



## HEALTH AND WELLBEING BOARD AGENDA

Friday, 11 September 2015 at 10.00 am in the Whickham Room - Civic Centre

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From the Chief Executive, Jane Robinson

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Item Business

1. **Apologies for Absence**

2. **Minutes** (Pages 1 - 18)

The minutes of the meeting held on 17 July 2015 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. **Vanguard (Community Beds and Home Based Care) - Issues for Consideration**

Presentation by Dan Cowie, Newcastle Gateshead CCG.

5. **Personal Health Budgets: Update on Progress** (Pages 19 - 20)

Presentation by Gail Bravant, North of England Commissioning Support

6. **Homeless Health: Deep Dive Exercise (JSNA Framework)** (Pages 21 - 24)

Report to be presented by Lisa Philliskirk

7. **Draft Communications Strategy for Health and Wellbeing Board** (Pages 25 - 32)

Report presented by John Costello

8. **Substance Misuse Strategy Group Terms of Reference** (Pages 33 - 44)

Report presented by Pam Lee

9. **Healthwatch Gateshead Report for 2014/15 and Priorities for 2015/16** (Pages 45 - 60)

Healthwatch Report presented by Esther Ward

**Performance Management Items**

10. **Better Care Fund Quarter 1 Return 2015/16 to NHS England** (Pages 61 - 74)

Report presented by John Costello

**Items for Information**

11. **Updates from Board Members**

Contact: Sonia Stewart; email; [soniastewart@gateshead.gov.uk](mailto:soniastewart@gateshead.gov.uk), Tel: 0191 433 3045,  
Date: Thursday, 3 September 2015

## Item 2a

### **GATESHEAD HEALTH AND WELLBEING BOARD**

**Friday 17 July 2015**

**Present:** Councillor Lynne Caffrey (Chair) – Gateshead Council  
Councillor Helen Hughes (Vice-Chair) – Gateshead Council  
Councillor Michael McNestry – Gateshead Council  
Councillor Catherine Donovan – Gateshead Council  
Dr Mark Dornan – NHS Newcastle Gateshead CCG  
Trevor Atkinson - GVOC  
Councillor Mick Henry – Gateshead Council  
James Duncan – Northumberland, Tyne and Wear NHS  
Foundation Trust  
Jane Mullholland – NHS Newcastle Gateshead CCG  
Susan Watson– Gateshead Health NHS Foundation Trust  
Sharon Stuart – Healthwatch Gateshead

**In attendance:**

Alice Wiseman – Gateshead Council Public Health  
Jim Brown – Gateshead Council Public Health  
Gary Hetherington – Local Safeguarding Children Board  
Louise Gill – Local Safeguarding Children Board  
Susan Watson– Gateshead NHS Foundation Trust  
John Costello – Gateshead Council  
Sonia Stewart – Gateshead Council

**1. APOLOGIES FOR ABSENCE:**

Apologies were received from David Bunce, Carole Wood, Councillor Malcolm Graham, Councillor Frank Hindle, Councillor Mick Henry, Mike Robson, Ian Renwick and Dr Bill Westwood.

**2. MINUTES**

The minutes of the meeting held on 24 April 2015 were agreed as a correct record, subject to it being noted under the item on Older People and Social Isolation that, for the purposes of clarity, the action was to produce a scoping of the work already underway in this area and not an action plan to take the work forward.

**Matters Arising**

There were no matters arising.

## Action List

The Action List was noted.

It was also noted that:

- it is planned to hold a workshop in the Autumn around Social Prescribing. There is a lot of interest in this issue within the VCS.
- a workshop was due to take place in July on the Tobacco Control 10 year plan; however, as there was going to be a poor turnout, it has been agreed to re-arrange it. The Chair requested that partner organisations make a commitment to attend the workshop.

### 3. DECLARATIONS OF INTEREST

The Chair asked for any declarations of Interest. None were submitted.

### 4. Second Draft Health and Wellbeing Board Forward Plan and Meetings Schedule

At the previous meeting of the Board, it was agreed that the following 5 key areas should be the focus of its work during 2015/16 in the light of feedback received from partners:

- Strategy/policy development and commissioning intentions
- The transformational / integration agenda and ways of working
- Health and care service developments/reviews
- Performance Management Framework
- Assurance Items.

A meetings schedule had also been developed to incorporate a number of items linked to these areas. It was suggested that it would be helpful to identify indicative timings for those outstanding items to be incorporated within the meetings schedule. It would then be circulated to Board members.

It was noted that the Voluntary Sector Health & Wellbeing Advisory Group valued the development of a Forward Plan by the Board as it would help the Advisory Group in planning its own work programme linked to that of the Health & Wellbeing Board. It was also noted that it is important that the plan is owned by all partners, particularly members of the Board.

It was also noted that a draft of the communications plan will be brought to the next meeting of the Board.

- RESOLVED
- that the information in the report be noted.
  - that timings be identified for outstanding items to

come to the Board linked to its Forward Plan. This can then be circulated to Board members.

## **5. STRATEGY FOR HIGH QUALITY AND SUSTAINABLE GENERAL PRACTICE 2016 – 2019**

The Board were provided with an update on the development by Newcastle Gateshead CCG of a Strategy for High Quality and Sustainable General Practice for 2016-2019.

The 3 key components of the Strategy's vision are Involvement, Improvement of the Quality of Services, and People Living Happier and Healthier Lives.

The first engagement events took place in May 2014 and there was a patient and public involvement event in June 2014. Subsequent to this, working groups were established between September 2014 and January 2015. The groups looked at Models of Care, Workforce and Systems. Meetings were arranged for all practices and there was consultation with the General Practice Development Forum.

It was noted that in terms of care settings, integration will be particularly important. In terms of the national agenda, the CCG is looking at triple integration between Primary and Hospital Care, Health and Social Care and Physical and Mental Health. This then feeds into care pathways.

In terms of primary care, it was noted that much time has been spent trying to understand the picture. The focus of the Strategy is to be transformational over a three year period, with General Practice owning the direction and new approaches being tested out.

The 6Ps of Integration which are felt to be integral are:

- People
- Professionals
- Partnerships
- Premises
- Process
- Pound

A strategic objective around general practice models of care delivery has been identified, as have 3 enabling objectives relating to the workforce, estates and technology. A golden thread of quality care runs through these objectives.

The Strategy will be taken to the CCG Governing Body on 8 September and any final comments are welcome. It was noted that comments can be fed into the Strategy development and further update reports will be brought back to the Health and Wellbeing Board.

It was queried how the JSNA has been reflected within the strategy document and it was agreed to include further detail on this within the final draft.

RESOLVED - That the presentation is noted and that details of how the JSNA has informed the strategy to be included within the final document.

## **6. PREVENTING MALNUTRITION IN LATER LIFE – UPDATE ON THE MALNUTRITION PREVENTION PILOT, THE NEW GATESHEAD MALNUTRITION ALLIANCE and THE MALNUTRITION PREVENTION STRATEGY FOR GATESHEAD**

A report was presented to the Board to provide an update on the development of a Gateshead Malnutrition Alliance and a Malnutrition Prevention Strategy and to seek views on the plans going forward.

Malnutrition is common, particularly in older people, it is thought that 14% of people 65 years of age are affected, which equates to about 5,200 people in Gateshead. Around 30-40% of older people admitted to care homes or hospital are malnourished.

Causes of and risk factors for malnutrition are numerous, including both physical and mental problems such as swallowing difficulties, dementia or depression, as well as psychosocial factors such as social isolation, financial issues, mobility issues, access to shops, lack of cooking skills and bereavement.

There has been a pilot running between April 2014 and March 2015 and Gateshead was one of five pilots across the country looking at ways of reducing malnutrition in older people. The pilots were led nationally by the Malnutrition Task Force and sponsored by the Department of Health.

The Gateshead pilot steering group included representation from Gateshead Council (including Adult Social Care, Commissioning and Public Health), Age UK Gateshead, Gateshead Clinical Commissioning Group, Gateshead Health NHS Foundation Trust, South Tyneside NHS Foundation Trust and Healthwatch Gateshead.

The Gateshead Pilot has been very successful; however, there is still a way to go. The Gateshead Pilot focussed on 5 priority areas:

- Raising Awareness for the public
- Raising Awareness for staff
- Use of a validated screening and assessment tool
- Use of volunteers at mealtimes in promoting independence centres
- Sharing knowledge and skills

Some of the achievements and outcomes of the pilot include:

- A social marketing campaign launched in April 2014, in which hundreds of posters and leaflets on malnutrition were circulated across health, social and community settings. A total of 19 information awareness sessions were held with older people and carers.
- Television and radio interviews with steering group members were broadcast on Tyne Tees TV and NE1.fm radio.
- Surveys demonstrated that awareness by older people/carers of the causes and symptoms of malnutrition increased during the course of the pilot.
- Engagement was undertaken with the voluntary sector and older people's representatives, including Gateshead Carers, Gateshead Older Peoples Assembly, Gateshead Crossroads, and Gateshead Sight Service.
- Age UK Gateshead recruited a new Primary Care Navigator who will be involved in malnutrition work.
- A staff training needs analysis was undertaken.
- Training in malnutrition knowledge and skills was undertaken with a total of 239 members of staff.
- Care Pathways were developed for primary health care, community services, care homes and 'alerters' (including domiciliary care, housing, social care and unpaid carers).
- A total of 57 people attended a celebration event held in March 2015 to share the achievements and learning from the pilot.

An additional outcome of the pilot has been the development of a Malnutrition Prevention Strategy for Gateshead, (for people 65 year of age or older in community settings). In order to implement the strategy, maintain malnutrition as a priority and build on the successes of the pilot, the Gateshead Malnutrition Alliance has been formed.

The Alliance is chaired by Chris Piercy (Executive Director of Nursing and Patient Safety, Newcastle Gateshead CCG) and Margaret Barret (Lead Manager/Principal Social Worker, Adult Social Care, Gateshead Council) is Vice Chair.

The Strategy identifies 6 areas of work needed to reduce the prevalence and impact of malnutrition, each of which is linked to specific action plans:

- Building Community Capacity
- Building service delivery capacity
- Training and implementing care pathways
- Social marketing
- Development and implementation of primary care indicators
- Monitoring outputs and outcomes

It is proposed that the ongoing work to address malnutrition will be linked to the Better Care Fund initiatives and that the Alliance will report to the Better Care Fund Programme Board.

The Board felt that the work so far was excellent; however, there are still some unanswered questions.

It was felt that malnutrition should not be an issue for people within care homes and that appropriate responses can and should be built into both residential and home care.

It was noted that addressing malnutrition is a significant and important area of work and there is a need to focus on avoidable malnutrition. However, it was also noted that even where appropriate interventions are in place, there will be some people who do not gain weight and we need to be able to spot this at an early stage.

It was noted that good care homes have a particular focus on nutrition. Given the increasing pressures within the sector and the time commitment involved in enabling staff to respond appropriately to the nutritional needs of people being cared for (including training and awareness raising), it was felt that this is also a key issue for the future.

It was noted that data is also available on children who are underweight and responses which are in place to address this, including holiday hunger programmes.

RESOLVED - That the achievement and outcomes of the Pilot and the Malnutrition Prevention Strategy be noted by the Board.

## **7. HEALTH NEEDS ASSESSMENT OF THE EX-ARMED FORCES COMMUNITY IN GATESHEAD: KEY FINDINGS**

A report was presented to the Board to seek views on the Health Needs Assessment of the ex-armed forces community in Gateshead. The Gateshead Council Public Health Team was asked by the Gateshead Armed Forces Network to undertake a health needs assessment.

The ex-service community in Gateshead is made up of between 19,000 and 28,000 people. There are between 9,000 and 14,000 adult and child dependents of people who have ever service in the UK Armed Forces.

In the 2012 Gateshead Residents Survey, people who had ever served reported significantly worse health and more disability than those who have never served. Of those who had ever served, 43% responded that their day to day activities were limited (a little or a lot) because of a health problem or disability which had lasted, or was expected to last, at least 12 months, compared to 27% of those who had never served.

Unemployment is similar to the general population. The ex-service community younger than 65 years of age is more likely than the general UK population of the same age to report a long term illness that limits their activities (24% compared to 13%). Conversely, the ex-service community 65 years of age or older is less likely to report ill health than the UK population of the same age.

Locally the issues seem to be higher hospital utilisation, difficulty finding housing, job insecurity, debt and access to credit.

Evidence on interventions for the ex-Armed Forces community is scarce, and what exists is mainly of low quality or US based. The following appear to be of benefit:

Psychological therapies for depression and anxiety are most effective for early service leavers, and less effective for ex-service personnel with a physical disability or a substance or alcohol misuse problem.

In mental health services, integration and co-location with primary care; providing assessment and treatment together, increasing knowledge of Armed Forces culture among staff, ensuring strong links with other agencies and allowing self-referral.

Barriers to access to services that have been identified in literature and by stakeholders and the ex-service community include:

- Cultural issues
  - Not recognising a problem or need for treatment
  - Stigma about mental illness
  - A culture of self-reliance and not seeking help
  - Difficulty articulating need
- Transition issues
  - Lack of familiarity with civilian life
  - Loss of community support networks
  - Perceived inefficiency of services leading to impatience, loss of trust, and disengagement with services.
  - Lack of knowledge, interest or understanding prior to discharge of the need to develop skills transferrable to employment following discharge.

