

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 19 June 2018 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 20) The Committee are asked to approve the minutes of the meetings held on 17 April 2018 and 22 May 2018 respectively.
3	Constitution (Pages 21 - 22) Report of the Chief Executive
4	Role and Remit (Pages 23 - 24) Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance
5	NHS Continuing Healthcare (Pages 25 - 54) Joint report of Healthwatch Gateshead and Newcastle
6	The Council Plan - Year End Assessment of Performance and Delivery 2017/18 (Pages 55 - 76) Report of the Strategic Director, Care, Wellbeing and Learning
7	OSC Review - Work to Help People to Stay at Home Safely (Pages 77 - 80) Report of the Strategic Director, Care, Wellbeing and Learning
8	Annual Work Programme (Pages 81 - 84) Joint report of the Chief Executive and the Strategic Director, Corporate Services and Governance

Contact: Helen Conway email helenconway@gateshead.gov.uk, Tel: 0191 433 3993,
Date: Monday, 11 June 2018

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Public Document Pack Agenda Item 2

GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 17 April 2018

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, K Ferdinand,
B Goldsworthy, M Hood, P Maughan, J Wallace, A Wheeler,
D Bradford, M Hall, J Lee and P Mole

APOLOGIES: Councillor(s): C Bradley, M Goldsworthy, R Mullen,
I Patterson and J Simpson

CHW88 MINUTES OF LAST MEETING

The minutes of the last meeting held on 6 March 2018 were approved as a correct record.

The Committee also received a verbal update on Blaydon GP Practice. The procurement process has been halted due to an agreement being reached with NHS Property Services regarding the level of service charges. The existing contract will end in September 2018 and a new procurement round will take place. This development will be communicated to the patients and stakeholders and the Committee wished to place on record their thanks to the officers for their hard work undertaken so far.

CHW89 HEALTH AND WELLBEING BOARD - PROGRESS UPDATE

The Committee received a progress update on the work of the Gateshead Health and Wellbeing Board for the six month period October 2017 to March 2018.

The Committee were advised on Needs Assessments, the Director of Public Health's Annual Report 2017, Strategic and Operational Plans, Reviews undertaken on Gateshead Shared Care Substance Misuse and Review of Carers Services.

The Board considered the work to progress the implementation of Gateshead Newcastle Deciding Together, Delivering Together regarding the design of inpatient and community adult mental health services.

The Board considered the issue of excess winter mortality in Gateshead and the Performance Management Framework along with The Local Safeguarding Children's Board Annual Report 2016/17 and Business Plan 2017/18 and the Safeguarding Adults Annual Report 2016/17 and updated Strategic Plan 2016-19.

Other issue the Board considered were Fit for Future and the Remit of the Health and Wellbeing Board.

RESOLVED - that the information be noted.

CHW90 DECIDING TOGETHER - PROGRESS UPDATE

Colleagues from NTW NHS FT attended the meeting and provided a verbal update to Committee, outlining the proposals for progressing the move from the Tranwell Unit to the Hadrian Clinic (and St Nicholas Hospital as required) in Newcastle ahead of the full development of the St Nicholas site.

The presentation outlined the rationale for the proposals (given that the temporary measure of relocating to the Hadrian Clinic was not part of the original proposals for Deciding Together and the previous commitment that the Tranwell would not close until Community Services were in place) and the proposed timeline.

The Committee were advised that the key issues facing NTW NHS FT are:-

- NTW NHS FT are facing big financial issues – in relation to the availability of wider NHS capital funding.
- The redesign of community mental health services has been a time consuming process but it is essential that the model and arrangements that emerge are fit for purpose and prevent admissions to in patient care going forwards otherwise the system as a whole will struggle to meet needs.
- NTW has now clarified its future direction.
- NTW has submitted a £50 million bid to redevelop its secure services on a single site – this would include the development of adult acute services for Newcastle and Gateshead on the St Nicholas Site in Newcastle. There is a funding pot of £220 million capital available and bids to the value of £700 million have been submitted but NTW bid has been shortlisted.
- NTW has indicated that it is critical to their strategy for their secure services that the redevelopment plans go ahead so if they are unsuccessful in their bid they will be exploring financing via new private/public partnership.
- NTW confirmed that this is not about privatisation of NHS care.
- Timeline for proposals is 2021 in terms of development of St Nicholas Site
- In meantime there is a recognition that the facilities at the Tranwell site are not fit for purpose and from a quality of care and staffing perspective things are becoming increasingly difficult.
- As a result it is proposed that, on an interim basis, Gateshead and Newcastle mental health wards are consolidated at the Newcastle General Hospital Site and facilities are refurbished at that site. £1 million has been set aside for this refurbishment to improve the in-patient facilities.
- Centralising the improved facilities on the Newcastle General Hospital Site will make a significant difference in terms of managing in-patients safely and will provide better outcomes for Gateshead service users and carers.
- Currently acute in patient provision for Gateshead residents at the Tranwell

Unit consists of 20 beds in the Fellside ward and 18 Beds in the Lamesley Ward (this does not equate to the numbers of Gateshead service users overall as there are some Gateshead service users in other wards, and there may be people who are not Gateshead residents on the wards at Tranwell)

- In terms of meeting Newcastle/Gateshead's acute in-patient needs – the longer term strategy is to move to three wards BUT due to pressures on the system and fact that occupancy rates are currently high there will not be any moves at this stage to reduce the number of wards. The Trust has therefore identified a fourth ward on the St Nicholas Hospital Site for Newcastle/Gateshead service users. So far there have been a small number of bed reductions (5 male and 2 female).
- The fourth ward on the St Nicholas Hospital Site will remain in place until community services are in place/it can be demonstrated that there is not a need for this provision.
- Two rehabilitation centres will also still be available in the pathway – Elm House and the Willow Ward.
- In terms of work moving forwards the Trust will be looking at the following areas:-
 - Gateshead Psychosis and Non-Psychosis pathway.
 - Home based treatments in a crisis situation to develop this approach further.
 - Carrying out further work to move towards an episodic model of care whereby clients go back to primary care/support vis the third sector after periods of treatment.
 - Embracing new ways of working e.g. nurse prescribing/peer support workers etc.
 - Progressing work to reduce occupancy rates and length of stay by standardising approaches.
 - Exploring longer term proposals relating to the provision of Newcastle/Gateshead Older People's Services with the QE.
- Gateshead Care Partnership has been identified as a really good platform to progress this work.
- NTW have invited the OSC to visit the Newcastle General Hospital Site and be engaged around the proposals for refurbishing the site.

The Chair and Vice-Chair asked for formal confirmation on the following questions:-

- The proposed transitional arrangements will lead to improved outcomes for Gateshead Service Users and Carers
- In-patient provision for Gateshead residents will not be reduced until there is evidence that there is no need for this provision and appropriate community provisions is in place
- OSC concerns around car parking at the Newcastle General Hospital Site will be addressed.
- The longer term plan for acute in patient provision for Gateshead residents is for this service provision to be relocated onto a single site at St Nicholas Hospital in Newcastle
- The OSC is formally consulted on any future proposals relating to potential

changes to the provision of Gateshead Older People's Services (as this area of service provision was not part of the original Deciding Together exercise)

- The OSC be provided with further progress updates from NTW on the implementation of the transitional arrangements and progress towards the longer term plan of relocating Newcastle/Gateshead acute in-patient facilities onto the St Nicholas Site.
- The OSC wished to formally accept the offer to visit the Newcastle General Hospital Site and be engaged in the plans for refurbishing the site.

RESOLVED - i) That the information be noted
 ii) That further updates be provided to the OSC in due course.

CHW91 REVIEW OF WORK OF ENVIRONMENTAL HEALTH TEAM

The OSC received a report outlining the work carried out by Development, Transport and Public Protections, Environmental Health team during the last year.

During 2017/18 the Environmental Health Team within Development, Transport and Public Protection have responded to over 800 accidents, food poisoning and service requests and undertook over 1500 interventions in a wide range of premises to build stronger, healthier, prosperous and sustainable businesses.

The number of food premises on the team's database at the start of 2017/18 was 1600 and health and safety premises was 3000.

Under food safety legislation it is a requirement to visit all new food businesses within 28 days of opening. Within 2017 there was 120 new businesses register with the team. New businesses receive an enhanced questionnaire, so that the team can prioritise inspections so that the highest risk businesses are inspected quicker than lower risk premises.

At the start of 2017/18 it was estimated that there was a deficit in officer days and this was compounded by the fact that the Technical Officer post was vacant for much of the year because of ill health.

In 2017/18 the team was required to undertake 1101 food hygiene interventions, 1018 food standards interventions and 1433 health and safety interventions. The team achieved 100% of interventions to high and medium risk food hygiene premises. The low risk premises that didn't receive an intervention will be prioritised for an intervention during the coming financial year. The team also carried out 43 accident investigations and responded to 218 service requests.

The team has introduced complaint selection criteria which highlights complaints of public health significance. All complaints are recorded against the relevant premises and where multiple complaints are received close together a visit will be undertaken, even if the complaint does not fall within those we would normally investigate. During

the year 2 prosecutions were undertaken and 3 simple cautions issued. We were also involved in a major investigation into the sale of DNP. DNP is a chemical which typically has industrial applications including fertiliser. It is used by some bodybuilders to strip remaining body fat prior to completion. DNP causes the cells within the body to heat up and there have been a number of deaths associated with its use due to multiple organ failure. The investigation involved co-ordinating 3 local authorities' actions and liaising with the National Food Crime Unit, The Medicines and Healthcare Products Regulatory Agency (MHRA) and local Police forces. The investigation also involved agencies in the USA. The investigation was equivalent to a major prosecution in terms of resources.

The team have recently introduced a charge for Food Hygiene Rating Score re-ratings and although there have only been 5 requests, these do take a significant amount of time as it equates to a new inspection. These have subsequently generated £800 in income.

The team have generated approximately £6500 from registering skin piercing activities throughout the year. 6 export certificates have been provided at a cost of £75 each, for a total of £450.

The team have been granted permission to recruit a new full time EHO and it is expected that the new officer will commence work in May 2018.

The Food Standards Agency (FSA) have carried out a desk top audit of the food safety service during the year following the annual return for last year. This involved forwarding our service plan and an action plan to reduce the backlog of inspections and achieve 100% of inspections due. The action plan included an appointment of a new Technical Officer, the use of a contractor to inspect our C category food hygiene inspections, and the proposed recruitment of a new EHO to the team.

The OCS were advised that in 2017/2018 the team has continued to undertake a wide range of interventions, both proactive and reactive, however, while 100% of high and medium risk interventions were achieved, only 25% of the total number of interventions were achieved. The appointment of a Technical Officer and an EHO is anticipated to improve this performance in the coming year. The decline in level of the Food Hygiene Rating Score in previous years has stabilised, showing that food premises are generally maintaining standards.

- RESOLVED - i) That the information be noted
 ii) That further updates be provided in due course

CHW92 OSC REVIEW - FINAL REPORT

The OSC agree that the focus of nits review in 2017/18 will be work to address the harms caused by tobacco. The review has been carried out over a six month period and a draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations.

The scope of the review was to provide an overview of current activity to reduce

harms caused by tobacco in Gateshead compared to best national and/or international practice, where such practice exists.

It was agreed that the above would be considered in the context of:

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

The OSC were informed that the review identified the following issues/challenges:

- Austerity and Public Sector budget cuts
- Complex systems and historical siloed approaches
- The role of the tobacco industry
- The perception that the job is done leading to a shift of focus
- The perceived difficulty of 'doing' tobacco control
- The threat to the comprehensive regional tobacco control approach posed by financial pressures across the region
- NHS focuses on treatment not prevention – smokers not universally encouraged to quit and given support and medication to do so
- Funding cuts to public health and local authority budgets
- Reducing demand for the current Stop Smoking Service offer
- Persistent inequalities in smoking prevalence between different communities
- Mass media campaigns cut to the bone
- Enforcement cuts

The OSC were informed that the draft recommendations arising from the review were:-

- 1) Tobacco remains the greatest contributor to health inequalities and action to denormalise smoking and reduce prevalence lifts families out of poverty. The human, social and financial cost of tobacco to Gateshead means that it is vital to retain the Council's strong commitment to comprehensive tobacco control, and in fact, increase our efforts.
- 2) Refresh and reaffirm the Council's commitment to the 2025 vision of 5% adult smoking prevalence.
- 3) Invest to save principles would suggest the continuation of appropriate resourcing for this priority area.
- 4) The Smoke-free Gateshead Alliance should be supported to develop a strategic

Tobacco Plan for Gateshead and to drive this forward. This will clearly set out actions across the public and voluntary and community sectors to address the harms caused by tobacco.

5) Continued support and commitment for the regional Fresh Tobacco Control Office is important to continue development of hard hitting mass media campaigns which have a strong evidence base in triggering quit attempts, encouraging quitters to stay quit, and reducing uptake among children.

6) Action to be taken to address inequalities through community asset based approaches to develop co-produced solutions which aim to reduce prevalence of smoking in our more deprived areas and with those groups considered to be vulnerable.

7) Aim to embed action on smoking in all other relevant Council and public sector plans through a Health in All Policies Approach to ensure recognition of the importance of public health across the public sector.

8) Aim to embed NICE guidance (PH23) 'Smoking Prevention in Schools' across Gateshead schools.

9) Ensure training is available to provide people living and working in Gateshead with skills and confidence to provide brief advice and intervention on smoking through the development of the Making Every Contact Count initiative.

10) Maintain compliance with current smoke-free legislation and continue support for the new law which bans smoking in cars that are carrying children.

11) Renewed efforts to be made to increase public support for Smoke Free environments such as smoke-free communities and specified outdoor zones.

12) Support the NHS to develop nicotine dependence pathways and to become completely smoke-free in line with NICE guidance (PH48)

13) Further develop stop smoking services to provide flexible options in a range of settings accessed by those at greatest risk.

14) Complete a Health Equity Audit (HEA) to inform development and delivery of Stop Smoking Services in areas of greatest need.

15) Undertake further work as part of Smokefree NHS work to further reduce the number of women who smoke during and after pregnancy.

16) Reduce harm through continued support for evidence based harm reduction.

17) Communication and media capacity for tobacco control is vital and the capacity to be proactive in terms of public relations activity and media should be developed so as to engage residents of Gateshead in the tobacco control agenda.

18) Advocate for a national tobacco sale and distribution licensing scheme, the

tobacco industry bearing the full cost of its implementation and enforcement, with the aim of elimination the illicit and illegal trade in tobacco, and to end selling of tobacco products to minors.

19) Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

20) Ensure compliance with legislation to reduce tobacco promotion (e.g. plain packaging) and advocate further restrictions.

21) Advocate for a new annual levy on tobacco companies to ensure they pay more for the harm they cause. Funding from a levy should be used to make smoking history for more families including support and encouragement to help people quit.

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

CHW93 MONITORING - OSC REVIEW OF ROLE OF HOUSING IN HEALTH AND WELLBEING

The OSC received a report providing a progress update on the 2016/17 review of the role of housing in improving health and wellbeing.

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

A summary update on progress against the recommendations to date was outlined as well as a more detailed update from the Gateshead Housing Company appended to the main report.

The progress against the recommendations as at April 2018 are outlined as follows:-

Recommendation 1 – review the actions set out in the Housing Intervention Work Plan, and where appropriate, provide Public Health support to assist in maximising the benefits to health arising from delivering elements of the Plan. The evidence presented in the review identified priority candidate elements with the greatest potential to improve health and wellbeing.

Update – progress on delivery of the Housing Intervention Work Plan (HIWP) is being reviewed by DT&PP in consultation with CW&L, and Public Health contribution to this is in place.

The interventions contained within the HIWP are to be integrated within the Gateshead Housing Strategy 2018-2030, currently in draft stage.

Recommendation 2 – ensure that improving health and wellbeing is reflected in the production of local development plan documents i.e. Making Spaces for Growing

Places (MSGP).

Update – consultation on the draft MSGP concluded at the end of August, Public Health was a consultee. The draft MSGP is programmed to be reported to Cabinet in October 2018.

