Public Health
- Review Substance Misuse Action Plan against PHE Good practice prompts for planning comprehensive alcohol and drug prevention, treatment and recovery for adults 2015-2016. Public Health
- Review Substance Misuse Action Plan against The Faculty for Homeless and Inclusion Health Standards for Commissioners and Service Providers. Public Health
- Ensure that treatment and recovery support for substance misuse is a core part of an integrated model of support to those with multiple and complex needs (able to work with multiplicity of need) see recommendation 5. Public Health

Gateshead Council

HEALTH AND WELLBEING BOARD
23 June 2017

TITLE OF REPORT: **Review and procurement of 0 – 19 Public Health Service Provision**

Purpose of the Report

1. To give an overview of the findings of the review process and to seek the views of the Health & Wellbeing Board on the proposed model for 0 to 19 public health services (health visiting, school nursing and family nurse partnership).

Background

2. Since April 2013 local authorities have been responsible for commissioning public health services for school-aged children aged 5 to 19 (school nursing). In October 2015 the commissioning responsibility for the 0 to 5 public health nursing workforce (health visiting and family nurse partnership) also transferred to local authorities.

3. This transfer of responsibilities has given local authorities the opportunity to ensure that commissioning for children age 0 to 5 and 5 to 19 is joined up so that the needs of everyone age 0 to 19 are comprehensively addressed.

4. Local authorities have a responsibility to promote and protect health, tackle the causes of ill-health and reduce health inequalities (Local government's new public health functions Department of Health 2011). Commissioning high-quality public health services for those aged 0 to 19 (as part of the Healthy Child Programme) can help to achieve this.

5. As part of the transfer of commissioning responsibility for the 0 to 5 public health nursing workforce it was decided that a review of all public health 0 to 19 services should be carried out with a view to remodelling and re-procuring services during 2017/18.

6. Good health, wellbeing and resilience are vital for all our children now and for the future of society. The Healthy Child Programme is a national public health programme for children and young people, providing a robust evidence based framework and setting out good practice for prevention and early intervention for children and young people. The Healthy Child Programme is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

7. Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through strong children and young people's public health. This is brought together in the national Healthy Child Programme 0 to 19, which includes:

   - Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF, 2009)
   - Healthy Child Programme: From 5 to 19 years old (DH/DCSF, 2009)

- Healthy Child Programme rapid review to update evidence (PHE, 2015)

8. The Healthy Child Programme is divided into two elements:

    - The 0 to 5 element is led by health visiting services (which also includes the family nurse partnership)
    - The 5 to 19 element is led by school nursing services

9. These professional teams provide the vast majority of Healthy Child Programme services. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.

10. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0 to 19) aims to:

    - Help parents develop and sustain a strong bond with children
    - Encourage care that keeps children healthy and safe
    - Protect children from serious disease by promoting screening and immunisation
    - Reduce childhood obesity by promoting healthy eating and physical activity
    - Identify health issues early, so support can be provided in a timely manner
    - Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by age five
    - Work in collaboration with other partners involved with families in the early years

11. The Public Health England (2016) 'Guidance to support the commissioning of the Healthy Child Programme 0 to 19: Health Visiting and School Nursing services':

    - Describes the health visiting and school nursing 4-5-6 service models, high impact areas and related outcomes (see appendix 1)
    - Provides a national template for local authorities to use/adapt to meet local needs
    - Supports integrated delivery and provides opportunities for local authorities to consider integration and co-commissioning
    - Offers quality and standardisation of service delivery whilst recognising the need for local adaptability

12. Health visitors are registered nurses/midwives who have additional training in community public health nursing. They provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0 to 5 years and for vulnerable populations targeted according to need. Health visiting is a proactive, universal service that provides a platform from which to reach out to individuals and vulnerable groups, taking into account their different dynamics and needs, and reducing inequalities in health. Pre-school children and their families are a key focus.

13. School nurses are qualified and registered nurses or midwives many of whom have chosen to gain additional experience, training and qualifications to become specialist community public health nurses. Their additional training in public health helps them to support children and young people in making healthy lifestyle choices, enabling them to reach their full potential and enjoy life. School nurses work across education and health, providing a link between school, home and the community. Their aim is improve the health and wellbeing of children and young people. They work with families and young people from five to nineteen and are linked to a secondary school and their primary school cluster group.

14. The family nurse partnership is a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two. The programme aims to enable young mums to have a healthy pregnancy, improve their child's health and development and plan their own futures and achieve their aspirations**.** The programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing positive economic returns.