There are a number of services available in Gateshead which include:

Gateshead Armed Forces Network  
Armed Forces Community Support  
Veterans and Families Hub  
Veterans' Wellbeing Assessment and Liaison Service (VWALS)  
Career Transition Partnership (CTP)  
Combat Stress  
Royal British Legion  
Soldiers' and Sailors' Families Association

Other e.g. THRIVE, Poppy Factory, Veterans at Ease

Some recommendations which have come out of the assessment include:

- Sharing by the Ministry of Defence of Information on the number of service leavers indicating that they intend to relocate to Gateshead, and the number who are engaging with transition services
- Sharing of information by the justice system
- Recording in primary care, including if dependent/bereaved
- Recording in secondary care
- Training of healthcare professionals in culture/needs, risk factors, helping to navigate system and managing expectations
- Continue training of other frontline staff (housing professionals, debt advisers, jobcentre plus staff, citizens' advice staff).
- Build capacity by working closely with Live Well Gateshead and voluntary sector
- Maximise communication and signposting between agencies
- Engage with the most vulnerable service leavers
- Consider providing services within GP practices where there is a high population of ex-service personnel
- Consider carefully targeted social marketing to increase awareness of primary care mental health (IAPT) services, counselling and alcohol services.
- Work with Adult Social Care and carers associations to meet the needs of the ex-service community who are carers.

It was noted that there is an action plan attached to the assessment and the Board may wish to have an annual update.

RESOLVED - That the information in the report be noted.

## **8. VISION 2030 REFRESH: ACTIVE & HEALTHY GATESHEAD BIG IDEA**

A report was presented to update the Board on the Vision 2030 refresh. The development of a Sustainable Community Strategy is no longer a statutory requirement, but the Gateshead Strategic Partnership has agreed the need for a strategic plan to inform its priorities and monitor progress.

In 2007 Vision 2030 consisted of a vision, 34 outcomes, 6 big ideas, 36 improvement targets and 51 milestones. The refresh in 2010 consisted of a vision, 6 big ideas which each had 6 priorities and there were a total of 276 milestones. Over 20% of the milestones were complete at this time.

It was agreed that the Strategy needed to be looked at again in the light of changes to the GSP as well as the organisations and networks involved and in the context of less resource.

It is proposed that the document becomes more strategic with the ambitious and aspirational vision staying the same. The 6 big ideas and the ultimate aim of each are retained; however, the detailed pathway for each has been removed.

The outcomes originally listed under each big idea have been brought together and reduced by removing duplication. Equality of opportunity will be kept as a cross cutting theme to ensure that activity is targeted at areas of inequality. There will be a change of brand to help with celebrating and communicating our achievements to residents, with more emphasis on partners working together.

Partners are being asked to think about how they can contribute to the outcomes and discussions will continue over the next few months, focussing on how we link assets and needs by building on our systems and relationships over the short to medium term.

- RESOLVED -
- (i) That the refreshed content for Vision 2030 be noted.
  - (ii) That the 5 year outcomes be agreed.
  - (iii) That partners discuss within their organisations how they can contribute or lead on the 5 year outcomes.

## **9. K & A PHARMACY**

A report was presented to the Board to bring to their attention representations which have been made by Ian Mearns MP to NHS England in connection with an unsuccessful application made by K&A Pharmacy to NHS England for a Local Pharmaceutical Services (LPS) contact from 1 April 2015, together with a letter from Gateshead's Director of Public Health to NHS England supporting the concerns raised and offering to contribute to a local health impact assessment.

The Board was also asked to consider the issue in the context of the wider implications for the residents of the Deckham area which continues to experience high levels of deprivation and health inequality.

K & A Pharmacy had been designated an 'essential small pharmacy' under national criteria which provided financial support for small pharmacies in areas where they are needed for patients, but where the level of business was otherwise too low for a pharmacy to be viable.

The national contract for these pharmacies was first introduced in 2006. However, following NHS reforms, NHS England confirmed last autumn that it would not be possible to continue national arrangements

and pharmacies must negotiate local arrangement with their Area Teams (now sub-regions) from 1 April 2015.

It was noted that NHS England has issued a brief response to Ian Mearns MP in which it reiterated that:

- The Essential Small Pharmacy Scheme ceased at the end of March 2015
- There are a number of alternative pharmacy contractors operating in the same area within 1 mile (as distinct from 1km) of K&A Pharmacy
- It did not view the decision as a substantial variation to existing services

It is understood that the MPs office will be sending a follow-up letter to NHS England seeking a fuller response to the specific questions raised in its original letter.

The issues raised for the consideration by the Board were:

- The particular circumstances of K&A Pharmacy with respect to its unsuccessful application to NHS England for a Local Pharmaceutical Services (LPS) contract from 1 April 2015, as well as the implications for local residents of the Deckham area that currently use the pharmacy.
- The wider implications for communities within the Deckham area, who continue to experience high levels of deprivation and health inequality, and how the local health economy can best support existing health facilities to maximize their contribution to meeting the needs of local people.

The Director of Public Health has also been in touch with the Local Pharmaceutical Services Committee regarding the matters raised.

It was reported that K&A Pharmacy are of the view that if they can increase prescriptions by 1,000 approx. it will be able to continue in business and that it has already done some work within the community to promote the business e.g. through electronic prescriptions.

The Board felt that it was important to ensure that the particular circumstances of residents within the Deckham area were fully considered by NHS England.

It was suggested that the Board could write to NHS England to:

- ask to be updated on the outcome of any further representations by Ian Mearns MP on the matter;
- ask how it will assist with local development work, in conjunction with K&A pharmacy, that best meet the needs of the local population

- seek its views on ways in which health facilities and services can be supported to meet the needs of people within the Deckham area.

RESOLVED - That a letter be sent by the Chair on behalf of the Board to NHS England to see if there is anything further that can be done to assist, reflecting the points above.

## **10. LOCAL SAFEGUARDING CHILDRENS BOARD ANNUAL REPORT 2014-15 and BUSINESS PLAN UPDATE**

The Board were advised that the Local Safeguarding Children Board is a statutory body who are required to provide an annual report. It was reported that Gateshead is consistent in its principles which are to protect children from harm, keep children safe and to promote leadership, challenge and learning. The LSCB are in a continuous learning process and are in a very strong position locally.

It was reported that as part of work to increase Child Sexual Exploitation awareness, 'Chelsea's Choice' has been developed as a play and has been delivered across secondary schools. There is a broad comprehensive framework in place and a number of cases have been audited. We have moved from multi-tier to single implementation.

The annual report also contains multi-agency and single agency performance data for 2014-15. There has been a 6.2% decrease in the number of children who are subject to child protection plans at the year-end compared to the previous year. 67% of child protection plans were due to neglect, although this is not as pronounced as last year. There are a continuing high number of unborn babies subject to child protection plans as a result of robust early multi-agency assessment. There has been a decrease in the number of re-referrals into Children's Social Care, which suggests that families are receiving the services they need at the first point of contact in order to keep their children safe.

The Gateshead LSCB Business Plan 2014-2017 sets the strategic direction for the LSCB and reinforces the specific roles of the LSCB to lead, challenge and support learning. The priorities for 2015-16 which are set out in the year 2 action plan include:

- Jointly arrange an event to share local and national learning on CSE across the South of Tyne sub-region.
- Review the arrangements around the SLCB Business Planning Group and Board itself
- Develop a Communications Strategy
- Undertake the next LSCB inquiry with a focus on CSE
- Contribute to the Family OSC review of Child Protection
- Introduce a mini peer review process
- Explore ways to bring the voice of frontline staff into the LSCB

- Review specific areas of work including extremism, cyber-crime and Novel Psychoactive Substances (aka 'Legal Highs')

As part of ensuring links between the LSCB and the Health and Wellbeing Board, Board members may wish to suggest additional ways of strengthening links or additional information they would find useful.

RESOLVED - That the information in the Annual Report and Business Plan be noted.

## **11. PERFORMANCE REVIEW UPDATE: KEY HEALTH AND WELLBEING INDICATORS**

A report was presented to the board proposing a suite of indicators to form the basis for a Performance Management Framework for consideration by the Board. A suite of Strategic Outcome Indicators is required to provide an overview of the health and social care system in Gateshead and to monitor progress towards achieving priorities.

It was noted that each organisation undertakes detailed performance monitoring at strategic and operational levels. Some of this information has been considered by the Health and Wellbeing board but this has tended to focus on specific areas or measures that are the responsibility of one organisation.

A selection of key indicators has been drawn from The Public Health Performance Management Framework, Gateshead Better Care Fund Plan, Newcastle-Gateshead CCG Planning for Patients, 2014/15 – 2018/19 and Children's and Adult Social Care Strategic Outcome Indicators. Performance in relation to these indicators was reported to the Board.

It was suggested to the Board that a small task and finish group be set up to finalise this working draft.

RESOLVED - (i) That current performance be noted.  
(ii) That a task and finish group be established to finalise and refine the approach.

## **12. UPDATES FROM BOARD MEMBERS**

### **Health Watch Gateshead**

Sharon Stuart advised that she has been appointed as the Chair of Healthwatch Gateshead for a 6 month period. They are in the process of refreshing their strategy.

### **GVOC**

Trevor Atkinson introduced himself as the new Chief Executive of

GVOC. He mentioned that the Voluntary Sector Health & Wellbeing Advisory Group are keen to contribute to the work of the Board and that they strongly support its work. The Group are also keen to see the timetable for the Service Reviews which are currently outstanding from the Board's Work Programme.

### **Queen Elizabeth NHS Foundation Trust**

The Board were informed that Ian Renwick was currently in London to meet with the regulator to discuss the financial position of the Trust.

### **Gateshead Public Health Team**

The public health team have been advised of national in-year cuts to the Public Health budget of £200m. It is thought that this will equate to approximately £1m for Gateshead.

The JSNA website is also being launched today.

### **CCG**

The first phase of the mental health consultation has been completed. There will now be a period for some internal work to be undertaken whilst potential scenarios are considered. The second stage of the review will include a consultation on some possible scenarios.

### **13. GATESHEAD HEALTH PROFILE 2015**

The Gateshead Health Profile 2015 was circulated for information.

### **14. DATE AND TIME OF NEXT MEETING**

Friday 11 September 2015 at 10am

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**GATESHEAD HEALTH AND WELLBEING BOARD  
ACTION LIST**

| <b>AGENDA ITEM</b>   | <b>ACTION</b>  | <b>BY WHOM</b>            | <b>COMPLETE or STATUS</b>                   |
|--|--|---------------------------|---|
| <b>Matters Arising from 17<sup>th</sup> July 2015 meeting of the HWB</b> |  |                           |   |
| Action List  | It was noted that it is planned to hold workshops in the Autumn around Social Prescribing and Tobacco Control.                                   | Led by Public Health Team | Being progressed                            |
| HWB Forward Plan   | Timings to be identified for outstanding items to come to the Board linked to the Forward Plan. This will be then be forwarded to Board members. | All Partners              | Being progressed                            |
| Vision 2030 Refresh  | Partners to consider within their own organisations how they can contribute to/lead on the 5 Year outcomes going forward.                        | All Partners              | To be progressed                            |
| K & A Pharmacy   | A letter to be drafted to NHS England setting out points raised by the HWB.  | Chair on behalf of HWB    | Completed                                   |
| <b>Matters Arising from 5<sup>th</sup> June 2015 meeting of the HWB</b>  |  |                           |   |
| Homeless Health Needs Audit 2015   | The findings of a 'deep dive' exercise relating to homelessness and health to be reported back to the Board at a future meeting.                 | Alice Wiseman             | Included within 2015/16 Forward Plan of 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                    | Included within 2015/16 Forward Plan for HWB |
| <b>Matters Arising from 24<sup>th</sup> April 2015 meeting of the HWB</b>    |  |                                  |  |
| Place shaping for health and wellbeing                                       | That a Stakeholder workshop be arranged on place shaping for health and wellbeing, led by the Health and Wellbeing Board         | Carole Wood/Paul Dowling         | To be progressed                             |
|  | A communications plan to be developed for the Board and to include the place shaping for health and wellbeing agenda             | Carole Wood/John Costello        | On agenda of HWB for 11 September 2015       |
| <b>Matters Arising from 27<sup>th</sup> February 2015 meeting of the HWB</b> |  |                                  |  |
| Role of Housing Providers in Promoting Health and Wellbeing                  | Reports to be brought back to the Board on various aspects of this agenda.   | Michael Laing / Lisa Philliskirk | Included within 2015/16 Forward Plan for HWB |
| Personal Health and Care Budgets   | An update to be provided to the Board in 6 months' time  | Julia Young/Margaret Barrett     | On agenda of HWB for 11 September 2015       |
| <b>Matters Arising from 16<sup>th</sup> January 2015 meeting of the HWB</b>  |  |                                  |  |
| Healthy Weight and Integrated Wellness                                       | A wide ranging steering group to be established. Terms of Reference / format of committee and work programme to be worked up and | Carole Wood                      | Included within 2015/16 Forward Plan for HWB |

| <b>AGENDA ITEM</b>   | <b>ACTION</b>  | <b>BY WHOM</b>             | <b>COMPLETE or STATUS</b>  |
|--|--|----------------------------|--|
|  | brought back to a future Board meeting for agreement.  |                            |  |
| Mental Health Employment Integration Trailblazer Pilot                     | <p>Follow-up report to come back to the HWB when a model has been worked up (around June)</p> <p>Make sure discussions take place with the Voluntary and Community Sector in terms of how the model would be arrived at.</p> | Alan Jobling               | <p>The start of the Trailblazer Pilot was delayed.</p> <p>On agenda of HWB for 11 September 2015</p> |
| <b>Matters Arising from BCF Implementation Workshop on 5 December 2014</b> |  |                            |  |
| Better Care Fund Implementation  | Workshop on Whole System Health and Care to take place in 2015.  | Health and Wellbeing Board | Workshop to be arranged  |

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

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#### **Purpose of the Report**

To provide a progress summary report on the implementation of Personal Health Budgets (PHB) in the Gateshead area. In line with national policy and guidance from NHS England (NHSE), Newcastle Gateshead Clinical Commissioning Group (NG CCG) is in the implementation stage of offering Personal Health Budgets to eligible patients in the area.

Since October 2014, patients eligible for NHS Continuing Care Funding (CHC) have a 'right to have' a Personal Health Budget and similarly from April 2015 those with a Long-term Condition (LTC) 'who could benefit should have the option of a Personal Health Budget' (NHSE, Government Mandate; 2014).

