

# ***CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA***

**Monday, 5 February 2018 at 10.30am in the Bridges Room, Gateshead Civic Centre**

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From the Chief Executive, Sheena Ramsey

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Item	Business
<b>1</b>	<b>Apologies for Absence</b>
<b>2</b>	<b>Case Study - Health and Social Care Workforce</b> (Pages 3 - 10)  Report of the Strategic Director, Care, Wellbeing and Learning
<b>3</b>	<b>Gateshead Care Partnership</b> (Pages 11 - 12)  Report of the Strategic Director, Care, Wellbeing and Learning
<b>4</b>	<b>Delayed Transfers of Care/ Enablement and ACT Team</b> (Pages 13 - 18)  Report of the Strategic Director, Care, Wellbeing and Learning
<b>5</b>	<b>Extra Care Housing for Older People</b> (Pages 19 - 22)  Report of Strategic Director, Care Wellbeing and Learning
<b>6</b>	<b>Work Programme</b> (Pages 23 - 26)  Joint Report of Chief Executive and Strategic Director, Corporate Services and Governance

Contact: Helen Conway email [helenconway@gateshead.gov.uk](mailto:helenconway@gateshead.gov.uk) Tel: 0191 433 3993  
Date: Friday, 26 January 2018

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**TITLE OF REPORT: Case Study – Health and Social Care Workforce**

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

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## **Summary**

The purpose of this report is to advise OSC of some of the regional and local issues in respect of the Health and Social Care Workforce (many of which reflect the national workforce picture), and to advise OSC of some of the initiatives that are being implemented, to address workforce recruitment and retention issues.

The OSC is asked to consider the issues raised, the new approaches being developed and the recommendations of the report.

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## **Background**

1. The national picture in respect of the health and social care workforce has been raised in profile over recent years and months, particularly in respect of issues which have attracted national media attention, such as winter pressures in the NHS & A&E waiting times, and the collapse of some care sector businesses & some providers “handing back” social care contracts to Local Authorities.
2. Members of OSC are well sighted on some of the specific issues we have faced in Gateshead, in respect of GP recruitment and retention (leading to some surgery closures); challenges in recruiting to specialist medical functions (such as the stroke pathway); and issues of recruitment and retention within the social care provider market. This report (and the accompanying presentation), seeks to set some further context to the issues, and also to outline some of the innovative approaches we are developing in Gateshead and with our regional partners.

### **3. The Workforce in the context of the Gateshead/Newcastle population**

#### **3.1 Population Demographics (total population estimate 498,070)**

See Appendix 1

#### **3.2 Workforce Demographics; NHS Primary Care (total workforce estimate 996)**

See Appendix 2

#### **3.3 Workforce Demographics; NHS Secondary Care (total workforce estimate 17,719)**

See Appendix 3

#### **3.4 Social Care Workforce Demographics (total workforce estimate 17,600)**

- 81% Female, 19% Male
- Average Age: 44 (all job roles, both genders)
- Retirement Profile: 25% (aged 55+)
- Current data set (NMDS-SC) is limited in terms of reliable data for private/voluntary sectors and carer registration

#### **3.5 Current combined state**

- NHS Combined Workforce: 18,715 (estimate)
- 30% retirement profile
- Social Care Workforce: 17,600 (estimate)
- 25% retirement profile
- Total Population: 498,070
- 20% retired (65+)

### **4 Increasing Older Population/decreasing workforce**

#### **4.1 The current service delivery models are struggling to meet the demographic challenge of people living longer, often with complex co-morbidities, and the increasing demands on the health and social care system.**

#### **4.2 Our workforce is currently encompasses four generations - Baby Boomers and Generations X, Y and Z all of whom have differing expectations of their working life. 4.3 As the slides and data above demonstrate, as well as the well documented current workforce issues within health and social care, there are some particular “pinch points” in respect of the age profile of the workforce, which mean that if appropriate action is not taken now, the system will be facing even greater pressures, especially in relation to retirement projections across both the health and social care.**

- 4.3 These factors, coupled with the projections in terms of the aging population, mean that as a system we need to think differently in terms of how we address the problem, and find shared solutions.

