

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 31 October 2017 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 8) The Committee are asked to approve the minutes of the last meeting held on 12 September 2017.
3	Blaydon GP Practice (Pages 9 - 48) Briefing note and communications and engagement report Presented by Dr Neil Morris CCG and Wendy Thompson, NHS England
4	Gateshead Healthwatch Interim Report (Pages 49 - 52) Report of Wendy Hodgson, Operations Manager Healthwatch Gateshead
5	OSC Review - Work to address harms caused by tobacco - Evidence Gathering (Pages 53 - 54) Report and presentation, Director of Public Health
6	Quality of Commissioned Services in Gateshead (Pages 55 - 72) Report of the Strategic Director, Care, Wellbeing and Learning
7	Shared Care Clinical Audit Presentation by Mark Harrison, Independent Consultant Public Health
8	Integrating Health and Care in Gateshead (Pages 73 - 82) Joint Report of Strategic Director, Care, Wellbeing & Learning, Director of Public Health and Director of Integration in Gateshead and Newcastle
9	Annual Work Programme (Pages 83 - 86) Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance

Contact: Helen Conway: email helenconway@gateshead.gov.uk, Tel: 0191 433 3993,
Date: Monday, 23 October 2017

GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 12 September 2017

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, C Bradley, W Dick, K Ferdinand,
M Hood, R Mullen, I Patterson, J Wallace and D Bradford

IN ATTENDANCE: Councillor(s):

APOLOGIES: Councillor(s): N Weatherley, B Goldsworthy, M Goldsworthy,
J Simpson, A Wheeler and J Lee

CHW53 MINUTES

RESOLVED – That the minutes of the last meeting held on 20 June 2017 were approved as a correct record.

It was reported that Councillor Marilyn Charlton had attended the first stage of the Deciding Together workshops on behalf of the Committee and had found it to be very good. The Committee wished to place on record their thanks to Councillor Charlton for attending.

CHW54 SAFEGUARDING ADULTS BOARD UPDATE

The Committee received an update and a report presenting the Annual Report 2016/17 and updated Strategic Plan 2016/2019 for the Safeguarding Adults Board (SAB) from Sir Paul Ennals, Independent Chair, Gateshead SAB.

The SAB 2016/17 Annual Report highlights progress throughout the year. Key areas of work include the development of bespoke safeguarding adult training courses, the establishment of a Serious Provider Concern process to enable management of Safeguarding Concerns more appropriately and effectively the adoption of a Quality Assurance Framework (QAF) and the establishment of a new Safeguarding Adults Review Group which has delegated responsibility for the co-ordination of statutory Safeguarding Adult Reviews. The report also articulates how partner governance arrangements ensure members are accountable for Safeguarding Adults and includes what members have done in order to deliver the objectives highlighted within its strategic plan. The SAB has streamlined the way in which it operates, to seek to get the most out of the contributions of senior partners from all agencies.

The revised Strategic Plan 2016/19 sets out how the Safeguarding Adults Board will achieve its five Strategic Priorities which are:

- Quality Assurance
- Prevention

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

The Strategic Plan includes key challenges to be addressed over the three year period. 2017/18 is year two of the three year Strategic Plan and the revision, supported by a Business Plan for 2017/18, which helps to reprioritise the work of the Board to ensure that the Strategic Priorities are addressed.

RESOLVED - that the Safeguarding Adult Board Annual Report 2016/17 and the Strategic Plan 2016/19 be referred to Cabinet for consideration on 19 September 2017.

CHW55 MONITORING - OSC REVIEW OF ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING

The Committee received an update on progress against the recommendations from the 2016-17 review of the role of housing in improving health and wellbeing.

The aim of the review was to recommend key actions that would have the greatest impact on improving health and wellbeing.

The Committee noted the progress made and requested that a separate seminar be arranged to consider the assessment on homelessness and complex needs.

- RESOLVED -
- i) That the progress made to date be noted
 - ii) That a seminar be arranged for all councillors to consider the assessment on homelessness and complex needs
 - iii) That a further report be presented in six months' time when the recommendations will have been further progressed

CHW56 OSC REVIEW - EVIDENCE GATHERING - WORK TO ADDRESS HARMS CAUSED BY TOBACCO

The Committee received a report and two presentations giving details of the evidence gathering to date on the work to address the harms caused by tobacco.

The scoping report agreed by OSC on 20 June 2017 described the range of activities that reduce harm caused by tobacco. Broadly these are:

- Stopping people starting smoking
- Helping people stopping smoking
- Reducing exposure to secondhand 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) is central to all of the above.

The first evidence gathering session received two presentations from:

- Andy Graham, Consultant in Public Health, Gateshead Council and
- Peter Wright, Environmental Health, Community Safety and Trading Standards Manager, Gateshead Council

The presentations provided an overview of current work to reduce harms caused by tobacco, and introduced the proposed outline for future evidence gathering sessions.

The Committee considered the following:

- Gateshead has higher than average levels of smoking
- Smoking remains the single cause or preventable illness and death in Gateshead
- There are significant inequalities in the prevalence of smoking between different groups and areas
- Demand for stop smoking services is reducing locally, regionally, and nationally
- There are particularly low levels of take up of stop smoking services amongst some groups i.e. People from black, Asian and minority ethnic groups
- There is pressure on Public Health budgets now and in the future
- The Gateshead Health and Wellbeing Board has an ambition to reduce smoking prevalence in Gateshead to 5% or less by 2025 from its current prevalence of 17.9%
- Innovative solutions developed in Gateshead in the past have helped to transform smoking rates in particular communities

RESOLVED - The Committee agreed the approach and content as set out in the report and presentations and agreed to receive further regular updates

CHW57 ANNUAL REPORT ON ADULTS SERVICES COMPLAINTS AND REPRESENTATIONS, APRIL 2016- MARCH 2017

The Committee, in line with procedure, received the Annual Report on Adults Services Complaints and Representations, April 2016 – March 2017.

The following points of interest were reported:

- 41%, (22) of complaints were around the quality of services received and remains the greatest cause for complaint;
- Quality of service involves alleged failure of service delivery, for example:
 - Non return of telephone calls;
 - Lack of poor communications from services or individual workers;
 - Late or missed social work visits;
 - Lack of timely response after a request for service
- 52% (25) of complaints were not upheld after investigation
- 19% (9) of complaints were partially upheld
- 29% (14) were fully upheld after investigation
- There has been a 27% decrease in formal all recorded contacts since 2015/16

The Committee were also advised that compliments continue to be received about the quality of the Adult Care Services provided by the Council. Some compliments are about individual members of staff or about whole teams and services. Compliments reflect the high regard in which our customers have for employees and the services provided to them. Information is always fed into operational services, including the Commissioning Team, to highlight good practice and possible improvements to services.

During 2016/17, Adult Social Care received 720 compliments, which accounted for 78% of all representations received.

- 42%, (305), of compliments were regarding the Assessment & Personalisation Team;
- 10%, (31) of the Assessment & Personalisation compliments were regarding the Adult Social Care Direct Team;
- 27%, (172) were about the Physical Disabilities Team
- 53%, (384) of compliments were about Provider Services;
- 61%, (235) of these compliments were about Council provided home care;
- 39%, (149) of Provider Service compliments were about the care provided by the Council's Promoting Independence Centres.

RESOLVED – the Committee noted the effectiveness of the Adult Social Care Complaints and Compliments Procedures and the details of all complaints and representations received during 2016/17

CHW58 ESTABLISHMENT OF NORTHUMBERLAND, TYNE & WEAR & NORTH DURHAM STP JOINT HEALTH SCRUTINY COMMITTEE

The Committee received a report requesting the endorsement of the establishment of a Joint Health Overview and Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan and any associated proposals for major service change.

Whilst currently there is no requirement for local authorities to form a Joint Committee, given the high level nature of the STP it is considered that it would be beneficial to have such a mechanism in place as it is likely that in the future the STP will lead to proposals for major service changes which will cross local authority boundaries when we will be required by law to set up such a Joint Committee.

As a result local authorities across the patch have informally agreed to establish a Joint Committee to scrutinise the STP and any associated major service changes and the OSC are requested to endorse the proposal and refer the matter to Council to appoint three representatives from Gateshead in line with the rules on political balance.

In terms of this OSC's involvement going forwards – where there are cross boundary service changes which affect Gateshead – this OSC will have the opportunity to feed in its views to the Council's representatives on the Joint OSC where there are

service changes that only relate to Gateshead they will come to this OSC for its views in the usual way.

- RESOLVED -
- i) That the establishment of the Joint Committee be endorsed
 - ii) That the proposed protocol and terms of reference of the proposed joint scrutiny committee be endorsed
 - iii) That the report be referred to Council to endorse the establishment of the Joint Committee in line with the rules on political balance

CHW59 ANNUAL WORK PROGRAMME

The Committee received a report setting out the provisional work programme for the OSC for the municipal year 2017/18.

The Committee agreed that further reports will be brought to future meetings to highlight current issues/identify any changes/additions to the programme and any changes proposed to the programme were set out in bold and italics for ease of identification.

- RESOLVED -
- i) That the provisional work programme be noted.
 - ii) That any further reports be brought to Committee to identify any additional policy issues, which the Committee may be asked to consider.

Chair.....

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Consultation on the future of Blaydon GP Led Practice

Following an update in September about Blaydon GP Led Practice, we wanted to provide you with a further update about the next steps.

We have listened to patient views and have taken this feedback into account in developing plans for the future.

We are now launching a public consultation on these plans, to give you the opportunity to tell us what you think. The consultation will run from **Monday 6 November 2017 to Sunday 14 January 2018**

We would welcome your feedback on these proposals. Please email NECSU.comms@nhs.net or call 0191 217 2803.

Overview of Blaydon GP Led Practice

Blaydon GP Led Practice is a GP practice based at Blaydon Primary Care Centre (Shibdon Road, Blaydon, NE21 5NW). The practice delivers essential, additional and enhanced services to 1,996 patients.

The current contract is delivered by Gateshead Community Based Care Ltd and has been extended until 30 June 2018. As the contract is due to end on 30 June 2018, NHS Newcastle Gateshead CCG has commenced a period of engagement with patients and stakeholders to assist in the forming of options regarding the future of the practice. Phase one included engaging with members of the public on how they currently use the GP practice. Phase two is a period of consultation to consider the options available for the future of the service.

Summary of engagement which has taken place

The engagement phase (phase one) took place between 1 –15 September and included letters to patients, a survey, and liaison with various groups and stakeholders.

Letters inviting patients to give their views were sent to 946 households of registered patients (there were 1,876 patients registered at the practice at the time of the survey). 195 surveys were returned giving a 10.4% response rate.

Patients told us that the service they receive is either very good or good.

Patients felt that the best times to see a GP through the week is between 9 -11am (64.58%) and 4 – 6pm (61.46%), Monday to Friday. At a weekend, they felt the best time to see a GP was 9 – 11am on both Saturday and Sunday.

Patients ranked 'Quality of Care' as being most important to them (87.7%) followed by 'Access to a Doctor' (75.4%). Location was ranked least important with 38.17%.

Patients seem generally happy with the GP surgery and have left more positive comments than negative. In terms of improvements, respondents were more likely to say there is a need to see a regular GP and have less reliance on the use of locums. Patients would like to have consistent and reliable access to quality healthcare services, and feel it is important to have continuity of care. They would also like it to remain in its current location.

The full report is attached as an appendix.

Options available on the future of Blaydon GP Led Practice

At a meeting of, NHS Newcastle Gateshead CCG's Primary Care Commissioning Committee on 31 October 2017, [4-6pm] a decision will be made on what the options are available in the respect of the practice. Membership of the Committee consists of representatives from the clinical commissioning group and lay members of the CCG. Representatives from NHS England, the Health and Wellbeing Board and Healthwatch are also in attendance at meetings. A decision will be made on what the options are available in the respect of the practice.

Consultation methodology

Phase two will focus on consulting on the options available for future provision of the service. The methodology includes:

- Writing out to patients (with details about what is being consulted on, how to get involved)
- Patient information – this includes information about the options involved and commonly asked questions
- Survey – available online and in paper form – this will focus on the options decided by the Primary Care Commissioning Committee
- Letters, patient information and surveys will be translated as appropriate
- Linking with local community groups
- Use of social media with promoted posts via Facebook
- Events organised by Healthwatch – this will include a public meeting and dedicated focus groups
- Healthwatch volunteers to help/encourage people to complete the survey within the practices

Next steps

At the end of the consultation we will write a report which will be available online and will send you a copy once it is published.

NHS Newcastle Gateshead CCG's Primary Care Commissioning Committee will look at the report and use the information and feedback when making the decision. The decision will be made on 27 February 2018 and we will contact you again to update you further.

For more information

Please contact Helen Fox, Senior Communications Manager, on 0191 217 2670 or email helen.fox6@nhs.net

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Partners in improving local health



North of England
Commissioning Support

Communications and Engagement Report

Blaydon GP Led practice

September 2017 – report for phase one



Executive summary

Engagement is being undertaken in two phases. This interim report shows the feedback from phase 1 of this work.

Engagement for this phase took place between 1 –15 September and activity included letters to patients, survey, liaising with various groups and stakeholders.

Letters inviting patients to give their views were sent to 946 households of registered patients (there are 1,876 patients registered). 195 surveys were returned giving a 10.4% response rate.

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Patients felt that the best times to see a GP through the week was between 9 -11am (64.58%) and 4 – 6pm (61.46%) Monday to Friday. At a weekend, they felt that the best time to see a GP at the weekend was 9 – 11am on both Saturday and Sunday.

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Patients seem generally happy with the GP surgery and have left more positive comments than negative. In terms of improvements, respondents were more likely to say there is a need to see a regular GP and have less reliance on the use of locums. Patients would like to have consistent and reliable access to quality healthcare services, and feel it is important to have continuity of care. They would also like it to remain in its current location.

Background

Blaydon GP Led Practice is a GP practice based at Blaydon Primary Care Centre (Shibdon Road, Blaydon, NE21 5NW). The practice delivers essential, additional and enhanced services to 1,876 patients.

The current contract is delivered by Gateshead Community Based Care Ltd and has been extended until 30 June 2018. As the contract is due to end on 30 June 2018, NHS Newcastle Gateshead Clinical Commissioning Group (CCG) is commencing a period of engagement with patients and stakeholders to assist in the forming of options regarding the future of the practice. This is the first stage of this process and a period of consultation will be undertaken once the options for the future are finalised.

Practice information

- The practice is located in a purpose-built NHS building in Blaydon
- The practice is open 8am to 6pm, Monday to Friday
- The practice has 1,876 patients

Demography

- The practice has a predominately younger population
- 5.7% of the practice population is aged 65 or over
- Gender split is male – 48.4% and female – 51.6%

Summary of activity

The aim of phase 1 has been to ask patients their views about the current service through a survey. These results will be considered by NHS Newcastle Gateshead CCG and NHS England, alongside all the other information to inform phase two which will include the options for the future of the practice.

Engagement took place between 1 September through to 15 September 2017.

Activity included:

- Letter sent to all registered patients, including the offer to translate any documents if required – (Appendix one)
- Survey – available online, sent to patients with a return envelope and distributed within the practice, including translated versions if required – (Appendix two)
- Dedicated information on the practice website and NHS Newcastle Gateshead CCG website
- Calls and briefings to key stakeholders (scrutiny, Healthwatch, LMC, neighbouring practices, local councilors, MP)
- Information distributed to CCG Networks, patient public and carer engagement forum and the involvement forum which represents the CVS organisations - (Appendix 3)

Survey findings

Response rate

In total, all 1,876 patients registered at Blaydon GP Led practice were invited to complete the survey. Patients were contacted via letter to each household where patients were registered with a link to the online survey, and also had the option of completing the survey over the phone or in the practice. In total, 195 surveys were completed. This provides a 10.4% response rate.

The majority (98%) of surveys completed were by the patient themselves.

Travelling to your GP surgery

We asked patients:

How do you usually travel to your GP practice? (n:193)

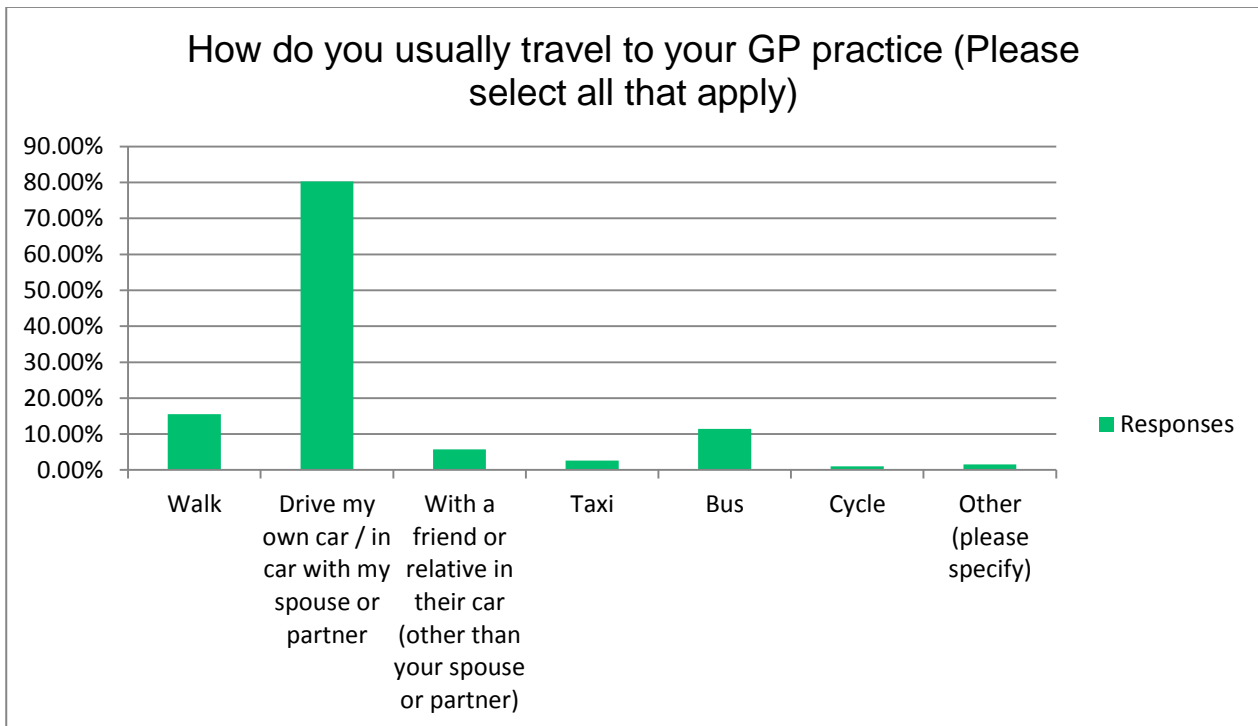


Figure 1: Question 3

The most popular response with a majority of 80% was that patients preferred to drive their own car with spouse or partner, followed by 16% who preferred to walk. 11% would take a bus and 6% would prefer to travel with a friend or relative. Only 3% would take a taxi and 1% prefer to bike.

How long does your journey take you from home to the current site of your GP service (door to door)? (n: 193)

83% patients preferred to make a journey of less than 15 minutes to see their GP. Only 17% preferred to travel between 15 - 30 minutes and no-one chose to travel any longer than 30 minutes.