Recommendation 3 – review how health and wellbeing is reflected in Council Letting Policies and TGHC support services (i.e. health criteria, preventative interventions)

Update – a review of the Council's Strategic Transport Tenancy Policy will be carried out as part of the Housing Strategy Review (The Gateshead Housing Strategy 2018 – 2030), is currently in draft stage; due for completion in 2018), and existing Allocations and Letting Policies under review, by the Council and The Gateshead Housing Company). The review will reflect the Council's agenda to make Gateshead a place where everyone thrives, as well as respond to Government policy and legislative changes, including the Homelessness Reduction Act 2017, and ongoing Welfare reform, including roll out of Universal Credit).

Recommendation 4 - assess the current range of Council private sector housing interventions to maximise their contribution to health and wellbeing (including energy efficient programmes, private landlord accreditation, Selective Landlord Licensing, financial assistance programmes, falls prevention, Making Every Contact Count)

Update – this forms work streams of the Housing Intervention Work Plan (HIWP), and will be integrated within the Gateshead Housing Strategy 2018-2030, currently in draft stage. This work will also be influenced by the Council's agenda to make Gateshead a place where everyone thrives.

Recommendation 5 – undertake actions to ensure that the greatest proportion of Council housing is maintained to a standard that secures the health and wellbeing of residents within the context of changes to revenue and capital funding.

Update – Responsive Repairs Budgets have been protected during 17/18 following the decision to bring delivery of Repairs in-house from April 2017 being delivered by TGHC/Construction.

The Level of Capital investment in Council owned stock has also been maintained to support continued investment in housing stock. Key areas of investment include:-

Maintaining Decency – approx. £11m of investment in elemental replacements, kitchens, bathrooms, heating systems, window replacement, etc.

Equality act, Fire Safety and Energy Efficiency works – approx. £13m of investment in these areas combined, notably during 2017/18 this has included the commencement of the HEIGHTs project focusing on energy infrastructure and fabric improvements to 7 tower blocks, improving thermal efficiency and delivering energy savings for residents.

Additional areas of investment include a programme of external wall insulation to non-traditional stock, electrical works and upgrades to warden call systems for

vulnerable residents.

Housing Capital programme includes provision each year of £1.5m for Adaptations to provide aids and adaptations to enable residents to live independently. So far in the financial year (April 2017 – Feb 2018) 315 major adaptations to council dwellings which include installation of equipment such as stairlifts, hoists, through floor lifts and stairlifts. Other home adaptations include level access showers, extensions to allow ground floor living and access ramps.

A further 203 adaptations to private dwellings carried out this year to date through the Disabled Facilities Grant facility.

Recommendation 6 – determine the circumstances where the Council seeks to ensure that high design and space standards are delivered, including accessibility.

Update – the Council remains committed through the Core Strategy & Urban Core Plan, and through the development of Council land, to secure good design within new housing developments.

The 2017/18 Strategic Housing Market Assessment (August 2017) has provided evidence relating to the need for higher space and accessibility standards within new housing development in Gateshead. This evidence is being used to inform the emerging, detailed MSGP local planning policies, however, it has always been established that the assessed need for accessible homes cannot be fully delivered through our planning policy requirements, due to viability constraints; alternative means of meeting this need will have to be considered. Supplementary research is being undertaken to provide additional evidence to support the proposal to require all new housing development to be compliant with the new Nationally Described Space Standards (NDSS).

The intention is that the draft MSGP will be reported to Cabinet in October.

Recommendation 7 – determine the need for, location of and processes to deliver adequate levels of supported, specialist, and older persons housing.

Update – a review of all specialist and supported accommodation needs is being led by Care, Wellbeing and Learning, in consultation with other Council Services including Communities and Environment, and The Gateshead Housing Company. The review work is covering Young People; Vulnerable Adults; Learning Disabilities; Older People, and will lead to the commissioning of new models of support and supported accommodation.

The reviews will be informed by the findings of the Gateshead Homelessness and Multiple and Complex Needs Health Needs Assessment (HHNA), and will need to reflect the Council's Thrive agenda.

- RESOLVED -
- i) That the information be noted.
 - ii) That thanks be placed upon record to the staff of the Gateshead Housing Company.

CHW94 OSC WORK PROGRAMME REVIEW

The OSC received a report outlining how the OSC has influenced/shaped development of policy/decision making during 2017-18 and the development of the work programme for OSCs and the provisional work programme for the Care, Health and Wellbeing OSC for the municipal year 2018-19.

On 18 July 2017 Cabinet agreed to pilot a number of changes to OSC in Gateshead aimed at ensuring that OSC in Gateshead:-

- is first and foremost member led
- enhances the leadership role of OSC Chairs and Vice Chairs in driving forward, directing and shaping individual OSC work
- enhances engagement and involvement with OSC members in shaping the focus of the work of specific OSCs
- creates stronger relationships/linkages with the Executive
- enables Overview and Scrutiny to understand and track how it is influencing Cabinet Policy/Decision making going forwards.

The pilot changes to OSC commenced in September 2017 and this is the first review of the work programme following these changes.

During 2017-18 the OSC has sought to influence and shape policy development and decision making via a number of routes.

During this period the OSC's recommendation relating to the OSC's Review of the Role of Housing in Improving Health have been approved by Cabinet and implemented. The OSC has monitored progress on the implementation of these recommendations at its meeting on 12 September 2018. At that stage the recommendations had helped shape the content of the Housing Intervention Work Plan (HIWP), the production of the local development plan documents approved by Cabinet i.e. Making Spaces for Growing Places (MSGP). The OSC indicated at that time that it was satisfied with the level of progress made, and a further report was considered at this Committee meeting.

The OSC has also carried out a Review of work to address the harms caused by Tobacco and agreed its findings and recommendations at the meeting today. These recommendations will be presented to a future Cabinet meeting for approval and, subject to these recommendations being agreed, the OSC will then monitor implementation of these recommendations during its 2018-19 work programme.

As part of its Review to work to address the harms caused by tobacco the OSC has also sought to influence NHS partners and requested that a letter to be sent to the Chief Executive of Gateshead Health NHS Trust highlighting the OSC's Review and

seeking the Trust's support in prioritising work on Tobacco Control, specifically the identifications and management of nicotine dependence among the Trust's patients.

An interim response was received in January 2018 indicating that the Trust's Executive Team was exploring the issues raised and would respond further in due course. Subsequently, the Trust has advised that it has pledged to go Smoke Free and has committed to improving the identification and management of nicotine dependence in patients.

The OSC has monitored Council performance generally, in those areas falling within its remit, at its meetings on 20 June 2017 and 5 December 2017 and Cabinet has had regard to the OSC's views when considering the Council's performance overall. The OSC has also monitored progress in relation to the following specific areas of performance and the OSC's comments have been fed into the improvement work progressed by relevant service areas and fed back to relevant partners:-

- MHA/DOLs.
- Social Services Annual Report on Complaints – Adults
- Quality of Commissioned Services in Gateshead
- Integrating Health and Care in Gateshead
- New Service Delivery Model for Extra Care Services
- Gateshead Care Partnership
- Health and Social Care System Wide Workforce Issues
- Delayed Transfers of Care/Reablement

The OSC considered progress in relation to Food and Health and Safety Intervention plans at Committee today.

The OSC has also previously been consulted on major service changes for mental health services across Newcastle/Gateshead and is now monitoring progress on implementation. The OSC received two updates on 20 June 2017 and 6 March 2018 with a view to influencing the development of community based provision whilst at the same time ensuring the provision of sufficient appropriate/effective in patient provision to meet local needs. The OSC's Vice-Chair has also participated in the "Getting Help when you need it" Design Workshops held during Sept and Oct 2017.

The Committee also were advised on the development of the 2018-19 Work Programme. This year the changes piloted included enhanced engagement and involvement with OSC members in shaping the focus of the work of specific OSCs via a specific work programme event held on 9 February 2018. At that event councillors had regard to the key issues/challenges/legislative changes affecting the work of the Council with the forthcoming twelve months which fall within the specific remits of each OSC and the 5 pledges under the Thrive agenda:-

- Put people and families at the heart of everything that we do
- Tackle inequality to people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead

Details of the emerging issues for potential review and feedback from partners were tabled as an appendix to the main report. The OSC were also advised that the review topic for 2018-19 will be 'Helping People to Stay at Home Safely' which links into the Thrive Agenda. Health and Social Care Integration will also be brought to OSC for their views on a six monthly basis, which will look at policy direction and performance. Newcastle Gateshead CCG and Job Centre Plus are supportive of the emerging themes.

The provisional work programme remains provisional as –

- Cabinet has not had the opportunity to fully review its work programme and it may wish to refer further issues to OSCs for further consideration;
- It does not take account of new policy issues which may be identified during the year, which Cabinet may refer to Overview and Scrutiny; and
- It does not include issues identified by members of committees on an ongoing basis during the year as a result of scrutiny of decisions, call-in and councillor call for action.

The OSC co-ordinator will carry out further work with OSC lead officers across all of the OSCs to consider what future improvements can be made to the process if tracking how OSCs are influencing policy development and decision making with a view to strengthening the annual review process going forwards.

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| RESOLVED - | <ul style="list-style-type: none">i) That the information be notedii) That the review topic/emerging issues for 2018-19, having considered the proposals are agreed and notediii) That the OSC's provisional work programme for 2018-19 is endorsed and referred to Council on 24 May 2018 for agreement.iv) Note that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider. |
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Chair.....

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GATESHEAD METROPOLITAN BOROUGH COUNCIL
CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
MEETING

Tuesday, 22 May 2018

PRESENT: Councillor S Green (Chair)

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

APOLOGIES: Councillor(s): W Dick, B Goldsworthy, M Goldsworthy,
P Maughan, J Simpson, A Wheeler, M Hall and P McNally

CHW95 QUALITY ACCOUNTS 2017 -18

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

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

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

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

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

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

A representative from Healthwatch was also in attendance and provided verbal comments on the respective Quality Accounts.

RESOLVED - that the information be noted

CHW96 GATESHEAD HEALTH NHS FT QUALITY ACCOUNT 2017-18

The Committee received the Gateshead Health NHS Foundation Trust Quality Account for 2017/2018.

Based on Gateshead Care, Health and Wellbeing OSC's knowledge of the work of the Trust during 2017-18 the OSC were able to comment as follows:-

Quality Priorities for 2018-19 and Patient Safety

The OSC is supportive of the Trusts proposed 2018-19 Quality Priorities for Improvement, in particular the continued focus on addressing Patient Safety issues given that the Trust did not meet its target for incidents of moderate harm and there has been a slight increase on last year in patient safety incidents resulting in severe harm or death, although the level of those incidents was less than in 2015-16. OSC, was, however, pleased to note improvements in the areas of levels of pressure damage; falls leading to harm and medicines management. The OSC congratulated the Trust on achieving national finalist in the Nursing Times Awards 2017 – Patient Safety Category.

Patient Satisfaction

The OSC also congratulated the Trust on achieving high levels of patient satisfaction with the Trust's services during 2017-18n and in particular supported its proposed continued focus on involving patients and the public and specific plans to obtain feedback from patients and carers who use the Trust's mental health services.

CQC Inspection Outcomes

The OSC sought reassurances about work being progressed to address issues raised during the Inspection of Older People's Mental Health Services. The OSC was advised that a whole programme of improvement was in train and the Trust was pleased with the level of progress as most actions identified by CQC had been achieved although some areas of work were still in progress.

Outcome of Local Clinical Audits

The OSC was supportive of the areas for improvement identified as outcomes of the Local Clinical Audit of Child Protection Referral Forms and was assured that referrals would not be made until full information had been received.

NHS Staff Survey

The OSC expressed concern at the deterioration in the percentage of staff reporting most recent experience of violence and sought reassurances about work being progressed to address this and was advised that work was being progressed and recent results showed improvements.

The OSC also noted that although the Trust did not meet the 4 hour A&E waiting time standard during some winter months, it did meet the standard for many other months and congratulated the Trust on remaining one of the best performers both regionally and nationally.

RESOLVED- that the information be noted.

CHW97 NTW QUALITY ACCOUNT 2017/18

The Committee received the Northumberland Tyne and Wear NHS Foundation Trust Quality Account for 2017/18.

Based on the OSC's knowledge of the work of the Trust during 2017-18, the OSC were able to comment as follows:-

Quality Priorities for Improvement 2018-19

Safety – Improving the Inpatient Experience

The OSC has previously raised concerns with the Trust regarding the availability of inpatient beds and the fact that some service users are having to be admitted to beds outside their home locality/go out of area and is therefore very supportive of this as a priority area for improvement and the proposed actions identified.

Improving Waiting Times

The OSC has previously raised concerns with the Trust regarding waiting times for the children and young people service and in light of this and a) the performance issues identified by the Trust during 2017-18 regarding waiting times for children and young people and adult and older people's services and b) that a theme identified from Complaints received by the Trust has been waiting times in community services for children and young people, the OSC is very supportive of improving waiting times as a priority area for improvement and the specific actions identified.

Progress against Quality Priorities in 2017-18

The OSC congratulated the Trust on achieving an overall rating of Outstanding from CQC and being one of only two mental health provider Trusts nationally to have achieved this rating.

The OSC was very pleased to note that all the Trust's core services have been rated as either good or outstanding. However, the OSC was concerned to note that the Trusts Children and Adolescent Mental Health Wards have been rated as "Requires Improvement" in terms of the category of Safety and sought reassurances around actions being taken by the Trust to address the situation. The OSC was advised that the rating had been given as a result of issues related to one facility and recent initial feedback from CQC was that it acknowledged that significant improvements have now been made. The OSC also noted that 87% of children and young people's

wards have been accredited by the Quality Network for Inpatient and Adolescent Mental Health Services (CAMHS).

Embedding the Positive and Safe Strategy

The OSC was pleased to note that there had been a 13% decrease in patient safety incidents overall compared to the previous year and that 92.5% of reported patient safety incidents related to no harm or minor harm with a shift from minor harm to no harm.

The OSC was also pleased to note the significant reductions achieved in relation to the use of restraint.

The OSC also congratulated the Trust on being awarded the prestigious “Provider of the Year” Award by the Health Service Journal.

RESOLVED - that the information be noted.

Chair.....



TITLE OF REPORT: Constitution

REPORT OF: Sheena Ramsey, Chief Executive

The constitution of the Committee and the appointment of the Chair and Vice Chair as approved by the Council for the 2018/19 municipal year is as follows:

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

Councillors	C Bradley
	W Dick
	K Ferdinand
	J Gibson
	B Goldsworthy
	M Goldsworthy
	M Hall
	M Hood
	J Lee
	P McNally
	R Mullen
	J Simpson
	A Wheeler
	P Maughan
	I Patterson
	J Wallace

Recommendation

The Committee is asked to note the information.

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TITLE OF REPORT: **Role and Remit**

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

Summary

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

Background

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

Remit/ Terms of Reference

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

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

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

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

⇒ Examining the Schedule of Decisions

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

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

Membership: Eighteen members of the Council.

Recommendation

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

Contact: Angela Frisby

Ext: 2138



CARE HEALTH AND WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
19 June 2018

TITLE OF REPORT: Healthwatch Gateshead

REPORT OF: Wendy Hodgson, Operations Manager.

Summary

To update the Care Health and Wellbeing Overview and Scrutiny Committee about the work of Healthwatch Gateshead in relation to NHS Continuing Healthcare.

Background

1. Tell Us North CIC (TUN) is a community interest company which was successful in securing the contract to deliver Healthwatch Gateshead from 1 April 2017. TUN also holds the contract for Healthwatch Newcastle, and this allows us to work across Gateshead and Newcastle when required, sharing resources, skills and knowledge whilst ensuring that both geographies remain distinct.
2. Priorities for Healthwatch Gateshead in 2017/18 were established at the beginning of this financial year. The staff and volunteers at Healthwatch Gateshead have focused on two key priorities during 2017/18 one of which was NHS Continuing Health Care.

