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GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 26 April 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 - 8) The minutes of the business meeting held on 1st March 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	**Follow-up to the 'Thriving in Gateshead' Workshop: - Reflection from Board Members and Direction of Travel - Discussion Item led by Cllr Caffrey** (Pages 9 - 20)
5	**HealthWatch Gateshead- Update on Priorities and Research Work - Steph Edusei** (Pages 21 - 66)
6	**Early Help: outcomes and the impact on children, young people and families - Gavin Bradshaw** (Pages 67 - 68)
7	**Gateshead Health & Care Partnership: Verbal Update - All**
	Assurance Items
8	**Better Care Fund Quarter 4 return to NHS England - John Costello** (Pages 69 - 86)
9	**Updates from Board Members**
10	**A.O.B.**

Contact: Melvyn Mallam-Churchill, Email: melvynmallam-churchill@gateshead.gov.uk, Tel: 0191 433 3045, Date: Thursday, 18 April 2019

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 1 March 2019

PRESENT	Councillor Lynne Caffrey	Gateshead Council (Chair)
	Councillor Mary Foy	Gateshead Council
	Councillor Ron Beadle	Gateshead Council
	Councillor Martin Gannon	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	Caroline O'Neill	Care Wellbeing and Learning
	Steph Edusei	Gateshead Healthwatch
	John Pratt	Tyne and Wear Fire Service
	Dr Mark Dornan	Newcastle Gateshead CCG
	James Duncan	Northumberland T&W NHS Foundation Trust
	Dr Bill Westwood	Federation of GP Practices
	Alice Wiseman	Gateshead Council
IN ATTENDANCE:	Sir Paul Ennals	Local Safeguarding Children's Board
	John Costello	Gateshead Council
	Mark Smith	Gateshead Council

HW91 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Haley, Councillor Malcolm Graham, Councillor Paul Foy, Joe Corrigan, Mark Adams, Sally Young and Sheena Ramsay.

HW92 MINUTES

It was highlighted that Sir Paul Ennals' apologies were not noted in the previous minutes – this information will be updated online.

RESOLVED:

(i) The minutes of the last meeting were agreed as a correct record subject to the above being recorded.

As matters arising from the Board Action Plan it was noted that Alice Wiseman had visited the House of Lords to discuss 'Shaping the Place' planning. It was further noted that Gateshead are on the map with regards to local planning and policy and are emerging as leaders in this area at a national level. The Board were also advised that Alice's trip to the Dutch Embassy for talks regarding childhood obesity have provided some ideas that will be fed in to the Public Health workshops planned on 22 March 2019.

It was also noted that the letter about research and the roll out of Universal Credit has been sent to Amber Rudd, Secretary of State for Work and Pensions in addition

to all shadow ministers.

A special mention was given to John Pratt as this meeting would be his last. The Chair passed on her thanks to John for all of his contributions to the Board.

HW93 DECLARATIONS OF INTEREST

RESOLVED:

(i) There were no declarations of interest.

HW94 GATESHEAD HEALTH & CARE PARTNERSHIP: VERBAL UPDATE - ALL

The Board were advised that a lot of good work is currently underway on the system review to focus on prevention. The recent visit of Michael Marmot was highlighted in addition to the visit from Chris Bentley and Toby Lowe.

The Board were reminded of the additional themes of the review which included best start in life, frailty and people with complex needs. It was noted that progress is being made in terms of building relationships across the whole system with the aim of having a three year agreement in place across partners to make improvements. It was highlighted that there is a workshop planned for June 2019 to 'hard wire' plans and ways of collaborative working.

A discussion took place around the inclusion of the children's agenda within the ICS/ICP planning submission; it was also noted that as part of the NHS plan announcement that more targeted work needs to be done at both a national and regional level.

A comment was made stating that the scale of change needed would be difficult to achieve against the backdrop of welfare reform. It was further stated that partners would have difficulty investing in prevention due to the increasing need to respond to individuals and families in crisis.

The Board agreed that a wider discussion and public engagement would be needed. It was also felt that the verbal update provided was positive and that the delivery of priorities was important.

RESOLVED:

(i) The Board noted the verbal update and agreed to receive additional updates as necessary.

HW95 PUBLIC SECTOR REFORM: UPDATE ON PROGRAMME OF WORK: PRESENTATION - MARK SMITH

The Board received a presentation to update the Board on Gateshead Council's Public Service Reform from Mark Smith, Director of Public Service Reform.

It was noted from the presentation that the aim of Mark's team is to work toward a medium to long term goal of decreasing demand for services. The Board were

provided with further context around the service; it was noted that a small team was established to take a holistic approach to understand and resolve the barriers that Gateshead residents were facing that prevented them from thriving.

It was highlighted that 40 people were supported, 15 of which were identified via the Council Tax service and 25 from additional sources. It was noted that future plans for the service include offering walk ins and identifying residents in need via local data and schools. It was further noted that there would be a focus on homelessness with collaborative work with Oasis Community Housing. The Board were also advised that a lottery funding bid has been submitted by Edberts House for outreach work in Beacon Lough East.

The Board were further advised from the presentation of the six specific challenges that the team need to consider; these included:

- Building a proactive, preventative capability
- Regulation and inspection
- System-wide resources
- The wider system across Gateshead
- Commissioning and contracts
- Taking direct action

A comment was made noting that models of good practise could be observed from the team that are rarely seen in other organisations. It was further stated that the Citizen's Advice Bureau had become the default support for many individuals and families struggling to cope as local authority budgets became strained which makes this current venture significant.

It was noted that the aims of the team chime well with the Council's Thrive Agenda and show good examples of a whole system approach. It was however noted that it should be made a priority to do a full analysis of the effectiveness of the team to prove return on investment in terms of staffing costs and other budgets.

RESOLVED:

(i) The Board noted the contents of the presentation.

HW96 ADVERSE CHILDHOOD EXPERIENCES - CAROLINE O'NEILL

The Board received a report to seek support in promoting Gateshead as an 'ACE', Adverse Childhood Experiences, aware Council so that the wider workforce and partners understand the wider workforce and partners understand the significant impact of ACEs on the health and wellbeing of Gateshead's children and adults.

It was highlighted that the first of the Council's 5 pledges under the Making Gateshead a Place where Everyone Thrives is "putting people and families at the heart of everything that we do."

Two videos were shown to the Board; the first was an animated clip illustrating the story of a young boy and the impact ACE's have had on his adult life. The second

video was a TED Talk video presented by Nadine Burke Harris explaining how childhood trauma affects health across a lifetime.

A comment was made noting that significant numbers of children within Gateshead are facing ACE's and that is important that partners are aware of this. It was also stated that the focus on adults as well as children was welcomed as the CCG are undergoing work around trauma informed care.

A further comment was made noting that the TED Talk video was American and may have over-medicalised the issue; it was also stated that UK inequalities are not as broad as those in America. It was also acknowledged that some adults who suffered ACE's as children can go on to lead functional and healthy lives.

RESOLVED:

(i) The Board noted the contents of the report and video clips.

HW97 'THRIVING IN GATESHEAD' WORKSHOP: DISCUSSION - ALL

Alice Wiseman advised the Board that if they wanted to be involved with the steering group to contact her direct.

RESOLVED:

(i) The Board noted the comment.

HW98 'THRIVING IN GATESHEAD' WORKSHOP NEXT STEPS - ALICE WISEMAN

Alice Wiseman advised the Board that if they wanted to be involved with the workshops to contact her direct.

RESOLVED:

(i) The Board noted the comment.

HW99 <u>ITEMS FOR INFORMATION</u>

HW100 UPDATES FROM BOARD MEMBERS

RESOLVED:

(i) There were no updates to note.

HW101 A.O.B.

RESOLVED:

(i) 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 1st March 2019			
Update on Gateshead Health & Care System Approach	To receive further updates as required.	John Costello / All	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 18th January 2019			
Research on the impact of the roll out of Universal Credit	To write to the Secretary of State for Work and Pensions and Shadow Secretary of State / Spokespersons to register concerns about the impact of UC on vulnerable Gateshead residents in light of the research findings.	Mandy Cheetham	Letter submitted.
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			
JSNA Update / Refresh	A further update/ refresh of the JSNA to be received by the	Alice Wiseman	To feed into the Board's Forward Plan.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	Board in September 2019. An item on Air Quality to be brought to a future meeting of the Board.	Gerald Tompkins	
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.
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	On the agenda for 26th April.

Gateshead Council

HEALTH AND WELLBEING BOARD
26 April 2019

TITLE OF REPORT: **Refresh of the Health and Well-being Strategy**

Purpose of the report

The purpose of this paper is to set out both the progress made, and the plans and timescales for the next steps, in the refresh of the Gateshead health and wellbeing strategy.

Background

1. The existing strategy, *'Active, Healthy and Well Gateshead'*, was written in 2013 and covered the period up till 2016. Since it was written much has changed.

2. 10 years of Austerity means that organisations dependant on public funding have had to develop new ways of working.

3. During 2017 / 18 partners of the Health and Well-being Board signed up to the pledge to ***'make Gateshead a place where everyone thrives'***.

4. The Thrive pledge provides a central policy position by which decisions, across the partnership, will be considered and made. Specifically, the board pledged to:

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

5. In addition to the Thrive pledge, the DPH annual report for 2016/17 set out a range of challenges to address the issue of inequalities in Gateshead. Key strategic recommendations included;
    - 'The Health and Wellbeing Strategy should be renewed, adopting a much longer-term approach, with a **strengthened vision to address inequalities**. This needs to include measures to address the **social determinants of health** alongside prevention and early intervention at every level.
    - Partners in Gateshead should **shift the focus** from managing the burden of ill-health to promoting actions that **create the right conditions for good health** through employment of a robust health in all policies approach.
    - The Council and its partners should **target resources to those individuals and communities most in need**. Robust evaluation of reach and impact should be undertaken regularly using a Health Equity approach.

Progress

6. The Health and Well-being Strategy is a critical document which sets out the aspiration for health and well-being across Gateshead.

7. It is therefore of critical importance that the strategy is developed and owned by the board whilst also engaging the contribution of key strategic influencers. This relates, particularly, to those who lead action on the wider determinants of health (e.g. Community Safety Board, Housing Company Board, LSCB and LSAB amongst others).

8. To ensure people have enough opportunity to shape, and subsequently own, the strategy several phases have been identified.

9. A steering group has been established which includes a wide range of stakeholders with strong links to all key groups including:
    - Elected members
    - Health
    - Social Care
    - Public health
    - Poverty
    - Development and public protection
    - Academia
    - Economic development
    - Policy and Communication

10. A conference, ***'Thriving in Gateshead: Rethinking Health and Wellbeing'*** was held in January 2019 (full write up included in appendix A).

11. Sir Michael Marmot was the key note speaker (a video of his full speech is available at: https://www.youtube.com/watch?v=TkAeT1tUF_s). Marmot reminded delegates that, even though the national report is now 9 years old, the call to action remains the same.

12. Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives and to the highest priority being given to the first objective[1]:
    a. giving every child the best start in life
    b. enabling all children, young people and adults to maximize their capabilities and have control over their lives
    c. creating fair employment and good work for all
    d. ensuring a healthy standard of living for all
    e. creating and developing sustainable places and communities
    f. strengthening the role and impact of ill-health prevention.

[1] http://www.instituteofhealthequity.org/

13. Delegates then heard about the work that Coventry City have been doing to embed action on the priorities identified in the 2010 report and the impact that this was having.

14. Finally, there was a speech from Warren Heppolette who has played a central role to bring devolved powers and budgets to Manchester over recent years. He now plays a central leadership role in the Greater Manchester Health and Social Care Partnership.

15. Following the conference, the steering group reconvened to reflect on what was heard at the conference, from speakers and delegates, and start to shape the new strategy.

16. The key messages across all themes can be summarised as:

- Make Gateshead a place people want to live in
- Local residents empowered to be involved in the conversation about what Gateshead needs.
- Give every child the best start in life.
- Families supported to stay together.
- Poverty markers are removed – e.g. High interest loan companies no longer on the high street, reduction in bookmakers.
- Breaking intergenerational cycles of poverty.
- Strong focus on prevention and early intervention to reduce frailty
- Care closer to home and relevant to need.
- Tackling big organisations in the tobacco, alcohol and food industries by campaigning as a society for change on a bigger scale.
- Improve jobs, housing and transport
- Ensure health is included in all policies

Next steps and proposed timescale

17. The steering group aim to be ready to publish the new strategy in early Autumn 2019.

18. There is currently a rough draft of the themes and content for the strategy. At the conference there appeared to be a consensus that we need to refresh the strategy under our strategic policy of 'Thrive' but include action on the 6 policy areas set out in the 2010 Marmot report.

19. To build further the coalition required for this ambitious strategy the focus of work over the next couple of months is further engagement. The steering group plan to take the draft content through existing forums so people can comment (suggested groups in Appendix B).

20. This engagement process will culminate in a final discussion at the Health and Wellbeing Board on July 19th, 2019.

Recommendations

21. The Health and Wellbeing Board is asked to consider and comment on:
    a. The conference.
    b. The progress made and suggested next steps.
    c. The list of suggested forums to engage.

Contact: Alice Wiseman, Director of Public Health

Appendix A

Thriving in Gateshead – rethinking Health and Wellbeing Conference

Wednesday 23 January 2019

In his presentation, Sir Michael Marmot gave us a very clear message, stating that in the years since he published 'Fair Society, Healthy Lives' (2010), the call to action remains the same.

Marmot looks beyond economic costs and benefits towards a goal of environmental sustainability. The Review contends that creating a sustainable future is entirely compatible with action to reduce health inequalities though promoting sustainable local communities, active transport, sustainable food production, and zero carbon houses, all of which have health benefits.[2]

Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives and to the highest priority being given to the first objective[3]:

1. giving every child the best start in life
2. enabling all children, young people and adults to maximize their capabilities and have control over their lives
3. creating fair employment and good work for all
4. ensuring a healthy standard of living for all
5. creating and developing sustainable places and communities
6. strengthening the role and impact of ill-health prevention.

Marmot's challenge to the medical professional is:

> "What good does it do to treat people and send them back to the conditions that made them sick?"

To the local authority and other agencies:

> "Inequalities in health arise because of inequalities in the conditions in which people are born, grow, live, work and age."

The event workshops enabled a wide-ranging discussion about the current challenges in Gateshead and to drew out some key themes about our priorities and what we could aspire to achieve in the next 20 years.

There was no doubt that everyone in the room recognised the Thrive agenda and the need to ensure that the 30% of our population who are just coping, as well as the 30% who are already vulnerable should be the focus for our strategic planning. At the root of our approach to becoming a 'Marmot City' we recognised the need to deliver universal services at a scale and intensity proportionate to the degree of need.

[2] https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives
[3] http://www.instituteofhealthequity.org/

> ‘Proportionate universalism is an approach that balances targeted and universal population health perspectives through action proportionate to needs and levels of disadvantage in a population. It can address burden of disease across a number of determinants of health to narrow the gap in health inequality.’ [4]

Our Health Behaviours and Lifestyle

There was general agreement that tobacco, overweight and obesity, alcohol and drugs remain priorities. They were seen to be both risk factors, causes and consequences of other issues, such as inequality, which makes them difficult to tackle and highlights the complexity of these issues.

Participants agreed that they are not lifestyle choices, but the consequences of people’s circumstances, and that our attitudes towards “behaviours” and “lifestyles” don’t help:

> ‘Let’s stop the individual choice label once and for all’

Children and young people were highlighted as at particular risk in this respect:

> ‘Children’s drug and alcohol use are usually a consequence of something else e.g. generational, Adverse Childhood Events, families etc.’

