

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 18 January 2019 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for Absence
2	Minutes (Pages 3 - 10) The minutes of the business meeting held on 30 th November 2019 and Action List are attached for approval.
3	Declarations of Interest Members of the Board to declare an interest in any particular agenda item. Items for Discussion
4	Gateshead Health & Care Partnership Update: All
5	DPH Annual Report - Alice Wiseman
6	Research on the impact of the roll out of Universal Credit - Mandy Cheetham (Pages 11 - 12)
7	OFSTED Inspection of LA Children's Services: Self Evaluation & Annual Conversation Update - Caroline O'Neill (Pages 13 - 18)
8	Placement Sufficiency and Commissioning Strategy for Children in Care in Gateshead 2018-2021 - Caroline O'Neill (Pages 19 - 40) Assurance Items
9	Better Care Fund Quarter 3 Return to NHS England - John Costello (Pages 41 - 56)
10	Updates from Board Members
11	A.O.B.

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 30 November 2018

PRESENT	Councillor Lynne Caffrey	(Gateshead Council) (Chair)
	Councillor Mary Foy	Gateshead Council
	Councillor Martin Gannon	Gateshead Council
	Councillor Malcolm Graham	Gateshead Council
	Councillor Gary Haley	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	Caroline O'Neill	Care Wellbeing and Learning
	John Pratt	Tyne and Wear Fire Service
	Dr Mark Dornan	Newcastle Gateshead CCG
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
	Alice Wiseman	Gateshead Council
	Sally Young	Gateshead Voluntary Sector
	Steph Downey	Gateshead Council
	John Costello	Gateshead Council
	Chris Piercy	Newcastle Gateshead CCG
	C Willis	Northumberland Tyne and Wear NHS Foundation Trust
	M Laing	QE Hospital
	L Wilson	Gateshead Council
	Jane Mulholland	Newcastle Gateshead CCG
	Saira Park	LSCB
	Chris O'Reilly	Gateshead Council
	Catherine Richardson	Newcastle Gateshead CCG

HW68 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Ron Beadle, Cllr Paul Foy, Susan Watson, Bill Westwood, John Maddison, Sheena Ramsey and Elaine Devaney.

HW69 MINUTES

RESOLVED:

- (i) It was highlighted that John Pratt's apologies were not noted at the last meeting held on 19 October 2018, the apologies will be updated on the online records. All additional minutes were agreed as a correct record.

HW70 DECLARATIONS OF INTEREST

RESOLVED:

- (i) There were no declarations of interest.

The Board received an update from the Action List highlighting matters arising from

the meeting on 19 October 2018. It was noted that updates on the Gateshead Health & Care System Approach and the next JSNA Update/Refresh will both feed in to the Board's Forward Plan in addition to an update on the Integrated Care System/Integrated Care Partnership.

HW71 GATESHEAD HEALTH & CARE PARTNERSHIP UPDATE - ALL

Dr Mark Dornan advised the Board of the upcoming publication of the NHS long term plan which is expected before Christmas. It was noted that the plan with cover topics such as 'Best Start in Life' and 'End of Life/Frailty'. It was further noted that aspects of governance, ethos and ways of working are also to be outlined within the plan.

The Board discussed the potential influence the Plan may have on streamlining and improving services for patients. Further discussion also took place regarding the NHS and its integration with external service providers and its appropriateness. An update was provided on key areas of work being progressed by the Gateshead Health & Care Partnership including: the development of a MoU for the Partnership's place-based approach to health and care integration; budget planning work across the local system; the development of a Gateshead Plan; and looking at performance, quality and finance reporting through a system lens as well as data/information requirements to underpin our programmes of work.

RESOLVED:

- (i) The Board noted the verbal updates provided.

HW72 DELIVERY OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING SERVICE AND LOCAL TRANSFORMATION PLAN REFRESH - CHRIS PIERCY

The Board received a report to provide an update on the delivery of children and young people's Mental Health services in Gateshead and the progress made this year in the mobilisation of 'Getting Help' and 'Getting More Help'.

From the report the case for change was summarised noting that there has been emphasis on the crucial importance of early intervention in emerging emotional and mental health problems for children and young people.

The Board were advised that the children and young people's mental health service is mainly commissioned by Newcastle Gateshead CCG. It was noted that currently, investment is 7.4m which includes a contribution of £180k by Gateshead Council. A detailed breakdown of cost was provided within the report for the Board's information.

From the report the Board were provided with a summary of the prevalence of mental health in the population of 0 - 18 year olds across Newcastle and Gateshead. Additional performance information was also detailed within the report illustrating waiting times and referral rates for the period April 2017 – September

2018.

The Board were provided with a summary of the proposals of the new service which included establishing a single point of access with phased access by referrers. It was also noted that a new online support service 'KOOOTH' is being used and is proving effective amongst the young demographic.

It was acknowledged that the changes proposed in the report will not happen overnight. It was also noted that services are being challenged to strengthen delivery upstream and to work towards an intervention model. It was further noted that several challenges will be faced due to increased demand for the service – these included ensuring that multi-agency support services work towards a common goal.

It was asked what plans are in place to cope with increased demand for services; it was noted that plans are in motion to build capacity amongst the third sector in addition to the new trailblazer in schools and use of the KOOOTH service. It was also confirmed that patient 'assessment to treatment' represents the start of their treatment.

A further question was asked regarding patients who do not attend; it was noted that these individuals may have not been brought to appointments by parents/carers and could be unfairly penalised. It was confirmed that all patients who do not attend appointments are contacted and that the appropriate support is put in place for families to ensure they can access services.

A comment was made noting that voluntary sector service providers have difficulty in providing services for patients with uncertain contracts in place. It was further noted that as a 'whole system' there needs to be a collective responsibility to ensure that the service is improving outcomes for children and young people.

RESOLVED:

- (i) The Board received and acknowledged the update report.
- (ii) The Board agreed to receive a further update on progress in June 2019.

HW73 DECIDING TOGETHER, DELIVERING TOGETHER: UPDATE - CAROLINE WILLS

The Board received a report providing an update on the establishment of a cross organisational Deciding Together Delivery Group.

A summary of the report was provided on the assumption Board members had read the contents. It was noted that work priorities will include:

- a) Easy Access to Mental Health Systems
- b) Development of Integrated Physical, Mental Health and Social Care response for Older People (Including Urgent Response)
- c) Redesign of Older People Mental Health Inpatient Beds
- d) Redesign of Adult Mental Health Inpatient Beds
- e) Provision of Safe Haven Hub
- f) Increased availability of short term non-hospital crisis beds

g) Development of Crisis and Home-Based Treatment Service

A comment was made that there is no specific voluntary sector involvement mentioned within the plans. It was further noted that some proposals within the report have been discussed for several years and that there are voluntary sector services that could provide support if they are factored in.

RESOLVED:

- (i) The Board noted the contents of the report and agreed to receive further updates as part of the work plan.

HW74 ANNUAL REPORT ON PERMANENT EXCLUSIONS (2017/18) - JEANNE PRATT

The Board received a report to provide information on the current situation regarding permanent exclusions in Gateshead's schools and strategies in place to address the issue.

It was noted from the report that permanent exclusions have risen dramatically since 2013/14. It was also acknowledged within the report that Gateshead has excluded a higher proportion of its secondary aged pupils than its north east neighbours.

From the report a summary of figures for permanent exclusions across both primary and secondary schools was provided. It was also noted that boys are more likely to be permanently excluded than girls in Gateshead which follows the national trend.

A breakdown of pupils who were permanently excluded was provided within the report as follows:

- 48% had current or closed CAF/TAF
- 22% were CiN or CP
- 7% were known to MARAC
- 7% were SEN
- 64% had one or more FTE
- 36% had more than one primary school

The Board were provided with a summary of strategies used to address permanent exclusions which included strategies such as 'The Team Around the School', Primary Behaviour Support Teams and also making use of the online Kooth service.

A question was asked of the statistics in the report as to why permanent exclusions have risen year on year since 2014; it was suggested that this is partly due to school academisation. A discussion took place on academisation with a comment made that the academy agenda is hard to unpick in terms of impact on exclusions. It was also noted that adverse early childhood experiences can lead to risk behaviours and drug/alcohol misuse which are some of the known reasons that give rise to permanent exclusions.

A supplementary report on permanent exclusions for the 2017/18 academic year was attached as an appendix within the agenda pack.

RESOLVED:

- (i) The Board noted the contents of the report and agreed to receive additional updates as part of the work plan.

HW75 GATESHEAD LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18 - CAROLINE O'NEILL & SAIRA PARK

The Board received the annual report for endorsement from the Gateshead Local Safeguarding Children's Board for 2017-18. Also, within the agenda pack was a copy of the Gateshead Local Safeguarding Board's Business Plan for 2018-19.

The LSCB Annual Report provided details of developments for both the LSCB itself and its partner agencies including Gateshead Council. It was noted that key areas of work include raising awareness of Child Sexual Exploitation, permanent exclusions and other forms of abuse. The Board were provided with an analysis of the data within the report for information.