NHS Continuing Health Care (CHC)

3. NHS Continuing Health Care (CHC) is a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'.
4. Both Healthwatch Gateshead and Healthwatch Newcastle had received feedback, issues, concerns and points of view from residents about their experiences of the CHC process and this topic was voted by the community as a priority area for both Healthwatch in 2017/18. Feedback from service users and their carers indicated experience of issues around delayed funding, decisions not to fund, delays to hospital discharge and the availability and quality of information to support families through the CHC process. We therefore made CHC a focus for our work, with a Healthwatch Gateshead Project Manager leading on the project, which

spans both Gateshead and Newcastle. She made key contacts with lead officers in Newcastle Gateshead Clinical Commissioning Group (NGCCG), the Queen Elizabeth Hospital District Liaison Team, and both councils.

5. A survey was produced for completion by people who had been through the CHC pathway in the past 12 months or were starting the process. We also consulted local partners with experience of supporting carers and services users.
6. The attached report sets out our findings / recommendations.

Recommendations

7. The OSC is asked to
 - note the information.
 - Give its views on the findings / recommendations set out in the report.



NHS continuing healthcare in Gateshead and Newcastle

About Healthwatch Gateshead and Healthwatch Newcastle

Healthwatch Gateshead and Healthwatch Newcastle are two of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations; during events, drop-in sessions and listening events at a range of venues across Gateshead and Newcastle; online through the feedback centre on our websites; via social media; and from callers to our information and signposting helplines. As part of the remit to gather views, we also have the power to 'enter and view' services and conduct announced and unannounced visits.

Healthwatch Gateshead and Healthwatch Newcastle are part of Tell Us North CIC (company no. 10394966).

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Executive summary

Healthwatch Gateshead and Healthwatch Newcastle have gathered views and experiences from people and their carers who have been through the NHS continuing healthcare (CHC) process, and from representatives of voluntary and community sector organisations. We used various methods to achieve this, including working with partners in NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and Newcastle and Gateshead councils, as well as with service users and their carers, and the voluntary and community sector. We also asked people to complete a survey to give direct feedback on their experiences.

Our intention is that this information will be used by providers and commissioners to help them improve the CHC journey for people and their carers.

We learnt that, overall, people found the process complicated and that it lacked information to help them through the process. In some cases expectations were unfairly raised about the possibility of receiving CHC funding. We noted that people generally did not understand the financial implications of CHC funding. There were also issues around lack of consistency in how the CHC framework was being interpreted by nursing assessors. Furthermore, there appears to be significant variation across Newcastle and Gateshead around the hospital discharge process for people waiting for a CHC funding decision.

Although this work looked at the adult CHC process, we also discovered that children and young people were not being referred for assessments within the recommended timescales.

We have made recommendations based on our research in the following areas:

1. Information
2. Quality assurance of CHC assessments
3. Getting regular feedback from patients and their carers
4. Children in transition into adult services

Further details can be found in the 'Recommendations' section of this report.

About NHS continuing healthcare

NHS continuing healthcare (CHC) is a package of care provided outside of hospital, arranged and funded solely by the NHS, for individuals aged 18 years and older who have significant ongoing healthcare needs. When someone is assessed as eligible for CHC the NHS is responsible for funding the full package of health and social care. The number of people assessed as eligible for CHC nationally has been growing by an average of 6.4% per year over the last four years and in 2015–16 almost 160,000 people received or were assessed as eligible for CHC.

Funding levels range from 28 to 356 people per 50,000 population, with significant variation in levels of eligibility for CHC funding between different clinical commissioning groups (the organisations that plan and fund healthcare).

This has been recognised by a recent Audit Office report ‘Investigation into NHS continuing healthcare funding’¹ and in a Public Accounts Committee report published in January 2018². The committee report says the government must take steps to improve the funding and assessment process for people with continuing healthcare needs, calling it a ‘complex process beset with delays and poor-quality assessments’.

Funded nursing care

NHS-funded nursing care is care provided by a registered nurse for people who live in a care home. The NHS pays a flat rate contribution directly to the care home towards the cost of this registered nursing care.

Children and young people in transition into adult services

The national framework for NHS continuing healthcare and NHS-funded nursing care tells us that children’s services should identify those young people for whom it is likely that adult CHC will be necessary and should notify whichever clinical commissioning group (CCG) will have responsibility for them as adults.



This should occur when a young person reaches the age of 14 and be followed up by a formal referral for screening at age 16. At the age of 17, eligibility for adult CHC should be determined in principle by the relevant CCG so that effective packages of care can be commissioned in time for when the individual reaches the age of 18 (or later, if it is agreed that it will be more appropriate for responsibility to be transferred then).

¹ <https://tinyurl.com/CHC-investigation>

² <https://tinyurl.com/funding-failing>

NHS continuing healthcare locally

Newcastle Gateshead Clinical Commissioning Group (CCG) is responsible for the delivery of CHC across the Newcastle and Gateshead area.

The first step to CHC is the NHS continuing healthcare checklist. This is a screening tool to help identify those people who are eligible for a full assessment for NHS continuing healthcare. This initial checklist can be completed by a variety of professionals which may include:

- GPs
- Doctors
- Nurses
- Social care workers
- Care home managers

After a checklist has been completed and accepted for further assessment, a nursing assessor will carry out a full assessment using the decision support tool (DST)³. This is normally done within 28 days of the checklist submission and not usually in a hospital setting.

The final decision is made by a multi-disciplinary team which includes:

- Nurse co-ordinator – representing Newcastle Gateshead CCG
- Clinical lead – representing Newcastle Gateshead CCG
- Adult Social Care Manager – representing the local authority

Discharge procedures from Newcastle and Gateshead hospitals for people who may be eligible for CHC

It appears that discharge practice for patients who may be eligible for CHC varies across Gateshead and Newcastle.

Gateshead

Gateshead Health NHS Foundation Trust told us that it has an ongoing training programme for staff led by the discharge liaison team. This focusses on identifying patients who may be eligible for CHC and how to complete and submit a CHC checklist.

Adult social care in Gateshead told us that if a person is waiting for a CHC assessment and a home has been identified (this is usually a nursing home), the discharge will go ahead without waiting for a decision from the CHC multi-disciplinary team (MDT).

The local authority will meet any extra costs until a final decision regarding CHC has been made. However, a financial assessment towards social care costs would need to take place, or if a person had been previously assessed as paying contributions this would continue until the decision on CHC is made.

³ Checklist and the decision support tool can be found at <https://tinyurl.com/CHC-tools>

If the MDT recommends CHC, the award is backdated to the day the person was discharged from hospital to the nursing home or other home setting. Any money that has been paid by the local authority is reimbursed by Newcastle Gateshead CCG and the local authority will reimburse any contribution that the person has made following their financial assessment.

If the decision is that the person is not eligible for CHC then funded nursing care will be applicable from the start of the relevant care. Therefore, the council and service user continue to pay their contributions to the home.

Newcastle

Newcastle Hospitals NHS Foundation Trust told us that Newcastle Gateshead CCG had previously funded a post to train staff at the trust on CHC eligibility and how to complete and submit a CHC checklist. The funding was for two years and ended in June 2017.

They also told us that there can be delays to a discharge when the patient has complex needs and is waiting a full CHC assessment. Any funding that needs to be met in the interim which is over and above the normal local authority spending, must be agreed by the CCG before the patient can be discharged.

Adult social care in Newcastle told us that they will meet any assessed care needs costs, to speed up hospital discharge, until a final CHC decision has been made. This includes residential and nursing care admissions and most discharges back to a person's home.

If the MDT recommends CHC, the award is backdated to the day the person was discharged from hospital to the nursing home or other home setting. Any money that has been paid by the local authority is reimbursed by Newcastle Gateshead CCG and the local authority will reimburse any contribution that the person has made following their financial assessment.

If the decision is that the person is not eligible for CHC then funded nursing care will be applicable from the start of the relevant care in the case of a nursing home placement. The council and service user would continue to pay their contributions to the home/domiciliary care fees.

The fast track pathway

A person can be fast tracked for CHC if that person has a rapidly deteriorating condition and the condition may be entering a terminal phase. The person may need CHC funding to enable their needs to be urgently met (for example, to enable them to go home to die or to provide appropriate end of life support either in their own home or in a care setting). In this case the CCG should action this immediately.

The purpose of our review

Both Healthwatch Gateshead and Healthwatch Newcastle had received reports from service users, and their relatives and carers, about issues with CHC. These included delayed decision-making regarding funding, decisions not to fund, delays to hospital discharge and lack of information to support families through the CHC process. The Committees that lead both Healthwatch decided that this would be a priority for 2017–18, for both Newcastle and Gateshead.

This research did not include children and young people's continuing care⁴. We did however, look at young people in transition into adult services who may be eligible for CHC, some of whom had received NHS funding as a child.

What we did

Working with the voluntary and community sector



We wanted to find out about the issues in more detail and organised an event under the banner of 'One collective voice' to hear from the voluntary and community sector (VCS) and other organisations that support people to access services, information, support or guidance around the CHC process.

⁴ <https://tinyurl.com/CCnationalframework>

There was representation from the following organisations:

- Advocacy Centre North
- Dementia Care
- Disability North
- Gateshead Access Panel
- Newcastle Council for Voluntary Service
- Independent Complaints Advocacy
- Parents in Power
- The Advice Centre – Gateshead
- The Carers Trust
- Newcastle Upon Tyne Hospitals NHS Foundation Trust

Initial findings

Representatives from the above organisations told us that they were aware of issues around the CHC process including:

- Families feeling they are excluded from the process
- Lack of information
- Inconsistency around professional input at decision support tool assessments
- Inequality in the process
- Issues around transition from children and young people's continuing care to adult CHC

The findings from the event, added to initial service user, relative and carer feedback, helped us to shape the questions for a survey. We wanted to see how the local processes and experiences matched or differed from CHC nationally. The following topics were identified:

- Information
- Hospital discharge
- Initial screening
- Full assessment using the decision support tool
- Outcome
- Appeals

We also asked colleagues at the 'One collective voice' event if they had any comments or suggestions that they wished to share. Some of their comments included:

“Adult social care workers sometimes make assumptions about where a person will end up and their ability to self-fund (prior to CHC decision) and place people in places based on their assumption to pay costs.”

“Social workers are making assumptions that people will not be eligible for CHC.”

“It can be pot luck as to whether you get a good social worker who understands CHC.”

“Family members should be encouraged to attend meetings or someone who knows the patient.”

“Relatives don’t have the right kind of information about CHC and think they will automatically qualify for CHC if they pass the checklist stage.”

“Families can get very distressed when the outcome is no and can’t take it.”

“There appears to be a variation of the way forms are filled in.”

“There appears to be inequality in the process – it depends on resources, energy and articulation and knowledge of the family.”

“If the family is articulate they have more chance of being successful in challenging decisions.”

“Advocates should be available for family or person at the DST; people can feel intimidated.”

“There seems to be a high turnover of nurse assessors.”

“Some nurse assessors appear to be unfamiliar with the CHC framework.”

Healthwatch observation of a full assessment by CCG nursing assessors

We were invited to observe, with the families’ permission, two assessments carried out by CCG nursing assessors using the Department of Health decision support tool (DST). Both were children in transition to adult services in Gateshead. This work was facilitated by the transitions team at Gateshead Council.

We requested the transition protocol from both Newcastle and Gateshead local authority transition teams and noted that Gateshead’s protocol referred to the CHC pathway, but Newcastle’s did not.

What we observed

The first DST assessment was done outside term time and met the 28-day target set by the Department of Health CHC framework. However, this meant that people involved in the person’s care at school were not available to attend the full DST assessment.

The DST identifies twelve areas of need or 'domains'. The 12th domain allows for other significant care needs to be taken into consideration, and was used in one of the assessments as it had been raised by the family. It was not used in the other case that we observed.



In one observation, the DST assessed the need as being 'met' because the carer was meeting the need. However, the framework states that 'the reasons given for a decision should not be based on the fact that a need is well managed'.

Both cases we observed had been triggered by the transition team (not children's services) and took place after the person's 18th birthday, which is not in line with the Department of Health CHC framework guidelines on transition.

The framework states that financial issues should not be considered when deciding an individual's eligibility for NHS continuing healthcare. However, if the local authority is providing social care to an adult, a financial assessment is triggered to assess any client contribution. Therefore, in many cases a financial assessment comes before the DST assessment, which is contrary to the framework.

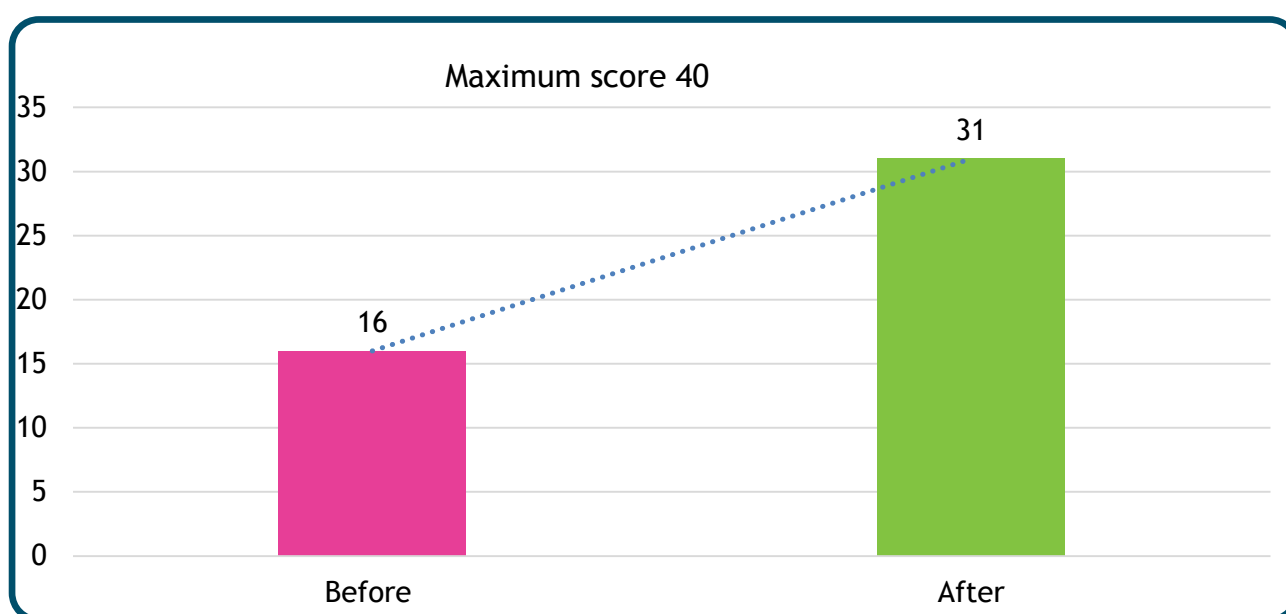
Information assessment: working with Healthwatch Champions

We wanted to find out what information was currently available locally and nationally on CHC. We worked with the Newcastle Gateshead CCG engagement lead who told us that the CCG was currently looking to produce information locally to support service users and carers through the CHC journey.

During the course of our research we discovered national information on CHC, in the form of a film, commissioned by NHS England to help explain the national policy framework to people and their families.

Healthwatch Champions are our trained volunteers who support us with our engagement and research work. We held a workshop with eight Champions to try to gauge the quality of the information.

We asked them to rate their knowledge of CHC from one to five before watching the film. The combined points were 16 out of a possible 40. We repeated the question after the Champions had watched the film and those numbers rose to 31 out of 40 (93.7% increase).



Champion feedback

“Simple language. Difficult subject but made much easier to understand. The repetitive language gives a consistent message.”

“Would probably like to see the video again to increase knowledge of CHC even more.”

“Film really helpful in understanding CHC.”

“Some aspects of CHC would need to have more than a second look to understand more fully.”

“I think the video needs to be advertised and localised. This would be really useful for the community.”

“Most of the BAME community access information online as we can use translation services, the film may be able to be translated.”

