

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 10 December 2019 at 1.30 pm in the Blaydon Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 10)
3	Suicide: Every Life Matters - Evidence Gathering Report (Pages 11 - 16) Report of the Director of Public Health
4	Health and Wellbeing Strategy Development (Pages 17 - 18) Report and presentation by the Director of Public Health
5	Making Gateshead a Place Where Everyone Thrives - Six Month Assessment of Performance and Delivery 2019/20 (Pages 19 - 38) Report of the Strategic Director, Care, Wellbeing and Learning
6	Proposal to Merge 108 Rawling Road with Oxford Terrace and Rawling Road Medical Group (Pages 39 - 50) Report of Partners of Oxford Terrace and Rawling Road Medical Group and 108 Rawling Road "The Surgery"
7	Work Programme (Pages 51 - 54) Joint Report of the Chief Executive and the Strategic Director Corporate Services and Governance

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 29 October 2019

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, B Goldsworthy,
M Goldsworthy, M Hood, R Mullen, I Patterson, J Wallace,
A Wheeler, P McNally, J Lee, J Gibson, Diston and H Haran

APOLOGIES: Councillor(s): K Ferdinand, M Hall and K McClurey

CHW151 MINUTES OF LAST MEETING

The Committee agreed the minutes of the last meeting, held on 10 September 2019 as a correct record.

CHW152 HEALTHWATCH GATESHEAD

Felicity Shenton, Operations Manager / Deputy Chief Executive and Kim Newton, Project Manager, Healthwatch Gateshead provided the Committee with an update on the range of work being carried out by Healthwatch Gateshead.

The Committee was advised that since Healthwatch Gateshead had presented its findings and recommendations on Continuing Healthcare (CHC) to the Committee contradictory information had been received at Healthwatch Gateshead regarding the funding of care under CHC. Information had been received which suggested that a policy was in place which restricts funding for care at home under CHC so that if a person requires more than eight hours care per day they would need to move to a nursing home. In light of this, the Committee was asked if it would request NewcastleGateshead CCG to provide the OSC with an update providing clarification on the position of funding for CHC funding at a future meeting.

The Committee considered that if the above was the case, it was a matter for concern given the major drive to support individuals in their homes for as long as possible. The Committee considered that it was important that clarification is received on this matter and supported the requested to seek further information from NewcastleGateshead CCG on this issue.

The Committee received information on the work Healthwatch Gateshead had carried out in relation to the impacts of reduced funding for adult social care in Gateshead and their recommendations for Adult Social Care.

The Director of Adult Social Care confirmed that there had been some really positive work between Healthwatch Gateshead and the Council in relation to this work and the issue around having the right people present when engaging about proposals had been accepted and addressed via a follow up event.

The Committee noted that there seems to have been a policy vacuum around the way forward for Adult Social Care for some time given the uncertainty arising from Brexit.

The Director of Adult Social Care confirmed that the LGA Green paper arose out of the delay in the government issuing a Green Paper on this matter and confirmed that the Council and NHS colleagues were continuing to lobby for a fair deal for social care. As yet, there is no sign of the government's Green Paper being issued.

The Committee noted Healthwatch Gateshead's comments in relation to individuals receiving S117 accommodation potentially facing financial difficulties and sought clarification as it was the Committee's understanding that individuals should not be charged.

The Director of Adult Social Care noted that the Committee was correct in their understanding of the current position. However, work is taking place to explore whether Gateshead should develop a policy for charging for S117 accommodation in the future and whether other Councils are also considering charging. Individuals in Gateshead who might be affected by such a potential change in Council policy had been invited to a meeting last year as part of the budget consultations. If such a policy is to be implemented in the future Cabinet would need to agree this.

The Committee noted the ongoing outreach and engagement work being progressed by Healthwatch Gateshead and highlighted that there may be gaps in engagement work in the west of the borough where individual members of the Committee may be able to assist in terms of providing contacts etc. Attempts had been made to share this information but no progress had been made. Felicity Shenton thanked the Committee for drawing this to her attention and advised that she would progress this matter.

RESOLVED (i) That the information be noted.
 (ii) That Newcastle Gateshead CCG be requested to provide an update on Continuing Healthcare funding.

CHW153 REVIEW OF SUICIDE - EVERY LIFE MATTERS - EVIDENCE GATHERING

The Committee received information on the results of an Audit of Suicide and injury and undetermined deaths in Gateshead for the 2018 calendar year as part of its second evidence gathering session for its 2019-20 Review of Suicide. The audit identified key themes from local data and identified risk factors and high-risk population groups for suicide in Gateshead.