Within the LSCB Business Plan the strategic direction for the Board was outlined. It was further noted that three key areas have been identified for action which are leadership, challenge and learning. It was also noted that five key thematic priority areas have been identified, these were Voice of the Child, Communication and Engagement with the Frontline, Early Help & Intervention, Mental Health & Emotional Wellbeing, Child Sexual Exploitation & Missing.

It was highlighted that a sub-regional partnership has been established to develop new ways of working; it was agreed that a further update on this would be presented at a future meeting.

RESOLVED:

- (i) The Board endorsed the reports presented.

HW76 HEALTH PROTECTION ASSURANCE ANNUAL REPORT 2017/18 - GERALD TOMPKINS

The Board received a report to provide an overview of the health protection system and outcomes for Gateshead as part of the Director of Public Health's responsibility to provide assurance to the Board that the current arrangements for health protection are robust and equipped to meet the needs of the population – prevention, surveillance, control and communication.

From the report an update on screening was provided. It was noted from the report that the screening programmes commissioned by NHSE for which the DPH has an assurance role are:

- Cancer screening
- Diabetic Retinopathy
- Abdominal Aortic Aneurysm
- Antenatal and new-born screening programme

The Board were also advised of the current coverage for routine childhood immunisation programmes in Gateshead. It was noted that achieving population coverage of >95% is important as this is the point at which the entire population is protected, including the 5% that are not vaccinated.

A discussion took place regarding the uptake of immunisation noting that there has been positive engagement with the Jewish community. It was also noted that there needs to be a broader message provided regarding uptake of the flu jab amongst staff as it not only protects individuals but those around them too.

A comment was made noting that there are inequalities between affluent areas versus those that are more deprived in terms of the uptake of immunisations and attendance at screenings. This was acknowledged noting that wider work is taking place to improve this.

RESOLVED:

- (i) The Board considered and noted the report.

HW77 LINK TO CONSULTATION ON DRAFT HOUSING STRATEGY 2019-2030

A link to a consultation document on a Draft Gateshead Housing Strategy 2019-30 was embedded on the agenda for the Board's meeting.

HW78 UPDATES FROM BOARD MEMBERS

John Pratt of the Tyne and Wear Fire Service advised the Board of the current consultation on the Fire Service's operational response model until 14th January which can be accessed via the Tyne and Wear Fire Service website.

The Board were advised of a letter being sent to parents via the Gateshead Schools Forum, noting concerns regarding reductions to school budgets and the implications of this for their children

HW79 A.O.B.

There was no other business.

Item 2.2

GATESHEAD HEALTH AND WELLBEING BOARD ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 30th November 2018			
Delivery of Children and Young People's Mental Health and Wellbeing Service	The receive a further update in June 2019.	Chris Piercy	To feed into the Board's Forward Plan.
Deciding Together, Delivering Together Update	The receive further updates as required.	Caroline Wills	To feed into the Board's Forward Plan.
Annual Report on Permanent Exclusions (2017/18)	The receive further updates as required.	Jeanne Pratt	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 19th October 2018			
Update on Gateshead Health & Care System Approach	To receive further updates as required.	John Costello / All	To feed into the Board's Forward Plan.
JSNA Update / Refresh	A further update/ refresh of the JSNA to be received by the Board in September 2019. An item on Air Quality to be brought to a future meeting of the Board.	Alice Wiseman Gerald Tompkins	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 7th September 2018			
Update on Integrated Care System / Integrated Care Partnership	To receive further updates as required.	Mark Adams	To feed into the Board's Forward Plan.
Local Safeguarding Adults Board Annual Report	To continue to receive updates from the SAB as required.	Sir Paul Ennals	To feed into the Board's Forward Plan.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 20th July 2018			
Gateshead Healthy Weight Needs Assessment	To bring back an update on progress in developing a whole system strategy in approx. 6 months' time.	Emma Gibson / Alice Wiseman	To feed into the Board's Forward Plan.
Drug Related Deaths in Gateshead	The Board agreed to receive a further update later in the year.	Gerald Tompkins / Alice Wiseman	To feed into the Board's Forward Plan.
Updates from Board Members	An update on HealthWatch Gateshead priorities to be provided at a future Board meeting.	HealthWatch Gateshead	To feed into the Board's Forward Plan.



TITLE OF REPORT: Research on the impact of the roll out of Universal Credit

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the findings and implications of research on the impact of the Universal Credit roll out in Gateshead.

Background

2. The full service roll out of Universal Credit (UC) started in Gateshead in October 2017. Qualitative research on the impact of the UC roll out was commissioned by Gateshead Council Public Health Team. Interviews with 33 claimants (including people with long term health conditions, disabilities and complex lives) and 37 staff supporting them were undertaken between April and October 2018.

Proposal

3. It is proposed that members of the HWBB take account of the research findings and identify action that can be taken to mitigate the effects of UC locally:
 - UC is having a profoundly negative impact on the mental and physical health, social and financial resilience and employment prospects of claimants, resulting from the claims process itself, and the consequences of managing on UC.
 - Claiming UC was experienced as complicated, difficult and demeaning. Participants described a labyrinthine, dysfunctional UC system prone to administrative errors, experienced as impersonal, hostile, degrading and difficult to navigate. The requirement to initiate and manage a UC claim online was problematic for many participants. Digital literacy, verifying identity online, lack of computer access/bank account and /or email address added to the difficulties of the UC application.
 - Consequences of waiting for payment of between 5-12 weeks (on average 7.5 weeks) pushed many into debt, rent arrears and serious hardship, which included going without food and utilities. Few were offered alternative payment arrangements, such as fortnightly payments or payments direct to landlords.
 - The impact of claiming and managing on UC was profound; increased conditionality, harsh deductions, threat of sanctions, increased arrears, risk of eviction and homelessness, food and fuel insecurity, further exacerbated health conditions. UC impacted so negatively on claimant's mental health that some had considered suicide.
 - Staff supporting UC claimants described confusing, inconsistent and inaccurate advice from UC helpline staff, and delays in correcting mistakes. The arbitrary nature of UC decision-making lead to frustration and concern for claimants ahead of managed migration. Fears were expressed about the anticipated effects of the

‘two-child limit’ on larger families. Significant workload pressures and additional costs were described for voluntary and community sector organisations, local government, and the wider health and social care system as a result of UC.

- UC is not working for vulnerable claimants and does not achieve its aims of simplifying the benefit system and improving work incentives. UC adversely affected vulnerable claimant’s rights to health, social security and an adequate standard of living, increasing poverty, insecurity and social isolation among people with disabilities and health issues.

Recommendations

4. The Health and Wellbeing Board is asked to:

- (i) Consider the research findings and potential implications.
- (ii) Identify appropriate action to mitigate the effects of the UC roll out locally.
- (iii) Urge the government to:
 - review the impact of the roll out of UC on vulnerable claimants across the UK, including the effects of (minimum) 5 week payment delays and punitive sanctions;
 - update the Equality Impact Assessment of Universal Credit to include lessons learned from the areas in which full service has been rolled out;
 - undertake an independent, cost benefit analysis of Universal Credit;
 - take steps to monitor the monetary, and any other, impact of Universal Credit on the wider health and social care system, and on voluntary and community sector organisations.
- (iv) Write, on behalf of the HWBB, to the Secretary of State for Work and Pensions to register concerns about the impact of UC on vulnerable Gateshead residents in light of the research findings.

A copy of the full research report is available here:

https://www.gateshead.gov.uk/media/10665/The-impact-of-the-roll-out-of-Universal-Credit-in-two-North-East-England-localities-a-qualitative-study-November-2018/pdf/Universal_Credit_Report_2018pdf.pdf?m=636778831081630000

The research generated local and national media interest. It was reported in the Guardian on November 15th 2018 and was referenced by the UN Special Rapporteur on Extreme Poverty and Human Rights in a statement following his visit to the UK (Alston 2018:5):

<https://www.theguardian.com/society/2018/nov/15/exclusive-new-study-links-universal-credit-to-increased-suicide-risk>

https://www.ohchr.org/Documents/Issues/Poverty/EOM_GB_16Nov2018.pdf

Following publication of the research, written Parliamentary questions were tabled in the House of Lords by Lord Beecham and written responses received from Baroness Buscombe on 28th November <http://www.parliament.uk/writtenanswers>.

Contact: Dr Mandy Cheetham, Fuse Researcher-in-Residence www.fuse.ac.uk
Ext. 2736 Mandychetham@gateshead.gov.uk



HEALTH AND WELLBEING BOARD 18th January 2019

TITLE OF REPORT: Ofsted – Inspection of Local Authority Children’s Services (ILACS): Self-Evaluation and Annual Conversation update

Purpose of the Report

This report updates the Health and Wellbeing Board on the outcome of the annual conversation held with Ofsted on the 5th December, held under the Inspection of Local Authority Children’s Services (ILACS) framework. Central to the conversation was a review of our self-evaluation (SEF) and supporting performance dataset. This report includes key details from the SEF which were shared with Ofsted as part of the annual conversation.

The report asks the Board to note the contents of this report and identified key strengths of Service. The board are also asked to identify and agree how it can support the CWL group in achieving the key improvement priorities.

Background

The ILACS is a ‘system’ of inspection that allows Ofsted to be proportionate, flexible, and bespoke to each area they inspect. Each feature of the system informs how the rest of it works. A local authority’s current Ofsted grade will determine the kind of inspection it has next time, and the contact and support it receives in-between visits will help focus these inspections.

The ILACS system includes:

- Local authorities previously judged to be good or better will get a one-week short inspection every three year (this is what Gateshead will receive)
- Our short inspections will result in judgements on the established four-point scale and will result in a grade
- We will receive Focused visits to identify good practice or areas for development (these are not graded inspections)
- Each year we will have an annual conversation between Ofsted and local authority lead by our Strategic Director of Care, Wellbeing and Learning
- To support our annual conversation and improvement journey we will complete a self-evaluation (SEF) of social work practice

Regular contact with local authorities is at the heart of the new ILACS system. Ofsted state the new system allows for more frequent opportunities to identify any issues of concern, allowing local authorities to take swifter action to address them. They argue this will help to prevent situations where they have to wait until the next inspection to find out that practice has deteriorated and help to support LAs to prevent this happening in the first place.

Central to the new inspection system is an 'annual conversation' between Ofsted and local authorities. This formal discussion, alongside self-evaluation (SEF), helps local authorities to critically evaluate their own performance and articulate what they think is working well for children in our area. It will also form part of the intelligence Ofsted uses to decide where, when and what to inspect. Where self-evaluation identifies weaknesses in practice and the local authority has credible plans to take appropriate and effective action in response, Ofsted state they will treat this as effective leadership rather than an automatic trigger for an inspection or focused visit.

Key points of our Self-Evaluation and Annual Conversation

Our SEF sets out our vision that *"Children and families are at the heart of everything we do, ensuring all children can thrive and reach their full potential"*. It describes our approach to achieving this, and how successful we have been in doing so.

We have described how Gateshead is on a continuous improvement journey which is predicated on our desire to reflect the values and culture of a service focused on delivering high quality frontline practice with a skilled and stable workforce, embedding well-managed, mutual support and effective challenge.

We set out how senior leaders and Council Members share this ambition and seek to provide services that improve and enhance the lives of children, young people and families.

Our annual conversation was held on the 5th December in York. As part of the meeting we set out progress from our last annual conversation (held in October 2017), which were as follows:

- Our Strategic Director of CWL was appointed September 2017 meaning we now have a stable senior leadership team
- Our Early Help Service now well embedded, caseload capacity has been increased and we have developed a single integrated Early Help Structure
- We have strengthened our Edge of Care service through the Complex CiN and Rapid Response Teams
- Our Domestic Abuse services have been reviewed and a new service put in place
- We have strengthened our performance management information to ensure comparator data is included and commentary provided
- Regular service performance clinics ensure detailed scrutiny of data, and this now informs robust self-challenge and targets quality assurance work
- We have reviewed the appropriateness and timeliness of all children subject to Section 20 looked after arrangements which has resulted in a reduction of the cases from 22.3% last year to 16.7%
- The Jewish Community is now actively engaged in the safeguarding agenda via LSCB representation and safeguarding training with LA
- We have had our focused visit of the Care Leavers service in March 2018

The meeting also focused on the information set out in our SEF. The full document sets out significant detail in relation to activity across the service. However, in summary the following have been identified as key service strengths, and reflected to Ofsted:

1. Children in Gateshead are safe they receive timely and effective help and protection which is supported by our performance workbook data
2. Early help is everyone's business, the CAF assessment process is well embedded across the partnership
3. We know our children and young people well, showing tenacious focus, effective advocacy and engagement to support the voice of the child
4. Placement stability for LAC is a core strength, which is important given it is the cornerstone of emotional wellbeing, supporting best outcomes for LAC.
5. Innovative edge of care services have been developed, with a focus on older young people, wrap around intensive support for families in crisis, working in community-evenings and weekends in response to family need. These are showing some positive, measurable impact
6. Stable workforce as the result of strong strategic planning which has retained experienced social workers. A dynamic partnership developed with 'Frontline' to 'grow our own' social work staff which is ensuring high quality social work practice of newly qualified social workers. There is a strong focus on investing in our workforce - recruiting and retaining high caliber, confident and skilled social workers and managers – which has resulted significant reductions in vacancy rates and use of agency staff
7. Building social workers' skills and knowledge through developing a systemic and relational practice culture. Employee feedback highlights high job satisfaction and demonstrates social workers feel they are supported to make a positive difference to lives of vulnerable children in Gateshead
8. Managers supported in practice leadership with a focus on 'leading from the middle'. Our Quality of Social Work practice lead is proactive in developing and leading delivery of a Quality of Practice Improvement Plan for the service focusing on skills development for the frontline workforce
9. Evidence of good partnership working, again a core strength, with honest and open challenge between agencies. Elected members and senior council leaders, Families Overview and Scrutiny Committee (OSC) are all involved in the reviewing the provision of children's social services
10. Strong Senior Leadership and Lead Member for Children which includes scrutiny, engagement, oversight and challenge through regular performance clinics, case discussions and portfolio meetings

The SEF process has also identified for us the following key service improvement priorities, again these were reflected to Ofsted:

1. Strengthen our Child in Need service delivery offer through restructuring resources to strengthen practice and approaches to achieve the best outcomes for children in need of help, building on our complex child in need team and Rapid response service.
2. Continue to improve the quality of our plans, as a mature learning organisation we are working with other local authorities as part of our improvement journey to assess and develop our practice in this area. We will continue to listen to children and young people using their voice to improve and impact on the focus of plans.
3. Improve the impact of feedback from children and young people and maximise the evidence of the voice of the child to improve the quality of all elements of frontline social work.

4. Increase the % of children who are looked after placed with carers in the local area by increasing placement choice and provision through a Commissioning Strategy which is seeking to increase the capacity of residential and fostering provision locally.
5. Strengthen our permanence planning through Early Permanence Group (EPG) reviewing and overseeing admissions into care, long term matches, and all children with exit order plans. We anticipate arrangements for children through going through the adoption process will be enhanced with a regional approach through the establishment of the Regional Adoption Agency which goes live in December.
6. Strengthen performance management by developing data and performance tools that continue to build on the progress already made to provide accurate real time information to support manager's oversight of frontline practice, enable robust self-challenge and target quality assurance work.
7. Improve the quality of frontline supervision predicated on well-embedded and understood expectations and practices which have been clarified through the revision of our core practice standards.
8. Improve the progress of children at Key Stage 4

Feedback from Ofsted Annual Conversation 5th December 2018

Our annual conversation was held on the 5th December. Key headlines from the feedback and letter and meeting were as follows:

- Our self-evaluation describes very well the vision for children and families in Gateshead, including key service strengths and priorities for improvement
- Ofsted reflected back the SEF could be enhanced with: less description about what has been done and more about what difference this has made for children and their families
- The data provided to support the SEF was seen as a good evidence base
- However, they supported our objective to further develop performance management arrangements to provide more accurate real time information to assist front line managers' oversight of practice
- Our SEF and the discussion at the meeting provided a picture of an outward looking service seeking to learn from best practice, sector led improvement groups and local partners to improve outcomes for children and young people
- Performance data reflects timely responses to key safeguarding activity (e.g. contacts and assessments)
- We identified, and they recognised we have more to do to continue to improve the consistency of children's plans.
- They supported that we are exploring ways to create more opportunities for children and young people to contribute to quality assurance processes
- Recognised that we are adapting services to challenging demands on statutory services by strengthening your early help and edge of care offer
- Placement stability for LAC seen as a key strength, wherever possible we keep children in care living locally
- Timeliness of Care Proceedings performance is good, but we need to ensure we are equally able to monitor performance for pre-proceedings
- The Educational Inclusion Panel (EIP), involving all secondary schools working together to reduce permanent exclusions and while there has been good progress, there remains more to do
- Ofsted noted progress measures 16-year old pupils suggests room for further improve in attainment given the above average outcomes in reading, writing and mathematics at the end of key stage 2

- We highlighted the stability of your workforce and the strong political support for recruiting and retaining experienced social workers and managers.
- We have a strong focus on building social workers skills and knowledge and supporting your front-line managers in practice leadership, recognising a need to improve the quality of front-line supervision
- Ofsted reflected back that while the findings of a recent social worker staff survey are positive, the return rate was low, and we may wish to explore why more than half of your staff did not engage in the survey

Importantly the letter concludes by saying that the last inspection of Gateshead's Children's Services was in October 2015. The outcome was good. Currently, there are no identifiable risks and therefore, we can anticipate our next inspection activity being a short inspection under the Inspection of Local Authority Services (ILACS) framework during 2019

The feedback from the annual conversation will be used to steer the focus of our evidence base and development work over the coming weeks and months.

Proposal

Our SEF sets out our vision for children and families in Gateshead, our key strengths and identified areas for improvement. The Board are asked to consider the findings of our SEF, and the feedback from Ofsted to identify and agree how they can support CWL to in achieving its key priority actions for improvement.

Recommendations

The Health and Wellbeing Board is asked to note the content of this report and:

1. identify and agree how the Board can support the CWL group in achieving the key improvement priorities

Contact: Jon Gaines (0191) 4334234

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HEALTH AND WELLBEING BOARD 18th January 2019

TITLE OF REPORT: **Placement Sufficiency and Commissioning Strategy for Children in Care in Gateshead 2018 to 2021**

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the Placement Sufficiency and Commissioning Strategy for Children in Care in Gateshead 2018 to 2021. The strategy covers the accommodation and placement needs for Looked After Children and Care Leavers supported by Gateshead Council.

Background

2. There is a requirement on Local Authorities as the Corporate Parent, to identify and describe its accommodation and placements available for their Looked After Children and Care Leavers, in a report that also covers, what is required, what is currently delivered and future plans. The report also links to the Council's strategic approach, Making Gateshead a Place Where Everyone Thrives.
3. The strategy includes details of the Vision for our Looked After Children and Care Leavers, the Corporate parenting pledge, Demographic details, the Placement Profile of this cohort, their Legal Status the Provision and Market Analysis. And finally covers the financial analysis of those placements.

Proposal

4. It is proposed that the Placement Sufficiency and Commissioning Strategy will be reviewed regularly to ensure it is current

Recommendations

5. The Health and Wellbeing Board is asked to acknowledge this report for information only.

Contact: Lynn Wilson, Joint Director of Commissioning, Performance and Quality
Gateshead Council and Newcastle Gateshead CCG, telephone number 0191 4332353
and Julie Young, Lead Commissioner Early Years telephone number 0191 4332395

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Placement Sufficiency and Commissioning Strategy for Children in Care in Gateshead 2018 – 2021

- 1. Introduction**
- 2. Vision**
- 3. Corporate Parenting Pledge**
- 4. Gateshead Demographic context**
- 5. Children in Care and placement profile**
- 6. Provision and market analysis**
- 7. Financial analysis**
- 8. Commissioning intentions**

1. Introduction

This strategy sets out how Gateshead Council will ensure that there is sufficient accommodation of all types for children in our care.

This sufficiency strategy will ensure that Gateshead Council:

- Supports and maintains a range of services that meet the needs of children in care and those who, without support, might be accommodated
- Works with partners to ensure that only the children and young people that need to come into care are accommodated
- Communicates with partners and supports the market to deliver appropriate placements in the local area
- Has the mechanisms in place for the commissioning of appropriate placements and additional support outside of the local area where the child's needs require this

This strategy should be read in conjunction with the following Children's Services and corporate documents:

- Vision 2030
- Making Gateshead a Place Where Everyone Thrives Gateshead's Children and Young People in Care and Care Leavers Strategy 2018 – 2023
- Gateshead Council Fostering recruitment strategy 2018-2021
- Annual Fostering Services plan

The development and delivery of highly effective support for children who are looked after by the Local authority is a key priority for Gateshead. This strategy also draws upon our JSNA and sets out how we will achieve this in partnership with children and young people, local communities and partners.

The Council seeks to continuously improve outcomes for looked after children and care leavers in order to improve their life chances and opportunities. These outcomes are closely linked to placement stability and ensuring that children have placement choice and are matched and placed with the right carers.

This approach is in keeping with the Council's Thrive agenda. We want Gateshead to be a place where everyone thrives. If we are to achieve this a **radical rethink is needed about the way we work as a Council**, the way we spend the money, the way we work with partner organisations, businesses and how we work with our local people and communities.

Within Making Gateshead a Place Where Everyone Thrives we pledge to:

- Put people and families at the heart of everything we do
- Tackle inequality so 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

This strategy covers:-

Children in Care

Under the Children Act 1989, a child is legally defined as ‘in care’ by a local authority if he or she:

- is provided with accommodation for a continuous period for more than 24 hours under S.20 (voluntary agreement with parent or with the young person if he/she is over 16 years old)
- is subject to a care order (made by the Family Court); or
- is subject to a Police Protection Order, Emergency Protection Order or Remand
- is subject to a placement order (pre-adoption)
- Within this document we will refer to young people who meet these criteria as ‘children in care’ (CiC).
- A young person ceases to be in care when he or she turns 18 years old, an adoption order is granted or their parents resume parental responsibility. The Children (Leaving Care) Act 2000 extends the local authorities responsibilities to care leavers up to the age of 21, or 25 if they are in full-time education. We also support those carer leavers who are not in full time education through for example “staying put in fostering”.

This strategy will be reviewed and updated on an annual basis in consultation with key stakeholders.

2. Vision

Gateshead’s Vision 2030 promotes:

Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead.

This strategy focuses on the application of this vision to children and young people who need to be looked after and aims to realise the vision of looked after children being:

Empowered and supported to develop to their full potential, being safe, healthy, happy and being provided with the life skills and opportunities to play active parts in society.

This strategy also recognises that looked after children and care leavers are amongst the most vulnerable children and young people within our community and, as such, require additional support to help them achieve their best possible outcomes. The Council has a clear role as a Corporate Parent and seeks to make the aspirations and attainment of our looked after children and care leavers their highest priority.

In Gateshead we are committed to supporting children to remain within their family, wherever possible. We do so by working with and supporting families to bring about change so that parents and carers are able to provide good parenting, firm boundaries and emotional support to ensure children are protected from significant harm.

We strive to ensure that there is a continuum of services to address the various and complex needs of children and families so that these families are supported to care for their own children and prevent unnecessary entry into care or repeat admissions. This includes the services below and we continue to explore further innovative ideas:

- Intensive Family Support (including Gateshead Think Family approach)
- Family Group Conferencing
- Developing Early Help and Edge of Care Services

The aim of any intervention is to achieve stability, improve parenting and family functioning in a way that keeps each child safe and allows that child to develop.

Where this is not possible we seek to provide high quality substitute care within family settings as near as possible to the child's home to maintain links with birth parents and their communities.

We are proud of our children and young people in Gateshead. We want the same for the children and young people in our care as any good parent would want for their child. We want our children to be healthy and happy in childhood. We want them to feel valued for who they are and to feel loved. We want them to enjoy learning and to have a good experience of education to help them fulfil their aspirations for the future.

Our aim is for children in our care to grow up to be emotionally balanced individuals who will experience positive relationships, be responsible citizens and achieve their full potential. We will achieve this by working with and listening to children and their families to find the best care arrangements that can meet their specific and individual needs.

The following will help drive and deliver our vision:

- We work collaboratively with families and our partners to support and enable children and young people to be cared for within their own families, wherever possible.

- All children and families benefit from integrated and co-ordinated services enabling full participation in universal and mainstream services in their local communities.
- A suite of Early Help services are used to support children on Child Protection Plans and their families, and prevent entry into care. This includes Early Help Team and Family Support services, Think Family Service, Family Group Conferencing, Parenting Programmes, Drugs and Alcohol support and other locally based, targeted services.
- Direct social work interventions are used with families, to support those with parental responsibility to meet the needs of their children safely.
- Through robust assessment, planning and case review, we ensure that we only look after those children and young people for whom being in care is the only way of ensuring their safety, protection and development.
- We continue to work with those with parental responsibility to help a child in care return home safely wherever this is possible.
- Where children cannot be cared for by their birth parents we provide placements in family settings, as close to the child's home area as possible that meet each child's individual needs.
- Where children cannot return home, we aim to secure legal and emotional permanence, preferably through adoption, Special Guardianship, Family Arrangement Orders, or where this is not possible, Long Term Foster Care.
- As we aim to place the vast majority of children within a family setting, we always maximise the use of internal fostering resources first before using local external fostering resources. We avoid using residential care except when it is the best way of providing support to meet a child's complex therapeutic and educational needs.
- Children in care should be as physically and emotionally healthy as they can be and have access to the right health and leisure resources, opportunities for early years and statutory education and participation in further education, employment and training.
- The needs of young people leaving care and those that have left care will be assessed and these young people should receive the appropriate level of support and advice to enable the transition to adulthood. This includes 'staying put' with their foster carer, access to suitable, high quality housing and opportunities to engage in education, employment and training.

- Feedback is routinely sought from children, young people, parents and carers to inform decisions made relating to service delivery to drive continuous improvement.

3. Corporate Parenting Pledge

Gateshead's Corporate Parenting Pledge sets out Gateshead's commitment and responsibilities as a corporate parent, which is to provide the best possible care and protection for children and young people in care. At the core of this responsibility is the moral duty to provide the kind of support that any good parents would provide their own children. This includes enhancing the quality of life of Children in Care as well as simply keeping them safe.

Our role as Corporate Parents is embedded within the Children and Young People in Care and Care Leavers Strategy 2018-2023, and this document serves as the Council's Corporate Parenting Strategy

Our approach is to provide services and support to Looked After Children and Young People and Care Leavers in Gateshead. To support children in the community where this is safe and appropriate, using the whole family strengths and recognising we need to reduce the demand for services and improve the offer from ourselves and partners to enable our young people to meet their full potential

Vision and Principles

We want every child and young person in care in Gateshead to reach their full potential and we believe they have a right to be healthy, happy, safe and secure and feel loved, valued and respected.

Our principles are

- safeguard the welfare, health and happiness of all children in care
- listen and respond to children and young people's views and wishes.
- provide a stable and supportive home with caring consistent relationships.
- have high aspirations for each child and young person
- respect and value diversity
- place children and young people within families whenever possible and as close to the local community as possible
- promote contact with family and friends
- respect and promote children and young people's rights
- make decisions based on assessments of need
- celebrate children and young people's achievements

What children in our care say

- Find moving into a new home a difficult experience
- Need to understand why they came into care
- Need to be able to build relationships with adults they can trust
- Rely on the adults caring for them to help keep them safe.
- Support to maintain relationships once they leave care, on an informal basis
- Want professionals who provide support to have high aspirations for them
- Reported that leaving care still felt like a 'cliff-edge',
- Felt that the process of leaving care itself was often rushed and that planning for leaving care should start earlier.
- Wanted more choice about where they lived and who supported them;
- Know what they were entitled to from universal services

Our priorities are

Informed by what our Looked after Children and Young People say is important to them, we have identified 7 key priorities which are at the heart of this strategy:

- Our Children and Young People are **respected** and **involved**
- Our placements are **safe** and meet the **needs** of our Children and Young People
- **Positive** relationships and **identity**
- Our Children and Young People will be **supported** to **improve** their physical and emotional health and wellbeing
- Our Children and Young People are **encouraged** to **reach** their educational, employment and training potential
- Our Young People moving into adulthood will be **supported** to **achieve** their full potential in life
- **Improve** our role as the Corporate Parent

To enable young people's voice to be heard during the commissioning of services we have asked young people to:

- support modelling of services
- provide questions for the tender process
- be involved in provider forums as they are available

and this will continue to be the case.

4. Gateshead Demographic context

Gateshead has a population of around 201,600 people. Gateshead's population is projected to increase by 11,000 (5.5%) between 2014 and 2039 to 211,500.

The population is ageing: it is projected that by 2039 there will be an additional 14,400 people aged 65 or older, an increase of 38%. There will also be a slight decrease in the number of children and young people aged 0-15 of around 500 or 1.5%.

1 in 4 children in Gateshead live in poverty. Children who live in poverty are significantly more likely to experience poor mental as well as physical health.

Entering care is strongly associated with poverty and deprivation, and with emotional and mental health problems. Research suggests that around **45-60% of looked after young people have emotional and mental health problems**, increasing to **72% for those in residential care**.

At the end of reception, just under **6 in 10 Gateshead pupils achieve a Good Level of Development at Foundation Stage**. This is similar to the North East and just below the England averages. Nationally there is a gap of around 10% achieving a good level of development between the richest and poorest areas (based on IMD 2015 deprivation).

In recent years, on average around **180 young people aged 10 - 24 have had an emergency hospital admission for self-harm** each year. Compared to England, Gateshead's emergency admissions are significantly higher and have been consistently so over recent years.

At the 31st March 2018 there were **295 children the subject for a CPP**, a slight reduction on 313 at the same point last year. However, the rate per 10,000, compared with the national average Gateshead remains significantly higher. At the 28th October 2018 the number of cases has risen to **339**, with 11 being from other Local Authorities and 25 are LAC and have a CP Plan.

For these children, neglect is the single most significant reason for the plan (defined as a persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development).

The number of Looked After Children cared for by the local authority has increased over the past 12 months. At the 31st March 2018 there were 392 looked after children compared with 377 at the same time last year. As a rate per 10,000, compared with the national average Gateshead remains significantly higher. There are now **413 looked after children at the 28th September 2018**, and a further 3 Unaccompanied Asylum Seekers.

Research tells us. Looked after children compared with the general population:

- Do less well educationally
- Are over represented in the criminal justice system
- Have poorer health outcomes including an increased risk of suffering from mental health difficulties

- Have an increased likelihood of becoming homeless and experience economic and relationship difficulties in their own families

The number of Looked After Children in Gateshead

The number of Looked after Children in Gateshead on the 31st March 2018 was 392. That number has now risen to 413 at the 28th September 2018 and a further 3 cases are unaccompanied asylum seeker children.

The number of care leavers in Gateshead

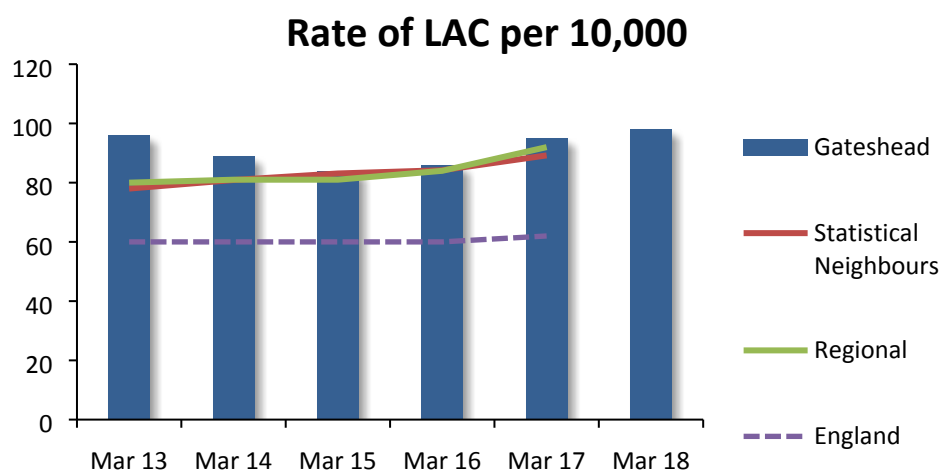
There are 127 active open care leaver cases at March 2018.

	Number of LAC	LAC Change
Mar 12	382	
Mar 13	389	7
Mar 14	357	-32
Mar 15	338	-19
Mar 16	344	6
Mar 17	377	33
Mar 18	392	15

5. Children in Care and placement profile

Children in Care Rate per 10,000

As highlighted in the graph from March 2013 to March 2018 Gateshead has been an outlier compared to the national average per rate of LAC per 10,000 population however we are comparable to regional neighbours in recent years.



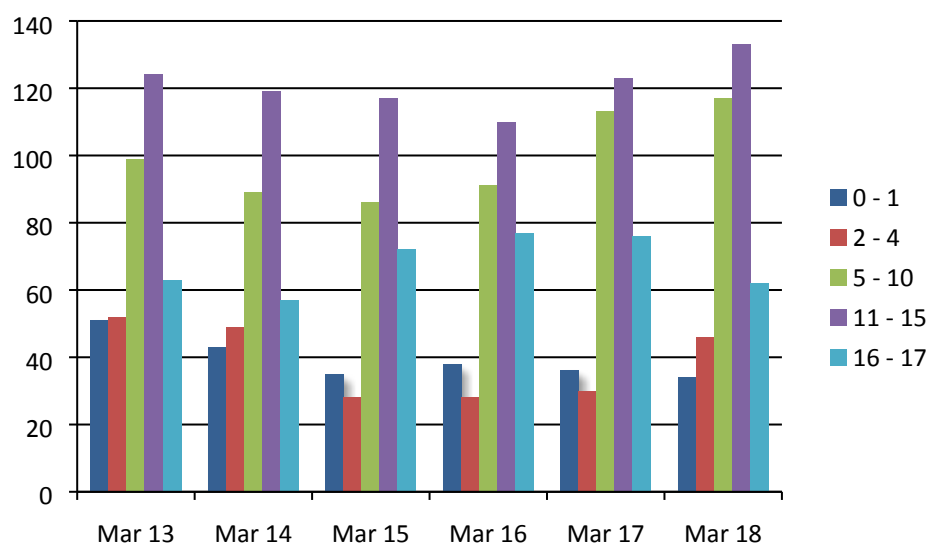
At March 2018 there were 392 (98 per 10,000) children and young people who were classed as being looked after. This compares with 376 (94 per 10,000) reported in the previous year at March 2017 - an increase of 3%. The figure for Gateshead is also 58% higher than the latest England rate (62), and 6.5% higher than the latest reported North East rate (92). When examining the numbers of children who came into care over the last 12 months (April 2017 - March 2018), there have been similar numbers to the previous year, although there has been a reduction in the those aged 16 and over.

Age Distribution

The largest cohort of children in care continues to be the 5 - 10 and 11 - 15 age groups.

The Council needs to consider the growth of these age groups in their commissioning activity over the next 12 months both to prevent entry into care and secure appropriate accommodation if they do come into care.

Age range of LAC



Gender and Ethnicity

In respect of gender, the proportion of boys to girls has remained steady.

There are more boys than girls in the care population. As at March 2018 there were 225 boys compared to 167 girls.

The vast majority of our young people in care are white with a small proportion from other ethnic groups.

	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18
Asian or Asian British	8	9	6	8	6	8
Black or Black British	9	12	11	9	13	13
Chinese or other ethnic group	2	6	6	3	8	5
Mixed	20	11	9	9	9	11
White	350	319	306	315	341	355
Total	389	357	338	344	377	392

	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18
Female	182	164	161	154	154	167
Male	207	193	177	190	223	225
Total	389	357	338	344	377	392

Legal Status

237 young people in Gateshead are accommodated under a care order (60%). The number who are accommodated with consent of their parents (Section 20 Care Act 1989) is 76 (19%), this has decreased by 19% since March 2017

The number of young people placed with connected persons under Reg 24 arrangements is increasing

	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18
S20	102	101	109	91	94	76
Care Order	166	196	190	189	214	237
In LA on Remand or Committed for Trial/Sentence		2		1		
Interim Care Order	56	8	12	34	35	49
Placement Order Granted	65	50	27	28	34	30
Total	389	357	338	344	377	392

Admissions

The number of children being discharged from care has decreased since 2016. The number of children coming into care since 2016 has also decreased, but due to the drop-in discharges there has been an overall increase in the figure.

The number of children entering care has reduced from March 2016 to March 2018 by 15. The number of children leaving care in the same period has also reduced by 44.

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Entered care	177	181	209	220	197	185
Left care	171	215	228	214	164	170
LAC Change	6	-34	-19	6	33	15

Number of Children Entering Care by Age Group

Age when starting care	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
02. 0 - 4	86	86	85	96	81	80
03. 5 - 11	42	53	53	73	64	64
04. 12 - 17	49	42	51	51	41	
05. 18+					1	
Total	177	181	209	220	197	185

Leaving care by duration of stay

Duration of Care	2012/2013	%	2013/2014	%	2014/2015	%	2015/2016	%	2016/2017	%	2017/2018	%
01. 1 - 30 days	29	17%	32	15%	50	22%	37	17%	25	15%	24	14%
02. 1 - 6 months	25	15%	51	24%	65	29%	63	29%	40	24%	42	25%
03. 6 months - 1 year	27	16%	46	21%	41	18%	44	21%	35	21%	31	18%
04. 1 - 2 years	44	26%	33	15%	23	10%	30	14%	19	12%	25	15%
05. 2 - 5 years	23	13%	32	15%	33	14%	23	11%	20	12%	30	18%
06. 5 years +	23	13%	21	10%	16	7%	17	8%	25	15%	18	11%
Total	171	100%	215	100%	228	100%	214	100%	164	100%	170	100%

Looked after Children with Mental Health and Disability

The number of Looked After children with a medical Condition or disability was 56 in 2011/12 and has decreased to 49 by 31st March 2018.

Disabilities	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Has Physical Disability	5	4	4	4	3	3
Has Sensory Disability	4	4	3	3	3	5
Has Learning Disability	35	35	34	30	27	28
Has Diagnosed Conduct Disorder	12	9	9	10	11	13

No of placements by type of placements (LAC)

The greatest impact is the number of children in residential placement which has risen from 14 to 26 currently from March 2017 with an increase in 12 placements

	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18
1 Residential Non-GMBC	19	19	18	22	14	26
2 Agency Fostering	48	28	22	23	24	19
3 GMBC Homes	7	8	9	5	5	4
4 Mainstream Fostering	225	218	226	239	256	256
5 Family & Friends	58	55	47	36	52	66
6 Awaiting Adoption	27	26	12	14	18	16
7 Other	5	3	4	5	8	5
Total	389	357	338	344	377	392

6. Provision and market analysis

Commissioning of children's services in Gateshead is focussed on delivering excellent outcomes for children and families, achieving the best value for money and building local capacity. We do this by engaging children and families in a process of collaborative commissioning, embedding a programme of continuous improvement in our commissioned activity and ensuring all services are delivered by appropriately skilled providers.

Models of service delivery

Children's services are delivered through a mixed economy of in-house and independently commissioned provision. We focus on evidence-based solutions which offer choice and flexibility, including frameworks and collaborative commissioning across geographical and organisational boundaries. In Gateshead there is a broad range of provision that is across the borough that is provided by the Local Authority and the private sector. Gateshead Council will continue to work with providers alongside regional partners to expand what is available to meet the needs of the children in our care. This provision includes:

- NE7 Independent Fostering Agency (IFA) framework
- NE10 independent advocacy service
- NE12 is a Flexible Procurement Agreement for delivery of placements for children and young people as outlined below:
 1. Department for Education registered, independent special schools and colleges; day placements, weekly boarder placements and 52-week

- residential placements. All placements in these settings are for children and young people Pre-16 years and Post-16 years
2. Residential Children's Homes for Children and Young People aged 0 - 18 years
 3. Ofsted Registered Residential Short Break services for Children and Young People aged 0-18 years
 4. Short breaks framework for community outreach and home care services for disabled children

Gateshead Council has a range of internal provision including:

- **In house fostering** – At 31st March 2018 there were 186 approved fostering households, a slight decrease on the previous year. During the year ending 31st March 2018, 23 new fostering households were approved at fostering panel, with 30 being deregistered.
- **In house residential** - The Council has one in house residential Children's Home at Blaydon, however it does have an offer of short break respite services for children with disabilities at Grove House. The residential home offers 5 long-term placements for young people aged 11-18 years. With young people assisted to move onto independence and outcomes are consistently positive for those individuals in the home. Both Blaydon and Grove House are registered through Ofsted and their recent inspections both were inspected as "Good" and "Outstanding" respectively.

In addition, Grove House provides short breaks for children with disabilities including those with complex health needs, learning disabilities and challenging behaviour. The service provides breaks for approximately 50 young people and contributes to their health and wellbeing and supports with planned respite for families.

Date of Last Inspection	Blaydon	Grove House
09/01/2018 (Full)	Good (in all areas)	
30/01/2018(Full)		Outstanding
29/11/2016 (Full)		Outstanding

- **Adoption and Permanence** - Gateshead received 128 enquires from members of the public regarding adoption during 2017/18. There were 137 enquires in the previous year (a slight decrease). Adoption and post adoption support has a high priority in national policy and locally. Current measures have included, extending children's rights to priority school admission, free early years education, adoption leave and financial support and placed a duty on local authorities to inform adopters about their rights.

Gateshead has invested in marketing recruitment and parenting skills for adopters.

There was 1 Foster to Adopt placement in 2016/17 and an additional Foster to Adopt placement was successfully granted an adoption order in 2017/18

7. Financial analysis

General

Over the past 4 years, Gateshead Council expenditure on placements for looked after children has consistently exceeded budget, and this overspend is also projected for 2018/19. This overspend is attributable to an increase in looked after children over and above the level which is budgeted for but is also exacerbated by the increased use of more expensive external residential placements.

Total Spend and Unit Costs

The Council will continue to focus on the unit costs of placements, within the context of focussing on quality of provision, improving value for money and delivering the best outcomes for young people.

4 Years Spend Analysis

Category	Spend			
	2014/15	2015/16	2016/17	2017/18
Internal Fostering	£5.197m	£5.474m	£5.506m	£5.905m
External Fostering	£1.056m	£0.995m	£0.934m	£0.828m
Internal Residential	£1.081m	£1.171m	£0.791m	£0.543m
External Residential	£1.843m	£2.432m	£2.598m	£3.466m
Total	£9.177m	£10.072m	£9.829m	£10.742m

Category	Average Unit Cost (per week)			
	2014/15	2015/16	2016/17	2017/18
Internal Fostering	£363	£380	£354	£379
External Fostering	£845	£792	£750	£758
Internal Residential	£2,079	£2,252	£2,173	£2,088.46
External Residential	£1,693	£2,417	£2,721	£2,656
Total	£535	£586	£543	£588

8. Commissioning intentions

Our commissioning intentions going forward are focussed on:

- An integrated commissioning approach for children and families across social care and health
- Shifting resources downstream towards prevention and early help to reduce the demand on specialist services
- Tackling the root causes of disadvantage and developing more responsive and personalised services
- Increasing focus on outcomes, rather than inputs and outputs

Market opportunities

- NE12 Phase 2 – The Flexible Procurement Agreement commenced on 01 February 2018 for a period of 36 months with a further 3 x 12-month options to extend. The Flexible Procurement Agreement will remain constantly open during the first year to allow Providers to join the solution and have a minimum of two openings per year after that
- Review of Carers Services to develop a better offer for young carers and parent-carers of disabled children.
- Development of integrated, clear services and pathways for mental health and emotional health and wellbeing services.
- Enhanced short breaks offer for families with disabled children and expansion of personal budgets
- Development of an accommodation pathway for care-leavers and young people in housing need, including expansion of supported lodgings provision and move-on options for high risk young people.
- Gateshead Council will be going to the market for an Alternative Education Offer – SEND and Post 16.
- Gateshead Council alongside 11 other North East Local Authorities will be going to the market to commissioning specialist foster placements from Independent Foster Agencies during 2019.
- It has bid for funding for Social Workers into School and Social Work support into Edge of Care, award is to be notified in November 2018, for a 15-month pilot project to start December 2018.
- It has successfully through and Invest to Save, collaboratively commissioned specialist support to 2 women in Gateshead, who have had multiple pregnancies and then children removed to see if this additional support can limit the affect for the future by investing in those women.

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HEALTH AND WELLBEING BOARD
18th January 2019

TITLE OF REPORT: Better Care Fund: 3rd Quarterly Return (2018/19)

Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to NHS England for the 3rd Quarter of 2018/19.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission 2017-19 at its meeting on 8 September 2017, which in turn was approved in full by NHS England on 27 October 2017.
3. NHS England is continuing its quarterly monitoring arrangements for the BCF which requires quarterly template returns to be submitted. As part of the reporting arrangements for 2018/19, the return also incorporates how Improved Better Care Fund (IBCF) funding (announced at the Spring budget 2017) is being used to support initiatives / projects, including those addressing adult social care pressures. Previously, this was reported in a separate return to DCLG during 2017/18.

Quarter 3 Template Return for 2018/19

4. In line with the timetable set by NHS England, a return for the 3rd quarter of 2018/19 is required to be submitted by the 25th January. The return sets out progress in relation to budget arrangements, meeting national conditions, performance against BCF metrics and implementation of the High Impact Change Model for managing transfers of care. It also includes a narrative progress update.

Proposal

5. It is proposed that the Board endorse the 3rd Quarter BCF return for 2018/19 to be submitted to NHS England (attached as an excel document).

Recommendations

6. The Health and Wellbeing Board is asked to endorse the Better Care Fund 3rd Quarter return for 2018/19.

Contact: John Costello (0191) 4332065

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements for 2017-19 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To provide information from local areas on challenges, achievements and support needs in progressing integration and the delivery of BCF plans
- 3) To foster shared learning from local practice on integration and delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform delivery improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports are submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

Quarterly reporting for the 'improved Better Care Fund' (iBCF grant) will be required in Q4 18/19 and is not required for the current quarter Q3 18/19.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net.
3. When submitting your template, please also copy in your Better Care Manager.

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes confirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 2017-19, planned targets have been agreed for these metrics.

This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:

- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net

Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.

- Delayed Transfers of Care (DToc): The BCF plan targets for DToc should be referenced against your current provisional trajectory. Further information on DToc trajectories for 2018-19 will be published shortly.

The progress narrative should be reported against this provisional monthly trajectory as part of the HWB's plan.

This sheet seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:

- In making the confidence assessment on progress against targets, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges, Achievements and Support need, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this very useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

4. High Impact Change Model

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, and anticipated trajectory in future quarters, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self assessment dropdown selections are based on the guidance available on the published High Impact Changes Model ([link below](#)). A distilled explanation of the levels for the purposes of this reporting is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

In line with the intent of the published HICM model self assessment, the self assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making the HICM self-assessment, which could be useful in informing future design considerations.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.

- Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

- Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

- Further information on the Red Bag / Hospital Transfer Protocol: A quick guide has been published:
<https://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx>

Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through england.ohuc@nhs.net. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
<https://www.youtube.com/watch?v=XoYZPXmULHE>

5. Narrative

This section captures information to provide the wider context around health and social integration.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q3 2018/19

1. Cover

Version 1.01

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Gateshead
Completed by:	Hilary Bellwood/John Costello
E-mail:	hilarybellwood@nhs.net
Contact number:	0191 217 2960
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Lynne Caffrey Chair Gateshead Health and Wellbeing B

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

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0



[<< Link to Guidance tab](#)

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes
Sheet Complete:		Yes

2. National Conditions & s75 Pooled Budget

[^^ Link Back to top](#)

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes

Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes
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Sheet Complete:	Yes
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3. Metrics

[^^ Link Back to top](#)

	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes

Sheet Complete:	Yes
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4. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning Q3 18/19	F12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19	F14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19	F15	Yes
Chg 5 - Seven-day service Q3 18/19	F16	Yes
Chg 6 - Trusted assessors Q3 18/19	F17	Yes
Chg 7 - Focus on choice Q3 18/19	F18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19	F19	Yes
UEC - Red Bag scheme Q3 18/19	F23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1 - Early discharge planning Challenges	I12	Yes
Chg 2 - Systems to monitor patient flow Challenges	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 - Home first/discharge to assess Challenges	I15	Yes
Chg 5 - Seven-day service Challenges	I16	Yes
Chg 6 - Trusted assessors Challenges	I17	Yes
Chg 7 - Focus on choice Challenges	I18	Yes
Chg 8 - Enhancing health in care homes Challenges	I19	Yes
UEC - Red Bag Scheme Challenges	I23	Yes
Chg 1 - Early discharge planning Additional achievements	J12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	J15	Yes
Chg 5 - Seven-day service Additional achievements	J16	Yes
Chg 6 - Trusted assessors Additional achievements	J17	Yes
Chg 7 - Focus on choice Additional achievements	J18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	J19	Yes

UEC - Red Bag Scheme Additional achievements	J23	Yes
Chg 1 - Early discharge planning Support needs	K12	Yes
Chg 2 - Systems to monitor patient flow Support needs	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 - Home first/discharge to assess Support needs	K15	Yes
Chg 5 - Seven-day service Support needs	K16	Yes
Chg 6 - Trusted assessors Support needs	K17	Yes
Chg 7 - Focus on choice Support needs	K18	Yes
Chg 8 - Enhancing health in care homes Support needs	K19	Yes
UEC - Red Bag Scheme Support needs	K23	Yes

Sheet Complete:	Yes
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5. Narrative

[^^ Link Back to top](#)

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes
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Better Care Fund Template Q3 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Gateshead

Confirmation of Nation Conditions

National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget

Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q3 2018/19

Metrics

Selected Health and Wellbeing Board:

Gateshead

Challenges Please describe any challenges faced in meeting the planned target

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	National submission deadlines for BCF template are outside of SUS reporting periods and therefore the full picture for Q3 is not yet available. Only April-Oct data is currently available.	Whilst the full quarter 3 data is not yet available, Apr-Oct data was around 8% below planned levels, assuming that the plan for Q3 is equally shared across Oct-Dec.	None identified
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	<p>The ageing population remains a constant challenge. This includes people who have dementia type illness whose needs are such that they cannot continue to live independently or with support, therefore requiring a 24 hour care setting environment.</p> <p>We are actively looking at developing an extra care scheme and are in discussions at present with a provider, that will accommodate people with a dementia type illness, which will further support a reduction in permanent admissions to care.</p>	During the period of April to November 2018 there have been 205 admissions into permanent care. This represents 524.4 per 100,000 population (65+). This is a higher rate compared to the same point last year, where there were 192 permanent admissions (495.4 per 100,000 population). As per the expected trajectory, due to ageing population pressures. Performance is currently on track to meet the year end target of 854.4 per 100k (336 admissions).	None identified

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	<p>There is a need for increased care management support with complex mental health cases and to increase the effectiveness of our internal trusted assessor process. We will also work with commissioning colleagues for the ability to better source care packages with immediate effect and will also need to raise awareness with referrers that Enablement is removed from a time / task provision.</p> <p>The level of frailty of people using PRIME and PICs remains high</p> <p>Discourse is being held between Eastwood and Q.E. Ward 6 lead officers surrounding criteria of both services and pathways into Eastwood</p>	<p>Latest performance relates to April to November 2018.</p> <p>The indicator value stands at 88.3% (454 out of 514) for all those aged 65 and over that were discharged from hospital into reablement during January and August 2018 and still at home 91 days later. Performance has improved compared to the same period last year, which was 85.1% (404 out of 475) and is currently better than the 2018/19 plan of 87.9%.</p>	None identified
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	<p>The recent new target set for our local economy based on Q3 17/18 performance are very challenging. The ageing population remains a constant challenge, bringing an increase in frailty and we are also seeing an increase in older people with dementia.</p> <p>Support services for those younger people with a mental health illness such as housing is a challenge, which has an impact on delays.</p> <p>Recently there was a particular issue in the west of the borough accessing home care services, and on top of this where providers were able to obtain packages these were unable to commence immediately in some cases with delays of up to a week</p>	<p>Latest Performance relates to October 2018.</p> <p>The average number of delays per day, per 100,000 population for October 2018, is 8.3 for delays attributable to Social care and the NHS. This is outside the target of 4.0 per 100k population for October 2018. Performance has decreased compared to the same point for the previous year, where the equivalent rate was 3.57 per 100k population. The targets for 2018/19 are based on Q3 17/18 performance which was the quarter with the lowest DTOC rate for Gateshead in 17/18.</p> <p>5.34 per 100k population were delayed on average per day, where the NHS was attributable which is outside the target of 2.7. This is a higher rate compared to the same point for the previous year (2.32)</p> <p>For Social care, the average number of delays per day for October 2018 was 2.98 per 100k. This is outside the target of 1.3 per 100k population and is higher than the same point for the previous year (1.26).</p>	Regional approach to stabilising dom care market

Better Care Fund Template Q3 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board:

Challenges

Please describe the key challenges faced by your system in the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

Support Needs

Please indicate any support that may better facilitate or accelerate the implementation of this change

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Mature	Mature	Mature	Mature	Regular reviews of the SAFER bundle to ensure it continues to be effectively implemented. Multi Disciplinary daily Board/Ward rounds include identification of patients with nearing EDD's in order that their discharge can be planned with the appropriate support provided in the community if necessary.	Evaluation of Regional Choice Policy not yet undertaken.	Work underway to implement use of new discharge checklists, new intranet support pages. Discharge forum, RE2GREEN and criteria led discharge. Reviews of long stay patients are starting to embed whilst ECIST will be visiting GHFT on 16th January.	Require final regional choice policy sign off locally although all documentation developed with escalation processes with agreed flow charts in place.
Chg 2	Systems to monitor patient flow	Mature	Mature	Mature	Mature	Patient flow is monitored regularly daily as part of site huddles. Still to establish and embed best approach to reveiwing stranded patients and embedding mental health screening assessment.	Various systems are in place to monitor flow however reports require tailoring to different audiences/users and this work is underway for 19/20 including the developing of live data for ward view.	All wards now have electronic whiteboards with long stay reporting now well established (review ongoing). Mental health screening is improving but new E-OBS will significantly improve electronic capture.	None identified at this stage
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Mature		Surge group and patient flow multi-agency group to review ways of working	Multi-agency Surge Group meeting regularly with Terms of Reference recently reviewed to provide escalation route for stranded/super stranded patients.	None identified at this stage
Chg 4	Home first/discharge to assess	Plans in place	Plans in place	Established	Established		Patient flow group monitors definitions and expectations of this model as part of implementation.	Further developments to be undertaken in this area. Working collaboratively with regional colleagues - discharge to assess process being monitored to demonstrate appropriate approach, progress and success.	None identified at this stage

Chg 5	Seven-day service	Plans in place	Plans in place	Established	Established		Resilience of staff and services along with capacity and capability to maintain delivery.	Specified support services are now available 7 days a week to ensure the next steps in the patients care pathway, as determined by the daily consultant led review are implemented. This includes a more responsive care home sector. Many Community services provide 7 day service and during current transformation more will look to provide appropriate cover based on patient need. Community services moved into 5 localities and locality teams now work 8am until 8pm to support timely discharge from hospital but also to prevent avoidable admissions. Rapid response service work 24/7 with access to urgent, intermediate, and palliative care for the unplanned interventions.	Specified support services are now available 7 days a week to ensure the next steps in the patients care pathway, as determined by the daily consultant led review are implemented. This includes a more responsive care home sector. Collaborative system working to ensure integrated provision 7 days a week. Funding needs to be identified to maintain Local Authority services seven-day service.
Chg 6	Trusted assessors	Established	Established	Established	Established		No major challenges as the Surge Meeting held fortnightly - increased to weekly, or called daily when needed - to address pressure is multi-agency. Focus is on enhanced co-ordinated discharge planning practices - this is operational level. Multi-partner patient flow group progressing with more strategic and development action plans.	Working relationships between Health and LA are well embedded and remain solid. With 176 referrals in the first 12 months (and a low rejection rate) the Trusted Assessor Scheme is working extremely well between Trust staff and the range enablement services. Work commenced in December 2018 to expand the Trusted Assessor model into the Trust Therapy services, with the aim being that ward based therapists will be able to directly refer to Enablement services. An established joint delivery group has identified greater integration between health and social care, and LA Provider Managers are working with Locality Teams to refine the model. The priority for 2019 is to expand the Trusted Assessor Model with the Therapy Teams and to incorporate within the Locality Services.	None identified at this stage
Chg 7	Focus on choice	Mature	Mature	Mature	Mature	Choice protocol is in place and understood by staff, however this has been reviewed to ensure standardisation with the Regional Policy. Planning for discharge begins on admission to ensure appropriate flow is maintained whilst community and social care teams work with acute teams to support people home from hospital.	This requires reinforcement of the revised Regional Choice policy which is not yet signed off locally.	Local Choice Policy implemented in accordance with last version of Regional Policy, although not straightforward to embed in practice. Some issues still to be resolved e.g. when repatriating OOA. Legal team are ensuring compliance.	See 1 above.

Chg 8	Enhancing health in care homes	Mature	Exemplary	Exemplary	Exemplary	<p>The monitoring/data collection continues post Vanguard and improvements not only are being sustained but enhanced when compared against other Vanguard areas and the national picture.</p> <p>Currently NE admission to hospital are 2% against the national figure of 11%, total number of hospital bed days per resident per year is 8% below the baseline set at the start of the programme in 2016 and for emergency bed days the current rate is -10% of the 2016 baseline.</p>	<p>The challenge will be continuing to sustain the front line clinical engagement and ensuring the momentum and focus of work continues. However the Community Service transformation has a focus on Care home interface with clear plans to develop the workforce across all disciplines and provides in Gateshead challenges in funding the nurse educator posts from 2019 need to be addressed. Current provision of the model is beginning to provide equity of cover in residential homes as well as Nursing homes as a result of multi-agency collaboration.</p>	<p>All metrics of Vanguard programme are being met with current quarter data revealing: Currently NE admission to hospital are 2% against the national figure of 11%, total number of hospital bed days per resident per year is 8% below the baseline set at the start of the programme in 2016 and for emergency bed days the current rate is -10% of the 2016 baseline.</p>	<p>Nothing identified by partners.</p>
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Hospital Transfer Protocol (or the Red Bag scheme)									
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.									
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Exemplary	Exemplary	Exemplary	Exemplary	<p>All bags have been delivered and are becoming embedded into routine practice. Momentum maintained through Care Home Managers forums and Care Home Support Teams.</p>	<p>Only a small supply currently available; challenge will be in maintaining and funding stock of replacement bags.</p>	<p>Formal evaluation in Care Homes completed, currently seeking views of hospital teams (nursing and social care). Report due end of March 2019. Early evidence indicates care home staff value the introduction of transfer of care bags as they improve relationships and therefore care.</p>	<p>None identified at this stage</p>

Better Care Fund Template Q3 2018/19

5. Narrative

Selected Health and Wellbeing Board:

Gateshead

Remaining Characters: 16,058

Progress against local plan for integration of health and social care

As with all BCF submissions a representative range of stakeholders are involved in the process of completing the self-assessment template, this ensures the submitted template represents as near enough as possible the operational reality of the Gateshead system / HWB area. The stakeholders include but are not limited to representatives from NGCCG, Gateshead LA and local partners.

The latest available performance data as outlined in the Non Elective Admissions, Residential Care Admissions and Reablement metrics shows we are on track against targets for the quarter as follows:

- Non elective - Data for October if projected forward for the whole of Q3, would suggest that for the YTD April – October activity is on track to be circa 8% below plan.
 - Residential admissions - latest performance (Q3) relates to April to November 2018, performance though is currently on track to meet the year end target of 854.4 per 100k (336 admissions).
 - Reablement - latest performance (Q3) April to November 2018, the indicator value stands at 88.3% (454 out of 514) for all those aged 65 and over that were discharged from hospital into reablement. This is higher than at the same period last year (85.1%), and is higher than the 2018-19 target of 87.9%.
- DTOC - the recent new target set for our local economy based on Q3 17/18 performance is very challenging, as this was achieved as part of an intense work programme to improve protocols in readiness for the winter period (Q3 17/18 performance represented the quarter with the lowest DTOC rate for Gateshead in 17/18).

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters: 18,698

Integration success story highlight over the past quarter

At the heart of our vision and plan for integration is recognition that our Health and Social Care System requires new models of care delivery that enable collaboration across care settings, underpinned by sustainable, person centred co-ordinated care. There are already well established system working arrangements across Gateshead – not only good interagency relationships at all levels of organisations, but also great examples of joint working and innovation which have been further enhanced through good multiagency working practices.

The Old Age Psychiatry Services including current hospital in patient wards and all community services have recently moved into the Community Business Unit of GHFT.

It is anticipated that this will further improve and develop Older People services in line with the BCF initiatives.

In terms of care homes residents, the CCG continues to receive data from the national NHSE team and the latest figures continue to demonstrate that the Vanguard Care Home changes are being sustained.

Currently NE admission to hospital are 2% against the national figure of 11%, total number of hospital bed days per resident per year is 8% below the baseline set at the start of the programme in 2016 and for emergency bed days the current rate is -10% of the 2016 baseline.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

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