The film and the findings from the workshop were shared with the CCG and it was agreed that the film would be a useful tool. This is now available on the CCG website at www.newcastlegatesheadccg.nhs.uk/your-health/continuing-healthcare

There is also an option to include local information, which the CCG has agreed to consider.

The service user survey

We prepared a survey based on the information we had already collected from VCS organisations, service users and their carers. We wanted to hear from people, and their relatives and carers, who had been through the process in the past 12 months so that their information would be current. We approached Newcastle Gateshead CCG to see if it could assist in identifying people and distributing a paper version of the survey on our behalf. Unfortunately, the CCG was unable to help on this occasion due to capacity issues. So reaching our target participants was more challenging.

The survey was conducted over a three-month period from October to December 2017. We shared the survey with a wide range of organisations, including those who were involved in ‘One collective voice’. It was advertised in the Healthwatch Gateshead and Newcastle newsletters with contact details for those who wanted further information or a paper version, and offering help in completing the survey where required. We also paid for extra promotion on social media to help us reach as many people as possible.

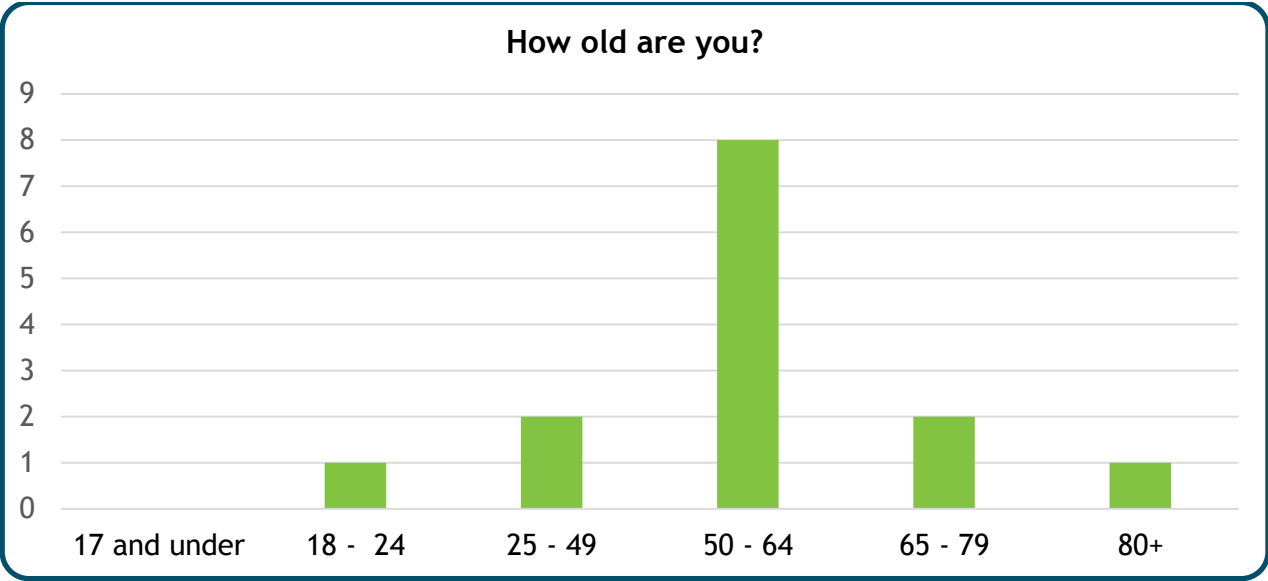
Who responded?

In total there were 40 responses to the survey which equates to approximately 11% of the people who went through a full assessment in 2016–17. We cannot tell if the data is a true reflection of the situation across Newcastle and Gateshead; all we can say is that it represents the views of those people who completed the surveys.

Because we wanted to capture different elements of the CHC assessment journey, not all the sections of the survey were applicable to everyone. Therefore the numbers of people responding to the questions decreased as the questionnaire progressed from the initial information section to the appeal stage.

Demographics

There were 14 responses to the following question.

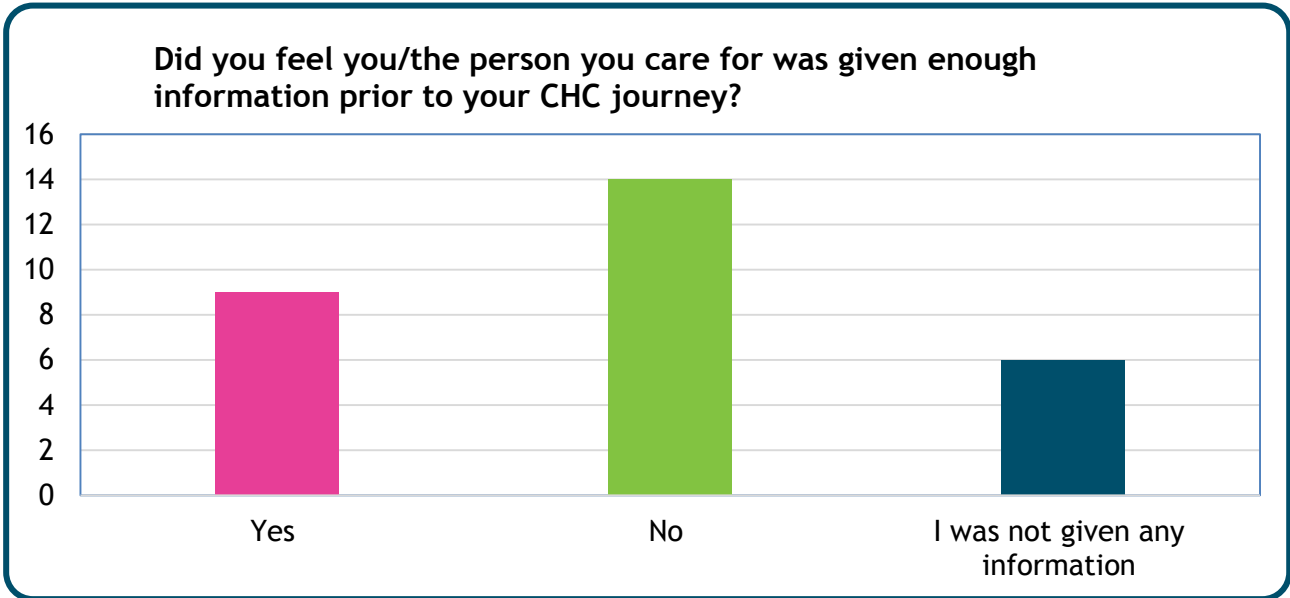


Ten of 14 respondents to the demographics question told us they were carers. Nine of the 14 respondents said that they identified as female and five as male. Nine respondents were from Gateshead and five were from Newcastle. Twenty six respondents chose not to answer this question.

Our findings

Information at the checklist stage

We began by asking about information that people may have received at the initial checklist stage of their CHC journey. We wanted to know how informed people felt they were about the CHC process and if they understood how the final decision on eligibility could impact financially on patients, carers and their families.



Of the 29 people who responded to this question, nine people told us that they/the person they care for, were given enough information at the assessment stage.

However, 14 people thought they did not receive enough information and rated the information they received as 2.7 out of 10. Six people told us that they were not given any information at this stage of the journey.

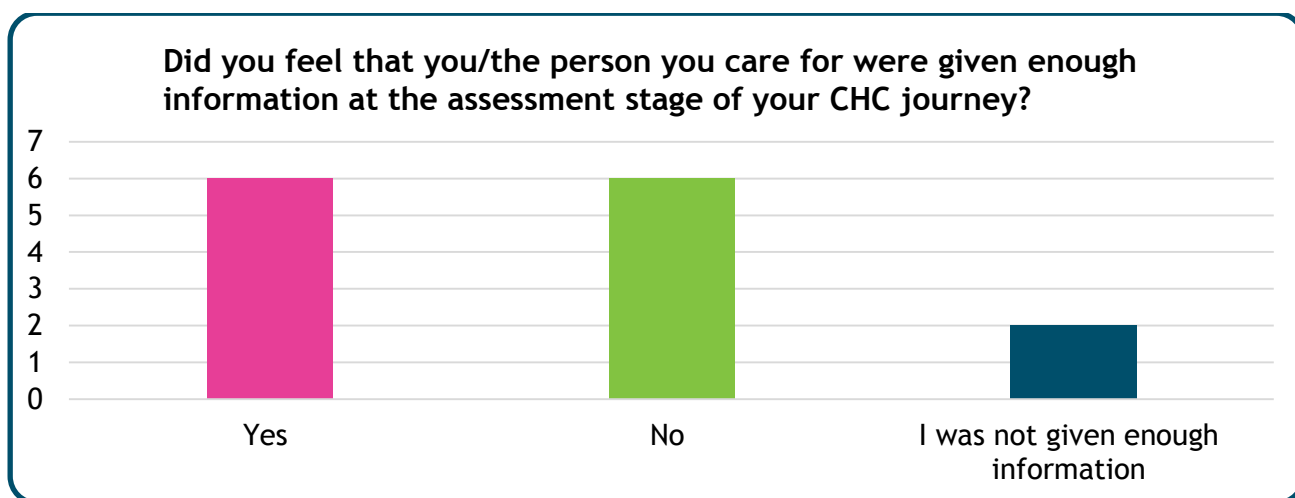
“Information provided was through care home and not CHC. All other information was sourced online before application process was started.”

“It should be openly advertised on wards and in surgeries. It seems it is up to professional staff to decide whether a person can claim this or not”

“Had we been made aware of this funding it would have made a huge difference to the quality of my Mother’s last few weeks of life.”

Information at the full assessment stage

A full assessment is when a nurse assessor, on behalf of the CCG, carries out a full assessment using the decision support tool (DST) which is part of the Department of Health framework. We asked people if they thought they had received enough information prior to their full CHC assessment.

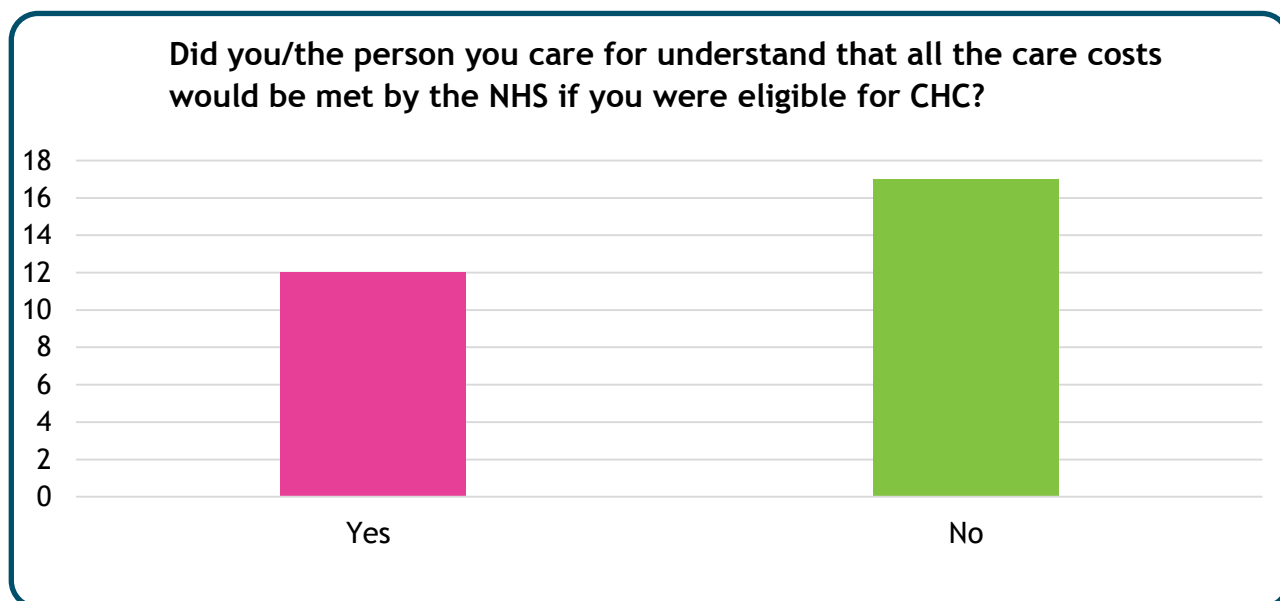


Of the 14 people who responded to this question, six told us that they felt they had received enough information, six said they did not and two respondents said they were not given any information at this stage of the process.

“We had no information to help us through. We didn’t understand what was happening.”

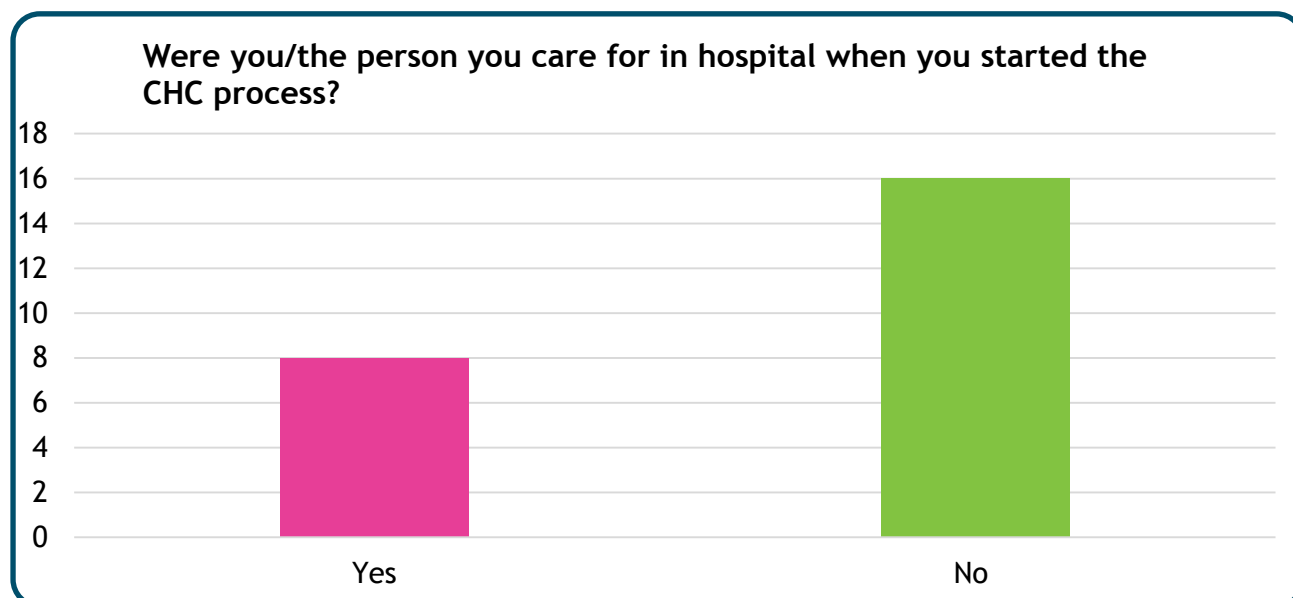
Understanding the implications of CHC funding

Of the 29 people who responded to this question, 17 people did not understand that all the care costs would be met by the NHS and 12 people told us that they did understand.



Hospital discharge and the CHC process

We wanted to find out if there were delays to hospital discharge due to the CHC assessment process and whether this varied across Gateshead and Newcastle hospitals.



Eight of the 24 respondents were in hospital when their CHC journey began: six in a Gateshead hospital and two in a Newcastle hospital. Three people were fast-tracked, one from Gateshead and two from Newcastle.

Was the discharge from hospital for yourself/the person you care for delayed because you were waiting for a decision on CHC?



Twenty-two people answered this question. Of the nine respondents who told us their discharge was delayed; three were from Newcastle hospitals and six from Gateshead. Thirteen respondents told us they were not delayed, six from Newcastle and six from Gateshead with one from another hospital.

