

# CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 20 June 2017 at 5.30 pm in the Bridges Room - Civic Centre

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for absence</b>
2	<b>Minutes of last meeting</b> (Pages 3 - 6)  The Committee are asked to approve the minutes of the meeting held on 25 April 2017.
2a	<b>Minutes of Quality Accounts Meeting (Pages 7 - 10)</b>  The Committee are asked to agree the minutes of the held meeting on 18 May 2017.
3	<b>Constitution</b> (Pages 11 - 12)  Report of the Chief Executive
4	<b>Role and Remit</b> (Pages 13 - 14)  Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance
5	<b>Deciding Together, Delivering Together - Progress Update</b> (Pages 15 - 18)  Report of Ian Renwick, Chief Executive Gateshead Health NHS Foundation Trust and Julie Ross, Director of Integration across the health and care partners in Newcastle and Gateshead.
6	<b>The Council Plan - Year End Assessment of Performance and Delivery 2016/17</b> (Pages 19 - 64)  Report of Strategic Director, Care, Wellbeing and Learning
7	<b>Work to address the harms caused by Tobacco - Scoping Report</b> (Pages 65 - 68)  Report of the Director of Public Health

8

**Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)**  
(Pages 69 - 72)

Report of the Service Director, Adult Social Care

## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 25 April 2017

**PRESENT:** Councillor N Weatherley (Chair)  
Councillor(s): M Charlton, W Dick, M Hood, J Kielty,  
R Mullen, I Patterson, J Wallace, A Wheeler and D Bradford

**IN ATTENDANCE:** Councillor(s):

**APOLOGIES:** Councillor(s): C Bradley, D Davidson, K Ferdinand,  
B Goldsworthy, M Goldsworthy and J Simpson

#### **CHW36 MINUTES**

#### **CHW37 NEAS - GATESHEAD PERFORMANCE PROGRESS UPDATE**

The Committee received a presentation from Paul Liversidge, Chief Operating Officer at NEAS and Elaine Criddle, ECIP Programme Manager, County Durham and Darlington Local A&E Delivery Board which provided an overview and update on NEAS performance in Gateshead. The presentation also provided an update on Hospital Diverts and Deflects and the measures being put in place to alleviate the pressures.

RESOLVED – that the information be noted.

#### **CHW38 OSC REVIEW - FINAL REPORT**

The Committee received the draft final report in the review of the Role of Housing in Improving Health and Wellbeing.

The Committee has undertaken three evidence gathering sessions which were themed according to the three strands of the Council's Housing Strategy of:-

- Housing Standards
- Housing Supply
- Housing Support

The Committee also took part in a focus group for elected members to facilitate the submission of evidence to the review.

The Committee were advised that as a result the following recommendations arose out of the review:-

- Review the actions set out in the Housing Intervention Action Plan, and , where appropriate, provide Public Health support to assist in maximising the benefits

to health arising from delivering elements of the Plan. The evidence presented in the review identifies priority candidate elements with the greatest potential to improve health and wellbeing.

- Ensure that improving health and wellbeing is reflected in the production of local development plan documents (i.e. Making Spaces for Growing Places).
- Review how health and wellbeing is reflected in Council Letting Policies and TGHC support services (i.e. Health criteria, preventative interventions).
- Assess the current range of Council private sector housing interventions to maximise their contribution to health and wellbeing (including energy efficiency programmes, private landlord accreditation, selective landlord licensing, financial assistance programmes, falls prevention, making every contact count).
- Undertake actions to ensure that the greatest proportion of Council housing is maintained to a standard that secures the health and wellbeing of residents within the context of changes to revenue and capital funding.
- Determine the circumstances where the council seeks to ensure that high design and space standards are delivered, including accessibility.
- Determine the need for, location of and processes to deliver adequate levels of supported, specialist, and older persons housing.

RESOLVED -      i)      That the information be noted  
                            ii)      That the final report and recommendations be submitted to Cabinet for consideration

### **CHW39      GATESHEAD HEALTH AND WELLBEING BOARD - PROGRESS UPDATE**

The Committee received a report providing a progress update on the work of the Gateshead Health & Wellbeing Board for the six month period October 2016 to March 2017.

Committee were advised of the following key issues that were considered by the Health and Wellbeing Board:-

- Health Needs Assessment of the black and minority ethnic (BME) population in Gateshead.
- Director of Public Health Annual Report 2015/16
- Strategic and Operational Plans
- NECA Commission Report 'Health and Wealth'
- Performance Management Framework
- Assurance Agenda

The Board also considered the following:-

- Community Health Services: mobilisation and transformation
- Gateshead Council's Budget Proposals 2017/18
- Statement of Intent: 'Delivering Better Health & Social Care Outcomes for Newcastle and Gateshead'
- Overview and Scrutiny Committee (OSC) Work Programmes for 2017-18
- Gateshead Cancer Locality Group Work Programme
- Gateshead SEND Inspection and Joint Commissioning Arrangements
- Time to Change Hub Bid
- Various information items

RESOLVED – that the information be noted

#### **CHW40 REVIEW OF GP ACCESS - SECOND PROGRESS UPDATE REPORT**

The Committee received a report which provided the second update on progress made against recommendations and action identified from the review of GP Access in Gateshead.

Access to GP services continues to be a key issue for local communities across the borough as a whole, whether from urban or more rural areas. The Committee received a significant amount of evidence as part of the review and undertook a series of visits to GP practices and other sites across the borough in order to scrutinise current arrangements in place, gain a better understanding of both the challenges and opportunities relating to GP access and the quality of care provided.

In particular, the evidence gathering sessions and site visits focused on:

- Key issues relating to 'Access' to GP services, drawing on survey findings and other evidence on GP appointments, opening hours, out-of-hours etc;
- Issues relating to the quality and experience of care;
- GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic

The Committee members acknowledged the input of GP practices to the review and expressed their thanks to their practice managers. The Committee also expressed its thanks to Newcastle Gateshead CCG, NHS England Cumbria and North East, Healthwatch Gateshead and Gateshead Community Based Care Ltd. for their contributions to the review.

The Committee note that a strong partnership approach is essential to ensure appropriate, timely and quality GP services can be accessed by Gateshead residents. Patients themselves also have a key role to play in providing feedback to their practice.

It was reported to Committee that Practice Action Plans were developed by all practices working with Newcastle Gateshead CCG and NHS England and are reviewed and updated annually. In continuing to develop these plans in the future, it was recommended that a specific focus is placed on ways individual practices can enhance access to GP services for their patients and actions that can be taken in this area. It was also noted that practice facilitators will continue to support practices in taking these actions forward.

The headline findings of the review acknowledged the opportunity to build upon existing work and continue the direction of travel set by local NHS Partners and GP practices themselves to enhance access to GP services in Gateshead. Progress against recommended priorities and actions to date were provided to the Committee.

- RESOLVED -
- i) That the information be noted
  - ii) That a further letter be sent to the Department of Health from the Committee seeking clarification on the how the bursaries of £20,000 for areas experiencing difficulties in recruiting GPs into training can be accessed by our local CCG.
  - iii) That further updates be provided to the Committee in due course.

#### **CHW41 ANNUAL WORK PROGRAMME**

The Committee received a report setting out the provisional work programme, review topics and case studies for the Care, Health and Wellbeing OSC for the municipal year 2017-18.

- RESOLVED -
- i) That the review topic and case studies for 2017-18 be agreed
  - ii) That the OSC's provisional work programme for 2017-18 be endorsed and referred to Council on 8 June 2017 for agreement.
  - iii) That further reports be brought to Committee to identify any additional issues which the Committee may be asked to consider.

**Chair.....**

## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 18 May 2017

**PRESENT:** Councillor S Green (Chair)

Councillor(s): M Charlton, C Bradley, W Dick, K Ferdinand,  
B Goldsworthy, M Goldsworthy, M Hood, I Patterson,  
A Wheeler, D Bradford, J Lee and N Weatherley

**APOLOGIES:** Councillor(s): R Mullen and J Simpson

#### **CHW42 QUALITY ACCOUNTS 2016-17**

The OSC were invited to comment on the Quality Accounts for Gateshead Health NHS Foundation Trust, and Northumberland Tyne and Wear NHS Foundation Trust.

Overview and Scrutiny Committees, along with Healthwatch, are invited, on a voluntary basis, to review the Quality Accounts of relevant providers and supply a statement commenting on the Account – based on the knowledge they have of the provider.

The Committee considered the Draft Quality Accounts for Gateshead Hospitals NHS Foundation Trust and Northumberland Tyne and Wear NHS Foundation Trust.

Taking into account of the OSC's work during the previous year the OSC may wish to comment on the following for each respective account:-

- The Quality Account
- whether they believe that the Account is representative
- whether it gives comprehensive coverage of the provider services
- whether they believed that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

The OSC is asked to note that Northumberland Tyne and Wear NHS Foundation Trust is currently only obliged statutorily to consult with Newcastle Health Overview and Scrutiny Committee as its head office is based in Newcastle. However, the Trust is adopting a partnership approach to this issue and has widened its consultation process to other local authority Overview and Scrutiny Committees in areas which receive the Trust's services.

RESOLVED – that the information be noted.

## CHW43 QE QUALITY ACCOUNT 2016/2017

The Committee received the Gateshead Health NHS Foundation Trust Quality Account for 2016/17 and received the following update.

In 2016, the Care Quality Commission (CQC) inspected the services in the Trust and rated the trust as 'Good' overall with 'Outstanding' for caring. The Maternity Unit at Gateshead Health NHS Foundation Trust was also rated as 'Outstanding' by the CQC which places it amongst the very best in the country.

In 2016 the trust faced significant growth as it became an integrated acute and community provider, delivering high quality community services to the population of Gateshead alongside the hospital based services. This has enabled the trust to work more closely, and in partnership with Primary Care and Local Authority colleagues through the Gateshead Care Partnership, to deliver high quality and seamless care to the most vulnerable and frail patients.

Feedback from patients show that the Trust continues to provide a positive patient experience with an average of 96% of inpatients saying that they would definitely recommend the hospital to friends and family. 83% of patients that completed to 2016 NHS inpatient survey would rate the care provided at 7/10 or above (Picker Institute, 2016) and over 96% of inpatients in the local Trust survey say that the staff are caring and compassionate.

The Trust has consistently performed within the top three Emergency departments in the country for the Friends and Family Test and we have provided advice and guidance to other Trusts.

The new Patient Experience and Information Centre opened in 2016 and has gone from strength to strength as the trust increases contact with the public who visit the hospital and community facilities. The Centre is also supported by a growing number of volunteers who give invaluable support to patients.

Improvement plans during 2016/17 have been regularly monitored through the Quality Governance Committee and the Trust Board. In addition to the above, the Quality Account for 2016/17 reflects the excellent progress that has been made against the priorities:

- Reduction in avoidable hospital deaths from sepsis through timely recognition and management
- Target reached of zero preventable stillbirths through the 'Saving Babies Lives' campaign
- Improve patient safety by reducing three key common medication errors
- Implementation of the 'ThinkSAFE' project
- Continue to reduce harmful 'in hospital' falls
- Qualitative analysis of complaints (including responses and actions) to improve the patient's (and family's or carer's) experience of the process. Production of an improvement plan and reinvigoration of the complaints service and processes in line with best practice.



The trust recognised that improvements can always be made and will therefore continue to develop a focus on quality improvement through the implementation of a new Quality Strategy 2017/2020 that sets out how to continue to deliver improvements over the next three years, alongside the five key priorities reflected below:-

### **Clinical Effectiveness**

- Continue to implement the improvement plan in relation to Patient Reported Outcome Measures (PROMS) for hip and knee replacements
- Standardise and increase the number of mortality reviews undertaken in line with national guidance

### **Patient Safety**

- Improve our patient safety culture
- Implement National Safety Standards for Invasive Procedures (NatSSIPS) and Local Safety Standards for Invasive Procedures (LocSSIPS)

### **Patient Experience**

- Review of complaints investigations and actions

The Committee thanked the Trust for a comprehensive report and wished to place on record their thanks for the work done so far, on sepsis, three key common medication errors, the zero target achieved through the 'Saving Babies Lives' campaign and the work already undertaken on reduction in harmful 'in hospital' falls.

The representative from Healthwatch also thanked the Trust for a most informative report and agreed to have further discussions outside of the meeting around falls strategy and use of dementia nurses.

RESOLVED – that the information be noted.

## **CHW44    NTW QUALITY ACCOUNT 2016/17**

The Committee received the Northumberland Tyne and Wear NHS Foundation Trust Quality Account during 2016/17 and received the following update:

The Chief Executive of the Trust reported that the trust has been rated as 'outstanding' by the Care Quality Commission, becoming one of only two mental health and disability providers in the country to have received this accolade.

The trust has made progress towards the quality priorities which are:

- To embed suicide risk training for staff
- To improve transitions between young people's services and adulthood
- To improve transitions between inpatient and community services
- To improve waiting times for referrals to multidisciplinary teams

- To adopt Triangle of Care principles to improve engagement with carers
- To improve the recording and use of Outcome Measures
- To develop staff skills in preventing and responding to aggression

The Committee made the following observations:-

**2016-17 Quality Priority – to embed suicide risk training for staff**

The OSC previously noted that the Trust has still not met this target which had commenced in 2014-15 and been advised that there had been a 31% increase in the numbers of staff trained in 2015-2016 compared to the previous year. The OSC had received assurances that the matter was a priority for 2016-17. The OSC was pleased to note that the trust has now met this target and 87% of staff had now been trained and that there will be refresher training every three years.

**Waiting Times**

The OSC previously raised concerns about the waiting times for Children and Young People’s community services and was pleased to note that there have been improvements in the proportion of children and young people waiting less than 9 and 12 weeks treatment. However, the OSC still considered that waiting times of 12 weeks were too long. The OSC was also pleased to note that the trust had taken on board its earlier comments in relation to clarifying the wording in relation to these targets.

The OSC is supportive of the Quality Account overall and is pleased to note that there are no compliance issues in regard to the Trust.

The representative from Healthwatch thanked the Trust for their report and welcomed the opportunity to work together outside of this meeting.

RESOLVED – that the information be noted

**Chair.....**



**TITLE OF REPORT:** Constitution

**REPORT OF:** Sheena Ramsey, Chief Executive

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The constitution of the Committee and the appointment of the Chair and Vice Chair as approved by the Council for the 2017/18 municipal year is as follows:

**Chair** S Green (C)  
**Vice Chair** M Charlton (VC)

**Councillors** D Bradford  
C Bradley  
W Dick  
K Ferdinand  
B Goldsworthy  
M Goldsworthy  
M Hall  
M Hood  
J Lee  
P Maughan  
R Mullen  
I Patterson  
J Simpson  
J Wallace  
N Weatherley  
A Wheeler

**Recommendation**

The Committee is asked to note the information.

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**TITLE OF REPORT:** Role and Remit

**REPORT OF:** Sheena Ramsey, Chief Executive  
Mike Barker, Strategic Director,  
Corporate Services and Governance

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## Summary

The report sets out the remit and terms of reference of the Committee as previously agreed by the Cabinet and the Council.

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## Background

1. Article 6 of the Council's Constitution sets out the aims and objectives of the scrutiny function in Gateshead Council. In particular it should be an integral part of the Council's framework and a constructive process which works alongside other parts of the Council's structure, contributing towards policy development. Importantly it will enhance rather than duplicate activity and it will look to broader issues affecting local people rather than just internal Council issues.

## Remit/ Terms of Reference

2. Within the above principles, all Overview and Scrutiny Committees will
  - Review decisions, holding decision makers to account
  - Call - in executive decisions in accordance with the procedure set out in the Overview and Scrutiny Committee rules
  - Contribute to the policy making process
  - consider Councillor Calls for Action in line with the Council's protocol

⇒ carry out Policy reviews agreed as part of the service planning cycle

⇒ Advise Cabinet as part of the Council's performance management system

⇒ have a role in scrutinising and developing the Council's Improvement Programme

⇒ Examining the Schedule of Decisions

  - Ensure other agencies, public and private, play their part in achieving a better quality of life for Gateshead residents.

3. To perform the Overview and Scrutiny role in relation to:
  1. all the functions of the Council as a social services authority except those services provided to children and young people;
  2. health service for adults and an Overview of health services for children and young people and an
  3. An overview of functions discharged under the Health and Social Care Act 2012 or any other enactment in relation to the planning, provision and operation of the health service in the area.

Membership: Eighteen members of the Council.

**Recommendation**

4. The Committee is asked to note its remit and terms of reference.

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**Contact:** Helen Conway

**Ext:** 3993

## Care, Health and Wellbeing OSC

June 2017

### Deciding Together, Delivering Together

#### Authors

**Ian Renwick, Chief Executive of Gateshead Health NHS Foundation Trust**

**Julie Ross, Director of Integration across the health and care partners in Newcastle and Gateshead.**

#### Purpose

The report

1. Identifies the increased scope of the Deciding Together, Delivering Together programme to include older people's mental health services delivered by Gateshead Health Trust in addition to social care and voluntary sector services. (The original programme was limited to Northumberland Tyne and Wear Mental Health Trust services only).
2. Updates members about the Deciding Together, Delivering Together process which will redesign community based adult and older people's mental health services in Gateshead (and in Newcastle).
3. Seeks the views of OSC about how to best engage elected members in the process of Deciding Together, Delivering Together and specifically in the design workshops scheduled for September and October.

#### History

The Deciding Together process, which was led by the CCG, 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 March 2016, a joint scrutiny meeting between Newcastle and Gateshead considered the findings. In June 2016, the CCG governing body considered the findings of the Deciding Together process and the public consultation 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 in-patient facilities at Newcastle's St Nicholas' Hospital, and the opportunity to innovate a wider range of improved and new community services, some that will be specifically provided by community and voluntary sector organisations under future new contracts, that will link with statutory NHS services.*

*While the decision will mean the closure of Gateshead's standalone Tranwell Unit, as well as the*

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

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

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

The link below provides detail about the consultation process and its outputs.  
<http://www.newcastlegatesheadccg.nhs.uk/get-involved/you-said-we-did/mental-health/deciding-together-2/>

## Scope

Following the CCG decision, work began to understand how to best implement the decision and on 1 February 2017, a stakeholder workshop was held to identify those next steps. Officers from Gateshead council were in attendance. The 'Deciding Together, Delivering Together' work will implement the decision of Deciding Together – we are not starting again!

The workshop group in February 2017 proposed to work 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 redesign work will cover all adult and older peoples mental health services in Gateshead and Newcastle; this recognises that the Deciding Together scope was limited to NTW provided services and that was not sufficiently broad to redesign services to meet the mental health needs of the population. The increased scope therefore means covering the Gateshead and Newcastle provision of:

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

Work is now underway to design the community based adult and older people's mental health services in both Gateshead and Newcastle, with the following objectives:

- Improve quality for service users, carers and families by transforming community-based mental health provision creating enhanced, integrated, holistic care outside of hospital, supporting people to maintain their own wellbeing within their own communities and focussing on an asset based, recovery approach
- Develop an integrated model of care that improves long term outcomes for adults with complex and urgent mental health needs.
- By delivering this, reduce reliance on inpatient beds, improve transitions of care, shorten the time people spend in hospital and improve people's experience of care.
- Reconfigure the current mental health inpatient footprint for adults of working age across Newcastle and Gateshead by closing facilities at the Tranwell Unit in



Gateshead and the Hadrian Clinic in Newcastle, and developing a single in-patient unit in Newcastle.

- In the light of the community model, review provision of in-patient services for older people across Newcastle Gateshead at new inpatient facilities for both Adults and Older People at the St Nicholas site in Newcastle.
- Ensure the delivery of an affordable and sustainable model of care and support for people with complex and urgent mental health needs, their carers and their families

The scope of the work covers the following:

- Gateshead and Newcastle localities
- NTW provided adult and older people's services
- Older peoples 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

## **Design process**

The design process will begin with two stakeholder events in July and then four week long workshops during September and October. This is a significant time commitment for all those involved in the process and presents some challenges for smaller organisations in releasing staff time.

The Mental Health Programme Board, which comprises a range of service users, carers and small providers as well as the larger statutory bodies, is providing advice on how best to engage with the wider community through the process, whilst maintaining the pace of the design process. The headlines of that advice will be presented verbally to health scrutiny in June (as the programme board meeting is after the date of this paper's submission).

Members of OSC are asked to provide advice about how best to engage elected members in the design process.

Three interlinked work programmes have been established to take us through the process as follows:

### **Resources review group**

1. Restate the case for change activity and for finances (brief exercise)
2. Review the Gateshead resources and services delivered. (this reflects the increased scope of the work)
3. Assess existing capital and what needs to change to accommodate Delivering Together outcomes

### **Stakeholder views Group**

1. Review the outcomes of Deciding Together and identify strengths, concerns and potential solutions where possible.
2. Describe key components of a community service – including specific references to voluntary and community sector.
3. Support the planning of the workshop design events in summer, feeding in the outputs of the group and shaping the community services specification.

## Design Group

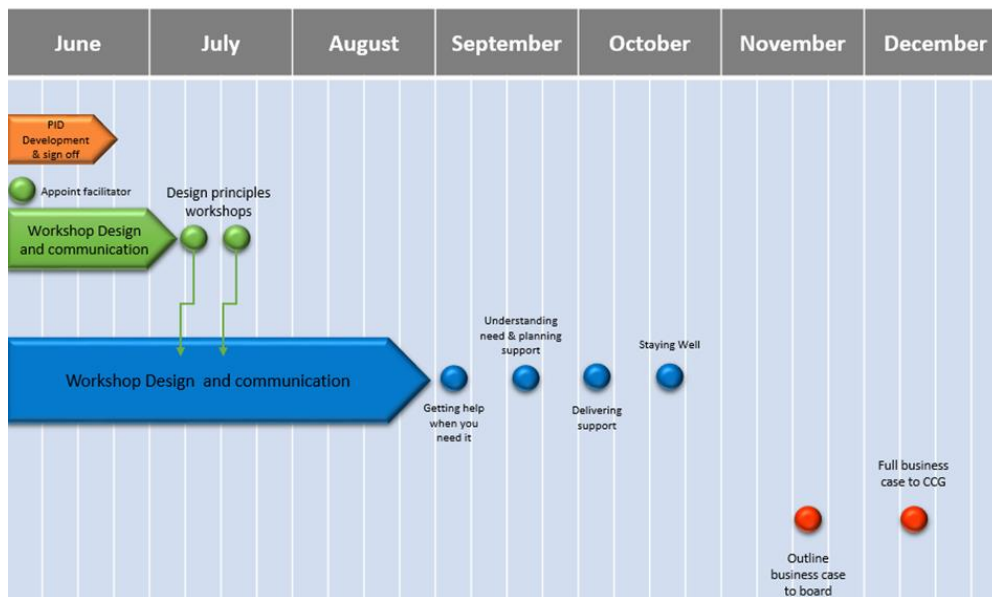
1. **Design community services** – across adult and older people services using both the Delivering Together work to date and available national evidence of effectiveness and efficiency. The scope of the design must include maximising the use of the voluntary and community sector, as a key delivery partner in mental health services.

