Gateshead Council

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GATESHEAD HEALTH & WELLBEING BOARD AGENDA

Friday, 1 December 2017 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 12) The minutes of the business meeting held on 20th October 2017 and Action List are attached for approval.
3	**Declarations of Interest**
	Items for Discussion
4	**Director of Public Health Annual Report** Presentation by Alice Wiseman.
5	**Gateshead Newcastle Deciding Together, Delivering Together** (Pages 13 - 28) Report to be delivered by Ian Renwick.
6	**Strategic Review of Carers Services** (Pages 29 - 30) Report to be delivered by Behnam Khazaeli and Jane Mulholland.
	Performance Management Items
7	**Performance Management Report for the Health & Care System** (Pages 31 - 46) Report to be delivered by John Costello.
8	**BCF Quarterly Return to NHS England** (Pages 47 - 60) Report to be delivered by John Costello.

9	**Updates from Board Members**

- Gateshead Council's New Strategic Approach and Link to Budget Consultation - Link to 2018/19 Budget Consultation

- Other Updates

10	**Any Other Business**

Contact: Melvyn Mallam-Churchill
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Date: Friday 24 November 2017

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 20 October 2017

PRESENT	Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)	
	Councillor Paul Foy	Gateshead Council
	Councillor Ron Beadle	Gateshead Council
	Councillor Mary Foy	Gateshead Council
	Councillor Martin Gannon	Gateshead Council
	Caroline O'Neill	Care Wellbeing and Learning
	Councillor Michael McNestry	Gateshead Council
	John Pratt	Tyne and Wear Fire Service
	Dr Mark Dornan	Newcastle Gateshead CCG
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
	Dr Bill Westwood	Federation of GP Practices
	Sally Young	Gateshead Voluntary Sector
	Alice Wiseman	Gateshead Public Health
IN ATTENDANCE:	Andy Graham	Gateshead Public Health
	Wendy Hodgson	Gateshead Healthwatch
	Sir Paul Ennals	Local Safeguarding Children's Board
	John Costello	Gateshead Public Health
	Julie Ross	Newcastle City Council
	Sue White	NHS
	Michael Laing	Gateshead Care Partnership
	Mark Harrison	Squircle Limited
	Gerald Tompkins	Gateshead Public Health
	Joy Evans	Gateshead Public Health
	Alison Dunn	Citizens Advice Gateshead
	Saira Park	Gateshead Council
	Emma Gibson	Gateshead Public Health
	Paul Gray	Gateshead Public Health
	Steph Downey	Gateshead Council
APOLOGIES:	Councillor Malcolm Graham	
	Ian Renwick	

HW168 MINUTES

RESOLVED

(i) The minutes of the meeting held on Friday, 8 September were agreed as a correct record.

HW169 ACTION LIST - 20 SEPTEMBER

The board received an update of the Gateshead Health and Wellbeing Board Action List as follows:

Agenda Item	Action	Completed or Status
Joint Strategic Needs Assessment Update	An update report on the JSNA to be received by the Board in September 2018. Consideration to be given to the relationship between poverty and peoples' mental health.	To feed into the Board's Forward Plan.
Integrating Health and Care in Gateshead	Further proposals to be brought back to the Board over the coming months for consideration. Colleagues from the VCS to be advised as to how they can best input to the process.	To feed into the Board's Forward Plan.
Better Care Fund 2017-19 Submission	The concerns of the Board regarding the ambitious targets for Delayed Transfers of Care, and the potential funding implications if these targets are not met, to be outlined formally as part of the BCF submission to NHS England.	Completed.
Feedback from Joint Members Seminar	Six monthly meeting arrangements to be set up in order to continue the NHS and Local Authority leadership conversations.	Ongoing.

RESOLVED

(i) That the updates from the action list are noted.

HW170 DECLARATIONS OF INTEREST

RESOLVED

(i) There were no declarations of interest.

HW171 GATESHEAD PHARMACEUTICAL NEEDS ASSESSMENT: CONSULTATION DRAFT

The Board received a presentation summarising the report outlining the Pharmaceutical Needs Assessment. It was noted that there are two purposes of the assessment which are:

a. To determine if there are sufficient community pharmacies to meet the needs of the population of Gateshead
b. To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population

The Board were advised that this draft of the report has been developed through steering groups made up of the Council's Public Health team, the CCG, the Local Medical and Pharmaceutical Committees and Healthwatch. It was also noted that as part of the assessment surveys were conducted of pharmacies and pharmacy customers and an analysis of health needs and current provision.

An overview of the current provision was presented. It was noted that all pharmacies are providing essential services such as dispensing, signposting and support for self-care and that advanced services (that require accreditation of the pharmacist providing the service and/or specific requirements to be met in regard to premises) are also offered across Gateshead. The Board were also advised of the locally commissioned services available as outlined in the report. It was noted that almost all homes within Gateshead are within 1.5 miles of a pharmacy.

It was presented that the opening hours of pharmacies in Gateshead are variable. It was noted that every pharmacy has to provide a minimum of 40 hours per week of provision and that there is one pharmacy in Gateshead with a 100 hour contract. It was noted that there are pharmacies open after 6pm and at weekends; however, fewer numbers are open on Saturday afternoons and Sunday. From the presentation it was recommended that NHS England and the CCG work with the LPC to review availability of pharmacy services out of normal working hours and implement any required changes.

A summary of provision from 2015 vs provision in 2018 was provided, it was noted that the current picture is that pharmaceutical services are broadly adequate although there are queries over provision available in the east of the borough. It was also noted that the number of pharmacies participating in the Pharmacy Minor Ailments scheme has increased from 11 to 45 and that 11 pharmacies have now registered for the Health Living Pharmacy scheme with 33 working towards this.

The Board were advised that there is to be a public and stakeholder consultation

from 23 October to 22 December to consider whether there are sufficient community pharmacies to meet the needs of Gateshead and whether other services could be delivered by community pharmacies. A revised Pharmaceutical Needs Assessment will be brought to the Board for approval by March 2018.

It was asked what the Board's thoughts were on online pharmacies as there are two operating out of Gateshead. It was noted that whilst there is little can be done about influencing the services offered by online pharmacies, Public Health have concerns that online dispensing services are not able to offer the holistic services that are encouraged elsewhere.

A concern about the lack of action on improving the availability of out of hours services was raised as this issue had been brought to the board previously. It was noted that whilst there is provision available for urgent pharmaceutical needs, the availability of general provision out of hours continues to be an area for improvement.

It was noted that the majority of people lack awareness of the services being offered by pharmacies beyond dispensing, such as flu jabs; however, it was felt that pharmacies do have a responsibility to promote their own services and to be proactive in their respective communities. It was suggested that a 'Pharmacy First' advert could be placed in a future Council News magazine. It was also noted that GP receptionists are trained to suggest alternative provision where appropriate to those calling for a doctor appointment.

It was asked whether more specific information was available about provision availability in the East of the borough, particularly about what kinds of people are using what pharmacy and what services. It was noted that this specific information is not available.

The licensing of new pharmacies was discussed and it was noted that it is difficult for small and independent pharmacies to be competitive against larger chain pharmacies such as Boots. However, it was also noted that this is the reason for pharmacies to offer 'Healthy Living' services to increase footfall as they will be making a contribution to the local community.

RESOLVED

(i) That the Health and Wellbeing Board approve the proposed consultation on the draft Pharmaceutical Needs Assessment.

HW172 SYSTEM REVIEW: GATESHEAD SHARED CARE SUBSTANCE MISUSE

The board received a presentation with an update of the clinical audit into the prescribing practises of GPs under contract with the Council to deliver substance misuse treatment. The board were advised that the scope of the review was to also provide advice to the Council in relation to potential substance misuse service redesign, offer clinical advice as appropriate and to undertake targeted consultation for specific elements of the process.

A summary of system wide observations was provided – these were as follows:

Engagement:

- A number of instances identified of direct access to ‘shared care’ via primary care
- Access to individuals within Primary Care is extremely variable
- Outreach provision, is fairly limited and poorly attended
- Recovery visibility is not evident within Primary Care settings
- The pathways and referral processes for anything other than ‘traditional’ medical treatments need to be redesigned and wherever possible simplified/publicised

Treatment:

- A general feeling that ‘navigation’ was difficult in terms of the right service managing the care of specific individuals to best meet their identified needs
- In terms of providing medical support, shared care was working well in relation to the retention of individuals, although there was limited evidence of arrangements being ‘plugged into’ community assets
- A proactive approach existed to get people into treatment and onto Opioid Substitution Treatment
- The enhanced Enhanced Psychological Intervention programmes, were both well considered and delivered by experienced practitioners, but groups during the review were poorly attended

Recovery:

- There appears to be a slight clash of cultures and an absence, in respect of a shared understanding of recovery ambition
- High numbers within Shared Care were reported to be ‘using on top’ of prescription
- Payments for shared care weighted in favour of retention in treatment and receipt of medication rather than recovery from their addiction, reduction in drug/alcohol use
- Wider issues exist, such as poor recovery environment, particularly within primary care settings

Governance:

- There was a perceived absence of clinical leadership
- There is marked variation in practice across the treatment system
- Some practices have only one Dr., who may be providing services to significant numbers, without any contingency plan in place
- Primary Care treatment element is captured on a variety of systems with ‘periodic’ review by CGL workers and then elements manually input into CRiiS

A graph showing the numbers of drug clients in primary care by practice was displayed – it was noted that the Teams area has the highest number of patients. Observations show that areas with high demand for these services are often those areas with the most experienced staff. However, it was also noted that whilst there are a significant number of experienced GPs delivering specialist clinical services within primary care, some GPs have had less exposure to appropriate quality

training and support, making for an inconsistent approach across Gateshead.

The board were advised that, in general, GPs had very little understanding of potential recovery and tended to subscribe to traditional harm reduction approaches. Further observations were delivered to the board, these were:

- There is currently no way of centrally determining range of dosage, but there is some anecdotal high levels of methadone prescribing, as well as prescribing of other 'abusable' medication e.g. Gabapentin, Benzodiazepines and Pregabalin.
- A particular concern is the prescribing of Methadone in various high strength forms
- Testing and supervision arrangements are extremely varied
- Supervised consumption appears to be used appropriately within initial stages, but not always reviewed either frequently or systematically
- There remains 'pitiful' coverage in some areas, which require support e.g. Chopwell

An analysis based on the review was summarised outlining strengths, weaknesses, opportunities and threats. It was noted that these findings would support with future priority setting.