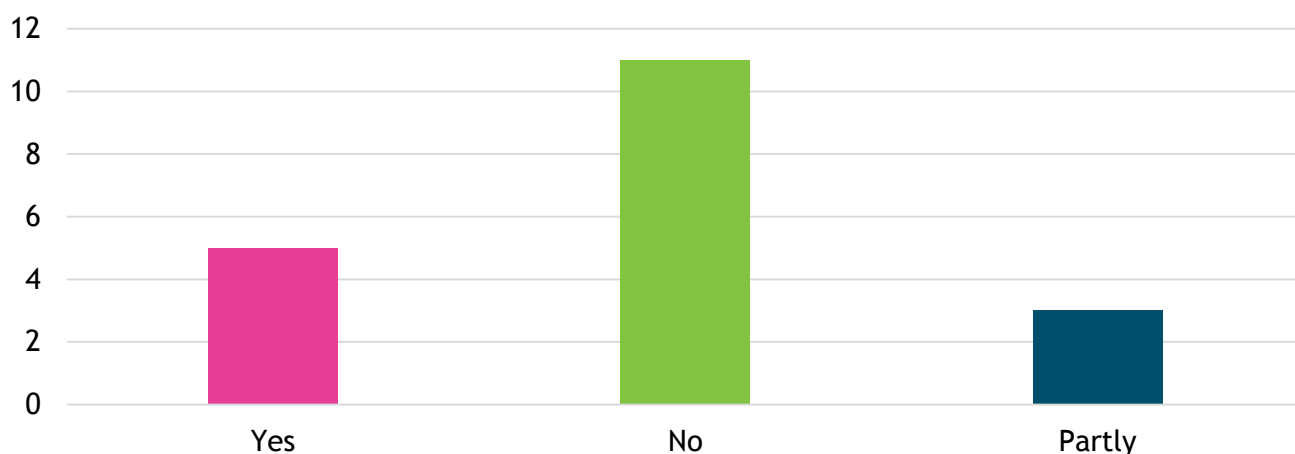
Initial checklist screening

Nineteen people responded to the question. Of these, five respondents told us that they had felt fully involved, three told us that they had felt partly involved in the initial checklist stage and 11 stated that they had not felt involved.

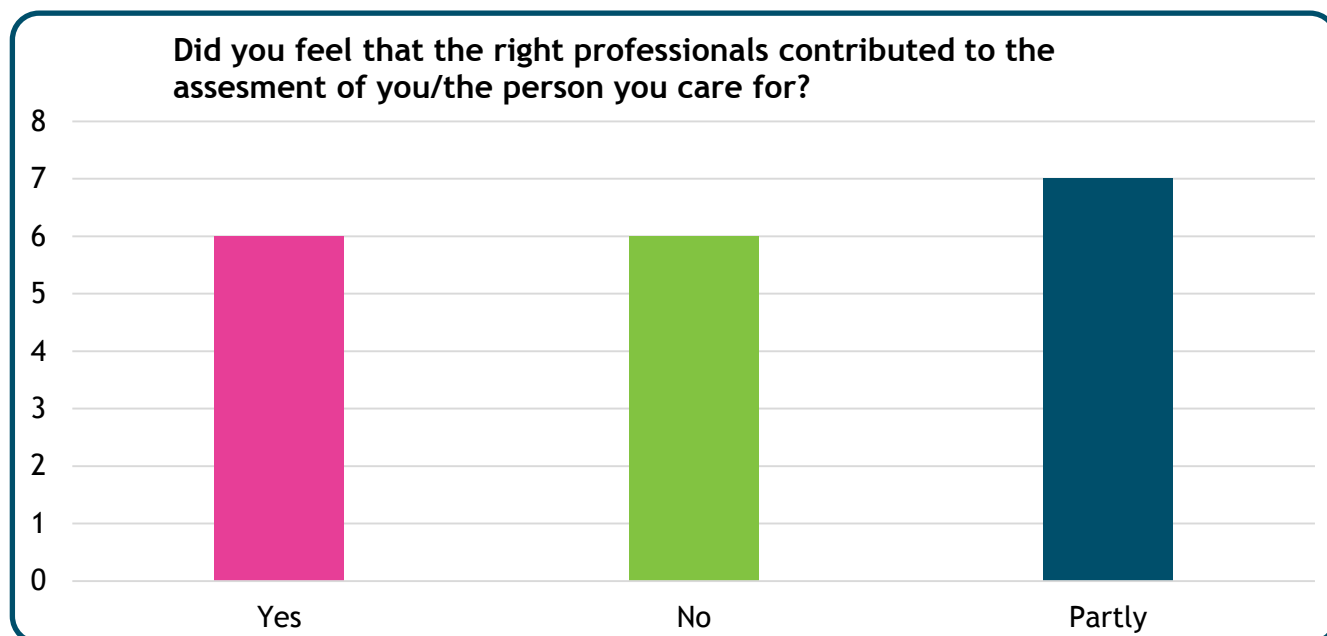
“Lack of confidence in the process with road blocks applied from the outset.”

“I was only involved in the decision later once hospital decided.”

Did you feel that you/the person you care for were fully involved in the initial checklist stage?

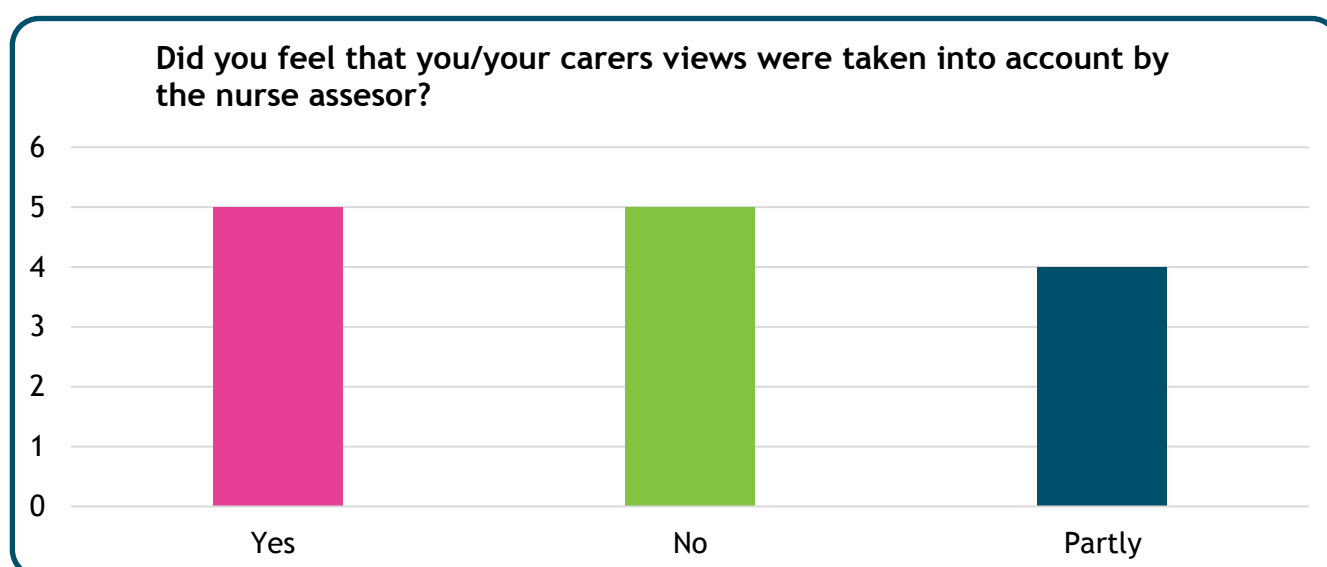


Full assessment decision support tool (DST)



There were 19 respondents to this question: six respondents said that they felt that the right professionals contributed to the assessment. However, 13 respondents told us that they either had not, or only partly, felt that the right professionals had been involved in the full DST assessment.

“The DST is not easily understood by non-medical professional and is not fit for purpose as the purpose appears to ensure that correct criteria cannot be met.”

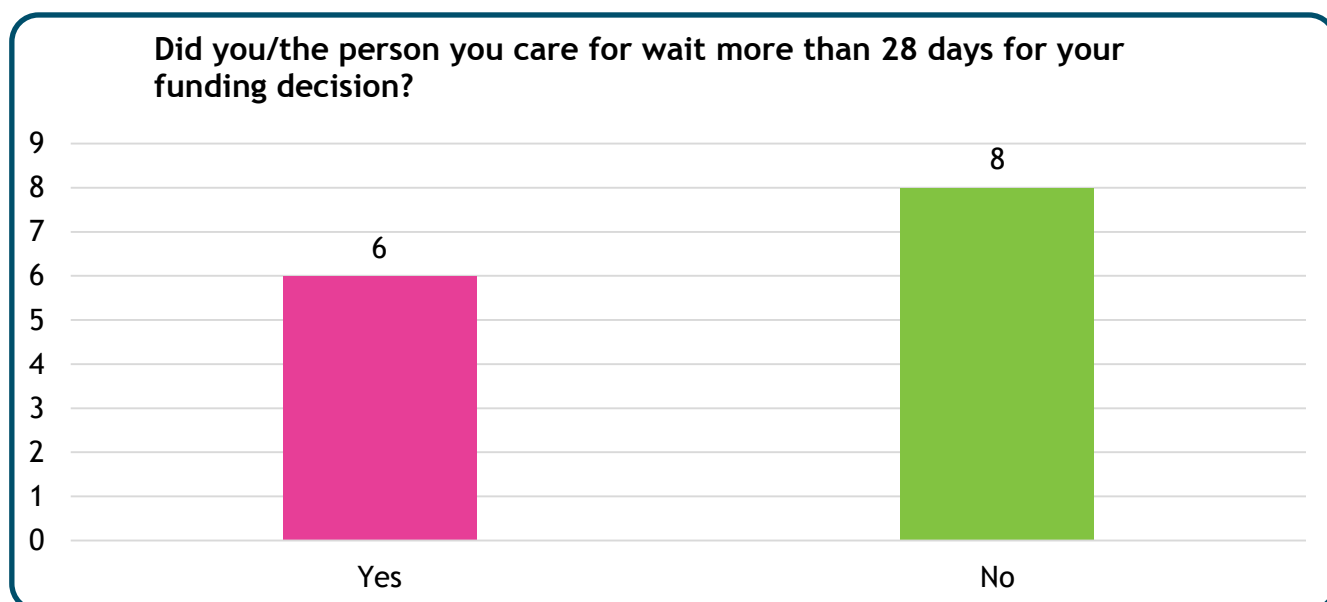


There were 14 respondents to this question. Five said that they felt that their views were taken into account, four felt their views were partly taken into account and five did not feel that their views were taken into account by the nurse assessor.

“There were so many conflicting influences and people involved – it was very stressful.”

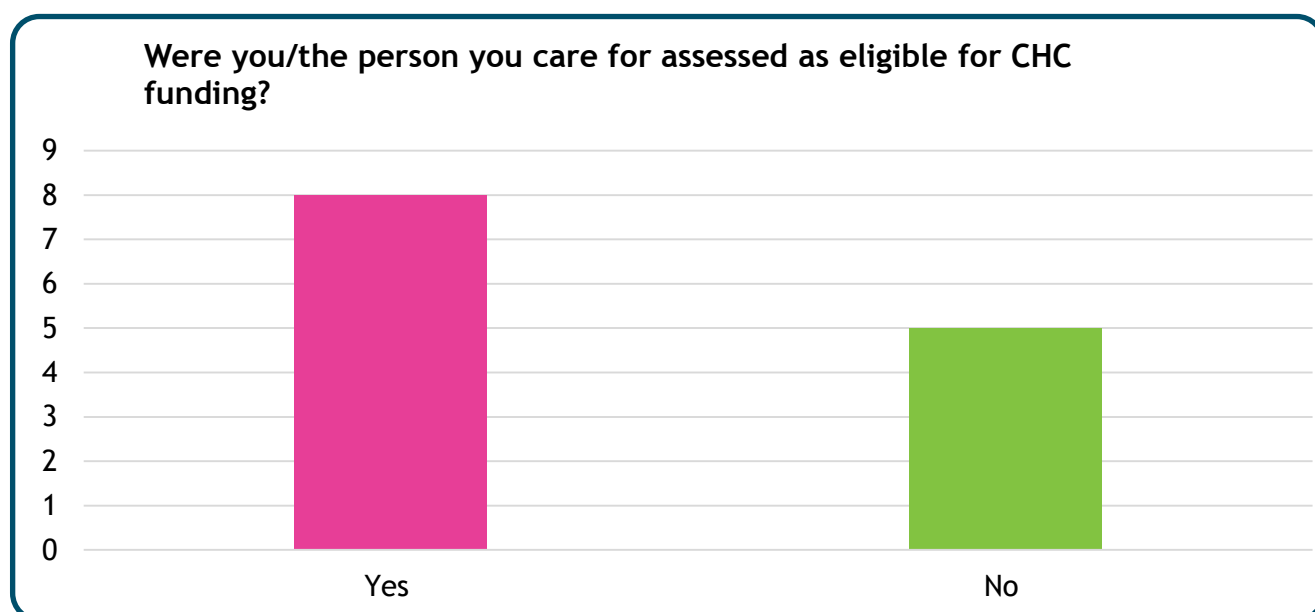
“It was the most horrible and traumatic experience of my life.”

Outcome



Fourteen people responded to the question and eight respondents said that they received their decision within 28 days.

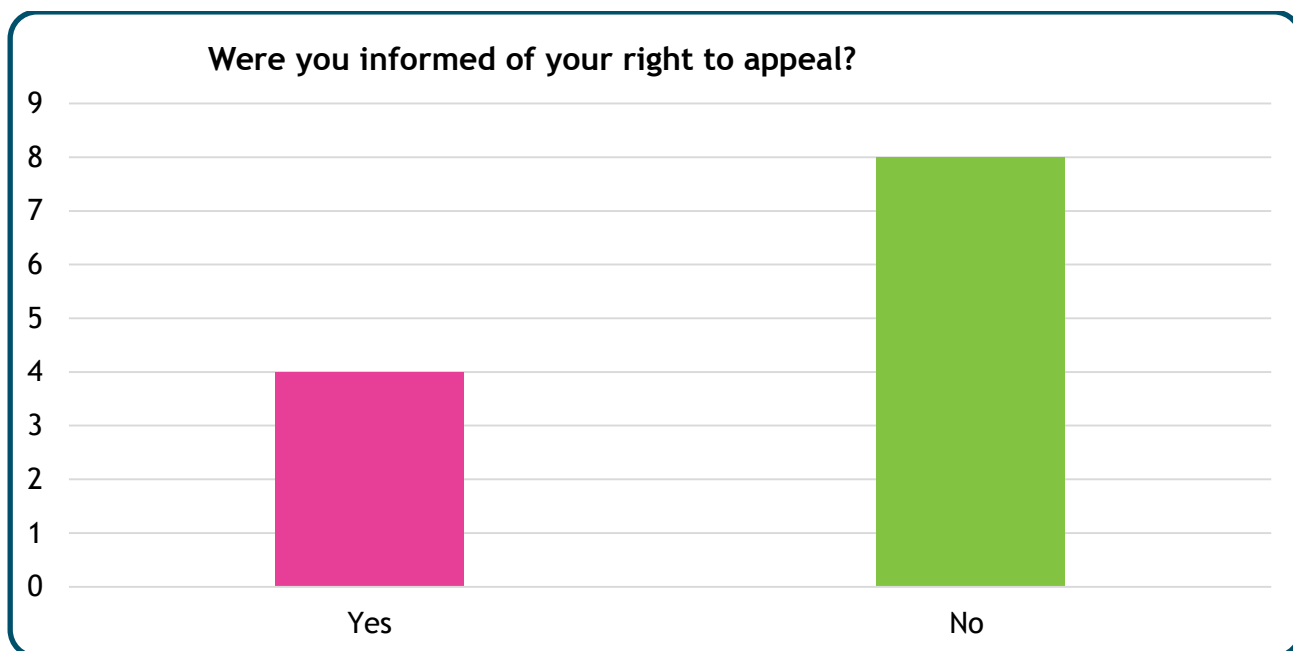
Six respondents said that they waited more than 28 days for a decision and of these, two were at the appeal stage of the process.



Thirteen people answered this question: eight told us that they had been assessed as eligible for CHC funding and five people had not.