This work will need to be taken forward through a series of **workshop events**, to be held in September and October. The methodology for the workshops will combine the existing transformation methodology of the NTW Transformation programme. Consideration will need to be given as to whether there should be a single specification for Gateshead and Newcastle – or one for each area.

2. **Design inpatient delivery** parameters including
  - a) Acute mental health inpatient needs for adults and for older people.
  - b) Shared care (physical and mental health inpatient needs) if appropriate.

This work will be critical to ensuring we develop a new in patient facility that will work easily with the community services, focus on recovery and support patients over a longer term such that readmission to hospital is prevented as far as possible.

## Timetable



**TITLE OF REPORT:** The Council Plan – Year End Assessment of Performance and Delivery 2016/2017

**REPORT OF:** Sheena Ramsey, Strategic Director, Care, Wellbeing and Learning

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## **SUMMARY**

This report provides the year end assessment of performance for 2016/2017. It provides an update on the performance and delivery of the Council Plan 2015-2020.

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### **Background**

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the Corporate Resources Overview and Scrutiny Committee (OSC).
2. The year end performance report monitors progress against the Council Plan 2015-2020.
3. The Council Plan was approved by Cabinet on the 14 July 2015, enabling the Council, along with partners, to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030 over the next 5 years.
4. Gateshead's Sustainable Community Strategy Vision 2030 was also refreshed and approved by Cabinet on 3 November 2015.

### **Five Year Target Setting to 2020**

5. Targets for 2020 were set as part of the Council's Performance Management Framework, for the period 2015/2016 to 2019/2020 to enable performance to be monitored to ensure continuous improvement. These targets were approved by Cabinet on 12 July 2016.

### **Delivery and Performance**

6. The year end 2016/2017 assessment of performance report relates to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and focuses on achievements, areas identified for improvement and future actions.
7. Progress as to how well the Council is performing in relation to the equalities objectives, where information is available at the year-end stage, is also reported in this report.

### **Recommendation**

8. It is recommended that the Care, Health and Wellbeing Overview and Scrutiny Committee:
  - (i) consider whether the activities undertaken at year end 2016/17 are achieving the desired outcomes in the Council Plan 2015-2020;
  - (ii) agree that the report be referred to Cabinet on 18 July 2017, with the recommendations from this Overview and Scrutiny Committee for their consideration.

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**Care, Health and Wellbeing Overview and Scrutiny Committee  
Council Plan – Year End Assessment of Delivery and Performance 2016/17  
20 June 2017**

Portfolio	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care – Councillor Michael McNestry Health and Wellbeing – Councillor Mary Foy
Lead Officer	Sheena Ramsey, Chief Executive
Support Officer	Alice Wiseman, Director of Public Health

**This committee undertakes scrutiny in relation to:**

- All the functions of the Council as a social services authority except those services provided to children and young people;
- The provision of health services in the Borough, including the function of reviewing and scrutinising matters relating to the health service to adults as set out in the Health and Social Care Act 2001 and associated regulations;
- The provision of health services to children and young people in the borough;
- The health functions discharged by the Health and Wellbeing Board and the Director of Public Health under the Health and Social Care Act 2012 and the National Health Service Act 2006 (as amended) and any related enactment.

**Summary**

This report sets out year-end performance for the 2016/17 ‘assessment of delivery and performance’ in line with the Performance Management Framework. The report provides an update on performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the Council Plan 2015-2020 outcomes of Live Well Gateshead and Live Love Gateshead.

**Our Achievements**

- Through GATES supported 2 people with disabilities to complete their employment internship programme at IKEA. One intern has been successfully appointed into a permanent 10 hour per week post.
- Commenced the PRIME Enablement (People Regaining Independence by Means of Enablement) service in November 2016, serving to provide short term enablement support to people within Gateshead, equipping individuals with the confidence and skills to preserve their independence in their own homes. The service has made an effective start with the service ensuring that people’s enablement hours were reduced by 66% from the start to the end of an enablement episode and 61% of individuals did not require any ongoing support following an Enablement episode.
- Developed and implemented a framework for Learning Disabilities to improve choice and control for service users who receive a commissioned service.

- Achieved success at the North East Care Awards, 3 staff from Adult Social Care Provider received awards. Sharon Foster (Domiciliary Care) in the Dignity in Care Award, Diane Ingham (Shadon House) in the Ancillary worker Award and Guidepost (Learning Disability drop-in groups) in the Putting People First Personalisation award. Achieved success with the Angling 4 All sporting club winning the Outstanding Sports Club of the Year award at the North East Disability Sports Awards at Slaley Hall on 23 March 2017. Richard Young (Special Olympics Gateshead Tyne and Wear athlete) was also a winner of the Participant of the Year award.
- Achieved success with the Special Olympics Gateshead Tyne and Wear winning the 'Sports Club of the Year' award at the Gateshead Awards with one of the club's athletes, Daniel Boyles, winning the Sports Achiever of the Year award.
- Reduced admissions to residential and nursing care; in September Gateshead had moved from being the worst performing NE authority to the best performing NE authority. The final year outcome should be known by May 2017.
- Recommissioned, in partnership across the region, the regional office for tobacco harm, FRESH and the regional office for alcohol harm, Balance.
- Improved value for money from the Sexual Health budget through renegotiation of the contract.
- Published the Director of Public Health annual report on tobacco which was presented at Full Council December 2016 and circulated widely.
- Developed and implemented a new commissioning process for the NHS Health Check model 2017/18. This included the introduction of new requirements for providers in line with national best practice guidance.
- Won the prestigious Local Government Chronicle Award for Public Health in recognition of the ground breaking policy planning that will reduce the proliferation of hot food takeaways.

### **Key Actions over the next 6 months**

#### **Enhancing Lives**

- Remodel and re-commission supported housing in Gateshead.
- Remodel and re-commission extra care support.

#### **Quality of Life**

- Evaluate the bridging packages of care programme and decide whether there is sufficient evidence/demand to keep the service in operation.
- Publish a Market Position Statement setting out what support and care services people need and how they need them to be provided, what is available at the moment and what is not available but needs to be, what the Council thinks people will need in the future, what the future will be like locally including how it will be funded and purchased and how commissioners want to shape the opportunities that will be available.

### **Positive Lives**

- Explore the opportunity to become a Think Ahead Social Work Training Partner.

### **Protecting Lives**

- Continue to work in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally.
- Develop an online portal for Deprivation of Liberty Safeguards to be made.

### **Health and Wellbeing**

- Develop a comprehensive programme of delivery on a range of Mental Health issues to include courses delivered for Public sector and Community and voluntary sector organisations. Courses in; Mental Health First Aid, Mental Health First Aid Lite, A life Worth Living , suicide prevention training, Understanding Self-Harm, Understanding Eating Disorders and Mental Health Awareness for Managers within Gateshead Council.
- Develop a whole system Obesity Strategy for Gateshead, in line with the work being developed nationally by Public Health England and the Local Government Association with Leeds Beckett University. The Strategy will be developed across a life course approach and will involve key partners, with a number of sub group areas to emerge from this work.

## **Future Actions – Areas for Improvement**

### **Enhancing Lives**

- Continue discussions with partners to facilitate the development of a choice of accommodation for people with a learning disability which adheres to the principles of Transforming Care.
- Explore new models of home care to build in sustainability.

### **Quality of Life**

- Develop a new fee band quality framework for Older Peoples residential and nursing care homes.
- Continue to integrate Children's, Adults and Public Health systems and processes.

### **Positive Lives**

- Complete the review of the new model of Adult Social Care.
- Develop and consult on model options for future delivery of carers services in Gateshead based on findings identified from engagement activity. Agree funding and pooled budgets for service provision and develop a service specification.

### **Protecting Lives**

- Continue work to develop an online portal for Deprivation of Liberty

Safeguards to be made and a performance management reporting mechanism.

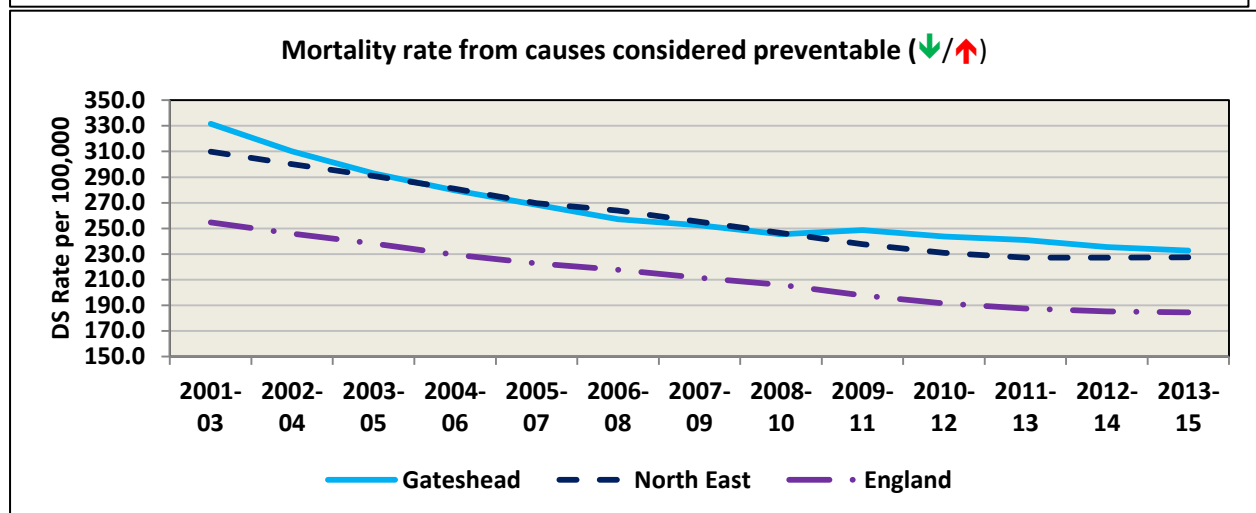
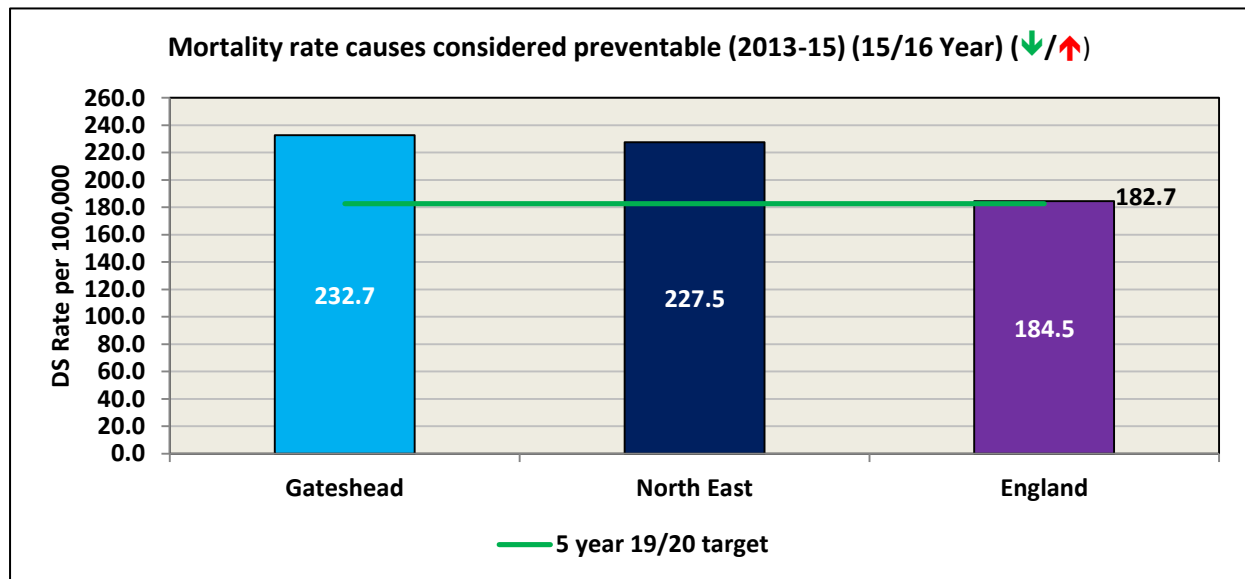
**Health and Wellbeing**

- Ensure the development of robust pathways for smoking cessation/Active Intervention following the decommissioning of Live Well Gateshead.
- To continue to develop the Gateshead Cancer Strategy in partnership with the CCG.



**Section 2 – Delivery of the Council Plan 2015-2020  
Strategic Outcome Indicators - Summary of Performance**

**LW19 – Reduce Mortality from Causes Considered Preventable**



**Key message:** The data currently available is for the 15/16 year (2013-15 data). This strategic outcome indicator currently shows there has been a reduction in the mortality rate from causes considered preventable (per 100,000) from 235.3 (2012-14 Data) to 232.7 (2013-15 Data) deaths. Gateshead is considered similar to the North East (227.5) but is still significantly worse than the England average (184.5)

The 5 year target (2019/20, 2017-19 period) was set at 182.7 per 100,000. With the continuing decrease in the rate of mortality per 100,000 Gateshead needs to reduce by another 21.5% in order to reach its target by 2019/20.

Data shows that whilst the gap between the Gateshead and the England rate has been gradually narrowing since 2001-03 this narrowing had recently reversed with a slight increase between 2008-10 and 2009-11. The 2013-15 data has shown a

**continuation in the downward trend suggested by the data since that point.**

**Overall between 2001-03 and the most recently released data for 2013-15 the mortality rate for Gateshead from causes considered preventable has reduced by 29.83% which is a higher percentage decrease than the England rate which dropped by 27.56%.**

The basic concept of preventable mortality for all ages is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases. All Public Health programmes and the work of the Health and Well-being Board contribute to a reduction in premature mortality.

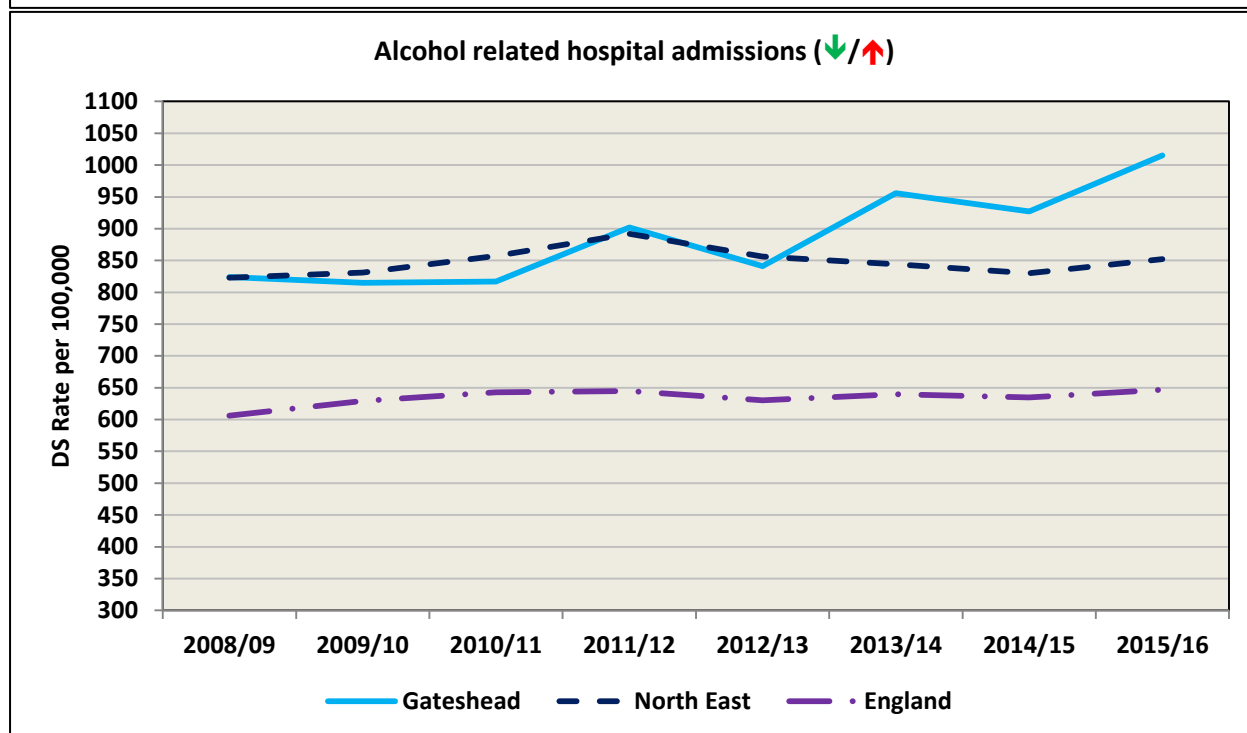
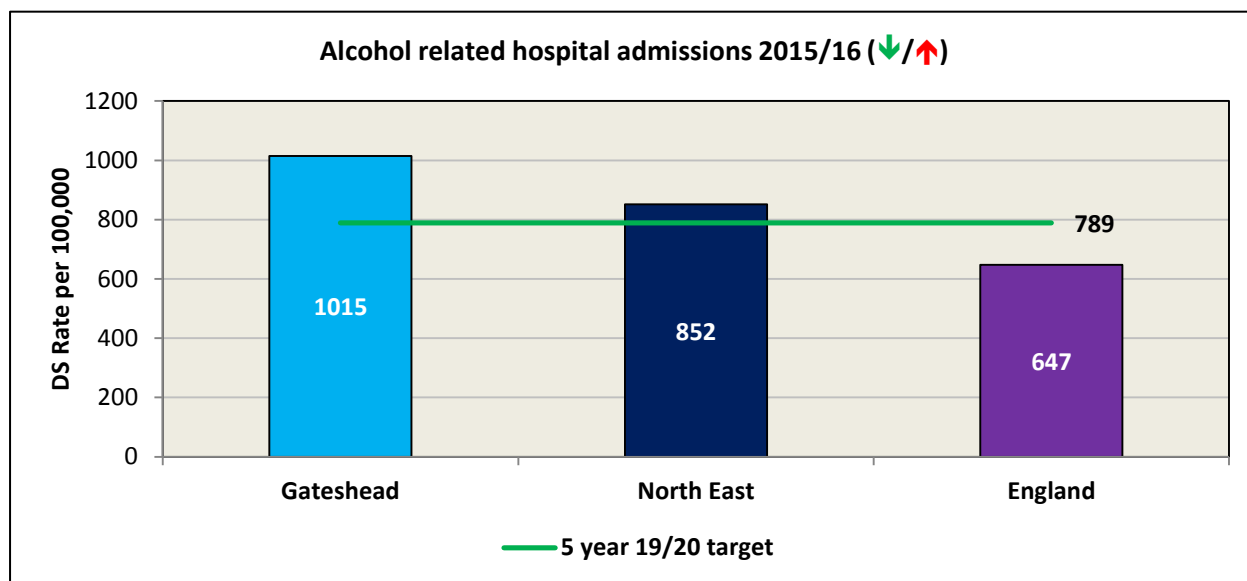
Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

In line with the concept, the Gateshead mortality rate from causes considered preventable (per 100,000) in 2013-15 was 232.7 deaths. The long term trend since 2001-03 has been down for Gateshead, the North East and England and this has continued with the new figures for 2013-15. This data represents the actual rates after the Population data and the European Standard Population calculation method were revised.

For the 2013-15 year there was a change and Public Health England updated this indicator in November 2016 to include data from 2015. From 2014, ONS changed the software used to code cause of death to a package called IRIS. From January 2014, ONS also introduced a new version of ICD-10 (version 2013). To ensure consistency across different time points, a revision of the back series was required using newly calculated comparability ratios. A guidance document and details of the comparability ratios can be found at: <http://www.apho.org.uk/resource/view.aspx?RID=184799>.

This definition for this new strategic outcome indicator which was identified for inclusion in the suite of strategic outcome indicators is one of the key indicators included in the Public Health and NHS Outcome Framework. Since the strategic outcome indicator was introduced, the calculation methodology for this indicator has been revised. The 5 year target for 2019/20 has been agreed with the intention of continuing the solid downward trend shown above.

**LW13 - Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow)**



**Key message:** The latest data for year end 2015/16 shows an increase in the number of alcohol related hospital admissions from 927 (per 100,000) in 2014/15 to 1015 in 2015/16. This means Gateshead has increased against the 2019/20 5 year target of 789 per 100,000 and will now need to decrease by 22.3% over the next 4 periods to meet its target.

This change in the rate represents a 9.5% increase on the previous year. Based on the provisional data the rate in Gateshead remains significantly higher than the North East (852), and the England rate (647).

The narrow measure of alcohol harm is a lot less sensitive to the changes that have occurred in NHS coding over the years. This indicator provides a much fairer comparison between the levels of harm in different areas and over time. It is also far more responsive to changes that result from any local action around alcohol which will enable Gateshead to more accurately see the results work targeted in this area.

The current methodology for collection for this strategic outcome indicator includes a wide range of diseases and injuries in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Details of the conditions and associated proportions can be found in the report Jones et al. (2008) Alcohol-attributable fractions for England: Alcohol-attributable mortality and hospital admissions <http://www.lape.org.uk/downloads/AlcoholAttributableFractions.pdf>

The five year target setting exercise has established a target for 2019/20 based around a year on year 3% reduction with the intention of reducing the Gateshead rate of alcohol related admissions to hospital to below both the current and predicted (19/20) North East rate.