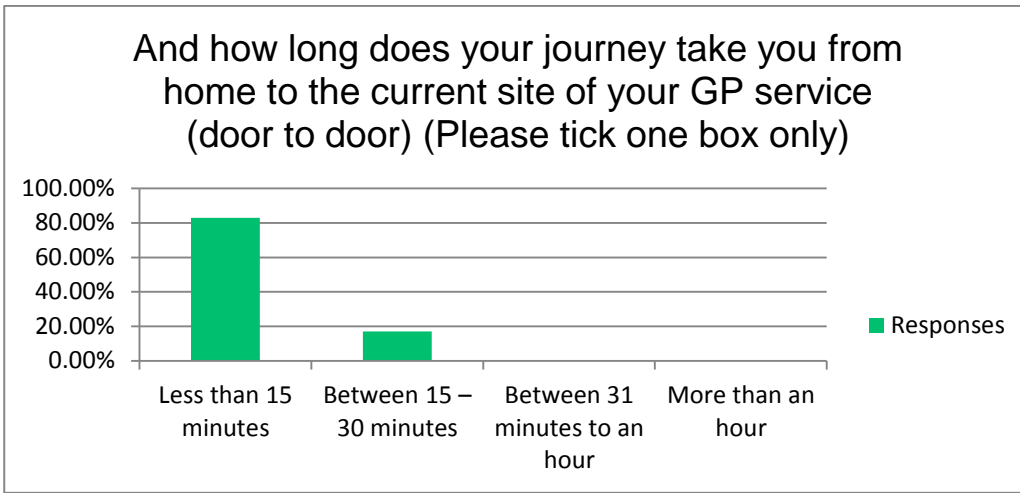


Figure 2: Question 4

Thinking about the location of your GP practice, we would like to know which of the following are important to you: (n=193)

Respondents were invited to tell us what they thought was the most important aspect of the location of their GP practice. 33% patients gave the reason of the GP practice being close to where they live as being most important to them. The next most important factor was that the GP practice should be located on a bus route with 19% patients choosing this option. Only 2% stated that they would prefer their GP practice to be close to where they work.

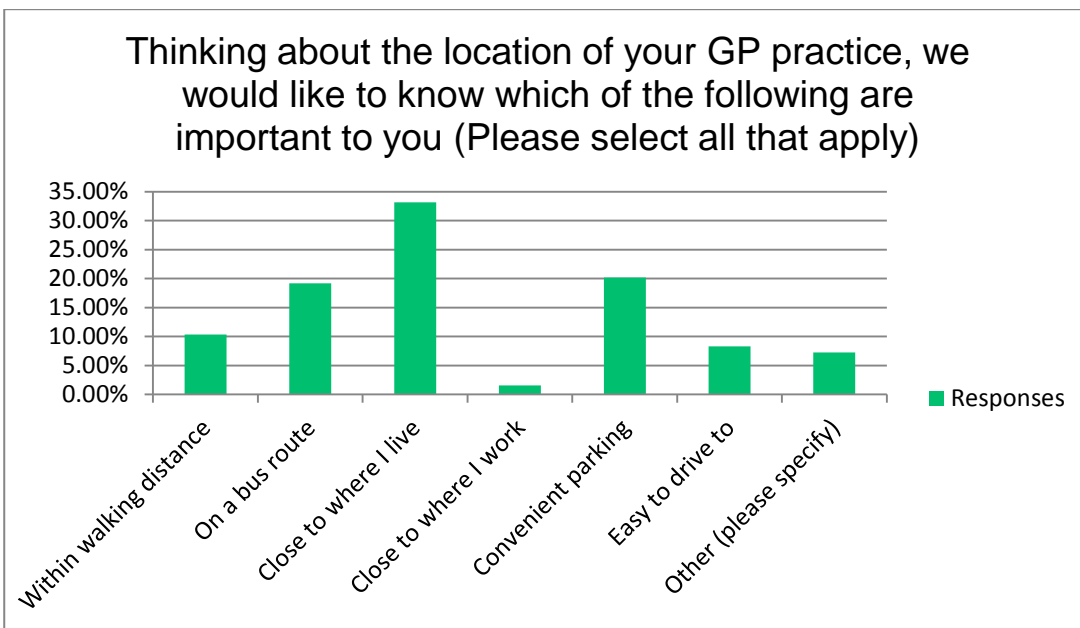


Figure 3: Question 5

How many miles would you be willing to travel to access your GP practice? (n:189)

43% of patients stated that they would be willing to travel less than two miles to see their GP and 37% would travel up to four miles. Only 2% patients would be willing to travel more than ten miles to see their GP

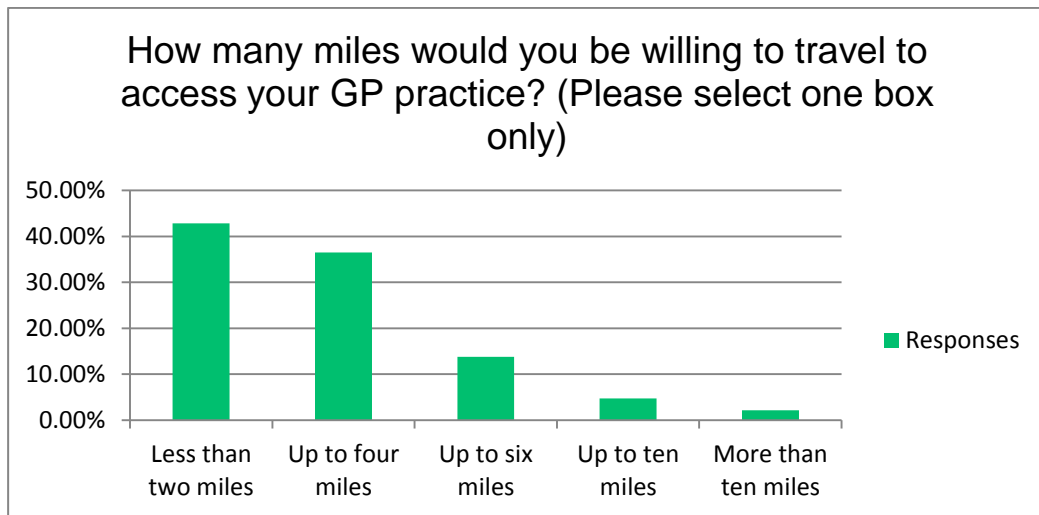


Figure 4: Question 6

Appointments:

We asked patients:

How important is it to you to get to see the same staff every time? (n=192)

Patients were asked to rate how important they feel it is to see the same nurses and doctors when they attend their appointment.

Patients placed more emphasis on seeing the same GP with 44% 'strongly agreeing' that this was most important to them. 36% agreed that this was important and only 2% disagreed with this.

They did not feel the level of necessity to see the same nurse. 38% patients neither agreed nor disagreed that it was important to see the same nurse. 4% strongly disagreed with this and 24% strongly agreed.

Overall, we can interpret that it is fairly important to respondents that they see the same GP every time, but slightly less important than it is to see the same Nurse

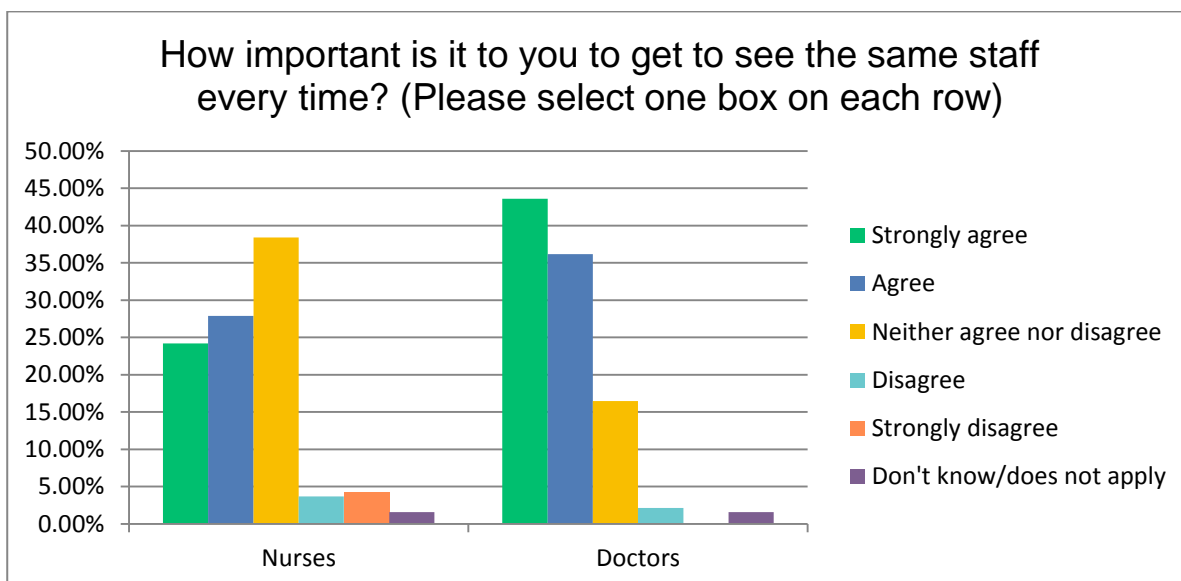


Figure 5: Question 7

How often do you get to see the same staff every time? (n=190)

Following the importance patients placed on being able to see the same staff every time, we wanted to know how often they did manage to see the same GP or nurse.

35% patients said they saw the same GP some of the time and 24% stated a lot of the time. There were similar amounts of patients who said they always or almost always saw the same GP (19%) and who never or almost never saw the same GP (17%).

Patients told us they mostly saw the same nurse either a lot of the time (34%) or some of the time (33%) Only 16% patients said they always or almost always saw the same nurse and 10% said they never or almost never saw the same nurse.

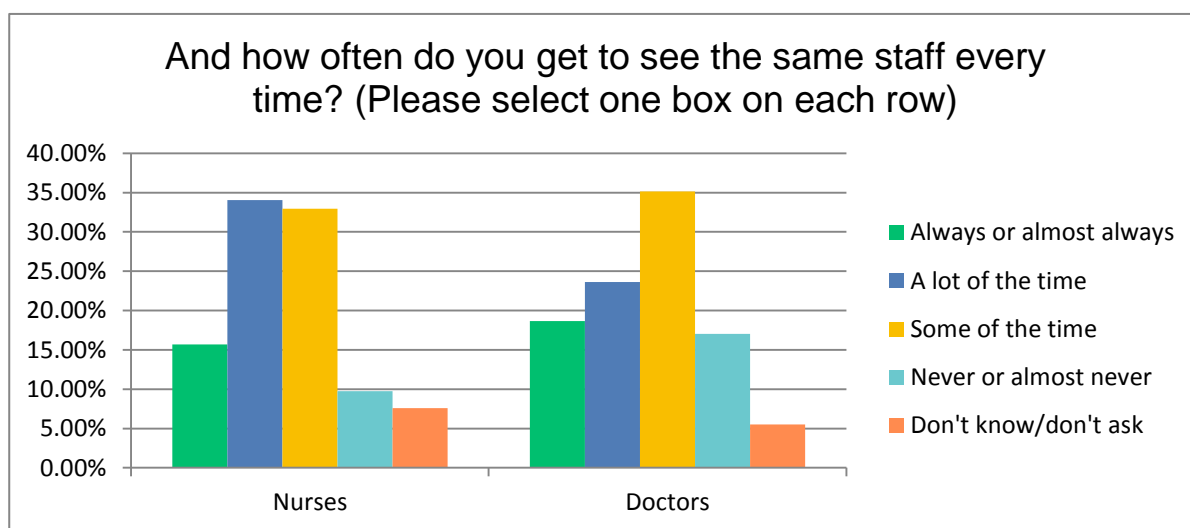


Figure 6: Question 8

Please can you tell us what times you think are important for a practice to offer appointments? (n=192)

We gave patients a range of times from 7am – 8 pm and asked them to prioritise their optimum appointment time from Monday – Sunday, limited to one option per day.

65% patients chose 9 - 11 am and 61% chose 4 - 6pm as their most popular time to attend their GP appointments through the week. Only 55% patients would prefer an earlier appointment of 7 - 9am and 49% chose the time of 6 - 8pm.

85% patients chose the appointment time of 9 - 11am on a Saturday followed by 44% choosing 11am – 2pm to attend a GP appointment. The least popular time on Saturday was between 6 - 8pm with only 9% patients choosing this time.

There were similarities with the appointment choice on Sunday with 75% majority choosing 9 - 11am and 43% patients choosing 11am – 2pm as their optimum time. Again the least popular appointment was the 6 - 8pm slot with only 11% choosing this time.

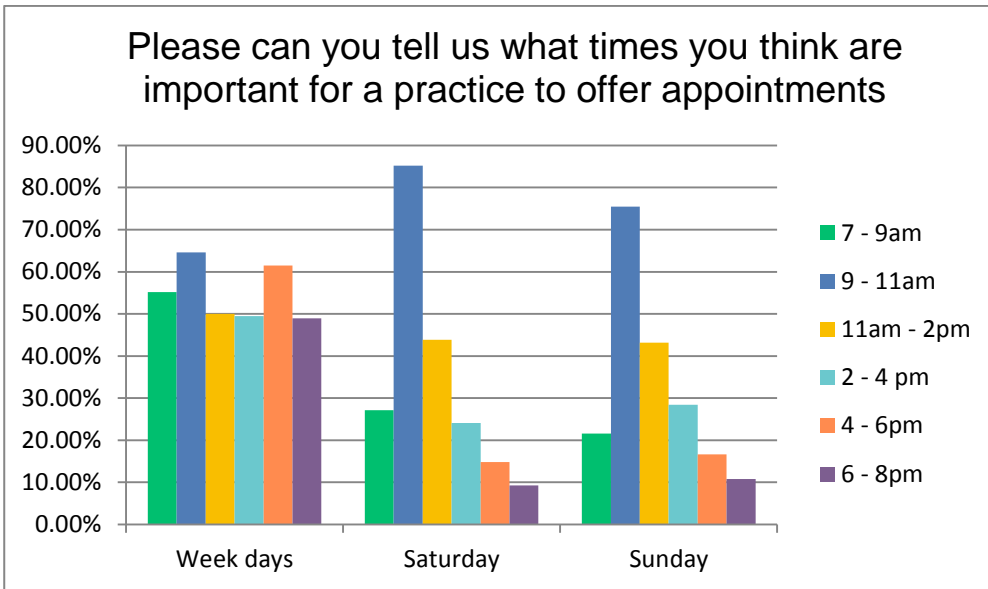


Figure 7: Question 9

Prescriptions

We asked patients:

Please can you tell us how you currently receive your prescriptions?(n=190)

We gave patients four choices of how they might receive their prescriptions. 53% patients collected them directly from the practice. 42% patients used the service which has prescriptions sent straight to the pharmacy and only 2% said they had prescriptions posted direct to their home. Thirteen patients also left 'other' comments which mostly confirmed they did not receive any prescriptions.

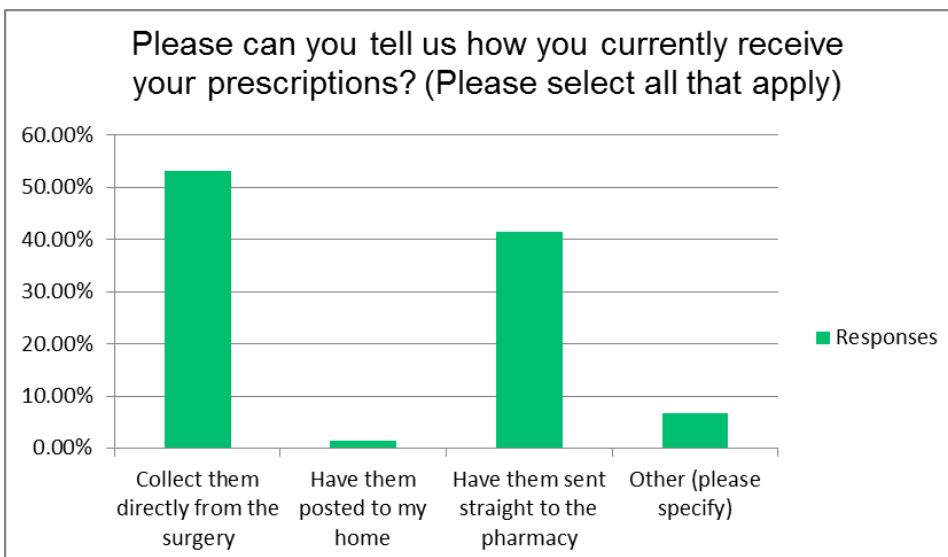


Figure 8: Question 10

How do you order your repeat prescriptions? (n=174)

We asked patients to tell us how they would organise repeat prescriptions. There were noticeably less patients who answered this question.. 51% patients who responded preferred to call the surgery for their repeat prescriptions. 24% patients stated that they ordered theirs by attending the surgery. 15% patients automatically had theirs sent to the pharmacy and 13% asked for them online.

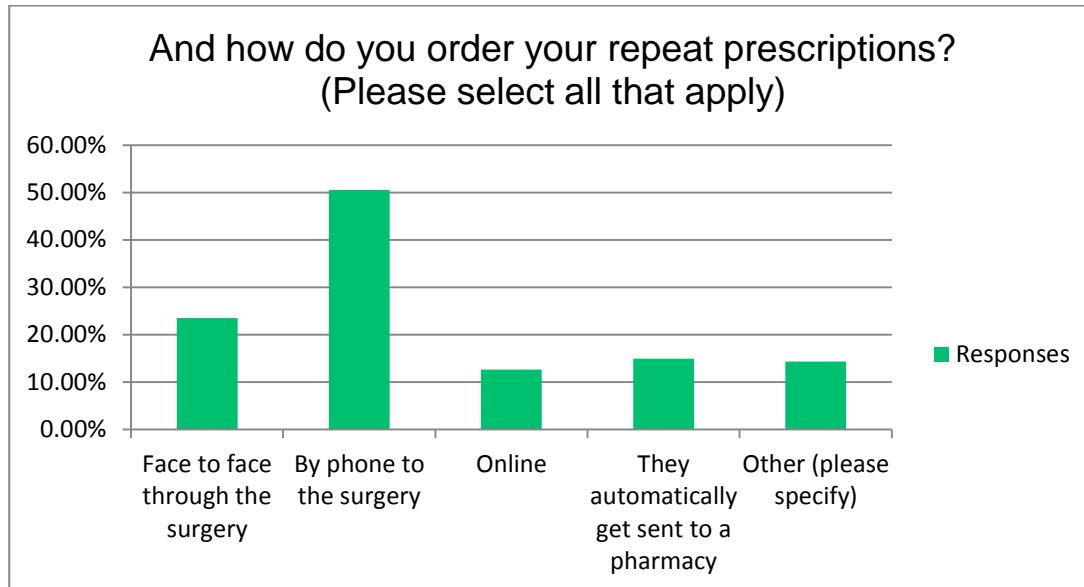


Figure 9: Question 11

Please tell us how many times you have used your GP practice for the following reasons in the past 6 months (n=192)

We gave patients four choices and asked them to indicate how many times they had visited their GP practice.

To visit a GP - 42% patients told us they had made a visit to their GP once or twice in the last six months. Only 5% patients had seen their GP more than six times and 16% had not visited in the last six months.

To see a nurse - 57% patients told us they had seen a Nurse in the last six months. Only 2% patients had visited more than six times and 24% patients had not seen a nurse in the last six months.