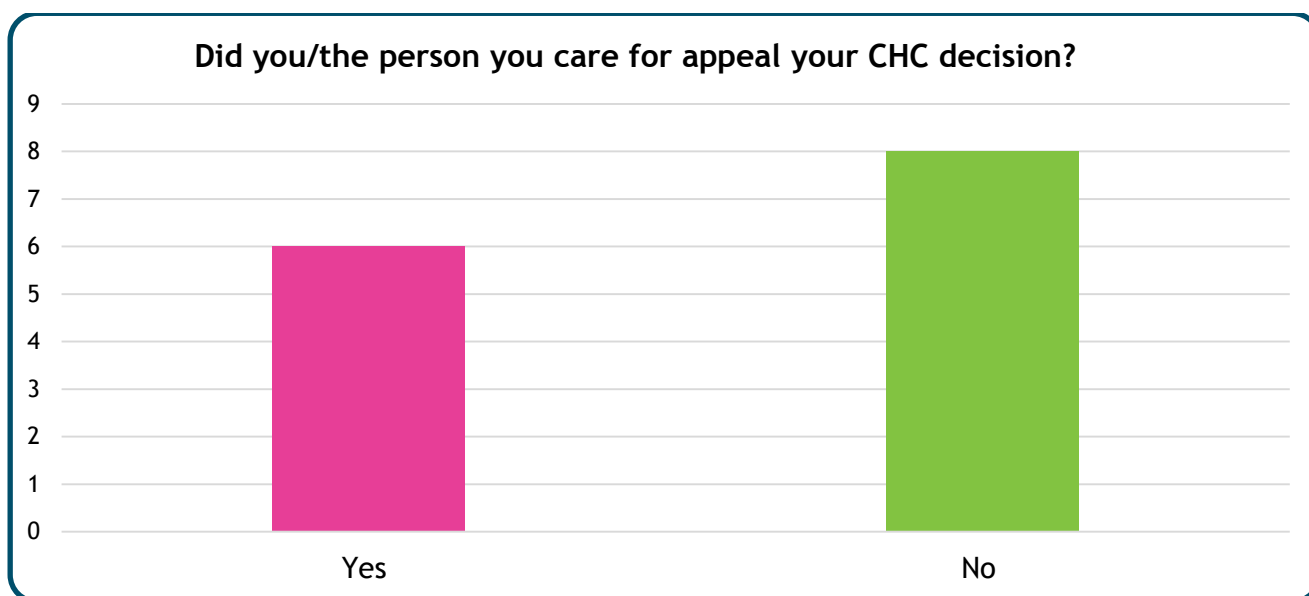
Appeals

We asked people if they were informed by the CCG of their right to appeal if they were found to be ineligible for CHC funding.



We had 12 respondents to this question: four people told us that they were informed about their right to appeal and eight people told us they were not informed by the CCG of their right to appeal.

We further asked people if they had appealed a negative decision regardless of whether or not they had been informed of their right to appeal.



There were 14 respondents to this question: six people told us that they did appeal an unsuccessful CHC decision and eight people did not.

“More information leaflets and posters carers must be included in all discussions.”

“We waited three and a half years for final decision to be made in my favour and dealt with seven different people in the process. Unfortunately, my mother died three years before the final decision.”

“Even after the appeal was successful it was still an uphill challenge to receive the due payment and it was months before this was refunded.”

Working with people and their carers

As part of the survey we asked, ‘How do you think the CHC journey could have been improved?’ We received the following responses from people and their carers:

“A follow up appointment to discuss how ‘the journey’ went so that lessons can be learned, from the actual service users who experienced the errors in it!”

“For the whole process to be much quicker and the matter to have been dealt with in a professional and courteous manner instead of feeling that I was being constantly fobbed off.”

“More information leaflets and posters.”

“Carers must be included in all discussions.”

“No questions were asked by CHC after the process was completed to see what my thoughts were.”

“Everyone was passing the buck to different teams, social services, the initial care team brought in, the GP – it was a terrible experience at a time when we needed support.”

“Would just like to say that everyone I have since dealt with at CHC have been brilliant and very understanding.”

Recommendations

1. Information

Lack of suitable and easily accessible information was the consistent message across the whole of the research. It is difficult to know what information, if any, is being provided at the initial checklist stage as the checklist can be completed by a nurse, doctor, other healthcare professional or social worker.

We recommend that good quality information about CHC, the process and timescales, should be given to families at the checklist stage of the journey. This is so people can understand and prepare for the journey ahead. This would also help families to understand the potential financial impact on families and carers as well as helping to manage people's expectations around qualifying for CHC.

- Newcastle Gateshead CCG should develop a communication plan to make professionals aware of the information that currently exists, as well as directing people to its website which displays the NHS England film about CHC at www.newcastlegatesheadccg.nhs.uk/your-health/continuing-healthcare

There is also a public information leaflet on the direct.gov website at <https://tinyurl.com/CHCleaflet> and an easy read version at <https://tinyurl.com/CHC-easy-read>

2. Hospital discharge and the CHC process

- Newcastle Gateshead CCG to continue to develop consistent training around CHC checklist completion to make practice between Newcastle and Gateshead consistent, ensuring that service users, relatives and carers are fully involved.
- Newcastle Gateshead CCG to work with Newcastle and Gateshead local authorities to agree and implement a consistent approach to dealing with people who are going through the CHC assessment process and are ready for discharge from hospital.

3. Improve the assessment process for DST

- Newcastle Gateshead CCG to introduce an independent observer to provide quality assurance at DST meetings; and ensure the national framework is applied consistently by nursing assessors.
- Newcastle Gateshead CCG to provide ongoing training for nursing assessors on the national framework which underpins the DST, including when to use the 12th domain, and to recognise that every CHC assessment should be 'Coughlan compliant'. This means that the assessment must be lawful and adhere to the principles in the Coughlan case.

- Newcastle Gateshead CCG to recognise that the 28-day target may not be achievable in all circumstances if this would mean professionals are not available to contribute (particularly during school holidays) and to ensure that this is discussed and negotiated with the service user, relatives and/or carers.

4. Working with people and their carers

- Newcastle Gateshead CCG should develop methods to gather feedback regarding people's CHC journey to inform continued improvement.

5. Children in transition into adult services

- Newcastle and Gateshead local authorities to ensure that children's social workers are aware of their duty to refer children in line with the national framework on CHC and transition. Regular training and audit should take place to ensure this happens.

6. Appeals process

- Newcastle Gateshead CCG should ensure that people are notified of their right to appeal and directed to support and information regarding this.
- Newcastle Gateshead CCG should gather feedback following the appeals process.

Responses received

Following the circulation of the draft report, we have received the following responses to the recommendations.

Children in transition into adult services

- Newcastle and Gateshead local authorities to ensure that children's social workers are aware of their duty to refer children in line with the national framework on CHC and transition. Regular training and audit should take place to ensure this happens.

Response

Gateshead Council, Service Director

There is work we need to do to make things better for children young people and families and we are determined to get things right. We are working with internal managers to share the findings and will also carry out a full audit on process policies and procedures within the team in April 2018. We are currently discussing how we approach transition in Gateshead.

Hospital discharge and the CHC process

- Newcastle Gateshead CCG to continue to develop consistent training around CHC checklist completion to make practice between Newcastle and Gateshead consistent, ensuring that service users, relatives and carers are fully involved.
- Newcastle Gateshead CCG to work with both local authorities to agree and implement a consistent approach to dealing with people who are going through the CHC assessment process and are ready for discharge from hospital.

Response

Newcastle Council, Adult Social Care

We agree that CHC assessments shouldn't in most circumstances happen within the hospital setting but the legislation would guide us to the fact that the interim care package can be funded by the CCG whilst awaiting the assessment. This is a discussion we are beginning to have with the CCG but none of this should impact on the position for the person.

Response

Gateshead Council, Adult Social Care

We are unaware of delays to hospital discharge waiting for a decision on CHC. Except for one case where the CHC was completed in hospital and this was because the person's needs were very complex.

Acknowledgements

We would like to say thank you to the people/organisations who have supported us with the work:

- The parents and carers who assisted us with our research
- Adult Social Care, Gateshead
- Adult Social Care, Newcastle
- Advocacy Centre North
- Dementia Care
- Disability North
- Gateshead Access Panel
- Gateshead NHS Foundation Trust
- Independent Complaints Advocacy
- Newcastle Council for Voluntary Service
- Newcastle Gateshead CCG
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Parents in Power
- The Advice Centre
- The Carers Trust

We would also like to thank our Healthwatch Champions:

- Alan Guest
- Freda Bevan
- Helena Ali
- Kay Parker
- Kenneth Dalglish
- Linda Woodcock

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TITLE OF REPORT: The Council Plan – Year End Assessment of Performance and Delivery 2017/18
REPORT OF: Caroline O'Neill, Strategic Director, Care, Wellbeing and Learning

SUMMARY

This report provides the six month update of performance and delivery for the period October 2017 to March 2018 in relation to the Council Plan 2015-2020 for the indicators and activity linked to care, health and wellbeing delivered and overseen by Adult Social Care and Public Health services within the Care, Wellbeing and Learning Group.

Background

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).
2. Committee have previously received an update on the first six months performance for 2017/18 at their meeting in December 2017.
3. The Council Plan 2015-2020 was approved by Cabinet on the 14 July 2015, to enable the Council, along with partners, to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030.

2020 Target Setting

4. As part of the Council's performance management framework, five year targets were replaced with a single 2020 target with strategic indicators identified as either target or tracker indicators. These targets were approved by Cabinet on 12 July 2016.

Delivery and Performance

5. This report sets out the performance overview linked to the 20 strategic outcome indicators, which have been identified as providing a high level picture of the strategic priorities for the Council and its partners in health and wellbeing. These indicators fall under the Live Well Gateshead and Live Love Gateshead outcome.
6. All 20 indicators are listed in appendix 1 and where performance is available at the six month stage for relevant indicators this has been provided, along with a summary in section 3. Section 4 of this report updates on key activities and achievements over the last 6 months, while section 5 identifies key activities being undertaken in each service area in the next 6 months.
7. It should be noted that this is the final year end assessment of performance relating to the Council Plan 2015-20, which has been superseded by the Council's new strategic approach of Making Gateshead a place where everyone thrives.
8. The corporate performance framework will need to be refreshed in light of the Thrive agenda, and used to inform the first six month assessment of performance for 2018/19.

Recommendation

9. It is recommended that the Care, Health and Wellbeing Overview and Scrutiny Committee:

- Consider whether the activities undertaken during October 2017 to March 2018 are achieving the desired outcomes in the Council Plan 2015-2020,
- and asked to identify any areas they feel they require more detail about or feel require further scrutiny.
- note the proposal to refresh the corporate performance framework to support delivery of Making Gateshead a place where everyone thrives.

Contact: Jon Gaines

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**Care, Health and Wellbeing Overview and Scrutiny Committee
Council Plan – End of Year Update of Delivery and Performance 2017/18**

June 2018

Portfolio:	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care - Cllr Michael McNestry Health and Wellbeing - Cllr Mary Foy
OSC Chair:	Cllr Stuart Green
Lead Officer:	Caroline O'Neill, Strategic Director CWL
Support Officer:	Jon Gaines, Service Manager Quality Assurance

1. Introduction

1.1 This Committee undertakes scrutiny in relation to:

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

1.2 This report sets out the end of year performance update for 2017/18 'assessment of delivery and performance' in line with the Performance Management Framework. The report provides an update on the performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the Council Plan 2015-2020 outcomes of Live Well Gateshead and Live Love Gateshead.

1.3 Section 4 of this report updates on key achievements in adult social care and public health over the last 6 months, while section 5 identifies key activities being undertaken in each service area in the next 6 months.

2.0 Recommendation:

2.1 Members are asked to receive this report for information and consider:

- (i) whether the activities undertaken during October 2017 to March 2018 are achieving the desired outcomes in the Council Plan 2015-2020,
- (ii) and asked to identify any areas they feel they require more detail about or feel require further scrutiny.

3.0 Performance Summary

3.1 Of the 20 indicators monitored in this report, which are shown in their entirety in appendix 1, 14 have an updated position since the last report. The remaining 6 indicators will be updated in the next reporting period as the data becomes available.

- **Of the 14 updated indicators, performance trends are positive with 10 indicators showing an improvement**, including a reduction in the rate of hospital admissions for alcohol related harm, a reduction in the gap in the employment rate between those with a learning disability and the overall employment rate and the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate, a decrease in the rate of hospital admissions for self-harm, an increase in healthy life expectancy for both males and females a reduction in the inequalities in life expectancy for males in Gateshead, a decrease in the delayed transfers of care from hospital, a decrease in repeat adult safeguarding referrals and a higher proportion of carers supported from BME communities.
- **4 of the 14 updated indicators have not improved.** The gap in life expectancy at birth between each local authority and England for both males and females in Gateshead has increased as has the inequalities in life expectancy for females and the proportion of older people still at home 91 days after hospital discharge into an enablement service has reduced.

4.0 Achievements and key activities over the last 6 months

Adult Social Care

Enhancing Lives

4.1 During October 2017 to 31st March 2018 we have:

- Developed a new Care, Wellbeing and Learning approach to change through the establishment of the Achieving Change Together Team (ACT). Its aim is to move away from traditional approaches previously taken and instead establish progression models of care. The ACT team will look at new ways of working with service users, carers and partners that will become established as best practice. They will review service users who have complex needs – primarily people with a learning disability – with the aim of working closely with these people to promote independence, which in turn will result in less dependency on long term statutory services. The Act team will focus on what people can do rather than focusing on their diagnosis or what they can't do which by taking this approach will offer more affordable solutions and better outcomes for individuals.
- Gained Cabinet approval for the Carers service to go out to tender. The tender was published on 4 January 2018 and closed on 8 February 2018. Bids were evaluated and a recommendation went to Cabinet on 20 March to seek agreement to award the contract to the winning bidder. The aim of the tender is to procure a new all age Carer service in Gateshead which will be jointly commissioned between Gateshead

Council and Newcastle Gateshead Clinical Commissioning Group with the aim of preventing duplication of funding and resources across health and social care, meeting local need and demand and align services to strategic priorities across the local health and social care economy, promote a streamlined pathway and improved processes for carers accessing services, and enable early identification and assessment of carers' needs to prevent, reduce and delay the onset of crisis situations.

- Implemented an extension of the Bridging Service. The use of salaried staff has addressed some of the issues with a sustainable workforce. The service has resulted in a reduction in delayed discharges from hospital and has reduced waiting time for long-term packages of care. The service has been flexible and has enabled resources to be used in the areas with greatest demand.
- Won 3 awards at the 2017 North East Care Awards in Nov 2017, with the Rapid Response winning the 'Putting People First Personalisation' award, Aud Nisbet (Shadon House) winning the 'Frontline Leaders' award and Lisa Elliott (Next Steps) winning the 'Care Innovator' of the year award.
- Phoenix Community Base attended the North-East Equality Awards in October 2017 as a finalist in the 'Groups who have made a difference' award category.
- Submitted planning permission for the development of 16 apartments, primarily for people with a learning disability. The housing model will include a concierge to ensure safety and security for the individuals whilst at the same time maximising independence. A further development is also being considered in Winlaton which will see the construction of 16 apartments and 4 bungalows. These builds will support those currently in long stay hospitals, to be housed in the community with a support package built around their needs.

Quality of Life

4.2 During October 2017 to 31st March 2018 we have:

- Hosted the "Working together to increase Choice and improve Quality Conference" at the Baltic on 9th November 2017 with 150 providers in attendance. This was an inaugural conference with the full market including currently commissioned providers and potential new providers giving an opportunity for the market to get an overview of the key commissioning areas that Gateshead Council will focus on over the next two years, to share expertise and information to develop forward thinking, innovative solution where we might achieve better outcomes for our residents.
- Made considerable progress with Health partners on the establishment of an Integrated Health and Social Care Rapid Response Team for falls prevention and OTAGO (evidence based strength and balance exercise programmes) provision
- The Council was audited for the new Telecare Services Authority accreditation in March 2018 and has achieved the required quality mark. The final report is pending.