The view was expressed that it is not just about changing behaviour, but about understanding the story behind them. One participant illustrated this:

> ‘We need to remember that drinking too much or smoking are logical and good decisions for people within the context of their particular life - we need to understand the context and not assume we know things.’

These risk factors are largely a result of deficits in self-worth and value - filling a gap. Another challenge was that the system and services need to change:

> ‘If we continue to work as we are we won’t get anywhere, we need to ask people what they want. You can change perceptions and thinking but only be shifting what we do’.

> ‘We have evidence of working in and with communities that it has impact but how do we turn these projects into everyday work. We need a solution to scale this up in a long-term approach’.

For our children a focus on denormalization around tobacco, alcohol, fast food and poor financial decision making:

- to reduce the likelihood that children are exposed to these and then continue this behaviour as they grow older
- to reduce pressure to conform to perceived social norms, e.g. social media stereotypes, body image etc

It was agreed that the overall purpose must be:

- Make people feel like they are worth something.
- Change the culture of Gateshead.

[4] http://www.healthscotland.com/uploads/documents/24296-ProportionateUniversalismBriefing.pdf

- Make health everyone's interest and responsibility. Changing the aspirations of the people of Gateshead.
- Let's stop our current conversations and start again from the beginning.
- Stop downplaying the opportunities and good things about the North East. Change other people's perceptions.
- Prevention is vital

Wider Determinants of Health

The wider determinants of health, housing, employment, transport, education and environment were discussed as fundamentally underpinning how people, think, feel and respond to where they live, their community and their opportunities to live well and thrive.

The link between the social and economic costs of health inequalities was recognised and discussion focussed on how Gateshead could become a place in which young people would want to stay to live, work and raise their families. The need to give every child the best start in life underpinned much of the discussion about how our families can be better supported.

Housing

The need for a secure tenure, in a safe and healthy environment was recognised. It was agreed that the needs of younger persons were not represented in the workshop and that the perception of housing need may vary across generations.

> "is the drive to accrue equity in housing the same for young people who cannot afford to buy? Is security of tenure actually more important?"

There was also a strong focus on the quality of housing and the need to manage private sector landlords better. Examples were given of poor quality unsafe housing and also of older persons being admitted to hospital as a direct result of cold homes.

It is recognised that planning for future housing need is essential and that it must include homes that are accessible for all and suitable for the changing age profile of the population. There was extensive discussion about 'different' housing models such as retirement villages and flexible tenures that might facilitate communities of interest etc. Also the need for appropriate supported housing and care related accommodation and the need to include dementia friendly design aspects in all new buildings.

We know that in deprived areas housing can be high density and impersonal. We need smaller scale housing which does not to isolate people from the community they are in and encourages the use of outdoor spaces. Such developments are available in private sectors settings, they should also be available in new social housing.

Employment and education

The need for varied, secure employment, opportunities for personal development and the need to retain skilled and talented young people was a common theme.

> 'we need to focus on good employment as in work poverty exists in Gateshead.'

‘A decent job is key to social and economic security’

The need to develop the Gateshead Brand and perception that Gateshead is positive place to live and work was raised in all workshops. If people aspire to improve or gain something positive in their lives they are likely to be more engaged in their community and lead healthy lives.

A strong emphasis on developing business enterprise – start-ups and development trusts. The need for long term planning and investment as a part of the long term strategy. Linked to this was the need to focus on efficient and environmentally friendly transport systems.

As a system we should aspire to improve child readiness for school and work to empower parents to give their children positive support to fulfil their potential in education. Adverse childhood experiences have costs to society.

The loss of Sure Start and community youth services was raised repeatedly as an issue, in the context of diverting young people away from risk taking and supporting positive engagement. It was pointed out that parents and teachers could not meet all needs unsupported.

Transport

The issues relating to transport are well known in Gateshead with many areas no longer being able to rely on local bus services. Delegates recognised the issues in rural areas in West Gateshead and problems with congestion and air pollution in central areas.

It was agreed that a robust plan to encourage cycling and walking was needed and that investment in the public transport network was critical to help change people’s perceptions and change car usage.
Investment in electric infrastructure was seen as a positive step to meet changing demand.

Many thought that investment in school walking and cycling educational programmes would produce young persons with positive attitudes to active travel. The need to improve cycling and walking infrastructure around this was key. Suggestions also included ‘free bike loan’ and enablement of cycling offers for all.

It was widely agreed that the road and metro infrastructure development needed a regional footprint. Extension of the Metro / rail to Gateshead Quayside was seen as a priority

‘we need to sell ourselves, people should want to get off at Gateshead.
Our Metro station is a disgrace’

Wider discussion also touched on the role of employers and transport planning.

Place and community

How people perceive Gateshead as a place drew varied observations, in particular that a high quality built environment is needed and it must include culture and aspirations in people's lives. That motivating individuals to value a place is extremely important. This extended to both the built and green environment, with many commenting on the value of open space and facilities to support mental wellbeing.

The message 'fix the place not the person' was strongly endorsed, reminding us that building community cohesion is about individuals perception of place and community.

'Every person measures their life experience differently, we all differ from each other.

We must not make assumptions that people or communities are homogenous.'

Social isolation and lack connections are challenges that many in our community face. We increasingly spend time in our own home and are not connected to the community in which we live. Children are growing up in a society which is intolerant of other people and normalises hatred.

There is a need for people to be reconnected to their communities again on different levels and to ensure that people feel safe in their homes and able to engage with their neighbours.

Community engagement:

- There are reasons why people don't access services, so we need to look at how we provide services.
- Empower and listen to communities.
- Are our priorities those of our residents?
- Whatever the solutions might be we need to engage people proactively in deciding what needs to be done and stop the approach of just telling people what is best for them.
- Start where the community is, and the rest follows.

'Where there is creativity, let people get on with it (and deal with any 'mess' afterwards). Don't constrain creativity.'

An integrated health and care system.

As our health and care system becomes more integrated there are a range of opportunities and challenges which will require us to build trust and relationships between organisations and teams who may work in very different ways.

Addressing organisational culture and expectations will be critical and it will rely on the commitment of senior managers to new ways of working and their ability to manage change throughout the organisation.

The aim is to secure seamless care for the 'whole' person within the system, to remove the need for duplicate assessments and hand-offs and to ensure that our new models of care maximise our resources and deliver the best possible care for people in Gateshead.

Our priorities have been identified through the Gateshead health and care system, these are:

- Children and young people's mental health and wellbeing,
- Frailty
- People with multiple and complex needs.

This will allow us to focus on complex families and to be much more creative in our approach and to keep resources in Gateshead.

We identified significant challenges, these include:

- The need to develop trust based commissioning and pooled resources so that we develop ways to get more out of the money we're investing.

- Organisations are generally more 'self-interested' than they are in people they are serving.

- Risk aversion in organisations is deep rooted and systems are set up which are slow and inefficient.

- Council's ability to be transparent and open. Council comes across as very protective, risk averse and that it needs to control the message. In addressing this, there is a need to get the message to middle management.

- Moving away from a fixation on the short term (fuelled by short term funding arrangements that VCS have to negotiate). Traditional funders are wedded to short termism.

- There are delays and waiting lists across many parts of the existing systems which need to be managed.

- Everyone says they want to do it (integrate care). But when it comes down to it, do you see the evidence e.g. CAMHS - appointments can be done within schools - where children are.

- Lack of continuity, even within single service areas. Lack of integration within individual services (i.e. before you consider cross service integration).

- Different 'language' used in different sectors. Stop talking about "integration"; change the whole language.

- Balance between universal support and targeted support. There are times when universal support is the right support.

- Ensuring people involved in the delivery of universal services are absolutely at the
- heart of the system development.

- Do we understand what we are trying to fix?

- VCS - everything is project based and over short periods of time (due to funding requirements). Move away from over micro performance monitoring.

- Giving staff permission, but it needs to be proportional.

- A focus on complex families is particularly important. We can be much more creative in our approach.

- Demographics - 75% of hospital beds at the QE are occupied by older people. Also, the complexity of patient's needs

- Service thresholds - people with co-existing needs. Dual diagnosis - if people have
  drug and alcohol issues they often can't access other services

Report author: Natalie Goodman

Facilitators: Steph Downey, John Costello, Mark Smith, Emma Gibson, Angela Hannant, Natalie Goodman, Anneliese Hutchinson, Andy Graham, Rebekka Shenfine.

Appendix B

Group / Board
Gateshead health and care system
Poverty Board
Corporate Management Team (Council)
Leaders meeting
VCS
Health Watch
Group Management Teams
CCG Corporate Management Team
QE Governing Body or CMT
NTW CMT or locality forum?
Community Safety Board
LSCB
LSAB

healthwatch Gateshead

Impacts of reduced funding for adult social care in Gateshead: Informing, engaging, influencing

About Healthwatch Gateshead

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

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

Author: Healthwatch Gateshead
Publication date: March 2019
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Contents

1. Executive summary

Healthwatch Gateshead would like to acknowledge the very tough financial decisions that Gateshead Council has had to make, with continued cuts in financial support from central government. We feel it is inevitable that ongoing financial pressures will have a negative impact. It is apparent that such cuts appear to have the highest impact on the people who most need support and help from our social care system. That said, we want to share the following findings with a view to offering to work in partnership, ensuring effective engagement with all service users and carers, and being open and honest about why there may be service change and what impact this may have on their lives.

This report shows how we have helped local people to have a voice about social care, and the importance of involving people in decisions that are taken on their behalf. We will demonstrate how we have helped to influence social care policy both local and nationally, the methods we used to inform, engage and influence, and how we reached out to hear from those people who may have been affected by decisions made by commissioners on their behalf.

We used various methods to achieve this, including working with the local authority and the voluntary sector, and using methods such as surveys, focus groups and larger scale listening events. Our intention was to be responsive to social care consultations so that local people had the opportunity to be involved and the intelligence gathered could be used to influence policy around the future of social care.

Inform

We were able to target and connect with service users and carers we knew would be affected by proposed changes to social care funding locally. Also working with our already established relationship with local community organisations to respond quickly to a national consultation.

You will note from this report that we recognise that our findings show that funding cuts would have a negative impact on the most vulnerable people in our community, as well as on families and carers and that the findings were shared with Gateshead Council.

Engage

This report shows the various methods we used to both inform the public and seek their views on the budget changes. It was apparent through attending a voluntary sector event that further engagement activity was paramount to enable people to be more informed and to also hear their views. This report also shows the framework of our own listening event and the feedback received from local people. The direct quotes provide some powerful concerns from service users and their carers.

It was apparent that some key lessons can be learned on how the local authority engages with and involves service users and carers, for example, over half of respondents said that they did not have a follow up review to see if the new services were meeting their needs.

Influence

As a statutory organisation, we feel that our methods and findings from our information and engagement activities and reports should be heard at all decision-making levels especially through the Overview and Scrutiny Committee and the Gateshead Health and Wellbeing Board. This will be included in our communications plan. We will also share our findings with services users and carers, reassuring them that their voice has been heard. We would then request a response from the council on our findings with a view to working together, ensuring local people are kept informed on all changes and the impact these changes have on local people.

This report shows our findings from the information provided and through our engagement activities. We found that opportunities to use information and service user input already gathered to inform future decisions may have been missed. This was particularly evident in the failure to use feedback gathered for the Local Government Association consultation, held in late summer 2018, to inform and shape the 2019—20 Gateshead Council budget proposals.

We also found that the lack of full information limited the amount of input that people could give. For example, the lack of equality impact assessments around some of the budget proposals meant that people said they did not feel fully informed and engaged.

When we looked at people who had been affected by changes resulting from the 2016—18 budget savings, we found that they reported no improvements to the quality of life for service users and a deterioration of the quality of life of their carers. This is worrying as it appears that many of the current budget proposals will impact on the same groups of people.

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

2. Introduction

Lack of funding for adult social care had been highlighted in the local and national news, and the NHS stated that this is one of the reasons it was under so much pressure.

This issue was shortlisted as a potential project by the Healthwatch Gateshead Committee and put forward as a priority for our annual prioritisation exercise. The exercise took place throughout spring 2018 and consisted of a public survey and a prioritisation activity at our annual conference. Members of the public and our stakeholders decided this project should be the second priority for Gateshead (mental health services was the first priority).

With this mandate from members of the public and stakeholders, we designed the project with the aim to:

a) Inform people about changes planned locally and nationally as a result of insufficient funding for social care.

b) Engage people affected by the changes to get their views on the plans and to understand how previous changes had impacted on their lives.

c) Influence policy and decision makers at a local and national level, based on the views we heard.

What is adult social care?

Adult social care (ASC) provides personal and practical support to help adults of all ages (both older people and working age adults) to retain their independence and the best quality of life possible.

We spent a lot of time speaking with people involved in the many areas of ASC and decided to focus our attention on the areas where we thought people could have the most impact by influencing decisions made on their behalf both locally and nationally.

The areas of engagement

- The Local Government Association (LGA) Green Paper on the future funding for social care
- Gateshead Council social care budget
  - proposals on future funding for social care 2018—19
  - review of the impact of the implementation of the 2016—18 proposals

3. The lives we want to lead: the LGA green paper for adult social care and wellbeing

In March 2017 the government announced it would publish a green paper that would look at future funding for social care. It said that the proposals in the green paper will "ensure that the care and support system is sustainable in the long term". The publication has been delayed several times and has not yet been published.[1]

In the absence of a government green paper the Local Government Association (LGA) launched a national consultation in July 2018, 'The lives we want to lead: the LGA green paper for adult social care and wellbeing'[2]. The LGA green paper aimed to seek views on adult social care and support, and how it should be paid for in the future.

We became aware of this consultation through partnership working in Gateshead. Gateshead's Health and Wellbeing Board wanted to submit a system-wide response to the consultation and invited us to be involved. Health and Wellbeing Boards bring together relevant statutory and other organisations to agree strategic priorities and ensure commissioned services meet local needs. Local Healthwatch is a statutory member of these boards.

People who contributed to the Gateshead-wide response included:

- Bluestone Consortium
- Gateshead Community Based Services
- Gateshead Council
- Gateshead GP Federation
- Gateshead Health and Wellbeing Board
- Gateshead Health NHS Foundation Trust
- Healthwatch Gateshead
- Newcastle Council for Voluntary Service supporting the voluntary and community sector in Gateshead
- Newcastle Gateshead Clinical Commissioning Group
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust

[1] http://tinyurl.com/ycysk6pr
[2] https://futureofadultsocialcare.co.uk

What we did

Our aim was to give people an opportunity to have their views added to the Gateshead-wide response to the LGA consultation. We decided to focus on four areas of the consultation that fit with the role and remit of Healthwatch.

i. The role of local councils in improving health and wellbeing.
ii. The role of individuals, families and communities in supporting people's wellbeing.
iii. The impact of local funding cuts on adult social care.
iv. Concerns about the future if adult social care continues to be underfunded.

Using the resource pack provided by the LGA we developed a survey which was conducted over a four-week period between August and September 2018. The survey was shared with a wide range of organisations and advertised in our newsletter and website, and on social media. We also visited two groups: a long-term conditions group and a group for women over the age of 50. These were identified by the Healthwatch Gateshead Volunteer Coordinator.

What we found

We had a total of 63 responses to the LGA consultation, 36 from the survey and 27 through our group work. Our ability to increase this number was limited by the length and timing of the LGA consultation.

The findings were shared with the Director of Adult Social Care in Gateshead and are available on our website[3]. The findings were used within the Gateshead system-wide response to the LGA consultation and, some of the comments we had gathered were used as direct quotes within the document. Healthwatch Gateshead findings were also included as an appendix within the response submitted to LGA.

We have summarised the comments that people made on each of the four chosen areas of the consultation. We have also included direct quotes from people who took part in the survey.

i. The role of local councils in improving health and wellbeing

Participants told us that councils should have a role in improving health and wellbeing by providing help and social care support to service users and carers both at home and in the community; providing and maintaining community buildings and spaces to promote wellbeing; working with the NHS around preventative services; providing decent housing; and targeting areas of deprivation.