To collect a prescription – 40% of patients had not collected a prescription from their GP in the last six months. 38% had collected a prescription once or twice. Only 2% of patients had collected prescriptions from the practice more than six times in the last six months.

For a different reason – 69% patients had not needed to visit the practice in the last six months for another reason. 27% had visited once or twice and only 2% patients had needed to visit more than six times for another reason.

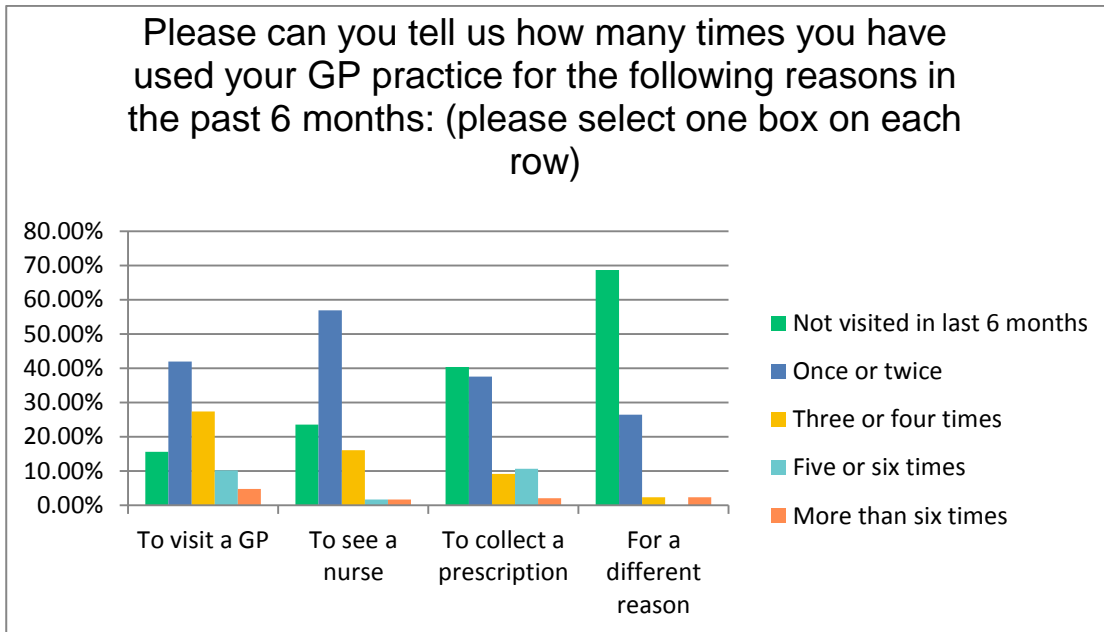


Figure 10: Question 12

If you visit your GP for other reasons (for example, family planning service, or the warfarin centre), please tell us the service you used. (n: 36)

The majority of patients chose not to answer this question. We did receive 36 comments where patients gave reasons of other services they used in the practice – details below:

Choices	Number of choices
Other	10
Diabetic clinic/podiatry	5
Mental health	5
Bloods/Warfarin	5
Ante-natal	3
Pregnancy	2
Family planning	2
Physiotherapy	1
Walk in Centre	1
Asthma	1
Xray	1

Thinking about the service you receive from your GP practice – how would you rate it? (n: 192)

Patients were invited to score the service they received from 'very good' to 'very poor'. The majority of 69% patients indicated they thought the service they received was 'very good' and 27% rated the service as 'good'. Only one person described the service as very poor and one as poor.

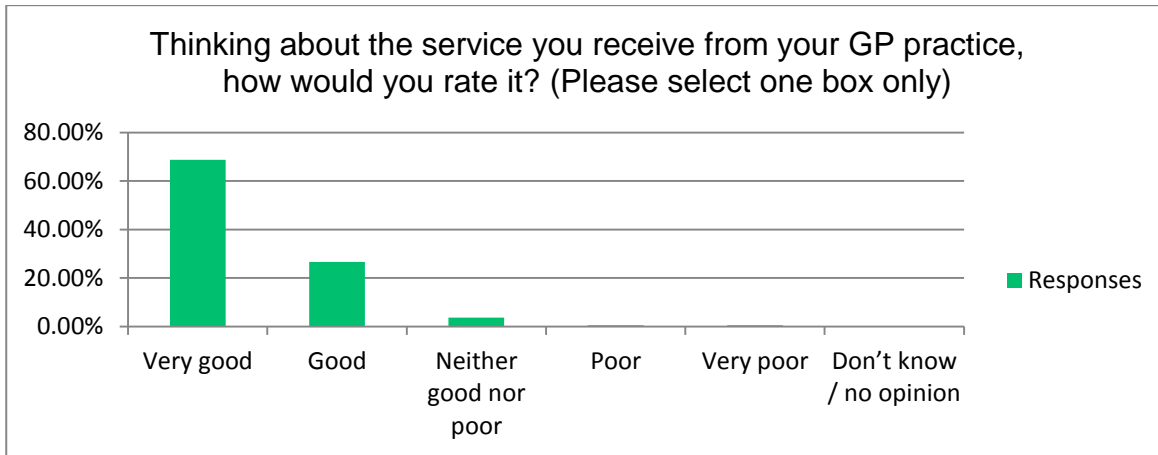


Figure 11: Question 14

What's important to you?

We asked patients:

Please can you rank the following using a scale of 1 to 6 (where 1 is MOST important and 6 is LEAST important) (n: 191)

88% patients chose 'Quality of Care' as their most important factor and 75% patients chose 'Access to a Doctor' as their priority. Location was the least important factor according to the patients' choice with only 38% making this a priority.

Patients placed services in the following order of priority:

1. Quality of care
2. Access to a doctor
3. Continuity of care
4. Access to a nurse
5. Opening times
6. Location

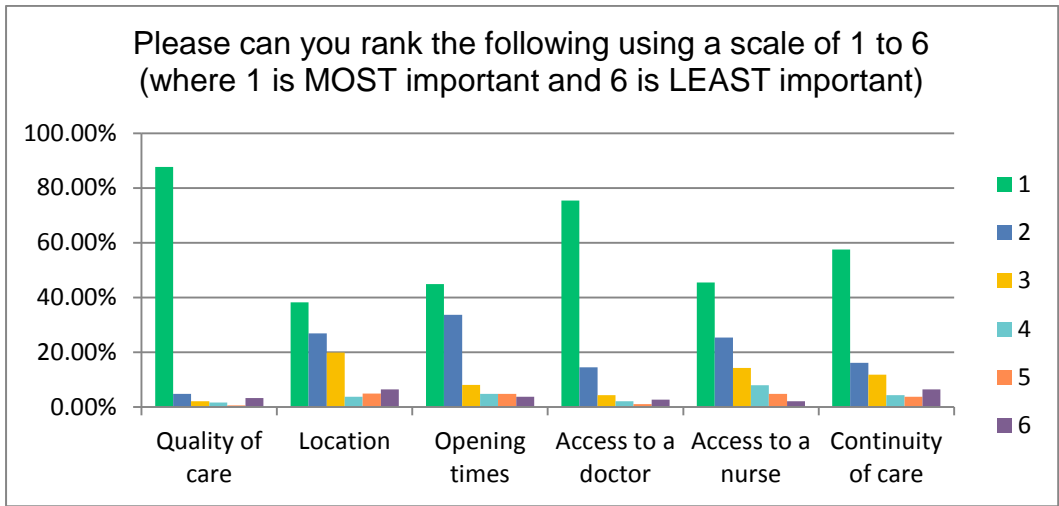


Figure 13: Question 15

Demographics of respondents

We asked patients questions at the end of the survey to determine if there was any demographic information that highlighted any of the protected groups under the Equalities Act which need to be considered (should any changes to services be made). The demographics of those responding to the survey were as follows:

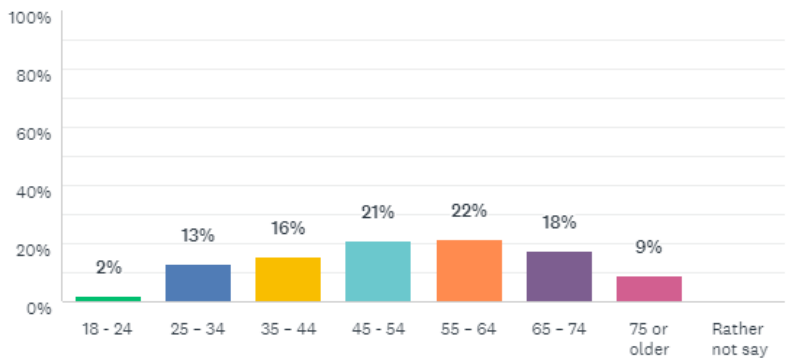
We asked patients their gender. From the 188 respondents 61% were women and 39% were male. No-one classed themselves as transgender.

We asked patients their age. From the 186 patients who answered 22% were aged between 55 and 64. Only 2% patients were in the 18 to 24 category and 9% were aged 75 or older.

Details are shown below:

How old are you? (Please select only one)

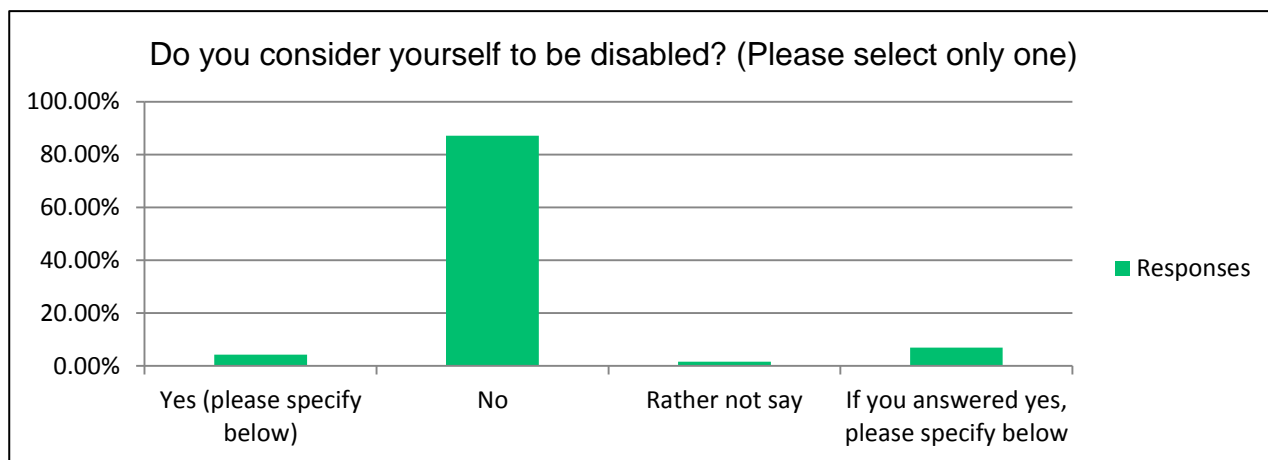
Answered: 186 Skipped: 9



We asked patients to give us the first four digits of their postcode as an indication of where patients lived in relation to completing the survey. 175 patients left their details –details are shown below:

NE21		42.29%	74
NE39		38.29%	67
NE16		8.57%	15
NE40		8%	14

We asked patients if they considered themselves to be disabled. The responses are shown below:



We asked patients their sexual orientation. 179 patients from the 185 who answered the question described themselves as 'Heterosexual or straight', three people as 'Gay' and three people chose not to say.

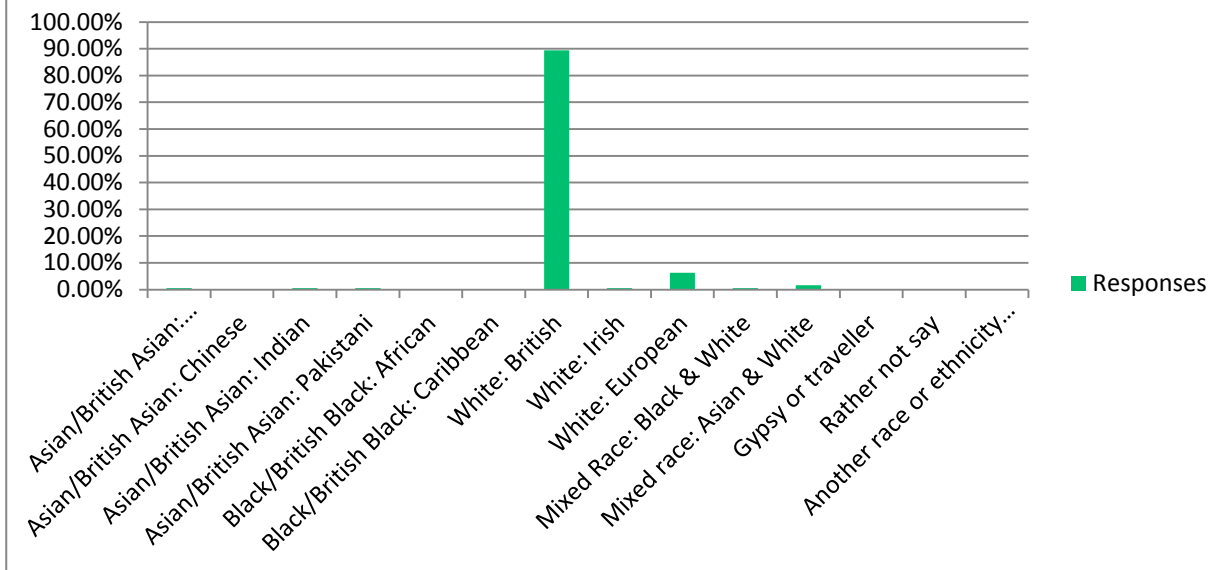
We asked patients if they were currently pregnant. Only 1% of the 182 who responded indicated they were pregnant. 90% were not and 9% felt this was not an appropriate question.

We asked patients if their /partner/spouse is currently pregnant. 82% from 178 respondents were not, 1% said yes and 17% felt this was not appropriate.

We asked patients if they currently had a child aged less than 24 months, 86% of the 180 respondents did not, 5% patients said they did and 9% patients felt this was not appropriate.

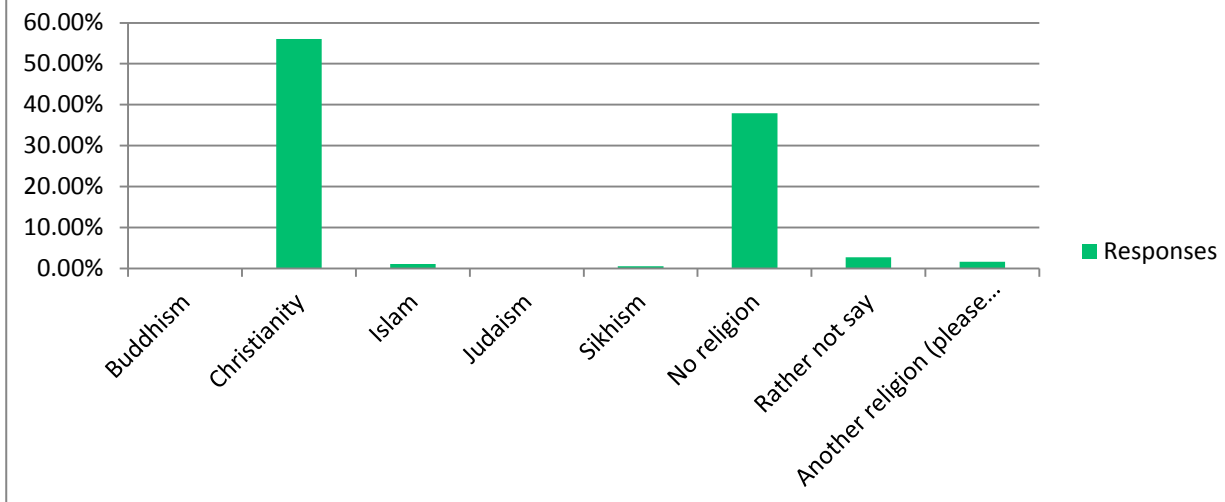
We asked patients to indicate which race or ethnicity best described them. 189 patients responded with the majority of 169 describing themselves as White British. Details below:

Which race or ethnicity best describes you? (Please select one box only)



We asked patients what they considered their religion to be. From the 182 responses 56% described themselves as Christian. Details below:

What do you consider your religion to be? (Please select only one)



Do you have any final thoughts, comments or suggestions you would like to make?

117 patients left a response to this question. The comments have been categorised below. A full list of comments is available at Appendix 4.

Comment	Number of responses
Staff are friendly and helpful	44
Surgery well situated and accessible for roads and parking	20

Don't get to see the same GP	20
Great appointment service	17
Further tests should be at Blaydon not at the QE	9
Need more flexibility for people who work full time	7
Convenience of late appointments	3
Not happy with appointment system	3



September 2017

Dear patient

Important information about your GP practice

I am writing to give you an update about Blaydon GP Led Practice, where you are registered as a patient. **Please share this with everyone in your home who uses this practice.**

The practice services are currently delivered by Gateshead Community Based Care Ltd, which has a contract to provide the service until 30 June 2018.

We are now taking steps to decide what will happen after this date which is usual practice in the NHS when a contract is close to coming to an end.

Before we do that, we are keen to hear your views – what you like about the practice, which of its services you use, and anything that could be improved.

It would be a great help if you can complete our short survey, using the form enclosed with this letter or at <https://www.surveymonkey.co.uk/r/72D7YK5> before **15 September 2017**. Your comments can help us to plan GP services for the future.

If there are any other comments you would like to make, please contact us on 0191 217 2803, at NECSU.comms@nhs.net (please put 'Blaydon GP' as the title of your email), or by letter at: FREEPOST RTUS-LYHZ-BRLE, Blaydon GP Led Practice, North of England Commissioning Support, Riverside House, Goldcrest Way, Newcastle upon Tyne, NE15 8NY.

We will write to you again in November with another update about plans for the practice. You will have another opportunity to share your views at that stage. In the meantime, you can continue to use the practice in the usual way.

If you would like to discuss the practice with an independent organisation, Healthwatch Gateshead would be pleased to help. Healthwatch helps to support and speak up for users of health and social care services, and can be contacted on 0191 477 0033 or info@healthwatchgateshead.co.uk.

Yours sincerely

Dr Neil Morris
Medical Director, NHS Newcastle Gateshead Clinical Commissioning Group

*** This document is available in large print, other formats and languages.**

Appendix 2 – Patient Survey

Your thoughts on Blaydon GP Led Practice

You and your practice

NHS Newcastle Gateshead Clinical Commissioning Group, working with NHS England, is reviewing the way in which services for patients at Blaydon GP practice are delivered.

Your responses will help us understand what is most important to you about the GP practice service you receive.

Please note all responses are confidential. The deadline for survey responses is Friday 15 September.