This paper is an overview of the current situation in relation to NG CCG setting up processes and systems for eligible Gateshead patients to be assessed for and receive a Personal Health Budget.

#### **Background**

The *5 Year Forward View* sets out the transformative vision for NHS change and reinforces the Government's expectation that patients will have more choice and control over their own healthcare planning and service provision, particularly through a Personal Health Budget.

CCGs are empowered to develop their own 'local offer' to patients as guided by NHSE, to introduce at a pace and scale which meets local context and patient needs. Gateshead CCG is still in the early stages of implementation.

Core PHB processes, including a pathway for PHB indicative budget setting assessment, care planning, review and payment mechanisms including for Direct Payments, are being progressed by the North of England Commissioning Support (NECS) which is responsible for programme managing and designing PHB systems on behalf of NG CCG.

Similarly to Gateshead Council which underwent a culture change programme in 2008/9 to implement Personal Budgets for eligible service-users, NG CCG is faced with similar challenges in engaging key stakeholders and clinicians to feel empowered and skilled in offering PHBs to patients and supporting each through their journey of Self-Directed Support (SDS).

PHBs is not just a method of making payment to the patient, but is a radical approach which puts the person at the centre of the assessment process, to bestow choice and control and allow the individual to be a partner in their healthcare planning, not a passive recipient. As a consequence NG CCG is working closely with Gateshead council which is offering advice and guidance in relation to implementing a culture change programme across large staffing teams.

A PHB steering group attended by key Health and Social Care representatives from across NG CCG, Gateshead Council and NECs is in place to oversee the PHB programme. The steering group and its members are currently reviewing existing processes to identify gaps, best practices, weaknesses, areas of improvement and opportunities to streamline services across Health & Social Care i.e. through joint support plans which will prevent duplication.

Opportunities for developing a market are to be explored, including non-NHS providers, particularly the third sector, as there must be a flexible market in place which can meet the needs of recipients of PHBs. Currently there is already work underway led by Public Health to identify all services available in the Gateshead area.

### **Proposal**

1. It is proposed that the Health and Wellbeing Board and associated sub-groups including this Advisory Board, continues to support the work of NG CCG and Gateshead Council in implementing PHBs and rolling out on a larger scale. NG CCG plans to refine its local offer so that more eligible patients, namely those with CHC, CC funding or LTC needs, have the opportunity to be considered for a PHB
2. That Public Health is committed and able to work with the PHB steering group in respect of identifying key services currently available as work is already underway in scoping out the market, as per Public Health duties to prioritize services and funding allocation.
3. To facilitate dialogue with third sector lead representatives in relation to developing a flexible market to meet PHB patient need.

### **Recommendations**

4. The Health and Wellbeing Board is asked to consider that NG CCG, through NECs is reviewing existing processes and refining its local offer to patients, therefore work is underway in agreeing next steps and further updates required will be better delivered towards the end of this financial year, as there will be significant progress to report back then.

Note: this will not adversely affect any applications for a PHB, as each will still be considered even though processes are still in development. NG CCG and Gateshead Council are both keen to ensure that a flexible approach is in place to facilitate personalised care.

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Contact: Gail Bravant, Programme Lead for Personal Health Budgets

[g.bravant@nhs.net](mailto:g.bravant@nhs.net)



**TITLE OF REPORT: Homeless Health: Deep Dive into the Health Needs of the Homeless Community within Gateshead**

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**Purpose of the Report**

1. To update the Health & Wellbeing Board on progress made to identify the health needs of the homeless community within Gateshead and seek approval for the proposed next steps.

**Background**

2. The North East Homeless Health Needs Audit 2015 was commissioned by the North East Regional Homeless Group to develop an understanding of the health and wellbeing of individuals who are homeless or utilising homelessness services across the North East.
3. The North East Regional Homeless Group has membership across the 12 North East Local Authorities with each area contributing to the audit which was carried out using Homeless Links' Health Needs Audit Toolkit.
4. Over forty agencies were involved interviewing participants region wide, with the audit being informed by the experiences and lives of some 600 individuals who were interviewed over the course of February 2015.
5. The main report itself provides analysis against the 5 core themes (set out below) identifying how the health issues of those homeless in the North East compare and differ to the national audit Homeless Link carried out themselves in 2014.
  - Access to health services
  - Your physical health
  - Your mental health
  - Drug and alcohol use
  - Vaccinations and screening

A specific local overview report was produced for each local authority.

6. The findings of the report were presented to the Health and Wellbeing board in June 2015 and the HWB agreed that it was an interesting report but asked for more information to be gathered to clarify specific topics in the report. Specifically the board asked for clarification on:
  - what definition of homelessness had been applied
  - whether the age/gender profile of the participants was representative of homelessness in Gateshead.

- some specific aspects raised by the survey question re GP registration and A&E attendance, mental health etc.
- whether significant groups were omitted from the survey due to the methodology e.g. Sex workers, women

## Proposal

7. It is proposed that further research be carried out to understand some of the messages in the baseline survey. The work will complement the health needs audit and seek to gather more in depth, qualitative information; it will also inform the Gateshead Joint Strategic Needs Assessment, the HWB and direct the focus of future work.
8. It is hoped that by using peer engagement we will be able to reach some of those not currently engaged with services and who weren't interviewed as part of the health needs audit.

## Methodology

9. We propose to explore the findings of the first survey through various targeted strands of work.
10. Staff and volunteers - Prior to starting the engagement we propose to run discussions/small focus groups with the staff/volunteers who conducted the original survey.
11. It is likely that this group will have retained an overview of the issues for those who completed the original surveys and that their anecdotal observations may inform the work.
12. Homeless people – we will seek to carry out engagement work with persons who are not currently engaged with services, to capture information on health needs. This is to test the original data as our initial target group was drawn from those currently accessing housing support services. We have been asked by the Health and Wellbeing Board to verify that the findings have not been skewed by the initial approach used.
13. We recognise the difficulty of identifying and engaging with this group of people but feel that our peer approach could give us a more in depth view by using a qualitative approach. It is likely that only a small number of individuals will engage and participate in an informal 1-1 discussion.
14. The information gathered would be collected by using the original questionnaire as a guide for the conversation but the 'peer interviewer' would ask for and record more detailed information to clarify key points. All information would be anonymous and we would not seek to identify individuals in the final report.
15. Existing service users who have been homeless - We will discuss the survey findings with clients currently in contact with housing services to explore the findings of the report and understand what is behind some of the answers. This will be done by using semi structured interviews led by peer researchers. The questions asked will be informed by discussions with the staff and volunteers who conducted the original survey.

16. It is felt that 1-1 engagement for this work will offer confidentially to individuals who may be discussing personal medical issues.
17. We recognise that it is unlikely that the same individuals who responded to the original survey will be engaged in the follow up work so the interviews will need to accommodate both those who have and have not already participated.
18. Sex workers - We would like to engage with persons working in the sex industry in the Gateshead area to understand how housing need and homelessness impacts on this group. Anecdotally we understand that persons are engaged in this activity to keep a roof over their heads in some contexts.
19. Work with this group would be facilitated by workers of the Changing Lives GAP (Girls are Proud) project who will help the research team to understand the best way to engage with this group. We understand that the likely engagement will be with a small group of women.
20. This work will inform future more comprehensive work which should also include men and potentially reach across the Newcastle/Gateshead area.

### **Partners identified**

21. A collaborative approach has been adopted including:

- Gateshead Council Housing Services
- Gateshead Public Health Team
- Fulfilling Lives
- Changing Lives
- The GAP project
- Oasis Aquila Housing

### **Partner support**

22. We have identified some in-kind support from partners for this work:

- Fulfilling Lives have committed the use of 2 experienced peer researchers.
- Oasis Aquila Housing have offered the use of their day centre to carry out the research and host a consultation event with service users.
- Oasis Aquila Housing are also prepared to facilitate research with clients who are referred to them.

A working group has been set up and this includes representation from the partner agencies and the first meeting was held on 27/07/15.

### **Project development and Analytical support**

23. Gateshead Public Health team have agreed to support the project design and implementation.

24. A Public Health trainee will offer support between September and December 2015. Jill Harland is a health visitor by background and it is proposed that she work alongside the peer researchers to assist in the collection and collation of the research information and the drafting of the final report.

25. Public Health have also offered support from their researcher in residence.

**Recommendations**

26. The Health and Wellbeing Board is asked to consider the contents of this report, comment upon proposals and support the project.

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Contact: Lisa Philliskirk or Mark McCaughey 0191 4332689



## HEALTH AND WELLBEING BOARD 11 September 2015

### **TITLE OF REPORT: Health & Wellbeing Board Draft Communications Strategy**

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#### **Purpose of the Report**

1. To seek the views of the Health & Wellbeing Board on a draft Communications Strategy for the Board. The draft has been prepared in response to a need identified by Board members for a communications strategy to be developed to raise awareness of and promote the work of the Board.

#### **Background**

2. Health & Wellbeing Boards were established as statutory boards from April 2013 as part of a range of health reforms introduced at that time. They were identified by the Department of Health as having a key role to play to modernise the NHS to:
  - ensure stronger democratic legitimacy and involvement
  - strengthen working relationships between health and social care, and
  - encourage the development of more integrated commissioning of services
3. It was envisaged that Boards would give communities a greater say in understanding and addressing their local health and social care needs.
4. The Gateshead Health & Wellbeing Board has built on the foundations of partnership working that were in place through the previous shadow health and wellbeing board and other local partnerships linked to health and wellbeing.
5. Members of the Board have raised the need for a communications strategy to be developed to raise awareness of the Board's work, including its role in leading change to better meet the health and wellbeing needs of local people.

#### **Draft Communications Strategy**

6. An initial draft Communications Strategy was developed and circulated to Board members for comment in July. Feedback was positive and also highlighted:
  - the opportunity to use the communications strategy to promote behavior change around some of our major health and wellbeing challenges;

- the important role of social media and websites as ways of engaging on issues linked to the work of the Board and opportunities to develop these communication channels;
  - the opportunity to develop more co-ordinated communications between partner organisations and closer working between communications teams.
7. The feedback received has been incorporated into a second draft communications strategy (attached). The document sets out:
- the objectives of the communications strategy and key messages underpinning it;
  - its target audience and details of communication channels that will be used to communicate with stakeholders and the general public;
  - arrangements for reporting to the Board on progress in implementing the strategy (six monthly) and providing a 'forward look' of activity over the next six month period;
  - a summary of commitments required of Board members, some of which are already in place.
8. Implementation of the communications strategy will need to be achieved within existing resources, having regard to existing capacity across partner organisations. However, it is also recognised that actions to join-up communications activity across health and wellbeing partners will yield benefits around:
- more consistent and timely messages on issues linked to the work of the Board
  - more efficient ways of working across partner organisations

**Proposals and Next Steps**

9. The Board is asked to consider the draft Communications Strategy attached at Appendix 1.
10. It is proposed that communication leads meet to discuss arrangements for taking forward the strategy and to develop an initial communications plan for the Board for the six month period ending 31 March 2016. This will then be brought back to the Board for endorsement.

**Recommendations**

11. The Health and Wellbeing Board is asked to:
- (i) consider the draft Communications Strategy attached at Appendix 1.
  - (ii) Agree to the next steps set out in paragraph 10 above.

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Contact: John Costello (4332065)

## **Gateshead Health and Wellbeing Board**

### **Communications Strategy**

#### **Background**

Health and wellbeing boards were established in 2013 as forums where leaders from the health and care system would work with local Healthwatch and the voluntary and community sector to improve the health and wellbeing of their local population and reduce health inequalities.

Gateshead has its own Health and Wellbeing Board which is a statutory committee of the Council. Board members work together to understand their local communities' needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more integrated health and care services in the future.

Health and Wellbeing Boards are a key part of broader plans to modernise health and social care in order to:

- Ensure stronger democratic legitimacy and involvement
- Strengthen working relationships between health and social care, and,
- Encourage the development of more integrated commissioning of services.

Gateshead's Health and Wellbeing Board will work to give communities a greater say in understanding and addressing their local health and social care needs.

#### **Objectives of the Communications Strategy**

The Communications Strategy aims to:

- Promote awareness of the role, functions and governance arrangements of our Health & Wellbeing Board
- Increase public awareness of the work of the Board and outcomes achieved
- Publicise the progress of the Board to partners both within and outside the NHS
- Promote behavioural change within our communities and organisations to help address key health and wellbeing challenges facing Gateshead
- Promote closer working between the communications teams of partner organisations, including co-ordinated communications between teams
- Present the board as a campaigning/lobbying body for the health and wellbeing of the people of Gateshead

## **Our Target Audience**

The Health and Wellbeing Board has a key strategic and leadership role to play; a significant amount of communications activity will therefore be targeted at health and care professionals, the voluntary and community sector, other partners and key influencers to convey the Board's vision for improving health and wellbeing across Gateshead and to engage with them regarding their role in helping to deliver it.

Communications activity directed at patients and service users, their carers, families and the public generally will include a focus on the Board's work to achieve key health and wellbeing outcomes as well as more tailored activity relating to the particular needs of these groups.

On this basis, our key stakeholders include:

### **Member organisations of the Board**

- NHS Newcastle Gateshead Clinical Commissioning Group
- Gateshead Council (elected members and officers)
- Gateshead NHS Foundation Trust
- Northumberland, Tyne & Wear NHS Foundation Trust
- South Tyneside NHS Foundation Trust
- Gateshead Federation of GP Practices
- Healthwatch Gateshead
- Gateshead Voluntary Organisations Council
- NHS England Cumbria & the North East

### **Other key stakeholders**

- Gateshead Children's Trust Board
- Economy, Environment and Culture Board
- Gateshead Community Safety Board
- Local Safeguarding Children Board
- Local Safeguarding Adults Board
- Voluntary Sector Health and Wellbeing Advisory Group
- Gateshead Strategic Partnership
- Overview & Scrutiny Committees
- Local MPs

### **Members of the public**

- General public
- Those who are affected by health and wellbeing issues linked to the Board's priorities and work programme
- Carers and families

## Key Messages

The top two messages of the Health and Wellbeing Board are that it aims to:

- be the driving force for health and wellbeing in Gateshead in order to lead change
- act as the focal point for health and social care organisations and partners to agree and take forward priorities in response to local needs..