The board were advised of the post audit considerations which were:

- Public Health's commitment to future review of shared care element following previous recommissioning and system changes
- The release of National Drug Strategy and UK Clinical Guidance
- The need to take immediate action on identified safety and governance issues.
- Opportunity to 'harmonise' contract end dates and consider 'whole system'
- Recognition that recommissioning of shared care element in isolation, would provide limited incremental improvement, but limits opportunity to take next 'logical steps' towards an enhanced treatment system
- Recommissioning of the whole system would provide greater opportunities to go 'faster and further' in the realization of high quality and efficient service provision, allowing for greater enhanced outcomes for individuals, families and communities
- Whilst the primary objective in undertaking the option of recommissioning services would be to increase performance, quality and positive outcomes for Gateshead residents, opportunities for efficiencies could be explored, quantified and reviewed in line with developing budget options for 2018-2020

A concern about the long term prescribing of methadone was raised. It was noted that the numbers of individuals who are successful in coming off methadone are not as visible due to the scale of long term prescribing. It was said that the recovery orientated approach was welcomed and that those who come off methadone could be used as mentors.

The board were advised that the peer support model is being used going forward, that recovery isn't sufficiently visible in primary care and that work is ongoing to improve this. It was also noted that the peer recovery model should be used system wide and that GP's should be educated to see that recovery is possible. It was noted

that prescribing opiates is an enhanced service offered by some GPs and that not all GPs offer such a service.

A comment was made that recovery is often a very long term goal for patients. Factors such as having chaotic lifestyles and financial problems can affect the chances of recovery for many individuals and this is why methadone is prescribed long term. It was noted that enhanced training for those delivering services in primary care can also support patients in other areas when necessary.

It was noted that there is data showing individuals making use of other services to support their recovery. Evidence shows a variation in experiences across Gateshead and this needs to be more balanced. It was also noted that there is to be a broad consultation to deliver a more holistic model and that services need to be more ambitious about supporting this demographic.

RESOLVED

(i) That the Health and Wellbeing Board note the findings of the Shared Care Audit.

HW173 DEVELOPMENT OF A WHOLE SYSTEM HEALTHY WEIGHT STRATEGY FOR GATESHEAD

The board received a summary of the report on the Development of a Whole System Healthy Weight Strategy for Gateshead.

It was noted that the purpose of the report was to update the Board on the proposed approach to increase the proportion of the Gateshead population who are a healthy weight and to gain the support of the Board for a whole system approach to the issue.

The report recommendations for the Health and Wellbeing Board were as follows:

- Consider the leadership role their organisations / system components might play in preventing obesity and promoting a healthy weight environment as part of the whole systems obesity approach
- To agree to the development of a whole systems healthy weight strategy and action plan, which all partners should sign up to facilitating system wide action
- For organisation's to nominate a lead from their organisation to attend and progress actions as part of the working group
- Note and support the planned next steps in developing the whole systems approach
- Receive an update report in August 2018

A representative from Healthwatch volunteered to lead on this issue for their organisation. It was agreed that a separate meeting would be organised to discuss the involvement of the voluntary sector with this issue.

It was noted that this is a multifaceted problem which requires a multifaceted

solution. It was mentioned that the Local Government Award for Public Health was won by Gateshead for the role it has taken to reduce the number of takeaways opening in the borough.

RESOLVED

(i) That the Health and Wellbeing Board note and agree the recommendations of the report.

HW174 EXCESS WINTER MORTALITY IN GATESHEAD

The report of Excess Winter Mortality (EWM) in Gateshead was summarised for the Board.

It was noted that it has been shown that lower indoor temperatures are associated with higher excess winter mortality from cardiovascular disease in England. The Board were also advised that households living in fuel poverty would be likely to find it difficult to afford the cost of staying warm in winter; it was noted that the issue of fuel poverty is being looked at by the Communities and Place OSC.

The report also detailed that although EWM is associated with low temperatures, conditions directly relating to cold, such as hypothermia, are not the main cause of EWM. The majority of additional winter deaths are caused by cerebrovascular diseases, ischaemic heart disease, respiratory diseases and dementia and Alzheimer's disease.

It was noted that increasing the uptake of the flu vaccine is one of the most important priorities for the NHS in reducing winter pressures and excess winter mortality. A comment was made that those who work within the voluntary sector are often expected to pay for their own flu vaccinations it was agreed that this would be looked at further in taking this initiative forward.

RESOLVED

(i) That the Health and Wellbeing Board ensure all reasonable measures are taken to encourage the update of the flu vaccine this winter amongst eligible groups.

(ii) That the contents of the report are noted.

HW175 NATIONAL TOBACCO CONTROL PLAN

A summary of the National Tobacco Control Plan was delivered to the Board.

The report updates the Board on the new national Tobacco Control Plan and the implications for local action on smoking and tobacco control.

It was noted that the plan from the report is welcomed but in itself is insufficient to

help achieve the collective vision. The report concluded that there are opportunities to improve the whole system wide delivery in Gateshead around the evidence base. Gateshead still requires work at all tiers from the international to the community grass roots level.

RESOLVED

(i) That the Board endorse the local approach as set out in the context of the national Plan, and support the refreshed Gateshead Smokefree Tobacco Control Alliance's ambitions to reduce smoking prevalence to 5% by 2025.
(ii) The Board agreed the contents of the report.

HW176 LSCB AND LSAB ANNUAL REPORTS & BUSINESS/STRATEGIC PLANS

The Board received a summary of the LSAB and LSCB annual reports and plans.

It was reported that the main themes of the reports were to promote accountability and encourage partners to work together to make improvements. The newly appointed board manager Saira Park was introduced to the Board who has replaced Louise Gill.

It was noted that Gateshead is doing well but it was identified there are rising numbers in children being permanently excluded from schools which leads to other issues for children and their families. The Board were advised that it is still unclear why the number of children who self-harm is so high and it was noted that the CAMHS strategy would be scrutinised.

It was commented that the largest risk for children has stemmed from the austerity programme.

The report of the LSAB was also positive; it was noted that partners are in 'good shape'. It was reported that it is important for partners to continue to challenge each other and that collaborative work continues with regards to modern slavery and sexual exploitation.

The roll out of Universal Credit was mentioned as impacting on adult health and wellbeing and that it is crucial that partners take the necessary steps to ensure affected social housing residents are safe.

It was noted that the issue of permanent exclusions is being looked at by the Families OSC. A concern was raised about the redesign of pathways for support and how this is being managed for CAMHS. The issue of Universal Credit and the impact on services is ongoing and is being monitored.

It was noted from the report that it is reassuring that the boards have a clear view of their priorities. It was also noted that the issue of school exclusions is not always an issue of the school and that issues within the family can be the route of the problem.

It was agreed that Saira Park would contact Sally Young to discuss voluntary sector

engagement on safeguarding issues.

It was noted that Ofsted reviewed the board and made some recommendations which have been implemented. It was reported that there are higher child protection figures in Gateshead than our statistical neighbours. . The Board were advised that future reports would provide further information about the programmes of work identified and what is being done to implement them.

RESOLVED

(i) That the Board note the contents of the reports.

HW177 UPDATES FROM BOARD MEMBERS

'Deciding Together, Delivering Together' – James Duncan reported that there would be a report-out from the latest design workshop this afternoon (20th October) at 3pm at the Royal Station Hotel.

Health & Care System Board for Gateshead – Mark Dornan provided an update on the work of the newly formed Health & Care System Board which has been tasked with taking forward actions identified within the report on integrating health and care in Gateshead (considered at the last Health and Wellbeing Board meeting).

Sally Young informed the Board that an extension of NHS charging regulations is due to come into effect on 23rd October. There is a concern that the regulations will increase barriers to healthcare for vulnerable groups – such as refugees, and people seeking asylum, homeless people, the elderly and those with mental health conditions. Gateshead MPs have been contacted regarding this issue.

HW178 ANY OTHER BUSINESS

No other business noted.

Gateshead Council

HEALTH AND WELLBEING BOARD
1 December 2017

TITLE OF REPORT: Gateshead Newcastle 'Deciding Together, Delivering Together'

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on governance arrangements for the Delivering Together programme.

Background

2. The Deciding Together process involved asking people who use Mental Health services, their families, carers, Mental Health professionals and service providers for their views on improving the way specialist Adult Mental Health services are arranged in Gateshead and Newcastle; it culminated in a listening exercise held during winter 2014/15 and was published in April 2015. In February 2017, a revised scope was agreed which includes:

    - All NTW-provided Adult and Older People's services (community and inpatient)
    - Gateshead Health-provided Older People's Mental Health services
    - Third Sector services, Community and Voluntary Services
    - Social Care and other Local Authority services
    - Interfaces with General Practice, employment and housing

3. Design workshops in September/October 2017 considered the following themes across the Mental Health system, and co-produced service delivery designs which are now at the stage of implementation planning:

    - Getting help when you need it
    - Understanding need and planning support
    - Delivering support
    - Staying well

Proposal

4. It is proposed that an overarching Steering Group manages this programme of work, led by Newcastle Gateshead CCG, and that beneath this, Operational, Finance and Resource leads will add depth to the designs/proposals, scoping out how demand would be met most efficiently and effectively across the system.

Recommendations

5. The Health and Wellbeing Board is asked to consider the attached paper outlining the structure of these groups and their membership, and to consider how the Board would like to receive updates on progress.

Contact: Ian Renwick, Sponsor/Chief Executive of Gateshead Health FT; Chris Piercy, Chair of this programme on behalf of the CCG

Mental Health Programme Board

Deciding Together, Delivering Together
Designing inpatient and community mental health services

November 2017

The Mental Health Programme Board (9/11/17) was asked to:

1. ***Comment upon the content of this report – these amendments have been incorporated into this version***
2. ***Advise on the composition of the steering group and workstream groups***
3. ***Provide direction about the future engagement of the Board through the implementation process***

CONTENTS

Version 2
21 November 2017
V1 was tabled at MHPB 9/11/17 – this version includes comments and proposals from that group and those received from others to date

1 Executive Summary

The original Deciding Together decision, made in July 2016, focussed primarily upon the reconfiguration of the inpatient mental health beds in Gateshead and Newcastle. To realise that ambition, a fundamental **redesign of community mental health services** was needed – across all agencies.

To ensure the redesign was comprehensive, the **scope** of the original Deciding Together work was extended to include:

- Older People's Mental Health services in Gateshead
- Third Sector Mental Health services, and the wider Community and Voluntary Sector
- Social Care and other Local Authority services
- Interface with GP services
- Interface with employment and housing

Following extensive desk top data analysis and preliminary stakeholder engagement earlier this year, **four week-long 'design workshops'** were held and attended by more than 70 participants including Service Users and Carers. The workshops generated a comprehensive description of the Community Mental Health services to be created in Gateshead and Newcastle, under the following four banner headlines:

- Getting help when you need it
- Understanding need and planning support
- Delivering support
- Staying well

The **comprehensive service description** now needs to be enacted. This paper summarises the key principles of the work, while the reports from each of the workshops are attached as appendices.