- Completed training for all assessment teams on Technology Enabled Care. This will enable all posts that have an assessment function have up to date information on what technology is available and how to refer to the care call service. This was part of the overall strategy to ensure we are using technology enable care throughout all the teams. This training also feeds into the Achieving Change Together Team.
- Published a tender to transfer support arrangements for extra care housing from the council to the independent sector. The tenders have now been evaluated and a recommendation report has been written for cabinet. It is anticipated that contracts will be awarded in early June 2018 with the provider commencing delivery of the service on Monday 3rd September 2018. The aim of the tender and anticipated delivery model seeks to improve outcomes and promote independent living for people living in Angel and Callendar Court.
- Reviewed the Serious Provider Concerns Process that is in place jointly with the CCG to ensure we continue to provide a robust process that ensures the services we Commission in Gateshead deliver safe and effective services to our residents.
- Held a training session with WELLS, who have electronic medication management systems within some of our commissioned providers. Professionals from across the Council attended this session. The training will increase staff knowledge and awareness of the electronic medication systems our providers are now using and help staff visiting services to know how they can make checks that appropriate audits are happening in relation to medication and that action is taken in relation to any concerns.
- Gained success with the Marquis Way Wheelchair Dance Group in the European Inclusive Dance competition in Manchester in January 2018.

Positive Lives

4.3 During October 2017 to 31st March 2018 we have:

- Commenced the process of deregistering 3 residential providers. The individuals that currently live in these residential care settings are being reviewed as part of the Achieving Change Together process. Outcomes will be developed for the individuals; choices and opportunities will increase due to the individuals having greater disposable income.
- Had 3 Special Olympics Gateshead Tyne and Wear athletes selected to represent Great Britain in the Special Olympics World Championships in Abu Dhabi. U.A.E in March 2019.
- Commenced the 'Ready for Retail' internship programme through GATES with 2 service users undertaking work roles in IKEA every quarterly period.
- Been successful in a bid for Transforming Care Revenue Funding to facilitate individual service design for 6 individuals. A person-centred process will be adopted to develop outcomes and determine the best way to meet individual needs; some of which may not be traditional approaches/services.

- Reviewed the residency agreement for the Promoting Independence Centres to ensure that it clearly outlines the type of bed that a client will be allocated along with the fees and charges for their stay. Due to unprecedented demands on Adult Social Care Direct, the service has allocated additional workers to each team to ensure that all calls are answered in a timely manner. These improvements both resulted from complaints and concerns that had been raised by the public. This evidences that Adult Social Care are responsive to any expressions of dissatisfaction and actively use dissatisfaction or comments to drive service improvements.

Protecting Lives

4.4 During October 2017 to 31st March 2018 we have:

- Developed a portal using the digital technology to make the process of applying for a DoLS (Deprivation of Liberty Safeguards) authorisation more streamlined while protecting individual's sensitive information. In addition, we are incorporating further considerations of digital technology to improve our ways of working.
- Recruited more Best Interest Assessors to ensure that we maintain key achievements of legal compliance in this area. This will allow us to consider more innovative ways of working to ensure that predicted demand is acted upon.
- The Trusted Assessor model went live on 20th November 2017. The model centres around 4 specific wards within the QE hospital. The aim of the model is to reduce delayed discharges through reducing the number of times a person is assessed. Step down and step up admission pathways have become operational for both PICs and PRIME, which has resulted in substantially higher volumes of service users within services. 67 'step down' referrals have been made by trusted assessor practitioners since January 2018. The initial feedback is that the model has been positive.
- Published the Communication and Engagement Strategy following Safeguarding Adults Board approval in January 2018. The strategy was accompanied by a delivery plan that identifies specific pieces of work to be implemented throughout 2018/19. Work has already commenced on implementation of the delivery plan including the publication of quarterly newsletters which should help in ensuring residents and partners are aware of key activities and issues affecting the safety of adults in our authority area.
- Developed and delivered bespoke Safeguarding Adults training for providers of residential care. The training is delivered on-site to all care home staff.

Health and Wellbeing Key Achievements and Activities (Public Health)

Health and Wellbeing Strategy

4.5 During October 2017 to 31st March 2018 we have:

- Submitted a performance management report for the health and care system for consideration to the Health & Wellbeing Board (HWB) which included a section on the Better Care Fund (BCF) Plan which is a key priority for the group. The BCF returns to NHS England for quarters 2 and 3 of 2017/18 have also been considered and endorsed by the Board which showed improved performance on targets.
- Finalised and signed-off a revised Gateshead Pharmaceutical Needs Assessment (PNA) for 2018. the PNA sets out the identified pharmaceutical needs of Gateshead residents across the borough, including access to out-of-hours pharmacy services. There is a statutory requirement for the Health & Wellbeing Board to review the PNA every 3 years and, in doing so, Gateshead has met its statutory obligations.
- Presented the scope of a whole system healthy weight strategy to the Health and Wellbeing Board which has been endorsed as well as a proposed approach to take this work forward. A health needs assessment to inform the strategy content is currently being finalised and is due to be considered by the Board at its June meeting.
- Considered the Director of Public Health Annual Report for 2017 which had a specific focus on addressing health inequalities in Gateshead and secured the Board's endorsement of the strategic recommendations set out in the report.

Making Every Contact Count

4.6 During October 2017 to 31st March 2018 we have:

- Established the MECC training programme and all training modules (4 core modules and 7 additional topic specific modules) are now being delivered and evaluated primarily across the voluntary and community sector. A comprehensive evaluation framework is in place to measure outcomes from the MECC programme, linked to the national MECC framework. The MECC programme is being embedded in all sectors in Gateshead in a staged approach, starting with the Voluntary Community Sector organisations that have been successful in securing grant funding, to ensure there is the capacity to deliver. Further roll out in the Voluntary Community Sector and specific groups within Gateshead Council, will commence from September 2018.
- Delivered the 'Train the trainer' training to 3rd sector organisations across Gateshead as part of the MECC training offer. As well as providing 'Have a Word' as a train the trainer offer, Mental Health First Aid is also offered as a Train the Trainer option. One course is arranged for May 2018 and another will follow in the following 12 months. Organisations have been supported to embed the MECC approach into their organisations and to equip staff to have the necessary skills and knowledge to make this happen.

Substance Misuse (Including Alcohol)

4.7 During October 2017 to 31st March 2018 we have:

- Examined the local Strategy and Action plans and ensured these include all the aspects of the National Drug Strategy and Clinical Guidelines.
- Made successful representations to the Licensing Committee resulting in licence revocations for under age sales at several premises.
- Led an Alcohol-Free Childhood working group, to respond to the challenges highlighted at the Balance Regional Conference to work innovatively to address arising issues such as the impact of alcohol advertising on children and parental alcohol use.
- Re-established formal networks and processes across Gateshead and Newcastle police, councils and drug and alcohol services to share intelligence linked with the supply across the area.
- Established the complex cases panel which seeks to provide support to those who are vulnerable, at risk of harm and involved with multiple services. This panel has considered how it can work alongside other similar work strands such as the newly established Integrated Offender Management pilot to ensure the best possible service and support for victims and offenders in Gateshead.
- Co-ordinated work with partner agencies via the Complex Needs work stream to reduce duplication and coordinate efforts - facilitating pathways, addressing information governance concerns and coordinating care around the person.

Reducing Smoking

4.8 During October 2017 to 31st March 2018 we have:

- Seen a significant uplift of the *"Second hand Smoke is Poison"* campaign starting 19th March to include extensive leafleting of high smoking incidence areas and visible poster campaign at Metro Interchange.
- Reviewed the membership and attendance of the Smoke free tobacco Alliance which continues to grow with the Fire and Rescue Service and Northumberland Tyne and Wear NHS Foundation Trust now represented.
- Completed a draft report with recommendations for CWL OSC on reducing harms due to tobacco in Gateshead.

Sexual Health

4.9 During October 2017 to 31st March 2018 we have:

- Worked with the Sexual Health service provider and identified £38k in efficiencies which have been agreed with PH commissioner to be in place for 2018/19.

- Agreed the budget for the second drug for emergency hormonal contraception the clinical teams have also agreed this and the required paperwork is in draft and on time for publication before April 1st, 2018.
- Produced the timeline for the procurement phase for the Sexual Health Service and the initial decision-making stages (budget, contract length) are being presented for sign off by April 1st, 2018, with the new contract start date set for April 2019.
- Reviewed the specification for the new Sexual Health Service contract and commenced the evaluation sessions and revisions.
- Realised an additional £105k of savings from sexual health budget from the move to block contract (£100k) and the decommissioning of a service (£5k) whose function can be absorbed by the sexual health service.

Mental Health and Wellbeing

4.10 During October 2017 to 31st March 2018 we have: -

- Commenced the process of review with the Mental Health and Wellbeing Partnership with the action starting around October 2018. To date this has centred on the value of the Partnership to partners, the remit and role of the group and the focus for the partnership moving forward into the next year and beyond. An agreement has been reached to focus on Time to Change as a population level intervention with three targeted pieces of work following the life course including. Young Peoples focus, working age focus and older peoples focus.
- Written the draft Dual Needs strategy and action plan with a Newcastle-Gateshead level focus, having been developed around the NICE Guidance.
- Completed the Suicide Audit in October 2017. The report, in line with national trends, highlighted the high proportion of Males committing suicide and the year on year increase in the suicide rate in Gateshead since 2010. A suicide prevention action plan will form part of the Public Mental Health strategy that is currently being refreshed.

NHS Health Checks Programme

4.11 During October 2017 to 31st March 2018 we have:

- Delivered training to all NHS Health Check Providers except for a few advisors. The Mentor visits have been carried out to all providers, and a new standardised NHS Health Checks invitation and results letters have been produced for use in the programme, this has been added to the specification for 2018/19.
- Developed a training package for new advisors and annual update training.
- Developed the local Health Checks programme to include the Diabetes Risk Score in line with 'Best Practice Guidance', to be implemented in 2018/19.

Healthy Weight

4.12 During October 2017 to 31st March 2018 we have:

- Delivered a report to the Health and Wellbeing Board a whole systems obesity strategy. There was sign up from key strategic leads to support the strategy.
- Developed a healthy weight health needs assessment to inform the next stage of the whole systems obesity work.
- Presented Gateshead's 'Fit for the Future' findings and the implications for local authority practice in terms of healthy weight at regional conferences. The Fit for the Future work report, presents the findings of an embedded research project to explore a whole system approach to engaging communities in efforts to address childhood obesity, as an example of a complex public health issue.
- Developed healthy weight vending guidance to support internal procurement process.
- Undertaken a Healthy Equality Audit of Gateshead Council's leisure services facilities to provide a profile of service users and to help identify groups that experience poorer access to services that could be improved going forward.

Better Health at Work Award

4.13 During October 2017 to 31st March 2018 we have:

- Awarded recipients currently being supported to submit portfolios for assessment.
- Increased the number of opportunities to engage with local employers with a rise in numbers of organisations interested in taking part.

5. Key Action and Activities over the Next 6 Months

- 5.1 The following have been prioritised as key actions over the next 6 months to support delivery against the shared outcome Live Well Gateshead – a healthy, inclusive and nurturing place for all.

Adult Social Care

Enhancing lives

- 5.2 During April 18 to September 18:

- A Learning Disabilities Strategy and Learning Disabilities Accommodation Strategy will be produced setting out a vision, strategic intentions and priorities for Gateshead as well as set out key actions which will take both strategies forward.
- Service users of In-House Adult Social Care Disability services will be connected with two community projects at Edberts House and Pattinson House to gain volunteering opportunities and benefit from activities within the Community projects.
- Linked to the community transformation work being undertaken by the Queen Elizabeth Hospital Healthcare Locality Team Managers will be appointed in April 2018. Provisional agreements have been made for the Domiciliary Care Managers and Locality Team Managers in the local authority and Healthcare Locality Team Managers to develop collaborative operations with the aim of ensuring clients are able to receive the right help, from the right person at the right time.
- Work will be carried out with the Achieving Change Together team to review packages of care and provide a range of Technology Enable Support.

Quality of Life

- 5.3 During April 18 to September 18:

- Develop a new contract and cost model for Under 65 residential care - this will ensure that the contractual arrangements are fit for purpose and providers are being paid a fair cost for care. It will ensure that there is a framework in place to review fees on an annual basis to keep the market stable.
- The market position statement is awaiting sign off; once this is approved it will be shared with all providers in the market.
- The new fee band quality framework for Older Peoples residential and nursing care homes has been delayed. Gateshead intended to develop a joint contract with Newcastle Gateshead CCG however the CCG are reviewing their CHC fees with care homes and until this is agreed the quality framework has had to be put on hold. It is expected the CCG will update us on their progress by April 18.
- Complete evaluations for the extra care tender, appoint successful provider(s) and manage the transition of the services to the new provider.

- Specific locality based development sessions to be held with providers of older person's services across the sector to influence better partnership and collaborative working to improve the quality of life of older people.
- A Quality Assessment Framework (QAF) on all adult statutory social care services will be completed by the end of April 2018. All providers will have a QAF score which will allow the services to be benchmarked against each other and to enable us to identify any trends or any specific concerns in relation to specific outcome areas.
- Further development of Trusted Assessor model with GPs being provided with direct access into PRIME and PIC step-up admissions. The Intention is to expand Trusted Assessor model to more acute hospital wards to facilitate timely hospital discharges. The model will be evaluated on the 16th April 2018.
- Implement any key actions following the final report from Telecare Services Authority.

Positive Lives

5.4 During April 18 to September 18:

- The domiciliary care service will work with Newcastle University on implementing an employee competency framework from the University's Demtalk dementia communication resource.
- We are awaiting the outcome of the All Age Carers service procurement. Once the outcome is achieved a joint mobilisation plan will be developed through working collaboratively with our partners, and will be implemented prior to the commencement date of the service. The Mobilisation Plan includes the actions which need to be considered to ensure all support for all carers in the scope of the service.

Protecting Lives

5.5 During April 18 to September 18:

- We will update our Safeguarding Adults Multi-Agency Policies and Procedures and produce a safeguarding information pack for care providers. We will also develop a process for managing safeguarding referrals for adults who are funded by Continuing Health Care.
- Commence the development of a bespoke '*Safeguarding in Gateshead*' website in partnership with the Local Safeguarding Children's Board and the development and implementation of Adult Sexual Exploitation Practice Guidance.
- Implement stronger reporting mechanisms for DoLS into our existing electronic social care system to strengthen the data we collect. This robust recording will inform our programme of awareness raising of the Mental Capacity Act and DoLS to all our commissioned care homes within the local area as well as out hospital

services. DoLS continue to be offered advocacy, information and advice therefore strengthening their Human Rights.

- A Personal Assistant register is currently being collated which will lead to a rise in the use of Direct payments.

Health and Wellbeing (Public Health)

Health and Wellbeing Strategy

5.6 During April 18 to September 18:

- Provide an update on Health and Care Integration to the Health and Wellbeing Board.
- Undertake a Health and Social Care Systems Mini-Review.
- Review progress against the Better Care Fund Plan at the end of year 1 (2017/18) and confirm arrangements for Year 2 (2018/19)
- Take forward the strategic recommendation of the DPH Annual Report to renew the Health & Wellbeing Strategy.
- Develop a draft Healthy Weight Whole System Strategy for Gateshead.
- Develop a Forward Plan for the HWB for 2018/19.

Making Every Contact Count

5.7 During April 18 to September 18:

- The MECC programme will explore accreditation for MECC training programmes through the Northern Open College Network (NOCN).
- Pilot the MECC approach with 3 Council services (Gateshead Housing Company, Adult social care teams and Library staff) to inform the roll out to wider services within the local authority and wider statutory services.
- Develop a Train the trainer model so that organisations involved can continue to roll this out within their own organisations. This will help to ensure the sustainability of the model and ensure greater engagement in the programme from local people. The team have dates arranged with Gateshead Advice Bureau to pilot this way of working.
- The development of an e learning module on Making Every Contact Count is currently being explored and this will enable a greater reach with the current resources.