15. South Tyneside Foundation Trust is currently commissioned to provide both the 0 to 5 service (health visiting and family nurse partnership) and 5 to 19 service (school nursing). These contracts expire in March 2018**.**

Review Process

16. The public health team, in partnership with key stakeholders, has been reviewing service provision and developing a new specification/model with a view to re-procuring the 0 to 19 public health service during 2017/18 and the award of a new contract with effect from 1st April 2018.

17. The development of the new specification/model will also have regard to Gateshead's emerging Early Help Strategy/Framework. In developing the new specification model for the 0 to 19 Healthy Child Programme, there is an aspiration to work closely and explore opportunities for greater integration between public health, other health services and children's services to promote well-being and school-readiness for young children, including housing, early years, education and wider council services.

18. The review process has included the following:

- A full health needs assessment
- Evidence base and guidance review
- Consultation with service users and key stakeholders
- Development of service model and specification to deliver an integrated 0 to 19 Healthy Child Programme

Health Needs Assessment

19. The health needs assessment has been compiled over several months using a range of different data sources. A snapshot of the data includes:

- Population of around 201,000 people - projected to increase by 11,000 (5.5%) (2014 and 2039 to 211,500)
- 2,214 live births (2015)
- Children and young people under the age of 20 years make up 22.6% of the population of Gateshead
- 9.4% (n2,240) school children from minority ethnic groups (2016)
- 2014 population based projections:

Age	2014	2024	% change since 2014
0 – 4	11,600	11,100	-5%
5 – 10	13,300	13,200	-1%
11 – 15	10,300	11,800	+14%
16- 18	7,500	7,400	- 2%
19 - 24	13,900	12,500	-10%

- Level of children aged under 16 years living in poverty is 22.6% (2014)
- Breastfeeding prevalence at 6 to 8 weeks after birth is 36.7% (2014/15)
- 97.8% of children in care with up to date immunisations (2016)
- Smoking status at time of delivery 13.2% (2015/16)
- 68% of children achieve a good level of development at the end of reception (2015/16)
- 10.3% of school children in reception (age 4 to 5) classified as obese (2015/16)
- 23.2% of school children in year 6 (age 10 to 11) classified as obese
- 1,670 children and young people aged 0-24 acknowledged that they provide unpaid care (2011 census)
- 4,387 pupils (years 1 to 11) in Gateshead were reported by schools to have a special educational need or disability, which equates to 15% of the whole school population (Jan 2016)
- A total of 2,191 child in need (CIN) assessments were completed (2015/16)
- Rate of children subject to a child protection plan per 10,000 stood at 67.6 per 10,000 (n271 children - March 2016)
- 343 (85.5 per 10,000) children and young people who were classed as being looked after (March 2016)

Overview of consultation findings

20. A number of consultation exercises have been carried out during 2016/17 with members of the public and other stakeholders. A variety of consultation methods have been used including questionnaires, small focus groups with parents, an event with health visitors, family nurses and the school nursing workforce. The findings below are a snapshot of the consultation responses.

21. There were a mixture of responses from members of the public in relation to the current 0 to 19 public health service. We asked people out of a list of 12 health outcomes to rate the five most important health outcomes for their family. The five most important were identified as; promoting positive parenting, school readiness, improving emotional health and wellbeing, promoting healthy eating, reducing risky behaviours.

22. Members of the public were also asked what was currently working well in terms of the 0 to 19 public health service and responses included:
    - Levels of support available including one to one support
    - Staff know you and your child
    - Non-judgmental
    - Monitoring of health
    - Home visits

23. They were also asked what they would change about service provision and responses included:
    - FNP to continue past age 2
    - More accessible including access to health visitor clinics on Saturdays (for those who work)
    - Consistency of advice between different health visitors
    - Emotional support for parents
    - Bring back local children's centre as a one stop shop for advice and referral to other services

24. The same questions were also asked of key stakeholders (including but not limited to GP's, education, children's centres, youth offending team and family intervention team). Key stakeholders identified the five most important health outcomes for families as; school readiness, promoting positive parenting, improving emotional health and wellbeing, promoting healthy eating, reducing risky behaviours.

25. The same five most important health outcomes for families were identified by members of the public and key stakeholders. The only minor difference is the order in which the first two health outcomes were rated.

26. Key stakeholders identified the following areas as working well:
    - Support & advice immediately on the end of the phone
    - Good partnership/multi-agency working with all 3 elements of the service has resulted in established, long lasting working relationships
    - Information sharing via multi-disciplinary team meetings
    - Dedicated health visitor – good quality common assessment framework assessments and involvement in team around family meetings
    - Training for staff

27. In relation to what would they change about service provision the responses included:
    - All services to be based together – be more integrated, joint training
    - Access to services for parents who do not have as many identifiable needs but require reassurance and support in difficult times
    - Better communication and improved networking
    - Health visitors to be part of the primary care team

- Closer alignment with family support services to reduce duplication and increase collaborative working

28. It should be noted that there are some conflicting expectations between key stakeholders in relation to what should be changed about service provision e.g. all services to be based together or health visitors to be part of the primary care team. Paragraph 14 highlights the expectation for collaborative working and that there are a number of options that will need to be considered.