There are different categories of service changes required – with some being fairly easy to achieve through policy and process redesign, some requiring a new approach across and between agencies delivering care, and some requiring longer term consideration and investment.

In order to move from '**design to reality**', a steering group has been established to oversee the developments. Critically, the responsibility for enacting the developments will be shared by all partners – both commissioners and providers, across the statutory and non-statutory sectors.

Throughout the implementation period, communication with people, carers and agencies is critical. An outline '**tactical communications plan**' is attached as an appendix to this report.

2 History and background

The Deciding Together process involved asking people who use Mental Health services, their families, carers, Mental Health professionals and service providers for their views on improving the way specialist Adult Mental Health services are arranged in Gateshead and Newcastle; it culminated in a listening exercise held during winter 2014/15 and was published in April 2015.

In June 2016, the CCG governing body considered the findings of the Deciding Together progress and made its decision about the future of the services, releasing the following statement:

> *"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 inpatient 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 inpatient care because new innovative services will support them, when they need it."*

Following the CCG decision, work began to understand how to best implement the decision. On 1 February 2017, a stakeholder workshop was held and noted that a fundamental redesign of community Mental Health services was needed in order to implement the original Deciding Together decision. The stakeholder group agreed the following guiding principle for the work:

> **"We will work together in a collaborative way to redesign the pathways for adults and older people in Newcastle and Gateshead who have urgent (in its broader sense) and more complicated/intense Mental Health needs, by December 2017."**

The stakeholder group also recognised the need for a widened scope for the work in order to address the health and care needs of Adults and Older People across Gateshead and Newcastle. The revised scope included:

- All NTW-provided Adult and Older People's services
- Gateshead Health-provided Older People's Mental Health services (new to scope)
- Third Sector services, Community and Voluntary Services
- Social Care and other Local Authority services
- Interfaces with General Practice, employment and housing

In April 2017, three work streams were established to design a new Community Mental Health services offer to the patch. These were:

1. **Resources review**: Analysis conducted for the original Deciding Together consultation process was revised with the most up to date data available. The revised analysis was completed in May 2017 and showed there had been little change in activity and performance since the original analysis was concluded, and therefore there was continued validity in the original work.

2. **Stakeholder views:** During July 2017, we held two stakeholder views sessions, which had good representation across all sectors and from patients and carers. Those sessions were independently facilitated and generated a series of principles upon which the four week-long workshops were built.

3. **Design workshops**: Four week long design workshops were held during September and October 2017, attended by a wide range of stakeholders, patients and carers. These were themed:

- Getting help when you need it
- Understanding need and planning support
- Delivering support
- Staying well

Health Watch also held 'fringe events' during each of the four weeks, so those unable to attend the full weeklong workshops could contribute ideas and ask questions – feedback was provided to the design workshops the day after each fringe event.

3 Headlines of a new system

The following sections summarise the outputs of the design workshops. Detailed reports of the work are attached for further reference. The principles upon which we need work across the health and care system were developed through the four workshops, and are summarised as:

People: Those who use services and their families must remain at the forefront of our concerted efforts and work. Our workforce (paid and unpaid) is our biggest asset; we need to use their skills and time wisely.

Partnership: Commitment is there from all stakeholders to get on with the job and working differently across the health and care system, acknowledging that in some cases, significant cultural change is required. Existing budgets will need to be used/flexed creatively across the system.

Practicality: We need to turn design into reality – with some elements being designed and delivered in the next few months and others over the course of a couple of years. We need to see tangible results.

Throughout the four workshops, there was a drive to:

- Improve and simplify access to Mental Health support
- Improve transitions of care where there is meaningful system responsibility for the person ('easy in, easy out')
- Develop Hubs in the community, providing for improved joint working and a place for people to access a range of supports
- Respect Service Users and Carers as Trusted Assessors, and as full partners in care and support
- Increase the importance placed on the social supports required to help people stay well
- Increase alternatives to hospital admission
- Ensure well-coordinated, holistic care and support for everybody, and improving the crisis response for Older People with organic and functional mental health issues
- Deliver integrated training strategy across all staff groups and organisations
- Reduce organisational and sector barriers that currently limit more connected and joined up care and support, including how information is shared

The four workshop weeks generated a vast amount of detail and the reports of each week capture that detail (see appendices). The present paper simply summarises the headlines of the four workshops.

3.1 Getting help when you need it.

The first design workshop acknowledged current issues with access to services and the limitations of urgent responses, and in such it required participants to create:

- Specifications for how requests for help will be handled, and how routine, urgent, reengaging individuals will be dealt with, along with information and advice requests - in person and via telephony/technology
- Delivery of services to those in urgent need of help, including gathering and recording information, delivery of urgent assessment and treatment where needed - understanding of interfaces with Inpatients and those requirements

Workshop participants designed a simple means through which people could get help when they need it – combining a single system of access (telephone and technology) with physical buildings (Hubs) that house a range of health and care services, and facilitate face to face support. This single system of access would provide a range of services directly to the person and their Carers, and would access other services through facilitating onward referrals.

People

- Ensuring people feel they are listened to and that information will be acted upon – people-friendly rather than time-pressured
- A single system of access will include 24 hour 'First Responder' staff who link to 'Navigator'-type roles as well as professional expertise, building on resources and skills which already exist across agencies
- Equality in access to the right expertise when urgently needed

Partnership

- Joined up working between Health, Social Care and VCS to deliver this system, making best use of the skills and expertise in each organisation

Practicality

- Review of demands on current systems will inform the development of new shared access points in the system (telephone/electronic/Hubs) – some elements may be improvements on current operating methods, some may require more detailed planning to deliver
- We need to consider in more detail how those from "out of area"/ those with no GP, and those who present for care who are not entitled, are advised and supported through this system

Creating such a system would of course require a significant reconfiguration of the existing resources in the system – but all participants felt this was achievable and perhaps the most significant development that could be completed in the short to medium term.

3.2 Understanding need and planning support

The second design workshop acknowledged disjointed approaches to assessment of need across agencies currently, with limited involvement and information sharing with VCS organisations. It required participants to create:

- Specifications for how assessments will be carried out by different organisations, and how information sharing will take place
- Specification of how this understanding of need then moves to delivery of service in each provider, and how they plan service delivery with the Service User and Carers

Workshop participants noted that the term 'assessment' has negative associations for lots of people because it is often linked to eligibility of services. In the new model designed, the term 'assessment' means 'getting to know you, understanding your needs, and the urgency of those'. The assessment will take place in the most suitable environment for your needs at that point, and to differing degrees of depth:

- First Responders are understanding the story, identifying needs, then arranging access to the right services for further assessment and support
- More specialist services in the statutory and voluntary sectors will build on this initial contact and add more detail, to help in make plans to support needs identified

The model aims to respond in the right time frame for the need, narrowing the gap that can exist between urgent and routine services. It plans to cross the traditional boundaries with the assessments provided, and won't ask the same questions, so that our service users and the person who supports them tell their story only once.

People

- Ensuring people feel their needs are understood and they are not being 'processed'
- Sharing of skills and expertise across the system will include involvement of Service Users and Carers, who will be respected as 'Trusted Assessors' by services who all take the 'Triangle of Care' approach - their information being as valued as that from professionals

Partnership

- Right people getting to the right place in a timely fashion, with a holistic view of Service User and Carer needs
- Workforce in A-team – good skill mix and flexibility of role.

Practicality

- Having access to information from a range of organisational systems in an efficient and effective way poses a significant but not insurmountable challenge

3.3 Delivering support

The third week of workshops again acknowledged that disjointed approach in current ways of working, and opportunities to make better use of skills across the system. It required participants to develop the following:

- Specifications for how service users and carers will co-produce their care, treatment and support plans, and be empowered in owning those
- Specifications for how service delivery will be carried out by organisations in partnership, and how information sharing will take place

As the workshop was only one week, far greater detail is required to underpin the principles of the design created, which will be developed through the implementation process. An example of this is the agreed transition from age-based services (where those who are 65 must be seen by Older People's services) to new services based around needs.

People

- Individuals will be supported in their own homes as far as possible, and greater alternatives to admission and A&E attendance will be developed
- 'Navigator'-type roles will support Service Users and Carers in understanding and accessing a broader range of more integrated services effectively
- Service Users and Carers will be supported to focus on Recovery and Living Well, in ways that are appropriate to their circumstances and tailored to their needs
- Service Users and Carers will support services in the delivery of training with a focus on experience
- Empowered 'shop-floor' staff will innovate and solve their problems themselves, and will make links with others to do this collaboratively. This, along with improved career pathways and training, will aid staff retention/recruitment

Partnership

- Joint working and pooled budgets would improve value for money across the system - this comes from integrated commissioning, a collaborative contracting system/alliance
- Consideration of co-location of services, and development of joint training will enable improved working relationships
- A cross-agency forum to enable better ways of working and cultural shifts is needed, starting at the top with senior managers and boards – this would be tailored to Newcastle and to Gateshead, but with parity across the region

Practicality

- Time and resource will be needed to create the detailed specifications of how services will be delivered, and what is required to move from current ways of working to new models
- Improved ways of feeding information to and from the 'shop floor' will aid middle and senior managers in accurate and timely decision-making that is focussed on delivering the best outcomes
- IT teams will work together to overcome the challenges of information sharing to enable more informed referrals/planning and reduce 'bouncing'
- A comprehensive and accurate database of all services/options will be created, building on existing knowledge of what is good out there, what works

3.4 Staying well

The fourth week of workshops noted that many individuals are in receipt of services for long periods with little added value, and that a joined up focus on Recovery and Living Well across organisations would bring greater outcomes. It required participants to develop the following:

- Specifications for how Service Users and Carers will co-produce their wellbeing and recovery plans, be empowered in owning those, and how they will access support when needed
- Specifications for how information sharing will take place, and how transfers of care will be facilitated

Participants described the principles of a good 'discharge' from services, from the perspective of the patients, carers, statutory providers and voluntary providers.