Substance Misuse (Including Alcohol)

5.8 During April 18 to September 18:

- We will complete the development of the specification for the Drug and Alcohol treatment service with this to be issued on the portal in April and the new contract to commence in November 2018.
- Lead on the Evaluation of tenders, tender award and transition for the new Drug and Alcohol Recovery and Treatment provider.
- Work with Licensing colleagues to consider the revision of the Gateshead Statement of Licensing Policy to ensure it is 'fit for purpose' to respond to the developments and needs of the borough.
- Implement the work identified by the Alcohol-Free Childhood working group.
- Examine the alcohol related hospital admissions data to better understand the causes and patterns and identify potential actions.

Reducing Smoking

5.9 During April 18 to September 18:

- We will complete CLeaR local tobacco control assessment of Alliance and implement recommendations arising from OSC review.

Sexual Health

5.10 During April 18 to September 18 we will:

- Revise the specification, evaluate the key performance indicators to inform the new tender and progress the procurement timeline within set tolerances.
- Ensure second drug option for Emergency Hormonal Contraception delivers according to specification.

Mental Health and Wellbeing

5.11 During April 18 to September 18:

- Establishing the public mental health approach across the life course and agreed at the Mental Health and Wellbeing Partnership. This will include targeted work for children informed by a focus group scheduled in early May 2018, while suicide prevention in men is likely to be the basis of the work for working age adults, and social isolation in older age groups will also be considered.
- Tackling Social Isolation will be the focus for older people's work. A research evaluation of the Better Care funded Social Isolation programme 2016 - 2017 across

Gateshead is due for release in April 2018 which should give pointers to which programmes might offer a way forward for commissioners.

NHS Health Checks Programme

5.12 During April 18 to September 18:

- Implement and monitor the use of standardised letters in the NHS Cardiovascular Health Check (NHSHC) programme and Diabetes Risk Scores.

Healthy Weight

5.13 During April 18 to September 18 we will:

- Undertake Regional work on the outdoor app which has been delayed. But this is now due for completion in May/June 2018.
- Complete the Health Needs assessment for Healthy Weight.
- Work with key partners to complete key actions for the whole systems healthy weight strategy for Gateshead.
- Draft the Department of Health Annual Report on Healthy Weight in Gateshead.
- Work to develop active and healthy workplace offer for Gateshead Council, informed by the findings from the health and wellbeing staff survey.

Section 2: Delivery of the Council Plan 2015-2020

Table 1: Strategic Outcome Indicators Summary of Performance, Public Health – Alice Wiseman

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	17/18			
LL4 – Decrease the Percentage of People who are Dissatisfied with Life	Strategic	2020 Tracker	4.8%	-	4.9% (2016/17)	NA	• No change since last report
LW2 – Prevention of ill health: % of mothers smoking at time of delivery	Strategic	2020 Tracker	9.9%	-	14.5% (2016/17)	NA	• No change since last report
LW4a - Reduce Excess weight 4-5 year olds - excess weight =obese/overweight	Strategic	2020 Tracker	18.1%	-	22.0% (2016/17)	NA	• No change since last report
LW4b - Reduce excess weight 10-11 yr. olds (excess weight =Obese/overweight	Strategic	2020 Tracker	25%	-	37.9% (2016/17)	NA	• No change since last report
LW13 – Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow)	Strategic	2020 Tracker	789 per 100,000	-	990 per 100,000 (2016/17)	Improved	<ul style="list-style-type: none"> • No Longer provisional now final. • Gateshead is still significantly higher than the North East and the England rates. • Second highest rate of all 152 upper tier LA's.
LW15 – Gap in the employment rate between those with a learning disability and the overall employment rate	Strategic	2020 Tracker	58.6% points	-	62.3% points (2016/17)	Improved	<ul style="list-style-type: none"> • The gap in the employment rate between those with a learning disability and the overall employment rate has decreased on the previous period. • Gateshead is currently significantly lower than the England average and is lower but not significantly lower than the North East average • This is the second period in a row to show a reduction in the % point gap.
LW16: Hospital admissions for self-harm rate per100,000 (aged 10-24 years)	Equality	2020 Tracker	Reduce	Reduce	422.7 per 100,000 (2016/17)	Improved	<ul style="list-style-type: none"> • The rate per 100,000 for self-harm admissions has decreased on the previous period • Gateshead is lower but not significantly lower than the North East rate, and is higher but not significantly higher than the England rate. • This is Gateshead's lowest rate per 100,000 for self-harm admissions since the data was first available (2011/12).

Indicator	Objective	Target Type	Target 2020 17/18		Most Recent Performance	Direction of Travel	Comments and Actions
LW17 – Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Strategic	2020 Tracker	59.4% points	-	65.8 %points (2016/17)	Improved	<ul style="list-style-type: none"> The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate has decreased on the previous period. This is the first decrease in the last 4 periods of data. Gateshead is now lower but not significantly lower than the England average, but is still significantly higher than the North East average. Gateshead has the 3rd highest % point gap of the 12 North East LA's
LW18 – Excess under 75 mortality rate in adults with serious mental illness (<i>indirectly standardised ratio</i>)	Strategic	2020 Tracker	351.8	-	397.3	NA	<ul style="list-style-type: none"> No change since last report
LW19: Reduce Mortality from Causes Considered Preventable	Strategic	2020 Tracker	182.7 per 100,000	-	239.1 per 100,000 (2014-16)	NA	<ul style="list-style-type: none"> No change since last report
LW20 - Healthy Life Expectancy at Birth (Male)	Strategic	2020 Tracker	63.7 years	-	59.1 years (2014-16)	Improved	<ul style="list-style-type: none"> Healthy life expectancy has increased and is at its highest reported level for males in Gateshead. Gateshead had the highest increase in years for healthy life expectancy of the 12 North East LA's compared to the previous period (2013-15) Gateshead is still significantly worse than the England average, but is considered not significantly different to the North East level
LW21 - Healthy Life Expectancy at Birth (Female)	Strategic	2020 Tracker	64.0 years	-	60.6 years (2014-16)	Improved	<ul style="list-style-type: none"> Healthy life expectancy has increased and is at its highest reported level for females in Gateshead. This is the highest increase in years for female healthy life expectancy that we have seen since the first published data (2009-11) Gateshead is still significantly worse than the England average, but is considered not significantly different to the North East level

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	17/18			
LW22 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Male)	Strategic	2020 Tracker	-1.2 years		-2.0 years (2014-16)	Declined	<ul style="list-style-type: none"> The gap in life expectancy between Gateshead and the England rate for males has increased. Gateshead is currently significantly worse than the England benchmark, and is higher but not significantly higher than the North East average. Gateshead is back at its joint highest gap in life expectancy
LW23 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Female)	Strategic	2020 Tracker	-1.2 years		-1.9 years (2013-15)	Declined	<ul style="list-style-type: none"> The gap in life expectancy between Gateshead and the England rate for females has increased. Gateshead is currently significantly worse than the England benchmark, and is higher but not significantly higher than the North East average. Gateshead is back at its joint highest gap in life expectancy.
LW24(a) – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Male)	Strategic	2020 Tracker	8.2 years	-	9.6 years (2014-16)	Improved	<ul style="list-style-type: none"> The gap in inequalities in life expectancy for males has reduced on the previous period. This is the first decrease in the gap in inequalities since the data was first published. Gateshead is in the second highest deprivation quintile in England for this indicator.
LW24(b) – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Female)	Strategic	2020 Tracker	7.3 years	-	8.8 years (2014-16)	Declined	<ul style="list-style-type: none"> The gap in inequalities in life expectancy for females has increased on the previous period. This is the highest level of inequalities in life expectancy for females since this data became available. This is continuing a year on year trend of increasing inequalities in life expectancy between the least deprived and most deprived areas of Gateshead. Gateshead is in the highest deprived quintile in England for this indicator.

Table 2: Strategic Outcome Indicators Summary of Performance, Adult Social Care – Steph Downey

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	17/18			
NEW Definition Delayed Transfers of care from hospital, average days per day, per 100,000 population	-	-	-	8.2 per 100,000	6.35 per 100,000 population aged 18+ (Apr to Jan 18)	Improved	<ul style="list-style-type: none"> The Government mandate to achieve a 3.5% rate of delayed transfer beds by September and to maintain this rate for the remainder of the year has meant a change in the reporting methodology of this indicator. The previous method (LW10) has been replaced with a new definition – average number of days per day, per 100k Gateshead is currently better than the target. We are also currently better than the provisional England rate for this period of 11.3 and better than the provisional North East rate of 6.4.
LW11 – Helping Older People to live independently – the proportion of older people 65+ still at home 91 days after hospital discharge to a reablement service	Strategic	2020 Tracker	87.5%	85.6%	77.1%	Declined	<ul style="list-style-type: none"> Performance for the full reporting period is not available at this time. Current performance is based on those discharged from hospital into reablement services between October and November 2017, in line with the national definition 84 out of 109 people remained at home 91 days after discharge into a reablement service. This is a decrease on the same time last year (80.7%). The North East average for 16/17 is 85.4% and the England average is 82.5%
LW12 – Repeat Adult Safeguarding Enquiries	Strategic	To be agreed	To be agreed	To be agreed	20.00% (Apr–Feb 17)	Improved	<ul style="list-style-type: none"> During April to February 2018 there were 71 people who had a previous enquiry within 12 months of the latest enquiry, from a possible 355 people. This is a reduction in repeat enquires compared to the same time last year (29.6%) which has demonstrated the improvement made to referral mechanisms. A factor which may influence this indicator is there are 62 concerns which remain open. As there is no indication at this stage if they will progress to an enquiry they are not included in the above calculation, and if they were to move to an enquiry

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	17/18			
							they would be included in subsequent months reporting.
LW14(b) – Support for Carers in BME Communities	Strategic	2020 Tracker	2.0%	-	1.1%	Improved	<ul style="list-style-type: none"> • 14 BME Carers out of a total of 1325 have been assessed, reviewed or were known to social services during April to March 2017/18. • This has remained similar compared to the number reported at the same point in 2017 (15) but the proportion has improved due to a smaller cohort counted in the denominator. • Performance is lower than the 2019/20 target of 2.0%

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TITLE OF REPORT: Work to help people to stay at home safely

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

SUMMARY

Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2018-19 will be “helping people to stay at home safely”.

During the course of the review it is proposed that the Committee will consider how health, social care and voluntary sector services in Gateshead support people to live at home safely; particularly focusing on:

- Assistive technology and digital information;
- Enablement services;
- Housing options to support independent living;
- Commissioning for enablement outcomes;
- Emergency and community services;
- Personalisation and choice.

The Committee will also consider the range and extent of current activity in these areas, with a view to agreeing a set of recommendations for improvement. This report sets out the proposed scope of the review and the process for taking it forward.

Background

Vision 2030 sets out the 6 Big Ideas for Gateshead. Of these, “Active and Healthy Gateshead” resolves to provide support to encourage people to improve their health and lifestyle.

The five year Council Plan / Live Well Gateshead sets out how Gateshead will be a healthy, inclusive and nurturing place for all.

- a destination of choice for families with excellent, affordable housing
- where children have the best start in life
- where older people are independent and part of community life
- where people lead healthy lifestyles, with more people living longer
- where those who need help can get it easily with agencies working together
- a welcoming place where people feel safe

The Councils Thrive agenda calls upon residents, businesses, partners and employees to get involved in plans to help make Gateshead a place where everyone can thrive; to put people and families at the heart of everything we do; tackle inequality so people have a fair chance; and to support our communities to support themselves and each other.

Scope of the Review

The review will provide an overview of current services and support available to support and enable adults who have care and support needs, to live as independently as possible.

In terms of the current cohort of people accessing social care support, during the 2017/18 period:

- 4,145 people who were not already in receipt of a long-term social care funded service contacted Adult Social Care – resulting in just over 6,000 separate contacts.
- Of these contacts, 30% resulted in long term service provision or short-term enablement services. A further 30% of the contacts were signposted to other services or given advice and information.
- 18% of the contacts were provided with no services, 17% were provided with ongoing low-level support (such as assistive technology or equipment) and the remaining 5% were provided with other types of short term support.
- There were approximately 4,600 people in receipt of Short and Long-Term Adult Social Care Support of which 80% receive long term support and 20% receive short term (enablement) support.
- As at 31st March 2018, there were 2,734 people in receipt of social care funded services, including nursing, residential and community care. Of these 2,046 had been in receipt of the service for 12 months or more (75%).
- We have provided support to 1,480 carers in the same period through the provision of carer related support services and advice, information and other universal services.
- The most recent annual survey of adult social care users shows that 80% of those who responded feel that they have control over their daily life, and 67.5% of respondents are satisfied with the care and support that they receive.

The review will focus on how successful these services are in terms of supporting people to be independent, by providing a range of performance data alongside narrative accounts from people who work in and receive the services and will highlight areas where there may be scope for improvement/greater joint working with partners in the NHS and voluntary sector. The review will include comparisons in terms of best practice models and new innovations under development.

The Process

The process and timescale for the review in this paragraph is set out in Appendix 1. It is proposed that the review will take place over an eleven month period from 19 June 2017 to 23 April 2019. It will involve the presentation of expert evidence, research and the opportunity for site visits.

Who will be involved?

It is proposed that the evidence gathering sessions will provide thematic views of the ranges of approaches provided across health, social care and the voluntary and community sector, to support people in Gateshead who have care and support needs

to achieve their greatest level of independence.

Evidence will be sought from Gateshead Council Adult Social Care, Commissioning and Quality Assurance, Public Health, the Newcastle and Gateshead Clinical Commissioning Group, Gateshead Hospitals NHS Foundation Trust, and a range of Voluntary and Community Sector organisations.

Recommendation

Overview and Scrutiny Committee is recommended to agree:

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

Progress of the Review

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

Stage 1

The scope, purpose and intended outputs of the Review should firstly be agreed by the relevant Overview and Scrutiny Committee.

Proposal

- 19th June: Scoping report to Scrutiny Committee

Stage 2

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

Proposal

- 18th September, 30th October, 11th December 2018 And 21st January 2019 - To have evidence-gathering events that will involve research, presentations by relevant officers, outside organisations and site visits if appropriate (details to be confirmed).

Stage 3

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

Proposal

- 5th March 2019 – Committee to consider an interim report, prepared by the Lead Officers, and to analyse the evidence presented.

Stage 4

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

Proposal

- 23rd April 2019 – Draft final report to be considered by the Committee.

Stage 5

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



TITLE OF REPORT: Annual Work Programme

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

Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2018/19.

1. The Committee's provisional work programme was endorsed at the meeting held on 17 April 2018 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

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

Contact: Angela Frisby

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Draft Care, Health & Well-being OSC 2018/2019	
19 June 18	<ul style="list-style-type: none"> • Constitution (to note) • Role and Remit (to note) • The Council Plan – Year End Assessment and Performance Delivery 2017-18 • OSC Review – Helping People to Stay at Home Safely – Scoping Report
18 Sept 18	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Monitoring - OSC Review of work to Address Harms caused by Tobacco • Social Services Annual Report on Complaints and Representations – Adults • Annual Report of Local Adult Safeguarding Board and Business Plans –(Chair of Board to attend) • Work Programme
30 Oct 18	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Health and Social Care Integration • Gateshead Healthwatch Interim Report • Work programme
11 Dec 18	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • The Council Plan – Six Monthly Assessment of Performance and Delivery 2018-19 (incl LSAB update) • Health & Well-Being Board Progress Update • Work Programme
22 Jan 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Evidence Gathering • Work Programme
5 Mar 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Interim Report • Gateshead Healthwatch • Health and Social Care Integration • Work Programme
23 April 19	<ul style="list-style-type: none"> • OSC Review – Helping People to Stay at Home Safely - Final Report • Monitoring - OSC Review of Work to Address Harms caused by Tobacco • Health and Well-Being Board – Progress Update • OSC Work Programme Review

Issues to slot in

- Deciding Together Delivering Together – Progress Update / Potential Consultation
- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- STP Updates - as appropriate.

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