29. The 0 to 19 public health workforce were also consulted and the following is a snapshot of some of the findings:

What is working well: engagement with asylum seeking families, focus on increasing immunisation rates, good links with Elizabeth House and Young Women's Project, good engagement with teenage population re FNP

Barriers to service provision: higher levels of complexity for families, location of service (some elements based in South Tyneside), waiting for responses from the crisis team, issues around transition and ongoing support for children and young people

What will be different?

30. The new service model has been designed to address Gateshead's specific identified needs and priorities. The model will combine health visiting, family nurse partnership and school nursing teams into an integrated service of public health nurses providing greater flexibility and resilience. There are currently two contracts and these will be combined into one contract and service specification.

31. The new service model is largely based on national service models and specifications for health visiting, school nursing and family nurse partnership. The service will be delivered by a team of qualified and skilled public health nurses with a mix of skills and competencies, supported by other staff.

32. The service will be expected to work in close collaboration, which may initially include co-location where feasible, with other Gateshead services for children and young people, for example with early help and children's centre programmes. The emphasis within the service model will be on a whole family approach which reflects the ethos of the council in supporting children and families.

33. There will be an expectation that the service will need to be flexible and respond to any changing landscapes particularly in light of the emerging "Early Help Model/Framework" which is currently being developed by Children's services in the Council. The "People, Communities and Care" model which has been developed by Newcastle/Gateshead CCG also needs to be considered which is centred on "A place-based system where everyone, young or old will be supported to live, work and age well as individuals and as part of their community".

34. The ultimate aim would be health and social care integration but this will require a step change and may take a number of years to achieve so again the need for the service to be flexible is paramount. There are many different definitions of

integration and The Early Intervention Foundation has identified that the starting point should be how services are experienced by the child, young person and their family and how well services meet their needs.

The proposed model

35. Public health nursing is in a unique position to influence and work with the whole family in the interests of children on social, psychological and health choices and behaviours. It is also well placed to affect health behaviour change when young people are developing independence, self-determination and autonomy.

36. The proposed model for the 0 to 19 Healthy Child Programme will have the child, young person and their family at its centre with a strong public health focus, underpinned by a robust evidence base. The vision articulated in the Gateshead Children and Young People's plan is "Gateshead is a place where children, young people and their families are safe, healthy and happy. Where everyone enjoys a good quality of life and can achieve their full potential"

37. All Department of Health mandated requirements will be met (health visitor reviews and national child measurement programme) and there will be safe clinical governance and strong information governance. There will be robust monitoring systems that will aim to evidence the scale of reach across Gateshead and the impact the 0 to 19 HCP is having on the lives of the children, young people and families of Gateshead.

38. We are proposing an evidence based 4-5-6 model for both health visiting and school nursing (see appendix 1) with additional emphasis on identified local needs. This is based on levels of service, contact points/health reviews with children, young people and their families and high impact areas. Some elements of the 4-5-6 model are applicable to the Family Nurse Partnership element of the service, however please refer to paragraphs 43 to 45 for further details of this programme.

39. Safeguarding is a thread throughout the model ranging from identification of risk and need to early help and targeted work, through to child protection and formal safeguarding.

40. The detail behind the 4 levels of service identified within the 4-5-6 model are as follows:

    Community: health visitors and school nurses have a broad knowledge of community needs, resources and services available for children, young people and their families (e.g. family intervention team, children's centres, GP's, self-help groups) and will be involved in referring to and working with appropriate services

    Universal Services: health visitors and school nurses provide the Healthy Child Programme to ensure a healthy start for every child. This includes promoting good health, for example through education and health checks and protecting health e.g. by checking immunisation status and identifying problems early.

    Universal Plus: provides a swift response from health visitors and school nurses when children, young people and their families need specific expert help which

might be identified through a health check or requested by a parent or young person who have raised a concern. This could include managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental health wellbeing.

Universal Partnership Plus: delivers on-going support by health visitors and school nurses as part of a range of local services working together and with the child, young person and their family to deal with more complex problems over a longer period of time.

41. The purpose of the high impact areas is to articulate the contribution of health visiting and school nursing and describe areas where the workforce can have a significant impact on health and wellbeing and improve outcomes for children, young people and their families and communities. However, it must be noted that the high impact areas do not capture the entirety or breadth of the service provisions or the interventions that will need to be delivered.