## 5 System Pressures

- 5.1 It is recognised nationally that we are experiencing a **multi-factorial workforce crisis**, caused by challenges in recruitment, retention, lack of specialist skills, affordability, and a preference for shorter worktime commitments. There are a number of factors which create additional pressures within the workforce system. Within social care for example, we know that the role of home care worker is not necessarily an attractive one.
- 5.2 In Cumbria and the North East, Health Education England, Foundation Trusts, CCGs and Local Authority social care are working hard to tackle these issues, but much of our current workforce planning is uncoordinated and based around professional siloes.
- 5.3 Workforce development funding has reduced significantly, with central funding allocated non-recurrently and to various agencies resulting in an uncoordinated and patchwork approach to investment. There has also been impact as a result of some national decisions, such as the end of nursing bursaries. In February 2017, the Royal College of Nursing reported a 23% reduction in applications for Nursing Degrees, which they associated with the decision to scrap the bursary.
- 5.4 In May 2017 the Kings Fund analysed the potential impact of Brexit on the Health and Social Care workforce nationally. Approximately 60,000 of the 1.2 million NHS workforce are from other EU countries, including more than 10,000 doctors and more than 20,000 nurses and health visitors (figures exclude those working in Primary Care or contracted out services). In adult social care, 90,000 of the 1.3 million workers employed by local authority and independent sector employers come from elsewhere in the EU. The Kings Fund research identified that the number of EU nationals registering as nurses in the UK had fallen by 96 per cent since the referendum, with just 46 EU nurses registering with the Nursery and Midwifery Council in April 2017. There had also been a fall in the number of EU nationals taking jobs in the social care sector.

## 6. Our response; showcasing Gateshead initiatives

- 6.1 We have an opportunity through our combined Cumbria and North East system arrangements, to develop a coordinated strategy to meet these challenges, ensuring that we plan our future workforce on a whole systems basis, allowing for greater innovation and new models of care.
- 6.2 The presentation to OSC will set out some of the new approaches we are taking across health and social care, to try and address the short, medium and long term recruitment and retention of health and social care staff. Within these approaches are some key overarching themes, such as:

- A) Understanding barriers to recruitment and retention
- B) Understanding perverse incentives which may adversely impact on positive recruitment and retention
- C) Considering the appropriate skill mix of teams, and upskilling allied professionals to work across traditional boundaries
- D) Developing longer term career pathways and apprenticeship routes
- E) Developing models of reward and investment

## **7. Future Plans**

- 7.1 Clearly the importance of a strong and vibrant health and social care workforce is well recognised within the sector. There are many national (and indeed international) factors which influence the local picture; having a strong regional voice and seeking to influence the national picture is key, alongside the more direct influence we can have within the region and specifically in Gateshead.
- 7.2 In terms of our strategic aims, there are a number of key aims we are seeking to develop locally and regionally:
- Focus on enablement, asset based approaches, and prevention, to address demand for health and social care services
  - Delivery of care within communities and neighbourhoods, streamlining pathways and optimising the use of shared resources
  - Developing career pathways into health and social care for our workforce of the future

## **8. Recommendations**

- 8.1 Overview and Scrutiny Committee is requested to:
- 1) Note the content of the case study
  - 2) Provide views on the issues discussed
  - 3) Advise whether it is satisfied with the approaches taken so far and the future plans outlined.

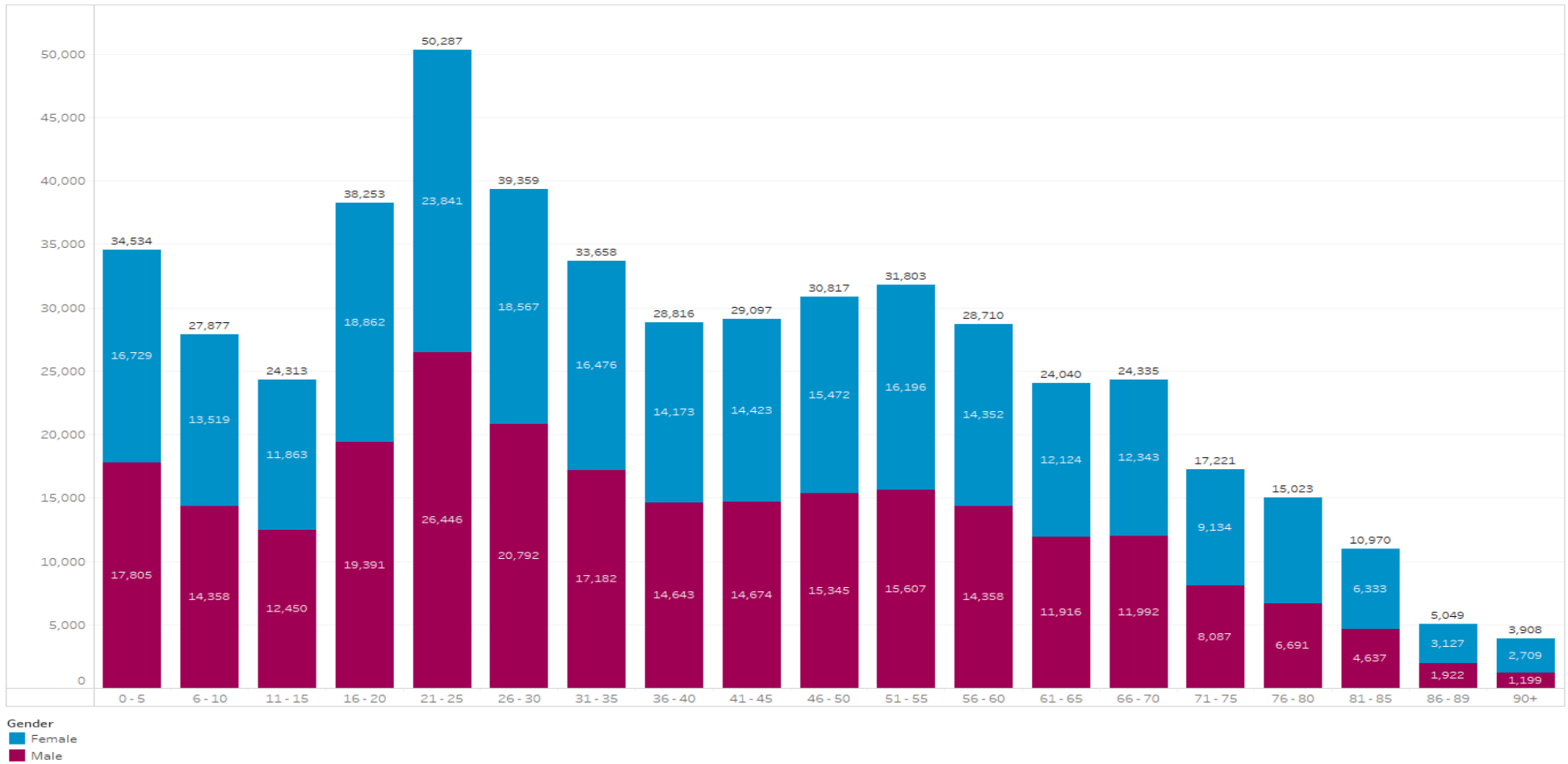
**Contacts: Steph Downey, Service Director Adult Social Care (ext 3919)**