[3] See 'The future of adult social care and support' at https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports

"I believe that councils have a huge role in improving and maintaining people's health and wellbeing. People should have access to affordable, decent standard housing, community areas, i.e. parks, and open areas should be maintained, free from vandalism and be well lit and monitored closely for potential issues which could affect the lives of people in communities."

"Access to services should be clear and simply explained particularly for the elderly, young and vulnerable members of society as well as the people who struggle every day and may not be aware of local services."

ii. The role of individuals, families and communities in supporting people's wellbeing

Participants said that families and neighbours should connect with each other more by talking, sharing information, motivating, and using time banking to help each other. One example was where an older person looked after a neighbour's dog and in return, they cut her grass. People considered that taking responsibility for your own health was important.

"The role of individuals is extremely important, reporting issues such as anti-social behaviour or concerns about vulnerable people. Taking pride in the area you live in is so important, a pleasant area which feels safe and welcoming is so vital to wellbeing."

"Families play a vital part in supporting people's wellbeing. Care giving, taking people to appointments, help with diet and exercise."

iii. The impact of local funding cuts on adult social care

The key issue raised was that funding cuts could have an impact on the most vulnerable people in the community as well as on families and carers. Participants expressed concerns that people could be discharged from hospital with unsuitable care packages or not discharged due to lack of rehabilitation services or safe places.

Participants said that personalised care and choices seemed to have been forgotten with the closure of day services.

"Those who are just managing who don't qualify for social care support no longer receive any low-level support to avoid crisis. They then end up needing costly support."

iv. Concerns about the future if adult social care continues to be underfunded
Participants said that if adult social care continues to be underfunded this could impact on vulnerable people, their families and unpaid care. They expressed concerns that this impact would be mental, physical and emotional and that would affect the most vulnerable people in society and, in some cases, may lead to undignified and unnecessary deaths.

They also said that prevention in social care is essential to stop people reaching a critical level, losing their independence and needing more costly support in the long-term. Participants felt that this in turn could affect the NHS through inappropriate admissions or delayed discharge from hospital due to lack of social care support and the increase in demand for mental health services.

> **"Negative impact on physical, emotional wellbeing of clients, increase in hospital admissions due to accidents, emotional wellbeing, increase in need for more residential care places which don't exist."**

> **"A total breakdown in social care. Councils being unable to deliver essential services. It's time that the underfunding in social care received the same urgency of that in the NHS. Without the preventative aspects of social care, the pressure on health will increase to breaking point."**

Conclusion and impact
The LGA's 'The lives we want to lead' consultation findings were published in November 2018 and it sets out fourteen recommendations to government. The LGA is strongly recommending that their response should be part of the government green paper on the future funding of adult social care.[4]

[4] See https://futureofadultsocialcare.co.uk/prioritised-recommendations

4. Council budget proposals on future funding for social care 2019—20

We were aware that Gateshead Council would be publishing budget proposals for 2019—20 in November 2018, and that they were likely to include efficiency savings in health and social care. We understood from our discussions with key officers within adult social care that the 'Thrive agenda' would inform any budget decisions.

What is the Thrive agenda in Gateshead?

In November 2017 Gateshead Council agreed five pledges setting out priorities for Gateshead. The principle behind the pledges was to make Gateshead a place where everyone can thrive even while facing financial pressures.

To achieve this, it began to look at new ways to bring money into the council, how to better manage the increasing demand for services while still providing support to the most vulnerable, and continuing to change the way the council worked to minimise costs wherever possible.

The Thrive pledges

1. Put people and families at the heart of everything they do.
2. Tackle inequality so people have a fair chance.
3. Support Gateshead communities to support themselves and each other.
4. Invest in the Gateshead economy to provide sustainable opportunities for employment, innovation and growth across the borough.
5. Work together and fight for a better future for Gateshead.

What we did

Back in 2015 we consulted with the public and submitted our findings to the council as part of its 2016—18 budget consultation. Following positive feedback from that event we repeated the exercise for the 2019—20 budget proposals.

We attended a voluntary sector briefing hosted by Gateshead Council in November 2018 to find out more about the proposals. However, insufficient detail was available regarding many of the proposals at that time. Only a few impact assessments were available and no senior representation from social care which meant that many questions could not be answered. The briefing had to be repeated with senior heads of service in attendance to answer questions.

We approached Gateshead Council Adult Social Care, which provided us with the current budget proposals and agreed to present them at a Healthwatch Gateshead event.

Our listening event took place on Wednesday 12 December 2018 at St Mary's Heritage Centre in Gateshead and was attended by 50 people. There were presentations by Louise Hill, Service Manager in Adult Social Care; Behnam Khazaeli, Service Manager in Commissioning; and Steph Downey, Service Director Adult Social Care.

We supported table discussions, with each group focusing on at least two of the proposals. Participants were also encouraged to raise any other issues. We asked people what they thought of each of the proposals and whether they thought they fitted with Gateshead Thrive pledges.

The following six proposals around health and social care were included in the budget consultation:

i. Efficiencies in Commissioning and Quality Assurance Service.
ii. Reduce the standard allowance for Disability Related Expenditure.
iii. Deletion of posts in the adult social care service.
iv. Increasing direct payments for payroll and HR support and advice.
v. New or increased charges for adult social care services, including S117 mental health accommodation, day services, Guidepost drop-in and day centre meals.
vi. Ending the council's contribution to Newcastle Gateshead Clinical Commissioning Group towards the cost of providing child and adolescent mental health services in Gateshead.

What we found

We have summarised the comments that people made around the six proposals. We have also included direct quotes from people who took part in the consultation.

i. Efficiencies in Commissioning and Quality Assurance Service

People raised concerns about the efficiency of the equipment service. They thought that there needed to be an audit of the service to ensure that equipment was registered and reused and that this would save money.

Greater use of Care Call, an emergency telecare system, was recognised as an option. However, people felt this could exclude the most vulnerable people in our community, for example, people with disabilities, people with poor mental health and people for whom English is not their first language. People also said this could not replace the personal touch where care workers can often be the first people to notice a change in a person's wellbeing.

Mental health

There were concerns raised regarding the removal of contracts with a mental health service provider to deliver mental health services. People recognised the specialised skills that are needed to deliver the service, including an out of hours service, and felt this could not be absorbed into the general advice that is provided by the Gateshead Advice Centre (Citizens Advice).

People felt it was not clear whether any consultation or engagement had taken place before the proposal and that there was a lack of detail about how the impact of the proposal would be managed.

"Gateshead council equipment service must register and collect equipment that is no longer needed, such a waste of money."

"Without information and advice services, how can people come together under the Thrive agenda?"

"A review is yet to be carried out, so how can the council propose something before they have reviewed it to see if it is possible."

ii. Reduce the standard allowance for Disability Related Expenditure

People expressed a great deal of concern about this proposal. Participants felt that, in view of benefits not having increased for a number of years, this could cause hardship. We believe that the service users' right to request an individual assessment should be widely publicised.

"With the increased cost of living, along with any reduction of benefits my daughter will be at increased risk of not pay the council and not being able to pay for her support."

"DRE [Disability Related Expenditure] needs to be accessible and understandable to service users."

iii. Deletion of posts in the adult social care service

Some participants recognised that multi-agency working within adult social care may be reducing the need for posts, but others felt that a reduction in hours could have an impact on the delivery of service. However, the lack of detail around this proposal meant that people felt they could not comment fully.

"The proposal says there should be no frontline impact but there is not enough information to assure us that that is the case."

"It would be useful to have had a diagram showing the hierarchy of posts within the adult social care team, which posts are vacant and which ones are planned to be deleted."

"If Gateshead Council can make efficiency savings through changes in staffing, structure and how it works, it means that there will be more money to provide services fit in with the Thrive agenda."

iv. Increasing direct charges for payroll and HR support and advice

"If you or someone you care for get help from social services, you can apply for direct payments. These let you choose and buy the services you need yourself, instead of getting them from your council." (source, direct.gov)

People said it was unclear how increasing charges for payroll and HR support could save money as the cost for these services is currently provided by social care if you use your social care budget as a direct payment. If this changed and people had to find money from elsewhere i.e. benefits, this may reduce the number of service users willing to be independent and arrange care more suited to their needs.

It was also noted that people were unaware that HR support and an advice service are available for users of direct payments.

v. New or increased charges for adult social care services including S117 mental health accommodation, day services, Guidepost drop-in and day centre meals

We received comments on all three elements of this proposal. The theme running through all the comments was that charges and increases to the most vulnerable people in Gateshead will mean people will be surviving and not thriving, and that this will further worsen health and social care inequalities. It was felt that many people could be forced to stop using services or avoid seeking help in the first place which would cause social isolation for people with learning disabilities and further pressure on families and carers. Participants believed this could end up costing more in the long term for adult social care.

Participants also felt that the proposal for the mental health accommodation could put additional financial pressure and stress on people in terms of recovery.

"Introducing charges for Guidepost and increasing day centre charges will penalise people. It won't allow them to thrive so how can the Thrive agenda underpin these services."

"My relative currently attends a day service three times a week. With the proposed increase in charges to this and the meal costs that means a daily cost of £29. Multiply this by three, that's almost £100 a week for just three days of service. It just can't be done."

"People use day centres as respite for carers too, what provision is in place or will be in place for respite when you can't get any other form of respite to start with. Carers are entitled to a life too!"

"People who find themselves under S117 of the MHA will already be under financial difficulties and distress and this will add more pressure on people with mental health in terms of their recovery and integration back into the community."

vi. Ending the council's contribution to NHS Newcastle Gateshead Clinical Commissioning Group towards the cost of providing child and adolescent mental health services in Gateshead

Participants raised concerns that this proposal could result in a lack of funding, with Newcastle Gateshead Clinical Commissioning Group (CCG) unable to afford to solely fund this service. Participants commented that waiting lists for children's mental health services in Gateshead were already long and that this proposal would have future negative impacts on individuals' services and budgets. Many people thought that children's mental health should be a shared responsibility that should be managed and supported in a multi-agency approach between health, the local authority and education.

"We shouldn't be failing children — they are our future."

"The loss of the council's contribution can only have a negative impact on the already very long waiting lists for Children MH services - they need more money not less."

A summary of the findings from the event was submitted to the Office of the Chief Executive in Gateshead Council. We were told that the information would be used to inform the outcome of the budget consultation and be part of the budget setting report that is scheduled to go to cabinet in February 2019.

5. Revisiting the 2016—18 budget proposals

We wanted to assess the extent of any impact on the quality of life of service users and carers from the previous changes (2016—18 budget proposals) as some of the upcoming proposals included suggestions that could affect the same group of service users.

We requested an update on the 2016—18 budget proposals to see which of the proposals were implemented. The following are summaries of the statements provided by Gateshead Council:

Proposal 1. Re-commissioning of disability day services
The proposal was to close two services providing support to people with profound and multiple learning disabilities: Blaydon Lodge respite facility and Marquisway Bungalow day support. There was also the potential closure of Marquisway Resource Centre and three community bases in Gateshead (The Phoenix Centre, Wrekenton Community Base and Winlaton Community Base).

Service users with complex needs continue to be provided with direct support from in-house council services or be supported by existing residential care or Independent Supported Living. Wrekenton Community Base was closed and some service users transferred to the Phoenix Centre or Marquisway Resource Centre based upon the complexity of their needs.

Those who were assessed as not having complex needs were offered alternatives including support into volunteering, employment opportunities, or support by their existing residential care or Independent Supported Living scheme. Further funding was secured for Blaydon Lodge and Marquisway Bungalow.

Proposal 3. Re-commission of learning disability care packages
The Achieving Change Together (ACT) team are in the process of reviewing all disability care packages.

Proposal 5. Reduce domiciliary care packages by enhanced early intervention
This was achieved through a combination of the use of assistive technology equipment (Care Call) and a focus on enablement services.

Proposal 6. Reduce residential care admissions
Gateshead Council has looked to reduce residential care admissions through different approaches such as increasing use of Promoting Independent Centres, redeveloping the enablement offer into the PRIME service (People Regaining Independence through Means of Enablement) and expanding the use of Care Call, and ensured that all other alternatives such as Extra Care, are considered before someone is admitted into residential care.

Proposal 9. Re-provision of Independent Supported living (ISL)
The budget proposal surrounded the re-provision of the council's six in-house Independent Supported Living schemes, which supported 15 tenants. The service continues but with reduced staffing support.

What we did

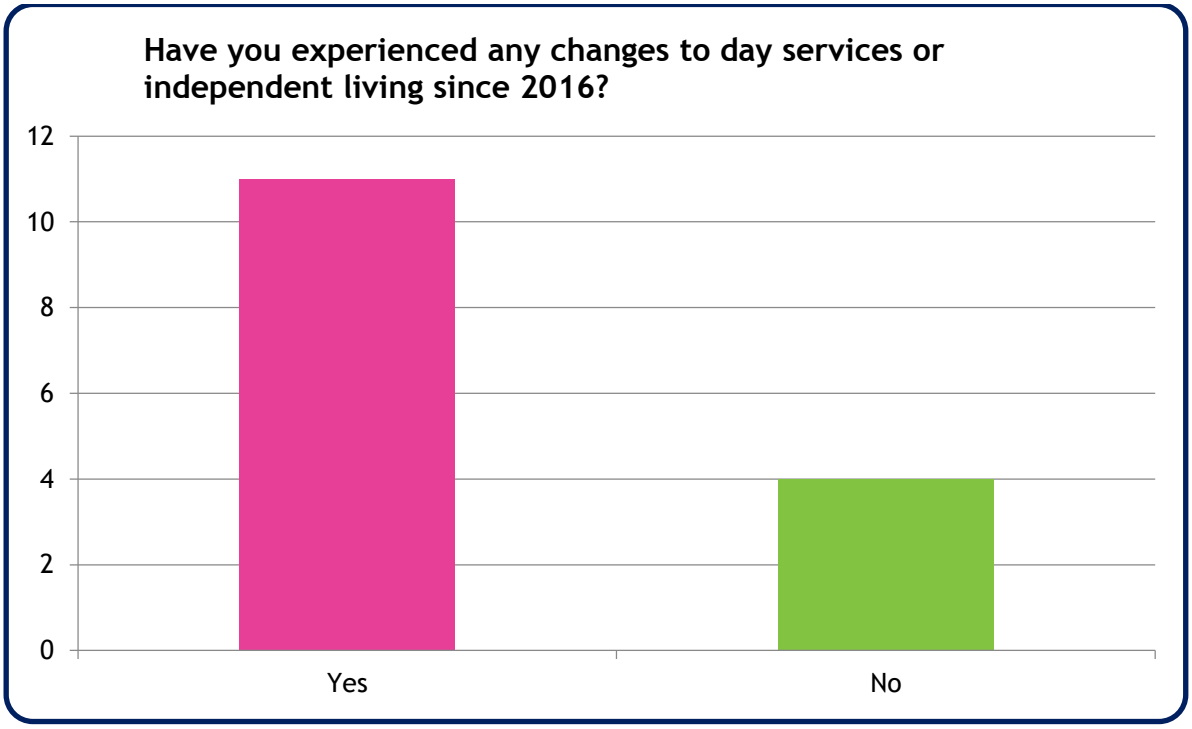
'Looking back' questionnaire to service users and carers
We wanted to capture service user and carer views on how the above changes had affected them. It was important that we were able to assess quality of life for service users and their carers before and after changes and therefore focused on the re-commissioning of disability day services and the re-provision of Independent Supported Living.

We asked Gateshead Council for the number of service users who had been involved in any of the changes and requested that our survey be sent to those people and their carers. Gateshead adult social care helped us to survey service users and carers who used services affected by the 2016—18 budget reductions by forwarding our survey directly to that group of people.

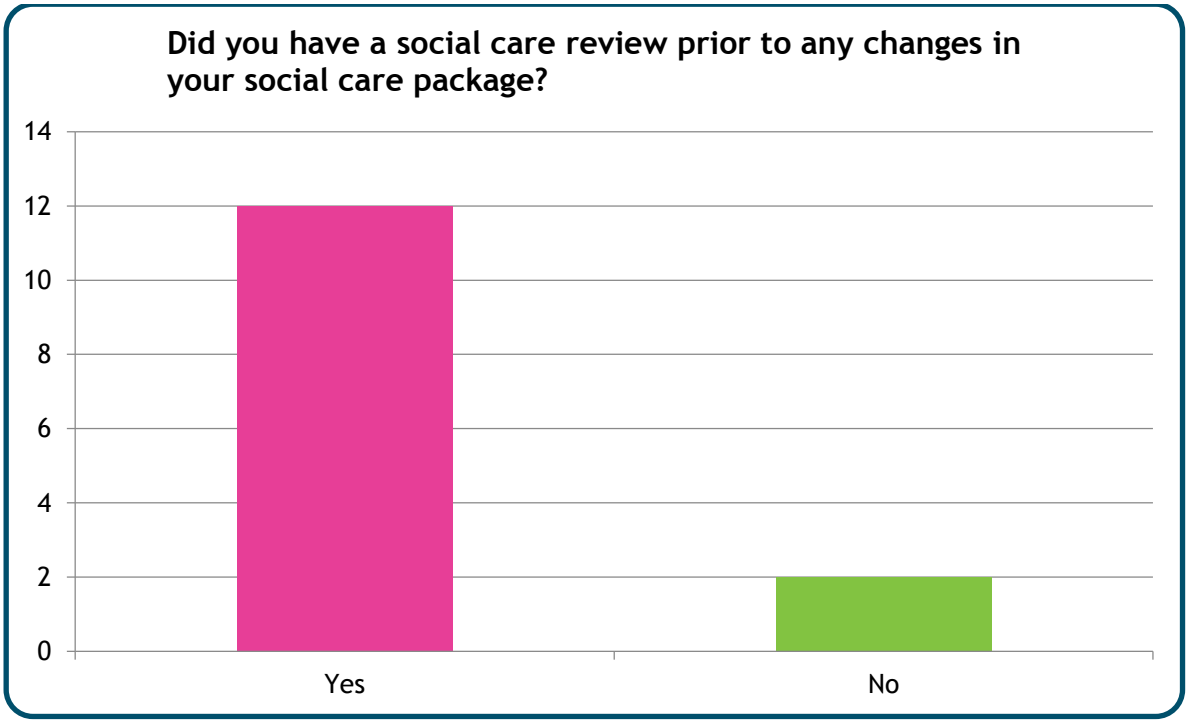
Thirty surveys were sent out through Gateshead Council and 18 surveys were returned (60%). The small number of returns reflects the number who had had actual changes made to their social care package.

What we found

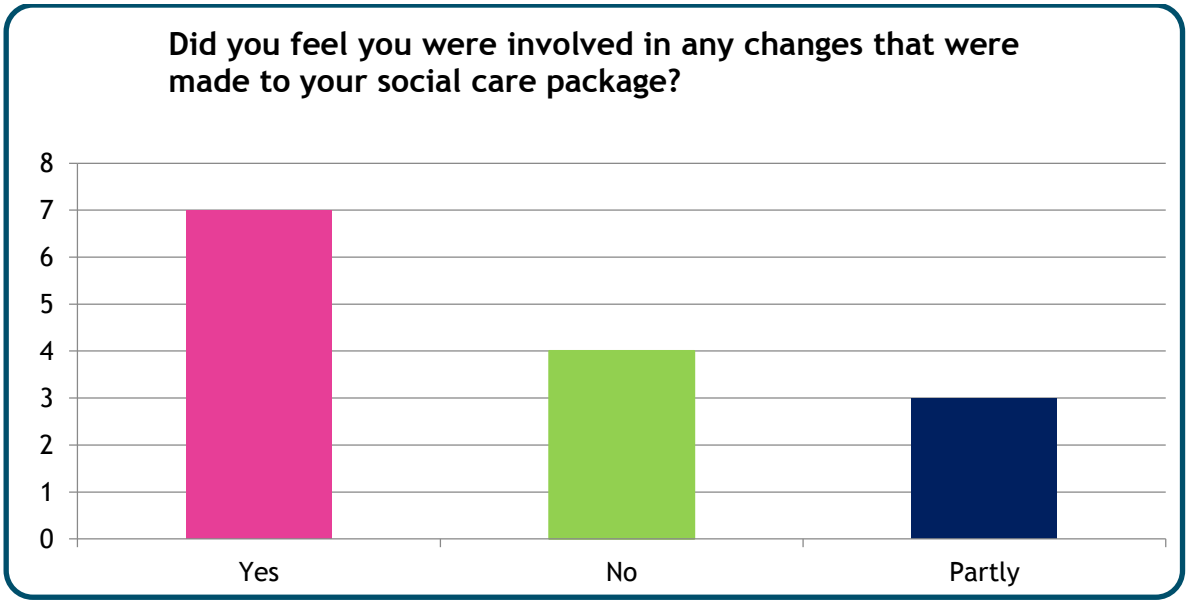
Service user questions



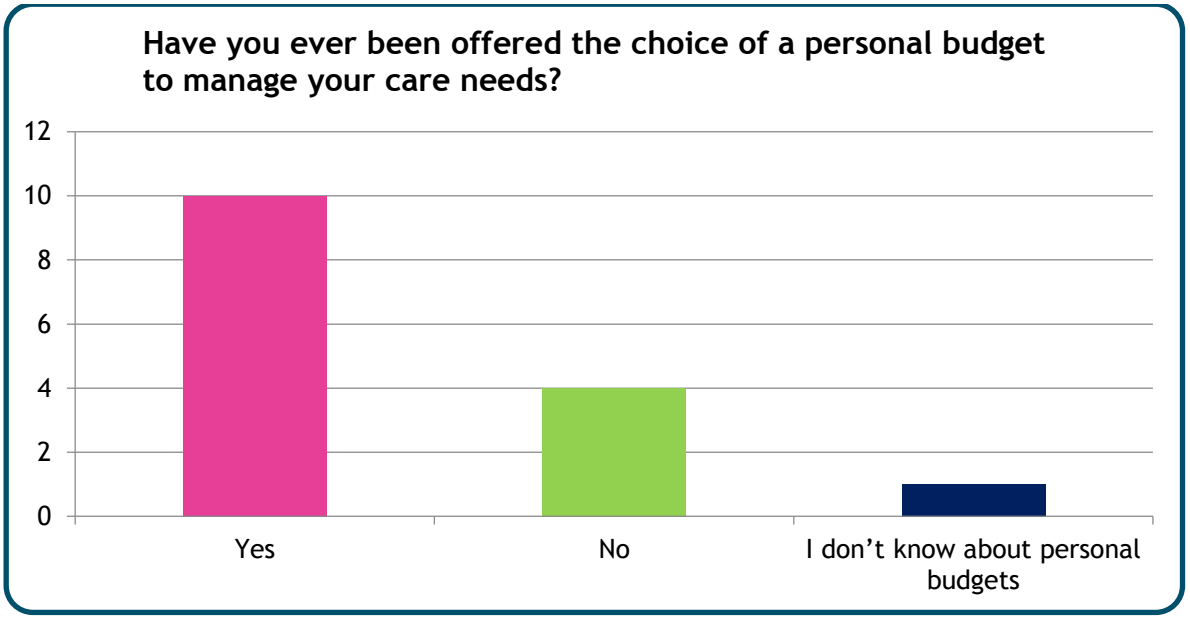
There were 15 respondents to the question in the graph above.



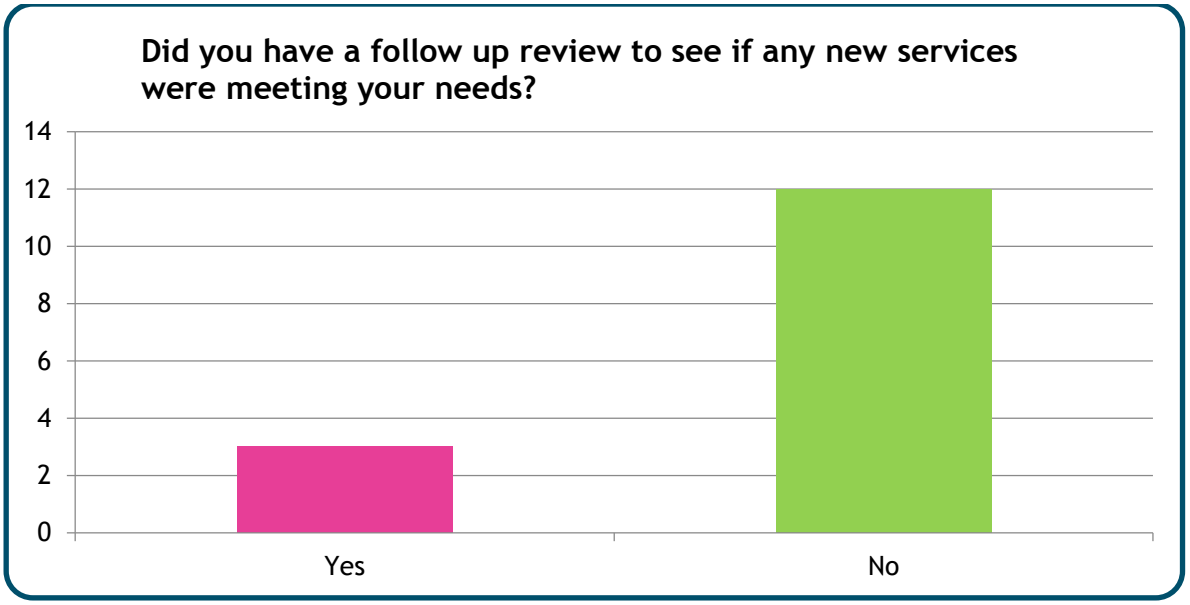
There were 14 respondents to this question. Twelve people told us that they had a review prior to any changes; two people indicated they had not received a review.



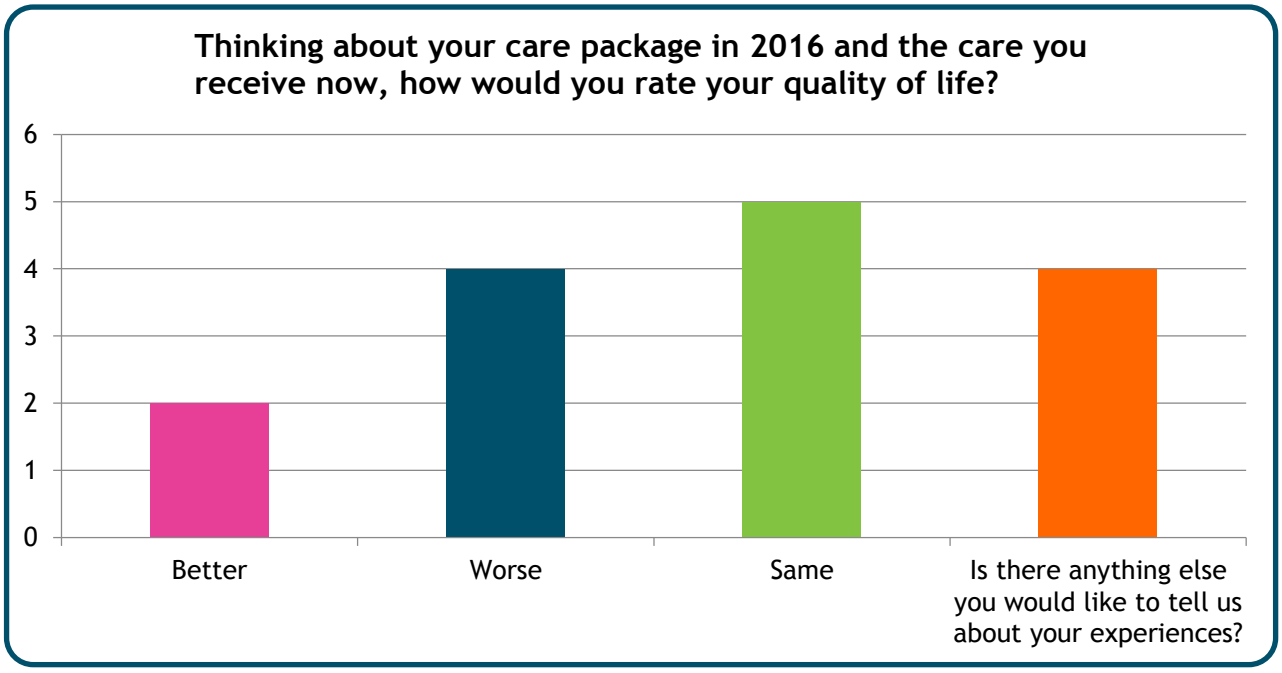
Of the 14 people who responded to this question seven people told us that they did feel involved in changes made to their care package; four did not feel involved in changes; three felt that they were only partly involved in any changes.



Fifteen people answered this question with the majority (ten) indicating that they had been offered the choice of a personal budget.



Of the 15 people who answered this question three people told us that they had a follow up review to see if new services were meeting their needs, while 12 people said they had not.



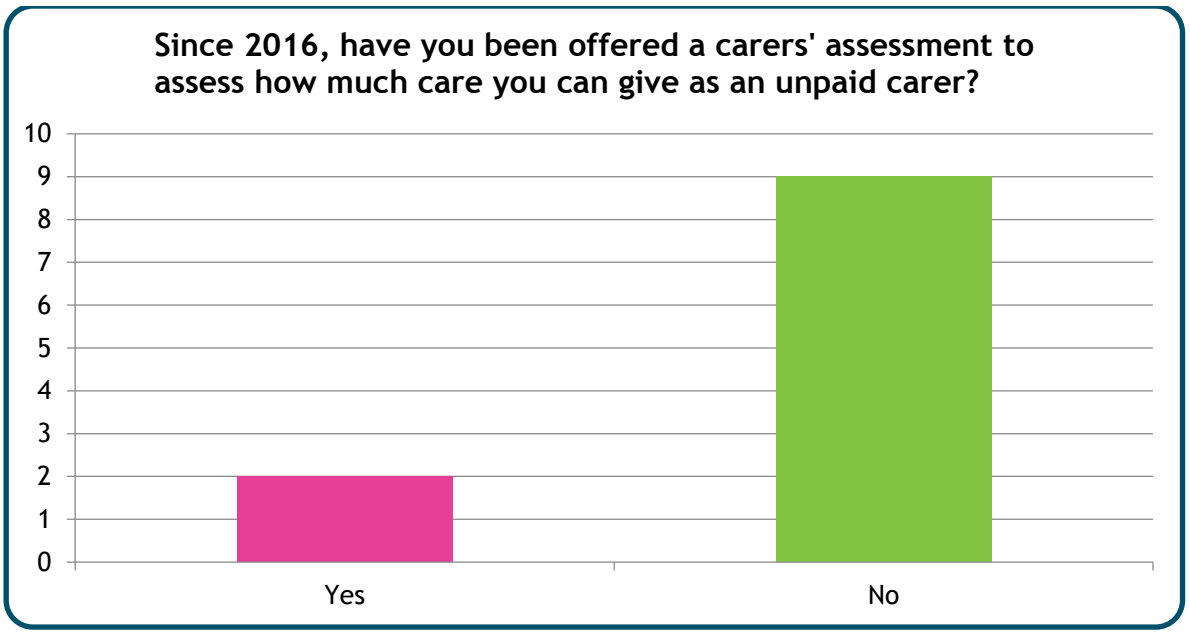
The majority of respondents to this question (nine out of 11 responses) said that their quality of life was either the same or worse than in 2016. People were invited to tell us about their experiences and some of the comments included:

> **"I object strongly to the level of social care charge adopted by Gateshead and the refusal to allow reasonable disability related expenses."**

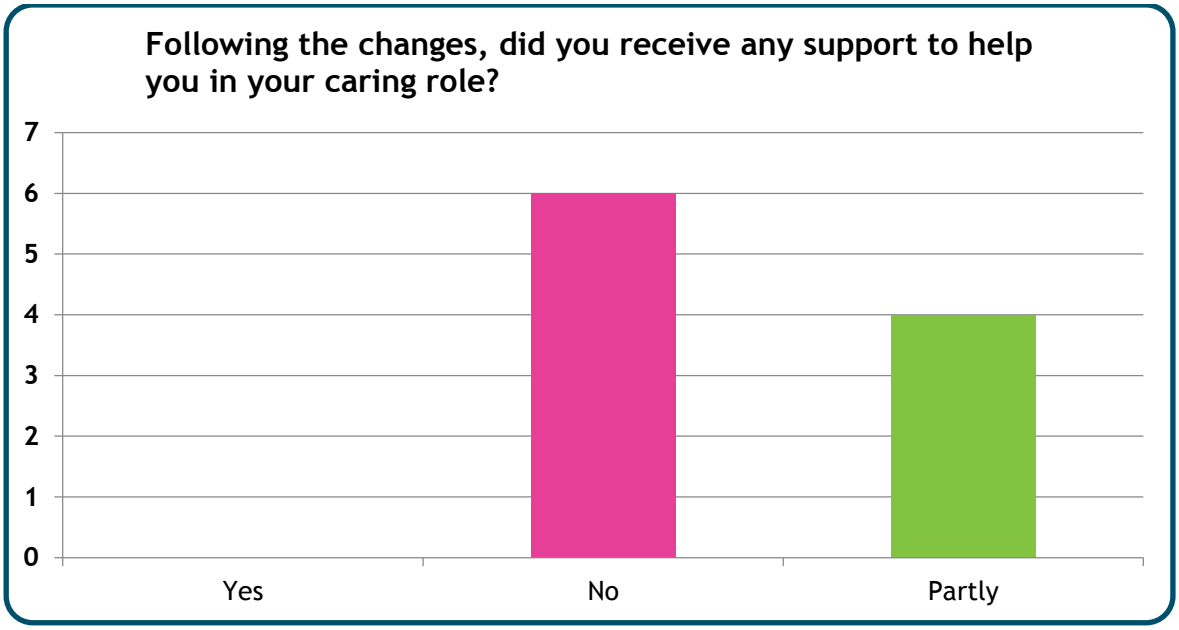
> **"I am much worse off now, no help no support apart from Your Voice Counts in Gateshead. The benefits are a joke as I can't fill the forms in."**

Questions for carers

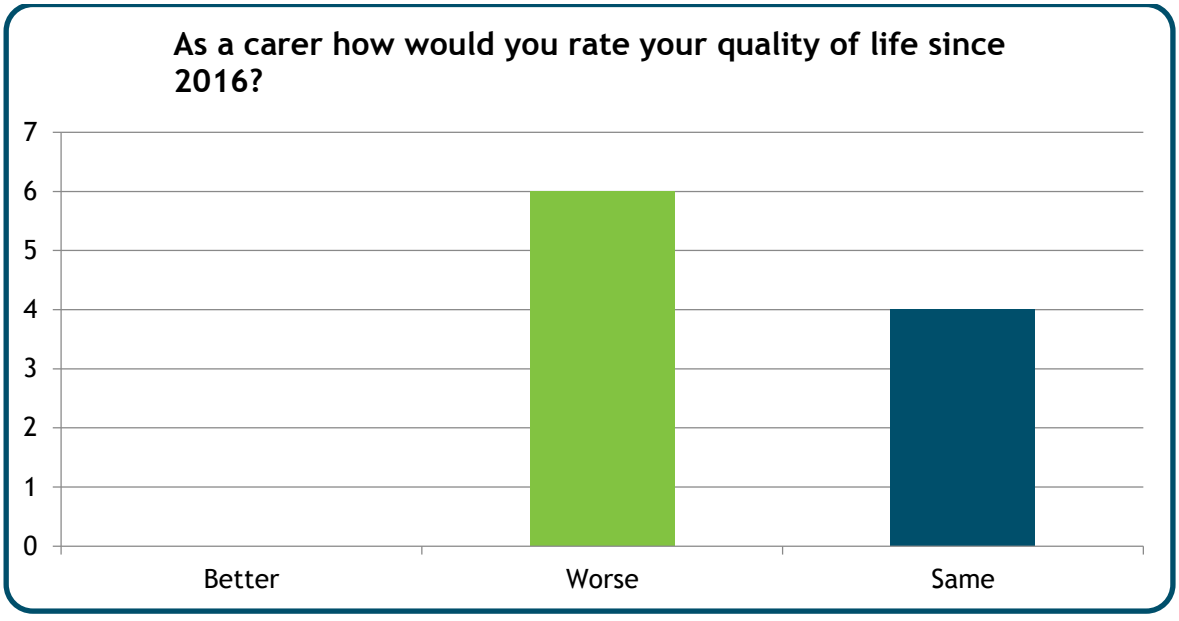
We included questions for carers specifically caring for people who had been affected by the changes.



Of the 11 carers who answered this question, two people told us that they had been offered a carer's assessment and nine said that they had not been offered an assessment. This would be in line with the findings of our 'Caring for carers' report carried out during 2017.[5]



Ten people answered this question. Six people said they did not receive support and four people said they received some support, while none of the carers who answered told us that they received enough support to help them in their caring role.



Of the ten carers who answered the question, four people rated their quality of life as the same, and six rated their quality of life as worse since 2016.

[5] See https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports

"Gateshead Council's first proposal to close day centres was incredibly short sighted. It was only after the issues were raised during the consultation that they decided to carry out individual assessments to get a full picture of the needs and requirements. Thank you Healthwatch for your part in this."

"We have money in the budget, but we can't get a worker that can-do Saturdays, why do the council not ask care companies when they commission if they can provide weekend workers?"

"No-one ever considers the carer it's all down to money."

"I get absolutely no help in my caring duties."

"Due to charges for social care we have lost social care as unable to afford £65 a week demanded by Gateshead council."

"My daughter is in supported living now. She comes home for a weekend or if it is someone's birthday in the family. She likes where she is and is happy."

The majority of service users said they had a social care review prior to any changes. However, the majority also said they did not have a follow up review to see if the new services were meeting their needs.

Half of the respondents felt they were either not involved or only partly involved in the changes to their social care packages.

There was a variance in how service users rated their quality of life following the changes. However, none of the carers responding saw an improvement in their quality of life, with 60% saying their quality of life was worse following the changes. Also of note is that the same percentage (60%) of carers did not feel they received any support following the changes. The other 40% felt partly supported and no one felt fully supported.

The majority of responding carers were not offered a carer's assessment.

6. Our findings

There may have been an opportunity to utilise and consider the intelligence already gathered (such as from the LGA green paper consultation) to inform and shape the 2019—20 budget proposals before going out to consultation. The intelligence could also have been a valuable resource for the impact assessments, particularly around equality.

A voluntary sector briefing on budget proposals that we attended had a lack of detail around many of the proposals. Many of the questions could not be answered due to the absence of senior managers within the council who had put the proposals forward. Although there were some impact assessments available, they were around the delivery of services within the council. There were no equality impact assessments available around the social care proposals at that time. The briefing had to be repeated with senior heads of service in attendance to answer questions.

At our Healthwatch listening event, Gateshead Council senior management for adult social care and commissioning presented the budget proposals. From event feedback people told us that they appreciated the honesty of the council when explaining the financial pressure it faced. However, attendees also said they would have liked more opportunities to ask questions and the lack of equality impact assessments around some of the proposals meant that they did not feel fully informed and engaged. This is particularly concerning as lack of equality impact assessments was raised at our budget proposal event in 2016 and again in our response to the 2018 budget.

Our survey for service users and their carers affected by the 2016—18 budget savings showed that may of the respondents did not have reviews following changes to services, and many carers felt their quality of life had deteriorated. We note that four of the six 2019—20 proposals are likely to affect the same group of people as the 2016—18 budget savings, i.e. people with learning disabilities and their carers. We feel that if reviews had taken place for both service users and carers prior to the latest proposals this could have contributed to the impact assessments around equality.

The lack of support for carers and lack of carer's assessments was an issue. We are concerned about the progress in this area as this was raised by Healthwatch Gateshead in our 'Caring for carers' report[6].

[6] See https://healthwatchgateshead.co.uk/about-us/reports/hwg-reports

7. Recommendations

Inform

1. Organisations must ensure that they have the right people present when they are engaging about proposals and changes to ensure that they can answer questions as fully as possible.

2. Organisations should ensure that all proposals for change, and budget proposals in particular, are accompanied by full impact assessments that include equality impact assessments to assess the impact on service users and the wider health and social care economy.

Engage

3. Gateshead Council should look at opportunities to use existing intelligence, to inform and shape any proposals for change before going out to consultation, engaging at all stages throughout the process.

4. Following the implementation of service changes, commissioners and providers should always undertake a review of the service user experience and service quality.

Influence

5. Gateshead Council should demonstrate how it has used the findings in our 'Caring for carers' report to inform the new carers' support service and should undertake a review of the new service (as in recommendation four).

We welcome the opportunity to work closely with Gateshead Council to ensure that effective and meaningful engagement is carried out to ensure that service users and carers are kept fully informed and involved about decisions that are being made on their behalf.

The continuing of dialogue is of paramount importance during these challenging times when budgets are being cut. There is a need to have good accessible information, to help service users and carers understand **if**, and **how**, they can influence decisions that are taken on their behalf about the lives they want to live.

Contact details


Healthwatch Gateshead, Davidson Building,
Swan Street, Gateshead, NE8 1BG


0191 477 0033


07535 877 831


info@healthwatchgateshead.co.uk


https://healthwatchgateshead.co.uk


@HWGateshead


gatesheadhealthwatch


healthwatch_gateshead


www.linkedin.com/in/healthwatch-gateshead

If you require this report in a different format please call Freephone 0808 801 0382

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healthwatch Gateshead

healthwatch Newcastle

Experiences of mental health services in Newcastle and Gateshead

About Healthwatch Newcastle and Healthwatch Gateshead

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

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

Authors: Healthwatch Newcastle/Healthwatch Gateshead
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1. Introduction

Healthwatch Newcastle and Healthwatch Gateshead shortlisted mental health as a potential priority area for 2018—19 for the following reasons:

1. When we consult on our priorities for the coming year, mental health always scores very highly.
2. We believe our research in this area will complement the information already gathered as part of the ongoing review of mental health services.
3. It provides an opportunity for Healthwatch to be further involved in that review.
4. Our key remit is to ensure that all service users and the public are involved in the ongoing development of health and care services, especially those who may struggle to have a voice or to get involved.

A prioritisation exercise took place during spring 2018, consisting of a public survey and a prioritisation activity at our annual conference in April 2018. Members of the public and our stakeholders considered this subject to be the top priority for both Healthwatch.

We decided to concentrate on gathering the views and experiences of groups or communities who had not been involved, or had only had limited involvement, in recent reviews of local mental health services ('Deciding Together, Delivering Together' and 'Expanding Minds, Improving Lives'). Following consultation with partner organisations and mental health specialists, it became apparent that we could have chosen many different groups. However, we wanted to get a good spread of views from different types of communities and the groups we decided to focus on were:

- Lesbian, Bisexual, Gay and Transgender (LBGT) community
- Veterans
- African/Caribbean community
- Students in higher education
- People who are homeless/living in insecure accommodation
- People in receipt of Universal Credit

We chose these particular groups because we knew through our own involvement in the mental health consultations, and through talking to colleagues in the public and voluntary and community sectors, that these groups had been under represented in the engagement and consultations so far. Also, they are groups of people who can struggle to have their voice heard more generally.

We undertook some of the research ourselves but also offered local organisations the opportunity to apply for a small grant of up to £1,000 to enable them to carry out work on our behalf. This allowed us to hear the views of people and groups that Healthwatch would otherwise have struggled to engage with within the limited time scale of this project.

The organisations that worked with us as partners on this project were:

- Changing Lives, through the Fulfilling Lives Newcastle Gateshead programme, which focussed on people who are homeless or living in insecure accommodation.
- Forward Assist, which focussed on veterans.
- Citizens Advice Gateshead, which looked at people claiming Universal Credit.

Consultations with the LGBT community and the African/Caribbean community were carried out by Healthwatch Newcastle. A third-year student on placement from Northumbria University carried out a consultation with students in higher education.

For comparative purposes, we decided to ask all participants in the research the same series of short open questions. Answers to these questions were gathered through a variety of methods including focus groups, structured one-to-one interviews, online surveys, creative data capture and peer research. All participants were asked:

1. What are your experiences of trying to get help with your mental health?
2. If you managed to get help, what sort of help did you get and how effective was it?
3. What could have made things easier or better for you?
4. Choose three words that describe what a first-class mental health service would look like to you.

We hope that this qualitative approach, focusing on service user experience, will provide constructive insights into any emerging issues across communities or specific to certain groups and that these, plus our resulting recommendations, will feed into the ongoing review of Newcastle and Gateshead mental health services.

2. Methodology

Because we were quite prescriptive about the questions that we wanted to ask, we were keen that the organisations carrying out research on our behalf chose their own methodologies, which were appropriate to their client group and their circumstances. This was something we asked about in the grant application process and discussed with shortlisted applicants when they later presented their ideas to us. Consequently, we were satisfied that a wide variety of research methods were used to gather the information. Details on the research methods can be viewed in the individual 'mini project' reports from each organisation[1]. However, in brief:

- The Fulfilling Lives Newcastle Gateshead 'Experts by Experience' group carried out peer research with people who were homeless/living in insecure accommodation. A number of different techniques were used, including one-to-one interviews, focus groups and creative data capture, where art-based methods were used to secure visual responses to the questions.

[1] www.healthwatchnewcastle.org.uk/mental-health-mini-reports

- We decided that the most effective way to consult with a large, diverse and dispersed LBGT community would be via an online survey. We sent the survey, plus an explanatory email, to 14 different organisations, networks and key individuals, asking them to circulate and promote it.

- Forward Assist chose to run two focus groups split by gender. This was because many of the female veterans stated that they felt vulnerable around their male counterparts. The focus groups incorporated creative data capture techniques including a 'views tree' and a 'recommendations light bulb'.

- We worked with a voluntary organisation called ACANE (African Community Advice North East) and, with their support, offered a focus group for members of the African/Caribbean community. Healthwatch staff also carried out a further small group discussion and two home visits where one-to-one interviews took place.

- Students in higher education were offered an online survey and invited to attend a focus group. As expected, the online survey proved to be the most effective way of gathering information from this group of mostly young people. No students took up the offer of the focus group.

- Citizens Advice Gateshead chose to ask the survey questions during their one-to-one advice sessions with clients. Clients had previously been identified as facing challenges associated with Universal Credit and had responded positively to enquiries about their mental health.

Each piece of work aimed to consult with 20 individuals. However, because of the different methods chosen, the different sizes of the populations concerned, and the differing capacities of the organisations and individuals involved, the numbers of responses gathered varied quite widely across the groups.