People

- The system will have a collective understanding of the individual and their Carers, and will facilitate different approaches to Recovery and 'discharge' as appropriate to needs and outcomes aimed for in each case
- Service Users and Carers will co-produce WRAP/discharge plans that meets their needs, using the Triangle of Care approach, with mutual respect and listening. All will understand how they can re-access services or request help if needed
- Staff will be supported with their own wellbeing, coordinated across organisations to maximise use of expertise available

Partnership

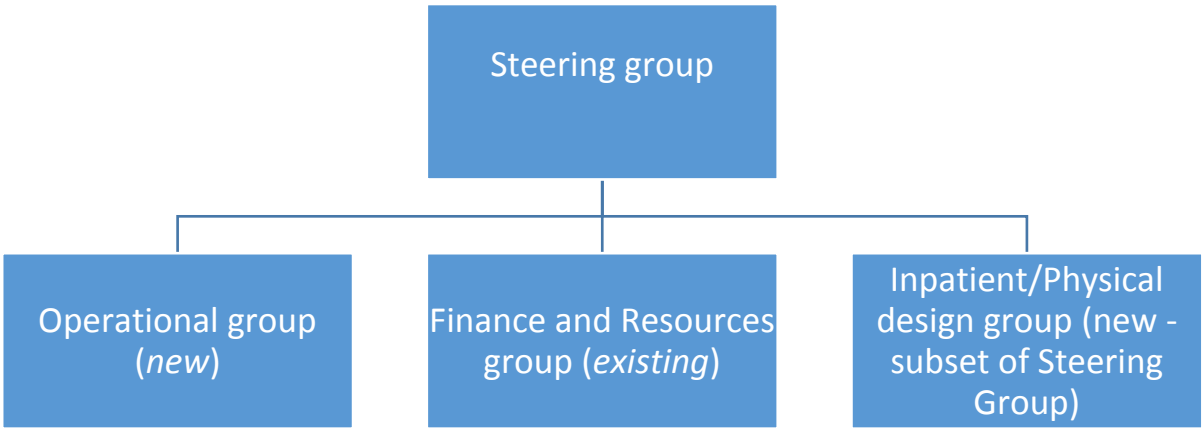
- Ideas for how organisations can best support one another, and in that, better support Service Users and Carers, need further development towards implementation
- Service planning across organisations will help to join up the pieces in advance of discharge. It will also facilitate conversations around individuals who access multiple services, and coordinated response
- Co-working between Mental Health and complex physical healthcare, e.g. diabetes, COPD, etc. gives opportunities for more positive outcomes
- Support and training from the Mental Health system for GPs/Practice staff, employment and housing staff, and those operating community groups, all offer great opportunities to improve outcomes and promote Recovery

Practicality

- Balancing those parts of the system where ongoing involvement with an individual is important, with those services who carry out specific/limited pieces of work with individuals and their Carers, is key to creating a holistic system with shared ownership and knowledge
- Staying well requires quick access back into services when needed, so this part of the design relies on the 'front door' – in that, information sharing challenges are significant, as this relies on pertinent information being available immediately

4 From design to reality

All partners involved in the workshops have made a commitment to turning the design outputs to a practical reality – and quickly. To ensure we have a strong implementation arrangement, the following structure is proposed.



4.1 Steering group (formerly known as the Governance Group)

This group has begun to meet, and a time-limited oversight arrangement will continue to operate until March 2018, to ensure we create the appropriate conditions to deliver the redesigned Community Mental Health services. They will specifically provide:

- **Oversight and direction** to the working groups – primarily the Operational group and the Finance/Resources group, but also for any specific redesign project work streams that emerge. The Steering group will consider what arrangements are required to deliver the outputs of the workshops, as advised by the Operational and Finance/Resources groups, will create opportunities and unblock barriers.

- **Contracting – expediting the arrangements** - we need to create a partnership of providers to deliver the outputs of the Deciding Together, Delivering Together programme. There are many and various contracting options to make a reality of a partnership arrangement, and they will be explored over the coming months, with a view to having in place an arrangement from April 2018 that facilitates the changes to be made. The Steering group will consider all options and determine, by December 2017, the contracting arrangement (this may potentially be an interim arrangement).

- **Inpatient/Physical design group** – a sub-group is being established to develop a system-wide approach to the design of inpatient and wider bed-based system capacity, in response to the redesigned Community Mental Health system, and with the aim of meeting the needs of the population in the least restrictive way. The Steering group will direct this work, and those involved will include:

CCG	Guy Pilkington (also representing GPs on this group and Steering Group Chris Piercy (chair)
Local authorities	Steph Downey (Gateshead) Ali McDowell (Newcastle)
Major providers	James Duncan (NTW) Nichola Kenny (Gateshead health) Brendan Hill (Concern group) Sally Young (NCVS)

Support
- Julie Ross/ Catherine Richardson (integration)
- Trust Innovation Group

4.2 Operational group

A time-limited Operational group will be convened on 30th November 2017, to review the outputs or the Deciding Together, Delivering Together work, and to break this down into three categories of delivery:

- Short term actions (by March 2018) – policies, processes, and anything immediate
- Medium term actions (by March 2019) – relating to the way in which services operate and are configured
- Long term actions – considering the elements of the new service that rely on larger scale changes being made (e.g. developing the physical Hubs).

The group will coordinate workstreams arising, ensuring fidelity to the model designed. They will report to the Steering group and will not be a decision-making body. They will call upon expertise such as IT and that of Acute Trusts as required.

It will comprise:

CCG	Catherine Richardson Karen Elliott
Local authorities	TBC
Major providers	NTW – Tony Quinn GHFT – Catherine Kirkley Concern group – Scott Vigurs Primary care – Con Conrad VOLSAG – Steve Nash
User and carer leads	Newcastle and Gateshead Carers organisations to supply leads Service User representation – VCS to advise

Support
- Julie Ross/ Catherine Richardson (chair)
- Trust Innovation Group

Healthwatch to be invited to offer a level of scrutiny as work progresses, and to feed in wider views

	Carer representation – VCS to advise

4.3 Finance and Resources group (already in existence)

This group has met several times and will continue to operate until March 2018. The group is working to understand current configuration of finance and resources in the Mental Health services system, to support the Operational group in identifying the resource implications of the future model.

The group will report to the Steering group and will not be a decision-making body. It will comprise:

CCG	Jill McGrath Karen Elliott Julie Ross/Catherine Richardson
Local authorities	Kristina Robson (Gateshead) Adam Fletcher (Newcastle)
Major providers	NTW – Dave Rycroft/Keith Armstrong GHFT – Andy Fletcher/Jane Faye Concern group – Jayne Coulter/ Scott Vigurs

Support
- James Duncan (chair)
- Trust Innovation Group

5 Appendices

5.1 Tactical communication ideas

This plan sets out the communications products needed in order to ensure partners and key stakeholder are updated around the next steps in developing community Mental Health.

This is draft only and a full communication strategy/involvement plan will be developed and owned by the Steering Group.

Product	Comment	Who
Background briefing	Sets the narrative context for stakeholder updates	NECS – Caroline Latta
Media release	Drawn from the above	NECS
B2B article	For use in internal communications across partners Drawn from media release	NECS
Web copy	Also publication scheme – what documents can be published? Reports from each RPIW?	Julie Ross with support from NECS CL
Questions and answers	Identify key questions and answers to help stakeholders understand the work on-going	NECS with input from comms leads and Julie Ross
Digital story board – plus video Social media messages drawn from the above	Visual representation of the social media work over the workshops	NTW (AJ) with support from RW

Organisation	Channel	Owner
CCG	Website section to host info GP bulletin Stakeholder bulletin Media release Social media messages and links	NECS
Newcastle Local Authority	Integration bulletin City life article Social media messages and links Internal communications	Harry Wearing
Gateshead Local Authority	Council news article Social media messages and links Internal communications	Elaine Barclay
NTW	Social media messages and links Internal communications FT members Governors	Adele Joicey
Gateshead NHS FT	Social media messages and links Internal communications FT members Governors	Ross Wigham
Newcastle NHS FT	Social media messages and links Internal communications FT members Governors	Caroline Parnell
Identified Boards and Governance groups	As required to meet their ToR and needs	TBC
Identified partner channels Healthwatch Mental Health CVS partners	TBC Check with Volsag, recovery college, etc. Social media messages and links	TBC

Author: Caroline Latta – November 2017

5.2 Full reports of Deciding Together, Delivering Together workshops

The summary reports for the Deciding Together, Delivering Together Workshops have now been published. They are on the NGCCG website and can be viewed here

Gateshead Council

HEALTH AND WELLBEING BOARD
1 December 2017

TITLE OF REPORT: Strategic Review of Carers Services

Purpose of the Report

1. To inform the Health & Wellbeing Board on the current position of the strategic review of services in Gateshead for unpaid Carers.

Background

2. In response to the implementation of the Care Act 2014 Gateshead Integrated Commissioning Group agreed for Gateshead Council to take the lead on the review of Carers services in Gateshead.

3. The review provides an exciting opportunity for both Gateshead Council and Newcastle Gateshead Clinical Commissioning Group in taking an innovative approach to the integrated commissioning of carers services across Gateshead.

4. We are moving from jointly commissioned services to an integrated commissioned service between the Clinical Commissioning Group and Local Authority. We hope the learning from this work will support other areas and act as an exemplar as we move forward on our integration agenda.

Current Position

5. On 17 October 2017, Gateshead Council's Cabinet gave approval for the Council to jointly procure, with Newcastle Gateshead CCG (NGCCG), an all age carers' service in Gateshead. This approval enables us to move towards our procurement activity and produce relevant documentation for our future tender.

6. The preferred option is to go out to tender with one overarching contract for Carers with service requirements divided into 3 separate LOT's as follows;

   - LOT 1 Young carers (aged 0 – 18 years)
   - LOT 2 Adult Carers (aged 18 years and over)
   - LOT 3 Carer Relief

7. Each of the above mentioned LOT's will have their own service specification which will focus on the key objectives identified during engagement activity. This will include; keeping carers informed, supporting carers to look after their health and wellbeing, offering carers a break from caring and raising awareness of the role of carers.

8. Current commissioned Providers have been asked to submit details relating to staff that could potentially be transferring under TUPE to the new service.

9. We are meeting with current commissioned Provider's week commencing 20 November to discuss with them how best to collect information relating to individual

carers who are actively being supported, the interventions delivered and frequency of such.

10. This information will be used to inform potential bidders of the number of carers they will need to be supporting with effect from the date of commencement of the new service to ensure consistent delivery of carer support to avoid any potential breakdown in the caring role.

11. We are also asking our Providers to help us identify the best way to communicate with carers to ensure we keep them informed of the process of the review.

12. A contract value has been formalised between Gateshead Council and Newcastle Gateshead CCG which will be shared at the point the tender is released.

Proposed Next Steps

13. We are working to our project plan and key timelines include:

Tender advertised on NEPO portal	4 January 18
Intended contract award date	3 April 18
Service commencement	July 2018

14. We will be implementing a transition period during April to June 2018. This will provide opportunities for the incoming Providers to develop a transition plan which incorporates goals, priorities and strategies to ensure a smooth transition of support for carers.

Contact: Jon Tomlinson, Interim Service Director, Commissioning and Quality Assurance 0191 433 2352

Jane Mulholland, Director of Operations and Delivery, Newcastle Gateshead Clinical Commissioning Group 0191 2172982

Gateshead Council

HEALTH AND WELLBEING BOARD
1 December 2017

TITLE OF REPORT: Performance Report for the Health & Care System

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Purpose of the Report

1. This paper provides an update on performance within health and social care to enable the Health and Wellbeing Board to gain an overview of the current system and to provide appropriate scrutiny.