**Jackie Cairns, Director of Strategy and Integration, Newcastle Gateshead CCG**

**Dr Bernard Groen, Workforce and System Planning Lead - North Health Education England**

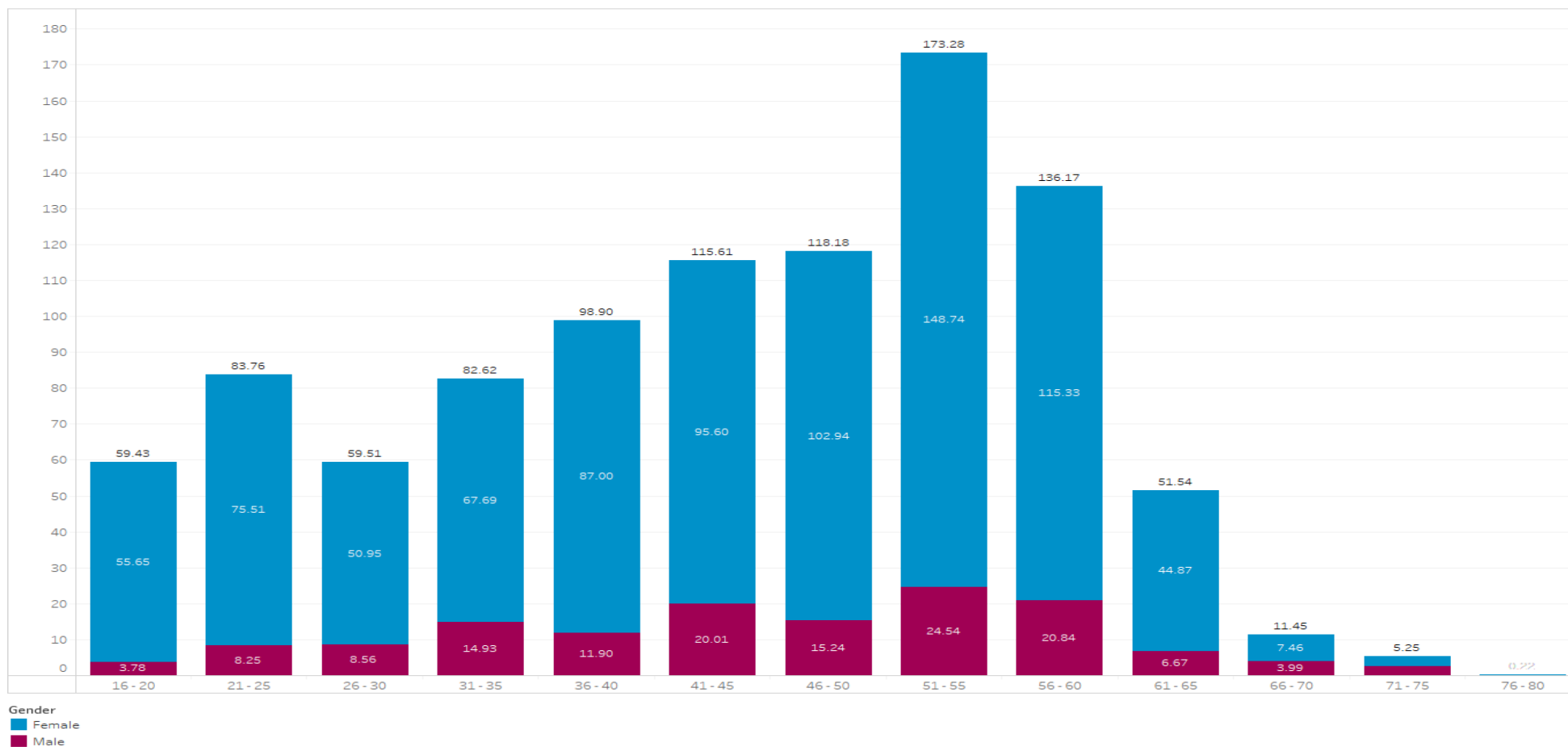
### 3.1 Population Demographics (total population estimate 498,070)

Age and Gender Split - Population



### 3.2 Workforce Demographics; NHS Primary Care (total workforce estimate 996)

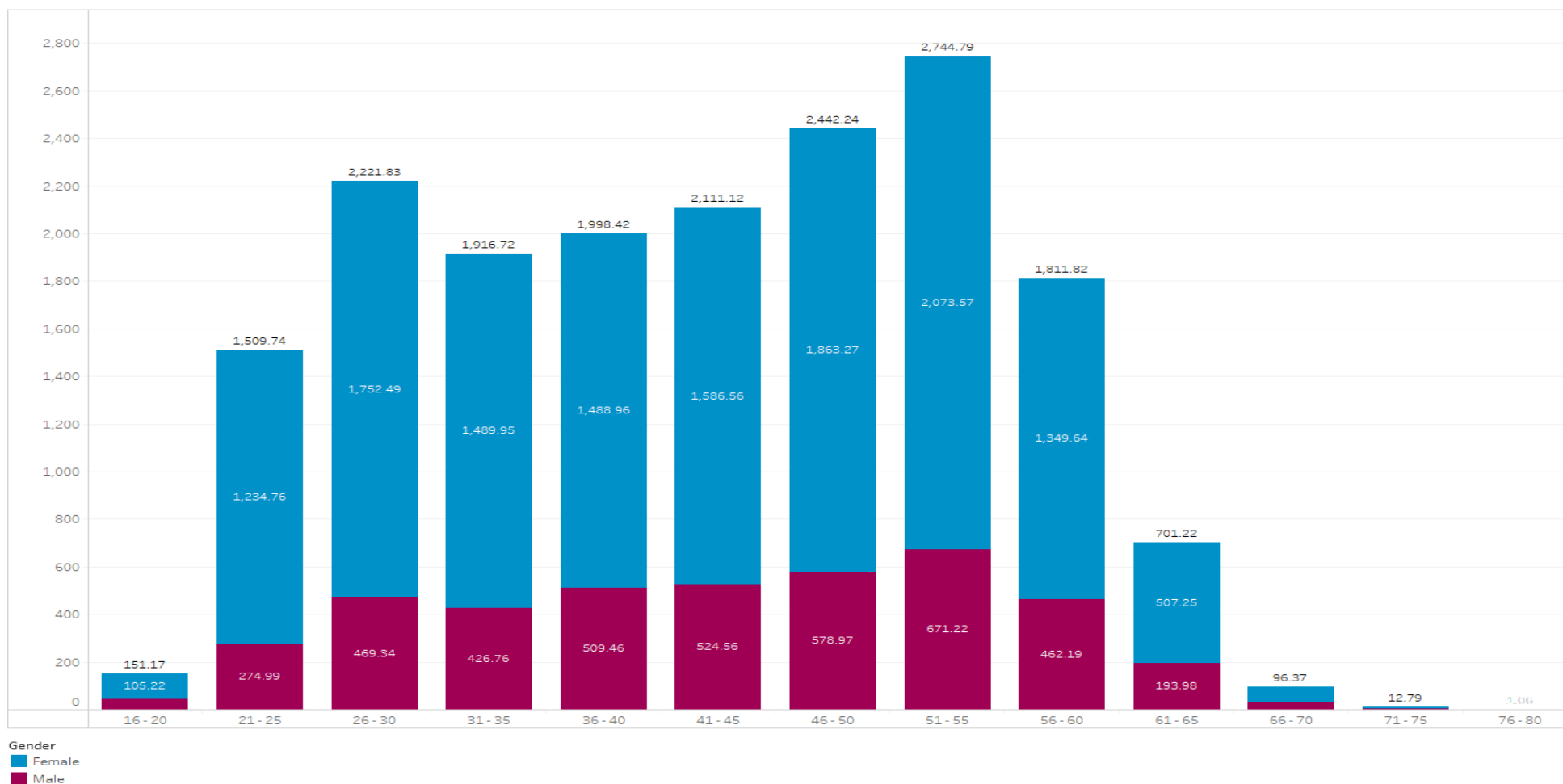
Age and Gender Split - Primary Care





### 3.3 Workforce Demographics; NHS Secondary Care (total workforce estimate 17,719)

Age and Gender Split - Secondary Care



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## **TITLE OF REPORT: Gateshead Care Partnership**

## **REPORT OF: Caroline O'Neil – Strategic Director, Care, Wellbeing and Learning**

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### **Summary**

The purpose of this report is to advise OSC of progress to-date in respect of the Gateshead Care Partnership

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### **1.0 Background**

- 1.1 In 2016 Gateshead QE Trust, in partnership with the Council and Gateshead Community Based Health Care (CBC – the GP membership organisation for Gateshead) was successful in winning the contract for the delivery of community health service for Gateshead. In October 2016, the contract formally transferred from the previous provider (South of Tyne and Wear community health services).

### **2.0 Aims and Objectives**

- 2.1 The ultimate aim of Gateshead Care Partnership is to bring together all the expert knowledge and resources into a single point of contact so that patients and families can navigate the health and social care system far more easily. The view is that a more joined up patient journey will mean fewer unnecessary (and unwanted) hospital admissions as well as better access to the right care, whether that's from a hospital, a family doctor or through social services.
- 2.2 By submitting a joint bid the Partnership was able to offer a system which:
- Focussed on Gateshead's needs
  - Offers opportunity for prevention of ill health for all Gateshead population
  - Provides one Journey – both clinically and personally
  - There is no inclusion or exclusion criteria for Gateshead registered patients
  - Removes professional boundaries
  - Removes organisational boundaries
  - Recognises the key role of GP practices in Primary Care
  - Offers opportunity for 24/7 services where appropriate
  - Provides value based, whole person care
  - Has shared goals and vision
  - Enables removal of duplication
  - Provides seamless care for Gateshead residents

### **3.0 Transformation**

- 3.1 Council officers and Elected Members were involved in the development of the bid, and there are now a range of transformation projects which are being jointly delivered across the Trust, CBC and the Council, in order to transform and develop the health and social care community offer. Some of the work we're already doing in respect of the Intermediate Care review/redevelopment; improved hospital discharge processes and the development of a locality based approach has been incorporated into the transformation work.

### **4.0 Structure**

- 4.1 The Care Partnership has a Board which is chaired by Dr Bill Westwood, who is one of the CBC Board members and local GP. The LA has a number of seats on the board (usually taken by A Wiseman and S Downey), and the terms of reference detail decision making processes, voting rights etc. The Partnership does not exist as a company or organisation in its own right, and there are no financial or legal arrangements surrounding it, therefore no perceived risk for the Council.

### **5.0 Recommendations**

- 5.1 The views of the OSC are sought on the report and, in particular, whether it is satisfied with progress so far and the future plans in place in respect of the Gateshead Care Partnership

#### **Contact:**

S Downey Gateshead Council 433 3919  
M Laing Gateshead Health

## **TITLE OF REPORT: Delayed Transfers of Care/Enablement and ACT Team**

**REPORT OF: Caroline O'Neil – Strategic Director, Care, Wellbeing and Learning**

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### **Summary**

The purpose of this report is to advise OSC of progress to-date to reduce hospital discharge delays an update on the in house Enablement Service and the new Achieving Change Together team and its remit.

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### **1.0 Background**

- 1.1 Hospital discharge arrangements are an integral part of the care of patients and their overall experience of care. Work to ensure smooth discharge from hospital to community and other settings with minimum delays, requires effective working arrangements across all partners including the voluntary sector. The delayed transfers of care measures (DToc) indicate the impact of hospital services (acute, mental health and non-acute) and community-based care, in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

### **2.0 What is a Delayed Transfer of Care?**

- 2.1 A delayed transfer of care occurs when a person is ready for discharge from an acute, non-acute and mental health hospital ward bed, and the person is still occupying the bed.
- 2.2 To achieve a safe discharge there are three criteria which must be applied in order to make the decision that the patient is ready to be discharged. These are not separate or sequential stages; all three should be addressed at the same time whenever possible. They are:
- a) A clinical decision has been made that the patient is medically fit for discharge / transfer AND,
  - b) A Multi-Disciplinary Team (MDT) decision has been made that the patient is ready for discharge/transfer AND,
  - c) The patient is safe to discharge/transfer.

### 3.0 Targets

3.1 Three targets were set for the delayed transfers of care for Gateshead by the government, they are:

- An overall transfer target that delays do not exceed an average more than 8.2 per day per 100,000
- NHS transfers do not exceed an average more than 5.6 per day per 100,000
- Social Care transfers do not exceed an average more than 2.6 per day per 100,000

### 4.0 Current position

4.1 The latest data available is as at November 2017; the data is published monthly but is always two months behind. The latest data shows considerable progress across all three targets, with each target being exceeded. Specifically the latest figures for:

- **All delays are 3.67 well below the target of 8.2.** This has improved significantly on the same point from last year (13.04)
- **NHS delays are 3.93, well below the target of 5.6.** This has improved on the same period last year (6.29)
- **Social Care delays are 1.24, well below the target of 2.6.** This is a significant improvement on the same period last year (6.42)

4.2 If we look at this data in terms of being a number of people, this is what the rates per 100,000 mentioned above would equate to (rounded to the nearest whole number).

- **For overall delays; approximately 6 people on average delayed per day.** The target requirement was fewer than (approximately) 13 people on average per day.
- **For NHS delays; approximately 4 people on average delayed per day.** The target requirement was fewer than (approximately) 9 people on average per day.
- **For Social Care delays; approximately 2 people on average delayed per day.** The target requirement was fewer than (approximately) 4 people on average per day.

### 5.0 Key areas that have aided improvement in reducing delays are as follows:

#### 5.1 Social care

5.1.1 We have a long established social work assessment team based at the QE hospital, in the last year we have reviewed the team structure and focus to ensure we are using the resources we have to maximum benefit with the team now only focussing on discharges.

## **5.2 Emergency Residential/Nursing Care Trusted Assessor**

- 5.2.1 The Council does not have many problems in accessing Residential and Nursing Care homes beds at short notice and can normally get an admission, once assessed, within 48 hours.
- 5.2.2 At present, before an admission takes place, the registered manager or the responsible officer at the care home must carry out an assessment at the hospital. This is to ensure that the home can manage the persons' needs and have the right levels of staff available. However this can delay admission into the care home.
- 5.2.3 As part of the winter planning for 2018 it was highlighted that there may be a need at some point in the winter period to transfer people from hospital with a long term care need into a residential / nursing care within a very short timescale.
- 5.2.4 All thirty care homes were invited to be included in an emergency trusted assessor model, where at a time of crises, homes would accept referrals based on the assessment of the Council Officer and would agree to take the admission as soon as possible; with the aim of two hours if possible. Referrals can be made seven days per week including out of hours if required. A total of eighteen homes agreed to be included if required with these homes having around ninety vacancies that could be used as and when needed.
- 5.2.5 To date, there has not been a need to use this approach but it is available should it be required.

## **5.3 Bridging service**

- 5.3.1 One of the main reasons for delayed discharges was people waiting for a long term package of home care to start in the community. Due to the workforce issues the home care market is facing, not only in Gateshead but the rest of the country, providers don't always have the resources to enable packages to start as soon as someone is ready to leave hospital.
- 5.3.2 To enable people to leave hospital as soon as they were ready for discharge, the Council need a service that is responsive and has staff available to start within two hours. It was agreed to pilot over a three month periods a new approach with the independent sector providers. They agreed to have a small team of salaried staff who will deliver support to enable people with a long term care needs to be discharged and receive support for a short period of time whilst waiting a long term package of care.
- 5.3.3 The Pilot was evaluated and overall proved very successful. It enabled over fifty people to return home on the day they were fit to leave hospital. The overall satisfaction from service users and their families was really high with the vast majority rating the service good to excellent.
- 5.3.4 The Council agreed that the service was required all year round and have commissioned the service with three providers (Clece Care, Comfort Call and Dale Care) from September 2017 to March 2019. Over 100 people have been supported within the first three months since the service has been reintroduced

with the majority moving to a long term package within two weeks of receiving the bridging service.

## **5.4 Enablement**

5.4.1 The Enablement service has been in place for some time, and we have supported many service users to remain independent. As part of Enablement the below services are also being provided:

- Overnight Service has proven to be instrumental in maintaining people at home, minimising residential care admissions. Staffing resources are being doubled in this area.
- Training in Systematic Instruction (**TSI**) interventions in Promoting Independence Centres and People Regaining Independence by Means of Enablement (**PRIME**) provision is effective in maintaining people in their own homes
- Promoting Independence Centre (**PIC**) Intermediate Care home discharge levels have been at an effective level (71%), facilitating opportunities for people to remain at home.
- PRIME and Rapid Response services actively used (particularly North East Ambulance Service use of Rapid Response service) to prevent admissions into residential care and acute hospital admissions
- OT introduction into PRIME is paying dividends in determining effective lifestyle and environmental interventions for people, enabling them to remain in their own homes
- Rapid Response service is providing immediate support (average response time of 27 minutes) to people in a crisis in their own homes; serving to stabilise individuals and (if need be) providing Enablement support. Service has won the 'Putting People First Personalisation award at the 2017 North East Care Awards in November 2017 for its instant person centred, crisis support.
- Step-down trusted assessor routes into PRIME and PIC's are now firmly established, facilitating seamless discharges.

## **5.5 The Achieving Change Together (ACT) team**

5.5.1 The Achieving Change Together team is a new team which has been developed to review service users who have complex needs, primarily people with a Learning Disability, with the aim of working with these people to promote independence which in turn will result in less dependency on long-term statutory services.

5.5.2 The development of the team has the support of senior managers within Care Wellbeing and Learning. The team consists of staff from assessment, in house provider (enablement) and commissioning. There have been two development days which were very positive. The team go live on the 22<sup>nd</sup> January 2018.

## **6.0 Joint work between CCG/Trust/Council in the following areas has also assisted in reducing the reported delays:**

6.1 Regular meetings at first line, middle line management and senior management from the Trust and Council regarding analysis of discharge arrangements and performance:



- *Weekly Surge Meeting* – A problem solving meeting to discuss specific cases where there are possible issues re discharge.
- *Winter Planning Meeting* – Looking at any issues from the winter beds (Ward 6)
- *Daily Surge Meeting Gold command* – This meeting is ad hoc and can be called on at very short notice when the trust is in a particularly difficult position.
- The LA also receives a daily list of people who may be ready for discharge who are able to have an early discharge.

6.2 The above meetings are over and above the daily “board rounds” which take place every day on the wards with a multidisciplinary team.

6.3 There are presently 97 extra beds open at the QE.

6.4 Considerable work has been carried out redeveloping DToC monitoring procedures and systems. By working closely with partners at the Foundation Trusts and NTW we have established a more robust process to challenge and report DToC. This work has included enhancing existing monitoring templates, reinforcing reporting procedures from Sit-Rep meetings, dedicated monthly meetings with colleagues at NTW to discuss delays and the monthly presentation of DToC through Adult Social Care Performance Clinics.

## **7.0 Recommendations**

7.1 The views of the OSC are sought on the report and, in particular:

- Whether it is satisfied with progress so far and the future plans in place to continue to work towards reducing Delayed Transfers of Care
- Continued work of Enablement including the new services being provided
- Development of the Achieving Change Together team

### **Contact:**

Jean Kielty 4332038 – Delayed Transfers of Care

Keith Hogan 4332455 – Enablement

Louise Hill 4332613 – Achieving Change Together team

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## **TITLE OF REPORT: Extra Care Housing for Older People**

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

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### **1. Summary**

- 1.1 The purpose of this report is to advise OSC of the current Extra Care provision in Gateshead and the planned expansion to meet the future needs.
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### **2. Background**

- 2.1 Extra Care Housing is also known as very sheltered housing, assisted living or simply housing with care. Extra Care services were first developed nearly 30 years ago with Gateshead first being built over 20 years ago. It is a popular choice amongst older people as it can provide an alternative to a residential care home.
- 2.2 In Gateshead we have 240 tenancies across six Extra Care Schemes:
- Angel Court, Waverley Road, NE9 7TG
  - Callendar Court, Beacon Lough East, NE9 6RR
  - Fountain Court, Bensham, NE8 4XD
  - Marigold Court, Old Ford, NE10 0DZ
  - Priory Court, Wardley NE10 8WL
  - Winton Court, Winlaton, NE21 6AT

### **3. Demand**

- 3.1 The demand for Extra Care Services both in Gateshead and nationally is growing rapidly due to a number of reasons including:
- People are living longer
  - People being diagnosed with dementia at an early stage
  - Cuts to Local Authority funding
  - Reductions in Residential Care placements

- 3.2 There is currently a waiting list for people wanting to move into Extra Care schemes in Gateshead and demand is greater than what we have available. Unfortunately there are occasions where there is no choice for someone to move into Residential Care as there are no vacancies within any of the six schemes.

#### **4. Technology**

- 4.1 Advances in technology are providing an alternative and often cheaper way to meet people's needs within the community. By balancing technology along with people providing care we are able to prevent unnecessary admissions into long term care homes and keep people living in their own homes longer.
- 4.2 Technology is going to play a larger role in the future in particular to meet the challenges of the increasing number of people living with dementia.

#### **5. In-House Services**

- 5.1 The Council is the current provider to deliver the Care and Support at both Angel and Callendar Court. A decision was made in 2016 for the Council to no longer deliver these services in the future and for this to be contracted to the independent sector.
- 5.2 A procurement exercise is underway for a provider to be appointed to deliver both services under one contract. It is expected that these responsibility for these services will transfer in July 2018 with around 8 workers involved in transferring under TUPE regulations. All other workers have taken up offers of other employment within the Council's other provision.
- 5.3 A further procurement process will take place in 2018/19 to look at a framework approach for both the remaining four schemes and future developments.

#### **6. Future Developments**

- 6.1 In order to meet the demands now and in the future, a range of new Extra Care Schemes will need to be developed across the borough. The Commissioning Team will be developing an Extra Care Strategy in 2018/19 that will sit alongside our Market Position Statement. The strategy will include projections for future demand and potential locations in Gateshead where we would be keen for future developments to take place.
- 6.2 The Commissioning Team are already working with 'Spatial, Planning and Environment' colleagues for a new site to be developed in late 2019/20 and have had a number of developers in for discussions.

## **7. Recommendations**

7.1 That OSC note this update and comment as appropriate

**Contact: Barry Norman ext 2369**

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**CARE, HEALTH & WELLBEING  
OVERVIEW AND SCRUTINY COMMITTEE  
5 February 2018**

**TITLE OF REPORT:**        **Annual Work Programme**

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

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## **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.

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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 and highlights proposed changes to the programme 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.

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**Contact:**    Angela Frisby

**Extension:**    2138

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<b>Draft Care, Health &amp; Well-being OSC 2017/2018</b>	
<b>20 June 17 (5.30pm meeting)</b>	<ul style="list-style-type: none"> <li>• Constitution</li> <li>• Role and Remit</li> <li>• The Council Plan - Year End Assessment and Performance Delivery 2016-17</li> <li>• OSC Review - Work to Address Harms caused by Tobacco- Scoping report</li> <li>• MHA/DOLs Update</li> <li>• Deciding Together, Delivering Together - Progress Update</li> </ul>
<b>12 September 17</b>	<ul style="list-style-type: none"> <li>• Monitoring - OSC Review of Role of Housing in Improving Health &amp; Wellbeing</li> <li>• OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering</li> <li>• Social Services Annual Report on Complaints and Representations - Adults</li> <li>• Annual Report of Local Adult Safeguarding Board and Business Plans -(Chair of Board to attend)</li> <li>• Scrutiny of STP</li> <li>• Work Programme</li> </ul>
<b>31 October 17</b>	<ul style="list-style-type: none"> <li>• OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering</li> <li>• Gateshead Healthwatch Interim Report</li> <li>• Blaydon GP Practice</li> <li>• Shared Care Clinical Audit</li> <li>• Quality of Commissioned Services in Gateshead</li> <li>• Integrating Health and Care in Gateshead</li> <li>• Work programme</li> </ul>
<b>5 December 17</b>	<ul style="list-style-type: none"> <li>• OSC Review - Work to Address Harms Caused by Tobacco - Evidence Gathering</li> <li>• The Council Plan - Six Monthly Assessment of Performance and Delivery (incl LSCB update)</li> <li>• Health &amp; Well-Being Board Progress Update</li> <li>• Work Programme</li> </ul>
<b>23 January 18</b>	<ul style="list-style-type: none"> <li>• OSC Review - Work to Address Harms caused by Tobacco - Evidence Gathering</li> <li>• Blaydon GP Practice - Consultation on Options</li> <li>• Work Programme</li> </ul>

<b>5 Feb 2018</b> <b>(Additional Meeting</b> <b>- 10.30am )</b>	<ul style="list-style-type: none"> <li>• New Service Delivery Model for Extra Care Services</li> <li>• Gateshead Care Partnership Progress Update</li> <li>• Case Study 1- Health and Social Care System Wide Workforce Issues</li> <li>• Delayed Transfers of Care / Reablement Progress Update</li> <li>• Work programme</li> </ul>
<b>6 March 18</b>	<ul style="list-style-type: none"> <li>• OSC Review - Work to Address Harms caused by Tobacco - Interim Report -</li> <li>• Gateshead Healthwatch</li> <li>• Case Study 2- Hospital Admissions as result of Alcohol related Harm</li> <li>• <b>Deciding Together Delivering Together - Update</b></li> <li>• Work Programme</li> </ul>
<b>17 April 18</b>	<ul style="list-style-type: none"> <li>• OSC Review - Work to Address Harms caused by Tobacco - Final Report</li> <li>• Monitoring - OSC Review of Role of Housing in Improving Health and Wellbeing</li> <li>• Health and Well-Being Board - Progress Update</li> <li>• Food &amp; Health and Safety Intervention Plans - Progress Update</li> <li>• OSC Work Programme Review</li> </ul>

**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**