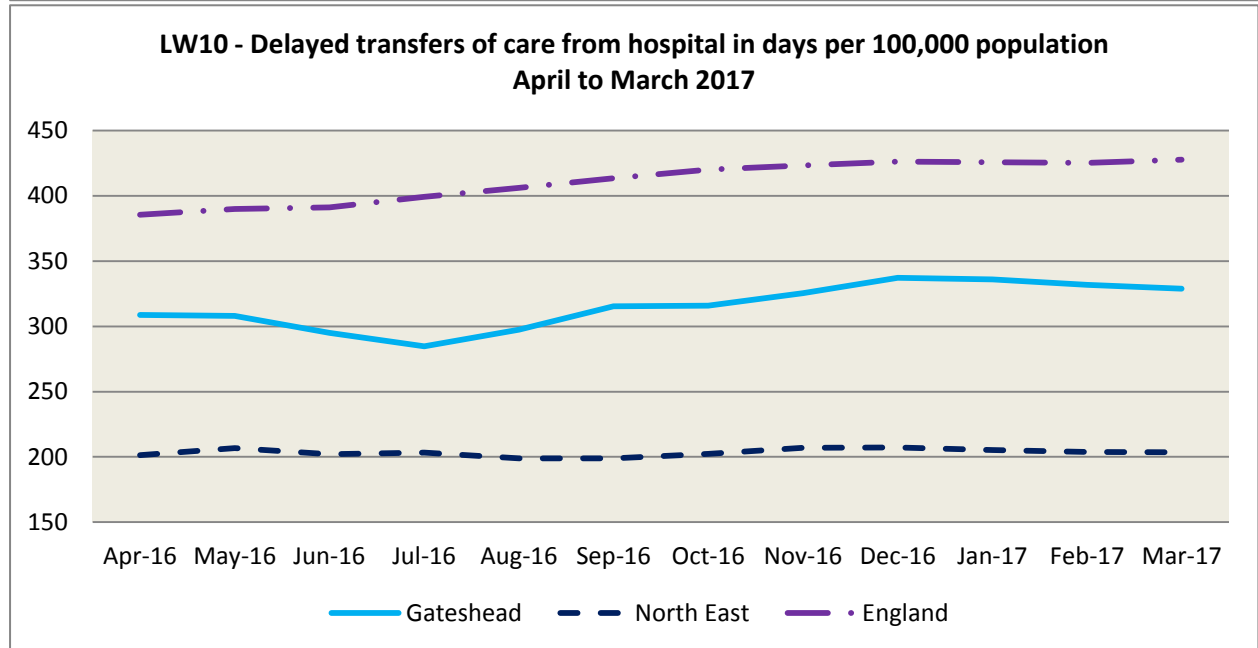
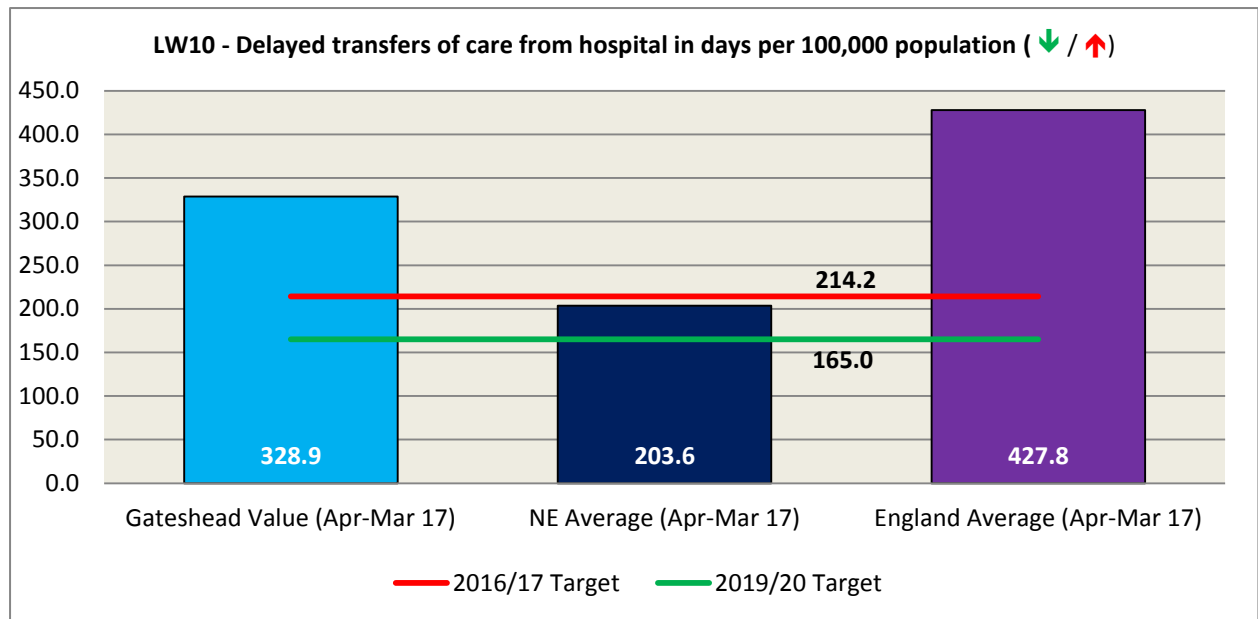
### **LW12 – Repeat Adult Safeguarding Enquiries**

**Key Message: During the period of April to February 2016/17, 87 people had a repeat adult safeguarding enquiry within 12 months of the latest enquiry, out of a total of 294 people with an enquiry in the period (29.6%). A repeat is defined as a person who has had one or more previous enquiries within 12 months of the latest enquiry.**

A high proportion of concerns progressed to enquiries during the 2015/16 reporting period, which highlighted a good understanding about the new statutory criteria established by the Care Act 2014. There were concerns however that a significant number of could be managed appropriately elsewhere, enabling the Safeguarding Adults Operational team and partners to focus upon those with higher levels of risk and harm.

A more robust and comprehensive criteria that assists front line practitioners to make sure that only those cases that do meet the new Safeguarding criteria progress has now been developed and implemented, and appropriate referral mechanisms are in place for those that do not progress. This means that we should see a reduction in the number of repeat enquires when reporting during 2016/17 and onwards.

## LW10 - Delayed transfers of care from hospital in days per 100,000 population



**Key Message:** This is a new strategic indicator from 2016/17. The latest available information available relates to the period of April to March 2017. Baseline for new indicator at end of 2015/16 was 213.1 days per 100,000. For this period there has been an average rate of 328.9 delayed transfers in days per 100,000 population attributable to the NHS, Social Care or both.

Performance for the period is higher than the annual target of 214.2 and the baseline of 213.1, it is also higher than the 2019/20 target of 165.0. Gateshead has a lower rate than the current England average of 427.8 but is higher than the North East average of 203.6.

Monthly trend information shows the rate for Gateshead has continued to

decrease with March 2017's data continuing the month on month drop that began with the January 17 data. The main areas for delays are Care Packages in own home with (1504 days) and Residential Care Home Placement (1570 days).

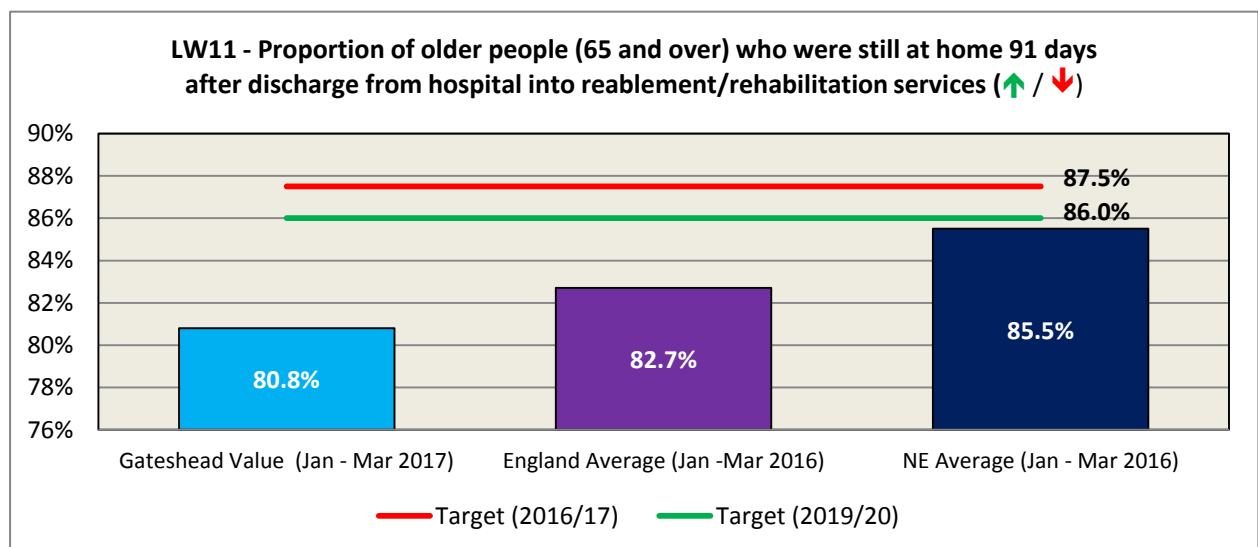
This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

This measure reflects the overall number of delayed transfers of care in **days** attributable to NHS, Social Care or both. A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

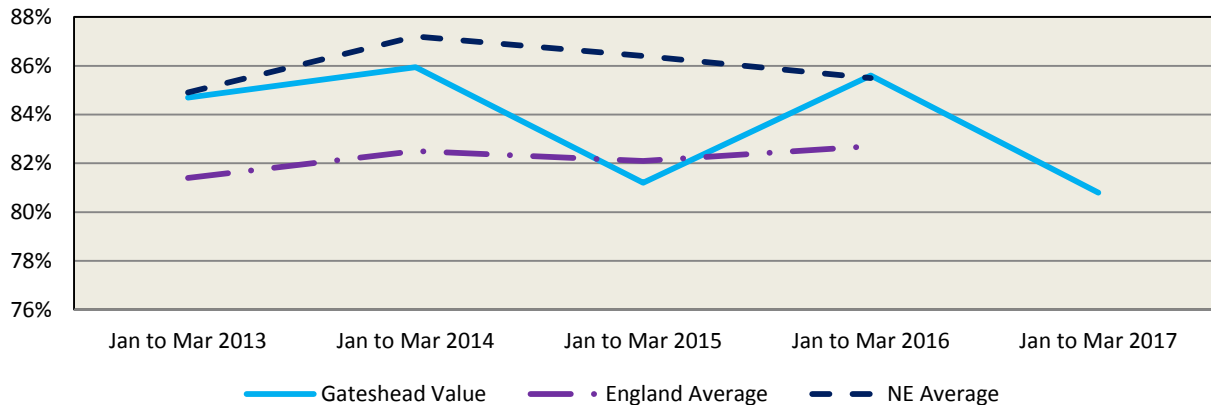
Work is underway to reduce the number of delayed transfers of care.

- A Bridging Service commenced in January 2017, with two providers commissioned to deliver short term support to move people with a long term care need out of hospital whilst waiting for a package of care.
- The QE Social Work Team and Gateshead Foundation Trust have been working together to ensure delays are being recorded appropriately and the reasons for the delay are being attributed to the correct code.
- A visit to another authority is to be arranged to observe how the process works in dealing with DTOC. This will occur when resources are available.

**LW11 Helping Older people to live independently – the proportion of older people 65+ still at home 91 days after hospital discharge to a reablement service**



**LW11 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (↑ / ↓)**



**Key message: The indicator value stands at 80.8% (147 out of 182) for all of those that were discharged from hospital in October to December 2016, and followed up 91 days later during January to March 2017. The value for this period is lower than the same period last year, which was 85.6% (184 out of 215). Performance is below the challenging target of 87.5% and is below the North East and England averages (please note that the latest available averages are for the 2015/16 period).**

This strategic outcome indicator measures the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into a rehabilitation or reablement service. This strategic outcome indicator is part of the Department of Health's' Adult Social Care Outcomes Framework.

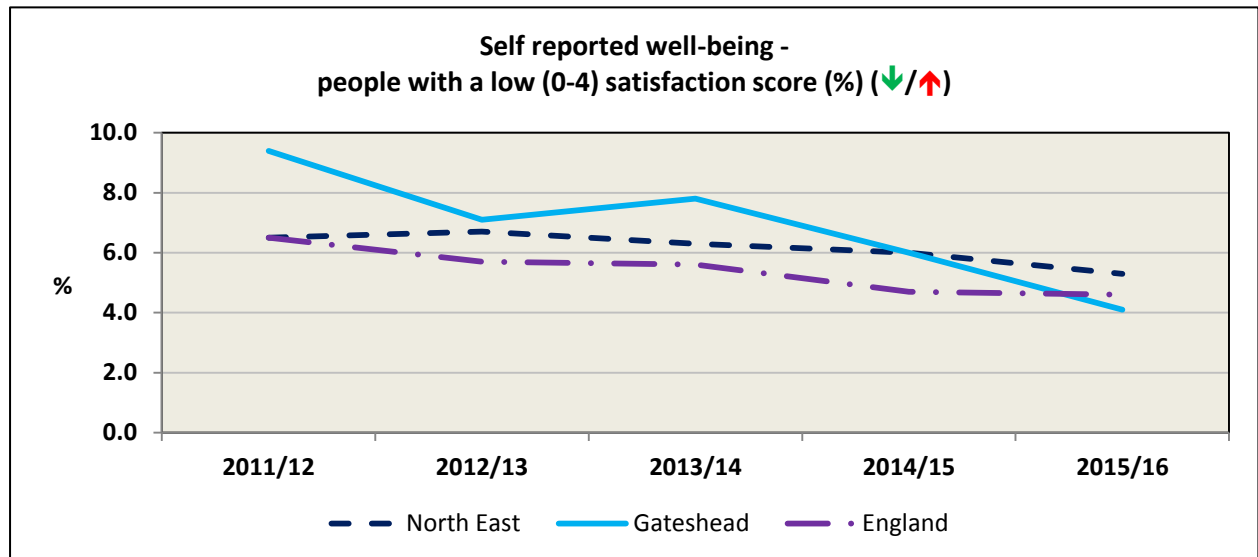
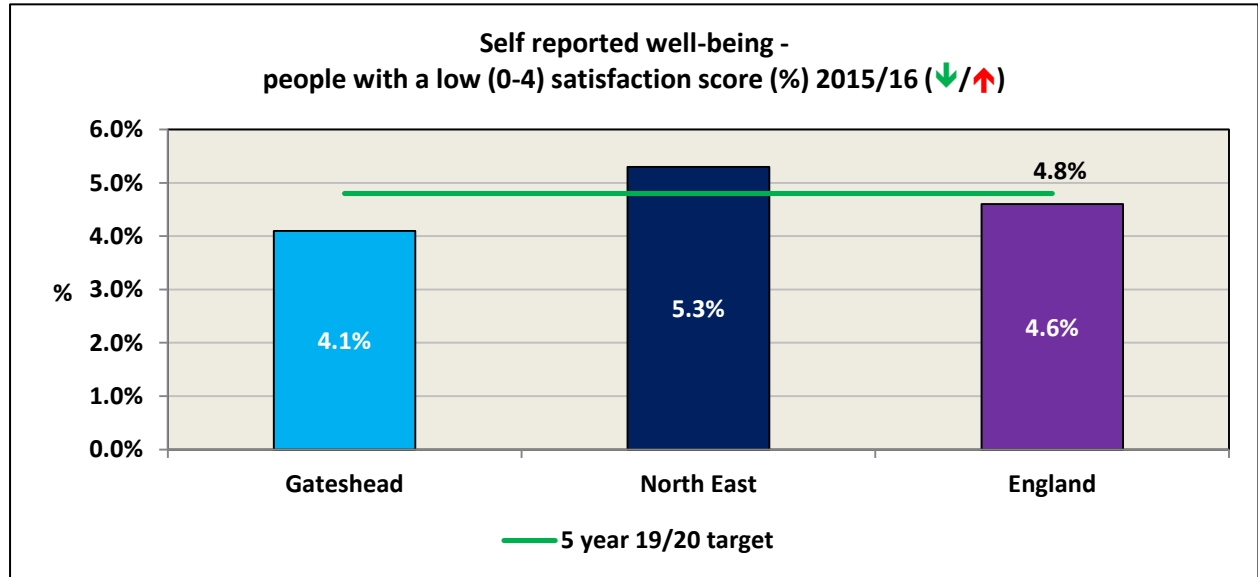
The data included in this indicator looks at all of those aged 65 and over discharged from hospital, following a multi-disciplinary assessment where the intention was for the person to return home after receipt of reablement, rehab or intermediate care services. Services that are currently contributing to this indicator are the in-house START team, Promoting Independence Centre intermediate care beds, Stroke Team and CROP Team.

To better understand particular pressures relating to this outcome measure a sample audit of individuals who were not at home 91 days after the end of reablement was conducted using data covering the period between April and December 2016. The results of this sample audit found:

- 10% of people had died – this represented the fact that we had accepted people with limited life expectancy onto the service, in order to meet urgent need and facilitate appropriate discharge from hospital.
- There were a number of people who had experienced a significant health change, post discharge (such as CVA), and as such their health and social care needs were very different.
- The age of the people accessing the service was considered, with 40% being over 85 years of age and a further 40% between 75 and 84.

Within the context of the national performance indicator, there is a need to ensure that the service does not become “risk averse”, and focus only on people who (in all likelihood) would recover anyway (as cited by John Bolton – Adult Social Care Efficiency Program 2012 -14), by only accepting of referrals for people who they are certain will be at home 91 days later. Therefore the balance between ensuring success and focusing on those people for whom the service can make the most difference will be embedded within the service.

**LL4 - Wellbeing – Decrease the Percentage of People who are Dissatisfied with Life**



**Key message:** The data currently available is for the year end 2015/16; this shows we have had a reduction in the percentage of people in Gateshead reporting a low satisfaction score. This has dropped from 6.0% in 2014/15 to 4.1% in 2015/16. As a result of this decrease Gateshead has successfully surpassed the 2019/20 5 year target for this indicator that was set at 4.8%. This target will remain in order for any changes in the data over the next 4 periods to be monitored. This reduction is



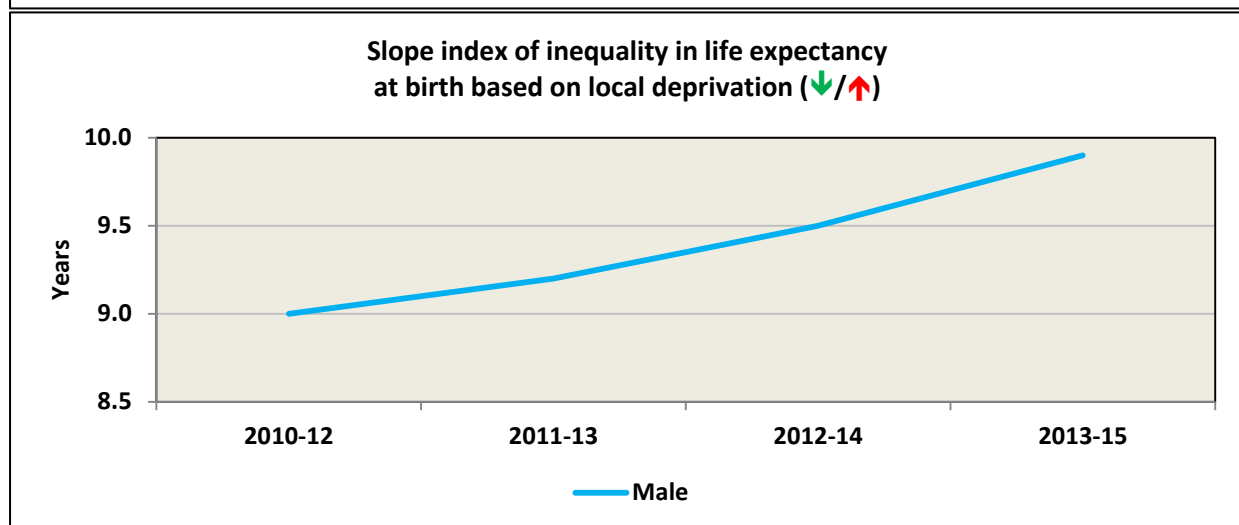
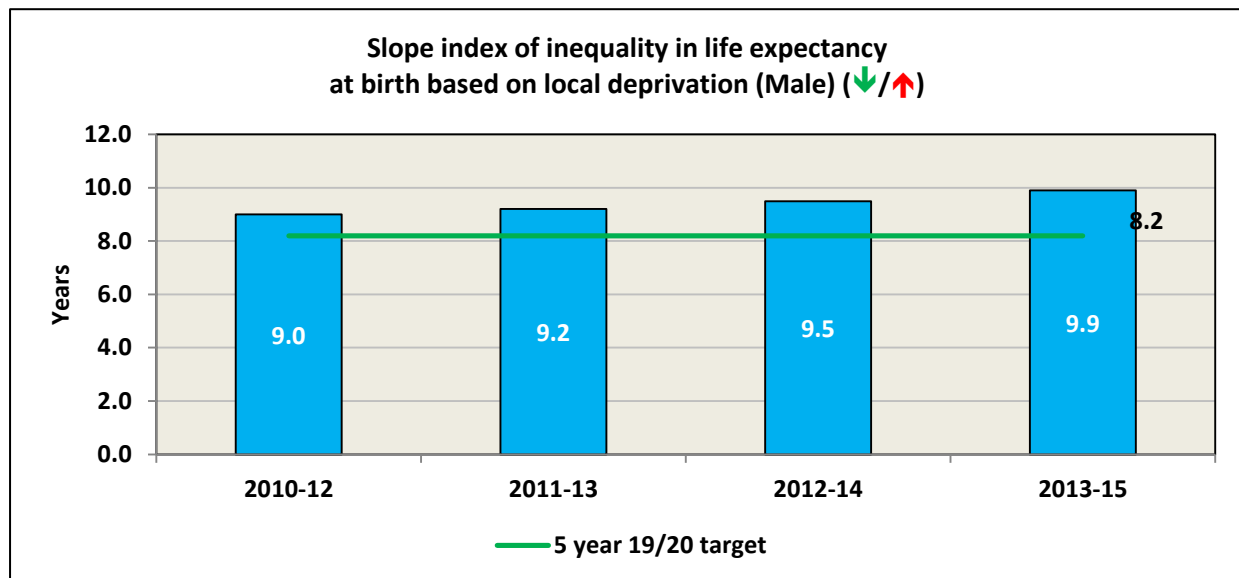
**better than the drops shown by the figures for England and the North East.**

This strategic outcome indicator was included in the suite of strategic outcome indicators and originates from the Public Health Outcomes Framework. It is one of a series of four indicators intended to provide insight into levels of mental well-being and its determinants as opposed to levels of mental illness.

The data is collected from the ONS Annual Population Survey. Dissatisfaction with life is interpreted as those respondents providing a score of 4 or less (out of a possible 10) to the question "Overall, how satisfied are you with your life nowadays?"

Wellbeing is seen as a key issue for the Government as people with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

### **LW24 - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male)**

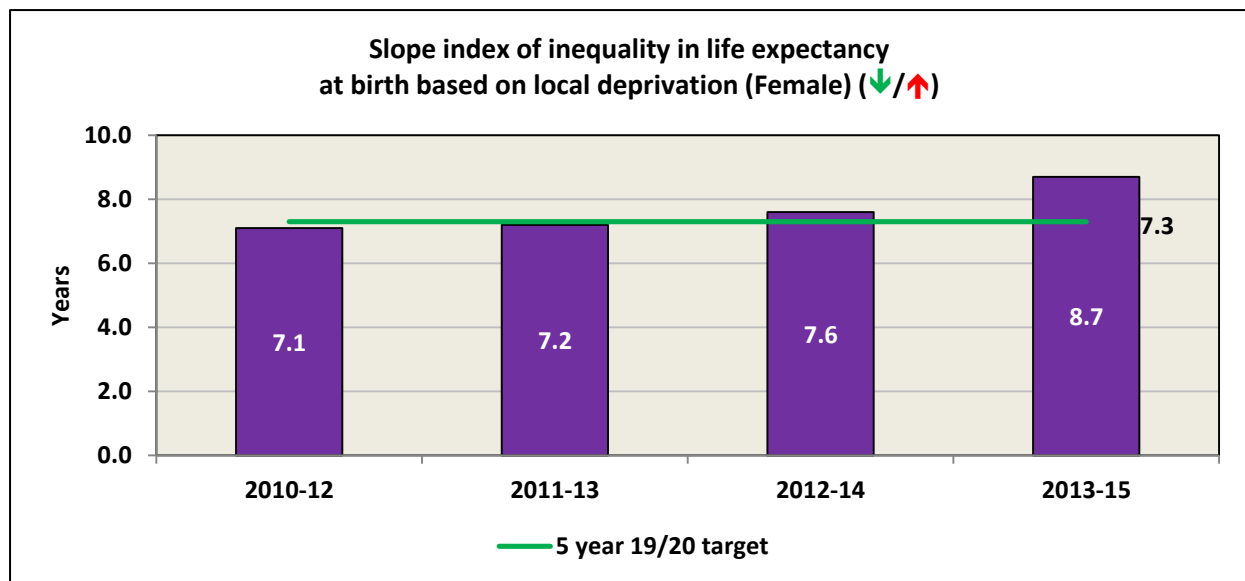


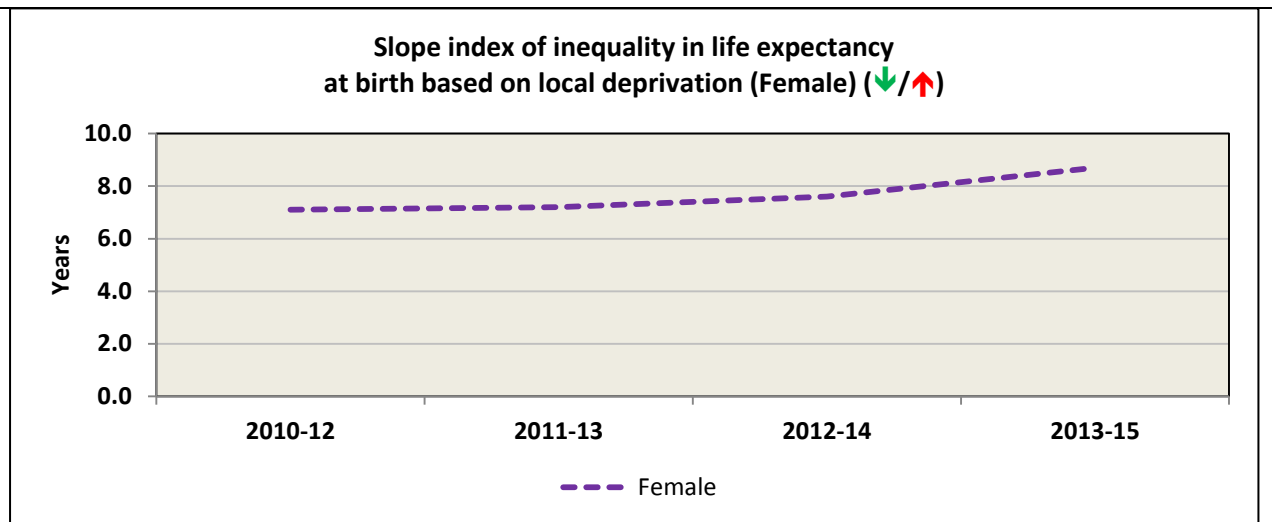
**Key message:** The data that is currently available is for the year end 2015/16 (period 2013-14). This data is no longer comparable with previous reports as the Public Health England data set has been updated and revised with a new baseline set at 2010-12. This is due to change in the Index of Multiple Deprivation (IMD), the 2015 version is now being used, and the use of the 90+ age category in life expectancy calculations.

The new data set shows that inequality in life expectancy for males has increased for the period 2013-15 to 9.9 years. This is a 3.3% increase on the 2012-14 period and is continuing the increasing trend in the data since 2010-12. Overall inequality in the life expectancy gap for males has increased by 10% since the 2010-12 period

This is one of the few indicators in the Public Health Outcomes Framework (PHOF) set that is explicitly an inequalities indicator. It shows inequalities within local areas, enabling a focus on small areas of deprivation that exist everywhere as well as areas where the whole local authority area has poor health status. The indicator was included into the suite of strategic outcome indicators and is a key high-level health inequalities outcome and is core to the aims of Public Health.

**LW25 - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Female)**



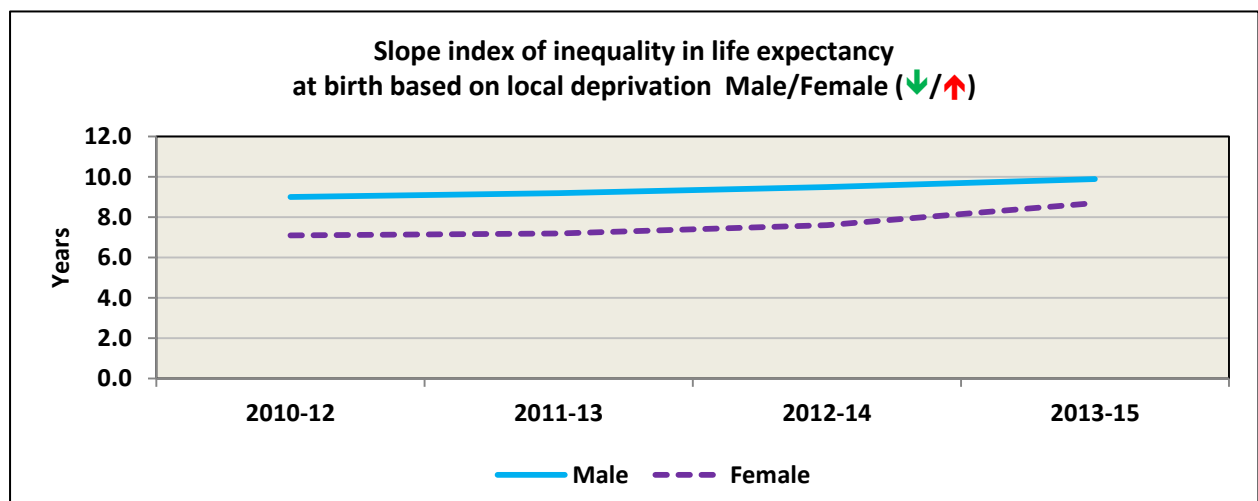


**Key message:** The data that is currently available is for the year end 2015/16 (period 2013-14). This data is no longer comparable with previous reports as the Public Health England data set has been updated and revised with a new baseline set at 2010-12. This is due to change in the Index of Multiple Deprivation (IMD), the 2015 version is now being used, and the use of the 90+ age category in life expectancy calculations.

The new data set shows that inequality in life expectancy for females has increased for the period 2013-15 to 8.7 years. This is a 5.6% increase on the 2012-14 period and is continuing the gradually increasing trend in the data since 2010-12. Overall inequality in the life expectancy gap for females has increased by 22.5% since the 2010-12 period

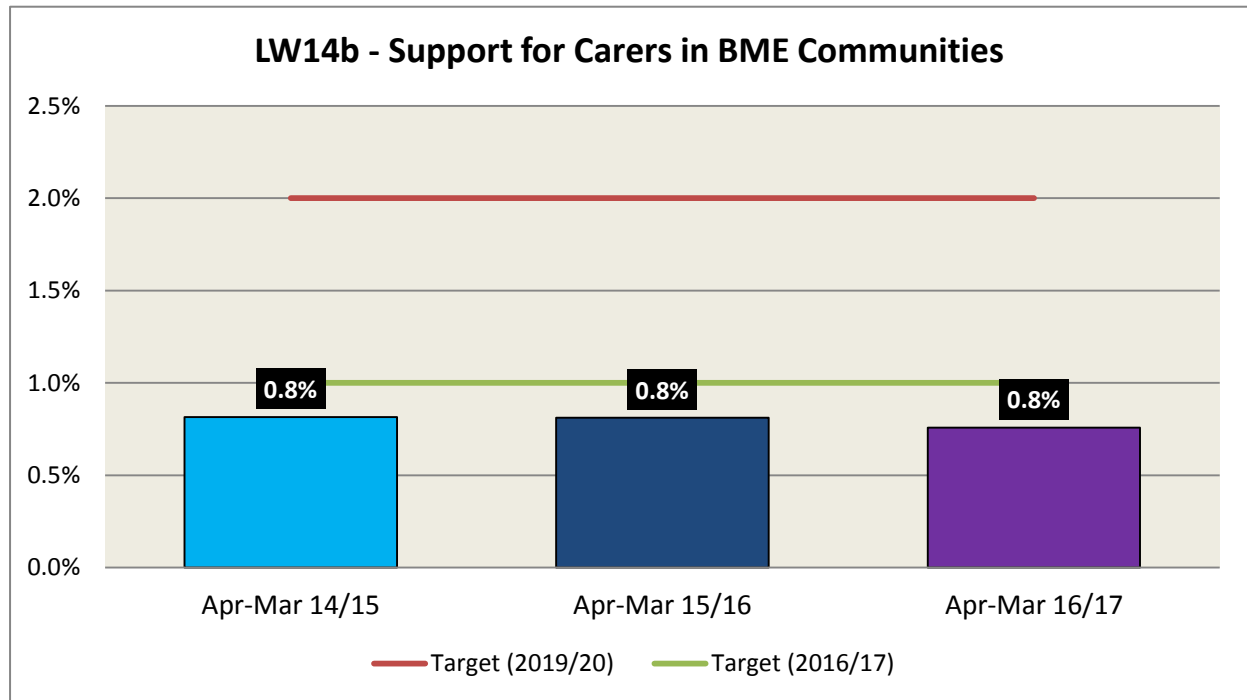
**Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male/Female)**

Given the way that these two indicators have been split up it was felt that it would be beneficial to provide some context to the two sets of data using a third graph with the male and female inequality rates over-laid so that it is possible to see change in rate compared to each other.



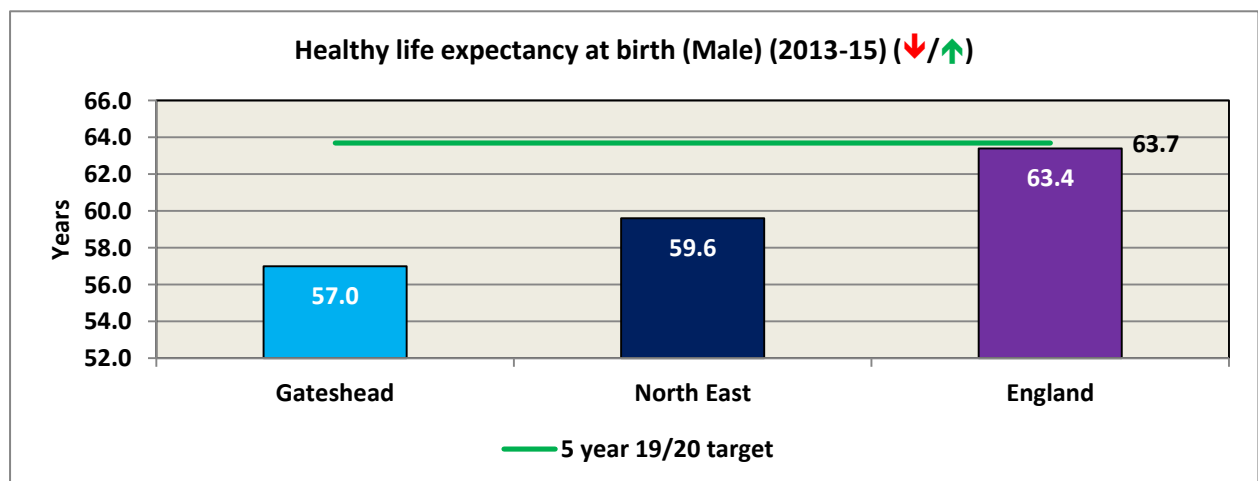
**Key Message:** As indicated by the above graph the gap between male and female inequality has gradually narrowed over the last 4 periods of data. The rate for females has increased much quicker over the same time frame. If this trend was to continue it is possible at some point within the next 10 periods of data the gap between the lowest and highest areas of inequality in life expectancy in Gateshead will be largest between those of female gender.

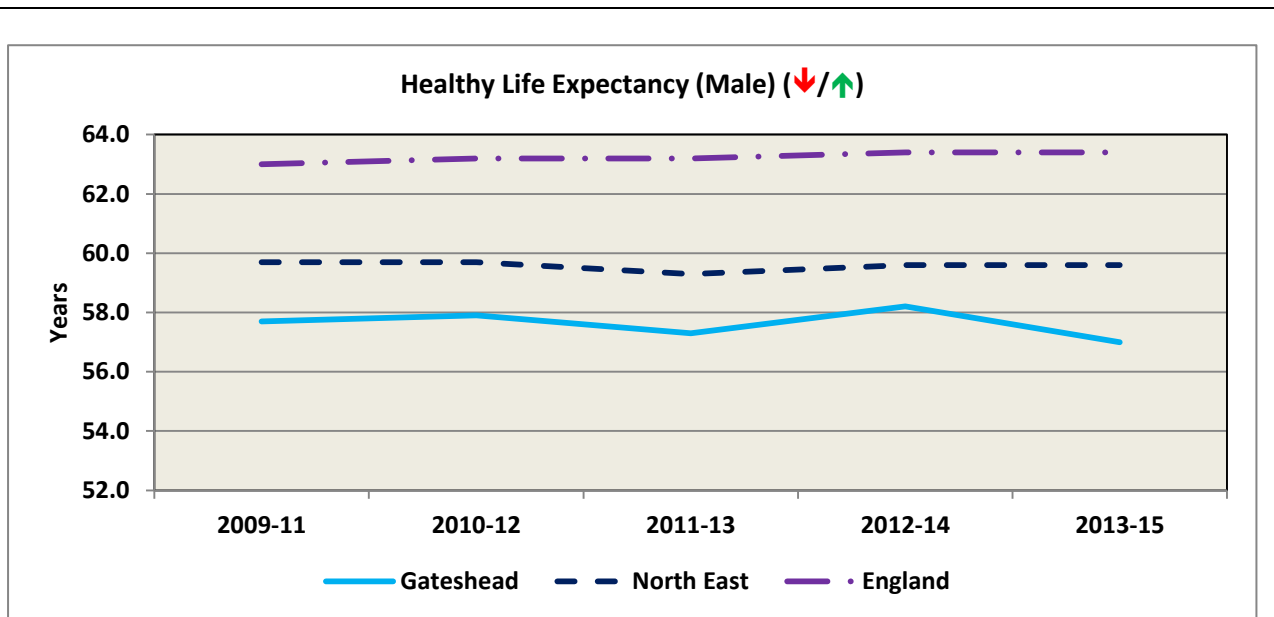
**LW14b - Support for Carers in BME Communities**



**Key Message:** 15 BME Carers out of a total of 1978 Carers have been assessed, reviewed or were known to social services during April to March 2016/17 (0.8%). This has decreased by two BME Carers from the figures reported in the 2015/16 yearend report (17 out of 2096– 0.8%). Performance is below the 2016/17 target of 1.0% and is also lower than the 2019/20 target of 2.0%.

**LW20 – Healthy Life Expectancy at Birth (Male)**



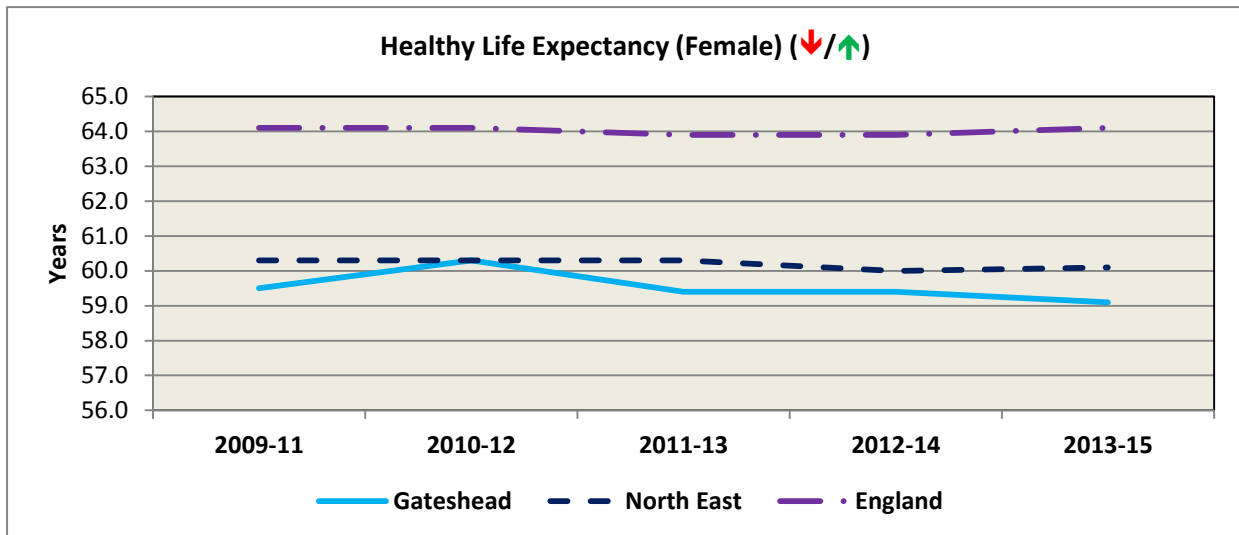
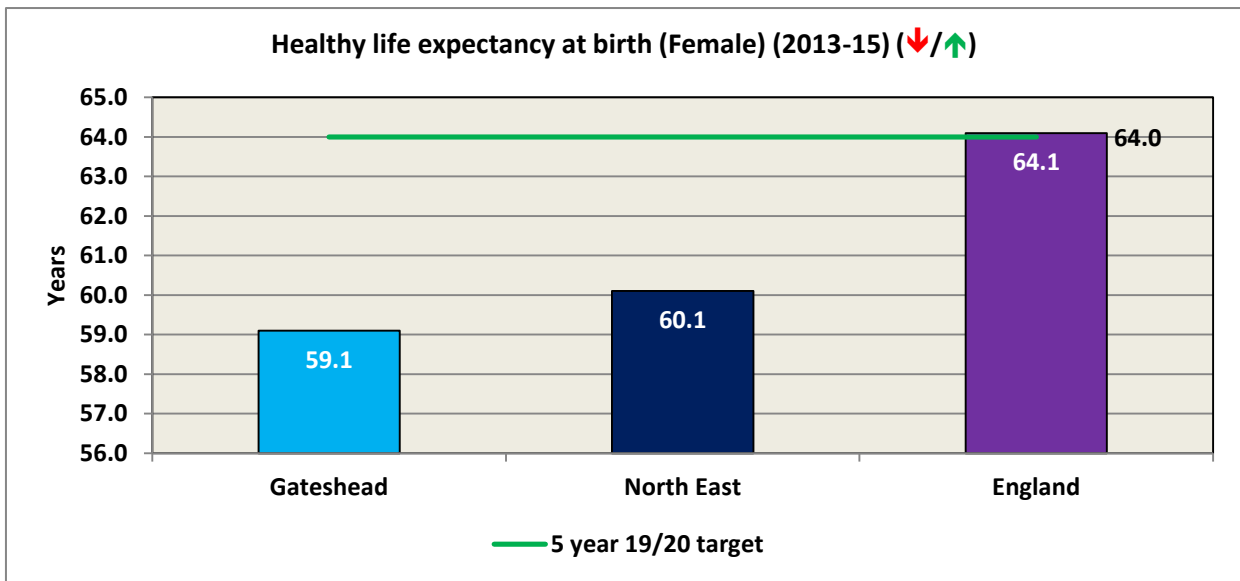


**Key message: The data currently available is for the 15/16 year (2013-15 data); This shows there has been a reduction in the rate of Healthy Life expectancy of males in Gateshead with the rate going down from 58.2 years in 14/15 (2012-14 period) to 57.0 years. Currently Gateshead is considered significantly worse than the England average of 63.4 years and is higher than the North East average of 59.6 years and in order to reach its target for 2019/20 of 63.7 years we will need to increase health life expectancy for males by 6.7 years over the next 4 periods.**

The healthy life expectancy indicators are considered to be an extremely important summary measure of both mortality and morbidity and are able to set a context with which Gateshead is able to assess other indicators both at health and economic levels to identify drivers of healthy life expectancy. It is a measure of the average number of years a person would expect to live based on contemporary mortality rates and prevalence of self-reported good health.

The target setting exercise for this indicator established the target for 2019/20 and set a challenging goal to be similar to the predicted England healthy life expectancy in 5 years' time of 63.7 years which would start to put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with Vision 2030.

## LW21 – Healthy Life Expectancy at Birth (Female)



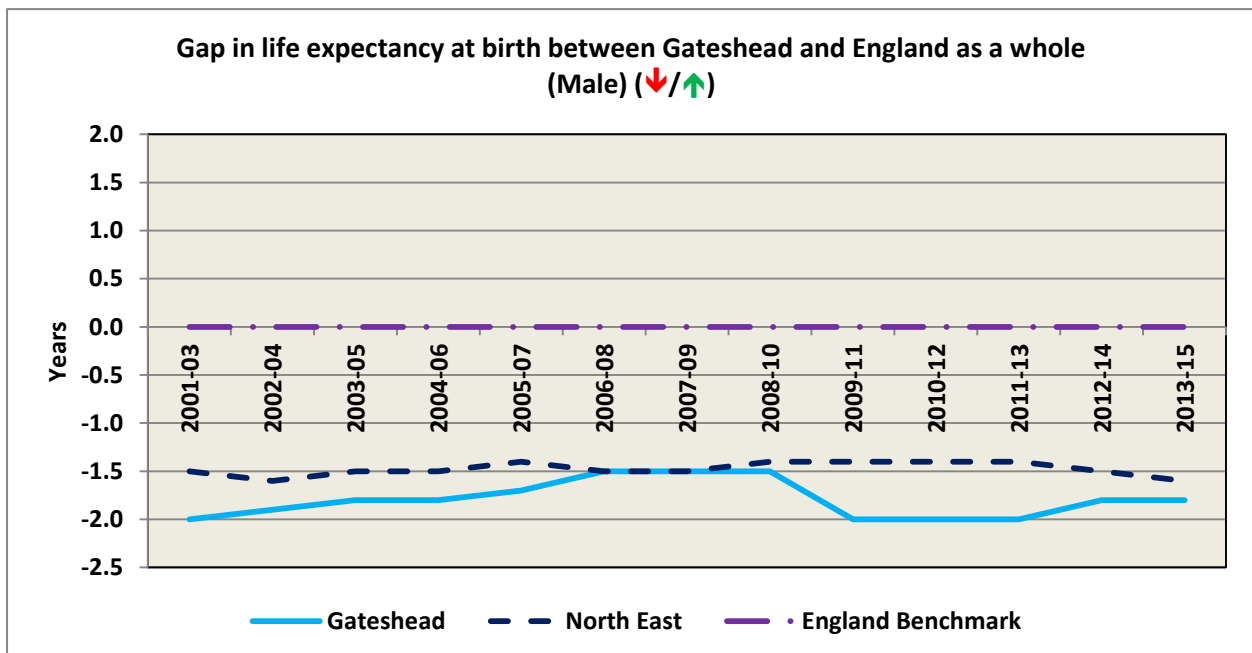
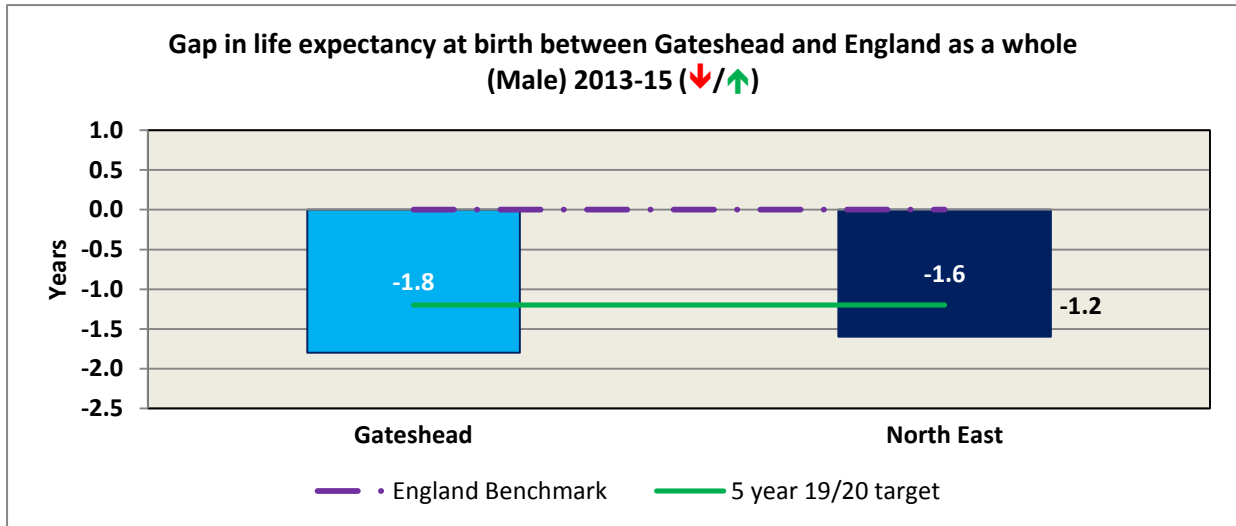
**Key message:** The data currently available is for the 15/16 year (2013-15 data); This shows there has been a reduction in the rate of Healthy Life expectancy of females in Gateshead with the rate going down from 59.4 years in 14/15 (2012-14 period) to 59.1 years. Currently Gateshead is considered significantly worse than the England average of 64.1 years and is higher than the North East average of 60.1 years, in order to reach its target for 2019/20 of 64.0 years it will need to increase health life expectancy for females by 4.9 years over the next 4 periods.

The healthy life expectancy indicators an extremely important measure of both mortality and morbidity and are able to set a context with which Gateshead is able to assess other indicators both at health and economic levels to identify drivers of healthy life expectancy. It is a measure of the average number of years a person would expect to live based on contemporary mortality rates and prevalence of self-reported good health.

The target setting exercise for this indicator established the 5 year target for 2019/20 and a challenging goal was set to reach 64.0 years making Gateshead similar to the

current England healthy life expectancy. Like the target setting for male healthy life expectancy this would put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with the Vision 2030 plan.

**LW22 Gap in life expectancy at birth between each local authority and England as a whole (Male)**



**Key message:** The data that is currently available is for the 15/16 year (2013-15 period). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has remained the same at -1.8 years.

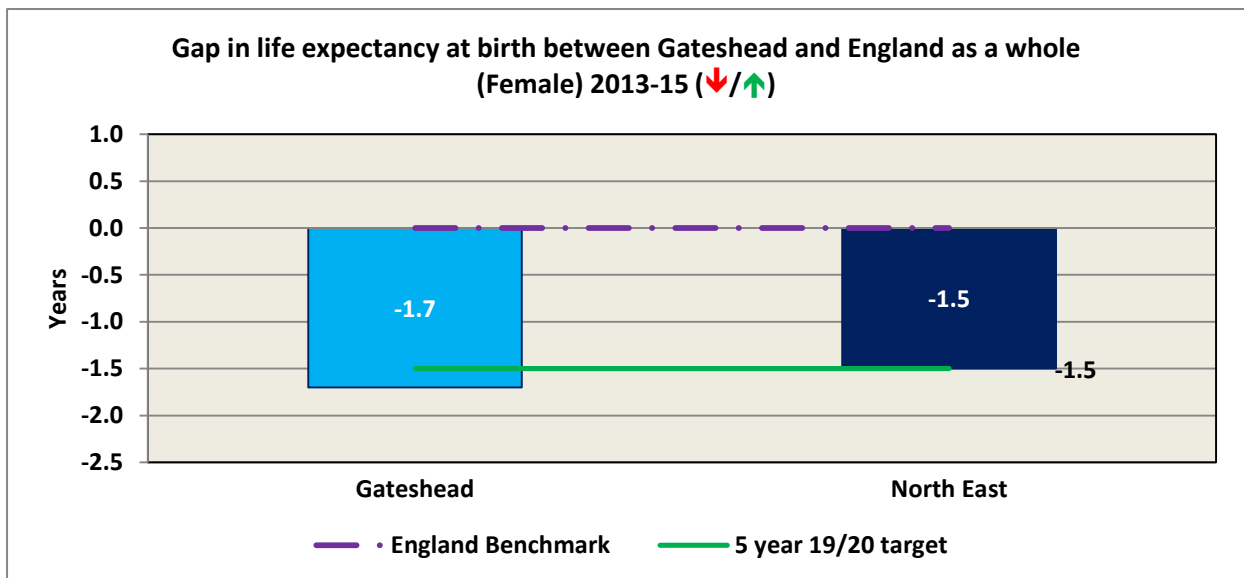
The target that was set for 2019/20 was to reduce the gap in life expectancy down to -1.2 years.

Gateshead is higher than the North East average of -1.6 years.

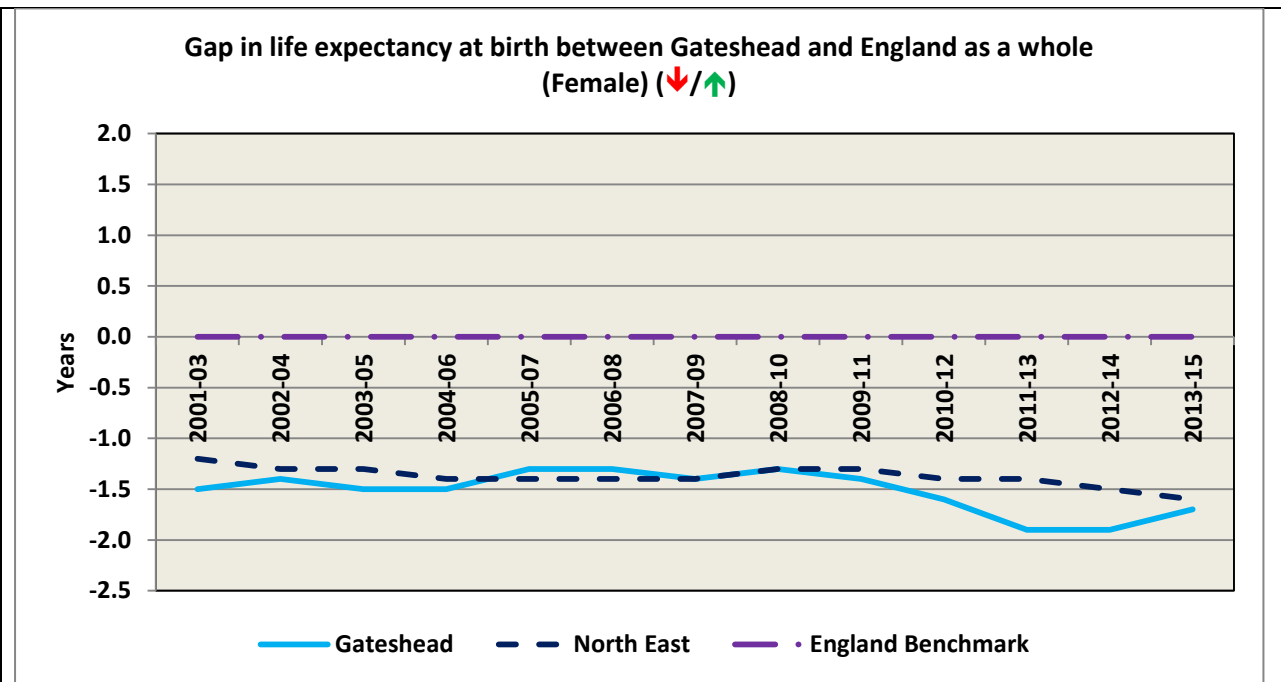
This indicator measures inequalities in life expectancy between each local authority area and that of England as a whole. It shows the absolute difference in years in life expectancy between the two areas for the given time period a negative figure means that the life expectancy of the area is lower than England, and a positive figure shows that the area has a higher life expectancy than England. This outcome focuses attention on the difference between life expectancy in local authorities and the overall England value and the need to improve the health of the whole area in relation to England. Gap in life expectancy at birth is considered to be one of the overarching outcomes for the nationally defined Public Health Outcomes Framework.

The target setting exercise for this indicator has established the target for 2019/20 with the intention of continuing to reduce the gap between Gateshead and England in terms of life expectancy, and maintain the desired goal of the Public Health Frameworks tool to show a reduction in the size of the negative figure.

**LW23 Gap in life expectancy at birth between each local authority and England as a whole (Female)**







**Key message:** The data that is currently available is for the 15/16 year (2013-15 period). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has decreased from -1.9 years in 14/15 (2012-14 period) to -1.7 years.

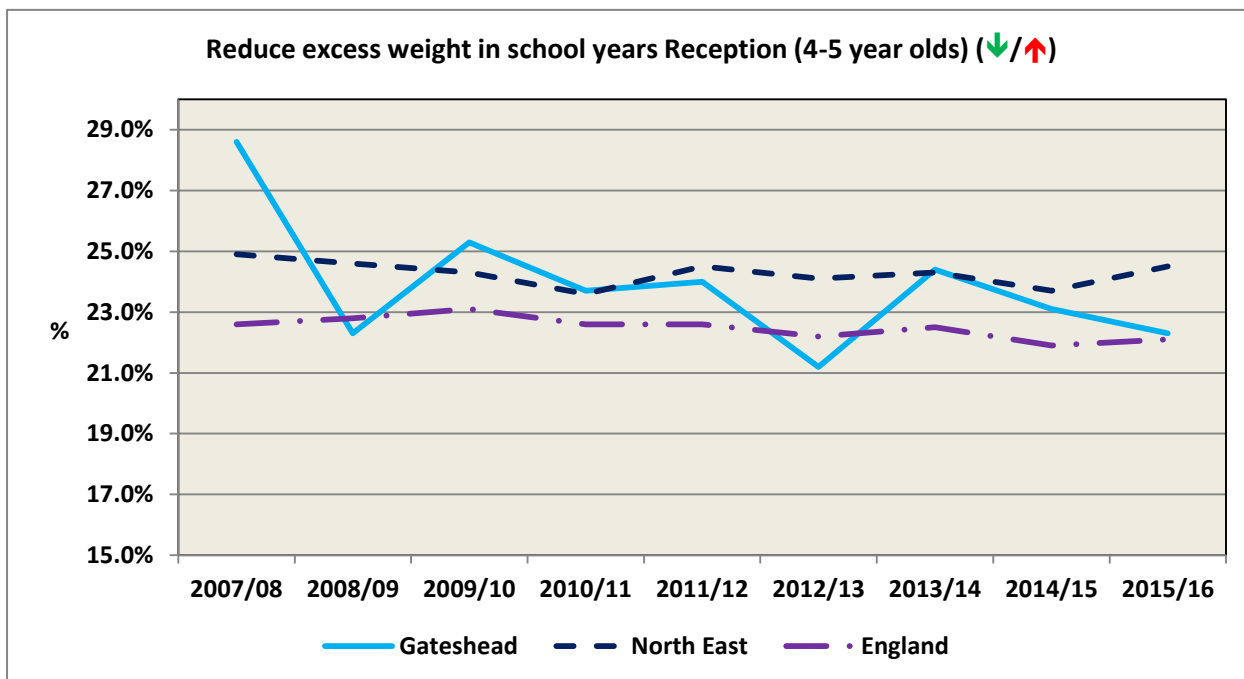
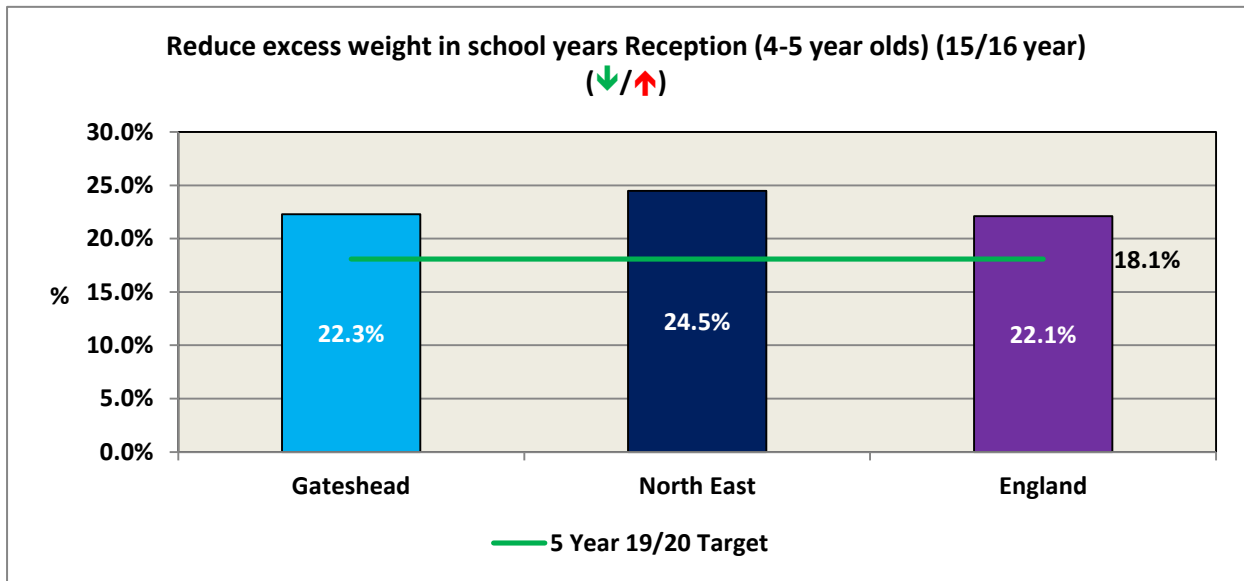
The target that was set for 2019/20 was to reduce the gap in life expectancy down to -1.5 years.

**Gateshead is worse than the North East average of -1.5 years**

The gap in life expectancy between females in Gateshead and the overall England rate had been steadily increasing since 2008-10 period (10/11 year) and the 2013/14 data (2011-13 period) was the first to show this trend starting to stabilise and this was continued in 2014/15. Despite this 2014/15 was also the first time that females have had a larger gap in life expectancy compared to England than males since the availability of this data. The 2013-15 (15/16 year) is the first time since 2011-13 to have seen gap in life expectancy starting to head in the right direction.

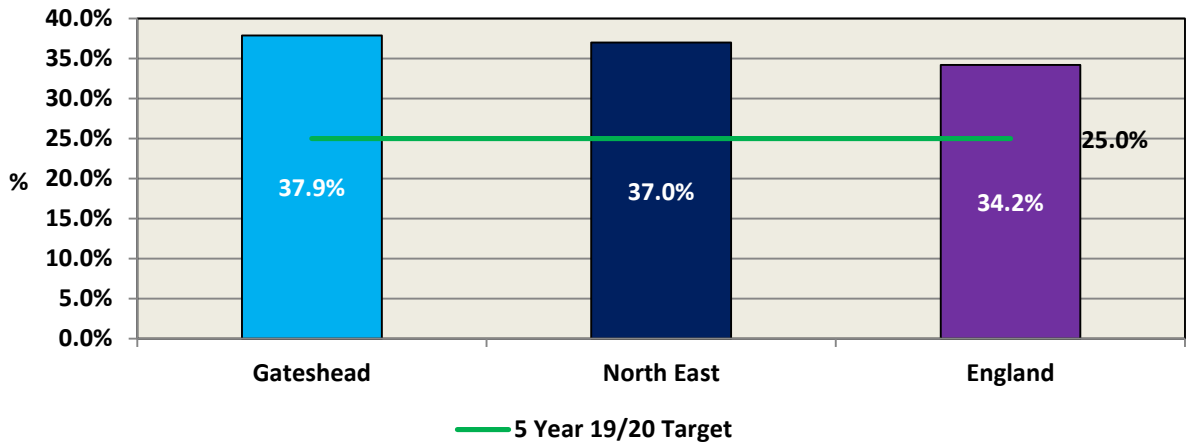
As with the gap in life expectancy for males the target setting exercise for this indicator has established the target for 2019/20 with the intention of controlling the previously increasing gap in life expectancy for females and then bringing this figure back down again.