If you would like help to complete this survey, please contact 0191 217 2803

1. I am completing this survey as:

- Myself (the patient)
- On behalf of the patient (family friend)
- On behalf of the patient (member of staff)
- Other (please specify)

2. I am completing this survey as:

- A registered patient
- Someone who uses the practice but is not registered with them
- As a member of staff
- Other (please specify)

Your thoughts on Blaydon GP Led Practice

Travelling to your GP surgery

3. How do you usually travel to your GP practice (Please select all that apply)

- Walk Taxi
 Drive my own car / in car with my spouse or partner Bus
 With a friend or relative in their car (other than your spouse or partner) Cycle
 Other (please specify)

4. And how long does your journey take you from home to the current site of your GP service (door to door) (Please tick one box only)

- Less than 15 minutes
 Between 15 – 30 minutes
 Between 31 minutes to an hour
 More than an hour

5. Thinking about the location of your GP practice, we would like to know which of the following are important to you (Please select all that apply)

- Within walking distance Close to where I work
 On a bus route Convenient parking
 Close to where I live Easy to drive to
 Other (please specify)

6. How many miles would you be willing to travel to access your GP practice? (Please select one box only)

- Less than two miles Up to ten miles
 Up to four miles More than ten miles
 Up to six miles

Your thoughts on Blaydon GP Led Practice

Appointments

7. How important is it to you to get to see the same staff every time? (Please select one box on each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/does not apply
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. And how often do you get to see the same staff every time? (Please select one box on each row)

	Always or almost always	A lot of the time	Some of the time	Never or almost never	Don't know/don't ask
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please can you tell us what times you think are important for a practice to offer appointments

	7 - 9am	9 - 11am	11am - 2pm	2 - 4 pm	4 - 6pm	6 - 8pm
Week days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your thoughts on Blaydon GP Led Practice

Prescriptions

10. Please can you tell us how you currently receive your prescriptions? (Please select all that apply)

- Collect them directly from the surgery
- Have them posted to my home
- Have them sent straight to the pharmacy
- Other (please specify)

11. And how do you order your repeat prescriptions? (Please select all that apply)

- Face to face through the surgery
- By phone to the surgery
- Online
- They automatically get sent to a pharmacy
- Other (please specify)

Your thoughts on Blaydon GP Led Practice

Using your practice

12. Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: (please select one box on each row)

	Not visited in last 6 months	Once or twice	Three or four times	Five or six times	More than six times
To visit a GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To see a nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To collect a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For a different reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you visit your GP for other reasons (for example, family planning service, or the warfarin centre), please tell us the service you use in the space below:

Please do not use this space to tell us about personal medical conditions.

14. Thinking about the service you receive from your GP practice, how would you rate it? (Please select one box only)

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know / no opinion

Your thoughts on Blaydon GP Led Practice

What's important to you?

We understand that all of the following things are important to people about their GP practice. What we would like to know is which of the following is MOST important to patients.

15. Please can you rank the following using a scale of 1 to 6 (where 1 is MOST important and 6 is LEAST important)

	1	2	3	4	5	6
Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opening times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your thoughts on Blaydon GP Led Practice

About you

It would help us to understand your answers better if we knew a little bit about you. These questions are completely optional, but we hope you will complete them.

16. Are you:

- Male
- Female
- Transgender
- Prefer not to say

17. How old are you? (Please select only one)

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 or older
- Rather not say

18. What is the first half of your postcode?
(For example – NE21)

19. Do you consider yourself to be disabled? (Please select only one)

- Yes (please specify below)
- No
- Rather not say
- If you answered yes, please specify below

20. What is your sexual orientation? (Please select only one)

- Heterosexual or straight
- Gay
- Lesbian
- Other (please specify)
- Bisexual
- Rather not say

21. Are you currently pregnant?

- Yes
- No
- Rather not say
- N/A

22. Is your wife / partner / spouse currently pregnant or are you expecting a child?

- Yes
- No
- Rather not say
- N/A

23. Do you currently have a child less than 24 months old?

- Yes
- No
- Rather not say
- N/A

24. Which race or ethnicity best describes you? (Please select one box only)

- Asian/British Asian: Bangladeshi
- Asian/British Asian: Chinese
- Asian/British Asian: Indian
- Asian/British Asian: Pakistani
- Black/British Black: African
- Black/British Black: Caribbean
- White: British
- Another race or ethnicity (please specify
- White: Irish
- White: European
- Mixed Race: Black & White
- Mixed race: Asian & White
- Gypsy or traveller
- Rather not say

25. What do you consider your religion to be? (Please select only one)

- Buddhism
- Christianity
- Islam
- Judaism
- Another religion (please specify
- Sikhism
- No religion
- Rather not say

26. Do you have any final thoughts, comments or suggestions you would like to make? If so, please use the space below.

Stakeholder briefing

Riverside House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

September 2017

Gateshead Council Overview and Scrutiny Committee
Local Medical Committee
Local Pharmacies
Local MP
Local Councillors
Healthwatch Gateshead

Briefing note: update on GP practice in Blaydon

This is to provide an update about Blaydon GP Led Practice, which is a GP practice located within Blaydon Primary Care Centre. The practice delivers essential, additional and enhanced services to 1,876 patients.

Please note this is about the registered list for the General Practice and doesn't affect the walk-in centre which is also delivered from Blaydon Primary Care Centre.

The current contract is delivered by Gateshead Community Based Care Ltd and has previously been extended until 30 June 2018. Due to procurement legislation which the NHS has to follow, the contract cannot be extended any further.

As the contract is due to end, NHS Newcastle Gateshead Clinical Commissioning Group (CCG), which is responsible for planning and buying most health services in the area, has to consider the different options available for the future of services in the area.

Therefore the CCG would like to engage with patients to understand what they like about the practice, which of its services they use, and anything that could be improved.

This information will be used to inform the options regarding the future of services in the area.

Engaging with patients

Our objective is to meet the needs of our patients and to meet the NHS legal duties for engagement, equality duties and best practice engagement and communications.

The first phase of engagement phase will take place from 1 September 2017 – 15 September 2017. The methodology is outlined below

Tactic	Mechanism and notes
Letter to all registered patients	<p>A letter will be sent to each household which will update patients (aged 16 years and over) about what is happening in their practice, how they can have their say and the different methods for getting involved.</p> <p>It will include a paragraph asking them to ensure that all members of the household registered with these practices are aware of its content.</p> <p>The letters have the ‘this document is available in large print, other formats and languages’.</p>
Survey	<p>Short survey will be available online and sent with the letter to understand what is important to them and the services that they use and suggestions for improvement</p> <p>A return envelope will be provided.</p>
Option to email, call or write in	Patients will be given the option to email, call or write in to give their views
Patient participation group	A meeting with the patient participation group to discuss what is important with them
Poster	Information poster will be available to remind people to fill in the survey and to give their views
Information on website	Dedicated information on the practice website and Newcastle Gateshead CCG site
Community groups	<p>Information to be distributed to CCG networks – patient, public and carer engagement forum and the involvement forum which represents the CVS organisations</p> <p>Information to be distributed to:</p> <ul style="list-style-type: none"> • Blaydon Youth and Community Centre • Blaydon leisure centre • Blaydon and Winlaton Facebook group • Blaydon shopping centre

This will be followed by phase two, where we will ask patients their preferred option on the future of the practice. This phase will start on 6 November 2017 to 14 January 2018

A final report and commissioning decision will be made by the CCG in February 2018. We will keep you informed at all stages.

To get involved

We would also welcome any comments or suggestions via the below options:

Call 0191 217 2803, Email NECSU.comms@nhs.net

For more information, please contact Helen Fox, Senior Communications Manager, on 0191 217 2670 or email helen.fox6@nhs.net

Appendix 4 – Patients comments

<p>The service provided at the surgery is really very good by both the doctors and nurses and admin. I hope that this is taken into account and the surgery remains in place, where it is, and there is no detriment to service, when you make your final decision</p>
<p>I have found staff very helpful and accommodating at this practice. I am not a regular GO use but I do feel continuity of GP's important rather than locums</p>
<p>Been able to find doctor I like and trust. Reception girls, very helpful polite and willing to help. The surgery is clean and pleasant. Nursing staff first class only joined surgery a year or so ago but wish I had joined sooner. Cannot fault service given.</p>
<p>I have always had excellent care at this practice from all staff and hope the practice continues this way moving forward.</p>
<p>I am quite satisfied with the service I receive.</p>
<p>Only problem - you get used to seeing one Dr for a couple of times and then they go, no continuity - saw four different Drs for a cough Nov - July</p>
<p>I love the convenience of late appointments as I work 9-5 Monday-Friday, It is a great location with very helpful and friendly staff. Everyone is always very helpful very happy to help and are extremely efficient.</p>
<p>To enable continuity of care it is imperative for the practice to retain members of staff who are an asset to the practice. They can be achieved with several parameters of consideration, some of which are:- Security of job position. Mentoring Appreciation offered when going 'beyond the call of duty' Appropriate training when required but not at the expense of other staff members who are capable and willing to put a 'shift in' Having the determination to remove staff member who do not "pull their weight" Reducing uncertainty regarding contractual arrangements. Most staff member 'on the front line' appreciate that the patients come first but management also need to this consideration - paramount in their future plans.</p>
<p>Please note:- I have completed this form for myself and my husband (who is also a patient) as letter states to share with all in my household. We are both very happy and pleased with the service we receive at Blaydon GP Practice. My husband receives repeat prescriptions every 2 months, I do not receive any. We both prefer the atmosphere on the practice, and is easy for us both to walk to. I myself am still in employment and find appointment times fine.</p>
<p>I think wherever possible we should see the same doctor each time</p>
<p>I have been happy with this surgery since joining and would be disappointed to see it go</p>
<p>This is a good service from modern facilities, situated in a great location which is easily accessible for all. My family and I would very much like the service to continue on a long term basis beyond 2018</p>
<p>If the practice were to close, it would be very inconvenient, not just for me, but for all the</p>

<p>other patients, who have joined the practice. Plus finding other local surgeries to take everyone in, would prove very difficult</p>
<p>Very good service at Blaydon led GP centre. From the staff at reception all the way through to the doctors. Appointments always available, parking brilliant. Not one bad word to say about the practice</p>
<p>I have been very happy with the service that I have received. Never have to wait very long for an appointment</p>
<p>Permanent doctors would be good, they get to know you better therefore understand your medical history. It can be quite frustrating seeing a new GP each time you visit</p>
<p>Most important for doctors and nurses keep to the time of the appointment unless they have an emergency.</p>
<p>All doctors to have compassion and empathy training</p>
<p>It is an absolute necessity that this doctors practice remains open</p>
<p>I have moved from Crawcrook surgery to Blaydon and I find them amazingly helpful. It was hard at first to see the same doctor but I see Dr XXXX every week or so and she's brilliant. The only bad thing is she only works two days per week I've been told which can sometimes make it hard to get an appointment. I don't like to see other doctors as they don't seem to know what's going on</p>
<p>I am extremely happy with the GP practice. You don't feel like you are on a conveyor belt. The staff make time to help. The GPs have been very thorough with me, getting appointments and referrals for -ray, bloods, hospital appointments etc. I couldn't do without this service</p>
<p>As there are regularly different GPs at the surgery it would be helpful if they introduced themselves properly or wore name badged. Some to have badges but there has been many times I have attended or taken my daughter and I do not know who I have seen. It would also be nice to know if they are just there for the day or if there are there regularly, maybe a sign in the waiting room updated each day could help with both points and makes patients feel informed. I often feel that I don't know what is going on when I visit</p>
<p>This is an outstanding practice with fantastic facilities. For a long time there have been a lot of locum doctors. Thankfully we have some permanent (so far) wonderful staff such as Dr XXXX. It would be wonderful if the staff stayed constant which ensure continuity. It is very difficult continually going through medical history with different doctors, however nice. The building is new in style and has many rooms and facilities that perhaps aren't used to its maximum, I still am sent to QE or Bensham for physio even though there are great facilities upstairs. We always believed that there would be a pharmacy in one of those spaces downstairs which has never come to fruition. This if opened would take the pressure off the small boots in Rowlands Gill, which is still struggling to get prescriptions out on time. Great car park. The best thing about the practice is its staff - wonderful patient helpful understanding.</p>
<p>Love the staff, wouldn't want to go anywhere else for me and my son.</p>
<p>For the past few years since this practice opened I have nothing but the highest praise for its</p>

staff. Hopefully this practice will exist for many years to come
Great surgery. Always seen on time.
Having 1 doctor on per day is difficult as there are usually no appointments. 10 minute appointments are not great as it is just not long enough. Even when you book double appointment, you still don't get seen on time. Having a nurse on for 2 days and a health care assistant 2 days isn't accessible to most patients. The GP practice is in a great location it would be a shame if it was to close. Having better access to test results online would be good. I still have to ring up for urine sample results, as online it just shows as N/a and I prefer not have to ring people due to my anxiety. I do prefer to do stuff online than ring people
I have only just joined this practice this year and I have found it to be very good at last a doctor that actually listens to you. Dr XXXX is an excellent doctor, which I've found very hard to find. So I do hope this practice stays open,
The practice provides a great service- available appointments in a reasonable time frame. GPs are helpful - sadly not really supported by the care trust in their endeavor to look after patients. This yearly service review is upsetting for patients and must upset staff morale - not good for mental health. Get it sorted. I left Rowlands Gill surgery as it was awful.
The practice is often stretched, waiting times are often 15-30 mins often I cannot get an appointment for up to 8 days. There is also a walk in centre attached in the building. I have used the walk-in 3 times this year because no appointments were available I needed to see someone for specialist advice
The centre and staff have done more for me and my health in the short time I've been a member than the other two local doctors did for me in over 15 years.
I don't use the service a lot, but when I have done the service is quick and very good, other GP practices it's hard to get an appointment and you seem to waiting to see the doctor.
Please do not close this practice. I will be without a Doctor if you do so. I have easy access to appointments which is very important, when I need one. Access to walk in centre very good. Also X ray on site. Am very happy with current offer.
I think this is the best GP practice I've ever been to. They are very thorough, hopefully and you really feel that they care. I've lived in Yorkshire, Midlands and Bedfordshire and never received the care and attention - they make you feel you are an important patient. I don't want to move because I am so impressed and grateful! Thank you to all.
Happy with the current arrangements
I have just registered. I chose this practice as I pass it often. There is parking and - most important, integrated services and good modern facilities.
In the event of a GP requiring a patient to have further tests, eg x-ray. It would be helpful to be given an appointment at the Shildon Road location rather than the QE Hospital whenever this is possible
I use this practice for its location and it's very easy to travel to. It would be a shame to close it down as walk-in-centre will still be open. I would then have to wait until I got really ill and just

use walk-in centre if GP was closed permanently rather than join another GP
Thinking of changing doctors my reason for this is, I've had an on-going problem and it would be nice to see the same doctor, rather than a different one all the time and some doctors are not very pleasant! I have had tests at the hospital with a few minor problems showing up and not one doctor has explained anything to me. Will be leaving this time.
I find the practice extremely good, but so far have seldom ill and have no reason to use the practice.
Just one:- To set the same doctor or nurse on each appointment.
The Blaydon GP led practice is, without doubt the best Dr's practice I have ever used. As a person in full-time employment it is essential to be able to book appointments on-line and outside of the 8-5pm zone. The ability to see a doctor quickly and easily is a world apart from my previous practice in Rowlands Gill. Their approach was a queuing system, outside (all weathers) at 7-7:30am for a 'ticket' to see a doctor, if you were lucky. The doctors at Blaydon are available, friendly, professional and the whole practice has an air of caring for its patients as opposed to other practices approach. The care received as a patient is second to none and I fought very hard, along with many others to keep this practice open as it is beyond understanding why sub-standard practices seem unaffected / beyond the reach of close scrutiny, as opposed to a Practice such as Blaydon. I cannot fault the Practice in its current form. Please do not change anything about this shining example!
I find all the staff at Blaydon GP to be friendly and helpful. They answer the phone quickly and I never struggle to get an appointment that is convenient to my work / school life.
Moved to this practice because of poor and rudeness and surely reception staff at Rowlands Gill. Not having access to an appointment I did have to go to the surgery at 8:00 and queue to see if there was an appointment. Unable to book ahead appointments. Unable to book ahead appointments, always told the diary was not opened that far ahead. It was a great step forward to use this practice. I feel well cared for. It is a welcoming practice from the reception staff right through to the nurses and doctors, cannot praise it highly enough
I think it is a great practice - very easy to get appointments and good location. I would appreciate having a bit more continuity with GP's - I see someone different every time.
As stated new to practice, so far very happy with service provided. With contracts constantly being reviewed let's hope services continue and don't depreciate. Overall NHS is doing well, and I am extremely grateful for their help to lead as much a normal life as possible
My husband recently had his gall bladder removed. Afterwards, weeks later, he was struggling to breathe. On seeing the doctor he was given a range of steroids, antibiotics and inhalers over 6 appointments but his pneumonia was completely missed. I'm sure this isn't the case for everyone but perhaps greater consultation between doctors at the surgery would have helped.
Excellent doctors - very 'patient focused' care involve patient in decision making and take time to listen and understand. (family has a number of health issues) Practice could be more 'joined up' with health-visiting service - I had to follow this up myself when I moved into the area with my baby. Very very quick to get repeat prescriptions set up from old practice (out of area) - very appreciated. Happy with location, admin staff, nursing staff.

<p>Have had impressions that this practice has been unsettled in the past - that is a shame; experiences in last year have generally been of a high standard. Would encourage whatever steps needed to help staff and patients feel settled and secure going forward.</p>
<p>I am very happy with the GP practice and would like it stay exactly the same. Over the past few years I have developed a range of health problems and have found the practice very professional and helpful and efficient. I am aware that I cannot always see the same doctor but it is important to me that I can see a main doctor most of the time. This I can do with the practice as it is. I find the nurses and reception staff courteous and pleasant and conscientious. I find the thought of change is somewhat stressful - if it isn't broke, don't fix it! The teamwork is excellent - lease it as it is please.</p>
<p>It is very important to have this surgery. I moved from Oldwell Surgery as could never get an appointment and the staff were stressed and unpleasant. This surgery is being run with the patients in mind and it would be a huge loss if it was closed also such a waste of money that has been invested</p>
<p>Keep up the stellar work</p>
<p>I have moved to this practice in the last 6 months. The treatment I have experienced by everyone at the centre has been excellent; other centres need to be good at this. Use this as your template for others. Doctors were excellent. Felt like I was treated like a person not just someone to get in and out as soon as you can. My daughter also has an excellent experience from the doctors and nurses</p>
<p>The service provided by the practice is outstanding, great appointment slots, and very friendly staff. It is a very convenient surgery to travel to, with a great choice of treatment - the GP service is exceptional. Lovely waiting room - nothing is a problem to the staff. A very happy patient</p>
<p>The surgery is very good and very prompt at coming back to you regarding tests or follow up appointments compared to other surgeries. Love it</p>
<p>I do think that the practice is good over all. I am usually able to get an appointment within a day or two. The staff are generally polite and pleasant. I do feel that it would be beneficial to myself to see a doctor I like regularly rather than a different one each time</p>
<p>The GP led practice at Blaydon is a very good resource and it would be a great shame if this was closed down. It has several advantages when compared to other neighbouring practices; in particular it is a large, clean building where there are lots of other linked facilities to health. Although it is not always possible to see the same doctor, booking an appointment is usually fairly easy and the quality is high.</p>
<p>I would like Blaydon GP led practice to stay. It gives us great service always ready to help and has all facilities ie xray scans and small emergencies this helps to take strain from the major hospitals.</p>
<p>More flexibility for people who work full time and many hours. Reception staff have been unhelpful at times, lack of knowledge and understanding of those who are not available during office hours. I am registered with HCPS and understood pressure's on local services, however a bit more understanding and helpfulness would be beneficial</p>
<p>Blaydon GP surgery is very convenient and it is usually quite easy to get an appointment if</p>

<p>you phone up at 8am. Good nurse service too. It would be a great shame if this GP practice had to close. Excellent facilities too - including x-ray and breast screening department.</p>
<p>The service provided is first class as are the staff and doctors. The practice is an asset to the community.</p>
<p>This practice has improved considerably in the last 12 months. As someone who works full time I would prefer longer opening hours and for the surgery to open on Saturdays</p>
<p>This is a brilliant practice compared to my previous practice in Rowlands Gill which was abysmal. There are not many surgeries near Rowlands Gill and none within walking distance of the village apart from the aforementioned abysmal local surgery and so Blaydon GP led surgery is the next closest to me and my family and is on my commute as well. I really hope this surgery does not close or I am not sure where I will have to register.</p>
<p>Can usually get an appointment quicker than other surgeries my family are registered at. Nurses availability is good, staff are friendly. Emergency appointments, the day appointment service is great. I would be upset to have to move surgery. I would prefer to have to option of later appointments with nurse on Wednesday's again, easier for when working full time</p>
<p>More staff surgery business as seems to have locums and temps and times when no / or less doctors available. This surgery should have been full to capacity - very few people understood more was GP surgery in centre - This was its 1st failing. It should be full not used as what sees part-time surgery. Although most GPs and nurses are very good and few patients I now have little faith as this surgery been long-term so have less confidence in it</p>
<p>Since first becoming a patient over 6 years ago at Blaydon GP Led Practice, I have always found ALL staff to be courteous, helpful, professional and very knowledgeable in their respective roles. I have been looked upon as a person rather than a patient; my views have always been respected and have always been listened too. Please do everything in your power to keep this practice open as it would indeed be a sad loss to the patients if you allowed it to close. The treatment both myself and husband have received is nothing short of excellent!</p>
<p>The staff and the practice are very friendly and helpful. The practice is convenient and usually appointments can be available in the same week. There are plenty of parking spaces.</p>
<p>The service and help we have received from our GP and the staff have been excellent. I would be extremely disappointed if it closes.</p>
<p>Excellent practice - truly can't find fault. All staff I have encountered have been professional, caring and a credit to the NHS and their services. My daughter and I are both grateful for the care we have received, often at short notice</p>
<p>I would find it heart breaking for my local surgery to close. Why on earth (unless driven by cost) would a practice like the one on offer at Blaydon be put at risk. It offers so much support for the community and is in the same building as the leisure centre only acts as a benefit to get people motivated into exercise. Such an ideal built purpose and I can only comment from my experience but having being diagnosed with something that classes me as disabled I was so disheartened when the doctor I was under left because of short term contract. Losing such competent professionals is such a shame and a shame for patients</p>

going through difficult times getting to grips with new care professionals keep the surgery going where it is and give full time contracts so to keep doctors in place, benefiting so many people.
We have always been perfectly happy with the GP led practice at Blaydon. It is easy to make an appointment and waiting times are very acceptable (unlike our former GP surgery where you could often wait more than an hour after your allocated appointment time). There are also other services available at Blaydon, such as family planning, cancer screening, podiatry, etc. Which are much more convenient than going to our nearest hospital. Please keep this GP practice open!!
It would be a great miss to lots of people if the centre were to close. I have had some wonderful care from doctors, nurses and all staff
I have no complaints or problems with the surgery and wish it to remain. There have been many improvements recently.
Blaydon GP led practice is excellent, staff are all friendly and helpful from receptionist, doctor, nurses etc. I am very pleased with the service I receive and most importantly I feel very relaxed with the doctors. I get valuable help and support for my diabetes. I can discuss any matter with nurse or doctor. I cannot express how happy I am with this practice. I travel by car to my appointments and feel it is very much worth it. In my opinion, there are no changes required for this practice as it is excellent. Please keep up the excellent work you all do
The Blaydon surgery has good potential but need the funds and staff to enable it to live up to the correct standards. My main issues with this practice has always been that there is not enough doctors and nurses. When I have been seen the service and facilities are brilliant it just needs more doctors and nurses.
I like using this practice, the service and consideration for patients is good. Access and parking are very good. What affects patients enrolling is the uncertainty over the continuation of the contract. Many of my neighbours have stayed with less convenient practices because they know that Blaydon operates short term contracts only. A more secure future would attract more patients. Finally thank you to the staff who work there the excellent quality of care they provide
I've just changed GP Surgery about a year ago. This is the best service I've ever had. Not just doctors or nurses, everyone from the receptionists to doctors. They are all polite and very helpful. That makes a big difference when you're poorly
Very impressed with the ability to gain an appointment at short notice. Walk-in centre is a great service
I think it is important that the GP practice continues at its current location
Blaydon is a well ran practice and has appointments that are available at normal notice (no excessive waiting) care is superb.
Have visited the GP only a few times and each time they have been very efficient, friendly and professional
This surgery is always clean and tidy. The staff are always helpful and welcoming. The

doctors and nurses are always thorough, efficient and excellent when referrals are needed. I never feel rushed at appointments. I feel I am listened to and my concerns are dealt with.
I would hate to lose this GP service. I have not complaints. I am always treated well and respectfully by all staff. It's a great surgery.
My wife and I consider Blaydon to be an excellent practice, basically one of the best we have been too. Doctors and nurse are very good, we have been treated very well indeed
I have always had very good service from this GP practice. I do hope the service will continue in it's present form. Thank you
This practice needs continuity with patents knowing they may have to find another practice in 2 years or so. There are no viable alternatives in the area
Just joined from Fenham Hall Surgery! Blaydon is far superior/excellent care to date. Later opening times/appointments.
I am very comfortable in the waiting room when I need an appointment. The atmosphere is very pleasant and the staff are very friendly. The doctors and nurses I have seen in the time I have attended appointments have been very helpful and have put me at ease. Well done!
It's perfect the way it is. Don't change it.
Best doctors' surgery I've ever been to. Please keep open.
I hardly get to see the same Dr twice. I feel this has a negative impact on care.
Highly rate the service here: <ul style="list-style-type: none"> - They answer the phone - They make appointments for that day or asap - They are open outside working hours - They are helpful and show empathy
Blaydon Led GP practice is excellent. Doctors, nurses, auxiliary and reception staff always treat patients with respect, consideration and helpfulness. You always feel that they are there to help you get back to good health and are happy to do so. Our named GP, Dr.XXXX, is an exceptional practitioner who combines kindness and care with keen analytical skills and a wide range of knowledge. We love the fact that the surgery is in a purpose built facility with x ray, scan and other facilities such as physiotherapy clustered together with the walk-in centre. Parking and bus services are fine. We left a dreadful practice, rated among the worst nationwide, to find this super facility only a couple of miles further away. Every other patient we know feels the same, and would fight for its survival. We hope you will, too. Thank you.
The reason we joined this practice in the first place, it offered Saturday appointments. They no longer do that.
This practice has given a very valuable service, it is a new building and has cost a huge amount of money to build. The GP practice is of enormous value to the patients in this area and should be saved as the strain on other GP practices would be overwhelming should this

close. Blaydon Led GP practice must stay open!!!
It has been somewhat better in recently in that it is more possible to see the same doctor, for a while it was a different one each time. We have had a problem with repeat prescriptions, getting the wrong thing, which I have brought up.
Shutting this particular GP practice would be an absolute travesty not just to me and my family but I'm sure I speak of most of the patients here. The doctors and nurse are some of the most caring and understanding professionals I have come across in the NHS! I have medical conditions which have seen me very unwell and I have always been seen to in a timely manner and got me the help I needed fast due to the fantastic staff at the practice.
Blaydon GP Practice is the best practice in this area. I consider myself very lucky to be part of it.
Having been registered with another practice for over 30 years it was a revelation to transfer to a practice where I could make an appointment with a GP or nurse when I needed one, be seen on time, be greeted in a friendly manner, have treatment discussed with me, make appointments and order prescriptions online. The facilities are well set out and clean and parking for cars is not a problem. All of the above contribute to a healthy and happy patient and I cannot recommend the Blaydon GP LED Practice highly enough.
I find this surgery to be very well situated. It's extremely accessible for roads and parking. Often if I need to see a doctor I'll potentially be quite anxious. I find that the modern environment and the avoidance of stress that can be caused elsewhere by having to find parking makes going here a more calming experience.
It is an excellent facility and must be kept open.
This practice is a great step forward from the previous practice in Rowlands Gill. All the staff without exception treats me with respect. After the previous practice which was put in special measures it is impossible to think of having to return to that kind of service. Unable to complete question 5, it only allows one option, cannot tick all applicable options
In all my 50 years the Blaydon practice is the worst practice I have ever come across. The skills of the staff have started to be deskilled for some strange reason ie nurse COPD appointment separate to spirometry test. The appointments are constantly cancelled in fact cancelled that much I'm forced to visit the walk in centre as the doctor is always cancelling. The staff need to be sacked and entirely replaced.
Renew contract for Blaydon GP Led Practice. It has been very useful for the many and is well located
In 52 years of using NHS GP services, Blaydon is by far the best I've used. Please try not to spoil it.
The current location makes effective use of purpose built accommodation and helps integrate primary care and outpatient etc. clinics. This kind of arrangement ought to be the future of local NHS provision.

<p>This is a superb practice and I'm extremely disappointed to understand that the service is under review again. The facilities are fantastic - clean & modern with ample parking - and it is a well-organised practice. The quality of care is outstanding compared to my previous GP surgery (Rowlands Gill). There are appointments available and it is easy to book them online or ring up. Similarly it is easy to order a repeat prescription too. I cannot fault this surgery.</p>
<p>I cannot rate this practice highly enough. It is excellent. It's easy to get through on the phone, and easy to make an appointment roughly when you want it. It's a pleasant environment too. The doctors and nurses are excellent. If only opening hours were slightly longer (it used to be open until 8pm, now it's 6pm) - till 7pm would be great. It's good to have continuity of staff, and hopefully now there is a lead doctor, that will be the case. Hopefully more doctors will join this surgery.</p> <p>Please keep this practice open. I know other people feel the same. It is a model practice! Well done to all the staff. Please pass that on to them.</p>
<p>Overall I've been happy with the practice since moving to the area just over a year ago. For me the main issue is many of the doctors seem to only do a day or two at the practice. This means you end up seeing lots of doctors. While they're all professional and carry out their job properly I prefer to see the same person. Especially if it relates to a long term issue. I feel like I'm not sure who the practice partners are or the main senior doctors are.</p>
<p>Please have a regular GP available</p>
<p>The surgery is fantastic they have helped and supported me through a very difficult time in my life. I would like to give a special thanks to my Dr Dr XXXX and the reception staff who are always helpful and polite.</p>
<p>Saturday appointments</p>
<p>It is frankly intolerable that the NHS continues to give the patients of this practice constant uncertainty about its future. Re-procurement seems to be constantly happening every year. This is counterproductive, unnecessary, disruptive, and unsettling for patients. I ask the NHS or procurement authority to procure this contract for the long term, and stop messing with patients' peace of mind.</p>
<p>The practice has offered an outstanding service since I joined a number of years ago. It has provided a service which is unavailable to residents in the Rowlands Gill area due to the existing inefficient doctors in the village where it is impossible to get an appointment, appalling booking system and rude receptionists. At Blaydon it is possible to get appointments, the booking system is accessible by phone or online and the staff are very efficient, polite and helpful.</p>
<p>This practice is the complete opposite of our previous GP provision, where receptionists were surly, appointments almost impossible to get and GP care variable, at best. We really appreciate it and are delighted that it is to continue, as are our councillors and MP.</p>
<p>I love this surgery however the doctors need to be regular staff. There have been times when I have called to be told there isn't a doctor available and as I'm pregnant and can only be seen by a doctor I find this very irritating</p>

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CARE HEALTH AND WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
31 October 2017

TITLE OF REPORT: Healthwatch Gateshead - Interim Report

REPORT OF: Wendy Hodgson, Operations Manager.

Summary

1. To inform the Care Health and Wellbeing Overview and Scrutiny Committee about the priorities set for Healthwatch Gateshead in 2017/18 and to update the Committee on progress achieved since 1 April 2017.
 2. The OSC is asked to receive this interim report for information with a view to receiving a further report at the March 2018 meeting.
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Background

3. Tell Us North CIC (TUN) is a community interest company which was successful in securing the contract to deliver Healthwatch Gateshead from 1 April 2017. TUN also holds the contract for Healthwatch Newcastle, and this allows us to work across Gateshead and Newcastle when required, sharing resources, skills and knowledge whilst ensuring that both geographies remain distinct.
4. Healthwatch Gateshead has a dedicated staff team of 5, including a new Operations Manager. We have recruited a new committee with 8 members, and we currently have 6 volunteers (Healthwatch Champions).
5. At the start of this financial year, Healthwatch Gateshead and Healthwatch Newcastle held a joint annual event and conducted additional engagement activities to involve the community and our partners in setting our priorities for 2017/18. A "long list" of possible priorities were considered with the initial list having been informed by comments, concerns and points of view gathered from residents during 2016/17. Consultation resulted in the key work priority areas for Healthwatch Gateshead in 2017/18 being established as:

- Carers
- NHS Continuing Healthcare (CHC)
- Mental Health
- Young People
- End of life

Progress to date.

6. NHS Continuing Health Care (CHC)

NHS Continuing Health Care (CHC) is a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'.

Healthwatch Gateshead has received concerns and comments from residents about their experiences of the CHC process. This feedback has included issues around delayed funding, decisions not to fund, delays to hospital discharge and the availability and quality of information to support families through the CHC process.

Healthwatch Gateshead held a "One Collective Voice" event in August 2017 to talk to representatives from the Voluntary and Community Sector to gather more views. The findings suggested that there were issues being reported locally which further evidenced the need for this area of work to become the focus of a programme of work.

A Healthwatch Gateshead Project Manager is leading on this piece of work, and has made key contacts with lead officers in Newcastle Gateshead Clinical Commissioning Group (NGCCG), the Queen Elizabeth Hospital District Liaison Team, and Gateshead Council.

Healthwatch Gateshead have already made some initial recommendations to NGCCG and Gateshead Council with respect to the provision of information on CHC. We have highlighted a film produced by Enabled City who worked with Greenwich CCG and NHS England to create a motion graphics film about NHS Continuing Healthcare. The film aims to explain better to patients and families how the NHS decides if someone is eligible for NHS CHC. We believe this is a good example of accessible information which could perhaps be embedded onto NGCCG websites.

We have produced a survey for people to complete if they live in Gateshead and have been through the CHC pathway in the past 12 months, or are starting the process. We will be running the survey throughout October to December 2017: www.surveymonkey.co.uk/r/NHS-CHC

We are working closely with Newcastle Gateshead Clinical Commissioning Group and Gateshead Council, having representation on a newly formed strategy group on CHC, where we will be able to contribute to any changes. The first meeting will be held in November 2017.

A full Healthwatch Gateshead report on this work priority will be ready in Spring 2018.

7. Carers

Healthwatch Gateshead received issues and concerns from residents of Gateshead during 2016/17 regarding their ability to access services and support of their caring role. There was also evidence to suggest that carer's were not aware of their right to receive a carer's assessment (as introduced in The Care Act 2014), and that where residents were aware of their right to an assessment, some people experienced difficulties in getting the assessment, and or receiving the support identified on having been assessed.

The Healthwatch Committee agreed that we prioritise research into people's experiences of accessing carers assessments and the follow up support received as a result of the assessment.

Previously Newcastle Gateshead CCG and Gateshead Council had met with carers of all ages, providers and health and social care professionals to ask them about the role of an informal carer. Feedback supported that an important part of supporting carers is to have a carer's assessment that looks at what an individual may need in order to care for someone, as well as looking at how better support for informal carers can be put in place regardless of age or the condition of the cared for person.

Healthwatch Gateshead has been supporting the current NGCCG and Gateshead Council review process, looking at how they can better support informal carers. We have adopted a mixed approach to our research, with the primary source of data collection being obtained via a survey. The aim of the survey was to gather the experiences of carers and carer's assessments in Gateshead and to provide evidence for providers and commissioners to improve access and service provision. We have worked closely with Gateshead Council, NGCCC and voluntary sector organisations, including Age UK Gateshead, The Carers Trust, The Stroke Association and the Alzheimers Association to ask them to advertise the surveys and where appropriate engage people to complete them. The Queen Elizabeth Hospital Community Care Team has also worked with us to help us reach carers in the community.

The survey was conducted over a 5-week period in July and August 2017. Carers of all ages were invited to take part and in total 264 valid responses were received of which 56 had experiences of carers' assessments. Alongside the surveys, two engagement events were held for organisations who provide information, advice and support to informal carers in Gateshead. The events were organised in conjunction with NGCCC, Gateshead Council and Involve North East.

The findings from this research are currently being analysed and Healthwatch Gateshead is in the process of drafting a report which will include recommendations. We will share the draft report with our partners and will share a final version with this Committee as soon as it is available.

8. Mental Health

Healthwatch has worked very closely with Deciding Together, Delivering Together, the next stage of the redesign of specialist mental health services in Newcastle and Gateshead (the first stage was Deciding Together). This stage of the work has focused on services delivered in the community. There have been four, week long, workshops in September and October, each focusing on a different aspect of the service:

1. Getting help when you need it
2. Understanding need and planning support
3. Getting support
4. Staying well

Healthwatch Gateshead and Healthwatch Newcastle have been running “fringe” events to enable more members of the public, experts by experience, and voluntary and community sector representatives to make their voices heard and contribute to the new service design. These events have been held in the evenings and online to facilitate involvement of people who cannot attend the daytime sessions.

9. Young People

Young People’s work ranked highly in our feedback and consultation exercises, however there has not been any service user feedback to indicate what the focus of a specific piece of work might be. Working with Healthwatch Newcastle, we are making young people an engagement priority for this year. We intend to hold a joint event to engage with young people to ask them what their priorities are, and to encourage young people’s participation in the work of Healthwatch Gateshead, including the opportunity to volunteer as young Healthwatch Champions.

10. End of life

Newcastle Gateshead Clinical Commissioning Group is currently undertaking a review of end of life services and we are involved in this work. Rather than make this the subject of a research project, the Healthwatch Gateshead Committee agreed that we should continue with this involvement.

Recommendations

1. The OSC is asked to note the contents of this report.
2. That the OSC agree to receive a further report to be included at their March 2018 meeting.

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

REPORT OF: Director of Public Health

SUMMARY

This report gives details of the evidence gathering session that will take place on 12th September 2017. The views of the Committee are being sought on the evidence presented and the future plans outlined.

Background

Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2017-8 is work to address the harms caused by tobacco.

The first evidence gathering session heard an overview of the impact of harms arising from tobacco in Gateshead, and an introduction to current work to reduce those harms.

Purpose of this session

The scoping report agreed by OSC on 20th June 2017 described the range of activities that reduce harm caused by tobacco. Broadly, these are:

- Stopping people starting smoking
- Helping people stopping smoking
- Reducing exposure to secondhand smoke
- Tobacco control (ie. 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) is central to all of the above.

This second evidence gathering session will hear two presentations on helping people to stop smoking:

- Andy Graham, Consultant in Public Health, Gateshead Council
- Paul Gray, Public Health Programme Lead, Gateshead Council

The presenters will provide an overview of current work to help people to stop smoking, issues in providing this help, and emerging models of stop smoking support.

Issues to Consider

When considering the evidence outlined above the Committee may wish to consider the following:

- Gateshead has higher than average levels of smoking
- Smoking remains the single cause of most preventable illness and death in Gateshead
- There are significant inequalities in the prevalence of smoking between different groups and areas
- Demand for stop smoking services is reducing locally, regionally, and nationally
- There are particularly low levels of take up of stop smoking services amongst some groups ie. People from black, Asian and minority ethnic groups
- There is pressure on Public Health budgets now and in the future
- The Gateshead Health and Wellbeing Board has an ambition to reduce smoking prevalence in Gateshead to 5% or less by 2025 from its current prevalence of 17.9%.
- Innovative solutions developed in Gateshead in the past have helped to transform smoking rates in particular communities

Recommendation

OSC agree

- i) To note the approach and content as set out in this report and presentations.
- ii) To give its views on the information presented.

Contact: Alice Wiseman Ext: 2777



TITLE OF REPORT: Quality of Commissioned Services in Gateshead

REPORT OF: Caroline O'Neill, Strategic Director, Care Wellbeing & Learning

Summary

To update the Health and Social Care Overview and Scrutiny Committee about the quality of care provided by independent sector care organisations in Gateshead and to describe how commissioning activity within Commissioning and Quality Assurance helps to oversee, maintain, support and improve quality within the Gateshead Market. For the purpose of this report the focus will be on services commissioned through Adult Social Care focusing on Care Homes and Home Care

Proposals

- 2.1 Ever since the Care Act took effect, Councils have been working to implement their new duty to foster sustainable local markets for adult care services. The duty arrived at a challenging time. Local authority finances are under unprecedented pressure, demand for services is rising and the risk of market failure has been evident through high-profile collapse of several care providers.
- 2.2 Sustainability of the social care market is a topic that is regularly featured in the press, particularly highlighting financial constraints, the quality challenges and the quality expectations of a range of stakeholders about what they want from social care.
- 2.3 Under the Care Act 2014, local authorities are required to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to citizens. The act also imposes legal responsibilities on local authorities where a care provider fails for a business reason, involving the financial failure of the organisation.
- 2.4 The quality of care across Gateshead is variable. It is the Council's aspiration to ensure commissioned care services are good quality and meet the needs of the individuals who require those services.
- 2.5 The Care Act 2014 placed a duty on Local Authorities to ensure quality in social care services whether or not they are commissioned by the Local Authority. Residential Care Homes and Domiciliary Care Agencies are registered with the Care Quality Commission (CQC), the statutory body

charged with regulation of registered residential and nursing care services. However, it is the responsibility of the Commissioning and Quality Assurance team to commission local services and a significant part of that role is the quality assurance of services delivered within our Authority.

- 2.6 The act makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they are receiving. Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for their care themselves, the local authority pays for it, or whether it is funded in any other way. In these circumstances, the local authority must take steps to ensure that the person does not experience a gap in the care they need as a result of the provider failing.
- 2.7 This duty applies temporarily, until the local authority is satisfied that the person's needs will be met by the new provider. Although this duty does not apply where a business ceases to operate because of its failure to meet the CQC's standards, The Act does confer a discretionary power upon the local authority in the case of a failure due to quality.
- 2.8 The Oxford dictionary defines quality as 'the standard of something as measured against other things of a similar kind; the degree of excellence of something'. In order for quality to be defined, measured and applied within a social care setting to ensure a good quality service for individuals, a number of steps are taken:
- Individuals identify the personal outcomes that matter to them in service delivery.
 - Overarching outcomes which affect service delivery to a group of individuals is identified and a system to measure these outcomes is in place.
 - CQC have an inspection and regulation framework which prescribes standards and how these are measured.
 - Commissioners draw up contracts and specifications that clearly define the expectations the provider must meet when delivering the service.
 - Services are monitored in a number of ways including feedback from all stakeholders.
 - An audit trail of systems and service delivery is in place to gain evidence of how the service is delivered.
- 2.9 A variety of different services are available in Gateshead to support vulnerable adults and these are used by self-funding individuals, the Clinical Commissioning Group (CCG) and other local authorities as well as being

commissioned by Commissioning and Quality Assurance Service on behalf of Adult Social Care (ASC).

2.10 Services consist of those registered with the Care Quality Commission (CQC) and those which do not require registration which include services such as day care, advocacy and equipment.

2.11 The 2 main services commissioned by ASC in Gateshead are residential, domiciliary care and ISL both of these types of service are regulated by the CQC. There are 31 care homes and 3 domiciliary services on block contracts with 11 providers on spot contracts (with 4 currently active) in Gateshead and all of these hold a contract with Gateshead Council. Care homes can register with the CQC to provide care in one or more of the following categories.

- Care Homes - older people 65+
- Care Homes – nursing only
- Dementia
- Learning Disability
- Physical Disability
- Mental Health
- Sensory Impairment
- Younger Adults 18 – 64

Domiciliary care can register with the CQC for:

- Personal Care and Support Services
- Re-ablement services (currently in house PRIME service)

2.12 There have been difficulties in sourcing sufficient good quality care in the domiciliary care market historically with the difficulties the domiciliary care industry is experiencing being recognised locally and nationally (e.g. recruitment and retention of staff, low paid staff, travel time)).

3. Role of the Quality Assurance Framework

3.1 Gateshead's quality assurance framework monitors the quality of local services against local outcomes based on our own local contractual terms and conditions, DOH, Adult Social Care outcomes framework and CQC fundamental standards. At an organisational level services are quality assured through an accreditation process. This is information collected at an organisational level on a 3 yearly basis to ensure that the Council is contracting with legitimate and financially viable organisations.

3.2 However, the core work of the Commissioning and Quality Assurance Team involves Market / Contract Management officers having direct contact with local services. By carrying out scheduled monitoring visits and unannounced spot checks on all registered services. One purpose of the visits is to evaluate the quality of the service by auditing, for example, the adherence to and application of:

- Safeguarding practices and procedures
- Safer recruitment practices
- Practices to promote dignity
- Practices to promote independence
- Financial management policies and procedures
- Health and Safety policies and procedures

3.3 Another purpose of the visits is to observe practice within the services and to observe staff interaction with service users. This supports an evaluation of the quality of a service in respect to the level of dignity afforded to people using our services. In addition to observations made whilst walking around services.

3.4 Contract Management officers will spend time talking to service users, family members and staff in order to establish a more robust view on the quality of care being delivered. In addition collating intelligence on the quality of local services from a range of sources such as:

- feedback from service users, family and carers,
- feedback from front line social care teams,
- formal complaints
- safeguarding referrals
- CQC reports
- Performance reports
- Whistleblowing concerns
- Professional concerns (including CQC and Health)
- Commissioning concerns

(Please see appendix 5 as an example of the data/intelligence collected about Care Home Providers to help identify Quality Assurance issues).

3.5 The team has a Contracts system that records basic information but is currently unable to record or pull together key information from other systems. The team relies on a range of electronic records including spreadsheets to be updated with various reports being updated monthly to look at trends. This is a timely exercise and doesn't capture the full range of information available and is widely open for human error to occur.

3.6 A new risk based Contract Management Procedure was implemented from April 2017. This new procedure provides a structured and standardised approach for gathering qualitative and quantitative data from service providers. This information is used to inform any decisions on contract management actions related to contract compliance including any 'Serious Provider Concerns'.

3.7 The new risk based contract management procedure has been developed based on Department of Health Adult Social Care Outcomes Framework, CQC fundamental standards and contractual requirements. In addition to this there is also existing monitoring frameworks including; the Quality Excellence Framework (QEF) for older persons residential and nursing homes and the

former 'Supporting People' Quality Assessment Framework (QAF). The new Contract Management Procedure consists of:

- Quality Assessment Framework (QAF) Visit (self-assessment & validation)
- Performance Information Workbook or Submission
- Contract Management Meetings
- Serious Provider Concerns Process

3.8 The current approach is heavily based on a reactive approach with the team spending more time with providers who are delivering poor quality. Whilst some proactive work is completed, the current systems don't allow for early signs to be highlighted in a suitable and easy format so that quality concerns can be raised and prevented from escalating at an earlier stage.

3.9 The Commissioning and Quality Assurance Team have identified the PAMMS system as a tool which will help the council be more proactive in terms of addressing and intervening earlier around quality issues with providers. The PAMMS system brings together up to date intelligence from a variety of sources in order to give clear effective market oversight. Examples of information collected include: contract monitoring information, safeguarding alerts, complaints, CQC, and financial information.

3.10 At present we have sources of valuable information stored in various systems and in different formats however we have no way to bring this information together to analyses and give us a current picture of the market. Information is often collected manually and stored on various different spreadsheets and word documents.

3.11 Provider Assessment & Market Manager Solution system (PAMMS) supports an approach and engagement with Providers that can demonstrate improvement in Provider quality. It allows services to be monitored more effectively and promotes better commissioning and market oversight.

3.12 The system is an interactive Provider Portal, where public can access via a website (certain elements if we wish) showing quality ratings as well as a wide range of market management, quality and risk dashboards. Gateshead will become one of the Pilot areas in the region and take advantage of both the cheaper cost and the improvements the PAMMS system will give especially in improving the quality of provision and becoming more proactive than reactive.

4. **Joint working with Clinical Commissioning Groups the Care Quality Commission and Healthwatch Gateshead**

4.1 The above quality assurance is undertaken on a local basis. However, all registered Residential and Domiciliary Care services are also monitored by CQC. The Commissioning and Quality Assurance team also track the CQC compliance reports and inform the Safeguarding Team of any concerns.

- 4.2 Contract monitoring officers visit the Gateshead providers, who hold a contract with the Council, annually and more frequently where there are concerns about quality. The CCG are responsible for ensuring the Clinical Governance of Care Homes with Nursing. Joint monitoring visits to Care Homes with Nursing are undertaken. The CCG findings are included in monitoring reports and action plans.
- 4.3 The Commissioning and Quality Assurance team do not usually monitor service providers who are outside of Gateshead. The monitoring of these services is carried out by the host authority who will share any concerns with placing authorities. The team will monitor out of area provision if the host authority does not have any individuals placed in the Care Home for example.
- 4.4 Bi-monthly meetings take place with the CQC, CCG and Safeguarding to share information about services across Gateshead. It has been recognised that different information is held by each organisation, if brought together, could flag concerns. The role and approach taken by the Care Quality Commission is different to that undertaken by the Local Authority and is carried out in accordance with two pieces of legislation:
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
 - The Care Quality Commission (Registration) Regulations 2009.
- 4.5 For each regulation, there is an associated outcome related to the experiences that are expected individuals will have as a result of the care they receive. When CQC check providers' compliance with the essential standards, they focus on the 5 outcomes that most directly relate to the quality and safety of care and care providers must have evidence that they meet the outcomes.
- 4.6 Healthwatch Gateshead has enter and view powers in relation to care homes and any premises where health and social care is funded from the public purse under s.186 of the Health and Care Act 2012. Healthwatch share information and work with commissioners should they have any cause for concern.

5. Risk Management

- 5.1 Gateshead Council's Serious Provider concerns process allows there to be a robust assessment of risk and enables the Council to assess the action required. Where these risks escalate they are escalated to Senior Management to ensure the appropriate level of scrutiny and assurance that action is both timely and proportionate. Local authorities have a responsibility to ensure continuity of care of all care providers not just those with which they commission. The aims of the serious provider concerns process are to:
- Ensure the safety, dignity and care to those who use the service of the provider;

- Ensure that the customer is at the heart of the process;
- Share information appropriately in order to enable effective partnership working;
- Work together with providers to improve the quality of care;
- Take robust action in instances where a crime has been committed or to protect the wellbeing of those who use services.

5.2 Working together means recognising that no single agency can alone respond or improve the quality of care within providers. Each organisation has its own remit, focus and skills, which together, has the potential to contribute to creating the best possible outcomes within a care provision. The development of a Serious Provider Concern process for Children’s services linked to the LSCB is being proposed.

6. Current quality issues in the market

6.1 The serious provider concern process has highlighted areas of concerns around quality and some of the challenges the current market faces:

- Lack of understanding around the Mental Capacity Act and Best Interest assessments
- Lack of understanding around Safeguarding
- Poor leadership/continuous changes in management
- Basic or mandatory training not being maintained e.g. manual handling, safeguarding
- Recruitment and retention of nurses with relevant skills and experience
- Medication procedures and the use of electronic systems e.g. Well Pads
- Recruitment processes
- Financial viability

Care home performance

6.2 Across England, we know that the quality of social care for older people is concerning, with more than one in four adult social care services being found to be ‘Inadequate’ or ‘Requires Improvement’ by the Care Quality Commission (CQC), please see appendix 1 and 2.

The picture of care home performance across England (as of January 2017)
 CQC rating Number of homes with this rating Percentage of homes with this rating

Outstanding	148	1.0%
Good	10616	73.3%
Requires Improvement	3399	23.5%
Inadequate	312	2.2%

Source: Care home performance across England March 2017 published by Independent Age

6.3 Currently in Gateshead of the 31 Care Homes, 5 are rated as requires improvement with 26 rated as Good. Gateshead Council had in place a 'Quality Excellence Framework' which it used to assess the overall performance of care homes. The Council used 6 domains upon which to measure the quality of service provided within residential and nursing care homes for older people (Band 1, 2 or 3). The new QAF has been rolled out from April 2017 and care homes are being reassessed under the new framework. Care Homes in currently Gateshead are based on the QEF ratings 24 are rated as Band 1, 6 rated as Band 2 and 2 rated as Band 3. The proposed joint contract with Newcastle Gateshead CCG for Care Homes will look to develop a new joint quality banding tool based on outcomes.

Homecare performance

6.4 Currently in Gateshead of the Home Care providers commissioned, 1 is rated as inadequate, 2 are rated as requires improvement and 4 rated as Good. In terms of Home Care quality issues experienced include:

- Missed call times
- Hours of care not being delivered
- Length of time the carers are staying
- Delays in packages not being picked up (although this has improved since the introduction of the new Bridging service)
- Training and experience of staff
- Recruitment and retention of staff
- The number of uncommunicated late calls
- The quality of service provided by some staff

6.5 On average the waiting time for a package of care to start in Gateshead at the moment from when we receive the referral from a social worker is just over 2 weeks. There are some rare exceptions to this though depending on different factors. The length of time a person is waiting for a package of care fluctuates during the year depending on various factors such as current demand, carer availability and the clients geographical location and times requested. (Please see appendix 6 for the current hours delivered by the Dom Generalist providers for the period 04/09/2017 to 01/10/2017. The providers highlighted in yellow are our 3 block providers and Appendix 7 highlighting full EMC reports supplied by the provider over a two year period).

6.6 Over recent months this figure has varied with the longest being on average 3 weeks. There are some rare exceptions. The Bridging Service has made an impact on the average wait in Gateshead as it has allowed clients to access a service quickly allowing them to leave hospital or respite or relieving the pressure from family members. The service can start the day after a referral is made for the bridging service e.g. if a client is referred at lunch time on a Monday for the bridging service, the service will start on a lunch time on Tuesday unless requested by the worker or family.

7. Next Steps

- 7.1 While pressured finances, market failures and rising demand suggest a hostile climate for sustaining quality adult social care market, new thinking can tackle these challenges. Working with providers more closely can help find new ways to deliver improved quality for the residents of Gateshead. Commissioning and Quality Assurance are engaging the market on the 9th November at the Baltic. “Working Together to Increase Choice and Improve Quality Conference” will be an inaugural conference with the full market including currently commissioned providers and potentially new providers.
- 7.2 The conference will give an opportunity for the market to:
- Get an overview of the key commissioning areas that Gateshead Council will focus on over the next two years.
 - Share expertise and information to develop forward thinking, innovative solutions where we might achieve better outcomes for our residents.
 - Develop a shared understanding of supply, demand and market direction in Gateshead.
 - Allow the council to better understand the issues and challenges the market face and to identify solutions to these challenges and opportunities to develop quality services
- 7.3 The conference will focus on issues like workforce development for example, making care work a more attractive vocational career option and appealing to pools of potential recruits, offer a way to deal with the workforce challenges that many providers face in the market around recruitment and retention. Working with providers for example to access Skills for Care and grant funding enables providers to receive support to address recruitment and retention issues.
- 7.4 In terms of commissioning activity and how we commission moving forward will help shape the market further and develop quality. For example considering options in Home Care around a salaried staff model rather than an hourly rate, provides more security for staff and more freedom to design care within an overall financial envelope and allows greater focus on quality outcomes. A new quality banding tool to be developed with the CCG linked to a joint contract for Care Home
- 7.5 The current Serious Provider Concerns process focuses on adult providers; the intention is to develop the process further to look at and address risk/quality issues within the children’s market.

Recommendations

1. The views of the OSC are sought on the above proposals.

Overview and Scrutiny are asked to:

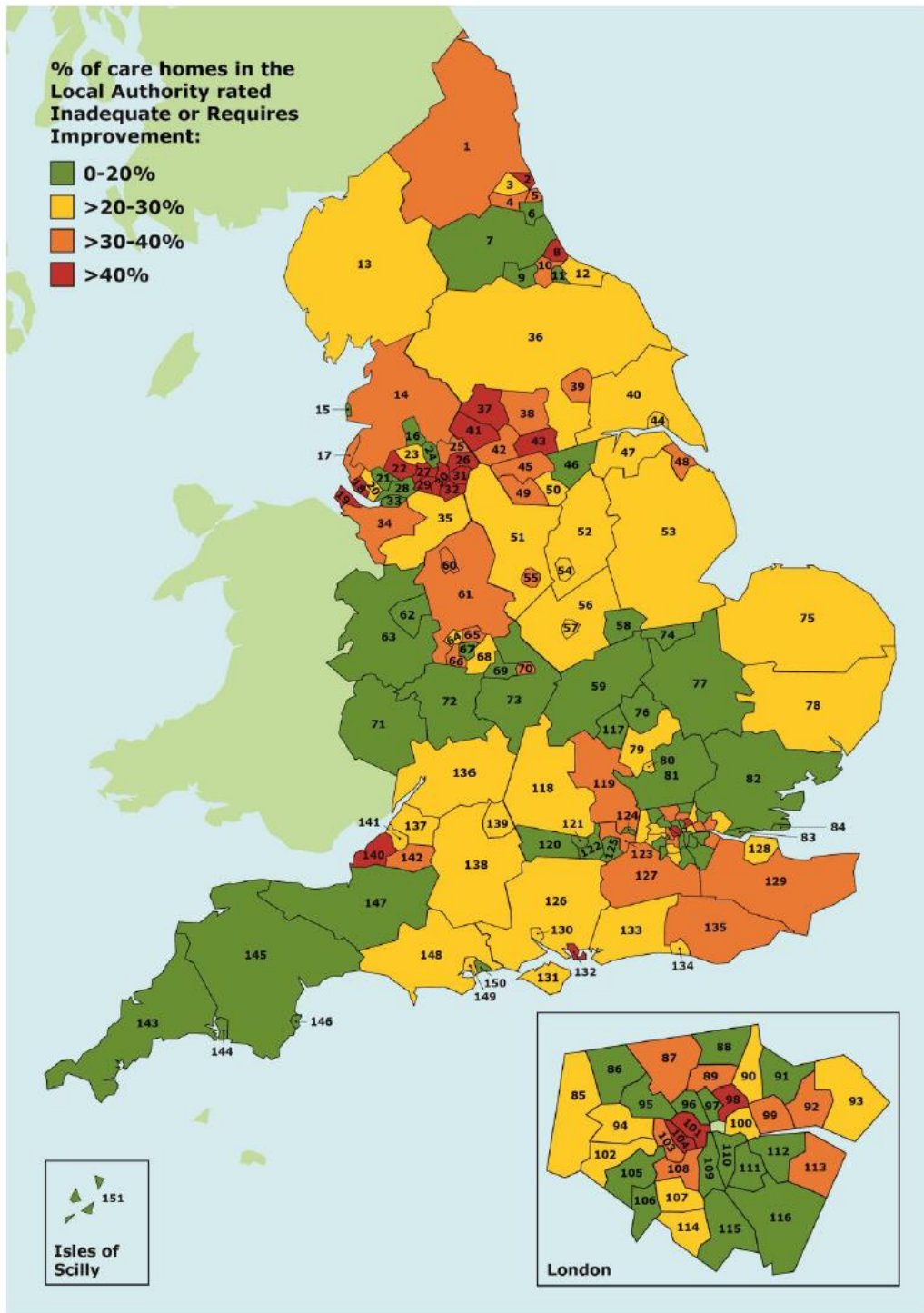
- Comment on the current challenges in the market around quality in Gateshead
- Comment on the proposal to purchase the PAMMS system to give better oversight of quality and performance
- The proposal to replicate the Serious Provider Concerns Process for Children's services
- Note the Conference on the 9th November to engage with providers in the market and start dialogue about approaching issues around quality for example linked to work force development.