Group	Numbers of responses
Homeless/insecure accommodation	23
LGBT	32
Veterans	30
African/Caribbean	14
Students	13
Universal Credit	27
Total number of responses	**139**

While the total of 139 responses is significantly above our target of 120 across the six mini projects, we acknowledge that this is still a very small sample size. Therefore, we cannot say that findings are a true reflection of the experiences of all the people from these particular communities who have accessed local mental health services. What we can say are they are the views, experiences and issues identified by the 139 people involved.

The partner organisations were asked to produce a short report detailing their findings[2].All the information contained in the reports and shared with Healthwatch is anonymous and non-identifiable.

The purpose of this particular report is to provide an overview of the whole research project, to pull together the findings from the six mini projects and identify any issues, either across all communities or specific to certain groups, and to make recommendations for improvements.

Everyone who completed surveys or who was involved in the research was also asked to complete a Healthwatch monitoring form. Not all participants chose to do this but where information is available it has been included in the project reports. From the information available it is possible to say that most of the mini projects recorded a good gender mix, that the most common age banding of respondents was 25—49, and that there was a good range of Newcastle and Gateshead residents for those projects where this was relevant. There were also people who, while they were involved because they identified as representative of a particular group, also identified as representative of other groups included in this work, for example, an LGBT student.

The project as a whole was co-ordinated by a project manager who developed and promoted the small grants scheme, and engaged with and supported successful applicants. She also project managed the work carried out internally, supervised the student on placement, and was responsible for the production of this final report.

3. Findings

We reviewed and collated the results from all six mini projects and looked for common themes. Where significant, we also identified issues specific to particular groups. For a more detailed analysis of the findings of each of the mini projects, please look at the individual project reports at **www.healthwatchnewcastle.org.uk/mental-health-mini-reports**.

As mentioned above, participants across all the projects were asked the same four questions:

1. What are your experiences of trying to get help with your mental health?
2. If you managed to get help, what sort of help did you get and how effective was it?
3. What could have made things easier or better for you?
4. Choose three words that describe what a first class mental health service would look like to you?

[2] See **www.healthwatchnewcastle.org.uk/about-us/reports**

3.1 What are your experiences of trying to get help with your mental health?

This question asked participants to tell us about their experiences of trying to access help. A number of issues were identified by several of the groups participating in the research.

Internal barriers

These included people's reluctance or inability to acknowledge or understand that they had a problem, to ask for help with that problem and then to accept the help offered. It also covered people avoiding asking for help because they felt stigmatised or prejudged due to their circumstances or characteristics. It was identified as an issue by four of the groups[3]. People told us:

> **"It was very difficult to ask for help in first place due to not recognising I had a mental health issue… didn't want to take up doctor's precious time and my own pride and stigmatising myself. Easy to get appointment at doctors, not so easy for me to accept help/referral/medication, etc."**

> **"Asking for help was extremely difficult, it took me two, nearly three, years."**

Lack of information

This covered a lack of knowledge about what help might be available, how to access it and who might support people to do this. It also covered the quality, accessibility or appropriateness of information provided. It was raised as an issue by four of the groups[4] and for some it was identified as compounding internal barriers:

> **"I think that the first step is admitting to oneself, that one needs help, and that can only be helped by knowledge of what support and services are available, and to be honest, finding information on these is not easy."**

Waiting times

Long waiting times were identified as an issue by four groups[5]. People had mixed experiences of trying to access their GP, some very positive, others not so good. Of particular concern was the wait for specialist services which, for some, led to further deterioration in their health or meant that the original treatment plan was no longer appropriate. As one person told us:

> **"Usually by the time I am seen it is too late, the damage has been done."**

[3] African/Caribbean community, LBGT, students, veterans
[4] African/Caribbean community, LGBT, students, Universal Credit
[5] LGBT, students, Universal Credit, veterans

Another explained:

> **"I waited six months for counselling therapy sessions to be set up for me, however at this point I was in an entirely different place."**

Staff attitudes

This included both medical and non-medical staff and covered lack of compassion and understanding, lack of awareness of the participants' issues, stigmatising people because of their circumstances and a general lack of respect. It was raised as an issue by three of the groups[6]. Two respondents told us:

> **"GP does not know what to say to me, I don't go now."**

> **"They make you feel like a number in the system rather than a human being – they made me feel like a freak."**

The mini projects also identified issues that were specific to their client groups[7]. Some of the more noteworthy issues highlighted include:

- **Cultural barriers** – this was a particular issue for the African/Caribbean community. All participants felt that in their culture mental health was a taboo subject. No-one admitted to having a mental health problem due to the stigma attached to this. It was seen as a sign of weakness especially among the male population. Furthermore, a person with mental health issues is perceived by other people in the community as lacking support from their family, thereby giving that family a negative reputation. All of this led to a 'grin and bear it' approach to mental health.

- **Too complex** – both veterans and those who were homeless or living in insecure housing felt that their issues were 'too complex' and that frontline services in particular didn't know how to deal with them and consequently avoided doing so:

  > **"I told a health professional I was raped ten year ago, I was told it was too complex for her to deal with, they gave me a number to ring instead, I never did."**

  People felt stigmatised because of their multiple issues or the complexity of their needs. This was a particular issue for those with a dual diagnosis. As one person told us:

  > **"I sat for an hour… told him about my issues, that I self-harm when I get depressed… they said come back when your treatment's finished for alcohol use. I felt let down, I haven't been back to mental health support."**

[6] Homeless, LGBT, veterans

[7] See www.healthwatchnewcastle.org.uk/mental-health-mini-reports for details.

- **Need to escalate** – for those who were homeless or living in insecure housing, the need to escalate their problem in order to access help was identified as a major issue. People explained how they had to increase the chaos in their lives through self-harm, criminal behaviour or violence in order to get the help they needed.

- **Transport issues** – for people in receipt of Universal Credit, and those who were homeless or living in insecure housing, the cost and/or the difficulties associated with travelling to their GP surgery was another particular issue. People wanted to remain with the GP they felt comfortable with, but a transient and/or cash-strapped lifestyle made this very difficult and meant some people were unable to access help when they needed it. As one respondent told us:

  "I don't want to change doctors… having to bring it all up again. Sometimes I'd take the tablets cos talking about it all again, like explaining what's happened to me to get to this, is a big trigger."

3.2 If you managed to get help, what sort of help did you get and how effective was it?

With this question we were interested to know what type of help people were getting and also how effective they found it. The most common form of treatment across all participant groups was medication and most, but not all, described their experience of taking medication as positive, especially once any initial dosage problems were resolved. This was followed by talking therapies. However, people's experiences of talking therapies was much more mixed, with some people describing the experience as very positive, others as much more negative.

A wide range of other treatments, including alternative therapies, were mentioned[8]. For some treatments people generally reported positive results (counselling) while other treatments elicited a more mixed response (group therapy and CBT).Interestingly, several people from different groups stated that self-medication (usually alcohol and/or drugs) was the way they best managed their problems. Others chose more positive types of self-help or paid for private treatment. However, while all who paid for private treatment found this a positive experience, it was clearly not an option available to all respondents.

Compared to the other questions, this question received the most positive responses with a significant minority of people, once they managed to access help, being very happy with the help they received. As one person told us:

"I accessed counselling a number of times, the help I received was amazing."

[8] See www.healthwatchnewcastle.org.uk/mental-health-mini-reports for details.

Another said:

> **"I'm taking part in talking therapy and it's very beneficial."**

However, this wasn't universal and again a number of issues were identified by participants from several of the participating groups.

Organisational issues

These were identified by four of the groups[9] and covered a wide range of issues, such as problems transitioning between services, having to retell their story, people not sharing information or passing on notes and problems accessing effective medication. As one respondent said:

> **"I changed surgeries… when I was up the surgery they took us off me pregabalin completely… there was no conversation about why there wasn't a reduction and the medication was removed."**

Another respondent told us:

> **"I don't trust seeing a different person each time, no-one reads each other's notes properly."**

Within this category, long waiting times were also identified as a significant issue, as one person described it:

> **"The waiting times are literally beyond the joke."**

Another told us:

> **"I was referred to another organisation, not NHS, with a huge waiting list. All I wanted was a CPN."**

Staff attitudes

These were also identified as an issue by four of the groups[10], while some people spoke very highly of the care and attention they received. As one respondent told us:

> **"I am incredibly impressed with the care and attention the GPs took with my husband when he was actively suicidal. The surgery has supported him (and me) through this."**

Others found staff to be impersonal and difficult to talk to. Some people felt pre-judged because of their past history, others that staff were almost fearful of them because of the complexity of their needs.

[9] Homeless, LGBT, students, veterans
[10] Homeless, LGBT, students, Universal Credit

Two veterans told us:

> **"I want to be seen by someone not scared of war and death."**

> **"Accessing community mental health support in Gateshead was the worst experience of my life… they told me I'm out of their league."**

Lack of service/choice

Many people had concerns about the lack of choice or lack of an appropriate service. For some this meant only being presented with one option that wasn't effective; sometimes because it wasn't appropriate or because there wasn't enough of it:

> **"Referred to talking therapies — very difficult for me to attend, it takes courage to do that kind of thing and I didn't have the courage."**

One student told us they received five counselling sessions and felt that they 'didn't get to the root of the problem'. Another respondent explained:

> **"Six to eight hours for a lifetime of trauma and then shut that door, and that's scary."**

Other people referred to the lack of services with the expertise to deal with their particular issues. A veteran told us:

> **"I get easily frustrated trying to get people to understand me, more so when they have no training in veterans' issues."**

One respondent mentioned that there was no specialist NHS help available for LGBT people, and someone else felt that there was a lack of awareness of transgender issues among GPs. The mini projects also identified issues that were specific to their client groups[11]. Some of the more noteworthy issues highlighted include:

- **Language barriers** — this was a particular issue for the African/Caribbean community and resulted in people not accessing the help they needed. One man talked of being offered counselling but did not go because he was not confident with the English language and it would be embarrassing for him. Language barriers also compounded feelings of isolation and 'not belonging' experienced by this group, which in turn deterred them from accessing or maintaining treatment and support.

- **Unmet expectations** — people who were homeless or living in insecure housing told us that their experience of talking therapies often did not meet their expectations, which were high because of how the treatment was explained to them. They told us:

[11] See www.healthwatchnewcastle.org.uk/mental-health-mini-reports for details.

"I got six weeks, maybe eight weeks, I've spent a lifetime with this problem, I thought brilliant, someone's going to sort this out in a matter of weeks!"

"I thought I was going to get cured, this person was going to wave a magic wand, talking therapies, you've fought that hard to get help and I had no idea what that even was."

The experience of being let down when talking therapies failed to meet expectations may have contributed to the feelings of despair and desperation that were particularly highlighted in this group.

- **Handover issues** – for veterans there were significant issues relating to the sharing or handover of information from military to civilian health services. This resulted in GPs being unaware of the patient's history and circumstances, and veterans having to retell (or not tell) what could be very difficult stories. For some it also led to delayed access to treatment. As we were told:

  "No hand over by the MOD has resulted in delayed treatment for me by the NHS."

  "I am sick of being rejected because nothing has been passed over."

3.3 What could have made things easier or better for you?

We were particularly interested to hear what could have made things easier or better for people, both when they tried to access help and when they received treatment. Participants identified the following themes.

Better information

Knowing what help is available and how to access it would have helped several of the groups. In particular, the African/Caribbean group identified this as a significant issue. As did the LGBT community, which highlighted the need for more LGBT-specific information and support. As one young respondent told us:

"I think more needs to be done to raise awareness of how to get help for mental health issues, preferably in a way that wouldn't scare off young people identifying as LGBTQ."

Greater understanding and awareness

This was identified by all of the groups involved in the research. Within this general heading, the need for more awareness of and openness about, mental health issues was highlighted, and it was recognised that this was needed at a societal level, within health services and within schools.

Greater understanding of people's particular issues was also raised and was linked to the need for better training:

> **"How can you talk to someone who you know has no training?"**

Shorter waiting times

The need for shorter waiting times was mentioned by four of the groups[12] and while many acknowledged the high demand for services, they felt that waiting times were still too long and were having a detrimental effect on people's health. As a student told us:

> **"Waiting times should be faster for people with self-harm and suicide ideation."**

Another respondent said:

> **"Waiting time has been key this time — it's really difficult to access the right support at the right time."**

Improved systems

Another common theme was the need for improved systems and this was linked to waiting times. There were a number of different suggestions:

- Easier to access, more flexible appointments were mentioned and referred to both primary and secondary services.
- Being able to see a GP or a specialist that people felt comfortable with, or at least someone of their preferred gender, was mentioned by several respondents.
- A more person-driven approach was also raised, as one person told us:

> **"Someone coming to the house I think would have helped me sooner. Because I couldn't leave the house... my mental health got worse and worse."**

Someone to talk to

Several of the groups stated that someone to talk to while they waited to access treatment, while treatment was ongoing or as an alternative to more formal treatment, would be of huge benefit. As a member of the African/Caribbean community told us:

> **"Just an opportunity to talk to someone and let off steam."**

[12] LGBT, students, Universal Credit, veterans

Another respondent stated it didn't need to be in person:

> **"There should be a free number, so you don't annoy the 999 people... we don't want to sit in waiting rooms, we want to speak to someone, the right professional — there should be an emergency line for mental health."**

3.4 Choose three words that describe what a first-class mental health service would look like to you?

Finally, we asked all respondents to identify three words that would describe a first-class mental health service. As well as hearing what specifically would have made things better or easier for people, we were keen to understand what people thought overall about how a first class mental health service should be. We felt that asking people to describe such a service in just three words would give a good overview. The responses reflected the findings described earlier in the report.

Of course, the 139 respondents chose many, many different words. However, three words were mentioned more than any others:

Understanding

Accessible

Fast (timely)

The prevalence of these particular words is perhaps unsurprising considering they have been chosen by communities, many of whom have long experienced both a lack of access and of understanding in their lives.

The next set of words, which were mentioned less often but were still of significance for more than one of the groups were:

Non-judgemental

Listening

Person centred

Caring/supportive

We acknowledge that this was a very simplistic approach. Words mean different things to different people at different times, and alone they provide little detail about what people need and want from their local mental health services. However, we hope they give a sense of what the people who were involved in our research believe to be of importance in their mental health services and that this insight is of value to the commissioners and providers of local mental health services.

4. Conclusion and recommendations

It is worth mentioning first that a significant minority of respondents reported positive experiences when accessing mental health services and receiving treatment and support. Just under a third of all the responses we received from the LGBT community were positive, and other groups also reported positive experiences. As one respondent told us at the end of their survey:

> **'I think the NHS is a fantastic service and they are doing their absolute best, they just need more support and funding from central government. I would happily pay a higher tax rate to make sure the NHS remains accessible.'**

However, a number of key issues emerged from the surveys and we have based our recommendations around them. The four main recommendations are relevant for all of the groups that were involved in the research. We have also included some specific recommendations for particular groups, taken from the reports of the relevant mini projects. Not all of the mini project reports included recommendations as this was not required in the specification, however, you can read recommendations where they were provided at www.healthwatchnewcastle.org.uk/mental-health-mini-reports.

General recommendations

We recommend that providers and commissioners of local mental health services work with the local community and, in particular, the groups who took part in this research to:

1. Provide accessible and inclusive information about what constitutes mental wellbeing and about the mental health services that can help people attain it. This information should be available in a variety of languages, formats and in a wide range of community locations, including schools. Where appropriate, group-specific information should also be available.

2. Ensure that all staff receive the training they need to guarantee that patients are treated appropriately for their condition and circumstances, and with respect and understanding. In particular, GPs and mental health specialists need to be aware of the specific issues and needs of the different communities that took part in this research.

3. Investigate ways to reduce waiting times and/or to reduce the negative impact of long waiting times on service users. This should include providing more flexible appointments in more accessible venues/locations and at times which better suit people's needs.

4. Develop a service that can ensure that people have someone to talk to informally while they wait to access treatment, while treatment is ongoing, and after treatment; or as an alternative to more formal treatments.

Specific recommendations

We recommend that providers and commissioners of local mental health services work:

With people who are homeless or living in insecure accommodation:

- And their colleagues in drug and alcohol services, to ensure that services are inclusive for people with trauma histories and coexisting mental health and substance use issues. This inclusivity should include opportunities for joint staff training and cover timeliness of support, accessible information and support, information which appropriately prepares people for treatment, and the widening of service thresholds to support people with multiple and complex needs.

With the African/Caribbean community to:

- Ensure that steps are taken to support this community to recognise the triggers and early signs of mental health issues. This should include practical advice, opening up the lines of communication and working towards breaking down the stigma attached to mental ill-health. In particular, there is a need to work with the community to help provide safe spaces for men to talk through their issues.

With the LGBT community to:

- Ensure that people can always choose whether they see a male or female professional and can have access to specialist services where this is appropriate.

With veterans to:

- Provide for the mandatory inclusion of a question about previous military service at the assessment stage of any treatment. This will allow civilian health and social care organisations to better understand the issues veterans face. It will ensure a more effective assessment of veterans needs by ‘flagging up’ the possibility that the presenting behaviour or issues may be directly related to past military service or the transition from it.

5. Acknowledgements

Healthwatch Newcastle and Healthwatch Gateshead would like to thank all those individuals who took the time to share their experiences of and views about local mental health services. We would also like to thank Forward Assist, Citizens Advice Gateshead and Fulfilling Lives Newcastle Gateshead[13], who carried out the research on our behalf and encouraged people to take part. Their involvement has brought Healthwatch an unprecedented depth and breadth of knowledge and understanding.

Finally, we extend particular thanks to Leigh Jones, our student on placement, who carried out the research with university students, and Sheila Blatchford, the 'Expert by Experience' from Fulfilling Lives Newcastle Gateshead, who co-led that piece of work. You both did a wonderful job in challenging circumstances.

Forward Assist's 'views tree', used to research veterans' views

[13] Forward Assist www.forward-assist.com
Citizens Advice Gateshead www.citizensadvicegateshead.org.uk
Fulfilling Lives Newcastle Gateshead http://fulfillinglives-ng.org.uk

Contact

Healthwatch Newcastle MEA House, Ellison Place Newcastle upon Tyne, NE1 8XS	Healthwatch Gateshead Davidson Building Swan Street, Gateshead, NE8 1BG
0191 338 5720	0191 477 0033
07551 052 751	07535 877 831
info@healthwatchnewcastle.org.uk	info@healthwatchgateshead.co.uk
www.healthwatchnewcastle.org.uk	https://healthwatchgateshead.co.uk
@HWNewcastle	@HWGateshead
HWNewcastle	gatesheadhealthwatch
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Gateshead Council

HEALTH AND WELLBEING BOARD
26 APRIL 2019

TITLE OF REPORT:
EARLY HELP SERVICE (TARGETED FAMILY SUPPORT) PROGRESS UPDATE

Purpose of the Report

1. To seek the views of the Health and Wellbeing Board on the Targeted Family Support function of the Early Help Service.

Background

2. The Early Help Service (Targeted Family Support) was introduced in October 2017 to provide a Tier 2 family intervention service to vulnerable families in the borough experiencing difficulties with children's behaviour, domestic routines, home conditions, managing a low income and ensuring that the family has access to the right services.

   Whole-family needs are assessed using the Common Assessment Framework (CAF) and a support plan is developed. Progress of the plan is reviewed every 6-8 weeks in a Team Around the Family (TAF) meeting.

   A total of 2615 children have been referred to Targeted Family Support between October 2017 and February 2019 with a total of 1837 children being allocated for a family intervention service co-ordinated by a lead practitioner. Social work teams (755), Education (728), Police (489) and Health (240) are the largest sources of referral for family intervention services. A total of 268 children have been self-referred direct by families.

   The current caseload stands at 872 children.

   A total of 57% of all case closures conclude with the family completing their support plan, while 11% see the family escalated for a (Tier 3) social work intervention where there is evidence of increased risk.

   The service continues to achieve sustained change within families as only 6% of all case closures – and 3% of closures where the family have completed their support plan – are referred to Tier 3 services within 6 months of closure to Early Help. When the reporting period is extended to 12 months, 8% of all closures were referred to Tier 3, while 6% are referred where the family have completed their support plan.

   An analysis of Early Help caseloads in November 2018 showed that 87% (973 children) on caseloads were in the 'Vulnerable and 'Just Coping' Thrive categories.

   The service continues to develop new and innovative areas of practice, including:

   - Gateshead leading a group of 10 regional Local Authorities in delivering the Reducing Parental Conflict Programme which will test up to £2.75M of new provision to help reduce the impact of parental conflict on children;

- A new ‘Families First’ pathway for parents of children undergoing assessment for ADHD and autism and building further on national recognition for ADHD work in 2016;
- Introducing the Team Around the School (TAS) model in January 2018 and extending this to two further schools from April 2019;
- Developing further the wide range of evidence-based, group parenting interventions available to families with children of all ages.

The Early Help Service continue to support and deliver training opportunities across the children’s workforce (CAF, Level 3 Safeguarding, Domestic Abuse, Adolescent-Parent Violence & Abuse).

A refreshed Gateshead Early Help Strategy (2018-2021) is placing a higher emphasis on Early Help as “everyone’s business” to broaden the partnership responsibility for delivering timely and effective support to families in a range of contexts and settings.

Proposal

3. It is proposed that the Early Help Service (Targeted Family Support) provides direct performance reports to the Health and Wellbeing Board against a timescale agreed by the Board. It is further proposed that the Board supports and promotes Early Help as a wide offer of support across a range of services.

Recommendations

4. The Health and Wellbeing Board is asked to consider:

- the progress and impact made by the Early Help Service (Targeted Family Support) since inception in October 2017;
- providing the governance structure for the implementation and review of the Gateshead Early Help Strategy;
- how partners can contribute to a Gateshead Early Help ‘Offer’ which provides families with timely and effective support.

Contact: Gavin Bradshaw (0191) 4333543 on behalf of Val Hall

Gateshead Council

HEALTH AND WELLBEING BOARD
26th April 2019

TITLE OF REPORT: Better Care Fund: 4th 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 4th 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 4 Template Return for 2018/19

4. In line with the timetable set by NHS England, a return for the 4th quarter of 2018/19 was required to be submitted by the 19th April. The return set 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 included a narrative progress update.

Proposal

5. It is proposed that the Board endorse the 4th Quarter BCF return for 2018/19 that has been submitted to NHS England (attached as an excel document).

Recommendations

6. The Health and Wellbeing Board is asked to endorse the Better Care Fund 4th Quarter return for 2018/19.

Contact: John Costello (0191) 4332065

Better Care Fund Template Q4 2018/19

Guidance

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.

For 2018/19, reporting on the additional iBCF (funding announced in the 2017 Spring Budget) is included with BCF quarterly reporting as a combined template to streamline the reporting requirements placed on local systems. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately. Though not required for Q3 2018/19, quarterly reporting for the iBCF is required for Q4 2018/19.

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

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. Income and Expenditure

The Better Care Fund 2017-19 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs. Instead of collecting Income/Expenditure on a quarterly basis as was the case in previous years 2015/16 & 2016/17, 2018/19 requires annual reporting of Income and Expenditure at a HWB total level.

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2018/19 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2018/19 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2018/19.

Expenditure section:
- Please enter the total HWB level actual BCF expenditure for 2018/19 in the yellow box provided.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2018/19.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2018/19 through a set of survey questions which are overall consistent with those from previous years.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2018/19
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges
This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2018/19.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2018/19?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. 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.

8. Additional improved Better Care Fund: Part 1

For 2018/19 the additional iBCF monitoring has been incorporated into the BCF template. The additional iBCF sections of this template are on tabs '8. iBCF Part 1' and '9. iBCF Part 2'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.

To reflect this change, and to align with the BCF, data must now be entered on a Health and Wellbeing Board level.
The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at Spring Budget 2017 only.
Specific guidance on individual questions is present on the relevant tab.
9. Additional improved Better Care Fund: Part 2
Specific guidance is present on the sheet.

Better Care Fund Template Q4 2018/19

1. Cover

Version 1.0

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 johncostello@gateshead.gov.uk
Contact number:	0191 217 2960 0191 433 2065
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Lynne Caffrey

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. Income and Expenditure	0
6. Year End Feedback	0
7. Narrative	0
8. improved Better Care Fund: Part 1	0
9. improved Better Care Fund: Part 2	0

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | Local Government Association | NHS England

[<< 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

Sheet Complete:	Yes

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

4. High Impact Change Model

^^ Link Back to top

	Cell Reference	Checker
Chg 1 - Early discharge planning Q4 18/19	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19	G15	Yes
Chg 5 - Seven-day service Q4 18/19	G16	Yes
Chg 6 - Trusted assessors Q4 18/19	G17	Yes
Chg 7 - Focus on choice Q4 18/19	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19	G19	Yes
UEC - Red Bag scheme Q4 18/19	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

5. Income and Expenditure ^^ Link Back to top

	Cell Reference	Checker
Do you wish to change your additional actual CCG funding?	G14	Yes
Do you wish to change your additional actual LA funding?	G15	Yes
Actual CCG Add	H14	Yes
Actual LA Add	H15	Yes
Income commentary	D21	Yes
Do you wish to change your BCF actual expenditure?	E28	Yes
Actual Expenditure	C30	Yes
Expenditure commentary	D32	Yes

Sheet Complete:	Yes

6. Year End Feedback ^^ Link Back to top

	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C10	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C11	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C12	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C13	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C14	Yes
Statement 6: Delivery of our BCF plan ihas contributed positively to managing reablement	C15	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C16	Yes
Statement 1 commentary	D10	Yes
Statement 2 commentary	D11	Yes
Statement 3 commentary	D12	Yes
Statement 4 commentary	D13	Yes
Statement 5 commentary	D14	Yes
Statement 6 commentary	D15	Yes
Statement 7 commentary	D16	Yes
Success 1	C22	Yes
Success 2	C23	Yes
Success 1 commentary	D22	Yes
Success 2 commentary	D23	Yes
Challenge 1	C26	Yes
Challenge 2	C27	Yes
Challenge 1 commentary	D26	Yes
Challenge 2 commentary	D27	Yes

Sheet Complete:	Yes

7. 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

8. Additional improved Better Care Fund: Part 1 ^^ Link Back to top

	Cell Reference	Checker
A1) Do you wish to revise the percentages provided at Q1 18/19?	C14	Yes
A2) a) Revised meeting adult social care needs	D17	Yes
A2) b) Revised reducing pressures on the NHS	E17	Yes
A2) c) Revised ensuring that the local social care provider market is supported	F17	Yes
A3) Success 1	C23	Yes
A3) Success 2	D23	Yes
A3) Success 3	E23	Yes
A4) Other commentary 1	C24	Yes
A4) Other commentary 2	D24	Yes
A4) Other commentary 3	E24	Yes
A5) Commentary 1	C25	Yes
A5) Commentary 2	D25	Yes
A5) Commentary 3	E25	Yes
A6) Challenge 1	C28	Yes
A6) Challenge 2	D28	Yes

A6) Challenge 3	E28	Yes
A7) Other commentary 1	C29	Yes
A7) Other commentary 2	D29	Yes
A7) Other commentary 3	E29	Yes
A8) Commentary 1	C30	Yes
A8) Commentary 2	D30	Yes
A8) Commentary 3	E30	Yes
B1) Initative 1: Progress	C37	Yes
B1) Initative 2: Progress	D37	Yes
B1) Initative 3: Progress	E37	Yes
B1) Initative 4: Progress	F37	Yes
B1) Initative 5: Progress	G37	Yes
B1) Initative 6: Progress	H37	Yes
B1) Initative 7: Progress	I37	Yes
B1) Initative 8: Progress	J37	Yes
B1) Initative 9: Progress	K37	Yes
B1) Initative 10: Progress	L37	Yes
B2) Initative 1: Commentary	C38	Yes
B2) Initative 2: Commentary	D38	Yes
B2) Initative 3: Commentary	E38	Yes
B2) Initative 4: Commentary	F38	Yes
B2) Initative 5: Commentary	G38	Yes
B2) Initative 6: Commentary	H38	Yes
B2) Initative 7: Commentary	I38	Yes
B2) Initative 8: Commentary	J38	Yes
B2) Initative 9: Commentary	K38	Yes
B2) Initative 10: Commentary	L38	Yes

Sheet Complete:	Yes

9. Additional improved Better Care Fund: Part 2

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	Cell Reference	Checker
C1) a) Actual number of home care packages	C11	Yes
C1) b) Actual number of hours of home care	D11	Yes
C1) c) Actual number of care home placements	E11	Yes
C2) Main area spent on the addition iBCF funding allocation for 2018/19	C12	Yes
C3) Main area spent on the addition iBCF funding allocation for 2018/19 - Commentary	C13	Yes
Metric 1: D1) Additional Metric Name	C20	Yes
Metric 2: D1) Additional Metric Name	D20	Yes
Metric 3: D1) Additional Metric Name	E20	Yes
Metric 4: D1) Additional Metric Name	F20	Yes
Metric 5: D1) Additional Metric Name	G20	Yes
Metric 1: D2) Metric category	C21	Yes
Metric 2: D2) Metric category	D21	Yes
Metric 3: D2) Metric category	E21	Yes
Metric 4: D2) Metric category	F21	Yes
Metric 5: D2) Metric category	G21	Yes
Metric 1: D3) If other category, then detail	C22	Yes
Metric 2: D3) If other category, then detail	D22	Yes
Metric 3: D3) If other category, then detail	E22	Yes
Metric 4: D3) If other category, then detail	F22	Yes
Metric 5: D3) If other category, then detail	G22	Yes
Metric 1: D4) Metric performance	C23	Yes
Metric 2: D4) Metric performance	D23	Yes
Metric 3: D4) Metric performance	E23	Yes
Metric 4: D4) Metric performance	F23	Yes
Metric 5: D4) Metric performance	G23	Yes

Sheet Complete:	Yes

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Better Care Fund Template Q4 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 Q4 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	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 Q4 is not yet available. Only April-Jan data is currently available.	Whilst the full quarter 4 data is not yet available, Apr-Jan scaled to full year however would result in actual activity being around 3% below planned levels of 22939.	None identified
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	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. 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. Capacity issues with social wokers and technical issues with the development of the planned extra care site are causing some pressures with admissions. Our expectation is that the site will become operational in 2020 which will resolve the pressures.	During the period of April to February 2019 there have been 307 admissions into permanent care. This represents 780.6 per 100,000 population (65+). This is a higher rate compared to the same point last year, where there were 253 permanent admissions (649.9 per 100,000 population). At the current rate performance may miss the year end target of 854.4 per 100k (336 admissions) by a small margin.	A national approach to addressing the social care workforce challenges, will help to stabilise our local issues.
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	The level of frailty of people using PRIME and PICs remains high, this can lead to challenges in supporting people to remian at home. There has been an exponential increase in the numbers of over 80 requiring interventions. We will 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.	Following the official ASCOF definition which only monitors those discharges in the months of October, November and December we can see that performance after 2 of the 3 months stands at 85.9%, which is higher than the same period last year of 77.1%, but is lower than the target of 87.5% For context for the period April to February 2019 the value stands at 87.8% (575 out of 655). This has improved compared to the same period last year (83.1% or 545 out of 656) and is marginally better than the 2018/19 plan of 87.5%. Given the demographic challenges and levels of frailty presenting we are assured that our integrated service model is continiung to care for this vulnerabe cohort.	None identified
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	The 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. Support services for those younger people with a mental health illness such as housing is a challenge, which has an impact on delays.	Latest Performance relates to January 2019. Working relationships between Health and LA are well embedded and remain solid. There have been 284 trusted assessments in the 10 months between April '18 – Feb '19. Trusted assessments by ward based therapists are now taking place via Emergency Admission Unit (to prevent admissions at the Front of House), Short Stay Unit, (to facilitate discharge shortly after admisssion and from), Wards 6, 22, 24 and 25 (to facilitate early discharge). Further expansion into Ward 9 and 14, will commence in May '19. The average number of delays per day, per 100,000 population for January 2019, is 4.9 for delays attributable to Social care and the NHS. This is outside the target of 4.0 per 100k population for January 2019. Performance has improved compared to the same point for the previous year, where the equivalent rate was 6.35 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. 2.84 per 100k population were delayed on average per day, where the NHS was attributable which is outside the target of 2.7. This is an improved rate compared to the same point for the previous year (4.05)	Support for a standardised approach to the days being counted and a realistic target to be set which reflects both the complexity and demography of the cohort.