We will work together to:

- Better understand the health and wellbeing needs of the people of Gateshead.
- Listen to feedback and engage with local communities, patients, service users and their carers to help them access the services they need.
- Tackle key health and care challenges through new ways of working and protect people's health.
- Support people to help themselves to improve their health and wellbeing and to remain independent for longer.
- Narrow the health inequality gap between communities in Gateshead, ensuring a focus on the wider determinants of health through a 'whole place' approach.
- Lobby government and others on issues that impact upon the health and wellbeing of local people and how we can best respond to those challenges locally.

## Strategy and Approach

The content of communications activity will primarily be produced and delivered by colleagues supporting the Health and Wellbeing Board, while the Gateshead Communications Team will set up and provide the tools to enable this to happen, co-ordinate arrangements and lead on media activity.

The following channels will be used to communicate with stakeholders and the general public:

### Visual identity

A visual identity for the Board will be developed across all materials, linking with the Gateshead Strategic Partnership. This will be led by the Communications Team and agreed by the Board.

The visual identity will be applied across all materials including on-line and hard copy publications. Templates will be produced for an electronic newsletter, report documents, presentations, etc.

### Newsletter and Briefing Notes

A quarterly electronic newsletter will be produced and sent to key stakeholders; it will also be added to the Board's webpage. An electronic template will be designed by the Communications Team, but the content of the newsletter will be provided by officers supporting the Health and Wellbeing Board. The Communications Team will co-ordinate arrangements for populating and disseminating the newsletter using existing communication channels and networks of organisations represented on the Board.

Briefings will also be prepared to update stakeholders on particular issues as required during the year and disseminated using existing communication channels and networks.

## **Media**

Proactive media relations work will be undertaken at regular intervals throughout the year to highlight improvements and issues relating to the health and wellbeing of Gateshead residents. This will include 'calls to action' and engagement on how people can help themselves to improve their health and wellbeing and to remain independent for longer, as well as changes in services and ways in which they will be delivered to benefit communities. The work of the Board will also be cross referenced in media relations activity carried out around campaigning activities and the work of individual organisations represented on the Board.

The Communications Team will coordinate proactive media activity and also handle reactive media enquiries, calling on members of the Board to act as spokespeople when required.

## **Workshops and Events**

Workshops and events will be held throughout the year to engage with key stakeholders including the voluntary and community sector to share ideas, update on progress and develop programmes of work. These will be branded as Health & Wellbeing Board sponsored events. Opportunities will also be explored to link the Board with other activity taking place across the Borough relating to its health and wellbeing agenda, making the most of those opportunities to promote the Board's work.

Board members will use speaking opportunities as appropriate to communicate the work of the Board to different audiences and target groups.

## **Website**

The Board's webpage will be reviewed and updated to convey its visual identity. It will share documents and materials and provide access to archived quarterly newsletter updates and other resources.

The website will also be used as a vehicle to engage with the public and partner organisations on health and wellbeing issues, including behavioural change to address key challenges.

## **Social Media**

Opportunities will be explored to make the most of social media to update and engage with stakeholders/professionals on the work of the Board and to promote discussion prior to Health and Wellbeing Board meetings. This could include the promotion of 'thought leadership' by Board members e.g. through the use of a Blog which could be uploaded onto the Gateshead Council website/Health and Wellbeing Board microsite. Guidance and support would be provided by the Communications Team. <requires further discussion>

Gateshead Council's Twitter account has a large organisational following and could also be used to make people aware when a new blog comment is live.

Opportunities will also be taken to leverage the power of existing social media networks across the Council, NHS and other organisations in a co-ordinated way.

## **Engagement of MPs**

Opportunities will be explored for Board members to have regular dialogue with Gateshead MPs on the progress of the board and the challenges faced by Gateshead on health and wellbeing issues. MPs will also be included on the newsletter distribution list.

## Assumptions

The strategy assumes a co-ordinated communications approach amongst professionals that represent the Board. Joint 'core' scripts will be developed as required for particular issues to help ensure consistent and timely messages are disseminated to stakeholders and the public.

It is proposed that each member organisation shares contact details of their communications team/officer and spokesperson with the Gateshead Communications Team.

## Communications Progress Update and 'Forward Look' to the Board

Six monthly updates will be provided to the Health and Wellbeing Board on the implementation of this communications strategy. This will include details of communications activity undertaken, progress in relation to areas identified for development within the strategy and a 'forward look' of activity over the next six month period. This will also provide opportunities for the Board to further develop and refine its approach both in response to feedback received and the changing context in which the Board operates.

## Summary of Commitments and Evaluating Success

Health & Wellbeing Board partners commit to:

- Contribute to four electronic newsletters to be issued annually on behalf of the Health & Wellbeing Board.
- Develop more co-ordinated communications across communications teams where appropriate, promote key communications messages of the Board and share stakeholder briefings with Board members.
- Contribute to six monthly progress reports on actions taken to take forward the communications strategy.
- Develop a forward schedule of communications activity that will form the basis of a Communications Plan for the Health & Wellbeing Board, to be reviewed on a six monthly basis.
- Make the most of opportunities to promote the Health & Wellbeing Board, including the branding of events and workshops as Health and Wellbeing Board events where appropriate.
- Explore opportunities to develop the use of social media to promote the Board's key messages and behavioural change.
- Use speaking opportunities to communicate the work of the Board to different audiences and target groups.
- Work together to campaign and lobby on health and wellbeing issues for the benefit of Gateshead people.
- Develop other areas of action as identified within the strategy.

Success in taking forward the Communications Strategy will be evaluated in the light of the progress made in delivering these shared commitments.

## Resourcing the Communications Strategy

There is no dedicated budget to implement the Communications Strategy; this will need to be achieved within existing resources, having regard to existing capacity across partner organisations. At the same time, it is recognised that key actions of the strategy to join up communications activity across health and wellbeing partners will yield benefits around:

- more consistent and timely messages on issues linked to the work of the Board
- more efficient ways of working and potentially less duplication across partner organisations.

DRAFT

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**TITLE OF REPORT:            Substance Misuse Group – Revised Terms of Reference and Work Plan 2015/16**

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**Purpose of the Report**

1. This report seeks endorsement from the Health and Wellbeing Board in relation to the revised Terms of Reference and Annual Workplan 2015/16 that has been produced for the Substance Misuse Group. It also provides an overview of the work that continues to take place in relation to the Substance Misuse Strategy.

**Background**

2. The use and misuse of illicit drugs and alcohol is a significant cross-cutting factor, and remains an influencing factor in a significantly high proportion of crime and disorder incidents, and more often than not, the links between the two substances are closely intertwined.
3. In September 2013, the separate Drug and Alcohol Strategy Groups were merged to become the Substance Misuse Strategy Group. The Community Safety Board decided to join the two Groups to ensure that we could address broader issues associated with substance misuse, as a whole, and enabled partners and services not to be constrained to actions around a particular substance type. The Group has started to develop a single overarching Substance Misuse Strategy that will set out actions to collectively address both drug and alcohol misuse.

**Terms of Reference**

4. The Terms of Reference for the Substance Misuse Strategy Group have been revised for 2015/16. The overarching purpose of the Group is to produce and deliver an aspirational and ambitious vision for addressing drug and alcohol-related issues within Gateshead (on behalf of both the Community Safety and Health and Wellbeing Boards).
5. The role of the Group is to identify and address current and future substance misuse issues impacting on the Borough and, more specifically, is responsible for the development and implementation of the Substance Misuse Strategy in Gateshead.
6. The Group has representation from a broad range of organisations (including Northumbria Police, Treatment Services, Job Centre Plus, Probation Services, The Gateshead Housing Company as well as Public Health England and Balance). In addition, there is also a plethora of internal Council services in attendance (including Community Safety, Public Health, Licensing, Trading Standards, Children's Services and Housing).
7. In January 2015, the chairing arrangements changed from Northumbria Police to Gateshead Council – and as such, we now have alternating chairs between Community Safety and Public Health.

8. The full Terms of Reference has been set out in Appendix 1.

### **Work Plan for 2015/16**

9. In conjunction with the revised Terms of Reference, an Annual Work Plan for 2015/16 has also been produced. This has been drafted in collaboration with partners to ensure that we are proactively addressing a range of issues linked with drug and alcohol misuse. This includes reviewing work undertaken to: address the growing trend of Novel Psychoactive Substances, refresh of the Council's Licensing Policy, updates from Drug-related Death Panel, Reducing Supply Group and treatment services as well as activities developed to tackle alcohol-related violence.
10. The Annual Work Plan has been included as Appendix 2.

### **Substance Misuse Strategy Update**

11. In November 2014 the Community Safety Board endorsed a new approach in relation to the Substance Misuse Strategy. It agreed that in order to effect change in the long-term, a wider population approach was needed, which would address the culture and social norms around drinking and drug use. As a result, the Board agreed for a new, visionary strategy to be developed, that would include actions over the next fifteen-years (to 2030).
12. A consultation event was held with partners in March 2015 to start discussion on the development of the new Substance Misuse Strategy. This resulted in a range of challenging outcomes being identified. It was agreed that this was needed to test the way that we think about drug and alcohol misuse and to help us to identify radical actions to be able to achieve our goals.
13. The key outcomes that we have set out to achieve by 2030 are:
- To reduce alcohol-related mortality for both men and women to 0
  - To reduce alcohol-related violent crime to 0
  - To reduce OCU (Opiate and/or Crack Use) to 0
14. In order to achieve the outcomes identified above, actions will be identified at a population, community and individual-level linked with the following themes:
- Communication, Media and Publicity (Engagement)
  - Prevention and Diversionary Activities
  - Education and Social Change
  - Support for Individuals, Families and Carers
  - Tougher Stance (Enforcement)
15. Representatives from Community Safety, Public Health and Development and Enterprise are meeting to produce the draft Substance Misuse Strategy and Action Plan, based on the themes and outcomes identified above, which will be submitted to Community Safety and Health and Wellbeing Board for approval.

### **Recommendations**

16. The Health and Wellbeing Board is asked to:
- (i) Discuss and comment on the contents of the report;
  - (ii) Endorse the revised Terms of Reference and Annual Work Plan;
  - (iii) Agree to receive the draft Substance Misuse Strategy at a future meeting.

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**Contact:** Adam Lindridge, 4333243

## Substance Misuse Strategy Group - Terms of Reference

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### 1 Introduction

- 1.1 The overarching purpose of the Substance Misuse Strategy Group is to produce and deliver an aspirational and ambitious vision for addressing drug and alcohol-related issues within Gateshead on behalf of both the Community Safety and Health and Wellbeing Boards.

### 2 Role and Remit

- 2.1 The Substance Misuse Strategy Group will identify and meet the current and future substance misuse issues and needs of local communities, help minimise the impact of substance misuse in Gateshead and improve local residents' quality of life by working in partnership to tackle issues through targeted intelligence led, evidence driven interventions.

- 2.2 More specifically, the Substance Misuse Strategy Group will:

- Develop the Substance Misuse Strategy for Gateshead to achieve the long term aspirations set out by the Community Safety and Health and Wellbeing Boards.
- Ensure that the Substance Misuse Action Plan is developed, monitored and progressed regularly to support the achievement of the key aims in the Substance Misuse Strategy.
- Ensure that the relevant Sub-Groups are working within their terms of reference towards agreed targets and receive regular reports on their progress.
- Co-ordinate activities around drugs and alcohol across Gateshead, specifically to:
  - Ensure appropriate co-ordination with regional and national developments;
  - Ensure the continuation and further development of an integrated approach to address drug and alcohol misuse based on principles of partnership, equity and inclusivity;
  - Be responsible for policy co-ordination in relation to addressing drug and alcohol misuse and overcome policy or organisational difficulties;
  - Hold partners to account for the deliver of the strategy and action plan and breakdown any barriers to aid operational delivery; and
  - Secure a co-ordinated approach at every level and to secure resources (where possible) for addressing drugs and alcohol problems.
- Ensure an evidence-led, problem solving approach is adopted and that where possible all activities and initiatives are based on proven good practice/evidence.
- Raise the profile of drug and alcohol misuse and ensure appropriate priority is given to addressing the problem.

### 3 Chair and Vice-Chair

- 3.1 The Chair and Vice-Chair will be on a rotational basis and will be shared between:

- Louise Rule, Service Director for Commissioning and Business Development
- Alice Wiseman, Consultant in Public Health

### 4 Membership

- 4.1 Core members of the Substance Misuse Strategy Sub-Group will be:

|                           |   |
|---------------------------|---|
| Gateshead Council         | Community Safety, Licensing, Trading Standards, Public Health, Youth Service, YOT, Private Sector Housing, Housing Services and Legal Services. |
| Northumbria Police        | Chief Inspector   |
| Gateshead Housing Company | Head of Neighbourhood Services  |
| Northumbria CRC           | IOM Team Manager  |

|                       |  |
|-----------------------|--|
| BALANCE               | Partnership Officer and Crime and Disorder Officer |
| Public Health England | Health Improvement Manager                         |
| Job Centre Plus       | Social Justice Partnership Manager                 |
| CRI (Evolve)          | Service Manager                                    |
| Platform              | Service Manager                                    |

- 4.2 This is not an exhaustive list of attendees and invitations will be extended to attend the Substance Misuse Strategy Group on an ad-hoc basis to other services and agencies (when required). A full list of attendees is set out in Annex 1.

## 5 Sub-Groups

- 5.1 The Substance Misuse Strategy Group is supported by multi-agency Sub-Groups. The Strategy Group is responsible for ensuring they are working within their terms of reference, towards agreed targets, which reflect the key outputs/outcomes outlined in the Substance Misuse Strategy for Gateshead. Reports on the work undertaken with the Sub-Groups will be required to be submitted to the Substance Misuse Strategy Sub-Group in accordance with the Strategy Sub-Group Annual Workplan.