**LW14 a & b - Reduce excess weight in school years Reception & Year 6 (Excess weight defined as a combination of 'Overweight' and 'Obese')**

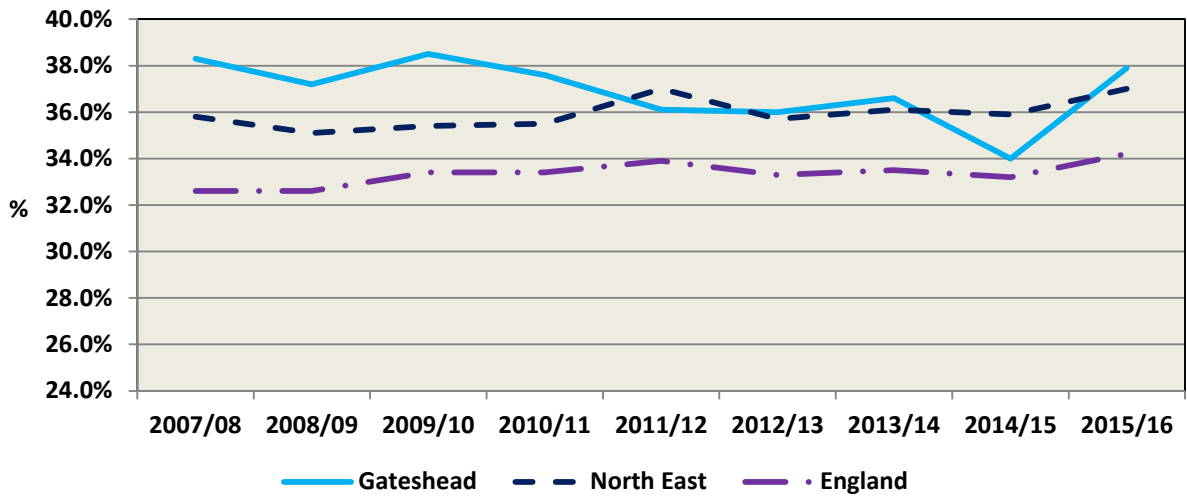


Reduce excess weight in school years Reception (10-11 year olds) (15/16 year)

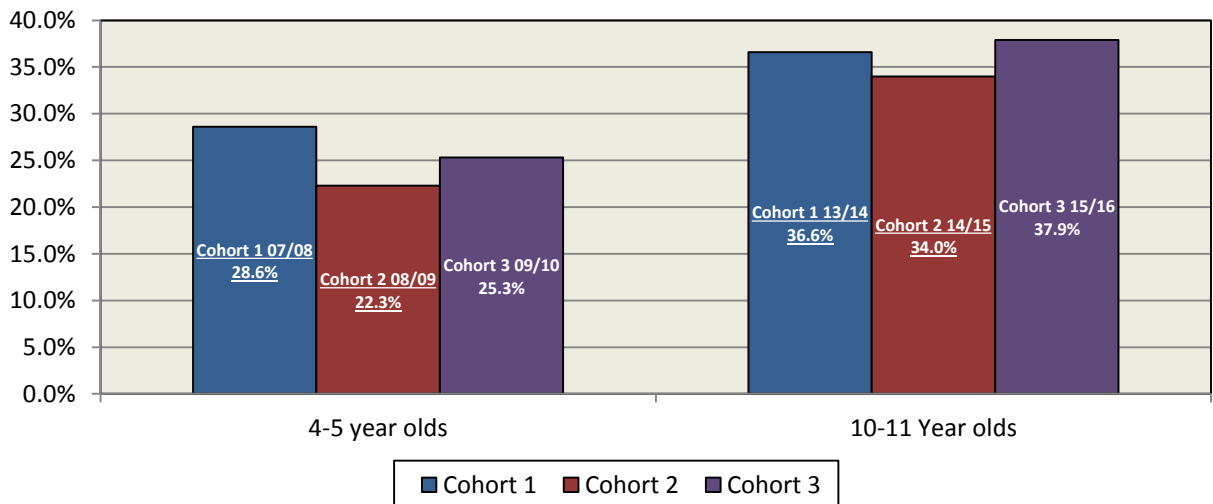
(↓/↑)



Reduce excess weight in school years Reception (10-11 year olds) (↓/↑)



Reduce Excess weight 4-5 & 10-11 year olds



**Key message: The data currently available is for the 15/16 year. For children in reception (ages 4-5) 22.3% were considered to be of excess weight which was a decrease on the figure in 2014/15 of 23.1%. For children in year 6 (ages 10-11) 37.9% were considered to be of excess weight which was an increase on the figure from 2014/15 of 34.0%. For 4-5 year olds Gateshead is now considered to be statistically similar to both the England and North East averages and currently has the lowest rate of excess weight of all the North East local authorities. However for 10-11 year olds Gateshead is once again considered significantly worse than the England average.**

**The target set for 2019/20 for 4-5 year olds was 18.1%.**

**The target set for 2019/20 for 10-11 year olds was 25.0%.**

The two sets of excess weight data have been combined to enable us to monitor the difference between particular cohort groups at the two different measurement stages. Due to the changes made to the definition for these indicators we have 3 years' worth of children who were measured at the 4-5 year old stage and have now progressed to being measured at the 10-11 year old point. 4-5 year old Children measured in 07/08, 08/09 and 09/10 have now been measured again in the 13/14, 14/15 and 15/16 years respectively. In both these cohort years we have seen a marked increase in the percentage of children classified as excess weight.

For the cohort measured in 2007/08 and then again in 2013/14 there was a 28.0% increase in the percentage of children classified as excess weight (increasing from 28.6% to 36.6%). In the cohort measured in 2008/09 and then in 2014/15 there was a 52.5% increase in those children classified as excess weight (increasing from 22.3% to 34.0%) and for the cohort measured in 09/10 and then in 15/16 there was a 49.8% increase in those children classified as excess weight (increasing from 25.3% to 37.9%). However despite the large increases in excess weight between the two measurements periods, in all 3 cohorts where the levels of excess weight have reduced at 4-5 years they also reduced at 10-11 years. Unfortunately having only 3 cohorts of data at this time we are not in a position to suggest that by focusing on bringing excess weight down at 4-5 years we can also affect a positive change in those at 10-11 years.

The current long term trend for children at 10-11 years old was previously starting to show a very gradual decrease since the first available set of data in 2007/08. However with the increase in excess weight in 2015/16 the percentage of excess weight children in this age group has now only come down by only 1.0% in real terms since then and with the publication of the 15/16 figures we are now at our highest level for this part of the indicator since the availability of the data in 2007/08.

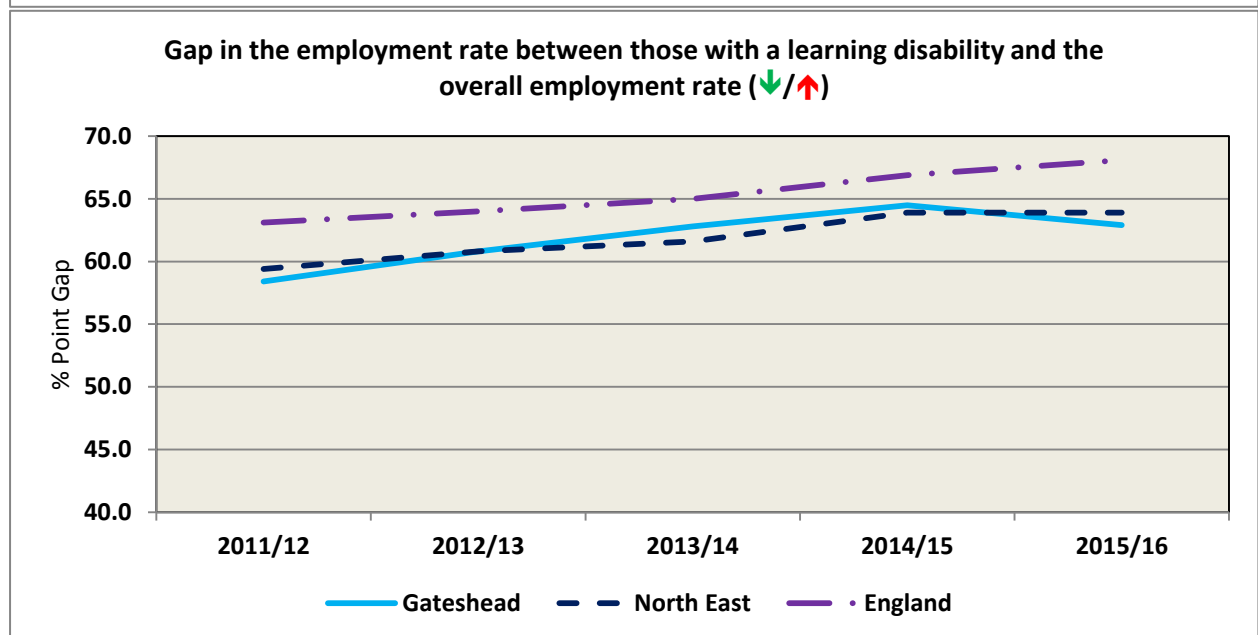
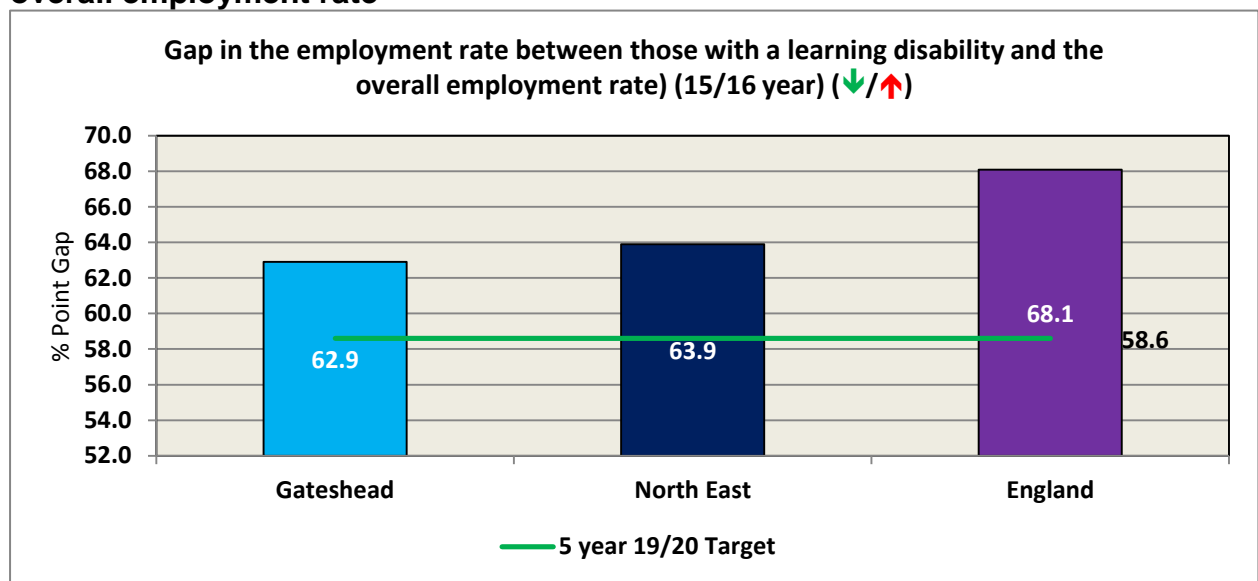
This indicator will hopefully be able to tell us whether there is a connection in the work with children at the 4-5 age categories around excess weight and whether this is having an effect on the numbers of children who are then reporting as excess weight by the ages 10-11.

The UK is experiencing an epidemic of obesity affecting both adults and children and there is currently a huge concern around the rise of childhood obesity and the

implications of such obesity persisting into adulthood. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

By choosing to ignore this problem Gateshead would effectively be saying that we as a local authority are comfortable with having around a third of our 10-11 and nearly a quarter of our 4-5 year olds being of excess weight. The 5 year targets up to 2019-20 that have been set for this reflect a commitment to reducing excess weight in both age categories and establishing children with a healthier childhood and consequently a healthier progression into adult life.

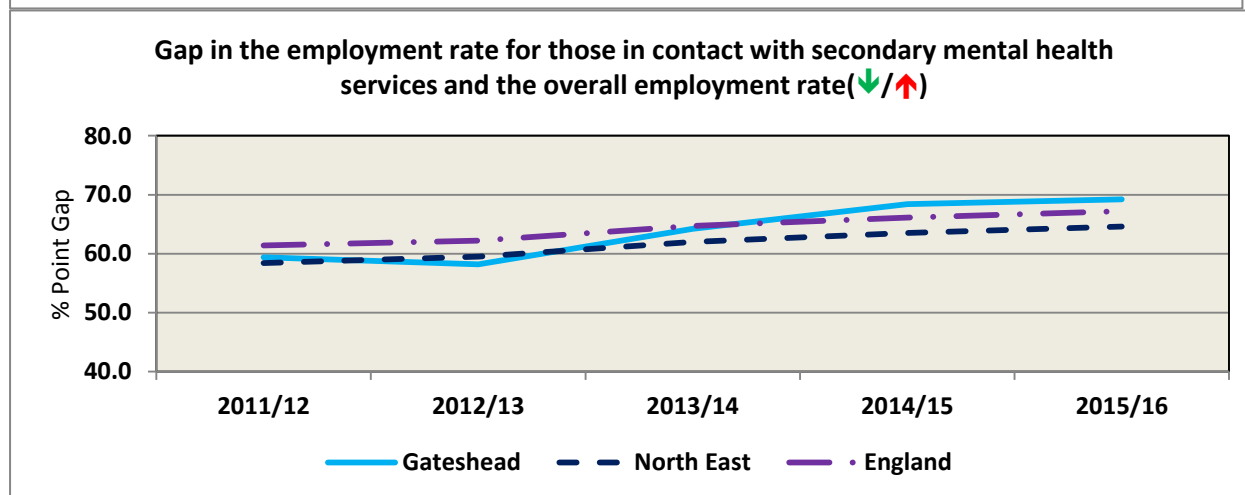
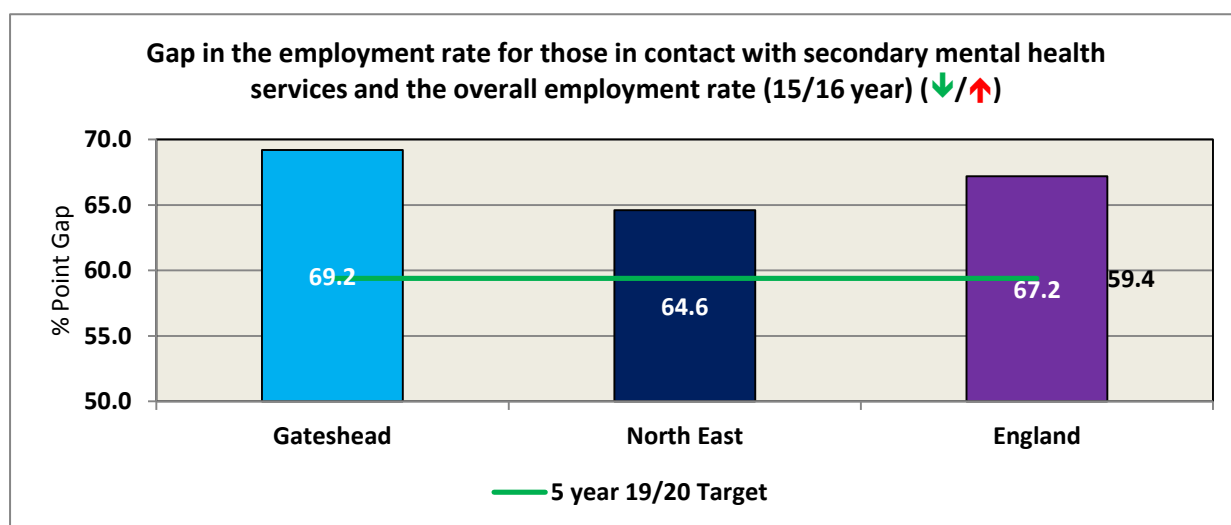
**LW15 Gap in the employment rate between those with a learning disability and the overall employment rate**



**Key message: This data relates to the 2015/16 period. The percentage point gap in the employment rate between those with a learning disability (known to Adult Social Care) and the overall employment rate in Gateshead during 2015/16 was 62.9%. This is a 2.5% decrease on the previous year 2014/15 (64.5%). Gateshead is now lower than the North East average (63.9%), and is significantly better than the England average (68.1%) for the first time since 2011/12. Gateshead is progressing in the right direction to reach the challenging 2019/20 target of 58.6%.**

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage. The percentage point gap is calculated between the percentage of working age learning disabled clients known to Social Services in paid employment (aged 18 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).

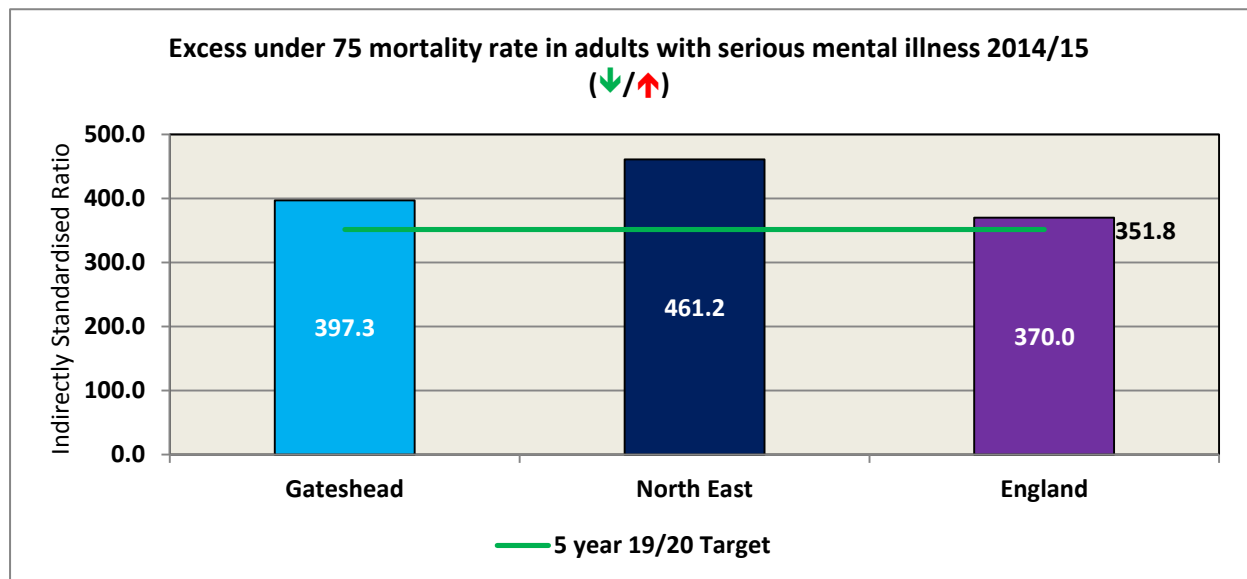
**LW17 Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate**

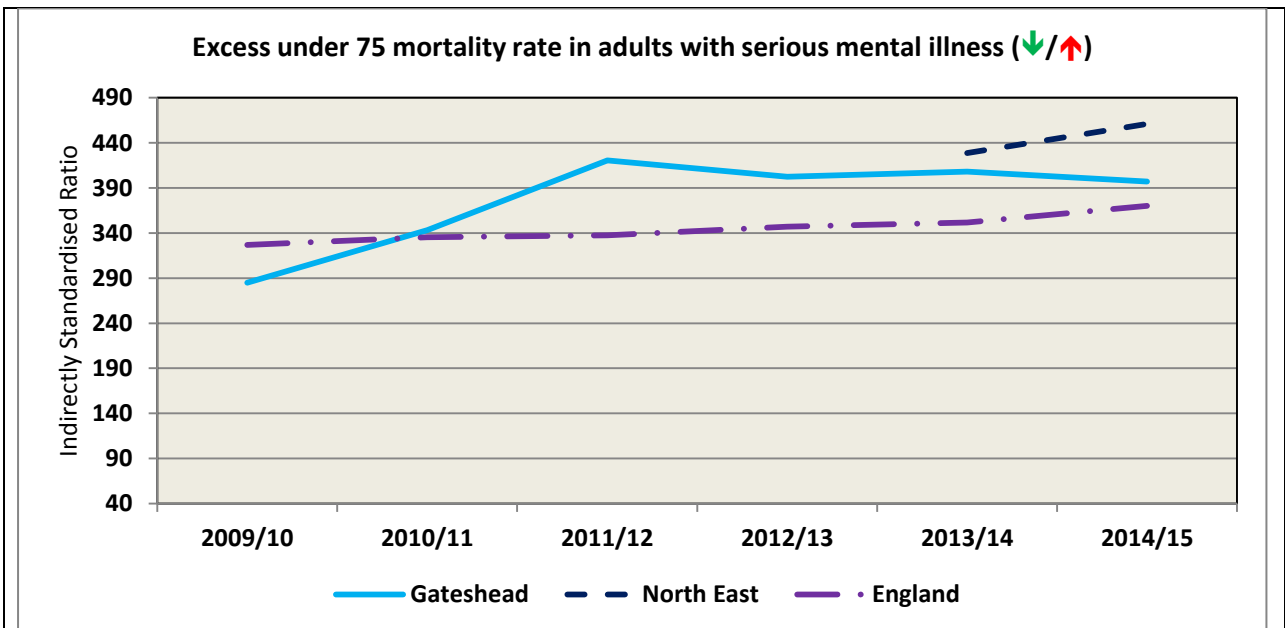


**Key message: This data relates to the 2015/16 period. The percentage point gap in the employment rate between those in contact with secondary mental health services and the overall employment rate in Gateshead during 2015/16 was 69.2%. This is a 1.2% increase on the previous year 2014/15 (68.4%). Gateshead is currently significantly worse than the North East average (64.6%), but is considered not significantly different (though slightly higher) than the England average (67.2%). Gateshead will need to reduce by 11.6% in order to reach the target set for 19/20 of 59.4%.**

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage. The percentage point gap is calculated between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).

**LW18 Excess under 75 mortality rate in adults with serious mental illness**





**Key Message:** At the time of writing, the latest available data for this indicator relates to the 2014/15 reporting period. The excess under 75 mortality rate in adults with serious mental illness in Gateshead was 397.3, a better position than the North East average of 461.2 and is the 2<sup>nd</sup> lowest rate in the region. However, Gateshead is still significantly higher than England, with an average rate of 370.0. Examining the trend up till 2011/12 the Gateshead rate has risen steadily, but since this point we have started to see a gradual decrease which if continued could put Gateshead on track to reach its target for 2019/20 of 351.8.