Better Care Fund Template Q4 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board: Gateshead

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 (Current)	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. Work continues to be undertaken to achieve greater standardisation of how SAFER was initially embedded and draw in latest good practice emerging.	Evaluation of Regional Choice Policy not yet undertaken - this may impact on local ways oif working.	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 feedback/actions following are now being implemented following ECIST site visit to GHFT on 16th January. The Local Authority PRIME service and the Patient Flow Manager have configured a hospital discharge pilot whereby PRIME will facilitate hospital discharges of patients (who are deemed as needing PRIME support) between the hours of 5-8pm each evening, thus, reducing the risk of patients spending an additional night on an acute ward. The service will ensure that patients are seamlessly and safely integrated back into their home environment, before such Enablement provision can be provided to them the following day. The service will commence in late April / early May	Require final regional choice policy sign off locally - although all documentation developed with escalation processes with agreed flow charts in place. These are being tested. There needs to be a national policy to ensure standardisation and consistency in all areas.
Chg 2	Systems to monitor patient flow	Mature	Mature	Mature	Mature	Patient flow is monitored regularly daily as part of site huddles. Now establishing and embedding best approach to reveiwing stranded patients and	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	Coordinated discharge planning based on joint assessment processes and protocols and on shared and agreed responsibilities has promoted effective discharge and positive outcomes for patients.	Surge group and patient flow multi-agency group regulalry review ways of working.	Multi-agency Surge Group meeting regularly with Terms of Reference recenlty 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	Mature	Stakeholders have developed a multidisciplinary team and approach to assess patients holistically in the most appropriate environment and at the most appropriate time. The team is ensuring an increasing	Patient flow group monitors definititions 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	Mature	Integrated. MDT working practices have been established to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.	Resilience of staff and services along with capcity and capability to maintain delivery - particularly during periods of sustained surge.	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	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
Chg 6	Trusted assessors	Established	Established	Established	Mature	Operational delivery of the Trusted Assessor Process is now well established and embedded across health and social care, with evidence of improved outcomes and efficencies across the system. Plans are in place to roll out across all relevant service areas. We are pleased to note that the volume of referrals by trusted assessor are equal across 7 days.	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. There have been 284 trusted assessments in the 10 months between April '18 – Feb '19. Trusted assessments by ward based therapists are now taking place via Emergency Admission Unit (to prevent admissions at the Front of House), Short Stay Unit, (to facilitate discharge shortly after admission and from), Wards 6, 22, 24 and 25 (to facilitate early discharge). Further expansion into Ward 9 and 14, will commence in May '19. The Joint Health and Social Care delivery group meets on a quarterly basis to review operations. Future role out plans include Agreed plan to extend trusted assessor model into, therapy teams wihtin the hospital, and Community Locality Teams, with existing trusted assessment documentation currently being reviewed with Locality Teams, which will enable DN's to be make assessments for reablement services. Explore opportunity of Local Authority OT Assistant assessing patients on acute wards for equipment, to secure immediate equipment from GES for patients returning to their own homes.	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 now being delivered 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	NGCCG as an ex care home Vanguard site has established high quality support, service provision and exemplary pathways of care for this group of patients. Data provided Dec 18 highlighted that whilst NGCCG has seen a 2% increase in hospital admissions for care home residents, this is against a national average of 11% for non Vanguard sites and a 6.5% for the other care home Vanguard siutes. For emergency bed days, NGCCG have seen a reduction of 10% since the base year compared to a growth for the non Vanguard sites.	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.	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.	Nothing identied by partners.

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	Q4 18/19 (Current)	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	NGCCG as an ex care home Vanguard site has established high quality support, service provision and exemplary pathways of care for this group of patients.	The challenge will be ensuring there is a robust evaluation of the introduction of the bags [reduced length of stay and staff experiences] and in ensuring there is an ongoing strategy for replacement bags or new bags should a new home open.	Formal evaluation in Care Homes completed along views of hospital teams now been collected(nursing and social care). Report due April 2019. Very positive feedback from care home and hospital staff as they improve relationships and therefore care. Care Home staff are now responding to same day requests for reassessments to facilitate a same/next day speedy discharge.	None identified at this stage

Better Care Fund Template Q4 2018/19

5. Income and Expenditure

Selected Health and Wellbeing Board: Gateshead

Income

	2018/19	
Disabled Facilities Grant	£ 1,724,289	
Improved Better Care Fund	£ 8,040,219	
CCG Minimum Fund	£ 15,567,064	
Minimum Sub Total		£ 25,331,573

	Planned	
CCG Additional Fund	£ -	
LA Additional Fund	£ -	
Additional Sub Total		£ -

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£ -

	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 25,331,573	£ 25,331,573

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2018/19	

Expenditure

	2018/19
Plan	£ 25,331,572

Do you wish to change your actual BCF expenditure?	No

Actual	£ 25,331,572

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2018/19	

Better Care Fund Template Q4 2018/19

6. Year End Feedback

Selected Health and Wellbeing Board: Gateshead

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Neither agree nor disagree	Whilst the overall aim of BCF has been a supportive vehicle in setting the direction for the local stakeholders across health and social care to become more fully integrated, in Gateshead this is firmly in place. There are strong joint working arrangements across local health and care partners via the Gateshead Health and Care System, with recognition for this approach; the Gateshead Care Partnership were winners of the 2018 HSJ Award for improved partnership working between health and local authority. However, it needs to be borne in mind that the BCF does not exist in a silo and forms part of broader work to integrate health and care at a local level. It is difficult to be able to directly correlate improvements for patients and service users with completing the data collection templates, but the ability to network and share and learn from each other is always useful. Gateshead is often at the forefront of innovation such as with the success of our Enhance Care Home Vanguard. However, completing the template is an onerous time consuming task that we appreciate has to be done to confirm the status of continued compliance
2. Our BCF schemes were implemented as planned in 2018/19	Strongly Agree	No further comment
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	As number 1
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Neither agree nor disagree	As a system all partners are focused on reducing non elective admissions. However, having ring fenced funding has been helpful
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Neither agree nor disagree	The unrealistic target set has brought us unnecessary and un warranted scrutiny especially in relation to the negative impact for staff who continue to deliver high quality assessments and care.
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Neither agree nor disagree	As a system all partners are focused on reablement. However, having ring fenced funding has been helpful
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Disagree	The BCF has had no bearing on this work, we would be seeking to reduce admissions regardless because this is the right thing to do.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	System leaders came together to establish the Gateshead Health & Care System (GH&CS) with a specific focus on Gateshead Place to: • shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels; • support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities; • create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure
Success 2	9. Joint commissioning of health and social care	The CCG and LA appointed a Joint Director of Commissioning, Performance and Quality. The post arose from joint work between the Council and CCG to identify opportunities for integrating services. The creation of the joint director post is assisting both organisations to review and where possible align their strategic and operational commissioning arrangements with a view to delivering improved outcomes and value for money. The social care market in the borough has shown signs of instability in recent years and the post is overseeing the development of a sustainable market for health and social care within Gateshead.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	There are specific issues realting to the recuitment and retention of the adult social care workforce which impacts on hospital discharge and prevrention
Challenge 2	7. Joined-up regulatory approach	The rules around procurement inhibit progress in delivering our integration plans.

Footnotes:

Question 8, 9 and 10 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund Template Q4 2018/19

7. Narrative

Selected Health and Wellbeing Board: Gateshead

Progress against local plan for integration of health and social care	Remaining Characters: 15,445

Whilst the overall aim of BCF has been a supportive vehicle in setting the direction for the local stakeholders across health and social care to become more fully integrated, in Gateshead this is firmly in place. There are strong joint working arrangements across local health and care partners via the Gateshead Health and Care System, with recognition for this approach; the Gateshead Care Partnership were winners of the 2018 HSJ Award for improved partnership working between health and local authority.

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 below shows we are on track against targets for the quarter as follows:

• Non elective – whilst the full quarter 4 data is not yet available, however Apr-Jan scaled to full year would result in actual activity being around 3% below planned levels of 22939 - On track to meet target

• Reablement - performance on track to meet the target for the period April to February 2019 and the value stands at 87.8% (575 out of 655) compared to the plan of 87.5%. Given the demographic challenges and levels of frailty presenting we are assured that our integrated service model is continuing to care for this vulnerable cohort.

The following metrics have presented us with some challenge:

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.

Integration success story highlight over the past quarter	Remaining Characters: 17,457

The Gateshead Health & Care System identifed Frailty as a key transformation area with a particular focus on initiating and planning a programme of work to deliver, at a local 'place' level, the ouctomes of the regional Frailty ICARE toolkit (a regional approach to Frailty led by the "Care Closer to Home" programme of the North East, North Cumbria ICS). The Regional Frailty outcomes are consistent with the outcomes identified within the Gateshead System Outcomes Framework adopted by the Gateshead Health and Care System.

A Gateshead Integrated Frailty Group (GIFG) was established, with representation of all relevant organisations across the Gateshead System, to drive the development of better ways of preventing frailty and supporting those living with frailty.

A mapping exercise based upon the outcomes identified by the Frailty ICARE toolkit was undertaken with all organisations to identify the baseline position. A workshop was held in February 2019 with participants from VSCE, Local Authority, Primary, Community and Secondary Care and a representative from Year of Care. The purpose of the workshop was for all members of GIFT to share, discuss and develop action plans arising from the mapping exercise to deliver the Frailty ICARE toolkit outcomes. The actions plans will identify resource requirements, support etc. fom the Gateshead Health and Care System as this programme of work develops.

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.

Better Care Fund Template Q4 2018/19

8. Additional improved Better Care Fund: Part 1

Selected Health and Wellbeing Board: Gateshead

Additional improved Better Care Fund Allocation for 2018/19: £ 3,233,333

Section A

Distribution of 2018/19 Additional iBCF funding by purpose

At Q1 18/19, it was reported that your additional 2018-19 iBCF funding would be allocated across the three purposes for which it was intended as follows:

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
Percentages shown in these cells are automatically populated based on Q1 18/19 return):	27%	16%	57%

A1) Do you wish to revise the percentages provided at Q1 18/19 as shown above? Please select "Yes" or "No" using the drop-down options:	Yes

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	If submitting revised figures, percentages must sum to 100% exactly
A2) If you have answered 'Yes' to Question A1, please enter the revised amount for each purpose as a percentage of the additional iBCF funding you have been allocated for the whole of 2018/19. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You should ensure that the sum of the percentage figures entered totals to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell. If you have answered "No" to Question A1, please leave these cells blank.	33%	14%	53%	100%

Successes and challenges associated with additional iBCF funding in 2018/19

	Success 1	Success 2	Success 3
A3) Please use the options provided to identify your 3 key areas of success associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from "Other", please do not select an option more than once.	Partnership working with the NHS	Reducing demand	Reducing DTOC
A4) If you have answered Question A3 with 'Other', please specify. Please do not use more than 50 characters.			
A5) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Development of a Trusted Assessor model to either avoid admission or facilitate earlier discharge	Reducing demand and financial pressure on budgets systemwide through actively working with service users and providers to change delivery models and maximise enablement opportunities	The position has improved compared to the same position last year. This is in part due to the development of a trusted assessor model and further expansion during 2018/19.

	Challenge 1	Challenge 2	Challenge 3
A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from 'Other', please do not select an option more than once.	Tackling capacity within the local care market	Workforce – recruitment	Financial pressure
A7) If you have answered Question A6 with 'Other', please specify. Please do not use more than 50 characters.			
A8) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Capacity in the home care market continues to be a specific challenge in Gateshead due to the diveristy of the borough	This is linked to capacity and in Gateshead there is a significant retail job market making recruitment and retention even more difficult.	Budgets continue to be under pressure due to the increasing age of the population and the number of people with complex conditions and challenging behaviours

Section B

At Q1 18/19 it was reported that your additional iBCF funding would be used to support the following initiatives/projects in 2018/19

	Initiative / Project 1	Initiative / Project 2	Initiative / Project 3	Initiative / Project 4	Initiative / Project 5	Initiative / Project 6	Initiative / Project 7	Initiative / Project 8	Initiative / Project 9	Initiative / Project 10
Project title (automatically populated based on Q1 18/19 return):	Market Shaping and Stabilisation	Service Pressures	Service Transformation	Managing Discharges and Admission Avoidance						
Project category (automatically populated based on Q1 18/19 return)	16. Stabilising social care provider market - fees uplift	12. Protection	1. Capacity: Increasing capacity	9. NHS: Reducing pressure on the NHS						
B1) If a project title is shown in either of the two rows above, use the drop-down options provided or type in one of the following options to report on progress to date: Planning stage; In progress: no results yet; In progress: showing results; Completed; Project no longer being implemented	In progress: showing results	Completed	In progress: showing results	In progress: showing results						
B2) You can add some brief commentary on your projects if you wish. Please do not use more than 200 characters:										

Better Care Fund Template Q4 2018/19

9. Additional improved Better Care Fund: Part 2

Selected Health and Wellbeing Board: Gateshead

Additional improved Better Care Fund Allocation for 2018/19: £ 3,233,333

Section C

We want to understand how much additional capacity you have been able to purchase / provide in 2018-19 as a direct result of your additional iBCF funding allocation for 2018-19 and, where the iBCF has not provided any such additionality, to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2018/19 as a result of your addition iBCF funding allocation	b) The number of hours of home care provided in 2018/19 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2018/19 as a result of your additional iBCF funding allocation
C1) Provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please enter 0 in the appropriate box.	0	0	0

C2) If you have not increased the number of packages or placements, please indicate **the main area** that you have spent the **addition iBCF funding allocation** for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.	Stabilising social care provider market – fees uplift
C3) If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.	

Section D

Metrics used locally to assess impact of additional iBCF funding 2018/19

At Q1 18/19 it was reported that the following metrics would be used locally to assess the impact of the additional iBCF funding. (Metrics are automatically populated based on Q1 18/19 return)

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
Metric (automatically populated based on Q1 18/19 return):	Reduction in LA attributable delayed transfers of care	Reduction in numbers in long term residential care	Responsiveness to requirement for homecare services	Effectiveness of enablement	
D1) Additional Metric Name **If the cell above is blank, you can provide details of an additional metric. If you did not submit any metrics at Q1 18/19, please ensure you have provided details of at least one metric. You can provide details of up to 5 metrics in total based on your combined Q1 18/19 and Q4 18/19 returns e.g. if you submitted 3 metrics at Q1 18/19, you can submit an additional 2 metrics.** Please do not use more than 100 characters to describe any additional metrics.					
D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	Reducing NHS Pressures	Residential/Nursing Care Admissions	Capacity - Domiciliary	Reablement & Rehabilitation	
D3) If you have answered D2 with 'Other', please specify. Please do not use more than 50 characters.					
D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year: Improvement No change Deterioration Not yet able to report	Improvement	Deterioration	No change	Improvement	