- 5.2 Working Groups linked with the Substance Misuse Strategy Sub-Group include:

- Drug Related Death Panel
- Reducing Supply
- Community Alcohol Partnerships
- Safer Neighbourhood Groups and Tasking

## 6 Meeting Arrangements

- 6.1 Meetings will be chaired by the identified Chair. If the Chair is not present, then it shall be chaired by the Vice-Chair.

- 6.2 Meetings will take place on a bi-monthly basis.

- 6.3 Agenda management will be the responsibility of all members of the partnership. All partners are expected to contribute to items identified within the Annual Workplan. The agenda will usually last no more than two hours and partners will be asked to keep to time. It is expected that reports are succinct and follow the agreed template and that presentations last no longer than ten minutes. In exceptional circumstances meetings can be extended with the prior agreement of partners. The agenda and papers will be sent out five working days before each meeting.

- 6.4 The Substance Misuse Strategy Group will be administered by officers within Gateshead Council Safer Communities Team.

## 7 Declaration of Interests

- 7.1 Declarations of interest to be disclosed on matters to be considered at the meeting or if this becomes apparent during the meeting.

## 8 Accountability and Scrutiny

- 8.1 The Substance Misuse Strategy Group is directly accountable to the Community Safety and Health and Wellbeing Boards. It will also be required to report on an ad-hoc basis to other Boards and Committees in Gateshead Council.

8.2 Scrutiny arrangements are as per the Overview and Scrutiny Committees Work Programme (inc. Community Safety Sub-Committee and Healthier Communities).

**Annex 1: Identified members attending the Substance Misuse Group**

| <b>Name</b>                 | <b>Organisation</b>                          | <b>Function</b>                                  |
|-----------------------------|--|--|
| Adam Lindridge              | Gateshead Council                            | Community Safety Manager                         |
| Alice Wiseman (Joint Chair) | Gateshead Council                            | Public Health                                    |
| Anne Marie Quigley          | Gateshead Council                            | Assistant Manager 0-19s (East)                   |
| Elaine Rudman               | Gateshead Council                            | Licensing Manager                                |
| Tbc                         | Gateshead Council                            | Public Health Programme Lead                     |
| Faye Codling                | DISC (Platform)                              | Team Manager                                     |
| Helen Hughes                | Gateshead Carers                             | Gateshead Carers                                 |
| Jazz Chamley                | CRI (Evolve)                                 | Service Manager                                  |
| John Liddell                | Public Health England                        | Health Improvement Manager                       |
| John Moiser                 | Job Centre Plus                              | Social Justice Partnership Manager               |
| Julie McCartney             | Gateshead Housing Company                    | Head of Neighbourhood Services                   |
| Lisa Philliskirk            | Gateshead Council                            | Housing Services / Housing Options               |
| Louise Houghton             | National Probation Service                   | Team Manager                                     |
| Louise Rule (Joint Chair)   | Gateshead Council                            | Gateshead Council                                |
| Mark Hopkinson              | Gateshead CCG                                | tbc  |
| Tbc                         | Gateshead Council                            | Safer Communities Coordinator                    |
| Peter Wright                | Gateshead Council                            | Environmental Health & Trading Standards Manager |
| Sarah Gettings              | Northumbria Community Rehabilitation Company | Team Manager                                     |
| Steve Ammari                | Central Area Command                         | Chief Inspector (Harm Reduction)                 |
| Susan Butler                | Gateshead Council                            | Service Manager (YOT)                            |
| Susan Taylor                | BALANCE                                      | Partnership Officer                              |
| Tim Britton                 | Gateshead Council                            | Solicitor  |

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**Draft Work Plan for Substance Misuse Group for 2015/16**

**27 May 2015**

**Standing agenda items**

|  |                   |
|--|-------------------|
| Coordinators Update                              | Gateshead Council |
| Substance Misuse Strategy and Action Plan        | All Partners      |
| Updates/requests from Community Safety Board     | Gateshead Council |
| Updates/requests from Health and Wellbeing Board | Gateshead Council |

**Tabled Items**

|   |                   |
|---|-------------------|
| Strategic Priorities 2015/16                    | Gateshead Council |
| Terms of Reference                              | Gateshead Council |
| Draft Substance Misuse Strategy Group Work Plan | All Partners      |
| Feedback from Strategy Event / Next Steps       | All Partners      |

**Drugs/Novel Psychoactive Substances**

|  |                       |
|--|-----------------------|
| Reducing Supply:                                 | Gateshead Council     |
| NPS Action Plan 2015/16                          | Gateshead Council     |
| Methedrone Incident                              | Gateshead Council     |
| Regional DRD Report – Recommendations/Next Steps | Public Health England |

**Alcohol**

|                               |                    |
|-------------------------------|--------------------|
| Crime and Disorder Update     | Northumbria Police |
| ASB, Crime and Policing Act   | Gateshead Council  |
| Licensing Update              | Gateshead Council  |
| Community Alcohol Partnership | Gateshead Council  |

**General updates/Emerging issues**

All Partners

**Partner updates**

All Partners

**Any other business**

All Partners

**Draft Work Plan for Substance Misuse Group for 2015/16**

**22 July 2015**

**Standing agenda items**

|  |                   |
|--|-------------------|
| Coordinators Update                              | Gateshead Council |
| Substance Misuse Strategy and Action Plan        | All Partners      |
| Updates/requests from Community Safety Board     | Gateshead Council |
| Updates/requests from Health and Wellbeing Board | Gateshead Council |

**Tabled Items**

|  |                    |
|--|--------------------|
| Gateshead Licensing Policy               | Gateshead Council  |
| Trinity Square update – alcohol issues   | Northumbria Police |
| MASH update – Substance Misuse Cases     | Gateshead Council  |
| Newcastle and Northumbria Drugs Alliance | Gateshead Council  |

**Drugs/Novel Psychoactive Substances**

|                                     |                    |
|-------------------------------------|--------------------|
| Reducing Supply – Update            | Northumbria Police |
| Drug Related Deaths – Update        | Gateshead Council  |
| Drug Crime / Warrants – Performance | Northumbria Police |

**Alcohol**

|  |                    |
|--|--------------------|
| Alcohol-related violence - Cardiff model data                  | Gateshead Council  |
| Tackling alcohol related crime (including performance/figures) | Northumbria Police |
| Crime and Disorder update – Regional Update (Balance)          | Balance            |

**General updates/Emerging issues**

All Partners

**Partner updates**

All Partners

**Any other business**

All Partners

**Draft Work Plan for Substance Misuse Group for 2015/16**

**23 September 2015**

**Standing agenda items**

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|--|-------------------|
| Coordinators Update                              | Gateshead Council |
| Substance Misuse Strategy and Action Plan        | All Partners      |
| Updates/requests from Community Safety Board     | Gateshead Council |
| Updates/requests from Health and Wellbeing Board | Gateshead Council |

**Tabled items**

|                                   |                       |
|-----------------------------------|-----------------------|
| Overview of Platform Gateshead    | Platform              |
| Update from Public Health England | Public Health England |

**Drugs/Novel Psychoactive Substances**

|                                       |                   |
|---------------------------------------|-------------------|
| Reducing Supply – Update              | Gateshead Council |
| Drug Related Deaths – Update/Regional | Gateshead Council |
| Northumbria Drugs Alliance – Update   | Gateshead Council |

**Alcohol**

|  |                   |
|--|-------------------|
| Alcohol related violence - Cardiff model data  | Gateshead Council |
| Crime and Disorder update – Regional Update    | Balance           |
| Alcohol Awareness Week Planning                | Gateshead Council |
| Review of DPPO Areas                           | Gateshead Council |
| Communications Plan – Alcohol (Festive Period) | Gateshead Council |

**General updates/Emerging issues**

All Partners

**Partner updates**

All Partners

**Any other business**

All Partners

**Draft Work Plan for Substance Misuse Group for 2015/16**

**18 November 2015**

**Standing agenda items**

|  |                   |
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| Coordinators Update                              | Gateshead Council |
| Substance Misuse Strategy and Action Plan        | All Partners      |
| Updates/requests from Community Safety Board     | Gateshead Council |
| Updates/requests from Health and Wellbeing Board | Gateshead Council |

**Tabled Items**

|                     |                                     |
|---------------------|-------------------------------------|
| Update from NPS     | National Probation Service          |
| Update from CRC     | Community<br>Rehabilitation Company |
| Cross Border Issues | Gateshead Council                   |

**Drugs/Novel Psychoactive Substances**

|                                     |                    |
|-------------------------------------|--------------------|
| Reducing Supply – Update            | Gateshead Council  |
| Drug Related Deaths – Update        | Gateshead Council  |
| Drug Crime / Warrants – Performance | Northumbria Police |

**Alcohol**

|   |                   |
|---|-------------------|
| Alcohol related violence - Cardiff model data | Gateshead Council |
| Crime and Disorder update – Regional Update   | Balance           |

**General updates/Emerging issues**

All Partners

**Partner updates**

All Partners

**Any other business**

All Partners

**Draft Work Plan for Substance Misuse Group for 2015/16**

**20 January 2016**

**Standing agenda items**

|  |                   |
|--|-------------------|
| Coordinators Update                              | Gateshead Council |
| Substance Misuse Strategy and Action Plan        | All Partners      |
| Updates/requests from Community Safety Board     | Gateshead Council |
| Updates/requests from Health and Wellbeing Board | Gateshead Council |

**Tabled items**

|                             |                 |
|-----------------------------|-----------------|
| Update from Job Centre Plus | Job Centre Plus |
|-----------------------------|-----------------|

**Drugs/Novel Psychoactive Substances**

|  |                   |
|--|-------------------|
| Reducing Supply – Update                       | Gateshead Council |
| Drug Related Deaths – Update / Regional Update | Gateshead Council |
| Northumbria Drugs Alliance – Update            | Gateshead Council |

**Alcohol**

|   |                   |
|---|-------------------|
| Alcohol-related violence - Cardiff model data | Gateshead Council |
|---|-------------------|

**General updates/Emerging issues**

All Partners

**Partner updates**

All Partners

**Any other business**

All Partners

**Draft Work Plan for Substance Misuse Group for 2015/16**

**23 March 2016**

**Standing agenda items**

|  |                   |
|--|-------------------|
| Coordinators Update                              | Gateshead Council |
| Substance Misuse Strategy and Action Plan        | All Partners      |
| Updates/requests from Community Safety Board     | Gateshead Council |
| Updates/requests from Health and Wellbeing Board | Gateshead Council |

**Tabled items**

|                            |                   |
|----------------------------|-------------------|
| Terms of Reference refresh | Gateshead Council |
| Work Plan 2016/17          | Gateshead Council |
| Annual Report 2015/16      | Gateshead Council |
| Performance Update         | All Partners      |

**Drugs/Novel Psychoactive Substances**

|                                     |                   |
|-------------------------------------|-------------------|
| Reducing Supply – Update            | Gateshead Council |
| Drug Related Deaths – Update        | Gateshead Council |
| NPS Action Plan – Update            | Gateshead Council |
| Northumbria Drugs Alliance – Update |                   |

**Alcohol**

|   |                   |
|---|-------------------|
| Alcohol-related violence - Cardiff model data | Gateshead Council |
|---|-------------------|

**General updates/Emerging issues**

All Partners

**Partner updates**

All Partners

**Any other business**

All Partners



**Annual  
report**

**2014/15**

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# Note from the Board

It has been a year of significant change for Healthwatch Gateshead for both the board and the staff team.

We say goodbye and thank you for the support and contribution of Jim Holmes, Andrew Moore, Jon Twelves and Steve Cowen who stepped down from our board in 2014/15. We also say goodbye and thank you to Jan Pyrke and Carrie Miller from our staff team who moved onto new roles in 2014/15. We also welcome Carole Gourdie to the team.

At the end of this year our Chair Robert Buckley unfortunately became very ill and has taken a leave of absence from Healthwatch duties to recover. We wish to thank him for his leadership and his support in developing Healthwatch Gateshead. We sincerely hope that he makes a full and speedy recovery.

We have recently appointed a new Interim Chair, Sharon Stuart. Sharon has a wealth of experience of working with many organisations in Gateshead and has worked in senior management roles within local charities, supporting them to deliver a range of services to residents and communities across Gateshead.

The board, along with the local staff team, are looking forward to working with Sharon to continue to shape the way Healthwatch Gateshead supports local residents to have a voice in shaping and improving their local health and social care services

Change, however welcomed, brings with it challenges, and this year has brought many challenges for Healthwatch Gateshead. A recent borough wide survey of stakeholders and local residents showed that we still have some work to do to cement Healthwatch's place locally as the people's champion for health and social care services.

We as a board and the staff team acknowledge the opinion of local stakeholders and residents and have made significant progress to meet the challenges represented within this survey and are confident we will make more good progress throughout this year.

Amongst all these changes and challenges, though, Healthwatch Gateshead has still been getting out and about, talking to and learning from local people (through our regular 'drop ins', Vital Signs programme and a variety of engagement activities) about their experiences of health and social care services and has responded to what people have been telling us.

## 'You Said We Did'

From what local people are saying to us, we are focusing some of our activities in four key areas:

- Experiences of patient discharge from hospital services.
- Experiences of GP services.
- Understanding the complexities of social care services and the impact of the Social Care Act.
- Understanding health and social care services for children and young people.

We also have spent a good deal of 2014/15 building solid foundations of our governance and organisational capacity so that we can independently run the Healthwatch contract as a social enterprise before March 2016. We are now a registered company 'Healthwatch Gateshead CIC'.

In summary, it has been a challenging year for Healthwatch Gateshead; a year that has seen a number of changes which we have managed, a number of challenges which we have risen to, a review of how we engage which has increased our partnership working opportunities, and a real focus on activities which reflect what local people are telling us.

As former US president Bill Clinton said: "The price of doing the same old thing is far higher than the price of change."

We, Healthwatch Gateshead, with this philosophy in mind, are committed to investing in and embracing the changes and challenges we need to so that we can continue to grow as a strong, independent and credible local voice for local people.

We are making significant progress and the board and staff team are confident that 2015/16 will see yet more growth in the impact of Healthwatch Gateshead locally.

# About Healthwatch Gateshead

## Our vision, mission and values

Our aim is to work with residents and service providers to improve local health and social care services across Gateshead. As a statutory watchdog, our role is to ensure that local health and social care services and the local decision makers put the experiences of people at the heart of their care.

We achieve this by:

- Seeking to influence the improvement, development, delivery and implementation of local health and social care services.
- Reaching out to more people and communities in Gateshead.
- Gathering evidence from what local people are telling us and work to improve local services.
- Providing comprehensive, accurate information and advice to the public to enable them to make effective choices and decisions when accessing local health and social care services.

### Your feedback

Pamela Rutter's mother, 90, has dementia and lives with her daughter. Pamela contacted Healthwatch Gateshead to see if she was claiming the right benefits and entitlements. We signposted her to Citizens Advice, Alzheimers Society and the Carers Association, and she is now in contact with Carers Association and Adult Social Care.

**“You are the only person to ever ring us back to see if we're even dead or alive. No one else has ever bothered. Thank you so much Healthwatch.”**

### Vision

Healthwatch Gateshead will enable the views of the people of Gateshead to influence the commissioners and providers in the development, provision, monitoring and improvement of health and social care services both locally and nationally.

### Mission

Healthwatch Gateshead will work collaboratively with partners, stakeholders and the Gateshead community to improve the quality of local health and social care services.

### Our Values

#### Independence

Healthwatch Gateshead will be a strong, independent voice and champion for the citizens of Gateshead.

#### Innovation

Healthwatch Gateshead will strive to be creative and original in its work.

#### Quality

Healthwatch Gateshead is committed to promoting best practice and ensuring quality in all areas of performance.

#### Diversity

Healthwatch Gateshead embraces, encourages and celebrates diversity and strives to be inclusive in all aspects of its work.

#### People

Healthwatch Gateshead will support its staff and volunteers to help them develop and grow.

## Our strategic priorities

As set out in the legislation of the Health and Social Care Act of 2012, Healthwatch Gateshead has six core functions:

- Gather views and understand the experience of people who use services, carers and the wider community.
- Make people's views known.
- Promote and support the involvement of people in the commissioning cycle and scrutiny of local care services.
- Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission.
- Provide information, signposting and support to help people access health and social care services and make informed choices.
- Make the views and experiences of people known to Healthwatch England (and other Healthwatch organisations) and provide a steer to help it carry out its role as the national champion.

These functions are supported by a framework of indicators that inform how we work strategically, our organisational development, the delivery programme and development of the management information framework that collects data to demonstrate the outcomes and impact of our work.

## We have identified the following strategic priorities for 2014-17:

### Strategic development

- Work proactively with Clinical Commissioning Groups, the local authority and all health and social care providers, other organisations and the general public to develop and maintain strong working relationships.
- Widen access and involvement.
- Create an organisation which is representative of and influenced by the local population.

### Operational development

- Develop our volunteer programme to establish volunteers who will engage with a range of communities across Gateshead.
- Implement reporting mechanisms which enable us to gather the views of a wide range of diverse communities.
- Build an effective evidence base so that we can influence local service delivery and development on behalf of local people.

### Delivery

- Develop engagement with hard to reach groups.
- Develop a programme of innovative and creative engagement activities.
- Develop our local 'drop in' sessions so that we have an effective presence across the borough.
- Widen access.

## Your Healthwatch team



**Andrew Moore**  
Development Officer

Andrew is responsible for the operational effectiveness of Healthwatch and implementing the board's strategies and direction. Andrew has over 10 years'

experience in the voluntary sector. He has lived in Gateshead for the last 15 years.



**Carole Gourdie**  
Community Participation and Engagement Worker

Carole's role involves working with local voluntary groups and residents who want to engage on health and social

care services. She has 24 years' experience of work in various roles in the voluntary community sector and recently worked with Age UK Gateshead managing the Age UK North East regional 'fit as a fiddle' Big Lottery funded National Health and Wellbeing programme.



**Kim Newton**  
Community Participation and Engagement Worker

Kim works with local voluntary groups and residents who want to engage on health and social care services. She was

previously Gateshead LINK's engagement and involvement worker, so has a wealth of information and contacts. Kim lives in Gateshead with her husband and autistic son Daniel.



**Victoria Clark**  
Signposting and Information Officer

Victoria is Healthwatch's Signposting and Information Officer and is responsible for communications and information. Victoria has

worked in Gateshead all her working life and has many contacts in the voluntary and public sectors. Victoria is also a trustee of a local children's charity.



**Nicola Winship**  
Administrator

Nicola is our Administrator and is responsible for providing essential administrative support to the team and our board. Nicola has previously

worked in public health and has been a Gateshead resident all her life.

### Your feedback

Mrs McKenzie has a mental health condition and felt intimidated when attending meetings with schools and social services. Healthwatch Gateshead signposted her to a local advocacy service and she now feels much more in control.

**"Excellent signposting information from Healthwatch. Thank you. I now have an advocate, who is great. I now feel I have support and someone is on my side, supporting me all the way. I don't go to any meetings now unless my advocate is with me. I didn't know where to go until Healthwatch told me where. Thanks again."**

# Providing information and signposting for people who use health and social care services

## Helping people get what they need from local health and social care services

We have given a variety of advice to members of the public who have contacted Healthwatch Gateshead by phone, email, via our website or in person at drop-in events held weekly across the borough at community venues.

Examples of questions asked and help given include:

- Carer for elderly parents not aware of any support services – given contact details for the Carers’ Association.
- Man whose wife had been admitted into a care home with dementia and needed financial assistance – signposted to the Alzheimer’s Society.
- Lady diagnosed with dyslexia wanting a statement of special educational needs – signposted to Dyslexia NE and education provider.
- Pensioner who lives with her mother who is in her 90s and has dementia enquired about benefit entitlement – signposted to CAB, Adaptations Team, Alzheimers’ Society, Carers’ Association and respite care team.
- Man telephoned after council withdrew care home funding support following new Care Act – signposted to Social Care Direct and CAB.
- Lady whose friend, a single parent with three dependent children, was diagnosed with terminal cancer and given two months to live – signposted to Macmillan Cancer Care, NE Counselling Services, CAB, Hospital Pathways programme, Happy to Help.

- Lady who is deaf, new to area and does not use email needed information on health checks which could be offered without need to visit a GP – texted details on her local pharmacy, Northern Sign, Wellness Hub and OurGateshead.

For online advice, we have developed a comprehensive service directory on the Healthwatch Gateshead website which also has a feature enabling a postcode search for GP surgeries, dentists, hospitals, pharmacies, and social care.

“Teams Medical Practice has worked with Healthwatch Gateshead for more than 12 months now and we have developed an excellent working relationship. The staff from Healthwatch deliver a drop-in at the practice every month and have also been involved in a health event that the practice organised. We very much appreciate the work that Healthwatch Gateshead have done and will do over the next year.”

**Sue Jennings**  
Practice Manager

Teams Medical Practice

# Engaging with people who use health and social care services

## Understanding people's experiences

The Healthwatch Gateshead team has been out across the borough throughout the year meeting users of health and social care services to find out about their experiences.

We have held monthly drop-in sessions at five community venues, attended 11 community festivals, visited community groups, and had our first annual event in November 2014 at Gateshead Civic Centre.

Feedback received about a wide range of services has helped us identify issues which are of concern to patients to focus our work on.



Healthwatch Gateshead's first annual event in November 2014.

## Annual event

Our first annual event attracted 59 delegates, a mix of members of the public and representatives of patient organisations.

A series of workshops were held where groups were asked to discuss different aspects of health and social care provision they had experienced over the previous year.

Issues raised included access to patient transport, the complex care pathways in community health provision, difficulty in making GP appointments, hospital waiting times, lack of privacy in pharmacies and a lack of funding and information for social care services.

## Drop-in events

We held monthly drop-in events at the following community venues, the first held in September 2014:

- Teams Medical Centre
- Leam Lane Library
- QE Outpatients Department
- South Birtley HUB
- West Blaydon Primary Care Centre.

A six month review was undertaken in March 2015 which found the events had led to engagement with more than 150 health and social care service users.

This has given us useful intelligence on a number of issues residents have faced which we have been able to feed back to commissioners of services. However, footfall was mixed and it was agreed to coincide future drop-in events with existing activities at the venues to maximise engagement.

## Community events

Healthwatch Gateshead staff attended a number of events during the year to raise awareness to hundreds of local residents of the services we provide.

They included community festivals at Saltwell Park, Teams Park, St Mary's Heritage Centre, Birtley Young People's Club, Deckham Children's Centre, and at Bensham and Low Fell, as well as Crawcrook Fair.

## Monthly e-news

We circulate a monthly newsletter by email to around 450 subscribers.

They include Gateshead residents we have had contact with who wish to be included as well as representatives of statutory services in health and social care and community and voluntary services.

## Enter & View

During the year we have recruited volunteers and developed an Enter & View training programme which three volunteers have completed.

We are currently working with the local authority contract monitoring team to give the volunteers the required experience and skills to carry out Enter & View visits. Recruitment of E & V volunteers is continuing.

"As chair of Gateshead's Health & Wellbeing Board, I am pleased that HealthWatch Gateshead has continued to play a role on the Board over the last year. Healthwatch Gateshead was represented at all Board meetings during 2014/15 and brought its annual report for 2013/14 and Forward Plan for 2014/15 to the Board in July of last year. The Health & Wellbeing Board will continue to work with Healthwatch Gateshead in developing priority areas for 2015/16 and I look forward to its continued involvement in the work of the Board."

**Councillor Lynne Caffrey**  
Chair of Gateshead Health  
& Wellbeing Board

"We've worked very closely with Healthwatch Gateshead and other regional groups over the last 12 months. HW Gateshead are an active and influential member of our HealthWatch Ambulance Forum. We've built excellent relationships up over the last 12 months that have allowed both NEAS and HW Gateshead ensure patients views, needs and experiences are represented and heard."

**Mark Johns**  
Engagement Manager  
North East Ambulance Service  
NHS Foundation Trust

# Influencing decision makers with evidence from local people

## Producing reports and recommendations to effect change

Other work during the year has included involvement in two primary care consultations and running a workshop for Healthwatch England's special inquiry into hospital discharge.

## Information sharing protocol

Following the merger of Newcastle and Gateshead CCGs to create the new CCG Alliance we are developing an information sharing protocol with NGCCG.

This will enable us to feedback evidence we collect from Gateshead residents on their experiences of health and social care services.

## North East Ambulance Service escalation process

Healthwatch Gateshead played a lead role in the development of a new procedure by North East Ambulance Service for handling requests for information from regional Healthwatch groups.

This gives Healthwatch groups a formal protocol for feeding back issues raised by ambulance patients. The NEAS Healthwatch Request For Information Procedure also sets out the process and timescales for investigating any complaints.

## Hospital discharge special inquiry

We held a workshop with the Physical Disability & Sensory Impairment Partnership to feed back information to Healthwatch England's special inquiry on hospital discharge.

The partnership's membership comprises a range of stakeholders including representatives of statutory providers and the voluntary sector as well as service users with both a hearing and visual impairment. Focus groups were held to gather comments from participants for our submission to HWE.

“NHS Newcastle Gateshead Clinical Commissioning Group and Healthwatch Gateshead are in the process of developing an information sharing protocol. We believe having an effective shared process in place will improve the experience and quality of services patients and the public receive. Working in collaboration will help us identify themes and trends raised by the public and through partnership working we hope to develop shared and positive solutions.”

**Norah Stevens,**  
Patient and Public Involvement  
and Community Development Lead  
NHS Newcastle Gateshead CCG

## Teams Medical Practice survey

Healthwatch Gateshead was approached by Teams Medical Practice to carry out an independent survey on the patient experience.

The survey was designed in collaboration with practice staff and we ran a two hour session in the practice where we assisted patients in the completion of the form.

The survey results were discussed at the patient forum and with the practice partners. Patients appeared happy with the service provided and the only change suggested in the survey responses was extended opening hours.

This was considered by the patient forum and by the partners but it was agreed that because the majority of patients surveyed were happy with the opening hours they would not be changed.

## Blaydon and Ryton GP services review

We assisted the North of England Commissioning Support Unit (NECS) with its review of GP services at Blaydon Health Centre and Grange Road Medical Practice in Ryton.

The contract for both practices was due to end and NECS was seeking patient feedback on the current services prior to agreeing new contracts.

Healthwatch Gateshead staff ran two sessions in each practice, assisting 60 patients to complete the consultation forms which were sent to NHS England. We were also involved in the assessment and scoring process.

## Putting local people at the heart of improving services

Our chair, during his tenure, has been fully active and involved in the Health and Wellbeing Board meetings and the Overview and Scrutiny Committee. Reports on activity are regularly presented at Healthwatch Gateshead's Board.

Other activity has included:

Alternative Provider Medical Services Consultation in partnership with NHS England Regional Team covering Blaydon Health Centre and Grange Road Medical Practice.

- Used social media feeds to promote consultation.
- Supporting local patients to understand and respond to the consultation.
- Supported over 60 patients to respond to the survey.

Pharmaceutical needs assessment working alongside Public Health and Pharmacists from local professional network.

- Reviewed content, terminology and accessibility of questionnaire as a member of working group.
- Supported local people to understand and respond to questionnaire.

'Deciding Together' transformation of local mental health services steering group.

- Encouraged wider membership to be involved in steering group and consultations.