Background

2. An initial Performance Report was considered by the Board on 17 July 2015. That report proposed a suite of indicators to form the basis for a Performance Management Framework for consideration by the Health and Wellbeing Board on a regular basis.

3. The report focused on metrics and did not consider other aspects such as financial performance or monitoring of action plans as these are addressed through other processes. The Health and Wellbeing Board considered the suggested indicators to be appropriate and a reporting schedule was agreed.

Update

4. Because of the diverse range of indicators included in the Framework, the frequency with which metrics are updated varies. The latest available data for each indicator is reported.

5. Agency performance leads have highlighted metrics that are worth further consideration by the Board. This could be because they represent a cross cutting issue or have been identified as an area of significant improvement or key risk.

Overview of Current performance

6. Tables providing fuller details of performance are provided as appendix 1. Indicators highlighted for this report are:

Gateshead Local Authority Public Health Strategic Indicators (appendix 1)

7. For most of the Public Health Strategic Indicators, Gateshead is currently considered to be significantly worse than the England averages. However, some improvements have been achieved.

8. The Indicator LW13 Stabilise the rate of Hospital Admissions, per 100,000 for Alcohol related harm has improved from 1017 per 100,000 in 2015/16 to 989 per 100,000 in 2016/17. Despite this improvement Gateshead is still significantly worse than the England and North East rates and this figure is currently provisional pending the Public Health Frameworks tool updates.

9. LW4 Reduce Excess weight in 4-5 year olds has improved from 22.3% in 2015/16 to 22.0% in 2016/17. Gateshead is now considered to be similar to the England average of 22.6% and is considered to be significantly better than the North East average of 24.5%. The same measure for 10-11year olds has worsened, from 37.9% in 2015/16 to 38.5% in 2016/17. This is considered to be significantly worse than the England average of 34.2%. Gateshead has the 3rd highest percentage of the 12 North East local authority's but we could only be considered significantly worse than 2 of these and statistically similar to the other 9.

10. LW23 Gap in life expectancy at birth between Gateshead and England as a whole (female) has improved from -1.9 years for the 2012-14 period to -1.7 years for the 2013-15 period. For the same period LW22 (Males) has not changed remaining at -1.8 years.

11. The Gap in employment rate between those with a learning disability and the overall employment rate (LW15) has improved from 64.5% in 2014/15 to 62.9% in 2015/16. As a result of this decrease Gateshead can be considered significantly better than the England average of 68.1% and not significantly different to the North East average of 63.9%. This would suggest that 62.9% less people with a learning disability are currently in employment compared to those who don't.

12. Indicator LW18 Excess under 75 mortality rate in adults with serious mental illness (indirectly standardised ratio) has improved from 408.2 in 14/15 (2013/14 period) to 397.3 in 2015/16 (2014/15 period). Gateshead is currently better than the North East ratio of 461.2 but is higher than the England ratio of 370.0. This indicator compares the number deaths based on age specific mortality rates in the general population against observed deaths with adults with serious mental health illness. Using this methodology, the data suggests that Gateshead has a higher rate of mortality than England as whole amongst adults under 75 with serious mental illness.

13. The percentage of people who are dissatisfied with life measured in indicator LL4 has worsened compared to the last report, up from 4.1% in 2015/16 to 4.9% in 2016/17. Gateshead is currently higher than the England value of 4.5% but is lower than the North East value of 5.1%. This is currently provisional and has not yet been verified via Public Health England Frameworks tool.

14. Both Health inequalities indicators LW24 Reduce the inequalities in life expectancy across Gateshead (Slope Index of Inequality in Years) (Male) and LW25 (Female) have worsened from the previous report. LW24 has gone from 9.5 years in 2012-14 to 9.9 years in 2013-15 and LW25 has gone from 7.6 years in 2012-14 to 8.7 years in 2013-15. Due to the calculation methods for these indicators neither are directly comparable with either the North East or England.

15. Hospital admissions for self-harm (LW16), as a rate per 100,000 for 10-24 year olds has increased from 531.3 2014/15 to 544.9 in 2015/16. Gateshead is considered to be significantly worse than both the England average of 430.5 per 100,000 and the North East average of 442.9 per 100,000. This rate equates to 189 admissions for 2015/16 compared to 179 for 2014/15, it should be noted that this relates to episodes of admission and not individual persons.

16. LW19 Reduce Mortality from Causes considered Preventable has worsened, from 232.7 per 100,000 in 2013-15 to 239.1 per 100,000 in 2014-16. Gateshead is currently considered to be significantly worse than the England average and is not significantly different to the North East average. Gateshead has the 4th highest rate of preventable mortality in the North East.

17. Smoking status at time of delivery (LW2) has increased from 13.3% in 2015/16 to 14.5% 2016/17. Gateshead is currently considered to be significantly worse than the England average and is not significantly different to the North East average. Despite the increase Gateshead has the 3rd lowest rate of smoking status at time of delivery in the North East.

18. Indicators LW20, LW21 and PG20 have not been updated since the previous report. These will be updated as and when the relevant data sets are released.

Gateshead Better Care Fund (appendix 2)

19. Non Elective admissions year to date to Q2 are circa 9.3% below planned levels (10636 compared to a plan of 11503). The current projection to reduce non-elective admissions is on track to meet target, however the impact of the forthcoming winter months and the resultant additional demands on the health and social care system will mean that maintaining this trajectory will be challenging.

20. During April 2017 to September 2017, there were145 permanent admissions of older people to residential or nursing care (374.1 per 100k population) compared to a plan of 370 admissions (950.5 per 100k population) for all of 2017/18 under the BCF definition, indicating performance is on track. So far this year we have seen fewer admissions compared to the same period in 2016/17 (161 admissions).

21. 85.1% of older people were still at home 91 days after hospital discharge who received a reablement service. The value is based on people discharged from hospital during January to June 2017 and followed up 91 days later. Performance has improved compared to the same time last year (79.2%) and is close to the planned target of 85.6%.

22. The average number of delays per day, per 100,000 population for September 2017 is 6.89, for delays attributable to Social care and NHS. This is within the monthly target of 8.2 per 100k for September 2017. Performance has improved significantly compared to the same point last year, where the equivalent rate was 13.5 per 100k.

    a. 5.6 per 100k population were delayed on average per day, where the NHS was attributable which is slightly over the target of 5.5. This is an improved position compared to the same time last year (5.9).

    b. The average number of social care delays per day for September 2017 was 1.3 per 100k. This is within target of 2.6 per 100k population and shows significant improvement compared to the same time last year (7.6).

23. Whilst we have significantly reduced the number of delayed days in Q2 and the September 2017 monthly target has been achieved – we have not met the quarterly BCF trajectory by a small margin, (there were 1079 delayed days in Q2 compared to a Q2 trajectory of 1046). This represents a significant reduction from Q1 when there were 1376 delayed days.

CCG Assurance - CCG Improvement and Assessment Framework (appendix 3)

24. NHS England has introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17 onwards. The *Five Year Forward View,* and the Sustainability and Transformation Plans (STPs) for each area, have the "triple aim": (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients; and (iii) better value in a financially sustainable system. The new framework aligns key objectives and priorities and has been designed to supply indicators for adoption in STPs as markers of success.

25. The Framework covers indicators in 4 domains: Better Health, Better Care, Sustainability and Leadership.

26. The Forward View and the planning guidance set out national ambitions for transformation in a number of vital clinical priorities such as mental health, dementia, learning disabilities, cancer, maternity and diabetes. CCGs are to be given annual "Ofsted style" ratings for each of these areas using a selection of indicators taken from the CCG IAF.

27. Ratings have been published for the dementia, mental health and cancer clinical priorities, and Newcastle Gateshead CCG has maintained its "Outstanding" rating for dementia and improved to a "good" rating for both cancer and mental health, compared to the previous assessment. These ratings compare favourably to other local CCGs in the area. The indicators highlighted in red within appendix 3 are where the CCG falls below the national target. Appendix 3 compares the CCG (blue dot) to the national (red line). An action plan has been developed for all areas detailing, where appropriate, more up to date actions and data. The 2016/17 ratings for learning disabilities, diabetes and maternity have not yet been published.

28. Despite continued good quality services and leadership, the CCG has been awarded an overall rating of "Needs Improvement", in 2016/17, a rating largely due to the financial performance where a surplus of £10.7m was delivered against an expectation of £15.2m.

Newcastle Gateshead CCG Quality Premium (appendix 4)

29. The Newcastle Gateshead CCG quality premium (QP) is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.

30. The 2017/19 quality premium is based on a set of measures that cover a combination of national and local priorities as detailed in appendix 4. Areas which are currently at risk are as follows and appropriate actions are being implemented:

    - Continuing Health Care (80% of Cases with a positive checklist where the eligibility decision is made by the CCG within 28 days)

    - Bloodstream infections reduction

NHS Constitution (appendix 5)

31. The NHS constitution establishes the principles and values of the NHS and sets out the rights for patients and the public including the rights patients have to access services.

    Key constitution indicators have been outlined in appendix 5 and the risks at the end of 2017/18 Q2 were as follows:

- Diagnostics has been a national pressure and through Q2 2017/18 we have experienced pressures at both Newcastle Upon Tyne Hospitals (NUTH) NUH FT (MRI and Radiology) and Gateshead Health NHS FT (Echocardiography). Gateshead Health is expected to recover from October 2017; however national workforce pressures are being experienced at NUTH in MRI and Radiology which have put CCG performance at risk. Recovery actions are in place at both FTs.

- NEAS 'Category A' Response times have been under pressure since throughout 2016/17 and into 2017/18. A new set of NHSE performance standards for the English ambulance services through the national Ambulance Response Programme (ARP) is now in place. NEAS are developing an operations model (eg. staff skill mix and number of ambulances and cars) to match the new ARP model, and this should improve response to all categories of patients. There is no local or national reporting on response times until April 2018.

- A&E performance at Gateshead Health NHS FT has been strong throughout 2017/18 and above the 95% standard at 95.8% in the year to October. Performance was marginally below the 95% standard at Gateshead Health NHS FT for October at 94.6%. A&E performance is marginally below the 95% standard at Newcastle upon Tyne Hospitals at 94.8% in the year to October. The 95% standard was met for Q2 however at Newcastle upon Tyne Hospitals NHS FT, at 95.5%, and also for the month of October at 95.4%. Moving into the winter period however, pressures are being experienced and the A&E improvement plans continue to be implemented at both Trusts, along with the plans to reduce Delayed Transfers of Care (DToC).

Children's Strategic Outcome Indicators (appendix 6)

32. While a number of targets are currently indicated as not met in appendix 5, overall performance for the 8 children strategic indicators shows a positive trend with 5 out of the 7 with updated data showing an improvement from same position last year.