42. The public health nursing service will also:

- Review immunisation status and refer to appropriate services where required
- Check the status of all screening results and refer to appropriate services where required
- Provide health promotion advice – healthy diet and weight, breastfeeding and weaning, dental health, healthy sleep patterns, managing minor ailments, prevention of accidents and socialisation
- Assess and support the emotional health and wellbeing of children, young people and their parents, where appropriate, including referral to other/specialist services where required
- Undertake developmental reviews
- Offer targeted support in conjunction with other services and where appropriate e.g. young carers health needs, looked after children (and those on the edge of care), young offenders, children or military families, asylum seeking/refugee families, young people at risk of abuse or violence including domestic abuse, child sexual abuse, child sexual exploitation and FGM
- Offer Contraceptive and pre-conception advice to parents and support to reduce teenage conceptions and reduce sexually transmitted infections in partnership with sexual health services where appropriate
- Offer drug and alcohol misuse advice working in partnership with local substance misuse services
- Offer smoking cessation advice and referral to stop smoking services where appropriate
- Provide an integrated public health nursing service linked to primary and secondary care, early years, childcare and educational settings, by having locality teams and nominated leads known to the stakeholders, including a named health visiting team or school nursing team for every setting
- Deliver public health interventions support to all children and young people and to keep children and families safe
- Work with the community, stakeholders and local commissioners to identify population health needs
- Undertake joint visits or consultations with other professionals in response to contact from children, young people and families, where appropriate
- Work with local authority commissioners to ensure that clear care pathways exist between health visiting and school nursing teams and key services that

young people access such as substance misuse and sexual or reproductive health services

- Work with local authorities to ensure that local health promotion strategies are integrated with health visiting and school nursing teams, for example sexual or reproductive health services, teenage pregnancy or substance misuse prevention
- Ensure that the experience and involvement of families, carers, young carers, children and young people is taken into account to inform service delivery and improvement
- Build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognising the context of family life and how to influence the family to support the outcomes for children
- Build personal and family responsibility, laying the foundation for an independent life

43. The Family Nurse Partnership (FNP) is a licensed programme which sets out core model elements covering clinical delivery, staff competencies and organisational standards. It is a voluntary preventive programme for vulnerable first time mothers aged 19 or under. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two. All families are transferred to health visitors when the child reaches age 2.

44. The main goals of the FNP programme are to improve pregnancy outcomes, improve child health and development and future school readiness and achievement and improve parents' economic self-sufficiency. The programme operates across six domains: personal health, environmental health, life course development, maternal role, family and friends and health and human services.

45. A programme of work, known as FNP Next Steps, led by the FNP national unit, is currently in progress and aims to improve and adapt the current FNP programme. The findings of this work will not be available until late summer so it is proposed that the functions of the FNP element of the service continue to be provided as they are currently. This will allow us time to review the findings of the next step programme and adapt the delivery model for FNP accordingly. Therefore the specification will be flexible enough to allow us to vary the contract accordingly at the appropriate time.

46. The provision of immunisations for children and young people is commissioned by NHS England and will not be part of the service model for 0 to 19 public health services. However the 0 to 19 public health workforce will be expected to check immunisation status and refer to services accordingly.

Next Steps

47. It is proposed that the new service specification will be published on the NEPO portal on 26th July 2017 with an anticipated award date of 12th December 2017. There will be a 3 month transition period and the new contract will commence on 1st April 2018.

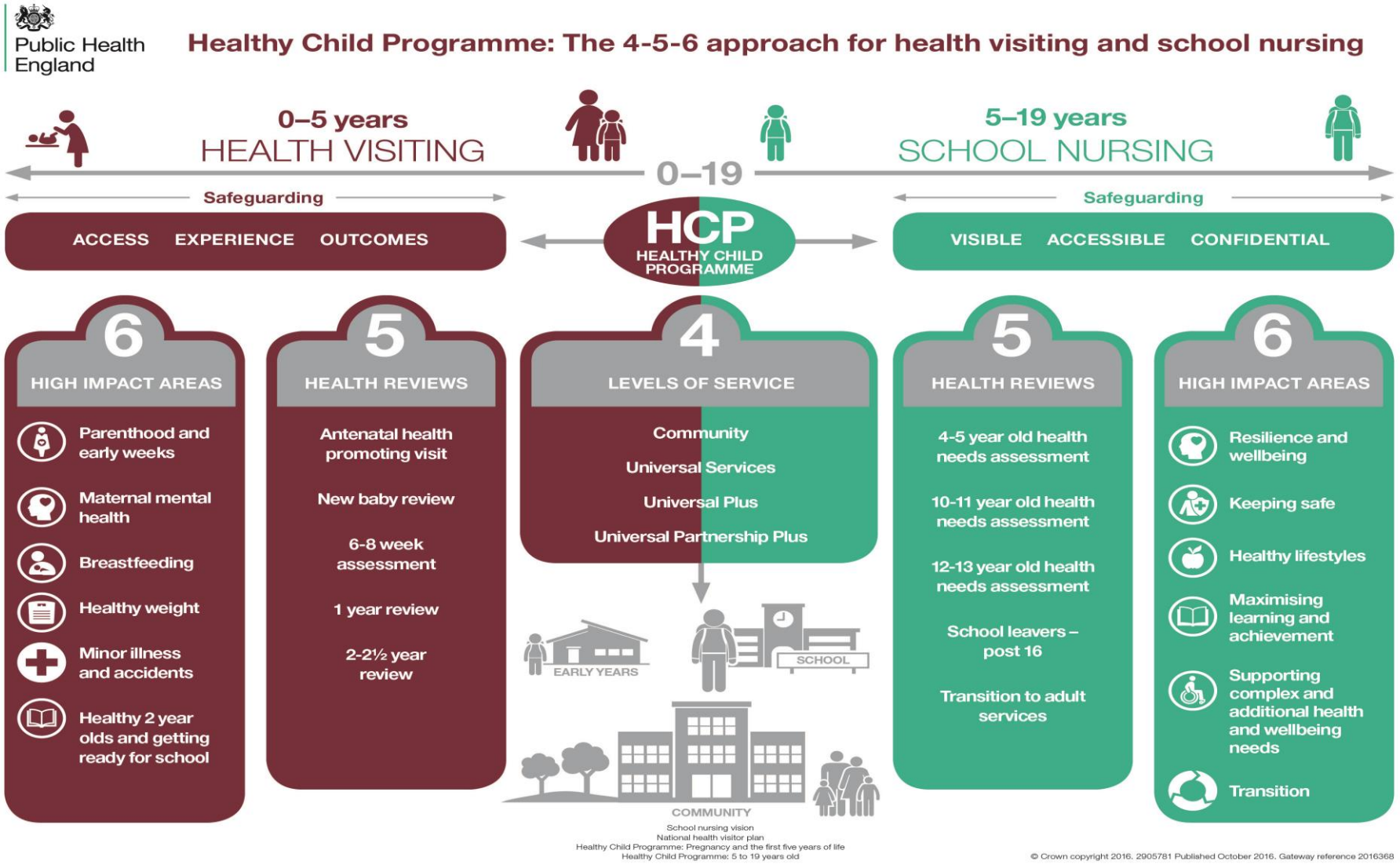
48. It has been agreed that the contract will be offered for an initial period of two years from 1st April 2018 with an option to extend for a further three 12 month periods.

Recommendations

49. The Health and Wellbeing Board is asked to consider and comment on the review process and the proposed model for 0 to 19 Public Health Nursing services.

Contact: Alice Wiseman, Director of Public Health

APPENDIX 1


Public Health England
Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing
0–5 years
HEALTH VISITING
0–19
5–19 years
SCHOOL NURSING
Safeguarding
Safeguarding
ACCESS EXPERIENCE OUTCOMES
HCP
HEALTHY CHILD PROGRAMME
VISIBLE ACCESSIBLE CONFIDENTIAL
6
HIGH IMPACT AREAS
Parenthood and early weeks
Maternal mental health
Breastfeeding
Healthy weight
Minor illness and accidents
Healthy 2 year olds and getting ready for school
5
HEALTH REVIEWS
Antenatal health promoting visit
New baby review
6-8 week assessment
1 year review
2-2½ year review
4
LEVELS OF SERVICE
Community
Universal Services
Universal Plus
Universal Partnership Plus
EARLY YEARS
SCHOOL
COMMUNITY
5
HEALTH REVIEWS
4-5 year old health needs assessment
10-11 year old health needs assessment
12-13 year old health needs assessment
School leavers – post 16
Transition to adult services
6
HIGH IMPACT AREAS
Resilience and wellbeing
Keeping safe
Healthy lifestyles
Maximising learning and achievement
Supporting complex and additional health and wellbeing needs
Transition
School nursing vision
National health visitor plan
Healthy Child Programme: Pregnancy and the first five years of life
Healthy Child Programme: 5 to 19 years old
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Gateshead Council

HEALTH AND WELLBEING BOARD
23 June 2017

TITLE OF REPORT: Better Care Fund: 4th Quarterly Return (2016/17) 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 2016/17.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission for Gateshead at its meeting on 22 April 2016, which in turn was approved by NHS England in July 2016.

3. NHS England is continuing its quarterly monitoring arrangements for the BCF which requires a template return to be submitted in respect of our BCF Plan for each quarter of 2016/17. The Board has already endorsed the BCF returns for quarter 1, 2 and 3 of 2016/17.

Quarter 4 Template Return for 2016/17

4. In line with the timetable set by NHS England, a return for the 4th quarter of 2016/17 was required to be submitted by the 31st May and this requirement was met. The return sets out progress in relation to budget arrangements, meeting national conditions, and performance against BCF metrics. It also includes a narrative update on progress made.

Proposal

5. It is proposed that the Board endorse the 4th Quarter BCF return for 2016/17 that has been submitted to NHS England (attached as an excel document).

Recommendations

6. The Health and Wellbeing Board is asked to endorse the Better Care Fund 4th Quarter return for 2016/17.

Contact: John Costello (0191) 4332065

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Cover

Q4 2016/17

Health and Well Being Board	**Gateshead**
completed by:	John Costello/Hilary Bellwood
E-Mail:	hilarybellwood@nhs.net
Contact Number:	0191 217 2960
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Lynn Caffrey

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	24
4. I&E	19
5. Supporting Metrics	13
6. Year End Feedback	13
7. Additional Measures	67
8. 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	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) Plans to be jointly agreed	Yes	Yes	Yes	Yes	
2) Maintain provision of social care services	Yes	Yes	Yes	Yes	
3) In respect of 7 Day Services - please confirm:					
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes	Yes	Yes	
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be	No - In Progress	No - In Progress	No - In Progress	Yes	Good progress has been made in developing 7 day working - a key focus for the CCG and its partner organisations both to effectively utilise resources as well as to provide patient centred, convenient services routinely at weekends, involving the entire team in service delivery. Plans have been developed and are being implemented,
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes	Yes	
ii) Are you pursuing Open APIs (ie system that speak to each other)?	No - In Progress	No - In Progress	No - In Progress	No	Following initial stakeholder events held in 2015, significant progress has been made to develop more robust plans for delivering information sharing between stakeholders, including across health and social care. The CCG has co-ordinated the development of the Newcastle Gateshead Local Digital Roadmap, which outlines the ambition
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes	Yes	
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	No - In Progress	No - In Progress	No - In Progress	No	The local information networks are working with other CCGs and providers at a regional level to develop patient communications at a regional level, with posters, leaflets and a patient helpline for queries around information sharing live in September 2016. Leaflets are available in all practices and soon in all foundation trusts.
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	Yes	Yes	Yes	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	No - In Progress	No - In Progress	No - In Progress	No	Newcastle Gateshead has well established governance arrangements supporting 'Better Care'. There is joint ownership across both Health and LA commissioners and providers to lead on the development and implementation of the plans.
7) Agreement to invest in NHS commissioned out-of-hospital services	No - In Progress	No - In Progress	No - In Progress	No	Through the STP process there is a recognition that an investment into Out of Hospital services is fundamental to su
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes	Yes	Yes	

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight 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 Review, 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 Com
Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the B
Fund will contribute to a longer term strategic plan. 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 recognitior
service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and hou

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2016-17.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also 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) Agreement for the delivery of 7-day services across health and social care to

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 8 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf).
By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being ma
Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

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

The appropriate and lawful 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 consistent 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 right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and prov to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga

5) Ensure a joint approach to assessments and care planning and ensure that,

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, 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 inte health and social care services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.
This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local sho seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

• Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
• Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
• Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
• Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
• Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
• Demonstrate engagement with the independent and voluntary sector providers.

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.

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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 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£4,121,962	£4,121,962	£4,121,962	£4,121,962	£16,487,846	£17,214,000
	Forecast	£4,121,962	£4,121,962	£4,121,962	£4,121,962	£16,487,846	
	Actual*	£4,121,962	£4,121,962	£4,121,962			

Q4 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£4,121,962	£4,121,962	£4,121,962	£4,121,962	£16,487,846	£17,214,000
	Forecast	£4,121,962	£4,121,962	£4,121,962	£4,121,962	£16,487,846	
	Actual*	£4,121,962	£4,121,962	£4,121,962	£4,121,962	£16,487,847	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The pooled fund figure shown in cells I12 and I18 are incorrectly showing the 15/16 pooled fund, therefore the annual totals are the same as the correct pooled fund for 16/17, as per the flagged issue from Better Care Support Team.

Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£3,771,462	£3,982,462	£4,552,462	£4,181,462	£16,487,846	£17,214,000
	Forecast	£3,771,462	£3,586,540	£4,754,540	£4,375,305	£16,487,846	
	Actual*	£3,771,462	£3,586,540	£4,754,540			

Q4 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	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	£3,771,462	£3,982,462	£4,552,462	£4,181,462	£16,487,846	£17,214,000
	Forecast	£3,771,462	£3,586,540	£4,754,540	£4,375,305	£16,487,846	
	Actual*	£3,771,462	£3,586,540	£4,754,540	£4,375,305	£16,487,847	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The pooled fund figure shown in cells I31 and I37 are incorrectly showing the 15/16 pooled fund, therefore the annual totals are the same as the correct pooled fund for 16/17, as per the flagged issue from Better Care Support Team.

Commentary on progress against financial plan:	Actual expenditure figures show full expenditure against schemes within the BCF pool.

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.

National and locally defined metrics

Selected Health and Well Being Board: Gateshead

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Cumulative data for 16/17 show that Non Elective activity is below planned trajectory across the Gateshead HWB footprint, with 21,883 actual admissions against a plan of 22,979.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Total delayed days for 2016/17 was 6372 against a trajectory of 3330 The plan for the year has therefore not been achieved. There appears to be a range of issues that are contributing to the lack of improvemment in performance in delayed transfers, which we will be reviewing as a matter of urgency. This will include an analysis of the patient profile of this cohort.

Local performance metric as described in your approved BCF plan	Estimated diagnosis rate for people with dementia
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Final end of year performance was 69.9% which is marginally short of the trajectory of 70%. Last years full year peformance was 69.2% so there has been an improvement in year.

Local defined patient experience metric as described in your approved BCF plan	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
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?	On track for improved performance, but not to meet full target
Commentary on progress:	Aggregate results for the GP practice surveys conducted mid year between July and September 2016 show that 43.8% 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.If this continues, the 2016/17 target of 48% will be missed but is an

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)

Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	For April 2016 to March 2017, there were 324 permanent admissions into residential or nursing care. This represents 839.3 admissions per 100,000 population (based on 2014 population projections) showing a significant improvement in performance compared to the same point last year of 433 permanent admissions (1144.4 per 100,000 population). Admissions were also lower than the

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

Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The indicator value for Q4 2016/17 stands at 80.8% (147 out of 182) for all of those aged 65 and over that were discharged from hospital into reablement and still at home 91 days later, for the 3 month period January to March 2017. The value is lower than the same period last year, which was 85.6% (184 out of 215) and is also below the challenging target of 87.5%.

Footnotes:

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.
For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.

Year End Feedback on the Better Care Fund in 2016-17

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. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	As per discussions with the National BCF team, at the local learning event, joint working is well progressed with the LA and CCG. We have chosen agree, instead of strongly agree, to reflect the fact that we feel much of this would have happened, even without the BCF, this would have remained a high priority area .
2. Our BCF schemes were implemented as planned in 2016/17	Agree	
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	Agree	As per point 1
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Agree	
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Development of PRIME enablement service and commissioning of home care (including the Bridging Service, developed through Winter Pressures) has positively contributed. There appears to be a range of issues that are contributing to the lack of improvement in performance in delayed transfers, which we will be reviewing as a matter of urgency. This will include an analysis of the patient profile of this cohort. As part of this analysis we will identify the cohort and exact reason for the delay.
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Although performance is below the target that was set, there is a view that the target may have been overly ambitious, and more importantly, that by setting (& achieving) an ambitious target, we would run the risk of only accepting people with lower level needs into reablement.
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	We have seen a significant improvement in the numbers of people admitted to residential and nursing care. The BCF has played some part in this, but is not wholly responsible

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

8. What have been your greatest successes in delivering your BCF plan for 2016-17?	Response - Please detail your greatest **successes**	Response category:
Success 1	The Vanguard Care Home Programme has supported the development of the frailty element of the Communitiies and Neighbourhood Vision (Out of Hospital model)	3. Collaborative working relationships
Success 2	More rigorous and robust planning has enabled surge to be managed more effectively resulting in system ownership and year round resilience.	9. Sharing risks and benefits
Success 3	The Communities and Neighbourhoods model will be the conduit for the longer term progression and continued improvement of the BCF shemes. The strengthened relationships across the local healthcare economy through the Accountable officers group has contributed significantly.	1. Shared vision and commitment

9. What have been your greatest challenges in delivering your BCF plan for 2016-17?	Response - Please detail your greatest **challenges**	Response category:
Challenge 1	Austerity challenge and impact on overall system budgets remains one of the biggest challenges when combined with continued demogarphic pressures due to ageing population	Other
Challenge 2	Delivery of comprehensive transformational change requires time, and whilst achievements are being seen in Gateshead there are challenges around spread of new care models in the timeframes.	10. Managing change
Challenge 3	The plan for delayed discharge has not delivered the anticipated level of improvement, more work needs to be undertaken to understand this more fully. This will include an analysis of the patient profile of this cohort.	5. Evidencing impact and measuring success

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. Shared vision and commitment
2. Shared leadership and governance
3. Collaborative working relationships
4. Integrated workforce planning
5. Evidencing impact and measuring success
6. Delivering services across interfaces
7. Digital interoperability and sharing data
8. Joint contracts and payment mechanisms
9. Sharing risks and benefits
10. Managing change

Other

Additional Measures

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	Shared via interim solution	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 currently underway

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

Total number of PHBs in place at the end of the quarter	54
Rate per 100,000 population	27

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 2017)	201,655

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 2014-based (published May 2016).
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures were updated to the mid-year 2017 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board: Gateshead

Remaining Characters	28,145

Please provide a brief narrative on overall progress, reflecting on performance in Q4 16/17 and the year as a whole. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Successes

For April 2016 to March 2017, there were 324 permanent admissions into residential or nursing care. This represents 839.3 admissions per 100,000 population (based on 2014 population projections) showing a significant improvement in performance compared to the same point last year of 433 (1144.4 per 100,000 population) and has seen the year-end target of 388 admissions being achieved (1,005.1 per 100,000 population). The improvement in performance can be attributed to the introduction of a panel process in April where service managers have closer scrutiny and control over new admissions.
Cumulative data for 16/17 show that Non Elective activity is below planned trajectory across the Gateshead HWB footprint, with 21,883 actual admissions against a plan of 22,979.
Dementia diagnosis has improved throughout 2016/17 despite a slight dip below the 70% target in Q4 to 69.9%. The rate is currently above the national standard and work continues to recover the rate seen earlier in 2016/17 by Q4. In terms of continuous improvement the Care Home Vanguard team have identified from a clinical audit that 62% of people in care homes have a formal diagnosis of dementia, but considering those living with cognitive impairment without a formal diagnosis this figure could be around 72%.
Therefore work is underway to explore the development of a bespoke Dementia diagnosis pathway for Care Home residents

Achievements

The Care Home Project (Gateshead and Newcastle) is already delivering improvements in outcomes for the Care Homes residents:
The figures below relate to Gateshead :-

• A&E attendances – 3.4% reduction comparing 15/16 to 16/17 for care home population. For the wider population (over 65s) this has increased by 3.1%. Learning to date suggests that in order to identify who has the most complex needs it is becoming important to separate out the age bands into 65-79 and those over 80. Coupled with the introduction of eFI (electronic frailty index) in primary care this should facilitate the identification of those who would benefit most from case management.

• Non elective admission reduction –28.3% reduction in non-elective admissions. Learning to date highlights the most common reasons are UTI (17.4%) and Chest infections (10.9%). Therefore this data been separated out into these 2 conditions so that they can be a specific focus.

• Prescribing nutritional supplement reduction – current evaluation highlights a sustained reduction -13.7%
Prescribing of low dose antipsychotic continues to see a significant sustained reduction (4%)

• Outpatient appointments reduction – anticipated reduction not seen, more work needs to be done in order to understand age group, and specialities considered in data collection today

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Gateshead Council

HEALTH AND WELLBEING BOARD
23rd June 2017

TITLE OF REPORT: Pharmacy Allocations 2016/17: Update

Purpose of Report

1. The purpose of this report is to present the Health and Wellbeing Board with a summary of Pharmacy Relocation Applications for the period April 2016 – March 2017. Applications are received from NHS England in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Background

2. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 outline that under regulation 99 (4a), NHS England must give notice of the designation (relating to pharmacy applications) to:

    - *"The Health and Wellbeing Board for the area to which the designation relates, or (as the case may be) for the area in which the premises or descriptions are situated".*

3. A process has been agreed whereby any Pharmacy Relocation Applications would first be considered by the Director of Public Health who would make a recommendation to the other Health and Wellbeing Board members as to whether a representation to NHS England was necessary. The application would then be circulated to the Health and Wellbeing Board, along with the Director of Public Health's recommendation.

Pharmacy Applications

4. The Health and Wellbeing Board as an interested party is requested to provide NHS England with any representations in respect of Pharmacy Relocation applications.

5. Between April 2016 and March 2017 there have been zero Applications in Gateshead. There has been one change of hours and one change of ownership both of which were approved by NHS England.

Recommendations

6. It is recommended that the Health and Wellbeing Board:

- Note the content of this report;
- Receive future reports when new applications are submitted.

Contact: Alice Wiseman, Tel (0191) 4332777