The Committee was advised that the updated trend data shows a positive downward direction with the release of the 2016-18 figures in September 2019. Rates per 100,000 population are falling in the three categories; Persons, Males and Females since the 2014-16 reporting period. However, the evidence suggests that there is still a lot of work to be done around performance in relation to the risk factors of suicide, as described by PHE, to ensure that less residents feel that the only way out of their situation is to take their own life.

The Committee noted that Gateshead has lower than regional rates of suicide and similar rates to England.

The Committee was informed that a number of risk factors of suicide are known and include: social isolation, certain mental health issues; bereavement; loss of employment; substance misuse and deprivation.

The Committee also learned that the PHE Fingertips online suicide prevention tool collects data on a wide range of risk factors for suicide including the following:-

- Depression recorded prevalence (aged 18+)
- Estimated prevalence of common mental health disorders
- Estimated prevalence of opiate and / or crack cocaine use
- Long term health problem or disability (%of population)
- Children in the Youth Justice System
- Children in care and children leaving care
- People living alone
- Admission episodes for alcohol related conditions

The Committee learned that for all the above measures, Gateshead has higher numbers than national (England) and regional benchmark figures. There is therefore a need for engagement of a wide range of partners in helping to reduce the risks of individuals ending their own life.

The key themes emerging from the audit were that:-

- A high number of individuals died in their own home making preventative initiatives targeting those at high risk difficult.
- The most common cause of death was self -poisoning with the second most common being hanging (predominantly in their own home)

High risk population groups are Males (in line with national data) and being Single and this is linked to another high-risk population group which is those Living Alone. A further high-risk population group is people who are unemployed and having relationship/ family problems is seen as the biggest social risk factor.

The Committee also had regard to the evidence that suicide is the leading cause of death among young people aged 20-34 years in the UK and it is considerably higher in men, with around three times as many men dying as a result of suicide compared to women. It is the leading cause of death for men under 50 in the UK. Those at highest risk are men aged between 40 and 44 years who have a rate of 24.1 deaths

per 100,000 population.

The Committee also noted that the number of people who are confirmed to have died as a result of Suicide is only a fraction of the people who are classed to have died from Suicide and injury undetermined deaths in Gateshead. Only 6.4% of cases in Gateshead had a suicide verdict with 62% being classified as misadventure and a further 26 % having a narrative verdict.

Taking account of the profile of people who died from suicide/ undetermined deaths in Gateshead in 2018 it is considered there are opportunities for preventative interventions via partnership working across the health and social care system with a focus on the following areas:-

- People with existing evidence of risk i.e. Alcohol/Drug use, Self-Harmers and those who have had previous suicide attempts.
- Review of prescribing practices. With the high number of deaths being linked to drugs use there is scope to ensure that individuals only obtain and continue to receive drugs for personal use.
- Working with Drug and Alcohol services to ensure their staff know the increased risk in their client group and where possible to provide Mental Health support alongside the therapy for the physical addiction.
- Working with GP Practice staff to raise the opportunity for intervention as 29/47 visited their GP within the 3 months prior to death for physical issues.
- Working with providers of support for people with Depressive illness

The Committee was informed that suicide prevention work impacting on Gateshead is being taken forward at Regional, Northumberland, Tyne & Wear and Gateshead level and information on this would form the basis of future evidence sessions.

The Committee queried how many of the cases reviewed as part of the audit involved individuals receiving NHS input for mental health issues. The Committee was informed that only 20% cases had involvement from NHS secondary care with the majority of those identifying as having mental health issues seeking interventions via their GP and the majority having a diagnosis of depression. The Committee considered that this highlighted the need for further education on this issue.

The Committee noted that one of the risk factors was deprivation and queried whether the impact of universal credit was increasing the levels of deprivation and increasing the risk of suicide in deprived areas. It was also queried whether there was any evidence of patterns of increased suicides in areas of deprivation.

The Committee was advised that suicides in Gateshead had been plotted over the last three years and there was evidence of higher levels of suicide in areas with greater deprivation levels. It was also highlighted that work to tackle poverty is a key focus for the Council and it was hoped that this along with other initiatives would reduce numbers of suicides going forwards.

The Committee noted that accessing mental health services might not be a quick process and recent articles in the press had highlighted issues of significant numbers of individuals being kept on hidden waiting lists and individuals being

rushed through the system in order to meet targets. The Committee sought reassurances that this was not happening in Gateshead.