33. Academic outcomes for children in Gateshead have been strong this year. The proportion of 5 year olds attaining a good level of development has risen year on year and is now within 1% of the national average. At Key Stage 1 Gateshead children outperformed the national average in all assessments, in terms of the proportion of children reaching 'the expected standard or above' now that levels are no longer used. Outcomes at Key Stage 2 have been strong for several years, and remain so. Provisional 2017 data show Gateshead ranked 15th out of 152 Local Authorities in the % children who reach the expected standard in all of Reading, Writing and Maths. GCSE and equivalent outcomes at Key Stage 4 have been relatively strong and have remained above the national average for several years.

34. The numbers of referrals received by Children Social Care has slightly increased however remains slightly below the current year-end target. The numbers of children subject to a child protection plan and Looked After remain higher than national averages, however are more in line with statistical and regional neighbours. At the end of September 281 children were the subject of a child protection plan reduction from 374 at the same time last year. 281 equals a rate of 70.3 per 10,000.

35. While the number of children subject to a child protection plan has reduced the number of LAC has increased. At the end of September 2017 there were 395 looked after children in Gateshead an increase from 349 last year. 395 equals a rate of 98.8 per 10,000 children. This is higher than the England (62), North East (92) and Statistical Neighbour (89.2) rates per 10,000.

36. In terms of qualitative indicators, the percentage of children who experienced becoming the subject of a second or subsequent child protection plan improved from 19.5% last year to 17.3% currently, and while above the current target continues to move in the right direction. The placement stability of LAC in the same placement for 2 or more years at 86.5% has seen a very slight reduction however remains well above the current target of 78%.

Adult Social Care Strategic Outcome Indicators (appendix 7)

37. Performance is positive, with 5 out of 9 adult social care indicators showing improvement compared to the same time last year. Please also see the Better Care Fund section.

38. The proportion of Clients receiving self- directed support is within 2% of target and performance has improved compared to the same period last year. The proportion of carers receiving self-directed support is within 1% of target, and also shows performance has improved from last year.

39. The proportion of clients in receipt of Direct Payments has improved, from 21.5% April to September 2016/17 to the current 22.5%. For carers, 35.9% received direct payments, and demonstrating improved performance compared to the same period in 2016/17. Performance is also currently higher than target.

40. 27.6% of carers received direct payments, which is significantly below the 2015/16 North East and England averages for this indicator (47.9% and 67.4% respectively), but showing improved performance compared to the same period in 2015/16. Further work is needed to understand the difference between these averages and a target has not been set at this stage.

41. Performance (5.4%) is below the 6 monthly target of 11.5% for the number of adults with learning disabilities in paid employment, and is lower than performance for the same time last year (9.1%). It should be noted that this is a cumulative indicator so performance will improve month on month. When comparing to September 2016 there was a sharp increase in performance. This year is more comparable with 2015-16 where the figure steadily increased through the year with September 2015 showing 5.5%. Similarly, the proportion of adults with learning disabilities living in their own home (32.8%) is lower than the 6 monthly target of 44.8% and lower than the same time in 2016 (43.2%).

42. There were 3.3 permanent admissions for people aged 18 to 64 per 100,000 population during April to September 2017 (4 people). This is higher than the 1.6 of September 2016 (2 people). Work is underway to examine these cases in detail which may result in an improvement in performance.

43. The latest data available for adults in touch with secondary mental health services in paid employment (ASCOF 1F) and living independently (ASCOF 1H) covers the period April to July 2017. The proportion in paid employment is 5.5% which is lower than July 2016 (6.9%), and lower than the target of 6.7%. For those in settled accommodation performance of 50.6% is higher than July 2016 (46.6%), and is currently above target (50.0%).

Recommendations

44. The Health and Wellbeing Board is asked to consider current performance and comment on any amendments required for future reports.

Contact: Gary Lewis, Gateshead Council **Tel:** 433 2397

Appendix 1: Gateshead Local Authority Public Health Strategic Indicators (Compared to England Value)

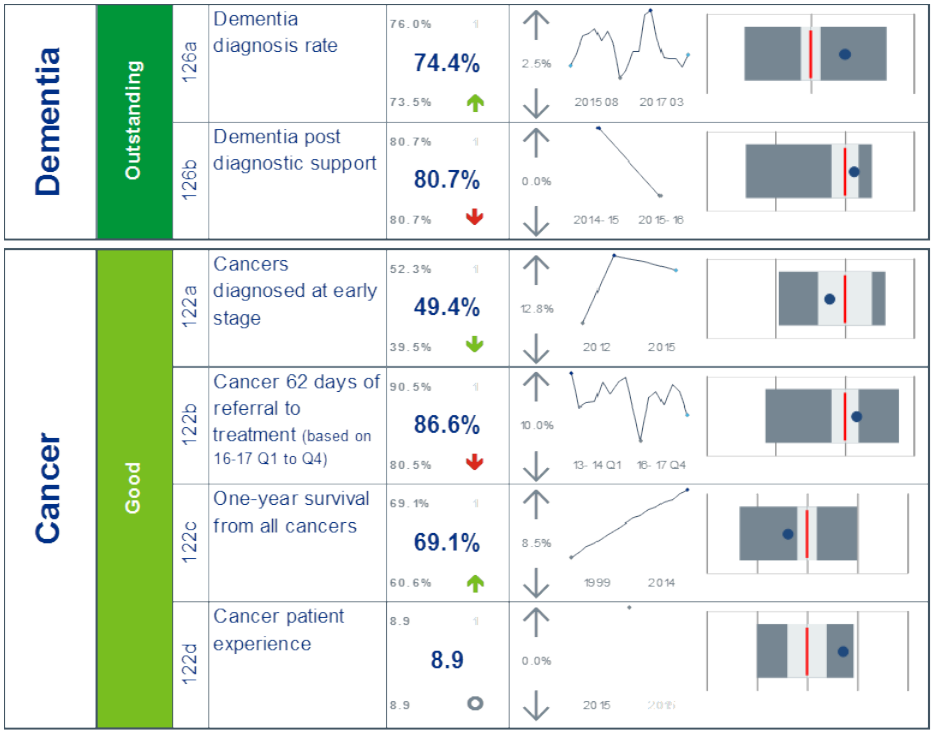
Significantly better than the England Average
Not significantly different to the England Average
Significantly worse than the England Average
North East Average

Indicator	Data Period	Count	Gateshead Value	N/E Average	England Average	England Worst	England Range	England Best
(LW19) Reduce Mortality From Causes Considered Preventable (Rate per 100,000)	2014-16	1386	239.1	228.3	182.8	330.0		129.7
(LW13) Stabilise the Rate of Hospital Admissions, per 100,000 for Alcohol Related Harm	2016/17	1952	989	867	645	1142		286
(LL4) Decrease the Percentage of People who are Dissatisfied with Life (%)	2016/17	-	4.9%	5.1	4.5	8.5		2.8
(LW24) Health Inequalities - Reduce the Inequalities in Life Expectancy across Gateshead (Male) (SII Years)	2013-15	-	9.9	-	-	15.1		2.9
(LW25) Health Inequalities - Reduce the Inequalities in Life Expectancy across Gateshead (Female) (SII Years)	2013-15	-	8.7	-	-	12.7		1.7
(LW20) Healthy Life Expectancy at Birth (Male) (Years)	2013-15	-	57.0	59.6	63.4	54.0		71.1
(LW21) Healthy Life Expectancy at Birth (Female) (Years)	2013-15	-	59.1	60.1	64.1	52.4		71.1
(LW22) Gap in Life Expectancy at Birth Between each Local Authority and England as a whole (Male) (Years)	2013-15	-	-1.8	-1.6	0.0	-5.2		3.9
(LW23) Gap in Life Expectancy at Birth Between each Local Authority and England as a whole (Female) (Years)	2013-15	-	-1.7	-1.6	0.0	-3.7		3.3
(LW4) Reduce Excess Weight in 4-5 and 10-11 year olds (4-5 yo) (%)	2016/17	-	22.0%	24.5	22.6	28.2		15.0
(LW4) Reduce Excess Weight in 4-5 and 10-11 year olds (10-11 yo) (%)	2016/17	-	38.5%	37.3	34.2	43.9		25.3
(LW15) Gap in employment rate between those with a learning disability and overall employment rate (Persons)	2015/16	-	62.9 (% points)	63.9	68.1	77.8		48.3
(LW17) Gap in employment rate for those in contact with SMH services and overall employment rate (Persons)	2015/16	-	69.2 (% points)	64.6	67.2	78.4		53.6
(LW18) Excess under 75 mortality rate in adults with serious mental illness (Indirectly Standardised Ratio)	2014/15	-	397.3	461.2	370.0	570.4		164.8
(LW2) Prevention of ill Health: Prenatal Outcomes (% of mothers smoking at time of delivery)	2016/17	312	14.5%	16.1	10.7	28.1		2.3
(PG20) Proportion of Children in Poverty: Reduce Child Poverty Rate	2014	8840	22.2%	24.3	19.9	41.9		6.8
(LW16) Equalities Objective - Hospital Admissions for self-harm, rate per 100,000 (10-24 yo)	2015/16	189	544.9	442.9	430.5	1444.7		102.5

Appendix 2: Gateshead Better Care Fund National Metrics

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2017/18 Target	Risk to Year End
Non-Elective Admissions (average per month)	Gateshead Local Authority	2017/18 Q2	10636	-	11503	22561	No current risk
Permanent admissions of older people (65+) to residential and nursing care homes, per 100,000 population	Gateshead Local Authority	2017/18 Q2	182.8	**374.1**	950.5	950.5	No current risk
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Gateshead Local Authority	2017/18 Q2	85.1%	**85.1%**	85.6%	85.6%	Risk
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) NHS and Social Care Attributed delays	Gateshead Local Authority	2017/18 Q2	6.9 (Sep 2017)	1079 (Q2 days)	8.2 (Sep 2017)	8.2 / 1014 days (Q4)	No current risk

Appendix 3: Improvement and Assessment Framework Clinical Priorities Ratings assessment 2016/17



Appendix 4: Newcastle Gateshead CCG Quality Premium 2017/18

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	2017/18 Target	Risk to Year End
Cancers diagnosed at early stage	NHS Newcastle Gateshead CCG	2015	49.4%	4% improvement on 2016	National data not yet available
Overall experience of making a GP appointment	NHS Newcastle Gateshead CCG	July 2017	74.4%	77.4%	National data not yet available
Continuing Health Care (80% of Cases with a positive checklists where the eligibility decision is made by the CCG within 28 days)	NHS Newcastle Gateshead CCG	Q2 2017	61.7%	80%	**Risk**
IAPT Access for older people and Recovery rate for BME Community	NHS Newcastle Gateshead CCG	Aug 2016	N/A	Improvement on 2016/17 level	IN year data not yet available
Bloodstream infections reduction	NHS Newcastle Gateshead CCG	Sep 2017	242	190	**Risk**
65% applicable patients go to a stroke unit within 4 hours	NHS Newcastle Gateshead CCG	Dec 16 to Mar 17	76%	65%	**No Risk**