## Working with others to improve local services

Healthwatch Gateshead works closely with a number of organisations which commission and deliver health and social care services. They include:

- North of England Commissioning Support Unit.
- Northumberland, Tyne and Wear NHS Foundation Trust.
- North East Ambulance Service.
- Queen Elizabeth Hospital.
- Gateshead Council.
- Gateshead Adult Social Care.
- Gateshead Local Safeguarding Children Board.
- North East Healthwatch networks.
- NHS Newcastle and Gateshead Clinical Commissioning Group (CCG) Alliance.

We also work with:

- Gateshead Wellness Hub.
- Patient Experience Teams.
- The voluntary and community sector.
- Local professional networks.

We attend the following partnership meetings:

- Learning Disabled Partnership.
- Local Engagement Board.
- Safeguarding Board.
- Patient, User, Carer Partnership (PUCPI).
- Physical, disability, sensory impairment (PDSI).
- Older Persons Partnership.
- Diversity Forum.
- Mental Health Partnership.

Chair Robert Buckley also attended a wide range of events during the year, including:

- Age UK Annual Event.
- Health Inequalities Conference - Durham University.
- Shared Decision Making in Dementia Care - Newcastle University.
- Integrating Care - the Gateshead Way.
- The Dyslexia Debate - Dance City.
- NHS North East Leadership Academy Annual Conference and Awards.
- Challenging Our Taboos, Talking About Death - Newcastle.
- Suicide Prevention Among LGBT - Newcastle.
- Managing public health spend - Newcastle University.

### Your feedback

Henry Attrill wanted to complain about the process/system of booking patient transport after having an upsetting experience with pick up and appointment times. Healthwatch Gateshead gave Mr Attrill information on how to complain and after speaking to several people his complaint was actioned.

**“As a direct result of my complaint, I am led to believe that systems have now been changed for all who use it, not just my wife and I. Thank you Healthwatch.”**

# Our plans for 2015/16

## Opportunities and challenges for the future

The Heathwatch Gateshead Board has agreed a three year plan from 2014 to 2017 which sets out our strategic priorities under the following themes: strategic development; operational development; and delivery

Key priorities include:

- In partnership with the Clinical Commissioning Group we will produce, disseminate and report on a survey aimed at gaining a clear understanding of residents' views on access to GP practices across the borough.
- Working closely with the Patient Experience Team at the Queen Elizabeth Hospital we will consult with patients, carers and members of the public on their views concerning hospital discharge processes.
- Working with specialist organisations to establish links and develop activities that engage with hard to reach communities.

## Our governance and decision-making

### Our board

**Our board is made up of local people who live or work in Gateshead who want to help further our work. Each member has a keen interest, understanding or specialist skills in the health and social care sector.**

The board is responsible for making sure Healthwatch does what it's supposed to do by setting our work, targets and goals. Each member serves for a limited period of time to ensure we don't become stagnant.

Throughout 2014/15 the board has invested a significant amount of time developing the necessary internal governance systems/process and policies to enable it to self-govern and manage the Healthwatch Gateshead contract directly with Gateshead Metropolitan Council. Healthwatch Gateshead CIC is now set up and registered with Companies House.

The board has agreed a structure but will be reviewing this along with policies and procedures as part of the work to become independent throughout 2015/16.

### How we involve lay people and volunteers

**We have two key volunteer roles, aside from board membership.**

The first is 'Healthwatcher', an important position for volunteers able to offer a few hours per week to raise awareness and positively promote Healthwatch within Gateshead.

Healthwatchers attend our events and encourage members of the public to participate, giving their views and experiences. They also provide feedback to community groups and individuals in relation to Healthwatch activities, and support staff and board members in other projects.

Enter and View volunteers visit and report on any premises where health and social care services are being used by Gateshead residents. The recommendations from these reports are then used to inform commissioners and influence service improvements for Gateshead residents.

The role includes engaging with service users, patients, relatives, carers and health care professionals to gather views to inform reports and findings, and presenting reports and giving feedback.

## Our board



### **Sharon Stuart - Interim Chair**

Sharon Stuart joins the board of Healthwatch Gateshead as Interim Chair on June 22nd 2015, replacing Chair Robert

Buckley during his leave of absence due to ill health. Sharon has a wealth of experience of working with many organisations in Gateshead and has worked in senior management roles within local charities, supporting them to deliver a range of services to residents and communities across Gateshead.



### **Kay Parker**

Kay has over 30 years health and social care experience as a social worker specialising in mental health. She has set up and facilitated various

mental health and carer support groups. Since retiring Kay has been involved in many related steering and working groups. Kay's more recent involvements include Gateshead CCG Involvement Forum, Healthwatch Ambulance Forum, Newcastle Medical School volunteer and as a NTW PLACE assessor. She is also a trustee and volunteer of a mental health charity in Durham. Her particular interests are mental health, older people and volunteering. Kay lives in Gateshead.



### **Esther Ward**

Esther has been volunteering now for over 27 years and has been instrumental in establishing several organisations including

Arthritis Care, Crossroads Care and Gateshead Older Peoples Assembly. She has held many positions over the years including Secretary, Chair, Non Executive Director with the former Primary Care Trust, NHS Trust Governor and a Non-Executive Director on a housing company board. Esther sits on many partnerships and boards to help influence the best possible services available to Gateshead residents.



### **Marjorie Hunter**

Marjorie is the founding Director of North East Counselling Services, one of Gateshead's flagship social enterprises, and her valued experience of

setting up a social enterprise is invaluable to supporting Healthwatch Gateshead also achieve social enterprise status. Marjorie also brings added strengths in strategic planning. She believes in using local knowledge and experience to influence change from the ground up. Marjorie lives and works in Gateshead.



### **Hollie Pinder**

Hollie is a Leukaemia Caseworker for Gateshead Advice Centre. The nature of this role gives her a good knowledge of health and social care issues faced by

Gateshead residents. Hollie has experience of liaising with a wide range of professional organisations and has in-depth knowledge of benefits, employment, family, housing and debt issues. Hollie has recently completed her Master's Degree in Law at Durham University and her legal knowledge brings added strengths to the board.

# Financial Information

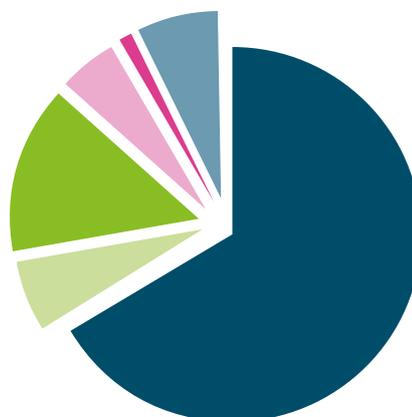
## Financial Activities

### Income

|                                |                 |
|--------------------------------|-----------------|
| Funding from Gateshead Council | £150,000        |
| Funding from CCG               | £10,000         |
| Carried forward from 2013/14   | £26,081         |
| <b>Total Income</b>            | <b>£186,081</b> |

### Expenditure

|                                |                 |
|--------------------------------|-----------------|
| Management and staff salaries  | £96,058         |
| Training and other expenses    | £8,775          |
| Operational costs              | £20,826         |
| Marketing and publicity        | £7,552          |
| Outreach activities            | £1,315          |
| CCG project activities         | £10,000         |
| <b>Total expenditure</b>       | <b>£144,526</b> |
| <b>Balance carried forward</b> | <b>£41,555</b>  |



- Management and staff salaries
- Training and other expenses
- Operational costs
- Marketing and publicity
- Outreach activities
- CCG project activities

“During 2014-15 it has been very pleasing to see how Healthwatch Gateshead has actively engaged with our Care, Health and Wellbeing Overview & Scrutiny Committee to keep us informed of its work, and how we have been able to complement each other’s work on some important issues for local people. Specifically, we have shared information and provided complementary responses to NHS partners on the Quality Accounts for specific NHS Foundation Trusts covering our area and an NHS England consultation on proposals for the Blaydon Health Centre with the aim of ensuring the provision of efficient, effective, quality local services which meet the needs of Gateshead residents. I very much look forward to a continuation of this positive relationship going forward.”

**Councillor Stuart Green**  
Chairman, Care, Health  
and Wellbeing OSC

## Your feedback

Healthwatch Gateshead staff met Terence Grimes at a drop-in event at the Queen Elizabeth Hospital. Due to health problems he could not get in and out of his bath and was therefore forced to use friends’ and family members’ showers. We referred Mr Grimes to Adult Social Care and he is now looking forward to a shower/wet room being installed and regaining some of his independence.

**“If it wasn’t for (Healthwatch Gateshead) I wouldn’t have a shower or my quality of life back. My thanks go to you.”**



**Healthwatch Gateshead**

Davidson Building  
Swan Street  
Gateshead  
NE8 1BG

Tel: 0191 477 0033 or 0300 123 4008  
Email: [info@healthwatchgateshead.co.uk](mailto:info@healthwatchgateshead.co.uk)  
Web: [www.healthwatchgateshead.co.uk](http://www.healthwatchgateshead.co.uk)  
Freephone: 0808 801 0382

Facebook: [facebook.com/gatesheadhealthwatch](https://facebook.com/gatesheadhealthwatch)  
Twitter: [@HWGateshead](https://twitter.com/HWGateshead)



## HEALTH AND WELLBEING BOARD 11 September 2015

### **TITLE OF REPORT: Better Care Fund: 1<sup>st</sup> Quarterly Return (2015/16) to the Department of Health**

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#### **Purpose of the Report**

1. To seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to the Department of Health for the 1<sup>st</sup> Quarter of 2015/16.

#### **Background**

2. The HWB approved the Gateshead Better Care Fund (BCF) submission for Gateshead at its meeting on 19 September 2014, which in turn was approved by NHS England in December 2014.
3. NHS England has introduced quarterly monitoring arrangements for the BCF which requires a template return to be submitted in respect of each BCF Plan.
4. The Board endorsed the Quarter 4 return for 2014/2015 at its meeting on 5<sup>th</sup> June which focused on the budget arrangements and national conditions relating to the BCF. It also included a narrative section to provide any additional information, including an explanation of any material variances against the plan and the performance trajectory that was approved.
5. The Board's Forward Plan for 2015/16 (agreed at its last meeting on 17 July) includes a new Performance Management section of the agenda which will be used to update the Board on progress in relation to the BCF and other key indicators linked to our health and wellbeing agenda. It was also agreed that this, in turn, would be used to inform future returns to the Department of Health.

#### **Quarter 1 2015/16 Template Return**

6. The Board also considered a Performance Review Update report at its meeting on 17 July, which included the BCF. It was noted that this would be used for inform the Quarter 1 return due for submission on 28<sup>th</sup> August.
7. A return has been submitted to the Department of Health (attached) in line with the deadline set which reflects the data trends reported to the Board at its July meeting. The return provides a progress update and sets out the current

position in relation to funding arrangements, national BCF conditions, local metrics and potential support from NHS England.

### **Future BCF Quarter Returns for 2015/16**

8. The deadlines for the completion of future quarterly returns for 2015/16 are as follows:

**Q2 2015/16:** 27/11/2015

**Q3 2015/16:** 26/02/2016

**Q4 2015/16:** 27/05/2016

9. As per the Forward Plan, the Board will consider a performance update (including the BCF) at its meeting on 23<sup>rd</sup> October which will then inform the Q2 quarter return to the Department of Health. As part of this, any issues likely to impact upon return will be brought to the attention of the Board for consideration. Similar arrangements will apply for subsequent returns as required.

### **Proposal**

10. The Board is asked to endorse the 1<sup>st</sup> Quarter BCF return for 2015/16.

### **Recommendations**

11. The Health and Wellbeing Board is asked to endorse the Better Care Fund 1<sup>st</sup> Quarter return for 2015/16 to the Department of Health in line with the arrangements previously agreed for the submission of returns.

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Contact: John Costello (4332065)

## Quarterly Reporting Template - Guidance

### Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 28th August 2015

This Excel data collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents an opportunity for Health and Wellbeing Boards to register interest in support. Details on future data collection requirements and mechanisms will be announced ahead of the Q2 2015/16 data collection.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

### Content

The data collection template consists of 9 sheets:

**Validations** - This contains a matrix of responses to questions within the data collection template.

- 1) **Cover Sheet** - this includes basic details and tracks question completion.
- 2) **Budget arrangements** - this tracks whether Section 75 agreements are in place for pooling funds.
- 3) **National Conditions** - checklist against the national conditions as set out in the Spending Review.
- 4) **Non-Elective and Payment for Performance** - this tracks performance against NEL ambitions and associated P4P payments.
- 5) **Income and Expenditure** - this tracks income into, and expenditure from, pooled budgets over the course of the year.
- 6) **Local metrics** - this tracks performance against the locally set metric and locally defined patient experience metric in BCF plans.
- 7) **Understanding support needs** - this asks what the key barrier to integration is locally and what support might be required.
- 8) **Narrative** - this allows space for the description of overall progress on plan delivery and performance against key indicators.

### Validations

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

### 1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 8 cells are green should the template be sent to england.bettercaresupport@nhs.net

### 2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the 2014-15 Q4 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously you can selection 'Not Applicable' this time.

**If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?**

**If the answer to the above is 'No' please indicate when this will happen**

### 3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

### 4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q4. Three figures are required and one question needs to be answered:

**Input actual Q1 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell L12**

**Input actual value of P4P payment agreed locally - Cell D23**

**If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box**

**Input actual value of unreleased funds agreed locally**

This section also requires indication of the area of spend that unreleased funds have been spent on for Q4 and Q1 using a drop-down list. If no funds were left unreleased then 'Not Applicable' should be selected.

#### 5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

**Planned and forecast income into the pooled fund for each quarter of the 2015-16 financial year**

**Confirmation of actual income into the pooled fund in Q1**

**Planned and forecast expenditure from the pooled fund for each quarter of the 2015-16 financial year**

**Confirmation of actual expenditure into the pooled fund in Q1**

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

#### 6) Local metrics

This tab tracks performance against the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In both cases the metric is set out as defined in the approved plan for the HWB and **the following information is required for each metric:**

**Confirmation that this is the same metric that you wish to continue tracking locally**

**Confirmation of planned performance for each quarter of 2015-16** (against the metric being tracked locally - whether the same as within your plan or not)

**Confirmation of actual performance for Q1 2015-16** (against the metric being tracked locally - whether the same as within your plan or not)

**Commentary on progress against the metric and details of any changes to the metric including reference to reasons for changing**

#### 7) Understanding Support Needs

This asks what the key barrier to integration is locally and what support might be required in delivering the six key aspects of integration set out previously. This section builds upon the information collected through the BCF Readiness Survey in March 2015. HWBs are asked to:

**Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plan**

**Confirm against each of the six themes whether they would welcome any support and if so what form they would prefer support to take**

There is also an opportunity to provide comments and detail any other support needs you may have which the Better Care Support Team may be able to help with.

#### 8) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

## Better Care Fund Template Q1 2015/16

### Data collection Question Completion Validations

#### Cover

|                             |               |         |                 |   |
|-----------------------------|---------------|---------|-----------------|---|
| Health and Well Being Board | completed by: | e-mail: | contact number: | Who has signed off the report on behalf of the Health and Well Being Board: |
| Yes                         | Yes           | Yes     | Yes             | Yes   |

#### Budget Arrangements

|   |
|---|
| Is 75 pooled budget in the Q4 data collection? and all dates needed |
| Yes   |

#### National Conditions

|  | 1) Are the plans still jointly agreed? | 2) Are Social Care Services (not spending) being protected? | 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering? | 4) Is the NHS Number being used as the primary identifier for health and care services? | 5) Are you pursuing open APIs (i.e. systems that speak to each other)? | 6) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? | 7) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional? | 8) Is an agreement on the consequential impact of changes in the acute sector in place? |
|--|--|---|---|---|--|---|---|---|
| Please Select (Yes, No or No - In Progress)  | Yes                                    | Yes   | Yes   | Yes   | Yes  | Yes   | Yes   | Yes   |
| If the answer is "No" or "No In Progress" estimated date if not already in place (DDMM/YYYY) | Yes                                    | Yes   | Yes   | Yes   | Yes  | Yes   | Yes   | Yes   |
| Comment  | Yes                                    | Yes   | Yes   | Yes   | Yes  | Yes   | Yes   | Yes   |

#### Non-Elective and P4P

| Actual Q1 15/16 | Actual payment locally agreed | Comments | Any unreleased funds were used for: Q4 14/15 | Any unreleased funds were used for: Q1 15/16 |
|-----------------|-------------------------------|----------|--|--|
| Yes             | Yes                           | Yes      | Yes  | Yes  |

#### I&E (2 parts)

|                  | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Please comment if there is a difference between the total yearly plan and the pooled fund |
|------------------|------------|------------|------------|------------|---|
| Income to        | Plan       | Yes        | Yes        | Yes        | Yes   |
|                  | Forecast   | Yes        | Yes        | Yes        | Yes   |
|                  | Actual     | Yes        |            |            |   |
|                  | Actual     | Yes        |            |            |   |
| Expenditure From | Plan       | Yes        | Yes        | Yes        | Yes   |
|                  | Forecast   | Yes        | Yes        | Yes        | Yes   |
|                  | Actual     | Yes        |            |            |   |
|                  | Actual     | Yes        |            |            |   |
|                  | Commentary | Yes        |            |            |   |

#### Local Metrics

| Same local performance metric in plan?   | If the answer is No details |          |          |          |          |          |
|--|-----------------------------|----------|----------|----------|----------|----------|
| Yes                                      | Yes                         | Yes      | Yes      | Yes      | Yes      | Yes      |
| Local performance metric plan and actual | Q4 14/15                    | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 |
| Commentary                               | Yes                         | Yes      | Yes      | Yes      | Yes      | Yes      |
| Local patient experience plan and actual | Q4 14/15                    | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 |
| Commentary                               | Yes                         | Yes      | Yes      | Yes      | Yes      | Yes      |

#### Understanding Support Needs

|  |                        |                          |
|--|------------------------|--------------------------|
| Area of integration greatest challenge   | Yes                    |                          |
|  | Interested in support? | Preferred support medium |
| 1. Leading and Managing successful better care implementation  | Yes                    | Yes                      |
| 2. Delivering excellent on the ground care centred around the individual                                   | Yes                    | Yes                      |
| 3. Developing underpinning integrated datasets and information systems                                     | Yes                    | Yes                      |
| 4. Aligning systems and sharing benefits and risks   | Yes                    | Yes                      |
| 5. Measuring success   | Yes                    | Yes                      |
| 6. Developing organisations to enable effective collaborative health and social care working relationships | Yes                    | Yes                      |

#### Narrative

|                 |
|-----------------|
| Brief Narrative |
| Yes             |

Cover and Basic Details

Q1 2015/16

Health and Well Being Board

Gateshead

completed by:

H Bellwood

E-Mail:

hilarybellwood@nhs.net

Contact Number:

0191 217 2960

Who has signed off the report on behalf of the Health and Well Being Board:

John Costello

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

|                                | No. of questions answered |
|--------------------------------|---------------------------|
| 1. Cover                       | 5                         |
| 2. Budget Arrangements         | 1                         |
| 3. National Conditions         | 24                        |
| 4. Non-Elective and P4P        | 5                         |
| 5. I&E                         | 21                        |
| 6. Local metrics               | 18                        |
| 7. Understanding Support Needs | 13                        |
| 8. Narrative                   | 1                         |

## Budget Arrangements

**Selected Health and Well Being Board:**

Gateshead

**Data Submission Period:**

Q1 2015/16

**Budget arrangements**

Have the funds been pooled via a s.75 pooled budget? Yes

If it has not been previously stated that the funds had been pooled can you now confirm that they have?

If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)

**Footnotes:**

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

National Conditions

Please select  
Yes  
No  
No - In Progress

Selected Health and Well Being Board:

Gateshead

Data Submission Period:

Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund. Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan. Further details on the conditions are specified below. If 'No' or 'No - In Progress' is selected for any of the conditions please include a date and a comment in the box to the right.

| Condition   | Please Select (Yes, No or No - In Progress) | If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY) | Comment  |
|---|---|---|--|
| 1) Are the plans still jointly agreed?  | Yes   |   |  |
| 2) Are Social Care Services (not spending) being protected?   | Yes   |   |  |
| 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?                                       | Yes   |   | Ongoing work - highlighted within our 11 schemes - specifically schemes such as our rapid domiciliary support, supported discharge, Intermediate Care Beds. As well as wider work around Prime Minister Challenge and National Care Home Vanguard.   |
| 4) In respect of data sharing - confirm that:   |   |   |  |
| i) Is the NHS Number being used as the primary identifier for health and care services?   | Yes   |   |  |
| ii) Are you pursuing open APIs (i.e. systems that speak to each other)?   | Yes   |   | Included in specifications for new systems and existing suppliers notified   |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?   | Yes   |   |  |
| 5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional? | Yes   |   | Discussions are taking place between the CCG and LA to explore opportunities to collaborate on developing joint health and social care assessments for adults. The CCG are arranging subgroups reporting to the Transforming Care Strategic Group, where joint initiatives will be agreed and reported upon. |
| 6) Is an agreement on the consequential impact of changes in the acute sector in place?   | Yes   |   | Ongoing discussions are happening via SRG around non-elective activity and potential for service redesign in out-of-hospital pathways.   |

1 1 1  
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1 1 1

National Conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf)

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
  - confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
  - ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
- NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.



Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:

Gateshead

**Income**

|   |          | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Total Yearly Plan | Pooled Fund |
|---|----------|------------|------------|------------|------------|-------------------|-------------|
| Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan     | £4,303,500 | £4,303,500 | £4,303,500 | £4,303,500 | £17,214,000       | £17,214,000 |
|   | Forecast | £4,303,500 | £4,303,500 | £4,303,500 | £4,303,500 |                   |             |
|   | Actual*  | £4,017,583 |            |            |            |                   |             |

Please comment if there is a difference between the total yearly plan and the pooled fund

**Expenditure**

|  |          | Q1 2015/16 | Q2 2015/16 | Q3 2015/16 | Q4 2015/16 | Total Yearly Plan | Pooled Fund |
|--|----------|------------|------------|------------|------------|-------------------|-------------|
| Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund) | Plan     | £4,303,500 | £4,303,500 | £4,303,500 | £4,303,500 | £17,214,000       | £17,214,000 |
|  | Forecast | £4,303,500 | £4,303,500 | £4,303,500 | £4,303,500 |                   |             |
|  | Actual*  | £4,017,583 |            |            |            |                   |             |

Please comment if there is a difference between the total yearly plan and the pooled fund

Commentary on progress against financial plan: Actual expenditure figures show full expenditure against schemes less the value of the Performance fund for Q1, which was not released to the BCF pool due to the levels of Non Elective overperformance experienced year to date.

Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.  
Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:

Gateshead

|   |   |
|---|---|
| Local performance metric as described in your approved BCF plan | Estimated diagnosis rate for people with dementia |
|---|---|

|   |     |
|---|-----|
| Is this still the local performance metric that you wish to use to track the impact of your BCF plan? | Yes |
|---|-----|

|   |  |
|---|--|
| If the answer is no to the above question please give details of the local performance metric being used (max 750 characters) |  |
|---|--|

| Local performance metric plan and actual | Plan     |          |          |          | Actual   |          |          |          |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
|  | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
|  | 67       | 68       | 68       | 69       | 68       | 69       |          |          |

|  |   |
|--|---|
| Please provide commentary on progress / changes: | Significant progress made in 2014/15 and the end of year trajectory was exceeded. Work continues into 2015/16 in general practice to validate dementia registers and current performance (68.6%) is close to the 2015/16 trajectory of 69%. |
|--|---|

|  |  |
|--|--|
| Local defined patient experience metric as described in your approved BCF plan | Patient/Service User Experience metric<br>Improve the percentage of patients who responded " Yes Definitely" to the following question from the GP patient survey:<br>"For respondents with a long-standing health condition: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health" |
|--|--|

|  |     |
|--|-----|
| Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan? | Yes |
|--|-----|

|  |  |
|--|--|
| If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters) |  |
|--|--|

| Local defined patient experience metric plan and actual: | Plan     |          |          |          | Actual   |          |          |          |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
|  | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
|  | 47       | 48       | 48       | 48       | 40       | 0        |          |          |

|  |   |
|--|---|
| Please provide commentary on progress / changes: | Data for Q1 2015/16 actual not available due to annual performance indicator. Performance has decreased in 14/15, LTCs and Mental health programme boards have a number of work streams that are tackling the care for people with LTCs with both physical and mental health components: in particular work around LTC prevalence across General Practice, Disease specific programmes of work to promote holistic care closer to home (e.g. cardiac and pulmonary rehabilitation) and Development of multi-morbidity clinics in Primary, Secondary and |
|--|---|

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.  
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

## Support requests

Selected Health and Well Being Board:

Gateshead

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?

4. Aligning systems and sharing benefits and risks

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

| Theme  | Interested in support? | Preferred support medium                         | Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.                         |
|--|------------------------|--|---|
| 1. Leading and Managing successful better care implementation  | Yes                    | Central guidance or tools                        | A more streamlined approach towards the support offers around new models of care and the BCF e.g. national support offer on Vanguards and BCF resources website |
| 2. Delivering excellent on the ground care centred around the individual                                   | Yes                    | Case studies or examples of good practice        | Further work /alignment with National Voices and PPI groups   |
| 3. Developing underpinning integrated datasets and information systems                                     | Yes                    | Hands on technical or delivery support           | National recommendations and support with technical guidance to support local system - advice from NIB  |
| 4. Aligning systems and sharing benefits and risks   | Yes                    | Central guidance or tools                        | Exploring new payment models and 'draft contracts' outlined in the Vanguard National Support Offer to facilitate integration                                    |
| 5. Measuring success   | Yes                    | Webinars or other remote learning opportunities  | Evaluation framework would be useful that underpins the 6 National Outcomes around BCF - e.g proxy measures to analyse trends                                   |
| 6. Developing organisations to enable effective collaborative health and social care working relationships | Yes                    | Peers to peer learning / challenge opportunities | Leadership support and facilitate to allow collaborative redesign across systems (beyond organisations)   |

## Narrative

Selected Health and Well Being Board:

Gateshead

Data Submission Period:

Q1 2015/16

Narrative

Remaining Characters

30,053

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.

In Gateshead, we are mindful that BCF is part of the bigger picture around transformational ongoing work around service integration, as outlined in our Better Care Fund Plan

Early successes include:

- engagement of staff, embedding new projects into existing services and their redesign.
- regular performance updates with Health and LA around service provision and stakeholders.
- joint approaches to consideration of commissioning for the future.

There are more detailed operational plans and progress updates for individual BCF schemes. These should be read in conjunction with work underway around:

- General Practice strategy
- Prime minister challenge
- Gateshead Care home vanguard

Non elective pressures in the system have continued through quarter 1. These are being reviewed and addressed as part of the BCF project management arrangements and in partnership with all stakeholders, but this relates to a containment of on going growth in local and national trends.

### 1. General Practice strategy

This co-produced strategy sets out the Newcastle Gateshead vision and 3 year plan to develop a high quality and sustainable model for General Practice. As part of our comprehensive programme to develop new models of care delivery across the health and care system it describes how the CCG will support practices to strengthen 'the pillars of General Practice'. This will not only enable us to fulfil our statutory responsibilities but also ensure we are well placed to co-design and commission integrated pathways of care that are firmly rooted in primary care.

### 2. Prime minister challenge – Gateshead

The bid to the Prime Minister's Challenge Fund, will provide over 800 additional appointments every week, as well as more home visits for the borough's most vulnerable patients, and will give patients more flexibility in the way they see GPs, value the continuity of care that they receive from their practice as well as meeting the increasing demand for home visits for more frail patients and people with complex conditions."

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