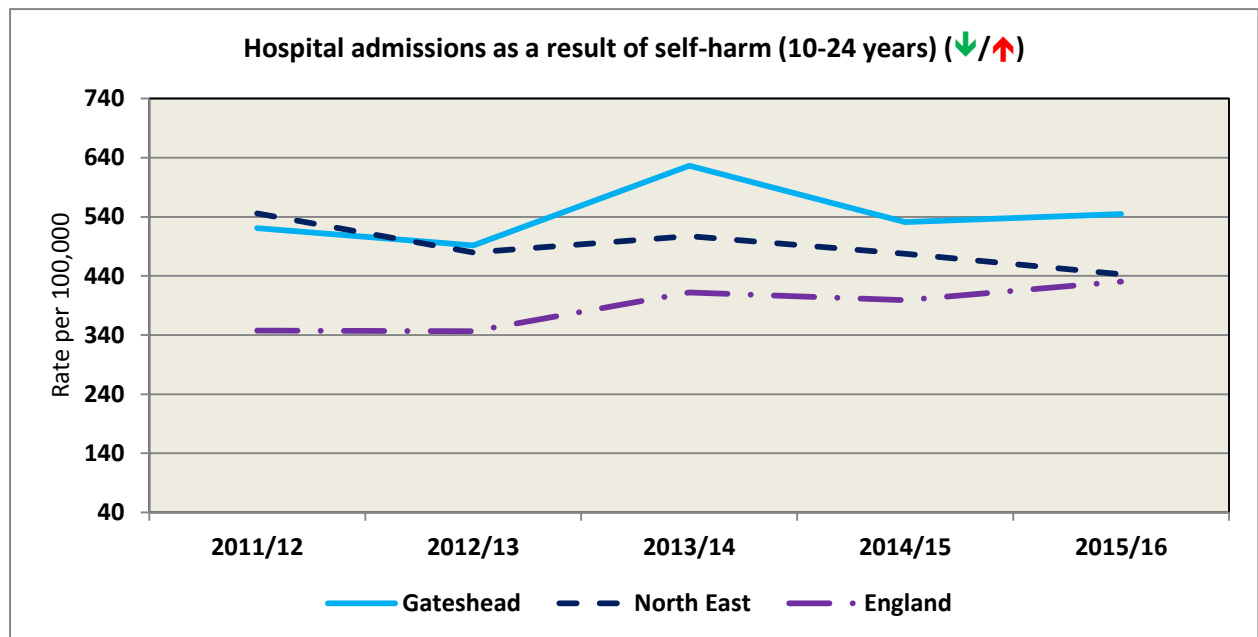
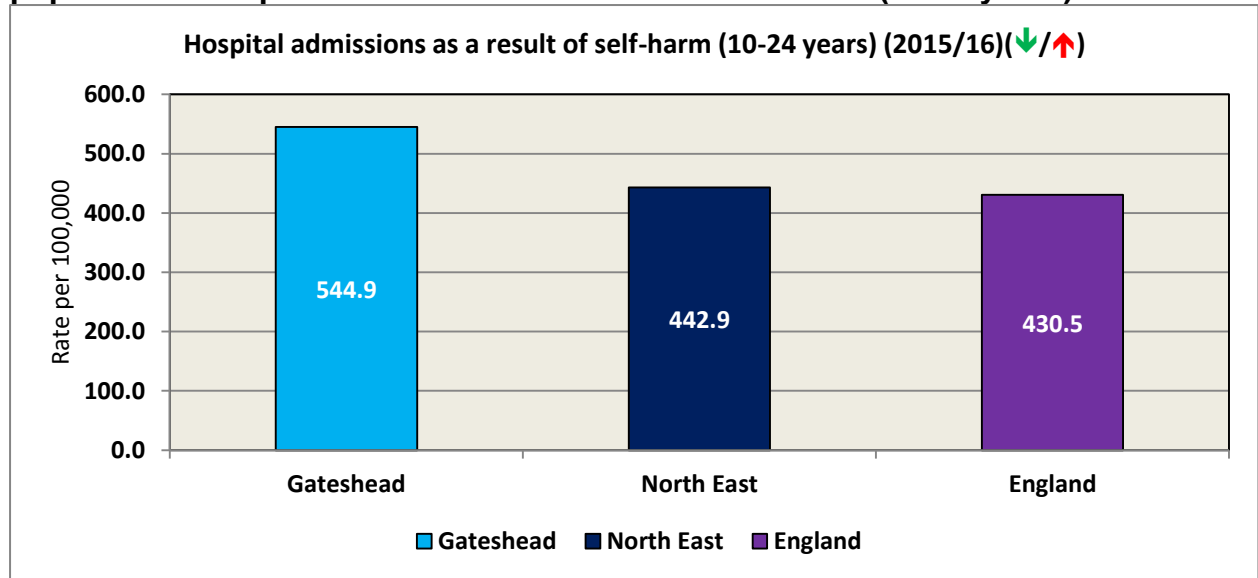
The ratio (expressed as a percentage) of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England.

The Disability Rights Commission has reported on serious inequalities experienced, in terms of reduced life expectancy, by those with severe mental illness. There is extensive published evidence that people with severe mental illness, such as schizophrenia, die between 15 and 25 years earlier than the average for the general population.

Due to the serious inequality of outcome in life expectancy for those with serious mental health problems, bodies such as the Disability Rights Commission have called upon the government to act to address it.



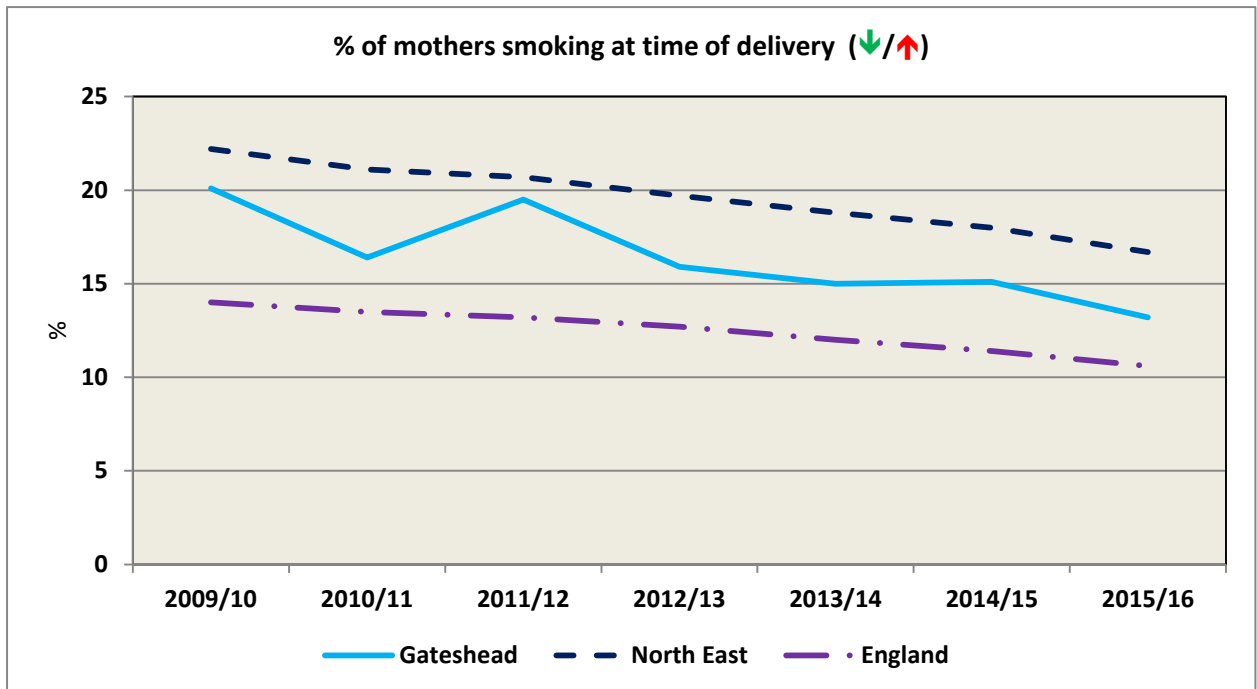
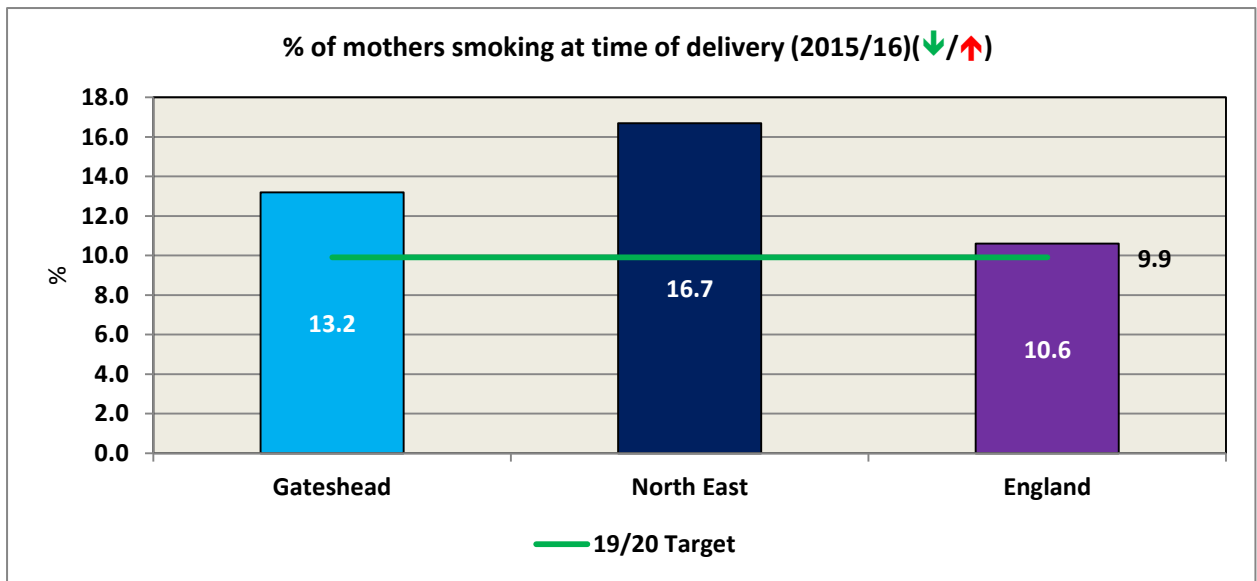
**LW16 Promote positive emotional mental health amongst the school age population - hospital admissions as a result of self-harm (10-24 years)**



**Key message:** The value relates to the 2015/16 reporting period and is the latest data available at this time. Gateshead (544.9) has a significantly higher rate of hospital admissions as a result of self-harm for 10-24 year olds per 100,000 population than the North East (442.9) and England (430.5). Based on the erratic nature of this indicator and with no clear trend in the data yet established the stated target for 2019/20 was just to reduce the rate of admissions with no specific target given at this time.

The data here refers to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence. This does not include attendance at A&E.

## LW02 - % of mothers smoking at the time of delivery



**Key message:** The values relate to the 2015/16 reporting period and are the latest available at this time. Gateshead has reduced coming down from 15.1% in 14/15 to 13.2% in 15/16. Gateshead has a lower percentage of mothers smoking at the time of delivery than the North East (16.7%) and is the joint lowest of the 12 North East local authorities. However it is considered significantly worse than the England percentage (10.6%).

Over the last 4 reporting periods (2012/13 to 2015/16) Gateshead seen a steady decrease in smoking status at the time of delivery, which equates to a variance of -17%. Over the same period, the North East average has decreased by a variance of -15% and England by -17%. A target of 9.9% was set for 2019/20 which will require a further

decrease of 25% in order to reach this over the next 4 periods.

<b>Section 3 – Delivery of the Council Plan 2015-2020</b> <b>Progress made against the Live Well Gateshead outcome in the Council Plan and targeted action</b>
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## **Live Well Gateshead – a healthy, inclusive and nurturing place for all**

### **Our Achievements**

#### **Adult Social Care**

##### **Enhancing lives**

During October 2016 to 31 March 2017 we have:-

- Upgraded Telecare equipment from the Housing Revenue Account capital programme.
- Consulted with service users and families on a new service delivery model for extra care support services in Gateshead. A report has been completed from the feedback received which will inform the design of the new delivery model.
- Worked with Home Group in relation to the development of a concierge scheme in Deckham – plans at present are for 10 one bedroom flats and 2 two bedroom flats. Home group have submitted plans for a core and cluster development in Winlaton composing of 2 two bedroom adapted bungalows, 7 concierge units plus an additional 4 units which can be used flexibly. Both schemes are pending planning approval.
- Continued discussions with Prestwick Care to develop a 6 bedded short term accommodation unit to promote living skills; this will utilise an already existing building. This is being led by the Council with involvement from key partners at the Clinical Commissioning Group (CCG), Community Learning Disability Team, and Psychiatry.
- Developed opportunities with the CCG to shape the market and integrate health and social care commissioning. The Carers Review demonstrates a whole system approach, creating the opportunity to work closely and develop relationships with colleagues across Public Health, Children’s Services, Adult Social Care and more importantly opportunities with Newcastle Gateshead CCG Enabling clear understanding of carers needs, the best model to meet local need and demand linked to strategic priorities and agreed intentions for commissioning and monitoring the service deliver outcomes for carers to prevent, reduce and delay crisis situation and improve quality of life for carers. This joint approach will prevent duplication of funding and resources across the local Health and Social Care economy and set a precedent for future collaborated work.
- Commenced a data cleansing exercise to ensure Care First is accurate and holds the relevant information for the recommissioning of extra care support services. Models are being developed with a plan to engage in consultation during April and May 2017. Contracts and specifications are being developed in line with potential new models.
- Developed the Making Every Contact Count (MECC) approach. This provides an opportunity for the Council to support improvement of the knowledge and skills of staff and volunteers about their own health, and how to support the health of

others. MECC will provide structured education in health improvement, behaviour change and training techniques so that participants are able to cascade their learning to others.

- Training options have been scoped for motivational interview training courses for staff in health and social care to attend as part of the Adult Social Care Front Door Model. The training is to help facilitate conversations around health and wellbeing based on the Five Ways to Wellbeing. A 2 day accredited course has been identified and further discussions are ongoing to ensure the course is bespoke to meet the needs of the team.
- Through GATES supported 2 people with disabilities to complete their employment internship programme at IKEA. One intern has been successfully appointed into a permanent 10 hour per week post. The second remains on the GATES register actively seeking employment.
- Developed comprehensive interventions in day service provision at Marquisway integrating a myriad of therapies: Wheelchair Dance, Walking to Music, Music Soundbeam sessions, Rebound Therapy, iMUSE, Special Olympics Motor Activities Training Programme, Bag Books into everyday service provision within the centre. A specialist autism suite has also been installed within the centre.
- Achieved success at the North East Care Awards, 3 staff from Adult Social Care Provider received awards. Sharon Foster (Domiciliary Care) in the Dignity in Care Award, Diane Ingham (Shadon House) in the Ancillary worker Award and Guidepost (Learning Disability drop-in groups) in the Putting People First Personalisation award. Achieved success with the Angling 4 All sporting club winning the Outstanding Sports Club of the Year award at the North East Disability Sports Awards at Slaley Hall on 23 March 2017. Richard Young (Special Olympics Gateshead Tyne and Wear athlete) was also a winner of the Participant of the Year award.
- Achieved success with the Special Olympics Gateshead Tyne and Wear winning the 'Sports Club of the Year' award at the Gateshead Awards with one of the club's athletes, Daniel Boyles, winning the Sports Achiever of the Year award.
- Supported 8 apprentices (including 2 business support apprentices) to commence in the Adult Social Care Provider service.

### **.Quality of Life**

During October 2016 to 31 March 2017 we have:-

- Retained annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).
- Commenced the PRIME Enablement service in November 2016, serving to provide short term enablement support to people within Gateshead, equipping individuals with the confidence and skills to preserve their independence in their own homes. The service has made an effective start with the service ensuring that people's enablement hours were reduced by 66% from the start to the end of an enablement episode and 61% of individuals did not require any ongoing support following an Enablement episode.
- Established monthly performance clinics across the whole of Adult Social Care with service and team managers taking shared responsibility for the Adult Social Care Outcomes Framework (ASCOF) indicator set.

- Reduced admissions to residential and nursing care; in September Gateshead had moved from being the worst performing NE authority to the best performing NE authority. The final year outcome should be known by May 2017.
- Introduced the bridging packages of care to facilitate more timely discharge from hospital over the winter period.
- Consulted with providers and internal staff on the new risk based approach to contract management. The new risk based approach is now in place and the tools have been piloted, changed and improved. There have been two briefing sessions held with providers. The contract management team has had a session to risk assess current commissioned services and re-distribute contracts within the team. A Quality Assessment Framework (QAF) session was held with providers on 30 March 2017. The new risk based approach will be live from April 2017.
- Integrated Children's, Adults and Public health systems and processes across all contract management team. Further information sessions are to take place with the contract management team on children's systems and processes. There is a program board set up for Public health to discuss quality tools that can be used to monitor the contracts, alongside performance data.
- Implemented a Serious Provider Concerns process that has been discussed with care management, safeguarding, commissioning and health partners. A paper is being taken to the Safeguarding Adults Board for endorsement on 10 April 2017.
- Developed and implemented a framework for Learning Disabilities to improve choice and control for service users who receive a commissioned service.

## **Positive Lives**

During October 2016 to 31 March 2017 we have:-

- Commenced the review of the new model of Adult Social Care, with a questionnaire shared with teams and topic based discussion groups to be held which will be completed in the autumn.
- Continued to work as part of the ASC Trading and Income Generation delivery plan, to develop and expand the offer, including the potential development of the enterprises as Charitable Incorporated Organisations. There has been recognised success within the existing groups; such as the success the sporting clubs (Special Olympics and Angling for All) had at the NE Disability Sports Awards.
- Through Winlaton Community Base worked in partnership with Digital Voice and a range of Winlaton community groups to produce a Celebrate Winlaton exhibition on 18 March 2017. The event involved service users from Winlaton Base producing films which showcase Winlaton's industrial heritage.
- Re-recorded the This Time, 1982 World Cup song with Special Olympics Gateshead Tyne & Wear athletes with football legend Kevin Keegan when he visited Marquisway Resource Centre on 03 March 2017. The song will be played when 38 Gateshead Tyne & Wear's athletes walk out onto Sheffield United's Bramall Lane football pitch during the Special Olympics GB National Games opening ceremony on 08 August 2017.
- Completed Environmental Health Inspections across all Adult Social Care Provider Services with all receiving a five star rating.

- Achieved success at Shadon House Dementia Resource Service which was a finalist in the Best Dementia Care Home category at the National Dementia Awards.
- Completed a Health Needs Assessment for Carer's. The findings have been presented to a number of partnership boards and a copy forwarded to commissioned providers for feedback. Report to be presented to the Health and Wellbeing Board for recommendations to be endorsed and actioned.
- Signed up Carers onto the Carers Emergency Support Service receiving 96 new referrals.
- Launched the Reading Hack does#Love to Read in October 2016 for two weeks leading up to the BBC #Love to Read Weekend. Gateshead Reading Hackers participated in a regional event held at Newcastle Central Library with author Sita Brahmarchi. The event promoted and highlighted the Shelf Help collection of mental health books for young people.
- Held a successful event with live music and shared afternoon tea at the Central Library as part of the Celebrate programme of events funded by National Lottery. Residents from several local Care Homes attended as well as adults living with dementia and their family supporters.
- Supported adults from Marquisway Centre and their support workers to participate in specially designed activities in the library garden aimed at promoting relaxation and wellbeing.
- Worked with Gateshead Carers to provide a Read Well reading list to support people caring for those with long-term conditions. Launch event to be held at the Central Library 13 June 2017.

## **Protecting Lives**

During October 2016 to 31 March 2017 we have:-

- Worked in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally with 200 Home Safety Checks completed.
- Continued to work with the transformation team, ICT and Care First to look at the interfaces between systems to develop an online portal for Deprivation of Liberty Safeguards to be made.

## **Falls Prevention Strategy**

During October 2016 to 31 March 2017 we have:-

- Continued to work with leisure services to influence the exercise opportunities that incorporate evidence based falls prevention exercise.
- Worked with Adult Social Care Direct to imbed basic falls screening protocol with 350 participants attending awareness sessions across health, social care and the voluntary sector.
- Developed the Falls Prevention page for Our Gateshead website.
- Presented information at the Community Exercise to Prevent Falls in Older People: Sharing Best Practice.
- Implemented a pilot to reduce falls in care homes.

- Assisted the development of the Newcastle Gateshead Joint Falls Prevention Strategy Group.

## **Health and Wellbeing**

### Substance Misuse (Including Alcohol)

During October 2016 to 31 March 2017 we have:-

- Undertaken a Clinical Audit of the shared care arrangements for people in treatment for addiction.
- Finalised the Gateshead Substance Misuse Strategy. Action plans are now being completed 3 sub-groups, Reducing Demand, Restricting Supply and Building Recovery. The 3 Implementation (Action Planning) Groups will report by exception to the Substance Misuse Strategy Group.
- Contributed to the national evaluation of the Health as a Licensing Objective Pilot programme, employing the analytical tool developed to inform Public Health representations to the Licensing Committee.
- Contributed to the regional relaunching of the Have a Word alcohol very brief intervention programme and the Making Every Contact Count work.
- Contributed to the development of a pathway with the Northumbria Police and Crime Commissioner to provide an Out of Court Disposal referral pathway into treatment services.

### Reducing Smoking

During October 2016 to 31 March 2017 we have:-

- Published the Director of Public Health annual report on tobacco which was presented at Full Council December 2016 and circulated widely.
- Ensured a smooth transition following the decommissioning of the LiveWell Gateshead Hub. This included a clear exit strategy to ensure providers continue to have access to training, resources and support where needed. **N.B.** To date the cessation rates remain at similar levels to previous quarters and continue to be monitored closely.
- Recommissioned, in partnership across the region, the regional office for tobacco harm, FRESH.
- Explored opportunities in community and secondary care settings to increase brief advice, together with the promotion of the Active Intervention providers to increase uptake in those accessing stop smoking support.
- Developed a local 10 year Tobacco Control Delivery Plan which was presented to the Health and Wellbeing Board on 03 March 2017. The 10 year plan identified Gateshead's Vision to reach a Smoking Prevalence of 5% or below by 2025.



## Sexual Health

During October 2016 to 31 March 2017 we have:-

- Improved value for money from the Sexual Health budget through re-negotiation of the contract for 2017/18 reflecting the actual level of demand.
- Brought all key performance indicators up to date with sexual health service provider.
- Convened a Sexual Health Project Board to manage procurement/extension of current timeline.
- Audited Sexual Health Contracts with GP's.

## Mental Health and Wellbeing

During October 2016 to 31 March 2017 we have:-

- Presented a draft Strategy and Action Plan at the Dual Diagnosis Steering Group on 21 March 2017.
- Conducted an audit of suicide files for the calendar years 2014 and 2015 and a report produced November 2016.
- Launched the Mental Health Trailblazer in January 2017. Staff are being recruited and then linked to local Increasing Access to Psychological Therapies (IAPT) Services.
- Supported the development of a Converge programme with Newcastle Gateshead Clinical Commissioning Group (CCG), Northumbria University, Community and Voluntary Sector Mental Health providers and York St John University to provide a route into education for people with existing mental health problems. The first course is almost complete and initial indications are that it has evaluated well. Focus was on performing Arts.
- Worked with Samaritans to support their Christmas media campaign and to support the recruitment and training of volunteer staff.
- Worked on a Health Needs Assessment of people who are homeless and have complex needs. This will be completed and delivered to the Health and Wellbeing Board in May 2017.