For further information please contact Behnam Khazaeli on (0191) 433 3879 or email behnamkhazaeli@gateshead.gov.uk

Jon Tomlinson - Interim Service Director, Health & Social Care Commissioning & QA, Care, Wellbeing & Learning Ext 2353

Appendix 1: Care Home Performance across England January 2017

CARE HOME PERFORMANCE ACROSS ENGLAND

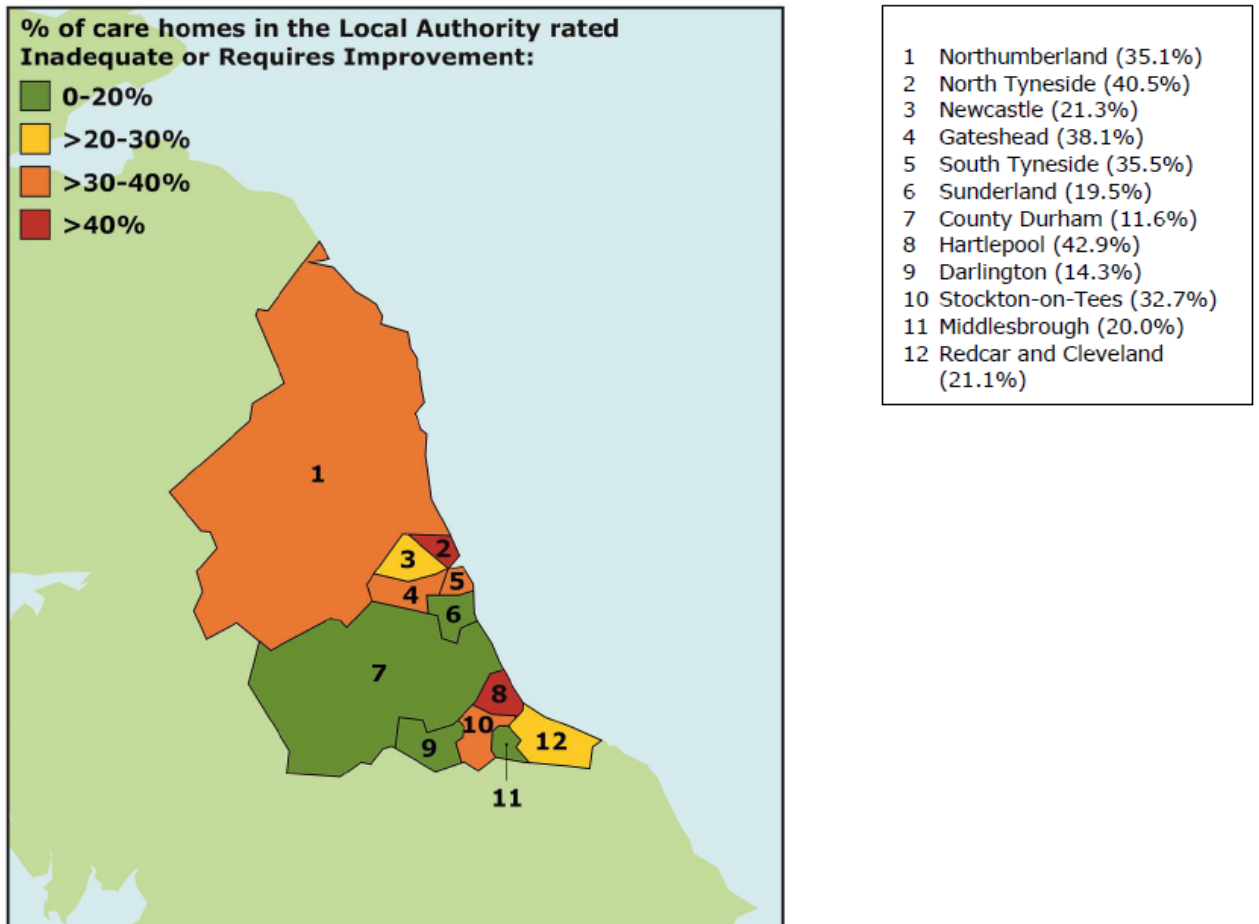


Source: Care home performance across England March 2017 published by Independent Age

Appendix 2: Care Home Performance across North East January 2017

REGION BY REGION

1. NORTH EAST



Source: Care home performance across England March 2017 published by Independent Age

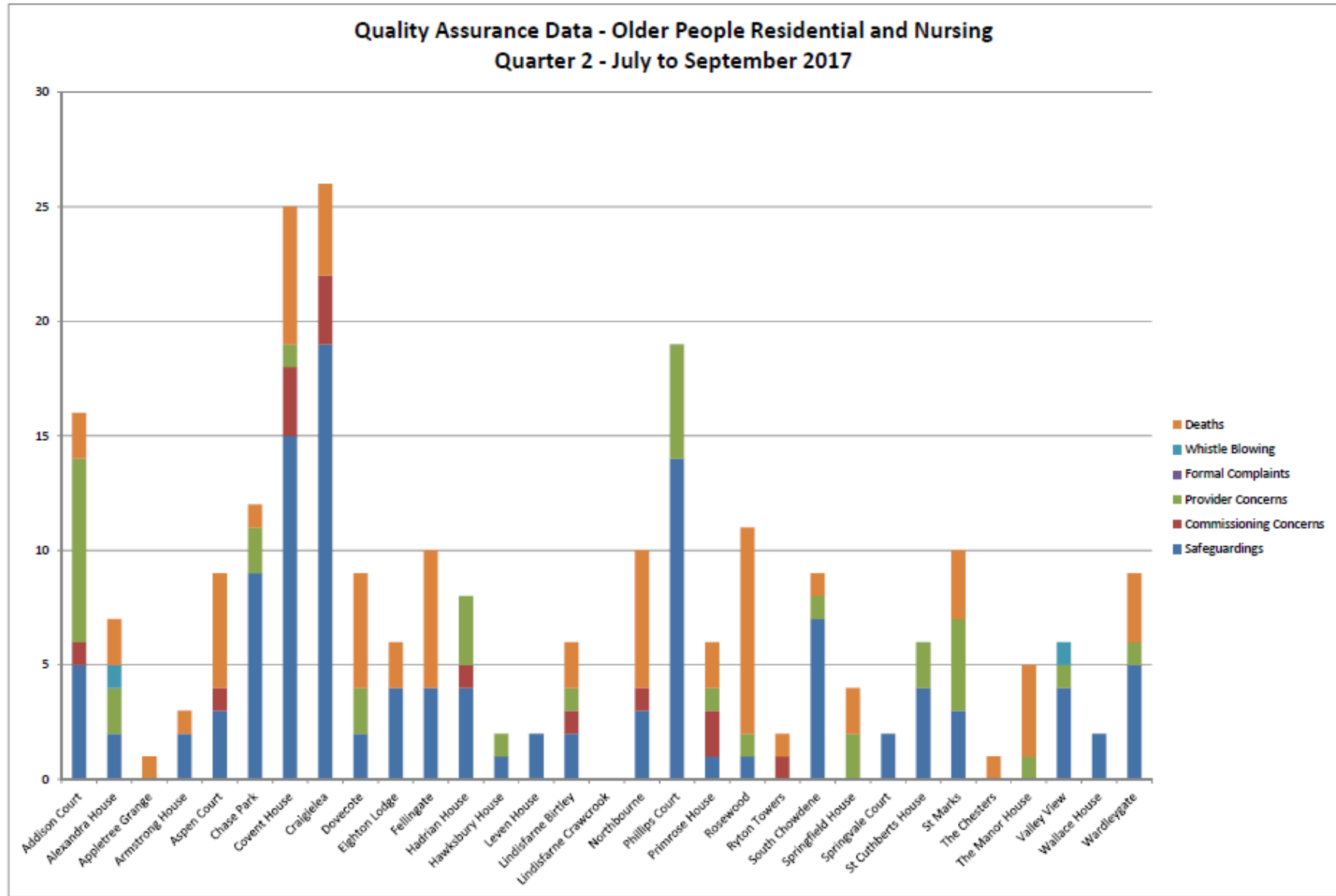
Appendix 3: CQC Ratings for Care Homes in Gateshead and Banding Rate for the Council based on the old QEF framework

Service/Provider	Quality Band	CQC		
		Insp Date	Rating	Concerns
Addison Court (Malhotra Care Homes Ltd)	1	Jan-17	Good	Safe
Alexandra House (Akari)	1	Dec-15	Good	
Appletree Grange (Barchester Healthcare Ltd)	1	Mar-17	Good	
Armstrong House (Care UK)	1	Dec-16	Good	
Aspen Court (Atlas)	2	May-17	Good	
Chase Park (Renal Healthcare Ltd)	1	Jul-17	Good	Well led - requires improvement
Covent House (Malhotra Care Homes Ltd)	1	Jun-15	Good	
Craigielea (SOLEHAWK)	2	Nov-16 & Dec-16	Req Improvement	Safe/ Well led
Dovecote (Embrace UK Ltd)	1	Jan-17	Good	
Eighton Lodge (Wellburn Care Homes Ltd)	1	Oct-16	Req Improvement	Safe/Well led
Fellingate (Enhanced Elderly Care Ltd)	1	Dec-16	Good	
Hadrian House (Care UK)	1	Dec-16	Good	
Hawksbury House Residential Care Home	1	Jan-17	Good	
Leven House (Active Horizons)	2	Mar-17	Good	
Lindisfarne Birtley (Gainford Care Homes Ltd)	2	Jun-15	Good	Responsive req improve
Lindisfarne Crawcrook (Gainford Care Homes Ltd)	1	Sep-16	Good	
Northbourne (Anchor)	1	Apr-16	Good	
Philips Court (Akari)	1	Feb-17	Good	
Primrose House (Primrose House Ltd)	1	Jan-16	Good	
Rosewood House (ATLAS)	1	Apr-15	Good	
Ryton Tower (Wellburn Care Homes Ltd)	1	Nov-16	Good	Well led req improve
South Chowdene (Barchester Healthcare Ltd)	3	Feb-17	Good	Well led
Springfield House (HC-One)	1	Aug-15	Good	
Springvale Court (Barchester Healthcare Ltd)	2	May-17	Good	
St Cuthberts House	1	Oct-15	Good	
St Marks Court (Akari)	1	May-15	Good	
The Chesters (Parkside Care)	1	Jun-16	Good	
The Manor House (Hadrian Healthcare)	1	Nov-16	Good	
Valley View	3	Jul-17	Req Improvement	Well led - Inadequate Safe/Effective/ Caring/ Responsive - requires improvement
Wallace House (Akari)	2	Jan-17	Req Improvement	Effective/ Responsive/Well led
Wardleygate (Enhanced Elderly Care Ltd)	1	Aug-17	Req Improvement	Safe/ Effective/ Caring/ Responsive/Well led

Appendix 4: CQC Ratings for Home Care Providers in Gateshead

Home Care Generalist			
Service/Provider	CQC		
	Insp Date	Rating	Concerns
Clece Care - Zone 1	Apr-16	Inadequate	Safe/ Effective/ Caring (req improve)/ Responsive/Well led
CCNE - Zone 1 Spot	Apr-16	Req improvement	Safe/ Effective/ Well led (inadequate)
Castlerock - Zone 1 Spot & Zone 3 Spot	May-16	Good	Well led (req improve)
DH Homecare - Zone 1 Spot & Zone 3 Spot	Jan-16	Good	Safe (req improve)
Homecare Plus - Zone 1 Spot	Apr-17	Req improvement	Safe (inadequate) Effective; Responsive; Well-led (requires improvement)
Nurtured Care - Zone 1 Spot & Zone 3 Spot		Not yet inspected	
Comfort Call - Zone 2	Mar-16	Good	
Dale Care - Zone 3	Jun-17	Good	Safe/ Effective/ Well led

Appendix 5: Quality Assurance Data for Older Peoples Residential & Nursing Care (CONFIDENTIAL)



Appendix 6: Current hours delivered by the Dom Generalist providers for the period 04/09/2017 to 01/10/2017

Provider	Total Hours every 4 weeks	Total Weekly Hours
Clece Care	7797.00	1949.25
Carevisions	16.00	4.00
CCNE	437.50	109.38
Comfort Call	11136.00	2784.00
Dale Care	10127.89	2531.97
DH Homecare	976.88	244.22
Kelly Park	386.00	96.50
Nurtured Care	358.34	89.59
Totals	31235.61	7808.90

Appendix 7:

Data for Sample of 2017 for 3 Block Home Care Providers			
	04/07/17 to 10/07/17	07/08/2017 to 13/08/17	04/09/17 to 10/09/17
Number of Service Users	617	600	605
Number Visits with no clock in and outs	2186	2092	2042
Total Visits Applicable to Summary (anomalies removed)	8423	8492	8729
Acceptable Visit Duration (5 mins acceptance)	3038	3022	3031
Unacceptable Visit Duration (5 mins acceptance)	5385	5470	5698
Short Visit Duration			
Under 5 minutes or less	1446	1436	1415
Between 6-10 minutes	1772	1776	1870
Between 11-20 minutes less	2718	2878	2944
Between 21-30 minutes less	821	898	964
Between 31-60 minutes less	182	204	179
Over 60 minutes less	77	22	16
Visit Band - Arrival Time Breakdown			
Within 15 minutes of planned	5488	5251	5365
Prior-between 16-30 minutes	1068	1091	1167
Prior-between 31-60 minutes	858	890	878
Prior-over 60 minutes	352	354	367
Later- between 16-30 minutes	1055	990	985
Later- between 31-60 minutes	494	494	463
Later-over 60 minutes	90	87	58
Data for Sample of 2016 for 3 Block Home Care Providers			
	04/07/16 to 10/07/16	09/08/2016 to 15/08/16	05/09/16 to 11/09/16
Number of Service Users	597	568	572
Number Visits with no clock in and outs	1973	1499	1827
Total Visits Applicable to Summary (anomalies removed)	7057	7143	7099
Acceptable Visit Duration (5 mins acceptance)	2779	2860	2309
Unacceptable Visit Duration (5 mins acceptance)	4278	4283	3589
Short Visit Duration			
Under 5 minutes or less	1319	1167	1061
Between 6-10 minutes	1120	1260	1208
Between 11-20 minutes less	1970	1704	1779
Between 21-30 minutes less	735	532	605
Between 31-60 minutes less	175	143	143
Over 60 minutes less	17	9	6
Visit Band - Arrival Time Breakdown			
Within 15 minutes of planned	4921	5072	4224
Prior-between 16-30 minutes	1000	988	782
Prior-between 31-60 minutes	716	748	534
Prior-over 60 minutes	496	398	299
Later- between 16-30 minutes	867	869	742
Later- between 31-60 minutes	425	371	390
Later-over 60 minutes	89	95	128

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TITLE OF REPORT: Integrating Health and Care in Gateshead

REPORT OF: Caroline O'Neill, Strategic Director, Care, Wellbeing & Learning

Summary

To update and seek the views of the Care, Health & Wellbeing OSC on the current thinking of health and care system leaders in Gateshead about the opportunities for integrating services with the explicit aim of improving the health and wellbeing outcomes of our population.

The report describes the shared vision and areas for early integration identified by health and care partners.

Background

1. It is difficult to travel far or discuss public sector cuts and reform without hearing the word – or philosophy – '**integration**' mentioned. The actual meaning of the word in this context is the subject of some debate, and it is clear that it has the potential to exist at many different levels, from the relatively simple step of having a pharmacy co-located with a GP practice (which might also have, for example, a dedicated practice nurse or health visitor), to something much bigger involving the coming together of multiple organisations or stakeholders under an umbrella of 'integration'.
2. Often running hand in hand with talk of integration is the issue of care **pathways**. The notion of 'pathways' is not, in itself, a complex one. A 'pathway' is simply a single word to describe the patients' journey through the system; but in practice, these can be extremely complex and lengthy, with multiple organisations having an input, often without slick and clear handover processes in place (or appearing not to be).
3. Evidence tells us categorically that the greater the number of points of handover, either within or between organisations, the directly proportionately greater is the degree of risk of something untoward happening to the service user. In addition, fragmentation between organisations can create perverse financial incentives within the system, where money becomes the driving factor, rather than safeguarding the best interests of patients and service users.
4. Current thinking puts the 'Integration' and 'Pathways' agendas together. It is broadly accepted that, if the providers concerned can come together to meet the interests of the service user, by providing seamless pathways of care with the minimum number of points of transfer, this will provide safer, more effective, and more cost efficient delivery of appropriate care. At its ultimate effectiveness, all providers will do only what they need to do before patients are pulled into the next stage of their pathway,

based on careful pre-planning before it begins and throughout, including clear plans for discharge and follow up.

5. Gateshead already enjoys many positive examples of partnership working, sharing resources to achieve common goals and outcomes, underpinned by a common ethos and set of values which put the people we are here to serve at the centre of what we do. Whether we actually call this 'integration' or not, it is without doubt that this strength of relationships and spirit of co-operation provides a perfect platform for formal integration to take place.
6. The organisational system architecture in Gateshead alone lends itself to an accountable care arrangement:
 - Unitary local authority;
 - Single, co-terminus provider of secondary care;
 - Single provider of tertiary care;
 - Single CCG – although covering two LA areas;
 - Single provider of community based services;
 - Multiple, but broadly coordinated, mental health providers.
7. The deliberations of health and care senior leaders in Gateshead have developed in **three parallel pieces of work** over the last year:
 - (i) The operation of the Gateshead Care Partnership since October 2016, as the interagency provider vehicle which oversees the implementation of the recently secured community health services contract for the borough. The contract is held by Gateshead Health NHS Foundation Trust but is managed through the Gateshead Care Partnership incorporating Gateshead Health FT, CBC Ltd, NTWFT and Gateshead Council.
 - (ii) The informal health and wellbeing board pre meeting of senior officers from the statutory bodies represented at the board, since April 2017. This group has considered and debated the various implications of integrating commissioning across health and care as well as building upon the Gateshead Care Partnership foundations to create a wider provider vehicle. During this period the officers of the organisations represented have also asked GCP to take on responsibility for delivery of the Borough's People, Place and Community (PCC) programme.
 - (iii) The Accountable Officer Partnership across Newcastle and Gateshead (comprising the six accountable officers and their most senior directors, the two directors of public health and the system appointed director of integration) published a 'statement of intent' in January 2017 describing its ambition to bring together health and care services. The accountable officers have subsequently described in some detail their respective aspirations for whole system integration. In Gateshead, all four accountable officers described a whole system integration approach as the most likely to reap benefits for the population we serve.
8. In summary, we have whole system support for an integrated approach to health and care in Gateshead, shared by accountable officers, their commissioners and their providers.
9. It is of note that the solutions proposed in this paper relate to the Gateshead geography only. We recognise, however, the continued need to work collaboratively with our geographical neighbours (particularly Newcastle) for issues such as cross

boundary flow and acute care collaboration; this work is not described any further in this paper.