The Committee was informed that a response would be sought from Newcastle Gateshead CCG, as commissioners of these services, which would be fed into the review.

The Committee sought information on what families, suffering economic hardship, could do when family members committed suicide and insurance companies would not cover the cost of a funeral. The Committee was advised that applications can be made to the Council for a Council contracted funeral but generally these are only provided where there are no relatives who can fund a funeral and there is a set process which has to be followed.

RESOLVED That the Committee consider the information presented as part of the Review of Suicide.

CHW154 SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19 & STRATEGIC PLAN

The Committee considered the Safeguarding Adults Board (SAB) 2018/19 Annual Report which gave an overview of the SAB Structure, governance and scrutiny arrangements and performance information.

It was noted that key achievements of the SAB during 2018/19 included:

- Adult Sexual Exploitation practice guidance and implementation of the Adult Missing, Sexually Exploited and Trafficked group
- Development of a case file audit tool
- Successful joint Adverse Childhood Experiences conference with the Local Safeguarding Children's Board and Public Health
- Delivery of bespoke training courses, including voluntary sector management trustees and resident groups
- Launch of Safeguarding in Gateshead website www.gatesheadsafeguarding.gov.uk and @Gatesheadsafes twitter account
- Development of the Gateshead Multi-Agency Adult Referral Team (MAART)
- Maintaining compliance with Deprivation of Liberty Safeguards

The Committee was advised that future areas of focus for the SAB were set out in its Strategic Plan 2019/24 and had been developed following consultation with service users, key partners and providers and as a result of local and national Safeguarding Adult Reviews and other inquiries. It had been identified that the five strategic priorities in place since 2016 were still fit for purpose for 2019-24 and were as follows:-

- Quality Assurance
- Prevention
- Community Engagement and Communication

culture which supports scrutiny to provide effective challenge and a commitment to scrutiny across an authority and also focuses on a range of areas including resourcing, powers to access information and planning of work programmes etc. The guidance leaves scope for local practice and does not intend to be prescriptive.

Having reviewed the areas highlighted within the new guidance it is considered that Gateshead already has in place much of what is set out in the guidance. However, potential areas for improvement have been identified as follows:-

- Development of an enhanced Executive / Scrutiny Protocol (as set out in appendix 1 to the report) as a positive means of defining the relationship between Cabinet and Scrutiny and providing a framework for managing / mitigating any differences of opinion/ highlighting scrutiny's powers to access information.
- Note a potential future role in relation to the wider implications of whistleblowing investigations
- Development of an Annual Report to Council on scrutiny's activities to raise awareness across the wider Council membership of ongoing work.
- Hold a Workshop to explore with councillors the potential role scrutiny can play in following the Council Pound and seek to prioritise the areas to be considered. The workshop to be open to all members of the Council at the request of the Chair of Corporate Resources OSC.

The Committee sought clarification on Cabinet member attendance at meetings of the OSC where an issue of concern was being considered. The OSC was informed that where the OSC was scheduled to consider an issue of concern they could request a Cabinet member to attend the meeting to participate in the discussion and share their views. This mechanism within the protocol had been used previously by another OSC and worked well.

The Committee indicated that when the issue of the Newcastle Gateshead CCG update on Continuing Healthcare Funding is scheduled within the work programme it would like to request the attendance of the Cabinet member at that meeting as this is an issue of concern for the OSC. The Committee was advised that this matter would be progressed.

The Committee expressed concern that the OSC and the Health and Wellbeing Board might be working in silos. The OSC was advised that as the OSC work programme includes six monthly updates on the work being progressed via the Health and Wellbeing Board there are opportunities for the OSC to seek further information on specific issues/ how the work of the two bodies can complement each other.

RESOLVED

- (i) That the information be noted.
- (ii) That the proposed areas for improvement be endorsed.

CHW157 WORK PROGRAMME

The Committee received the provisional work programme for the municipal year 2019-20.

It was noted that the work programme was endorsed at the meeting on 23 April 2019 and councillors had agreed that further reports would be brought to future meetings to highlight current issues / identify any changes / additions to this programme.

Appendix 1 (appended to the main report) set out the work programme as it currently stood and highlighted proposed changes to the work programme.

The Committee requested that it be provided with a progress update on partnership work to tackle obesity in the borough, with a particular focus on work taking place via GP practices and schools, as part of the work programme.