## NHS Health Checks Programme

During October 2016 to 31 March 2017 we have:-

- Developed and implemented a new commissioning process for the NHS Health Check model 2017/18 including the introduction of new requirements for providers in line with national best practice guidance.

## Health and Wellbeing Strategy

During October 2016 to 31 March 2017 we have:-

- Continued to develop the JSNA, including: a review of the Expert Authors list to identify gaps and engaging with JSNA Steering Group members to help secure

nominees where required. Areas which are currently under development include: Vulnerable Children and Young People; Vulnerable Older People; Neurological Conditions; Travellers; Ex-Armed Forces Personnel; and Homelessness.

- Uploaded the qualitative work, undertaken by voluntary sector providers, on to the JSNA website in order to bring additional richness to the JSNA. Videos that have been uploaded onto the website include the smoking and learning disabilities sections.
- Progressed the refresh of our Health and Wellbeing Strategy for Gateshead which will include a focus on addressing health inequalities within Gateshead incorporating the wider determinants of health.
- Developed NHS Newcastle Gateshead CCG's Operational and Commissioning Plan for 2017-19. It was considered by the Health and Wellbeing Board at its meeting in December 2016.
- Submitted a response to the North East Combined Authority Commission's report Health and Wealth: Closing the gap in the North East.

#### Improve population health and wellbeing, reduce mortality and tackle inequality

During October 2016 to 31 March 2017 we have:-

- Agreed a model to deliver Making Every Contact Count across Gateshead through building skills and knowledge within partner and stakeholder organisations. Public Health is in the process of appointing 4 trainer roles to deliver on lifestyle topics for mental health, obesity, tobacco and alcohol.

#### Place Shaping

During October 2016 to 31 March 2017 we have:-

- Identified a specialist post, as part of the PH team review, to continue to develop the Obesity Strategy for Gateshead to cover the life course. The post holder will commence in June 2017.
- Won the prestigious Local Government Chronicle Award for Public Health in recognition of the ground breaking policy planning that will reduce the proliferation of hot food takeaways.

#### Cancer

During October 2016 to 31 March 2017 we have:-

- Continued to develop the Gateshead Cancer Strategy in partnership with the CCG with a progress report submitted to the Health and Wellbeing Board in January 2017.

## Healthy Weight

During October 2016 to 31 March 2017 we have:-

- Submitted a local response linked to the Regional campaign on sugar and sugar reduction campaigns. Sugar reduction resources have been developed and are being consulted on locally for health visitors and school nurses.
- Agreed the parameters for the Healthy Weight Pilot Project and set out a plan for the timescale for the whole systems approach. The project plan details the rationale and approach for the project and a steering group of key individuals supports this area of work.
- Participated in the Everybody Active North East Programme which was selected by North East Public Health Directors as a priority area for collective action across the region. Gateshead focused on cycling to showcase as their activity and a number of events were held to encourage people to increase their physical activity levels and this linked to the Summer of Cycling that Gateshead held. Results were reported at the Regional Directors Public Health group.
- As part of the Public Health Embedded Researchers role, focused on funding a childhood obesity project Fit 4 The Future research in the Old Fold and Nest Estates, in partnership with Edberts House. We are interested in taking a whole systems approach to tackling obesity, engaging local communities, Voluntary Community Sector organisations, schools, teachers, parents, children and young people in activities defined by them, including diet and physical activities, sport, arts and cultural activities, and outdoor exercise. The project is progressing and a number of ideas are being generated by the community. An interim and final evaluation will be developed as part of the work.

## Better Health at Work Award

During October 2016 to 31 March 2017 we have:-

- Supported 5 businesses and organisations to achieve the Bronze award. One business who had previously failed the Gold award has now passed following support with their portfolio.
- Encouraged 8 new businesses and organisations to participate in the award including IKEA.
- Presented at the North East Chamber of Commerce on the benefits to staff and businesses participating in the award.

## **Key Actions over the Next Six Months**

**The following key actions have been prioritised for action over the next six months to support delivery against the shared outcome Live Well Gateshead – a healthy, inclusive and nurturing place for all.**

### **Adult Social Care**

#### **Enhancing lives**

- Continue to upgrade Telecare equipment from the Housing Revenue Account capital programme for 2017/18.
- GATES commencing its Ready for Retail supported internship programme with IKEA.
- Angling 4 All expanding its provision to accommodate people with disabilities across Tyne and Wear.
- Expand Special Olympics Gateshead Tyne and Wear to include provision into Newcastle from April 2017. Special Olympics Tyne and Wear will have 38 athletes attending the Special Olympics Great Britain National Games in Sheffield in August 2017.
- Following planning permission work with Housing Growth team and Home Group in the development of housing for people with a learning disability to reflect need identified from the Accommodation Support Group – concierge scheme in Deckham, cluster development in Winlaton.
- Continue discussions with partners to facilitate the development of a choice of accommodation for people with a learning disability which adheres to the principles of Transforming Care.
- Remodel and re-commission supported housing in Gateshead.
- Develop a framework for Learning Disabilities residential care for those under 65.
- Explore new models of home care to build in sustainability.
- Develop a joint contract for Older People's Residential and Nursing Care Homes.
- Agree fee models for Older People's Residential and Nursing Care Homes for 2017/18.
- Develop Intermediate Care delivery models across Health and Social Care.
- Create day service options for service users suffering with dementia following closure of services.
- Work with the Voluntary and Community Sector organisations linked to prevention to increase sustainability.
- Remodel and re-commission extra care support.
- Future opportunities with Newcastle Gateshead CCG to shape the market and integrate health and social care commissioning include, workforce development across the Health and Social Care market, a joint approach to care fees and Continuing Health Care fees, developing a new approach to homecare.
- Deliver training by Making Every Contact Count (MECC) staff in mental health, obesity, alcohol and tobacco (including Five Ways to Wellbeing etc.) and will also be bought in to train trainers. MECC will provide structured education in health improvement, behaviour change and training techniques so that participants are able to cascade their learning to others.

- Deliver training for motivational interview training courses for staff in health and social care to attend as part of the Adult Social Care Front Door Model.

### **Quality of Life**

- Retain annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).
- Work to reduce the number of delayed transfers of care, considering whether to continue the bridging packages of care programme, ensure delays are recorded appropriately and visiting another Local Authority to observe the process.
- Following the introduction of the Learning Disabilities Framework, continue to support providers to enable them to improve choice and control for individuals receiving their service.
- Publish a Market Position Statement setting out what support and care services people need and how they need them to be provided, what is available at the moment and what is not available but needs to be, what the Council thinks people will need in the future, what the future will be like locally including how it will be funded and purchased and how commissioners want to shape the opportunities that will be available.
- Develop a new fee band quality framework for Older Peoples residential and nursing care homes.
- Continue to integrate Children's, Adults and Public health systems and processes.

### **Positive Lives**

- Complete the review of the new model of Adult Social Care.
- Explore the opportunity to become a Think Ahead Social Work training partner.
- Shared Lives supporting Shared Lives carer to provide enablement support and support to people with dementia.
- Continue to sign up Carers onto the Carers Emergency Support Service.
- Develop and consult on model options for future delivery of carers services in Gateshead based on findings identified from engagement activity. Agree funding and pooled budgets for service provision and develop a service specification.
- Support long term carers with the launch of the Read Well Carers Book Scheme in June 2017. The will involve working in partnership with carer organisations to deliver local history sessions to long-term carers.
- The Friends of Central Library will run a monthly Friendship group "Friends Like Us", helping to address social isolation.
- Three new "Hello Baby" groups will be established across Gateshead for young mothers-to be to encourage the use of stories, songs and rhymes during pregnancy. It is hoped this work will encourage parent-child bonding and sharing of books and stories with babies from a very early age. Funded by the Arts Council this pilot project will be evaluated and the findings shared nationally.
- Make a Noise in Libraries (MANIL) is an annual fortnightly campaign which brings public libraries, blind and partially sighted people together. Libraries will promote free e-audiobook service, large print and audio books along with the visually impaired reading group.
- Continue to host the Autism Information Hub at the Central Library. Library to work with communications to promote autism software now installed on library pcs.

## **Protecting Lives**

- Continue to work in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally.
- Continue work to develop an online portal for Deprivation of Liberty Safeguards to be made and a performance management reporting mechanism.

## Falls Prevention Strategy

- Engage with the Fire Service to conduct falls screening when they carry out home safety checks.
- Further develop the Postural Stability classes.
- Contribute and advise on the development of community wide prevention strategies through the Newcastle Gateshead Falls Prevention Strategy Group.
- In partnership with Adult Social Care commence and Otago class (evidence based strength and balance exercise programme in Blaydon).
- Develop new Postural Stability Classes at four new locations in Gateshead.

## **Health and Wellbeing**

### Substance Misuse (Including Alcohol)

- Use the findings and recommendations from the Clinical Audit to inform future service development and commissioning for the shared care arrangements and substitute prescribing.
- Deliver the key objectives from the Substance Misuse Strategy and Action Plan.
- Contribute to training to further develop the use of Public Health data in the licensing process.
- Continue to work with the Prison Service and NHS England to amend and adjust referral pathways in and out of prison in light of forthcoming reforms (April 2017).

### Reducing Smoking

- Develop and implement pathways for patients in secondary care to ensure that their nicotine dependence is treated during inpatient stay with appropriate support after discharge.
- Continue to support the decommissioning of LiveWell Gateshead to ensure that smoking cessation/Active Intervention remains a priority.
- Complete a Health Equity Audit of Stop Smoking Services in Gateshead.
- Deliver the actions as set out in the 10 Year Tobacco Control Action Plan agreed by the Health and Wellbeing Board.

### Sexual Health

- Finalise the sexual performance and quality frameworks and dashboards.
- Migrate GP and Pharmacy contracting process onto online portals, monitor uptake, review if further commissioned aspects of these services would benefit from moving from paper based to online i.e. payments processes.
- Determine the future arrangements for the sexual health contract through either a re-tender or to extend process.
- Integrate learning from the Audit process.

### Mental Health and Wellbeing

- Ensure the Strategy and Action Plan for Dual Diagnosis is agreed and implementation started.
- Combine the analysis from the Suicide audit for 2011 - 2013 with the analysis from the 2014 - 2015 audits to give a comprehensive picture of risk of suicide and how we can work to prevent these in Gateshead.
- Establish the impact of the role of the Mental Health Trailblazers staff over the next 6 months.
- Support the Mental Health Programme Board to make the case and develop recommendations for action through the Public Health England Mental Health Prevention Concordat.
- Develop a comprehensive programme of training on a range of Mental Health issues including; Mental Health First Aid, Mental Health First Aid Lite, A life Worth Living, suicide prevention training, Understanding Self-Harm, Understanding Eating Disorders and Mental Health Awareness for Managers within Gateshead Council.

### NHS Health Checks Programme

- Work with key partners to develop a plan which targets NHS Health Checks to those with the highest risk/and or living in areas of high deprivation.
- Develop priorities to improve the quality of the NHS Health Checks Programme.

### Health and Wellbeing Strategy

- Refresh the JSNA, finalise the BME Needs Assessment Action Plan and the Homelessness and Multiple and Complex Needs Health Needs Assessment.
- Develop a Forward Plan for the Health and Wellbeing Board for 2017/18.
- Undertake further engagement with local partner organisations on the 10 Year Tobacco Control Plan for Gateshead.
- Develop our Better Care Fund Plan for 2017/18 in line with Government guidance.

### Improve population health and wellbeing, reduce mortality and tackle inequality

- Engage with the third and community sector to develop the approach for the sector to deliver Making Every Contact Count.
- Recruit 4 Making Every Contact Count leads for tobacco, alcohol, mental wellbeing and obesity.
- Recruit a Resources and Support Officer to support the leads.
- Commence roll out of the training programme in Making Every Contact Count in June 2017.

### Cancer

- Continue to develop the Gateshead Cancer Strategy in partnership with the CCG.
- Support review and re-launch of locality cancer action plan in partnership with the CCG.

### Healthy Weight

- Develop a whole system Obesity Strategy for Gateshead, in line with the work being developed nationally by Public Health England and the Local Government

Association with Leeds Beckett University. The Strategy will be developed across a life course approach and will involve key partners, with a number of sub group areas to emerge from this work.

Better Health at Work Award

- Carry out staff training in businesses who have recently signed up for the award.



**TITLE OF REPORT:** Work to address the harms caused by tobacco

**REPORT OF:** Director of Public Health

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## **SUMMARY**

Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2017-18 will be work to address the harms caused by tobacco.

During the course of the review it is proposed that the Committee will consider how tobacco use in Gateshead impacts negatively upon physical and mental wellbeing, its impact upon the local health and social care economy, and its role in perpetuating poverty and inequalities within and between generations. The Committee will also consider the range and extent of current activity to address those harms, with a view to agreeing a set of recommendations.

This report sets out the proposed scope of the review and the process for taking it forward.

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## **Background**

Vision 2030 sets out the 6 Big Ideas for Gateshead. Of these, "Active and Healthy Gateshead" resolves to provide support to encourage people to improve their health and lifestyle. The five year Council Plan sets out how Gateshead will be a healthy, inclusive and nurturing place for all.

The Gateshead Health and Wellbeing Board have undertaken to reduce smoking prevalence in Gateshead to 5% or less by 2025.

## **Scope of the Review**

The review will provide an overview of current activity to reduce harms caused by tobacco in Gateshead compared to best national and/or international practice, where such practice exists.

Currently, about 18.3% of adults in Gateshead smoke, compared to an English average of 16.9%. This is around 29 485 people. Around 12.4% of 15 year olds in Gateshead smoke, around 280 young people. Nearly 500 Gateshead residents every year will die from smoking related diseases.

Activity that reduces harm caused by tobacco can be thought of in terms of four main sets of activities:

- Stopping people starting smoking
- Helping people stopping smoking
- Reducing exposure to second hand smoke
- Tobacco control (i.e. Enforcement of legislation round the sale of tobacco)

At a population level, making tobacco use the exception rather than the norm (the “denormalisation” of tobacco use) can be seen as central to all of the above.

It is proposed that the above is considered in the context of:

- Higher than average levels of smoking in Gateshead
- The fact that smoking remain the single cause of most preventable illness and death in Gateshead
- Significant inequalities in the prevalence of smoking between different groups and areas
- Reducing demand for stop smoking services
- Particularly low levels of take up of stop smoking services amongst some groups i.e. People from black, Asian and minority ethnic groups
- Pressure on Public Health budgets now and in the future and opportunities for future savings to primary and secondary care costs from prevention activity.

### **The Process**

The process and timescale for the review in this paragraph is set out in Appendix 1. It is proposed that the review will take place over an eleven month period from 20 June 2017 to 17 April 2018. It will involve the presentation of expert evidence, research and site visits.

### **Who will be involved?**

It is proposed that the first evidence gathering session will provide a detailed overview of those harms arising in Gateshead due to tobacco use, as outlined above. Information will be presented at the most local levels possible to provide members with insight into inequalities arising from tobacco use across Gateshead, and how tobacco harms impact upon individual wards. Subsequent evidence gathering sessions will include presentations from internal services, external organisations and experts in their respective disciplines.

Evidence will be sought from Gateshead Public Health Team, Development and Public Protection, the Newcastle and Gateshead Clinical Commissioning Group, Gateshead Hospitals NHS Foundation Trust, Northumbria Tyne and Wear NHS Foundation Trust, Gateshead Advice Centre, Public Health England, Fresh North East, Action on Smoking and Health (ASH) and leading academics and clinicians.

### **Recommendation**

Overview and Scrutiny Committee is recommended to agree:

- The scope, process and timescale as set out in this report

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**Contact: Alice Wiseman Ext: 2777**

### Progress of the Review

This appendix sets out the standard framework for Overview and Scrutiny Committees to agree and conduct policy reviews and includes proposals specific for this review.

#### Stage 1

The scope, purpose and intended outputs of the Review should firstly be agreed by the Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

##### Proposal

- 20<sup>th</sup> June: Scoping report to Scrutiny Committee

#### Stage 2

Evidence may be gathered by the Overview and Scrutiny Committee making visits as necessary or inviting persons and organisations to give evidence before it. Relevant Group or Strategic Directors and the Chief Executive will assist the Overview and Scrutiny Committee as necessary. The evidence gathered by the Overview and Scrutiny Committee will be written up by officers.

##### Proposal

- 12 September, 31<sup>st</sup> October, 5 December 2016 And 23 January 2018- To have evidence-gathering events that will involve research, presentations by relevant officers, outside organisations and site visits if appropriate (details to be confirmed).

#### Stage 3

The Overview and Scrutiny Committee will then meet (as many times as is necessary) to analyse the information gathered and prepare its conclusions.

##### Proposal

- 6 March 2018 - Committees to consider an interim report, prepared by the Lead Officers, and to analyse the evidence presented.

#### Stage 4

Officers will then prepare a report on the issue based on the views of the Overview and Scrutiny Committee. Officers will submit this report to the next practicable meeting of the Overview and Scrutiny Committee to secure agreement that the report is a fair, accurate and complete reflection of the Overview and Scrutiny Committee's conclusions.

##### Proposal

- 17 April 2018- Draft final report to be considered by the Committee.

#### Stage 5

The Chair of the Overview and Scrutiny Committee will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation.

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**TITLE OF REPORT:**           **Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)**

**REPORT OF:**                 **Steph Downey – Service Director Adult Social Care**

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## Summary

This report provides an overview to the committee with regards to the Mental Capacity Act/ Deprivation of Liberty Safeguards. This report will include an overview of legal compliance to date, as well as an update on future direction.

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## Background

1. Care, Health & Wellbeing Overview and Scrutiny Committee are reminded that Gateshead Council have a statutory duty as a “supervisory body” to facilitate all applications and authorisations for deprivation of liberty if this is deemed to be in the individuals best interest.
2. The Mental Capacity Act provides a statutory framework to be used when assessing and making decisions on behalf of individuals who lack capacity and came into force in October 2007. The act is a wide-ranging piece of legislation that governs the care, treatment and finances of people from the age of 16, who lack capacity to consent or make decisions in these areas.
3. New provisions were added to the Act in April 2009, which are known as the Deprivation of Liberty Safeguards (DoLS), which serve to protect the most vulnerable people in society including those who, for their own safety and in their best interests, need to be accommodated under care and treatment regimes that may be depriving them of their liberty, because they have not the capacity to agree to being accommodated under those restrictive conditions.
4. On 19th March 2014, the Supreme Court handed down a judgment known as ‘Cheshire West’ that significantly altered and simplified the ‘test’ to be applied when determining whether a person should be placed under the authorisation of a DoLS. The full impact of this judgment was significant with many local authorities failing to meet unprecedented demand, leaving individuals without the legal safeguards, and many local authorities at risk of legal challenge through non-compliance.

5. This judgement also highlighted several other areas where deprivations of liberty could occur, this includes an individual's own home and arrangements agreed via other legislative powers including foster care. This further widened the scope of the judgement, and included services not traditionally affected by DoLS such as housing and children's services. Deprivation of liberty in these areas can only be secured by judicial agreements via the Court of Protection.
6. Given the increase to activity in this area, rapid case law and the increasing legislative scrutiny required, governance and assurance is monitored via the Safeguarding Adult's Board (SAB) and sub-groups, which has representation from many Senior Managers and stakeholders to ensure that increased MCA understanding and DoLS remains a high priority and legal compliance remains a strategic objective.

### **Strategic Themes and Priorities**

- 7 Gateshead Council as supervisory body has remained legally compliant with the judgement, ensuring that local citizens continue to receive legal protection as and when required despite the figures as outlined below showing increase to demand, and the resource challenges this has brought.

Year	DoLS authorisations
2013/14	94
2014/15	916
2015/16	1832
2016/17	2118

- 8 Due to the local demand, a series of projects are underway within this area to improve responsiveness and productivity, as well as streamlining what is undoubtedly a bureaucratic monitoring system of the safeguards. These projects include working closely with the transformation team, ICT and finance. Work so far has shown some significant improvements which has also realised some financial savings.
- 9 Nationally; official figures show 15-16 had the highest increase to the number of DoLS applications to date at 195,840, 30% higher than 14-15, and significantly higher than 13,700 in 13-14. The increase, plus the overly technical and bureaucratic processes involved have given weight to the compelling case that DoLS needed to be overhauled. An initial consultation paper by the Law Commission confirmed DoLS was in crisis, and the existing system should be repealed and a new scheme introduced

## Consultation

- 10 A Draft Bill has been introduced in March 2017 with the recommendations to replace the existing DoLS scheme. This scheme is known as the “Liberty Protection Safeguards”. The Draft Bill will also amend some of the Mental Capacity Act to continue to provide increased protections within the Human Rights Framework.

The recommended scheme serves the same essential purpose as the existing DoLS; however, the new scheme has removed the features of DoLS which were felt as being inefficient and actively detrimental.

- New scheme would apply to all setting including hospitals, care homes, supported living arrangements and an individual’s own homes.
- The scheme would also include those who are currently excluded, such as 16-17 year olds.
- Proposals would include the overall care regime, including transient care arrangements and transportation.
- Arrangements made would be incumbent on the responsible body such as CCG, NHS & LA
- A detailed list of criteria which must be followed in order for deprivation to be authorised
- Any decisions made which would give rise to a deprivation must be made in advance of care proposals
- Independent scrutiny of the proposed care arrangements
- Rigorous scrutiny should the individual object to arrangements
- Once deprivation is authorised entitlement to ongoing rights of advocacy

## Future direction

- 11 The next step will be for the Department of Health to respond to the Law Commission’s recommendations which will happen in the next 12 months. Depending upon the acceptance, rejection or modifications to the proposed draft bill this will be scrutinised by Parliament as part of the usual legislative process. It is widely believed that these changes will take some time to come into effect therefore unlikely to see significant changes within two/four years.

## Recommendation

- 12 It is recommended that the Committee is asked to:
- Gives its views on the evidence presented.
  - Identify if there are any specific themes or priorities or issues for future discussion, and
  - Agree to updates on actions and progress in relation to OSC workplan

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