The Purpose of Integration in Gateshead

10. The NHS and Local Authority leaderships' considerations are about how best to secure and arrange the services for the resident population to meet the following three objectives:

- (i) To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
- (ii) To support the development of integrated care and treatment for people with complicated long term health conditions, social problems or disabilities.
- (iii) To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.

11. The following table describes the headline parameters of 'logic' of our thinking to date.

Language	We need to make sure we share a common language – “Gateshead Care Partnership” is the term that describes provider collaboration; “Gateshead health and care system” is a term that describes provider and commissioner collaboration. In other words, we are not using ‘accountable care’ in any language.
Outcomes	We want the care and health commissioners to describe the population outcomes that must be delivered and liberate the Gateshead Care Partnership to determine how best those outcomes should be achieved.
Gateshead	We want to work at a Gateshead footprint to deliver community based services, recognising the need to collaborate with geographical neighbours (like Newcastle) for services that operate at a broader footprint, such as acute care and mental health inpatient care.
Idiom	We believe that ‘form follows function’, so our focus is on the model of care we want to deliver rather than the organisational structures that could deliver them.
Collegiate	Our delivery model is best served by us all working together and with an ‘enabling’ mind-set in how we arrange and deliver services.

Our Compiled Vision Statement

12. Avoiding duplication of effort, maximising our collective impact and getting on with the job in hand are three important principles that have driven the thinking in Gateshead so far. In line with that approach, the health and care system has agreed a one page summary of all the various vision statements, memoranda of

understanding, compacts and behavioural charters that have existed in the borough for some time.

13. This one page summary doesn't replace any vision statement that may exist in individual organisations – it simply shows that however we choose to construct the various sentences in our own organisational documents; we all share a common goal and ways of working. We therefore don't need to create a new vision document for this work.

Gateshead Health and Care System



Vision

Every part of the health, social care and third sectors can work together to enable the people they serve to live longer, healthier lives, supported by the very best services available.
(From AOs Statement of Intent)

Outcomes

High level, set by strategic commissioners around such areas as:

- Improving population health and wellbeing
- Delivering high quality, co-ordinated care
- Improving quality of life and experience of care

What do we want?

- Sustained improvement in people's health and wellbeing / greater equality of outcomes
- High quality, efficient health and care services / parity of esteem
- An increasingly integrated system of health and social care and effective delivery model
- Community services integration with primary care, social care and third sector in localities / consolidate community services
- Be responsive to the needs of users / support communities to be more responsible for the achievement of our shared objectives
- Create a financially sustainable health and care system
- A workforce able to deliver our model of care
- Statutory responsibilities to be met

Behaviours

- An openness to change
- Visible leadership, direction and commitment
- A commitment to take a strategic view
- A commitment to protect and support
- Be accountable – communicate and work openly
- Equality, mutual respect and trust
- Positive and constructive / a willingness to work with and learn from others
- A willingness to compromise
- Engage and consult with patients, service users, carers, staff and the public

What will it feel like for local people?

- Right person, right time, right place
- Remove hand-offs
- Remove duplication of services
- (Other descriptors to be identified)

NHS partners: Newcastle Gateshead Clinical Commissioning Group, Northumberland, Tyne and Wear NHS Foundation Trust and Gateshead Health NHS Foundation Trust

Strategic Commissioning Arrangements

14. The health and care leaders in the borough have described effective strategic commissioning around three components:

- A whole system vision, described on a long term basis and enacted through a corresponding contracting arrangement. (see paragraph 12 and 13 above)
- An outcomes based commissioning model so providers are free to innovate and work differently, accepting they must deliver the commissioner set outcomes and the NHS constitution and associated metrics.
- Minimal transactions between commissioner and provider, accepting the principle that the outcomes will drive transformational change. Central to this is the need for system wide data sharing arrangements/ protocols.

Outcomes based commissioning

15. The Gateshead Care Partnership could be commissioned, jointly by the CCG and Local Authority, to deliver a range of care and health outcomes and be measured simply on the achievement of the associated outcome metrics. Any contract would of course require compliance with the NHS constitution and all other statutory obligations and delivering these would be the responsibility of the providers (as is the case at present) and overseen by their regulators.
16. Focusing on outcomes would mean that the providers, through Gateshead Care Partnership, are free to innovate and work differently as commissioners would no longer have a transactional focus, but would focus on the transformation of services measured through the impact of provision. There are many outcomes frameworks available from other areas that could appropriately be adapted for use locally, and a sample of one framework is set out below simply for reference:

Commissioners identify the outcome statement

And set metrics to measure their achievement.
 First order metrics: 1 – 3 year period
 Second order metrics: 3 – 10 year period

Outcome		First order metric	Second order metric
Improving population health and well being			
A1	The health and care system to improve the overall health of the population	Excess winter deaths (persons)	Mortality rate from causes considered preventable.
A2	People are supported to lead healthy lifestyles and are protected from illness	Smoking prevalence (adults)	Alcohol – related hospital admissions (persons)
A3	The health and care system works with others	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Proportion of people who use services who reported that they had as much social contact as they would like.
Delivering high quality, coordinated care			
B4	People have access to services when they need them	The ability to get an appointment or speak to someone in primary care.	Common surgical procedure rates
B5	The health and care system works to reduce unplanned hospital admissions and the time people spend in hospital	Inequality in avoidable admissions/for urgent care sensitive conditions	Emergency admissions for acute conditions that should not usually require hospital admissions (persons)
B6	People are supported to recover from illness or injury and stay healthy after treatment	One year survival from all cancers (persons)	create new measure: other long term condition
B7	People receive services which are coordinated and person centred	Were you involved as much as you wanted to be in decisions about your care and treatment?	Delayed transfers of care
B8/9	People are supported to maintain their independence and manage their own health	Long term support needs met by admission to residential and nursing care homes (aged 65 and over)	Proportion of people who use service who have control over their daily life.
B10	People are cared for in a safe environment and protected from avoidable harm	NHS Safety thermometer (VTE, pressure ulcers, catheter UTIs, falls)	Incidence of healthcare associated infection: C Difficile

Minimising transactions, maximising transformation

17. If commissioners are to concentrate primarily on setting health and wellbeing outcomes for the providers to deliver, their behaviours will also need to fundamentally change so the transaction dominated contracting arrangements between commissioner and provider are replaced with outcomes based contracts that demand the transformation of services – however the provider chooses to do that.
18. Coupled with that change in behaviour, we will need to create a health and care system based on a transformed payment mechanism to address the following four points:

- **The balance of spend....** The unintended consequences of the 'payment by results' financial mechanism in the NHS is that funding for most services provided in acute hospitals is demand led, whilst community services and mental health services have fixed budgets. The result, particularly in the current climate of public sector austerity, is a tendency for funding to be directed into crisis services and away from lower level community based services.
- **The rules about spend....** which differ between the health and care system as the NHS is free at the point of delivery; social care is means tested and dependent on eligibility criteria. Whilst these are of course statutory requirements, we must be mindful of their impact in any integrated system.
- **The patients / citizens on whom we spend....** The current funding mechanisms are based on the implicit assumption that most NHS activity comes in the form of one off episodes of treatment for people who are otherwise healthy. In reality, the bulk of NHS spending is supporting people with complicated long term needs, who are best served by coordinated long term support rather than multiple disconnected episodes of treatment.
- **The financial stability of organisations....** The infrastructure costs, particularly of hospital based care, are generally fixed (or marginally variable); any shifts of resource to community settings will need to be mindful of the continued need for hospital services and therefore the financial stability of organisations across the system.

19. The Gateshead Health and Care system leaders have recognised the need to develop this line of thinking further. Creating a financial mechanism that addresses the above four points and creates a system in which money flows easily and effectively between organisations, is of course challenging. Dedicated work will be required to undertake this work.

20. The way in which money can flow in a newly designed system is a critical consideration and further work is required on this point.

Integrated Provision Arrangements

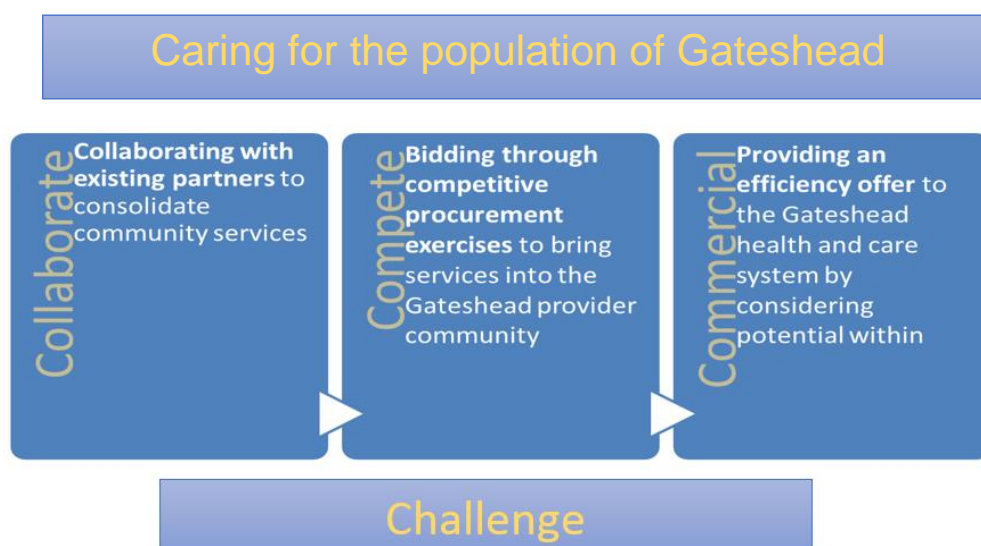
21. We believe Gateshead Care Partnership should be seen as:

- A group of system enablers who are charged with making changes together. Adopting a 'wellness and recovery planning' model which focusses on the whole person/ family and what we can do together.
- Operating on a system wide basis (i.e. across all care and health partners) and delivering universal services, whilst also focusing on agreed priority groups for whom we take a multi-disciplinary approach to planning and securing care. We will develop services that generate truly 'owned' and comprehensive care plans that deliver the outcomes with the patient.
- Challenging each other where professional boundaries get in the way of doing what's right, stopping services that are not working and testing new ways of working. Supported by a shared improvement method and shared data sharing/ information governance arrangements (both require development locally).

22. General practices provide the cornerstone of any new health and care arrangement – providing services to all those who are unwell or think they are unwell, in settings very close to people’s homes. Practices in Gateshead are committed to integration and are thinking about how they can operate at scale, with neighbouring practices, to offer a wider range and more sustainable primary care offer within its unique NHS business model and delivered through a nationally negotiated contract (known as GMS or PMS). The nationally negotiated contracts are not within the remit of the Gateshead commissioning system and this will not change without practice consent or a change in national policy.

Extending the provider collaboration

23. The Gateshead Care Partnership believes patient/ population care is a shared priority and that working together across our organisational boundaries will deliver better patient care than working individually. The partnership board has identified its areas for future focus as shown in the graphic below and explained in more detail in the subsequent paragraphs. The priorities require formal approval by the board in time.



24. **Collaborating with existing partners** to consolidate community services
- A ‘care closer to home’ model of collaboration between the in-house council domiciliary care provision (which caters for the highest 20% need group), community nursing, community psychiatric nursing, care call etc.
 - A combined and integrated approach to urgent and same day response services, bringing together existing GP walk in centres, ambulatory care, extra care, same day appointments, rapid response, psychiatric liaison services
 - A community based allied health professional base, bringing together the various funded and provided occupational health and equipment services in the first instance and then potentially expanding to a wider range of services.
 - Coordinated care planning across all patient groups but beginning with a specific focus on old age/ frailty, older people’s mental health, diabetes, respiratory, and rheumatology

25. **Bidding through competitive procurement exercises** to bring services into the Gateshead provider community.

26. **Providing an efficiency offer** to the Gateshead health and care system by considering potential within:

- The existing infrastructure configurations
- The training and education of the workforce and in collaboration with the third sector.
- Opportunities to support and develop local commercial companies (be they in domiciliary care or other fields) could also be explored.
- Bringing together community and hospital based services (paediatrics, long term conditions, drug and alcohol, care of the elderly (physical and mental health) etc.

Priorities for action

27. The Gateshead People, Care and Communities Model provides the overarching direction for the Gateshead Care Partnership and aims to develop: *“A place based system where everyone, young and old will be supported to live, work and age well as individuals and as part of their community. If needed, care and support, supporting physical, mental and social needs, will be easily accessible and coordinated close to or at a person’s home.”*

28. The Gateshead care Partnership was tasked to take forward the progression of the People, Care and Communities Model in Gateshead. From initial discussion the following priority areas have been identified:

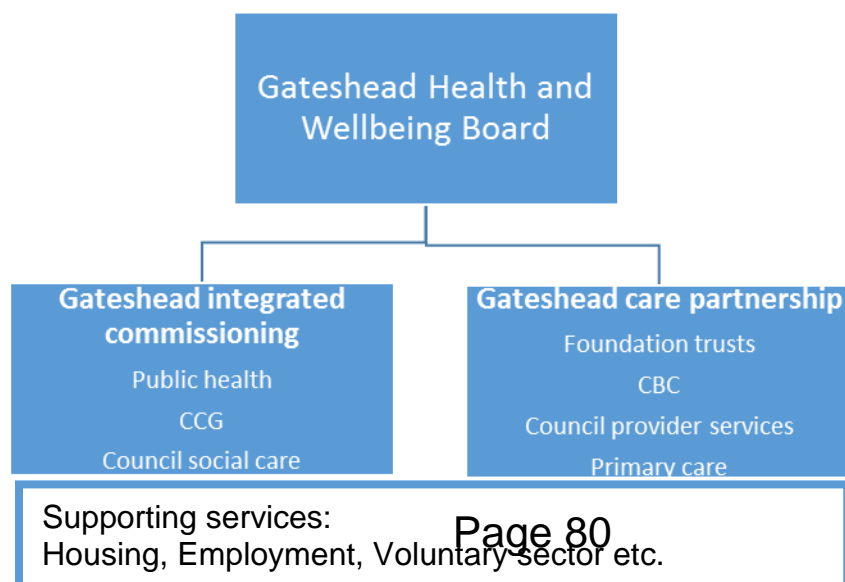
- People with complex needs;
- Frailty;
- End of life care;
- Medically unexplained conditions;
- Children’s services.

29. Other areas to be considered include:

- SEND;
- Transitions (from children’s services to adult services)
- CAMHS;
- Learning Disabilities

Governing a New Health and Care System Arrangement

30. Under the auspices of the Health and Wellbeing board, the arrangement of commissioning and provision across care and health services could be reconfigured to deliver the integrated system.



31. This diagram shows both the commissioner and provider partnership reporting into the Health and Wellbeing Board. This is consistent with its statutory obligations relating to health and wellbeing arrangements – as the Board is required to have oversight of the health and care system as well as providing direction about the priorities for the resident population.

32. The structure avoids the traditionally hierarchical reporting arrangements between commissioners and providers – reflecting the different but complementary roles of each within the new way of working:

- The strategic commissioner, in understanding the overall population needs, sets the health and wellbeing outcomes to be achieved within an identified financial envelope.
- The collaborative provider arrangement delivers those outcomes across all the organisations within its parameters and undertakes much of the transactional/ contract management work traditionally associated with commissioners.
- The proposed commissioning and provider structures both recognise that the third sector and HealthWatch can offer valuable additions to the arrangements and discussions are underway with these bodies to work out the best way to capitalise on the services they provide.

33. The Health & Wellbeing Board at its meeting on 8th September agreed that Gateshead health and care system leaders come together in a formal group under the auspices of the Board, in order to further develop the proposals for the integration of health and care services in the borough. Further proposals will be brought back to the Board over the coming months for consideration.

Recommendations

34. The views of OSC are sought on the content of this paper and, in particular, the potential for integrating health and care services as part of an incremental approach to the overall integration of services in the borough.

35. OSC is also asked to note the creation of a time limited health and care system leader group to develop comprehensive and costed proposals, which will report regularly to the Health and Wellbeing Board.

Contact: Julie Ross, Director of Integration in Gateshead & Newcastle (0191) 2116391
Alice Wiseman, Director of Public Health (0191) 4332777

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TITLE OF REPORT: Annual Work Programme

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

Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2017/18.

1. The Committee's provisional work programme was endorsed at the meeting held on 25 April 2017 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands. Any changes proposed to the programme are set out in bold and italics for ease of identification.

Recommendations

3. The Committee is asked to
 - a) Note the provisional programme;
 - b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Contact: Angela Frisby

Extension: 2138

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Draft Care, Health & Well-being OSC 2017/2018	
20 June 17 (5.30pm meeting)	<ul style="list-style-type: none"> • Constitution • Role and Remit • The Council Plan - Year End Assessment and Performance Delivery 2016-17 • OSC Review - Work to Address Harms caused by Tobacco- Scoping report • MHA/DOLs Update • Deciding Together, Delivering Together - Progress Update
12 September 17	<ul style="list-style-type: none"> • Monitoring - OSC Review of Role of Housing in Improving Health & Wellbeing • OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering • Social Services Annual Report on Complaints and Representations - Adults • Annual Report of Local Adult Safeguarding Board and Business Plans -(Chair of Board to attend) • Scrutiny of STP • Work Programme
31 October 17	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering • Gateshead Healthwatch Interim Report • Blaydon GP Practice • Shared Care Clinical Audit • Quality of Commissioned Services in Gateshead • Integrating Health and Care in Gateshead • Work programme
5 December 17	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering • The Council Plan - Six Monthly Assessment of Performance and Delivery (incl LSCB update) • New Service Delivery Model for Extra Care Services • Gateshead Care Partnership Progress Update • Health & Well-Being Board Progress Update • Work Programme

23 January 18	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms caused by Tobacco - Evidence Gathering • Case Study 1- Health and Social Care System Wide Workforce Issues • Blaydon GP Practice • Substantial Variation and Development - Deciding Together Delivering Together Consultation on Options • Work Programme
6 March 18	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms caused by Tobacco - Interim Report - • Delayed Transfers of Care / Reablement Progress Update • Gateshead Healthwatch • Case Study 2- Hospital Admissions as result of Alcohol related Harm • Work Programme
17 April 18	<ul style="list-style-type: none"> • OSC Review - Work to Address Harms caused by Tobacco - Final Report • Monitoring - OSC Review of Role of Housing in Improving Health and Wellbeing • Health and Well-Being Board - Progress Update • Food & Health and Safety Intervention Plans - Progress Update • OSC Work Programme Review

Issues to slot in

- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- STP Updates - as appropriate.
- **Adult Social Care Account - Video**