Appendix 5: NHS Constitution

Indicator	CCG / Provider / LA	Latest Data Period	Performance	2017/18 Target	Risk to Year End
18 Week Referral to Treatment (Incomplete Pathways)	Newcastle Gateshead CCG	Sept-17	94%	92%	No current risk
RTT 52 weeks for treatment	Newcastle Gateshead CCG	Sept-17	0	0	No current risk
A&E 4 Hour Waits	NuTH	Oct-17	95.4% (Oct) 94.8% (Oct YTD)	95%	Risk
	GHNT	Oct- 17	94.6% (Oct) 95.8% (Oct YTD)	95%	Risk
62 days Referral to treatment for suspected Cancer	Newcastle Gateshead CCG	Sept-17	90.8%	85.0%	No current risk
Ambulance response times	• July 2017 – New set of NHSE performance standards for the English ambulance services through the national Ambulance Response Programme (ARP). • No national reporting of Ambulance response times until April 2018.				
< 6 weeks for the 15 diagnostics tests	Newcastle Gateshead CCG	Sept-17	98.4%	99%	Risk
	GHNT	Sept-17	98.5%	99%	Risk
	NuTH	Sept-17	98%	99%	Risk

Appendix 6: Children's Strategic Outcome Indicators

Indicator Description	Current month previous year (Apr-Sep 2016)	Performance Apr-Sep 2017	Year End Target	Traffic Light	Trend (Compared to same period last year)
PG21 - Readiness for school: Children achieving a good level of development at age 5 (Early Year Foundation Stage scores) – New Definition	63.7%	**70%**	Awaiting government guidance on future of this indicator		↑
PG23 - Increase the % of children attaining the expected standard at the end of KS2 (*New - used from summer 2016)*	61% (academic year 2015/16)	**67% (academic year 2016/17 provisional)**	85% (2020 target)	-	↑
PG24 -Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths (*final year was 2016 with 2017 first year of the new 1-9 grade*)	59% (academic year 2015/16)	**Academic year 2016/17 not yet published**	No target set at this time	-	-
Rate of children's services referrals per 10,000 (cumulative indicator)	209.3	**218.3**	225 (6 month target)	Not met target	↑
LW6 - Number of Children with a Child Protection Plan per 10,000	93.7 (374 CYP)	**70.3 (281 CYP)**	60 per 10,000	Not Met Target	↓
Children who are subject to a second or subsequent child protection plan	19.5%	**17.3%**	Less than 15%	Not Met Target	↓
Number of looked after children per 10,000	87 (349 CYP)	**98.8 (395 CYP)**	Less than 84.9 per 10,000	Not Met Target	↑
% of Looked After Children living continuously in the same placement for 2 years	87.8%	**86.5%**	78%	Met Target	↓

Appendix 7: Adult Social Care Strategic Outcome Indicators

Indicator Description	Current month previous year (Apr-Sep 2016)	Performance Apr-Sep 2017	Year End Target	Traffic Light	Trend (Compared to same period last year)
ASCOF 1C (part 1A) Proportion of Clients receiving self-directed support	91.3%	93.0%	95.0%	Not Met Target	↑
ASCOF 1C (part 1B) Carers receiving self-directed support	90.3%	94.0%	95.0%	Within +/- 5% of monthly target	↑
ASCOF 1C (part 2A) Proportion of clients receiving direct payments	21.5%	22.5%	22.0%	Met target	↑
ASCOF 1C (part 2B) Proportion of carers receiving direct payments	27.6%	35.9%	25.0%	Met target	↑
ASCOF 1E Proportion of adults with learning disabilities in paid employment	9.1%	5.4%	11.5% (6 month target)	Not Met Target	↓
ASCOF 1F Proportion of adults in contact with secondary mental health services in paid employment	6.9% (Jul 2016)	5.5% (Jul 2017)	6.7%	Not Met Target	↓
ASCOF 1G Proportion of adults with learning disabilities living in their own home or family	43.2%	32.8%	44.8% (6 month target)	Not Met Target	↓
ASCOF 1H Proportion of adults in contact with secondary mental health services living independently, with or without support	46.6% (Jul 2016)	50.6% (Jul 2017)	50%	Met target	↑
ASCOF 2A(i) 18-64 Permanent admissions to residential & nursing care homes (rate per 100,000 population)	1.6	3.3	4.1	Not Met Target	↓

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Item 8

Gateshead Council

HEALTH AND WELLBEING BOARD
1 December 2017

TITLE OF REPORT: Better Care Fund: 2nd Quarterly Return (2017/18) 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 2nd Quarter of 2017/18.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission 2017-19 at its meeting on 8 September 2017, which in turn was approved in full by NHS England on 27 October 2017.

3. NHS England is continuing its quarterly monitoring arrangements for the BCF which requires quarterly template returns to be submitted. However, it has not sought a return for Quarter 1 as the BCF planning exercise was not complete for that quarter.

Quarter 2 Template Return for 2017/18

4. In line with the timetable set by NHS England, a return for the 2nd quarter of 2017/18 was required to be submitted by the 17th November and this requirement has been met. The return sets out progress in relation to budget arrangements, meeting national conditions, performance against BCF metrics and implementation of the High Impact Change Model for managing transfers of care. It also includes a narrative update on progress made.

Proposal

5. It is proposed that the Board endorse the 2nd Quarter BCF return for 2017/18 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 2nd Quarter return for 2017/18.

Contact: John Costello (0191) 4332065

Better Care Fund Template Q2 2017/18

Guidance

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

The details of each sheet within the template are outlined below.

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.

3. The checker column will appear “Red” and contain the word “No” if the information has not been completed. Clicking on the corresponding “Cell Reference” column will link to the incomplete cell for completion. Once completed the checker column will change to “Green” and contain the word “Yes”
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes onfirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 17/19, planned targets have been agreed for these metrics.
This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:
- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net

- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.
The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.
Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

4. High Impact Change Model

The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:
Not yet established - The initiative has not been implemented within the HWB area
Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement
Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement
https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide further detail on the initiatives implemented and related actions that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter and any impact to highlight, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

Hospital Transfer Protocol (or the Red Bag Scheme):
The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.
Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bag / Hospital Transfer Protocol:
A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.youtube.com/watch?v=XoYZPXmULHE

5. Narrative

This section captures information to provide the wider context around health and social integration.
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q2 2017/18

1. Cover

Version 1

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Gateshead
Completed by:	Hilary Bellwood/JohnCostello
E-mail:	hilarybellwood@nhs.net
Contact number:	0191 217 2960
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Lynne Caffrey Chair Gateshead Health and Wellbeing Board

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'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0

Better Care Fund Template Q2 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Gateshead

Confirmation of National Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	No	As full approval of our BCF submission was received on 27 October, arrangements are now being put in place to finalise a S75 pooled budget agreement for our BCF 2017-19, similar to the pooled fund arrangements previously in place. It is envisaged that this will be progressed in parallel to the finalisation and sign-off of a S75 agreement for a 'Continuing Health Care and Funded Nursing Care Lead Commissioning and Procurement Service'. The date identified within the next column refers to expected sign-off date of both S75 agreements. This is consistent with a key theme of our BCF submission that the BCF forms part of a broader picture in working towards the integration of health and care services and therefore should not be seen in isolation.	31/12/17

Better Care Fund Template Q2 2017/18

3. Metrics

Selected Health and Well Being Board: Gateshead

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	The current projection for this metric is on track to meet this target, however the impact of the forthcoming winter months and the resultant additional demands on the health and social care system will mean that maintaining this trajectory will be challenging.	Non Elective admissions year to date to Q2 are circa 9.3% below planned levels.	None identified
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	The increasing ageing population will continue to pose a challenge, half of the permanent admissions during April to September 2017 were for people aged 85 and over, a trend which has remained consistent over the last 3 years. In addition, the number of people being admitted to EMI residential care is showing an increase compared to 2015/16 (47% 2017/18 compared to 42% 2015/16).	During the period of April to September 2017 there have been 145 admissions into permanent care. This represents 372.5 admissions per 100,000 populations (65+). This is an improvement in performance compared to the same point last year, where there were 161 permanent admissions (420.0 per 100,000 population). Performance is currently on track to meet the yearend target of 950.5 per 100k (370 admissions). The implementation of a panel process which provides greater scrutiny has helped to reduce permanent admissions. A pilot for using in house domiciliary care services and care call to support overnight needs has enabled people to remain at home rather than go into 24 hour care. The pilot has supported 21 people so far, for an average of 15 nights. 17 of the 21 people (81%) supported through this pilot had no	None identified
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	We have made incremantal improvements in achieveing this target and if current performance is maintained we expect to meet the target in Q3	The indicator value stands at 85.1% (297 out of 349) for all of those aged 65 and over that were discharged from hospital into reablement during January and June 2017 and still at home 91 days later. Performance has improved compared to the same period last year, which was 79.2% (347 out of 438) and is close to the 2017/18 target of 85.6%. There have been increased admissions within PRIME (in house enablement service) in alignment with further Enablement employees trained in TSI, a leading technique in reducing the provision of support to clients	None identified
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	On track to meet target	Whilst we have had comprehensive plans in place, the lead in time for recruitment to posts and the full establishment of all interventions did not take place until September 2017. We have made incremantal improvements in achieveing this target and we expect to maintain current performance now that plans are fully in place.Concerns over revised trajectory indicated in the letter dated 9th November 2017 from the North Winter Office	The average number of delays per day, per 100,000 population for September 2017 is 6.89, for delays attributable to Social care and NHS. This is within the monthly target of 8.2 per 100k for September 2017. Performance has improved significantly compared to the same point last year, where the equivalent rate was 13.5 per 100k. 5.6 per 100k population were delayed on average per day, where the NHS was attributable which is slightly over the target of 5.5. This is an improved position compared to the same time last year (5.9) For Social care, the average number of delays per day for September 2017 was 1.3 per 100k. This is within target of 2.6 per 100k population and shows significant improvement compared to the same time last year (7.6). We have significantly reduced the number of delayed days in Q2 although we have not met the	None identified

** Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DToC trajectory template*

Better Care Fund Template Q2 2017/18

4. High Impact Change Model

Selected Health and Well Being Board: Gateshead

		Maturity assessment			Narrative			
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Mature	Mature	Mature	Regular reviews of the SAFER bundle to ensure it continues to be effectively implemented. Daily Board/Ward rounds include identification of patients with nearing EDD's in order that their discharge can be planned with the appropriate support provided in the community if necessary. Work to be undertaken to achieve greater standardisation of how SAFER was initially embedded and draw in latest good practice emerging.	Patients who need to be repatriated or dischargd to other CCG/LA areas continue to be an issue and impact on flow.	Integrated working now takes place between community based and acute medical teams to ensure patients can continue on their journey/pathway of care, have a co-ordinated plan in place and are discharged within an appropriate time frame.	Adherence to the regional Repatriation policy by out of area providers.
Chg 2	**Systems to monitor patient flow**	Mature	Mature	Mature	Patient flow is monitored regularly (inc. EDD v actual discharge dates) using an electronic dasboard being trialled on ward 9 which displays live data at ward level to support proactive discharging. This enables all health and care teams to have daily discussions in order to expedite the discharge of medically optimised patients so that they do not become a DToC. A weekly/daily surge group meets when required. Plans to roll out live electronic ward reporting of key flow metrics to be influenced at ward level supported by Performance Improvement Plan.	Work will continue to optimise the discharge pathway.	Work has been undertaken with services/teams to develop more effective pathways/processes to access resources and support which cause bottlenecks. Local targets now developed and embedded into working practices which are monitored (real time); All relevant staff - whatever the setting - will at all times fully understand the pressures being experienced by the whole system and will adjust their working practice to ensure effective patient flows.	None identified at this stage

Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Plans in place	Mature	Mature		Whilst good progress is being made in Gateshead, there is an inconsistent approach in other LA/CCG areas which impact on the flow of patients locally (casuing bed capacity issues).	An integrated service delivery model has been developed to support a MDT approach with joint assessment and discharge process. Frailty team is now operational 7 days working alongside other professionals.	None identified at this stage
Chg 4	**Home first/discharge to assess**	Plans in place	Plans in place	Plans in place		A review of the current Intermediate Care Service model is being undertaken to ensure that sufficient discharge management and alternative capacity is available.	Schemes have been established (funded through IBCF) which include a Bridging Service to enable patients to be discharged home without delys, whilst a 'Home First' pathway has been developed across all acute wards with social care and community services support.	None identified at this stage
Chg 5	**Seven-day service**	Plans in place	Plans in place	Plans in place		Challenges with sustaining capacity across certain parts of the system and interfaces between servcies	Specified support services are now available 7 days a week to ensure the next steps in the patients care pathway, as determined by the daily consultant led review are implemented. This includes a more responsive care home sector.	None identified at this stage
Chg 6	**Trusted assessors**	Plans in place	Plans in place	Plans in place		A model of trusted assessor has been developed between the Council and the Trust, which is to go live on 20.11.17. Initially ward based assessments will be coordindated by Discharge Liaison Nurses, who will then refer into the Local Authority enablement services, removing the need for social care assessment, in order to access enablement support.	An integrated single process has been developed locally so that no separate organisational sign off is necessary to ensure no delays in discharge. Workstreams now in place to progress trusted assessment to access enablement services, develop acute-community stroke direct pathways and establish trusted assessment with care home providers.	None identified at this stage
Chg 7	**Focus on choice**	Mature	Mature	Mature	Choice protocol is in place and understood by staff, however this is under review. Planning for discharge begins on admission to ensure appropriate flow is maintained whilst community and social care teams work with acute teams to support people home from hospital.	Whilst there has been much progress locally, there is an inconsistent approach by other CCGS/LA areas which impacts on local patient flows and bed capacity.	Local policy has been reviewed in collaboration with local stakeholders and patient representatives. Work has also been undertaken on the information provided to patients and families at the start of their acute stay to ensure clairty about entiltlements and the options when medically fit for discharge. Legal advice being sought regarding the number of days provided to decision making (Gateshead)	National Choice policy should be developed to ensure standardisation wherever a patient is being cared for.

Chg 8	**Enhancing health in care homes**	Mature	Mature	Mature	Newcastle and Gateshead have well developed enhanced care home services including link practices [100% in Ghd and 60% in Ncle]. Care delivery has been further enhanced by focussing on all elements of the EHCH Framework over the past couple of years while working as part of the national Care Home Vanguard Programme]. Most elements are exemplary/well established while others are new and planned. All of the metrics linked to the Vanguard Programme are being achieved.	Ensuring the momentum and focus of work continues in the post Vanguard world.	All metrics of Vanguard programme are being met with current quarter data revealing: lowest rate of hospital admissions for residents with urine infection for 2 years, reduction in oral nutritional supplement prescribing, reduction in low dose antipsychotic prescribing, reduction in care home residents dying in hospital, levelling of A&E attendance.	Support to continue the journey so as to influence the lives of older people living with frailty wherever they might live (not just in care homes)is expected to come from the planned regional frailty plans.

Hospital Transfer Protocol (or the Red Bag Scheme) Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.								
		Q2 17/18 (Current)	**Q3 17/18 (Planned)**	**Q4 17/18 (Planned)**	**If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.**	**Challenges**	**Achievements / Impact**	**Support needs**
UEC	**Red Bag scheme**	Plans in place	Plans in place	Established		• Successfully implementing the launch plan, giving common messages and gaining common understanding • System benefits aren't seen	Transfer of care bags have been purchased for all residential and nursing care homes in Newcastle and Gateshead. A launch plan is in place and launch products have been developed. Currently the transfer or care forms are being tested and once evaluated a date will be agreed to begin the launch campaign. All products are being prepared without logos to share with NHSE local area team who have a plan to	None anticipated.

Better Care Fund Template Q2 2017/18

5. Narrative

Selected Health and Wellbeing Board: Gateshead

Remaining Characters:	16,670

Progress against local plan for integration of health and social care

At the heart of our vision and plan for integration is recognition that our Health and Social Care System requires new models of care delivery that enable collaboration across care settings, underpinned by sustainable, person centred co-ordinated care.
We said in our BCF plan that we must also build upon the already well established working arrangements across Gateshead – there are not only good interagency relationships at all levels of organisations, but also great examples of joint working and innovation to be capitalised upon; for example, the development of the Gateshead Care Partnership which is an innovative partnership formed between the system to deliver integrated community services for Gateshead residents.
Out of hospital care and support will be underpinned by a 'joined-up' system, with services across general practice, community services, mental health and social care delivering support to people that is coordinated. We also said that a strong, responsive intermediate system would further provide foundations for the development of the out of hospital model and strengthening and supporting our social care and VSCE sector together with a robust, responsive and sustainable domiciliary and reablement care would be a crucial component.
There is good progress being made in implementing our vision for integration. On 8 September the health and wellbeing board approved the direction of travel for integrating health and care in Gateshead including the establishment of a Gateshead Health and System Board to further develop the thinking. There are four workstreams interlinked, provider development, commissioner development, system architecture and governance. The three main objectives are to shift the balance of services from acute and crisis interventions to community support focusing on prevention and early help, support development of integrated care and treatment for people with complex conditions and ensure effective, efficient and economically secure services during a period of continued public sector austerity.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:	18,537

Integration success story highlight over the past quarter

We are pleased to be able to report that we have plans in place for the Hospital Transfer Protocol with our Black Bag Scheme in order to enhance communication and information sharing when residents move between care settings and hospital.
The transfer of care bags have been purchased for all residential and nursing care homes in Newcastle and Gateshead. All products are being prepared without logos to share with NHSE local area team who have a plan to roll out the bags in all other areas In terms of timescales, we expect to continue with the comms until December then issue them in January
A pilot for using in house domiciliary care services and care call to support overnight needs has enabled people to remain at home rather than go into 24 hour care. The pilot has supported 21 people so far, for an average of 15 nights. 17 of the 21 people (81%) supported through this pilot had no ongoing overnight needs and remained at home.
A Telecare operator is now positioned in the Adult Social Care front door team, preserving people at home through the provision of assistive technology.
While not directly related to iBCF funding there are also examples of integration from a parity of esteem perspective within Deciding together Delivering together (transformation of local adult mental health services) involving mental health foundation trusts, acute foundation trusts, local authority, third sector, primary care, users carers and Healthwatch.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q2 2017/18

Checklist

[<< Link to Guidance tab]

Complete Template

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete:	Yes

2. National Conditions & s75

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? If no please detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes

3. Metrics

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes

Sheet Complete:	Yes

4. HICM

	Cell Reference	Checker
Early discharge planning Q2	D8	Yes
Systems to monitor patient flow Q2	D9	Yes
Multi-disciplinary/multi-agency discharge teams Q2	D10	Yes
Home first/discharge to assess Q2	D11	Yes
Seven-day service Q2	D12	Yes
Trusted assessors Q2	D13	Yes
Focus on choice Q2	D14	Yes
Enhancing health in care homes Q2	D15	Yes
Red Bag scheme Q2	D19	Yes
Early discharge planning, if Mature or Exemplary please explain	G8	Yes
Systems to monitor patient flow, if Mature or Exemplary please explain	G9	Yes
Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	G10	Yes
Home first/discharge to assess, if Mature or Exemplary please explain	G11	Yes
Seven-day service, if Mature or Exemplary please explain	G12	Yes
Trusted assessors, if Mature or Exemplary please explain	G13	Yes
Focus on choice, if Mature or Exemplary please explain	G14	Yes
Enhancing health in care homes, if Mature or Exemplary please explain	G15	Yes
Red Bag scheme, if Mature or Exemplary please explain	G19	Yes
Early discharge planning Challenges	H8	Yes
Systems to monitor patient flow Challenges	H9	Yes
Multi-disciplinary/multi-agency discharge teams Challenges	H10	Yes
Home first/discharge to assess Challenges	H11	Yes
Seven-day service Challenges	H12	Yes
Trusted assessors Challenges	H13	Yes
Focus on choice Challenges	H14	Yes
Enhancing health in care homes Challenges	H15	Yes
Red Bag Scheme Challenges	H19	Yes
Early discharge planning Additional achievements	I8	Yes
Systems to monitor patient flow Additional achievements	I9	Yes
Multi-disciplinary/multi-agency discharge teams Additional achievements	I10	Yes
Home first/discharge to assess Additional achievements	I11	Yes
Seven-day service Additional achievements	I12	Yes
Trusted assessors Additional achievements	I13	Yes
Focus on choice Additional achievements	I14	Yes
Enhancing health in care homes Additional achievements	I15	Yes
Red Bag Scheme Additional achievements	I19	Yes
Early discharge planning Support needs	J8	Yes
Systems to monitor patient flow Support needs	J9	Yes
Multi-disciplinary/multi-agency discharge teams Support needs	J10	Yes
Home first/discharge to assess Support needs	J11	Yes
Seven-day service Support needs	J12	Yes
Trusted assessors Support needs	J13	Yes
Focus on choice Support needs	J14	Yes
Enhancing health in care homes Support needs	J15	Yes
Red Bag Scheme Support needs	J19	Yes

Sheet Complete:	Yes

5. Narrative

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes