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HEALTH AND WELLBEING BOARD AGENDA

Friday, 22 April 2016 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Jane Robinson

Item	Business
1.	**Apologies for Absence**
2.	**Minutes** (Pages 3 - 12) Minutes of meeting held on 26 February and Action List are attached for approval.
3.	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
	Items for Discussion
4.	**Newcastle Gateshead CCG Operational and Commissioning Plans 2016/17** (Pages 13 - 30) Presentation by Dan Cowie
5.	**Better Care Fund Submission 2016/17** (Pages 31 - 34) Report presented by John Costello
6.	**Social Prescribing in Gateshead - Update and Next Steps** (Pages 35 - 44) Report presented by Alice Wiseman
7.	**Personal Health Budgets: Progress Update** (Pages 45 - 52) Report presented by Julia Young
8.	**Health and Wellbeing Strategy Regional Seminar** Verbal Update by John Costello
	Items for Information
9.	**Updates From Board Members** Board members to update on any items for information
10.	**Any Other Business**
11.	**Date and Time of Next Meeting** Friday 10 June 2016 at 10.00 am

Contact: Sonia Stewart; email; soniastewart@gateshead.gov.uk, Tel: 0191 433 3045,
Date: Thursday, 14 April 2016

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 26 February 2016

PRESENT

Councillor L Caffrey (Chair)

M Graham	Gateshead Council
M Henry	Gateshead Council
F Hindle	Gateshead Council
M McNestry	Gateshead Council
D Ball	Healthwatch Gateshead
B Westwood	Federation of GP Practices
M Dornan	Newcastle Gateshead CCG
C Wood	Gateshead Council
E Nunez	NHS England

IN ATTENDANCE:

Sir Paul Ennals	Fulfilling Lives
Neil Mackenzie	Fulfilling Lives
Caroline Kavanagh	Newcastle Gateshead CCG
Craig Bankhead	Older Persons Assembly
Margaret Barratt	Gateshead Council
Jane Mullholland	Newcastle Gateshead CCG
Alice Wiseman	Gateshead Council
Lindsay Henderson	Fulfilling Lives
Sophie Boobis	Fulfilling Lives
Jill Harland	Fulfilling Lives
Iain Miller	Gateshead Council
Michael Laing	Gateshead Council
John Costello	Gateshead Council
Sonia Stewart	Gateshead Council

HW14 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ian Renwick, Councillor Helen Hughes, Councillor Catherine Donovan, Alison Elliott, Mike Robson, Mark Adams and Alison Dunn.

HW15 MINUTES

The Minutes and Action List of the meeting held on 16 January 2016 were agreed as a correct record.

Matters Arising

With regards to item 8 on the previous minutes on the Role of Housing Providers, it was noted this is being considered as a review topic by the Care, Health and Wellbeing OSC.

HW16 DECLARATIONS OF INTEREST

HW17 FULFILLING LIVES - ADDRESSING MULTIPLE AND COMPLEX NEEDS

The board received a presentation from Sir Paul Ennals and Neil Mackenzie regarding the Fulfilling Lives programme.

The Board were informed that the project has had positive working relationships with Gateshead organisations and thanked, in particular, Alice Wiseman and Michael Laing for their contributions.

The scheme is funded by the Big Lottery for 8 years and was set up to support people with multiple and complex needs including Mental Health, Substance misuse and homelessness.

It is a partnership with Changing Lives, Aquila and Mental Health Concern; however, the work is embedded with that of front line staff in all voluntary organisations.

The aim is to look at the client in the round and a whole person approach is being taken - clients are not signposted onto someone else. It is about looking at system change. It is about looking at how we can do it – better, cheaper, quicker and looking for opportunities to make changes before people's lives become chaotic.

The largest single group of clients is white males, aged 25 – 34. For most of the outcome measures, there have been significant changes and improvements.

The most expensive clients can cost approximately £45,000 per year and there can be up to 3,000 clients per year with an estimated £133m cost across Newcastle and Gateshead.

The core service is not a preventative programme (the service works with adults); however there is an element relating to how the service can help to prevent peoplepresenting with high cost needs.

Work has been ongoing with GPs in Gateshead to support and train receptionists. Often people that the service works with struggle to provide evidence of an address for the provision of services.

The service is currently piloting across Newcastle and Gateshead and it is looking at ways to extend the principles of the Fulfilling Lives programme into new care models

Gateshead Health and Wellbeing Board were asked to:

- Continue to work within the Fulfilling Lives Partnership – to improve outcomes for people with multiple and complex needs who face ingrained inequality
- Consider the potential for using the Navigator Model for working with vulnerable clients in other settings
- Support Fulfilling Lives' efforts to demonstrate the costs of the client group and identify opportunities for budget savings
- Consider opportunities for joining up future commissioning decisions for this client group, across Newastle/Gateshead and across all statutory bodies

RESOLVED - That the recommendations be agreed.

HW18 OLDER PEOPLES STRATEGY & ACTION PLAN

The Board received a presentation on the Older Peoples Strategy and Action Plan. The Board were informed that some key individuals are due to leave the partnership and it was felt that there were some opportunities to explore regarding how the partnership might move forward.

The Older People's Strategy identifies some key themes with lead officers/organisations and identifies key priorities within each theme.

The board were informed of a number of initiatives which are currently being undertaken, including Friendship Groups, Intergenerational IT Projects, Tai Chi etc.

A monthly newsletter is also produced and volunteering is promoted, working with the CVS and the Council.

The Older People's Partnership is a user led organisation and it works proactively with people coming up to retirement and at the point of retirement.

It was felt that it is time to revisit the partnership membership again.Partnership members want it to continue to exist in some form and it is felt that it has an important role to play to minimise silo working.

Discussions with colleagues in the CCG led to the question being asked as to whether the partnership should be a conduit for the Vanguard work. Some of the people who attend the Vanguard meetings also attend the partnership and there are clear links in terms of seeking to inform commissioning decisions.

There is resource available within the CCG and it would make sense to incorporate the Partnership into the Pathway of Care Group. Lesley Bainbridge has offered to facilitate this process.

The only concern expressed with this proposal was to make sure that if the partnership is incorporated into the Vanguard Structure, that the community input is not lost.

RESOLVED - (i) That the information be noted;

(ii) That the proposal in principle be agreed;
(iii) That the matter be brought back to a future meeting of the Board

HW19 VANGUARD CARE HOME PROGRAMME

The Board received an update report on the Vanguard Care Home Programme.

The Gateshead Vanguard is a pioneering approach to try and improve the health and wellbeing of older people in Gateshead and aims to provide better and more joined up support for older people by embedding health and rehabilitation services within a residential environment.

A multi-agency steering group has been established to ensure that the programme works to improve the care for older people (over 65s) in Gateshead and to ensure that improvements are replicable and scalable in line with national requirements.

Representation on the Steering Group is wide and diverse and apart from the CCG and local authority representatives, members of the group also include patient / public representatives, voluntary sector organisations, Newcastle and Northumbria University and key provider organisations.

All Vanguard programmes have now had to produce a range of documents which will allow NHS England to monitor the impact of the new models of care and identify areas of replicability. However, the recently published NHS England Planning Guidance (which includes the requirement to produce two separate but connected plans – a Five Year Sustainability Plan and an annual Operational Plan) stipulates that the sustainability and delivery of Vanguard Programmes must now be included within these plans to allow the impact of transformation to be identified and mainstreamed into current NHS activity.

A regional Vanguard Network has been established to facilitate the sharing of best practice and a National Vanguard Team has been created within NHS England to provide all local teams with a package of support.

RESOLVED - (i) That the update report be noted; and
(ii) The Board agree to receive further update reports regarding the progress of the programme.

HW20 DEVELOPMENT OF OSC WORK PROGRAMME FOR 2016/17

The Board received a report on the proposals for Overview and Scrutiny Committee Work Programmes.

Each year the Council consults it partners on the emerging priority issues for all of its Overview and Scrutiny Work Programmes.

The feedback overall has been supportive of the Work Programmes.

It was queried with regards to the proposed Care, Health & Wellbeing OSC review of the role of Housing in Promoting Health and Wellbeing whether the scope could be widened to include the cost to the whole system across Gateshead, as well as to individuals themselves, and the issue of fuel poverty.

With regards to the proposed Families OSC case study on the consequences of alcohol, it was suggested that the scope be broadened to include dealing with the consequences of FASD (Foetal Alcohol Spectrum Disorders).

It was felt that the proposed Communities and Place OSC Review of the Impact of Gambling on the Borough was a really good idea as this impacts upon people's health and wellbeing.

It was queried with regards to the proposed Street Cleanliness case study whether account could be taken of the potential impact on the use of outdoor spaces if levels of street cleanliness are not maintained.

It was noted in connection with the proposed Corporate Resources OSC case study on the Implementation/Roll out of Universal Credit, that welfare reforms can have important impacts upon residents health and wellbeing.

RESOLVED - That the comments of the Board be noted.

HW21 BCF QUARTER 3 RETURN TO NHS ENGLAND

A report was submitted to the Board to seek endorsement for the Better Care Fund Quarter 3 return to be submitted to NHS England.

NHS England introduced quarterly monitoring arrangements for the BCF which requires a template return to be submitted in respect of the BCF Plan.

The Board considered a Performance Review Update report at its last meeting on 15 January, which included the BCF. It was noted that this would be used to inform the Quarter 3 return due for submission on 26 February.

In preparing our BCF plan and submission for 2016/17, the Board asked that documents to be submitted to NHS England on 2nd March and 21st March are made available to Board members. It was also noted that the Board is due to consider the BCF submission at its next meeting on 22nd April.

RESOLVED -
(i) That the Board endorse the Quarter 3 return to be submitted to NHS England.
(ii) BCF 2016/17 submission documents to be made available to Board members.

HW22 UPDATES FROM BOARD MEMBERS

Director of Public Health

The north east 'Balance' organisation has sought, in partnership with the National Alcohol Alliance, support for its campaign to raise the duty on the cheapest alcohol and white cider.

The Health and Wellbeing Board has been asked to sign a letter quoting some of the evidence and supporting the campaign.

It was requested that a letter be sent on behalf of partners.

RESOLVED - That the proposal to send a letter in support be approved.

Newcastle Gateshead CCG

An update was provided on staffing changes taking place across Newcastle Gateshead CCG.

Healthwatch Gateshead

Healthwatch Gateshead reported that it would wish to be involved in stakeholder discussions relating to the devolution agenda.

HW23 SCHEDULE OF MEETINGS 2016/2017

RESOLVED - That the following schedule of meetings for 2016/17 be noted.

Friday 10 June 2016
Friday 15 July 2016
Friday 9 September 2016
Friday 21 October 2016
Friday 2 December 2016
Friday 20 January 2017
Friday 3 March 2017
Friday 28 April 2017

Copies of all reports and appendices referred to in these minutes are available online and in the minute file. Please note access restrictions apply for exempt business as defined by the Access to Information Act.

Chair……..

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from 26th February 2016 meeting of the HWB			
Older People's Strategy & Action Plan	Take forward the proposal to incorporate the Older People's Partnership into the Vanguard Pathway of Care Workstream Group	Lesley Bainbridge & Margaret Barrett	Report to be brought back to the Board at a future date – feed into the Board's Forward Plan
Vanguard Care Home Programme	The Board agree to receive further update reports regarding the progress of the programme.	Caroline Kavanagh	To feed into the Board's Forward Plan
BCF Q3 Return to NHS England	BCF 2016/17 submission documents to be made available to Board members	John Costello	On-going
Updates from Board Members	The Board to send a letter of support to Balance for the campaign to raise the duty on the cheapest alcohol and white cider.	Carole Wood	Completed
Matters Arising from 15th January 2016 meeting of the HWB			
Health & Wellbeing Strategy	That a Health and Wellbeing Board development session be arranged for a time after the 7th April regional workshop	John Costello	To be arranged
Mental Health	That the Board note	Alan Jobling	To feed into the

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Employment Integration Trailblazer Pilot	progress and receive a further update in 6 months.		Board's Forward Plan
Matters Arising from 23rd October 2015 meeting of the HWB			
North East & Cumbria Fast Track Learning Disability Transformation Plan	Future reports to be brought back to the Board on progress.	Chris Piercy	To feed into the Board's Forward Plan
Child and Adolescent Mental Health Services (CAMHS) Transformation Plan	The Board to receive regular assurance reports.	Chris Piercy	To feed into the Board's Forward Plan
Children & Young People 0 – 19 Framework	The Board to receive a follow-up report when further modelling work is complete.	Carole Wood	To feed into the Board's Forward Plan
Tobacco Control 10 Year Plan	A plan to be brought to the Board within the next 6 months.	Alice Wiseman	To feed into the Board's Forward Plan
Matters Arising from 11th September 2015 meeting of the HWB			
Personal Health Budgets	Personal health budgets to be examined in the context of social prescribing as part of a planned workshop due to take place in November. A further update report on Personal Health budgets to be brought back to the Board in April 2016.	Alice Wiseman/ Gail Bravant Julia Young/Gail Bravant	Workshop completed. A report on personal health budgets is on the agenda of the Board's meeting on 22nd April.
Homeless Health:	NTW also to be	Jill Harland/Lisa	Being

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Deep-dive exercise	involved in this piece of work going forward. The findings of the further research work to be brought back to the Board early in the New Year.	Phillliskirk	progressed. To be included within 2016/17 Forward Plan
Communications Strategy	Communications leads to meet to discuss arrangements for taking forward the strategy and to develop an initial communications plan for the Board.	Lee Hansom	Being progressed.
Substance Misuse Strategy Group Terms of Reference and Workplan for 2015/16	The Board to receive a draft Substance Misuse Strategy for Gateshead at a future meeting.	Alice Wiseman	On the agenda of the Board's meeting on 22nd April.
Matters Arising from 5th June 2015 meeting of the HWB			
Older Peoples Wellbeing – Addressing Social Isolation	A scoping report setting out work that is already ongoing and identifying gaps to be brought back to a future meeting of the HWB	Alice Wiseman	To be included within the 2016/17 Forward Plan
Matters Arising from 24th April 2015 meeting of the HWB			
Place shaping for health and wellbeing	That a stakeholder workshop be arranged on place shaping for health and wellbeing.	Carole Wood/Paul Dowling	To be included within 2016/17 Forward Plan

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NHS
Newcastle Gateshead
Clinical Commissioning Group

NHS Newcastle Gateshead CCG Commissioner Plan 2016/17 Version 1.0

Contents

1. Introduction

NHS England published the Five Year Forward View on 23rd October 2014. The Forward View sets out a clear vision for the future of the NHS based around new models of care.

In December 2015, NHS England published the NHS Shared planning guidance which outlines a clear list of national priorities for 2016/17 as well as longer term challenges for local systems. Each local health and care system has also been asked to come together to create their own local blueprint for accelerating implementation of the Forward View.

All NHS Organisations have been asked to produce two separate but interconnected plans:

- A local Northumberland Tyne & Wear health & care system 'Sustainability & Transformation Plan' covering the period from October 2016 to March 2021
- A plan by organisation for 2016/17. This will need to reflect the emerging Sustainability and Transformation Plan. This document describes the NHS Newcastle Gateshead CCG commissioning plan for 2016/17.

We are currently in the process of working with partners, stakeholders, the clinical community, patients and the public to develop our long term 'Sustainability & Transformation plan' and it is imperative that in 2016/17 we focus on key areas of transformational work to address our greatest challenges (long term sustainability and current pressures).

To date the following areas have been identified as priorities to ensure the sustainability of our local health economy:

Population Focus

- Older People
- Children, young people and families

System Focus

- Collaborative hospital working
- Intermediate care system
- Sustainable primary care

System Approach

- Prevention & Early intervention
- Individual and community resilience

In order to ensure our priorities for 2016/17 are aligned with this emerging thinking, we have linked each of our priorities to these key areas of focus.

The commissioning intentions outlined in this document are not a complete list of all the initiatives, projects and service transformation areas that are either already underway or are in the pipeline, but instead:

- Outline the key priorities for the year ahead which will improve the quality of service and/or improved value for money;
- Provide the context for commissioning changes;
- Provide an indication to current and potential providers of how, working with our partners we intend to shape the delivery of health services for our population.

2. Background and context

We have made significant progress towards achieving our local health and care economy vision and continue to accelerate our programme of transformation working closely with partners utilising opportunities outlined within the *NHS Five year Forward View*.

Moving forward, there will be a single Sustainability and Transformation plan for the Northumberland Tyne & Wear region which will be made up of three local footprints, namely Newcastle Gateshead, North Tyneside Northumberland & Sunderland South Tyneside. This plan will describe our shared local vision for 2021 regarding care both inside and outside our hospitals underpinned by better integration with local authority services in respect of prevention and social care.

2.1 Case for Change

The challenges for Clinical Commissioners

We know the NHS is facing a period of unprecedented challenges which are not unique to NHS Newcastle Gateshead CCG. These challenges are driven by the following:

An ageing population	▪ Anticipated significant growth in over 85 year olds ▪ Currently more than 40% of people admitted to hospital are over 65 years ▪ Unplanned admissions for people over 65 years account for more than 70% of hospital emergency bed days ▪ When they are admitted to hospital, older people generally stay longer and are more likely to be re-admitted
Increasing costs	▪ 80% of deaths in England are from major diseases (i.e. Cancer) many of which are attributable to lifestyle risk factors i.e. excess alcohol, smoking, poor diet ▪ 46% of men and 40% of women will be obese by 2035
Budgetary constraints	▪ Although NHS budgets are protected in real terms, current forecasts point to a £30bn gap in funding by 2020/21.
Increasing long term conditions	▪ It is predicted that there will be 550,000 additional cases of diabetes and 400,000 additional cases of stroke and heart disease nationally ▪ 25% of the 15 million people in England with a long term condition currently utilise 50% of GP appointments and 70% of the total health and care spend in England.
Public expectations	▪ Patients and the public rightly have the high expectations for the standards of care they receive. There are increasing demands for access to latest therapies, greater information requirements and more involvement in decisions about their care.

In response to the challenges set out above our collective ambition is to maintain high quality and sustainable health and care services for our public and patients which we will achieve through:

- Ensuring our citizens are fully engaged
- Wider primary care provided at scale
- A modern model of integrated care
- Access to highest quality urgent and emergency care
- A step change in the productivity of elective care
- Specialised services concentrated in centres of excellence.

Population demographics and health profile

The health of people in Newcastle and Gateshead is generally worse than the England average, with life expectancy for both men and women lower than the England average. The 2013 Health profiles and demographics provide us with the following overview of our population:

- ***The resident population of Newcastle is approximately 281,000 with an increase of 24,000 (8.5%) forecast over the next 25 years.***
- ***The resident population of Gateshead is approximately 200,000 with an increase of 11,400 (5.7%) forecast over the next 25 years.***
- ***On average, deprivation is higher than the England average. Almost a quarter of people in Newcastle live in the 10% most deprived areas nationally, around 7% live in the 10% least deprived areas nationally***
- ***On average, deprivation is higher than the England average. Approximately 16% of people in Gateshead live in the 10% most deprived areas nationally, around 38% live in the 20% most deprived areas***
- ***Over the last ten years all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.***
- ***29.9% of children in Newcastle aged under 16 years live in poverty compared to an England and Wales average. This equates to approximately 13, 600 children living in poverty***
- ***23.2% of children in Gateshead live in poverty; this is significantly higher than the England and Wales average. This equates to approximately 9,305 children living in poverty***
- ***Around 22.8% of year 6 children in Gateshead are classified as obese, higher than the average for England***
- ***Around 23.2% of year 6 children in Newcastle are classified as obese, higher than the average for England***
- ***Levels of teenage pregnancy, GCSE attainment, alcohol specific hospital stays among those under 18, breastfeeding initiation and smoking in pregnancy in Newcastle & Gateshead are worse than the England average***
- ***Smoking related deaths and hospital stays for alcohol related harm in Newcastle and Gateshead are worse than the England average***
- ***Estimated levels of adult 'healthy eating', smoking and physical activity are worse in Gateshead than the England average***

There are significant health inequalities in Newcastle and Gateshead, despite the progress made in improving the health of the population over the last few years. These inequalities are described in detail in the reports of the Director of Public Health and the Joint Strategic Needs Assessment.

We are committed to promoting opportunities for health for all people in Newcastle and Gateshead through partnership working and efforts to prevent illness, protect from harm or threat to health and wellbeing and reduce unfair and avoidable health inequalities. To support the achievement of these goals we will continue to implement the evidence based practice utilising frameworks such as the Commissioning for Prevention 5 step framework as outlined within the NHS England Call to Action.

3. Commissioning plan 2016/17

This document outlines our current thinking in relation to key areas of focus for 2016/17.

We know there are underlying challenges in our health economy that must be addressed to successfully build a sustainable care model. These include:

- Managing increased demand for services from our frail elderly population;
- Delivering robust and effective community services, bringing care closer to home;
- Working together to develop new models of delivery which ensure sustainability and affordability.

Our process for developing these key areas of focus has been set clearly in the context in which the organisation operates, responding to (in no particular order):

- National requirements outlined within the Five Year Forward view;
- What our patients and the public are telling us;
- What the Quality Review process highlighted;
- What our stakeholders and partners are telling us;
- The CCG's vision and values;
- Local population need, as described by the Joint Strategic Needs Assessment (JSNA/NFNA);
- Utilising the evidence base for example NICE, Commissioning for Value and Right Care;
- Intelligence from in-year contract performance monitoring;
- Assurance requirements, including the DH Operating Framework/Outcomes Framework and NHS England requirements;
- QIPP (Quality, Innovation, Productivity & Prevention) delivery;
- Transformational change requirements to ensure a sustainable health economy;
- Funding and efficiency requirements.

Nationally, NHS England has prescribed the following must do's which must be achieved in 2016/17:

National Must Do
1. Development of STP
2. Aggregate financial balance
3. Sustainability and quality of general practice
4. Achievement of access standards for A&E and ambulance waits
5. Achievement of NHS Constitution referral to treatment standards
6. Achievement of NHS Constitution cancer standards and one year survival
7. Achievement of new mental health standards
8. Transform care for people with learning disabilities
9. Make improvements in quality.

These requirements have been considered through our planning process to ensure we achieve these as well as accelerating transformation in 2016/17.

4. Our vision

Our Vision is to ***transform lives together*** by prioritising:

- **Involvement -** of people in our communities and providers to get the best understanding of issues and opportunities.
- **Experience** - people centred services that are some of the best in the country.
- **Outcome -** focusing on preventing illness and reducing inequalities.

The diagram below summarises our vision and is surrounded with the core NHS values to show our local work is always in the context of being a consistent National Health Service.

5. Areas of Focus in 2016/17

In 2016/17 we will focus on key areas of transformation to address our greatest challenges (long term sustainability and current pressures). Our key areas of focus moving forward will be:

Population Focus

- Older People
- Children, young people and families

System Focus

- Collaborative hospital working
- Intermediate care system
- Sustainable primary care

System Approach

- Prevention & Early intervention
- Individual and community resilience

We continue to progress with the development of the new care models described within the Five year forward view, and in line with this, our major areas of transformation for 2016/17 continue to be:

- Mental Health Services;
- Urgent Care Vanguard;
- Care Homes Vanguard in Gateshead;
- Proof of concept model of care in Newcastle;
- Re-procurement of community services in Gateshead;
- Implementation of the General Practice Strategy.

The full list of our priorities for 2016/17 can be found at Appendix 1:

6. Measuring success

We will continue our work on the development of an *Outcomes Based Commissioning* (OBC) framework. This framework will focus on Providers delivering services that focus on outcomes for patients and their carers. The focus will also be on patient centred goals and overall service improvement.

Nationally, our performance will be assessed against the following measures in 2016/17:

NHS Constitution Standards	Standard	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
A&E waits				
A&E Waiting Times – Total time in the A&E department	95%	Monthly	Yes	Yes
Cat A Ambulance Calls				
Ambulance clinical quality – Category A (Red 1) 8 minute response time	75%	Monthly	Yes	Yes
Ambulance clinical quality – Category A (Red 2) 8 minute response time	75%	Monthly	Yes	Yes
Ambulance clinical quality – Category A 19 minute transportation time	95%	Monthly	Yes	Yes
Referral To Treatment waiting times for non-urgent consultant-led treatment				
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%	Monthly	Yes	Yes
Diagnostic Test Waiting Times				
Diagnostic Test Waiting Times	1%	Monthly	Yes	Yes
Cancer Two Week Wait				
All cancer two week wait	93%	Monthly/ Quarterly	Yes	Yes
Two week wait for breast symptoms (where cancer was not initially suspected).	93%	Monthly/ Quarterly	Yes	Yes
Cancer Waits - 31 Days				
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')	96%	Monthly/ Quarterly	Yes	Yes
31-day standard for subsequent cancer treatments-surgery	94%	Monthly/ Quarterly	Yes	Yes
NHS Constitution Standards	**Standard**	**Monthly/ Quarterly/ Annual Total**	**Technical Guidance**	**Planning Trajectory**
31-day standard for subsequent cancer treatments - anti cancer drug regimens	98%	Monthly/ Quarterly	Yes	Yes
31-day standard for subsequent cancer treatments - radiotherapy	94%	Monthly/ Quarterly	Yes	Yes
Cancer Waits - 62 Days				
Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	85%	Monthly/ Quarterly	Yes	Yes
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	90%	Monthly/ Quarterly	Yes	Yes
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	n/a	Monthly/ Quarterly	Yes	Yes

NHS Constitution Supporting Standards	Standard	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
Cancer				
One-year survival from all cancers	N/A	Annual	Yes	See note 1

Infection	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
Healthcare acquired infections (HCAI) measure (Clostridium Difficile Infections)	Monthly	Yes	Yes

Activity	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
Total referrals (All specialities)	Monthly	Yes	Yes
Consultant led1St Outpatient attendances	Monthly	Yes	Yes
Consultant led Follow up outpatient attendances	Monthly	Yes	Yes
Total elective admissions (spells)	Monthly	Yes	Yes
Total non-elective admissions (spells)	Monthly	Yes	Yes
Total A&E attendances	Monthly	Yes	Yes
Total Endoscopy tests*	Monthly	Yes	Yes
Total Diagnostics tests (excluding Endoscopy)*	Monthly	Yes	Yes
RTT admitted activity	Monthly	Yes	Yes
RTT non-admitted activity	Monthly	Yes	Yes

Mental Health	Expectation	Monthly/ Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
IAPT Roll-Out	15%	Quarterly	Yes	Yes
Estimated diagnosis rate for people with dementia	66.7%	Monthly	Yes	Yes
IAPT Recovery Rate	50%	Quarterly	Yes	Yes
IAPT Waiting Times - The proportion of people that wait six weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.*	75%	Quarterly	Yes	Yes
IAPT Waiting Times - The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.*	95%	Quarterly	Yes	Yes
Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	50%	Quarterly	Yes	See note 1

Better Care Fund	Expectation	Monthly/Quarterly/ Annual Total	Technical Guidance	Planning Trajectory
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	N/A	Annual	Yes	Yes
Delayed Transfers of care per 100,000 population (attributable to NHS, social care or both)	N/A	Monthly	Yes	Yes
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	N/A	Annual	Yes	Yes

Transforming Care	Expectation	Monthly/Quarterly/Annual Total	Technical Guidance	Planning Trajectory
Reliance on inpatient care for people with a learning disability and/or autism*	An overall reduction in the number of inpatients who have either a learning disability and/or an autistic spectrum disorder (including Asperger's syndrome) throughout 2016/17.	Quarterly	Yes	Yes

* Added for 2016/17 Planning Round

Note 1: Trajectory for this indicator must be reflected in CCG plans, although it will not be formally collected in UNIFY. It will be monitored in-year, and CCGs will be held to account for their performance against this indicator.

7. Finance

The financial plan for 2016/17 has been developed in parallel with the wider planning requirements.

Following release of the CCG's allocation for 2016/17 (and expectations for the following four years) in January 2016 it has become clear that there will be increased financial pressure on the CCG in 2016/17 and future years.

The CCG's programme cost allocation for 2016/17 has increased by 3.05% which equates to £20.7m, giving total funding for services of £721m for the year.

Financial plans have been developed in line with national financial planning assumptions for the year including:

- Inflation and efficiency adjustments to contracts based on national tariff guidance
- CQUIN to remain at 2.5% of contract value
- Provision of funding for mental health services, including child and adolescent mental health services (CAMHS) and general practice information technology (GPIT), some of which was provided via national non recurrent funding in 2015/16.
- Compliance with national business planning requirements to provide contingency and non-recurrent funds
- Planned achievement of surplus in as agreed with NHS England.

Given the significant calls on the funding allocation for 2016/17, new plans for spending on commissioning of services outside of the demand planning and performance requirements within major contracts has been minimal.

A key focus of the financial plan is in developing and implementing the CCG's Quality, Innovation, Prevention and Productivity (QIPP) savings plans for 2016/17 and future years. The plans total £14m for 16/17 and are reflected across the full range of services commissioned by the CCG. The CCG will look to work closely with service providers to explore opportunities to ensure all parties achieve best value for the funding available, including utilising focused work on Right Care opportunities. This will be supported by the application of consistent objectives across the range of commissioning tools, for example CQUIN schemes with providers and engagements programmes with general practice.

Even within the current balanced financial plan significant risks remain, and alongside them the need to continue with QIPP and wider transformation schemes which will support the local health economy to achieve sustainability in future years.

8. Contract implications

Where appropriate, detailed financial and activity schedules reflecting modelled activity requirements will be issued for discussion with our providers. In circumstances where commissioning intentions are expected to have a material impact on 2016/17 provider activity levels, the activity impact will be included in the proposed activity and financial schedule.

Commissioners and providers are required to jointly agree activity profiles and consequently the assumptions underlying our activity estimates will be shared with providers for discussion and agreement as part of contract negotiation process.

Timetable

Contract negotiations will be carried out within the national timeframe with expected sign off by the nationally agreed date. NHS Newcastle Gateshead CCG intends to work with providers to reach agreement and formally sign off contracts in accordance with the required timeframes.

9. Equality and Diversity

As public sector organisations, the NHS Newcastle Gateshead CCG Alliance are statutorily required to ensure that equality, diversity and human rights are embedded into all our functions and activities as per the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution.

In the exercise of our functions we will ensure that we:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Human Rights Act.
- Provide equality of opportunity and ensure good relationships for people who are protected by the Equality Act 2010.

This means that we should:

- Work towards ensuring that people protected by the Equality Act are not disadvantaged.
- Take steps to meet the needs of people from protected groups.
- Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

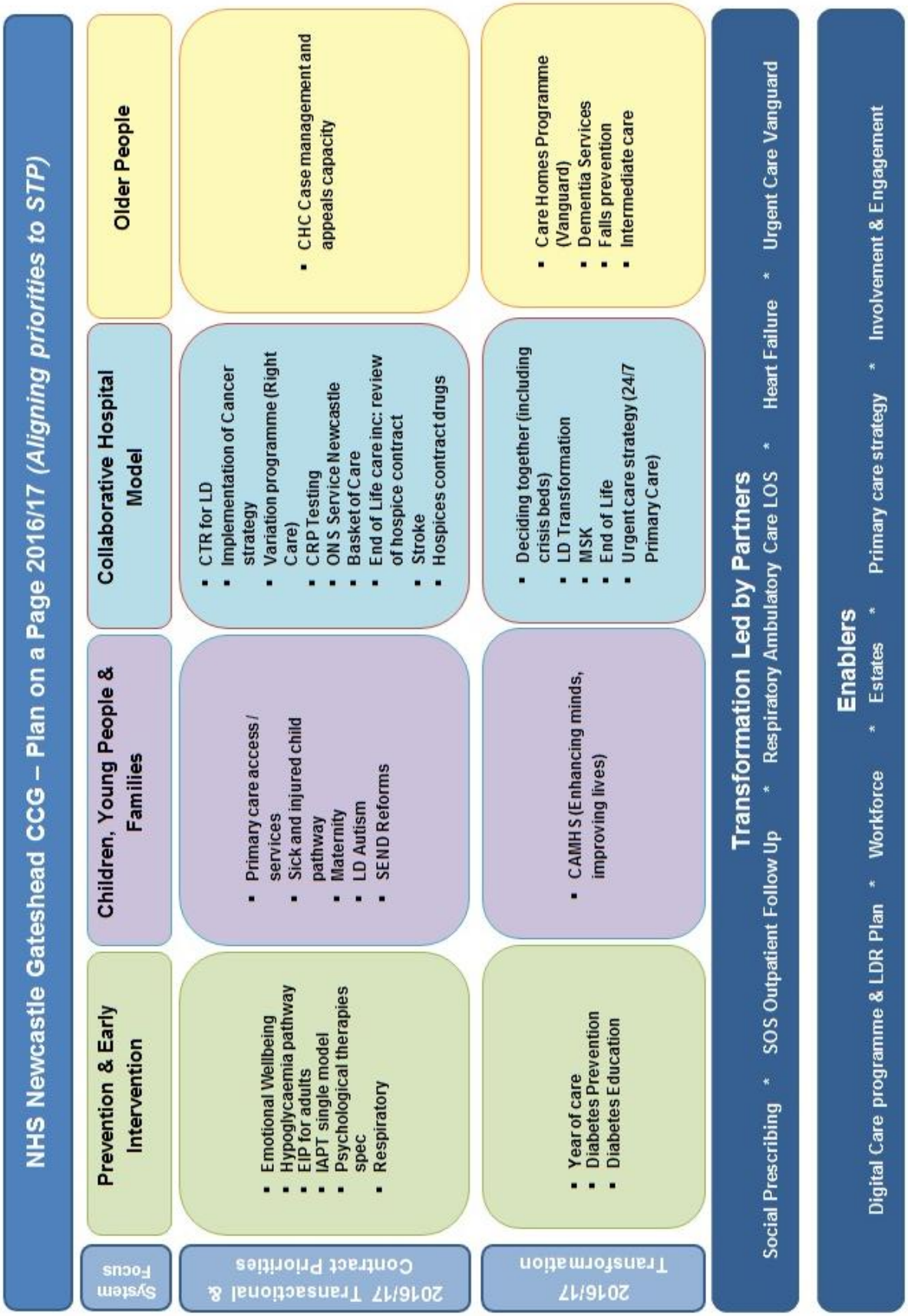
Our aim is to uphold these objectives and to close the gap in health inequalities.

Our equality strategies are available on our website.

10. Summary

The purpose of this document is to raise awareness of the transformation initiatives and schemes NHS Newcastle Gateshead CCG intends to implement during 2016/17. As plans are developed and implemented, the impact on individual contracts will be discussed with providers.

11. Appendix 1: Plan on a Page 2016/17



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Gateshead Council

HEALTH AND WELLBEING BOARD
22 April 2016

TITLE OF REPORT: Better Care Fund 2016/17 Submission

Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Gateshead Better Care Fund submission for 2016/17.

Background

2. The Better Care Fund (BCF) was originally announced by the Government in the June 2013 spending round, with the goal to secure a transformation in integrated health and social care. The BCF created a local single pooled budget to incentivise the NHS and local government to work more closely together around the needs of people, placing their wellbeing as the focus of health and care services, and shifting resources into community and social care services for the benefit of local people, communities and health and care systems.

3. The HWB approved the Gateshead Better Care Fund (BCF) 2015/16 submission for Gateshead at its meeting on 19 September 2014, which in turn was approved by NHS England in December 2014.

4. In January 2016, NHS England published a policy framework for the implementation of the BCF in 2016/17 which confirmed the statutory and financial basis of the BCF, the conditions of access to the Fund, and arrangements for the assurance and approval of plans.

5. This was followed in February 2016 by the publication of planning guidance which indicated that the BCF planning process should be integrated as fully as possible with the core NHS Operational planning arrangements (Item 4 on the agenda refers). The guidance also stated that local areas should be mindful in developing their plans about the linkages with five year NHS Sustainability & Transformation Plans (STPs) which NHS partners are required to produce by the end of June 2016. It is expected that these five year plans should set out a blue print for accelerating implementation of key elements of the NHS Five Year Forward View, be place-based and be built around the needs of local populations.

6. The planning guidance also sets out details of the submission requirements for the BCF for 2016/17 which are broadly aligned to the timetable for developing

CCG operational plans. Local partners are required to develop, and agree, through their Health and Wellbeing Board (HWB):

(i) A short, jointly agreed narrative plan including details of how they are addressing the national conditions set;
(ii) Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
(iii) A scheme level spending plan demonstrating how the fund will be spent;
(iv) Figures for the national metrics.

7. As before, national conditions are in place covering 7 day services, maintaining provision of social care services in 2016/17, integrated data using the NHS number, a joint approach to assessments and having an accountable professional for case management, and the requirement to have plans agreed by partners including the consequential impact on providers. There are also two new national conditions relating to the development of a local plan to reduce delayed transfers of care and investment in NHS commissioned out-of-hospital services.

8. National BCF metrics for measuring progress through the BCF continue to focus on non-elective admissions, admissions to residential and care homes, effectiveness of reablement, and delayed transfers of care.

9. The requirement for BCF plans to include a locally determined metric and a locally determined patient experience metric is again included within the requirements of the BCF planning return. It is proposed that they will continue to focus on the diagnosis rate for people with dementia and our existing patient experience metric relating to people with long term conditions.

BCF Development Milestones and Assurance Arrangements

10. In developing our BCF submission for 2016/17, there was a requirement to submit an initial high level planning return to NHS England by 2nd March and a second planning return and brief narrative plan by 21st March, copies of which have already been provided to members of the Board http://www.gateshead.gov.uk/Health-and-Social-Care/Health/Gateshead-Health-and-Wellbeing-Board.aspx Newcastle Gateshead CCG and local NHS provider organisations were also required to submit further versions of their operational planning returns during this period. NHS England has recently indicated that the deadline for BCF final submissions is the 3rd May.

11. There will be no national assurance process for BCF Plans for 2016-17. Instead the NHS England regional team will work with the national Better Care Support Team to provide assurance that the planning process has been implemented to ensure high quality plans are in place which meet national policy requirements. Local government regional leads for the BCF will also be part of the moderation process at a regional level. As before, there is a requirement that plans are approved by local Health & Wellbeing Boards.

Gateshead's BCF Submission for 2016/17

12. Gateshead's BCF funding allocation for 2016/17 is £16.488m (£15.008m revenue funding from Newcastle Gateshead CCG and Disabled Facilities Grant of £1.48m). The £16.488m pot for 2016/17 is £726,000 less than that for 2015/16 (£17.214m).

13. The BCF submission for 2016/17 has continued to be developed in line with government guidance subsequent to the second stage submission on 21st March (paragraph 10 above refers). An updated overarching Narrative Plan, Delayed Transfers of Care Plan (DTOC), a BCF Scheme Review template, and a Planning Return will be available for the Board meeting which builds upon work undertaken to-date and feedback on our initial submissions from NHS England.

14. 2016/17 is seen as a transition year whereby schemes which have formed the core component of our BCF plans to-date are aligned with emerging models of care such as the care homes vanguard, the urgent emergency care vanguard and other models of care such as the redesign of community health services, primary care, out-of-hospital care, prevention, assertive early intervention and enablement services. During this transition period, our BCF plan will continue to be underpinned by a locality based model of care that seeks to wrap primary, community and social care around a discrete population.

15. The Gateshead BCF plan links with an emerging five year Sustainability & Transformation Plan being developed by Newcastle Gateshead CCG and other NHS organisations for the period 2016/17 to 2020/21, as well as NHS Operational Plans for 2016/17.

Governance Arrangements

16. Governance arrangements for the BCF have previously been developed and endorsed by the Health & Wellbeing Board. A Gateshead Better Care Fund Programme Board, representative of the Council and Gateshead Clinical Commissioning Group, continues to be in place to oversee implementation of the BCF Plan and to provide the necessary assurance that it is being delivered in line with government guidance. The Programme Board also addresses any governance issues that arise relating to the BCF and receives monitoring reports on the schemes, associated metrics and the pooled budget. It will continue to provide assurance to the Health & Wellbeing Board as required.

Proposal

17. It is proposed that the Board endorse Gateshead's BCF submission for 2016/17. Work will continue in developing the detail of our plans prior to submission on 3rd May. A copy of the final submission will be circulated to Board members.

Recommendations

18. The Health and Wellbeing Board is asked to endorse the Better Care Fund submission for 2016/17 to NHS England.

Contact: John Costello (4332065)

Gateshead Council

HEALTH AND WELLBEING BOARD

22nd April 2016

TITLE OF REPORT: Social Prescribing in Gateshead: Update and Next Steps

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1. Purpose of the Report

The Health and Wellbeing Board held a workshop on Monday, 23rd November, 2015 to examine a social prescribing approach in Gateshead. Work on social prescribing has been developed within the context of the Achieving More Together approach.

The report will give an update from the workshop and recommendations for next steps.

2. Background

It was agreed through the Healthier Communities OSC, 21st April 2015 that work should be undertaken to "Develop a sustainable model of social prescribing in Gateshead". This work was agreed on the basis that the physical health and mental health outcomes of those affected by mental ill health could be improved through a social subscribing approach. At that time the OSC agreed that:

- A review of the evidence base for social prescribing should be carried out and an agreement reached on a 'Gateshead approach' to social prescribing.
- That a feasibility study should be completed on the implementation of a robust, sustainable social prescribing model for Gateshead.
- The Health and Wellbeing Board should consider the output from the social prescribing feasibility study.

It was evident that a number of different organisations / groups were looking at Social Prescribing in Gateshead from varying angles and viewpoints a social prescribing and a working group was developed to start meeting to discuss the scope and issues involved in Social Prescribing. Members of the working group currently include:

- Gateshead Public Health
- Newcastle /Gateshead CCG
- Representatives from Live Well Gateshead and the Community Capacity building team
- Gateshead Practice Manager representative
- VCS representative (Edberts House)
- Stephen Kirk (GP lead)

The group also visited Bromley by Bow as part of its evidence gathering to view a model being described as "best practice" at a national level to inform it's thinking. The working group proposed the workshop to the Health and Wellbeing Board as a way of consulting with key partners and organisations to look at key themes emerging from the scoping

work conducted by the group and pose key questions to help further develop the next steps to take social prescribing forward in Gateshead..

3. Social Prescribing Workshop - Why we held the event?

The Social Prescribing Working Group have been scoping out social prescribing in Gateshead and viewed the workshop as a way of sharing progress but to also get views from key partners and organisations in Gateshead. The workshop also looked to learn from those attending who also had a breadth of experience across Gateshead and offer a genuine opportunity to further shape Gateshead's approach to Social Prescribing.

The event was very well attended with over 70 in attendance from a wide range of statutory and non-statutory organisations. There was broad support for a social prescribing approach in Gateshead and particularly for shifting the emphasis from a traditional view of health and illness to wellbeing, a holistic approach. The workshop also generated a lot of interest and commitment from a wide range of people, groups and organisations. Key feedback from the event included:

- The need for a definition for Social Prescribing in Gateshead
- The need for a strategy / framework for Social Prescribing to be developed for Gateshead
- The need to develop a guide / tool kit as part of the strategy to give guidance to groups / organisations to carry out robust evaluation and build the evidence base to show the impact of social prescribing
- The need to use / develop an online directory to support the social prescribing approach
- Social prescribing to take a holistic approach in Gateshead
- Consider a commissioning approach to social prescribing in Gateshead
- Overwhelming support from people, groups and organisations attending the workshop to invest in a social prescribing approach for Gateshead.

4. Recommendations

The Health and Wellbeing Board is asked to approve further development of the attached draft framework (please see appendix 1) for social prescribing. Recommendations are sought from the Health and Wellbeing Board to approve:

(i) The development of underpinning principles and outcomes for the framework and all work streams that will sit within it.

(ii) Alignment of the social prescribing framework and the Achieving More Together delivery plan.

(iii) The development of a clear accountability framework between the Health & Wellbeing Board and work streams that make up the Social Prescribing Framework.

(iv) Formation of a Social Prescribing Steering group to act as the link to the H&WBB –made up of representatives of relevant working groups together with strategic leaders from across the health system.

(v) Development of a joint paper (CCG / Public Health) detailing next steps and clear project management arrangements that span both LA and CCG.

(vi) A report to be taken to the September Health & Wellbeing Board with a draft framework for approval.

Contact: Behnam Khazaeli / Samantha Hood

Appendix 1

Gateshead social prescribing Framework

DRAFT OUTLINE

1. Introduction

This paper proposes a framework to develop and deliver a whole system approach to social prescribing in Gateshead. Nationally Social Prescribing has been defined as a means to *"enable(s) patients with social, emotional or practical needs to access a range of non-clinical activities and services to improve their health and wellbeing."*

The report of the first annual Social Prescribing Network Conference in January 2016 identified that social prescribing can alleviate some of these pressures currently being experienced by the healthcare system "by addressing unmet needs of patients, whose needs are not currently met by the NHS. It can also alleviate pressure on GPs and other healthcare professionals, general practices and the health service more widely, all of whom are struggling to survive difficult times. Social prescribing goes further than that. By facilitating the patients' access to a whole range of voluntary and local services, including becoming volunteers themselves, there is much potential to nurture local social capital and catalyse health-creating communities that strengthen their ability to care for themselves and each other. Social prescribing recognises that the third sector is a largely untapped asset that can deliver further integration between health and social care in the creation of a more responsive and efficient local health economy. Social prescribing can be used to empower the patient to look for solutions to social problems before a crisis occurs that might affect their physical or mental health".

This statement of what is being experienced nationally is mirrored locally and illustrates the potential of social prescribing to support delivery of a number of pieces of work underway across Gateshead in both health, the local authority and voluntary sector and the need for a framework to link these and ensure they are not developed in isolation of each other. There is a need to take a unified approach to deliver common agendas and maximise the use of scarce resources across our health economy.

This paper:

- outlines a framework within which a cohesive approach to social prescribing in Gateshead can be developed.
- provides the context for social prescribing – both nationally and locally
- Identifies the roles that the various stakeholder need to take in developing and implementing this Framework.
- Seeks to gain agreement from senior leaders in the Gateshead Health and Social Care economy to this approach,
- Proposes a mechanism for assuring implementation of the approach and identifies a clear governance structure of accountability for delivery of this framework.

2. Context

2.1. National drivers

In 2006 the Department of Health (DOH) proposed the introduction of social prescriptions for those with long-term conditions, promoting integrated health and social care, partnered with the voluntary and community sector. The NHS Five Year

Forward View specifically details the need for NHS organisations to develop different approaches that utilises the community and builds upon community assets.

Marmot (2010) identified that to address the wider determinants of health and to tackle health inequalities required the initiation of opportunities to support the empowerment of individuals to take control of their own lives. The Marmot Review acknowledges that primary care has a crucial role in integrating services and promoting healthier communities.

Social Prescribing offers general practice a route for signposting into community groups and activity with the aim of improving patient's health and well-being. Development of a local approach to social prescribing would complement Marmot's recommendations and supports delivery of the work programme identified from the Due North Report (2014).

Report of the annual social prescribing network conference – January 2016 further supports the national case for the development of an approach to social prescribing stating "it has been estimated that around 20% of patients consult their GP for what is primarily a social problem; in fact the Low Commission reported that 15% of GP visits were for social welfare advice[1]. For these patients, a medical approach is inappropriate and equally frustrating for both patient and GP. At the same time, GP training places remain unfilled and insufficient numbers of GPs are applying to join general practice because of a perceived impossible workload. But it is not just GPs who are affected by the current pressures in healthcare. Healthcare professionals generally work tirelessly to do their best for their patients under ever increasing workloads".

2.2. Local Context

Social prescribing was a new concept to general practice in Gateshead only 12 months ago, however, through the implementation of the Year of Care Approach, the primary care navigator role and incentives set by the CCG for management of long term conditions, practices have very quickly embraced the concept and there is a ground swell of interest amongst the GP community to develop this as a priority across Gateshead.

Work to implement the Year of Care approach to long term conditions care is stimulating demand for social prescribing services at the same time funding available to the voluntary sector is declining. We must be mindful of increasing demands and pressures placed on the voluntary sector and the need to help support and develop its capacity - to maximise the chances of overcoming these challenges the system must work together.

Gateshead GP at scale meeting – Demonstrated an aim to ensure SP is integrated across General Practice in Gateshead through the education of staff and patients, the evaluation of current SP work and the development of IT and coding systems within practices to support referrals and evaluation.

An Overview and Scrutiny Review of mental health carried out by the local authority in 2015 highlighted the need to consider SP within Gateshead.

The Integrated Wellness Service - Live Well Gateshead - commissioned by Gateshead Council, takes an asset based approach, working with local communities to identify action to improve health and wellbeing. The model offers the potential for the basis from which a menu of services in Gateshead to support self-care could be developed. The model potentially could inform the commissioning of future self-care services and the development of a "More than Medicine" model or Social Prescribing for self-care which in turn supports delivery of the Year of Care approach to LTCs currently being implemented in General Practice.

The council has initiated a programme of work under the title “Achieving More Together” to progress this approach through a delivery plan to facilitate change. This work underpins the Change Programme led by the Chief Executive, and is co-ordinated by the Director of Public Health. The delivery plan is emerging and includes a number of interlinking elements that are designed to support culture shift, behavioural and service change over the life of the Council Plan. Specific work streams are in place to look at how the asset based approach can support business change in relation to the adult social care service redesign and the approach to delivering environmental services. This approach values the capacity, skills, knowledge, connections and potential across the whole community and partners, with a changing role for the Council. This is sometimes described as an “asset-based” approach’’. Assets can be social, financial, physical, environmental, or human resources (skills and time).

2.3. Gateshead H&WBB Workshop

The Health and Wellbeing Board held a workshop on Monday, 23rd November, 2015 to examine a social prescribing approach in Gateshead. The objectives were:

- to bring together interested parties to share ideas and information
- to learn more about social prescribing (including national and local drivers)
- to hear about the evidence base to hear from a national and a local example of SP
- to explore the potential of SP for improving health and social care outcomes in the Gateshead population
- to consider how to progress the social prescribing agenda in Gateshead
- to agree key outcome measures
- to consider next steps

Delegates were asked to consider the following key questions:

- What does the term social prescribing mean to you?
- How do we define social prescribing in Gateshead? Do we need to define what Social prescribing is for Gateshead?
- What role do you think social prescribing has in Gateshead?
- Is social prescribing an approach we want to invest in?
- What are the opportunities, barriers and risks to developing a social prescribing model for Gateshead?
- What should social prescribing focus on in Gateshead? Should it have a specific focus or be more holistic? (e.g. target population i.e. age range, health diagnosis, geographical area).
- What outcomes should we be measuring?
- How can we resource and fund social prescribing in Gateshead if it seen as an approach to invest in? What opportunities already exist?
- How do we take social prescribing forward in Gateshead building on evidence of what works?

There was broad support for a social prescribing approach in Gateshead and particularly for shifting the emphasis from a traditional view of health and illness to wellbeing, a holistic approach. Key feedback from the event included:

- The need for a definition for Social Prescribing in Gateshead
- The need for a strategy / framework for Social Prescribing to be developed for Gateshead

- The need to develop a guide / tool kit as part of the strategy to give guidance to groups / organisations to carry out robust evaluation and build the evidence base to show the impact of social prescribing
- The need to use / develop an online directory to support the social prescribing approach
- Social prescribing to take a holistic approach in Gateshead
- Consider a commissioning approach to social prescribing in Gateshead
- Overwhelming support from people, groups and organisations to invest in a social prescribing approach for Gateshead.

3. Scope of Social Prescribing in Gateshead

It is proposed that the social prescribing work in Gateshead initially focuses upon adults (i.e. 19 years and older) who fall into one or more of the categories identified below:

- A person with multiple LTCs
- Is at risk of social isolation
- Has been identified as having mental health needs

This work would include an approach to looking at service delivery for families where appropriate. Once the framework is embedded in practice it is proposed that a second phase of implementation would look to expand to incorporate provision for children and young people specific services.

4. Development of outcomes

This is an area where further stakeholder engagement needs to inform the outcomes we want to deliver via social prescribing and how these will be measured. Outcomes need to be identified at different levels :

- For individuals (i.e. the difference for the recipients of social prescribing e.g. patients feel better informed and more confident to manage their conditions; patients feel more engaged in their communities)
- For referrers into the model (i.e. General practice e.g. more effective use of their resources)
- Groups and community organisations (i.e. those delivering the activities such as the community and voluntary sector)
- Strategic outcomes for partner organisations – CCG, LA, NHS England (i.e. the difference to the health system)

It will be important to ensure outcomes are aligned across the health economy and the strategic aims of the Health and Wellbeing Board.

5. Principles for developing social prescribing across Gateshead.

In order to ensure a consistent approach to the development and implementation of social prescribing across Gateshead it will be important to collectively agree a set of principles that will underpin it, and which everyone involved across the system agrees to sign up.

Principles should aim to identify and build on the elements of social prescribing that already exist within Gateshead and ensure these are jointed up in a cohesive way to

form a clear pathway for social prescribing. This may involve elements of new commissioning but will build on existing assets, avoid duplication and take innovative approaches to identify alternative models of funding for social prescribing activities.

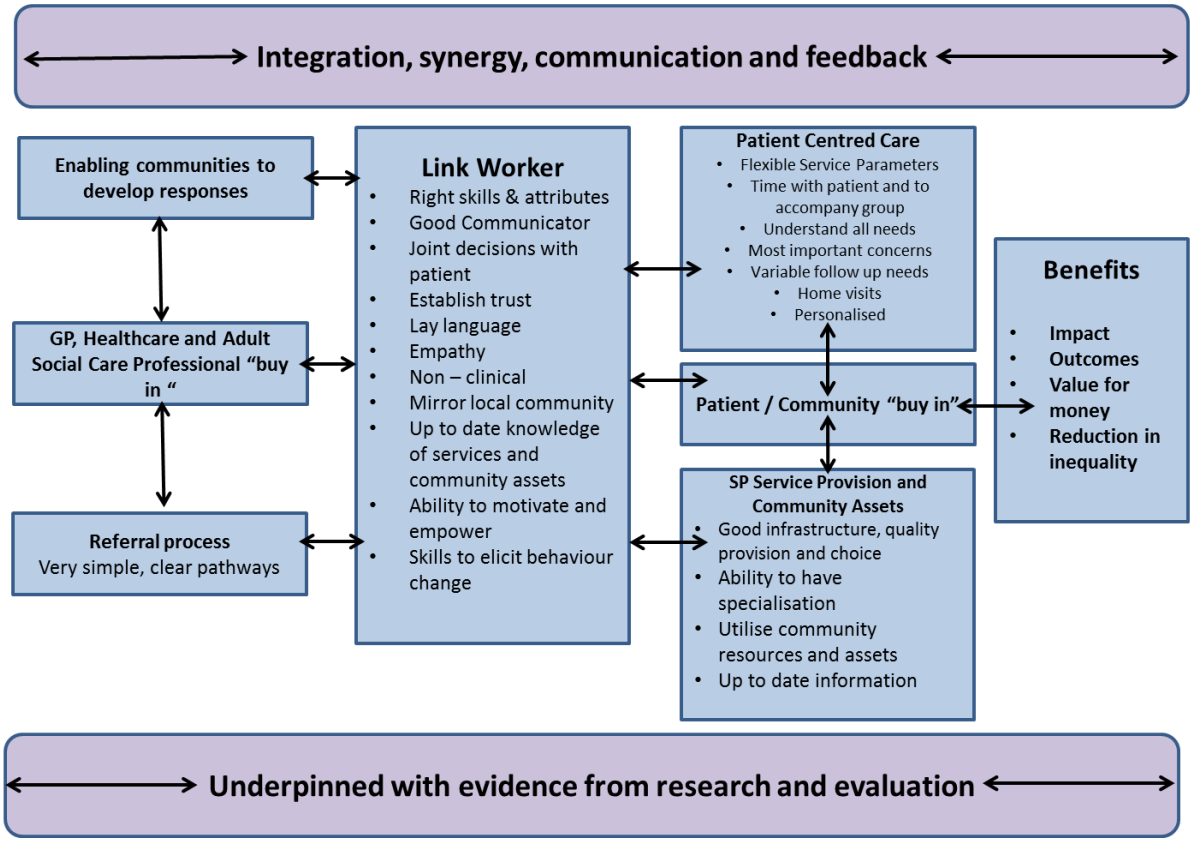
A suggested list of principles has been developed below from what people identified as important at the Social Prescribing Workshop held in November 2015:

- Take an effective collaborative approach that tackles the underlying causes of inequalities and poor health;
- results in increased understanding for individuals and communities, helping them to access and engage actively in self-help;
- Clinicians and others are able to offer a 'more than medical' approach to addressing individuals health and wellbeing needs;
- Take an approach that recognizes and unlocks existing assets within our communities e.g. volunteers, community based activities etc
- Take collective responsibility across the Gateshead Health System to work within identified budget envelopes and maximize use of available resources
- Support and develop opportunities for non-statutory partners to access investment for social prescribing activities within Gateshead.

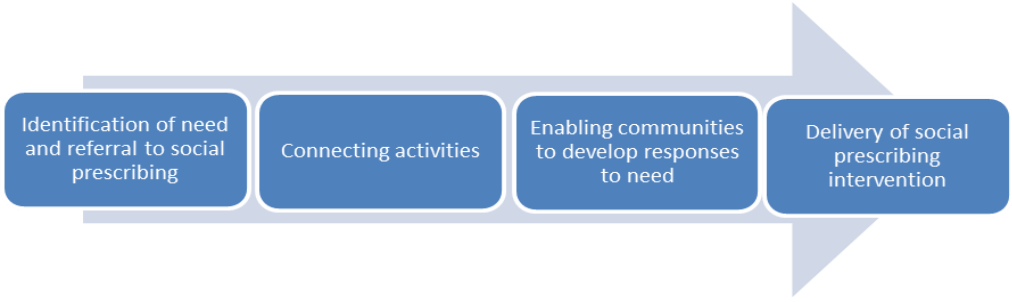
6. Proposed Framework for social prescribing in Gateshead

The table below is taken from the Report of the first annual Social Prescribing Network Conference in January 2016 and identifies what the network sees as the "key ingredients of social prescribing". These fit well to those elements that have been identified by the local Social Prescribing Working Group in Gateshead and could be adapted to form an over-arching framework for the delivery of Social Prescribing locally and be used to inform the working groups necessary to ensure delivery of the approach.

Diagrammatical representation of framework



The simple pathway for Social Prescribing within the framework can be summarised as



Key questions that need to be answered to fully implement the framework are detailed below:

Questions to address in framework	Referral to social prescribing	Connecting activities	Delivery of intervention
What is already happening now?	• General practices participating in the Year of Care Approach – stimulating demand for social prescribing • Achieving More Together work stream within Adult Social supporting people to improve their health and wellbeing through learning conversations • Referrals being made in ad-hoc way to social prescribing activities/interventions	• Live well Gateshead Hub – assessment of patient's needs • Live well Gateshead – signposting to relevant local services to meet identified needs • Health care Navigators – assessment of patient's needs (only in some practices) • Health care navigators – supporting patients to access relevant services (only in some practices) • Navigator Role within the new Adult Social Care Model • Live Well Gateshead wellness coaches – supporting patients to access activities	• Existing services commissioned or funded by CCG or LA that meet a social prescribing need • Voluntary sector services that already exist in local communities (already funded via other routes) • Live Well Gateshead wellness coaches delivering activities to groups or individuals • Mapping of current social prescribing activities available to Gateshead Population (by Social Services)
What are the gaps in the pathway we need to address?	• Working with General practice to develop their understanding of Social Prescribing • Development of	• Health Care Navigator role in General practice – to be developed	• Identification of gaps in social prescribing activities available

	General Practice IT systems to enable "social prescriptions" to be made • Access to a "menu of services" that enables the public and general practice staff to identify activities that fulfil social prescribing needs • Supporting communities to develop responses to local need	across Gateshead • Mapping of other Health Care Navigators roles across Gateshead to understand how various roles fit into the social prescribing framework and to avoid duplication	• Development of systematic way to identify gaps in social prescribing activities on an ongoing basis • Development of funding strategy for third sector in Gateshead
Which agencies are involved/need to be involved?	• N&GCCG • Primary Care Transformation Team (CBC) • Gateshead Council	• Local Authority • CCG • Voluntary sector • General Practice • Primary Care Transformation Team	• Local Authority • CCG • Voluntary sector groups • Local businesses and chamber of commerce (identify future funding models for Vol Sector)
Enablers	Underpinning principles		
	Identification of outcomes – patient level/system level		
	Stakeholder engagement		
	Funding strategy		
	Appropriate Quality Assurance		

7. Implementation of Framework

7.1. Issues to consider

In developing the framework locally there are a number of issues to be considered:

- the sustainability of funding
- generating demand through pilots that could not be sustained
- accessing up-to-date information about local services
- ascertaining the quality of services.

Practical challenges in implementing social prescribing include:

- agreeing referral routes and criteria;
- voluntary sector capacity;
- maintaining up-to-date information on sources of voluntary and community
- support;
- recording and evaluating impact and outcomes;
- increased GP workload (initially); and
- identifying resources for link worker/referrals facilitator.

7.2. Work streams

In order to assure delivery of the framework it is proposed that a time limited social prescribing steering group is established – which will be accountable to the Health and Wellbeing Board and will be made up of relevant strategic leaders from across the Gateshead Health Economy together with representatives of working groups that will sit beneath it. The working groups will be broadly based on "the key ingredients of social prescribing". In some instances it is anticipated that these will be already established groups whose work aligns with to the delivery of the social prescribing framework, however in other instances it may require the formation of task and finish groups. Anticipated areas of work are:

- Development of GP/Healthcare Professional understanding of social prescribing and establishing their "buy-in" – already commenced via the Primary Care Transformation Team and Year of Care Operational Group
- Development of Access to information on social prescribing activities for Gateshead residents – to align to the development of the "Our Gateshead Website
- Development of referral process and pathways
- Development of the link worker role aligned to social prescribing
- Development of Patient Centred Care – part of the Year of Care Work led by the CCG
- Social Prescribing Service Provision
- Development of enabling community to develop responses for Social Prescribing

Each work stream will be expected to develop a work programme that will report into the Social Prescribing Steering group which will be supported by appropriate project management resource. Further work is required with the Gateshead Health Economy to map whether these are pieces of work already underway, or new aspects of work that require establishment of task and finish groups.

7.3. Next steps towards Implementation of the framework

To progress implementation of the social prescribing framework in Gateshead the following elements need to be in place:

- The Development of underpinning principles and outcomes for the framework and all work streams that will sit within it.
- The development of a clear accountability framework between the Health & Wellbeing Board and work streams that make up the Social Prescribing Framework
- Formation of a Social Prescribing Steering group to act as the link to the H&WBB – made up of representatives of relevant working groups together with strategic leaders from across the health system
- Clear project management arrangements that span both LA and CCG
- Clarification of how the social prescribing framework links to other strategic work streams already underway across Gateshead e.g. Achieving More Together; the Year of Care Project; Care Homes Vanguard, Primary Care Strategy – workforce development; Connected Communities Connected People.

Gateshead Council

HEALTH AND WELLBEING BOARD
22 April 2016

TITLE OF REPORT: **Personal Health Budgets: Update on Progress**

This 'Local Offer' is an accepted and published commitment to the people of Newcastle Gateshead promoting personalisation in healthcare through the development of Personal Health Budgets and Integrated Personal Budgets.

Purpose of the report

There is a requirement to advise the Health and Wellbeing Board (HWB) how Newcastle Gateshead Clinical Commissioning Group (NG CCG) will develop the local offer for Personal Health Budgets (PHB) beyond NHS Adult Continuing Health Care (CHC) and Children & Young Peoples Continuing Care (CC) during 2016 / 17. This is an update from the report previously considered in September 2015.

The NHS Five Year Forward View sets out the vision for the future NHS including a new relationship with patients and communities that supports people to gain far greater control of their own care when they need health services. A key part of this is developing how Personalised Care is offered to individuals.

NGCCG is fully committed to the implementation and mainstreaming of PHB's and Integrated Personal Budgets (IPB's) for its population. It is acknowledged that to date progress has not been as significant as required.

This 'Local Offer' is our strategy of how we will provide Newcastle Gateshead residents with more direct control over the care they receive with the NHS, through the option of providing a PHB or an IPB.

Information regarding the local offer will be made available to residents through the 'Your Health' area of the Newcastle Gateshead CCG website and also in leaflet format. Draft content has been included in this report for information purposes only (Appendix 1).

Background

A PHB is an amount of money to support Patients identified health and wellbeing needs, planned and agreed between them and the local NHS team. The aim is to give people greater choice and control over the healthcare and support they receive.

Personal Health Budgets were introduced within the NHS IN 2009 to achieve the following health outcomes:

- Improved outcomes for patients through providing more tailored services and facilitate greater individual engagement;
- Helped to improve self-management and compliance through greater individual engagement;
- Enable a greater diversity of goods and services purchased;

- Improvements in satisfaction with services;
- Reduced GP visits and hospital admissions; and
- Cost savings for high cost, highly complex cases.

An IPB is an amount of money made up from both health and social care to achieve the same outcomes as a PHB.

A PHB/IPB may only be spent on the services agreed between the Patient and their health and or social care nominated person often known as Case Manager. This agreement will be clearly stated within a care and support plan that will enable the Patient to meet their agreed health and wellbeing outcomes.

How a PHB / IPB can be Managed and Received

There are three ways in which a person can receive a PHB/IPB:

1. Notional budget: Patients are aware of the treatment options within a budget constraint and of the financial implications of their choices. The NHS underwrites overall costs, retains all contracting and service coordination functions and manages the budget/account. There is no requirement for the patient to maintain financial records.
2. 3rd party budget: Patients are allocated a 'real budget', held by a third party (e.g. a Brokerage and Support Service or independent user trust) on their behalf. The third party helps the patient choose services within the budget based on their agreed health and wellbeing outcomes. Where a third party manages a patient's budget on their behalf, they will be required to maintain sufficient records to be able to demonstrate that any monies provided have been used in accordance with achieving the outcomes agreed in the individual's care and support plan.
3. Direct Payment: Patients are given cash payments to purchase and manage services themselves, including third party organisations. If the patient is unable to manage the budget themselves a Representative or a Nominated Person may do it for them. There is a requirement to maintain sufficient records to be able to demonstrate that any monies provided have been used in accordance with achieving the outcomes agreed in their individual care and support plan.

A combination of the above may also be appropriate.

Discussions regarding the most appropriate payment mechanisms and associated audit requirements are still being finalised.

The key principle is that the patient knows what their budget, the treatment or care options and the financial implications of their choices (Appendix 1), irrespective of the way the budget is configured by the NHS and or Local Authority and provided to the Patient.

Policy Drivers

On 1 August 2013 (amended 14 October 2013), The National Health Service (Direct Payments) Regulations (The Regulations) came into force across England, meaning that the NHS can lawfully the NHS could offer direct payments for healthcare. In support of the Regulations, Guidance on Direct Payments for Healthcare: Understanding the Regulations was published in March 2014.

Guidance on the "right to have" a Personal Health Budget in Adult NHS Continuing Healthcare and Children and Young People's Continuing Care was published in September 2014. The CCG duties are also set out in National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No. 3) Regulations 2014**.**

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, DH (2015) states CCGs will undertake a major expansion of integrated personal health budgets and implementation of choice – particularly in maternity, end-of-life and elective care – be an integral part of CCG's programme to hand power to patients.

The promotion of personalisation within the NHS is also embedded in the following legislation:

- Human Rights Act (1998): including Article 8: Right to respect for private and family life, and Article 14: Prohibition of discrimination
- The Data Protection Act (2003)
- The Carers (Equal Opportunities) Act (2005): Ensures that carers are able to take up opportunities that people without caring responsibilities often take for granted. The Mental Capacity Act (2005): The need to apply the Mental Capacity Act features strongly in self-directed support where there may be concerns about a patient who lack the mental capacity to manage their own money and/or who lack the ability to make decisions about their care
- The Equality Act 2010: Replaced previous anti-discrimination laws with a single Act
- The Children and Families Act 2014: This introduces Education, Health and Care Plans for children and young people with special educational needs and disabilities, for implementation in October 2014
- The Fraud Act 2006: This sets out the general offence of fraud and is relevant to investigation of suspected fraudulent activities relating to the provision of PHBs. This is necessary to ensure the NHS Constitution principle '*The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources'* is upheld
- The Care Act 2014: This is aimed at reshaping the system around prevention and promoting individual wellbeing. Personalisation is at the heart of the Act.

'In the Forward View Into Action; Planning 2016/17' (published December 2014) CCGs had clear milestones to develop their Transforming Care Partnership Plans and to lead a major expansion during 2015/16 to offer and deliver PHB's / IPB's to people, where evidence indicated they could benefit. As part of this, by April 2016, it is expected that PHB's / IPB's across health and social care should be an option for people with learning difficulties, in line with the Sir Stephen Bubb's Winterbourne review (2014) by April 2016. The objective was to clearly improve the lives of children with special educational needs. CCGs will need to continue to work alongside local authorities and schools on the implementation of integrated education, health and care plans, and the offer of PHB's / IPB's.

CCG Deliverables

The CCG is committing to the developing of a co-designed process to deliver PHB's and IPB's with patient and public involvement and identification of the areas of healthcare that will be an inclusive part of this approach (Appendix 2).

The Newcastle Gateshead CCG local offer for 2016/17 applies to the following groups:

- Those eligible for CHC and CC (they have benefited from a 'right to have' a PHB since October 2014).
- Children with special educational needs and disabilities (as part of the wider SEND reforms).
- Adults and children with learning disabilities and/or autism who have complex needs.

Given the need to ensure a more robust approach to expanding the local offer a joint strategy group is to be established in April 2016 to improve the governance and implementation of the personalisation agenda.

Recommendation

The Health and Wellbeing Board is asked to consider progress to date and agree the strategic direction and alignment of the personalisation agenda.

Contacts

- Julia Young (Director of Quality Development), Newcastle Gateshead CCG julia.young2@nhs.net.
- Margaret Barratt, Gateshead Council

Appendix 1 – Draft content for updated general leaflet

Cover

Newcastle Gateshead CCG logo

Title: Personal Health Budgets

Sub heading – choices of:

A new way to manage you or your child's healthcare needs
A new way to support individual healthcare needs
Helping to manage your healthcare needs in a way to suit you
Supporting your individual health and wellbeing needs

Page 1

A personal health budget is an amount of money which helps people with specific health and wellbeing needs manage their care in a way that suits them. Both adults and children are eligible for a personal health budget.

If you or someone you know has one or more of the conditions listed below, a personal health budget may be a way to receive care and support that better suits individual needs.

A personal health budget may have benefit if you or someone you know who:

- Receives continuing healthcare support from the NHS.
- Is a parent of a child who receives children and young people's continuing healthcare from the NHS.
- Adults and Children with learning disabilities and/or autism who have complex needs.
- Is a child who has special education needs and disabilities as part of their education, health and care plan.

If this is you or someone you know, talk to the NHS member of staff who helps you most often about whether or not a personal health budget could be of benefit. This might be your GP, nurse or care manager.

Page 2

We understand that personal health budgets will not be for everyone but they are a good way for some people to access more individual care and support that's right for them.

You don't have to change the healthcare and support you receive now, but a personal health budget allows to you think about anything that could help you in a better way and gives you more control over decisions about your care.

To decide whether a personal budget could be of benefit, we've pulled together some facts that may help you:

- A personal health budget is an amount of money to support individual healthcare and wellbeing needs which is planned and agreed between you and/or your representative and your local NHS.

- If you receive a personal health budget, a care plan will be jointly developed which will detail how your budget will be spent and what your health and wellbeing goals are. The plan is regularly updated and reviewed to make sure it continues to meet your needs.

- You can use your personal health budget to help you reach your health and wellbeing goals and may include equipment, therapies, respite and personal care.

- A personal health budget can only be spent on this to help you manage your health conditions. It can't be used to pay for emergency care or additional support from your GP.

- A personal health budget is not means-tested which means it will cover all the agreed costs to meet your healthcare and wellbeing needs.

Page 3

You may receive funding from other organisations to help support your health, social and wellbeing needs and it can be difficult to know what each one is.

Personal Health Budgets are different from a personal budget, an individual budget and a direct payment:

- A personal health budget is for your NHS healthcare and support needs.
- A personal budget is for your social care and support needs
- An individual budget includes your social care and support needs plus other funding, like independent living.

Payment options/how it's managed – tbc

Page 4

Want to find out more?

Add in details of who/where people can find out more information.

Appendix 2

PERSONAL HEALTH BUDGET (PHB) ONE PAGE STRATEGY - DRAFT

What success means from different perspectives?		
Our population	*Our providers*	*CCGs*
• I know what the PHB offer is in Newcastle and Gateshead and know whether or not I am eligible to receive one • I know who to contact to find out more about PHBs and if a PHB is right for me • I know and agree the PHB offer up front • I have the right support in place to plan how to spend my PHB • I have a safe and secure method available to me to help me to manage by PHB	• Providers are clear about the Newcastle and Gateshead commissioner approach to PHBs • Providers are clear about what the Newcastle and Gateshead local PHB offer looks like • Providers are confident and competent to support people who want to have a PHB • Providers are clear about how the decisions about PHBs are made and who to contact at Newcastle and Gateshead CCGs for advice and information	• The Newcastle and Gateshead PHB offer is aligned to both CCGs corporate values, plans and policies • We will strive to commission truly patient centred, coordinated care that includes a PHB offer • We will actively co-design our PHB offer with relevant stakeholders • We will grow and commissioner PHBs for more and more people

How are we going to deliver this success?		
Our population	*Our providers*	*CCGs*
• Clear information about the Newcastle and Gateshead PHB offer is available in a variety of formats and languages • I am supported through the process of deciding whether a PHB is right for them • My support plan reflects all my needs and preferences for care and support • I am clear about how much money is available to meet my needs and how I should spend it • I am involved in all the decisions about my care and support • I was offered a number of options to help me to develop my care and support plans and to manage my budget	• The provider market is developed to support the expansion of PHBs • Providers have a workforce training plan in place to support the planned expansion of PHB • Providers are confident to be able to make decisions with patients about what they can and can't spend their PHB on • Providers are supported to develop PHB champions who offer peer support to other staff members to help them to become more confident in the delivery of PHBs	• PHBs are clinically and financially viable and governed appropriately • CCG staff are confident in commissioning the expansion of PHBs • The CCGs are committed to ensuring PHBs are routinely offered to appropriate patients • We actively engage and communicate with all of our stakeholders, including service users, to ensure that our PHB offer is right and workings • Our local offer will continue to be developed to enable us to offer PHBs to more people

How are we going to measure this?		
Our population	*Our providers*	*CCGs*
• I am able to provide feedback about my PHB through a variety of formats • I am happy, have felt listened to and feel supported with my PHB • I have a good relationship with the staff who are supporting me	• The majority of our workforce have been trained to support people with a PHB • Everyone we support with a PHB has a personal care and support plan • Everyone we support with a PHB has fewer episodes of crises	• We have robust PHB monitoring systems in place • We have fewer complaints relating to services where PHBs are available • Regular reports are made available to appropriate committees