- RESOLVED
- (i) That the information be noted.
 - (ii) That a progress update on partnership work to tackle obesity in the borough, with a particular focus on work taking place via GP practices, be included in the work programme
 - (iii) That further reports on the work programme be brought to Committee to identify any additional policy issues which the Committee may be asked to consider.

Chair.....



**TITLE OF REPORT: Suicide; Every Life Matters – Evidence Gathering
(Session 3)**

REPORT OF: Iain Miller, Programme Lead

Summary

This report gives details of the evidence gathering session that will take place on 10 December 2019. The Committee will hear about the range of work that is being undertaken in relation to Suicide Prevention in Gateshead at:

- Regional level, through the Integrated Care System (ICS) Every Life Matters sub group, part of the Mental Health sub group of the Prevention workstream.
- Sub Regionally at the Integrated Care Partnership (ICP) level, with the Northumberland and Tyne & Wear Suicide Prevention Steering Group work, developed with NHS England modernisation funding during 2019.
- Locally through the work of the Gateshead Mental Health and Wellbeing Partnership.

The views of the Committee are being sought on the evidence presented and the ongoing work on Suicide Prevention in Gateshead.

Background

1. Care Health and Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2019-20 will be Suicide.
2. In April 2013 public health transferred from the NHS and into local government. Suicide prevention consequently became a local authority led initiative, working closely with the police, clinical commissioning groups (CCGs), Public Health England (PHE), NHS England, Coroners and Voluntary sector organisations.

Purpose of this session

3. The first evidence gathering session provided a detailed overview of suicide from a legal/Coroners perspective and the impact of suicide from someone with lived experience, provide members with insight into the key factors involved and the impact of suicide on a community. This was

delivered on 10 September 2019, World Suicide Prevention Day. The second evidence gathering session described the process and findings of a local Audit of Gateshead data for the 2018 calendar year on Suicide and undetermined injury conducted in September 2019.

4. This third evidence giving session will present Suicide Prevention partnership work, impacting into Gateshead, from three different geographical partnership levels. This will give members an overview of the work which, alongside general public Mental Health work and Acute secondary care provision, supports the residents of Gateshead who are struggling with their mental health and may feel suicidal:

4.1. Integrated Care System (ICS) level, through the “Every Life Matters” covering Northumberland, Tyne and Wear, North Cumbria, County Durham and Darlington, Teesside and North Yorkshire.

4.2. Northumberland Tyne and Wear level through the Northumberland, Tyne and Wear Suicide Prevention Steering Group.

4.3. Gateshead level, through the Gateshead Mental Health and Wellbeing Partnership.

Action on Suicide Prevention at three levels

5. ICS Level intervention

5.1. Organisations across North East and the North Cumbria (NENC) are working in partnership to coordinate improvements, where necessary, across traditional boundaries. Developing and integrating care across boundaries involves NHS organisations working with Councils and the voluntary or charity sector and engaging with the people using services, “people with lived experience”.

An ICS is not a specific organisation but rather a way of leading and planning care for a defined population in a coordinated way across a range of organisations.

5.2. A Mental Health ICS Programme was established with seven priority workstreams, one of these being Suicide Prevention. The mental health work stream does not have a surveillance or performance monitoring role and does not have statutory authority, this remains with provider organisations and commissioners.

5.3. The North East and North Cumbria ICS “Every Life Matters” Suicide Prevention Steering Group oversees the Suicide Prevention work and has Senior Leaders from health across the Region overseeing the programme of work, with a project lead coordinating the implementation of Every Life Matters delivery plan.

- 5.4. This work is fully linked in to national activity, including national workshops led by the Royal College of Psychiatrists and a visits from the national enquiry team. The focus of the work is to:
- Ensuring that best practice and learning is shared across agencies
 - Duplication is lessened
 - Resources are shared to improve efficiency and effectiveness
 - Impact is monitored
- 5.5. The “Every Life Matters” Suicide Prevention delivery plan is divided into five key areas of activity;
- Leadership
 - Prevention
 - Intervention
 - Postvention
 - Intelligence
- 5.6. Expected outcomes:
- To reduce the number of suicides, including in high risk groups, and by a minimum of 10% by 2021 in all areas across the ICS
 - To reduce the incidence of self-harm and repeated self-harm
 - To reduce the impact of self-harm and suicide
 - To reduce the stigma of self-harm and suicide
- 5.7. National funding has been allocated to support the implementation process with Northumberland and Tyne and Wear, led by Gateshead and Newcastle Public Mental Health leads, successful with Wave 2 funding. See overview of progress in 6. Below.

6. Northumberland and Tyne and Wear Level

The funding as identified in point 5.7. above has led to a full programme of work at Northumberland, Tyne and Wear level which benefits Gateshead residents, as identified below.

- 6.1. Northumberland and Tyne and Wear, led by Gateshead and Newcastle Councils, have been successful in securing Wave 2 NHS England Modernisation Funding for the value of £450K to take forward a prevention programme across the sub regional (Integrated Care Partnership (ICP) level. A North ICP Suicide Prevention Steering group has been established and an Action Plan is in place to take forward workstreams. Wave 3 funding will be available from April 2020.
- 6.2. A Suicide Coordinator has been recruited, starting in post with Northumbria Police on 07 October 2019. The post will oversee the delivery of the Transformation Funding Action Plan and identify other areas for development around Suicide Prevention at the ICP geography.
- 6.3. A Data Analyst was recruited on 08 November 2019 by Newcastle City Council. The post will be managed by the Suicide Prevention

Coordinator on a day to day basis and will enable Suicide data to be analysed across the Northumberland and Tyne and Wear Geography covered by Northumbria Police and NTW Mental Health Acute NHS Trust.

- 6.4. Discussions have been held around the process for an Early Alert system so that data on cases can be gathered at the point of the incident, rather than waiting over a year later until an audit of the Coroners files produces an overview of the profile. The model being adopted is very similar to the Drug Related Deaths (DRD) process already in place in Gateshead
- 6.5. Postvention support offer will be a Police led process through the completion of the CID27 form and then establishing the needs of the families and friends at the point of the First Response. Training will be facilitated by the Suicide Prevention Coordinator who will work with If U Care Share and the Police to establish training programme for First Responders.
- 6.6. South Tyneside Public Health Team has led the development work for the tendering for leads for the delivery of a Training Hub and Level 1, 2 & 3 programmes on Suicide Prevention across Northumberland and Tyne & Wear. The Tender document has been completed and is currently out to tender. We aim to have programmes of training being delivered by January 2020.
- 6.7. Newcastle United and Sunderland Football Foundations are being commissioned for the development of a joint programme and campaign targeting Men on work around Suicide Prevention through a 'Be a Game Changer' campaign. This will be branded with both Football Foundations team colours.
- 6.8. The Suicide Prevention Coordinator is leading on the process of delivery of small grants funding in partnership with North Cumbria NHS Acute Trust, the lead organisation for the ICS Suicide Prevention programme which this work sits under.
- 6.9. Work around Self-Harm is progressing after initial ideas tabled at Steering Group, around a Safety Planning Train the Trainer proposal, were deemed to be inappropriate and that the funding should be used to add value.

7. Gateshead level interventions

The focus of Gateshead's local Suicide Prevention work is through the Gateshead Mental Health and Wellbeing Partnership. This partnership is led by one of our local elected Councillors, Cllr Mary Foy.

- 7.1. At a Population level there is a focus on encouraging organisational sign up to Time to Change, the anti-stigma campaign, and focussed work into local communities with The Five Ways to Wellbeing. There is

support of World Mental Health Day each October with a strong presence from Statutory and Voluntary Community Sector organisations supporting people with Mental Health related issues and the partnership use of Public Health England's (PHE's) Every Mind Matters campaign for a consistent partnership level focus.

7.2. The Partnership has developed a local Suicide Prevention Action Plan which forms part of the Gateshead Public Mental Health strategy. This includes a focus on development of Community based suicide prevention interventions targeted on Males 40 – 55 years.

7.3. Gateshead Council has signed the Time to Change pledge and has made a commitment to change how we think and act about mental health in the workplace. An action plan is in place with all actions developed to tackle stigma and improve people's mental health and wellbeing.

7.4. Gateshead Council holds the Continuing Excellence level of the Regional Better Health at Work Award which, among the key criteria for award holders, focuses on improving the mental health of the workforce.

Issues to Consider

8. When considering the evidence outlined above the Committee may wish to consider the following:

8.1. The positive impact that Partnership working at a range of levels has in the delivery of preventative work into Gateshead.

8.2. The downward trend, outlined in the Evidence Gathering Paper 2 tabled with Gateshead Care Health and Wellbeing OSC on 29 October 2019, identified in recent PHE Fingertips data ¹

9. The last evidence gathering session on 28 January 2020 will hear from representatives from the Criminal Justice system and Voluntary Community Sector (VCS), identifying high risk groups and what can be done to minimise risk.

Recommendations

10. Overview and Scrutiny Committee is recommended to consider the contents of the report as part of their review of Suicide in Gateshead.

Contact: Alice Wiseman
Director of Public Health, Ext: 277

¹ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/4/gid/1938132828/pat/6/par/E12000001/ati/102/are/E08000037/iid/41001/age/285/sex/4>

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TITLE OF REPORT: Health and Wellbeing Strategy development

REPORT OF: Alice Wiseman, Director of Public Health

Summary

This report gives an update on progress in developing a new Health and Wellbeing Strategy for Gateshead and asks the view of the OSC on the proposed strategy.

Background

1. The previous strategy, “Active, Healthy and Well Gateshead”, was written in 2013 and covered the period up till 2016.
2. During 2017-18 the council and partners signed up to the strategic approach and pledges to “make Gateshead a place where everyone thrives”.
3. Health and Wellbeing Board agreed a refresh of the Gateshead Health and Wellbeing Strategy in September 2018. The approach followed has been to establish an inclusive steering group to strengthen focus on the wider determinants of health; including economic development, housing, environment and policy and supported by Cabinet Member for Health and Wellbeing and Chair of the Health and Wellbeing Board.
4. We held a conference on the Marmot 10-year review of “Fair Society, Healthy Lives” in January 2019 with over 80 attendees contributing to and helping to shape the strategy, and a follow up session for council officers, partners and councillors in July 2019 on initial thinking in developing a new strategy.

Proposals

5. The focus of the new strategy is based upon the aims from the Marmot work “Fair Society, Healthy Lives” focusing on health inequalities. This builds on the issues identified from the 2017 DPH annual report – “Inequalities: it never rains but it pours”.
6. A PowerPoint presentation will be provided for OSC members which will update outline the draft Health and Wellbeing Strategy – “A job, a home, good health and friends”.

Recommendations

7. The views of the OSC are sought on the proposed strategy.

Contact: Alice Wiseman

Extension: 2777

**TITLE OF REPORT: Making Gateshead a Place Where Everyone Thrives –
six-month assessment of performance and delivery 2019/20**

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

SUMMARY

This report provides the six-month update of performance and delivery for the period 1 April 2019 to 30 September 2019 in relation to the Council's Thrive agenda for the indicators and activity linked to care, health and wellbeing delivered and overseen by Adult Social Care and Public Health services within the Care, Wellbeing and Learning Group.

Background

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).
2. The Council's new strategic approach Making Gateshead a Place Where Everyone Thrives, was approved by Cabinet in March 2019, to ensure the Council continues to get the best outcomes for local people and remains a viable and sustainable organisation into the future.
3. As part of the Council's performance management framework, five-year targets were replaced with a single 2020 target with strategic indicators identified as either target or tracker indicators. These targets were approved by Cabinet on 12 July 2016.

Delivery and Performance

4. This report sets out the performance overview linked to the 20 strategic outcome indicators, which have been identified as providing a high-level picture of the strategic priorities for the Council and its partners in health and wellbeing.
5. All 20 indicators are listed in appendix 1 with performance data provided where this is available at the six-month stage. There is also an update on key activities and achievements over the last 6 months, with key activities being undertaken in each service area in the upcoming 6-month period also identified.

Recommendation

6. It is recommended that the Care, Health and Wellbeing Overview and Scrutiny Committee:
 - (i) consider whether the activities undertaken during April to September 2018 are supporting delivery of the Thrive agenda;
 - (ii) and asked to identify any areas they feel they require more detail about or feel require further scrutiny; and
 - (iii) note that Cabinet will consider a composite performance report at their meeting on 21st January 2020.

Contact: Jon Gaines

Ext: 3484

Care, Health and Wellbeing Overview and Scrutiny Committee
6-month assessment of performance and delivery
April 19 – September 19

September 2019

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

1. Introduction

- 1.1 We know that over 43% of people and families in Gateshead are either managing or just coping and over 40% are in need or in vulnerable situations. We want to change those statistics and aim to make Gateshead a place where everyone thrivesⁱ. *“Making Gateshead a place where everyone thrives”* is the new council approach aiming to narrow the gap of inequality across Gateshead resulting in more people living longer and leading healthier and happier lives.
- 1.2 Care, Wellbeing and Learning’s primary focus is direct work with and commissioning of services to support the residents of Gateshead. It is critically placed to support the Thrive agenda. Our work spans the 5 Thrive pledges, of:
- 1 *Put people and families at the heart of everything we do*
 - 2 *Tackle inequality so people have a fair chance*
 - 3 *Support our communities to support themselves and each other*
 - 4 *Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough*
 - 5 *Work together and fight for a better future for Gateshead*
- 1.3 The current strategic indicators are in the process of being reviewed to ensure they continue to be appropriate in measuring performance in respect of the Thrive agenda. Any updates or removals of existing and the addition of any new indicators will be incorporated into the first report of the 2020/21 cycle.
- 1.4 For services covered by Adult Social Care and Public Health, 20 overarching strategic indicators are currently identified and monitored to support the group in understanding its performance linked to achieving the council aim of narrowing the gap of inequality across Gateshead and supporting its residents to thrive. This report sets out the 6-month performance update for April 2019 to September 2019 ‘assessment of delivery and performance’ in line with the current Performance Management Framework.
- 1.5 This report provides a performance overview linked to the 20 strategic indicators for Adult Social Care and Public Health which currently fall under three pledges of *“Tackle inequality so people have a fair chance”*, *“Work together and fight for a better future for Gateshead”* and *“Supporting Communities”*
- 1.6 Section A provides an overview of performance linked to the indicators identified as falling under each pledge, along with any achievements or challenges. The section summarises if performance has improved or declined since the same period in the previous year. Also

included is an update of actions identified in the previous periods report and actions identified for the next 6 months

1.7 Section B provides a performance dashboard with individual performance details for the 20 indicators identified, grouped by the relevant pledge.

2.0 Recommendations:

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

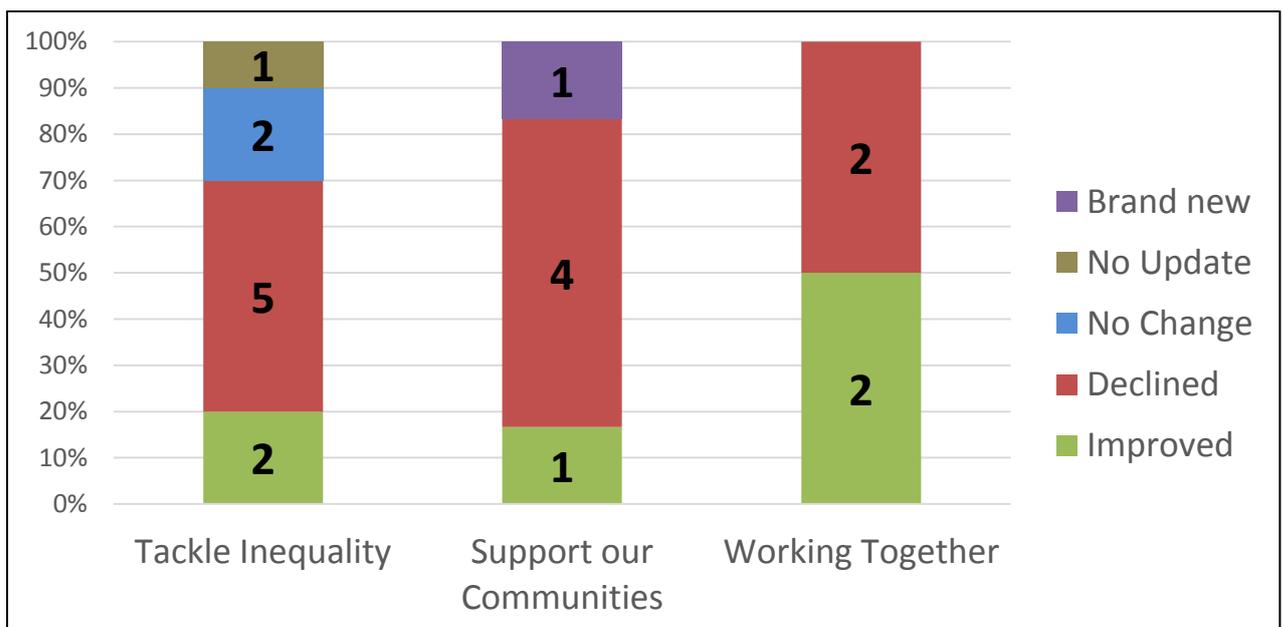
- (i) whether the activities undertaken during April 2019 to September 2019 are achieving the desired outcomes making Gateshead a place where everyone thrives,
- (ii) and asked to identify any areas they feel they require more detail about or feel require further scrutiny.
- (iii) Note that Cabinet will consider a composite performance report at their meeting on 21st January 2020.

Section A

3.0 Performance Overview

3.1 The chart below summarises the overall position and trend in performance compared to the performance, as of the 6-month report, for the 20 indicators included in Section B, grouped under the relevant pledge. Following on from the previous report there has been the addition of 1 strategic indicator “*Measure the increase in the number of people accessing the Supporting Independence Service, helping people to stay in their own homes for longer*” Specific detail for individual indicators is provided in Section B. Overall performance has improved in 5 out of the 19 indicators (25%) we have an updated position for. There is 1 indicator where is no update available on the previous position.

Chart 1: Summary of direction of travel for indicators in section B



3.2 Putting people and families at the heart of everything we do

- 3.3 There are currently no strategic indicators linked to “*Putting people and families at the heart of everything we do*”.

Achievements, Challenges and Actions

- 3.4 As a result of some adverse CQC inspections late last year and early this year that resulted in the Supported Living Scheme (SLS) receiving a requires improvement rating we have put in place a successful new governance framework to provide us with the compliance that we needed with corporate policies and legislative requirements. This framework has included Peer Inspections, Monthly compliance requirements and a revision of the Quality Assurance system.
- 3.5 The Supported Living Scheme has now been decommissioned with our application to individually register each of the 5 supported living schemes having been recently approved.
- 3.6 We have launched our Registered Managers programme to all adult social care provider managers / seniors which will be delivered by the North East Leadership Alliance. This commenced on the 19th September 2019 with 5 modules covering the themes of (i) Managing Self (ii) Leading Teams (iii) Mentoring Employees (iv) Managing Quality (v) Service Improvement.
- 3.7 Work was undertaken with the Queen Elizabeth Hospital trust in reducing delays in hospital discharges through the implementation of a discharge to assess protocol which is looking at discharging people from Front of House (Accident & Emergency) to home and being followed up within 2 hours. This is intended to prevent unnecessary admissions.
- 3.8 There have been discussions around the procedures for patients who have been in hospital over 7 days, and also work around the discharge to assess into Intermediate care beds process.
- 3.9 We have taken part and led in the regional approach across ADASS and DCS to raise awareness and profile of the upcoming Liberty Protection Safeguards process which will be taking over from the Deprivation of Liberty Safeguards (DoLS) process. The LPS is currently expected to go live in October 2020.
- 3.8 All service users being assessed in need of the PRIME service should be issued with a standard letter to explain outcome of the assessment and the number of hours that will be provided by the PRIME Service. The letter will also set the circumstances when additional charges may be applied should the PRIME service need to be extended. Also, to ensure that charging issues are addressed, it has been agreed to identify a designated worker within the PRIME Service on a daily basis to manage any charging enquiries.
- 3.9 To reduce delays in the allocation process when a service user is discharged from hospital, it has been agreed that the allocated Hospital Social Worker will carry out the assessment of need for individuals who it is felt may require long term care.
- 3.10 Due to the lack of communication in respect of a service user’s move into supported accommodation, it was agreed to identify two key workers responsible for communicating any decisions regarding areas of this process, such as the commissioned provider and the Council.

Update on Actions from previous report.

Action	Thrive Pledge	Service Area	Update
The Dynamic Purchasing System will be offered to the market with new LOTS covering Adults Mental Health and Physical Disability, the Children's LOTS will be enhanced with specialist Supported Accommodation and a wider LOT will be added for Innovation to encourage providers to approach the Council on potential accommodation developments.	People & Families	Commissioning	The extended Dynamic Purchasing System is now live. It also has the ability to add additional lots as appropriate. This will enable improved streamlining of quality standards, contracts and costs.
It has been identified that the current process for application, assessment and allocation of placements to all Extra Care establishments requires improvement. The process will be mapped via a Walk the Wall process to identify the issues and gaps and to streamline the future process. The new process should be in place by end October 2019	People & Families	Commissioning	The 90-day Extra Care Walk the Wall is complete, work is well underway to streamline the application and allocation process for all Extra Care schemes, this involves working with housing colleagues to change the current joint process for Angel Court. Recommendations will be made to GMT via a briefing paper, outlining the findings from the Walk the Wall by the end of October 19. A working group has been set up to plan for Ravendene Extra Care scheme due to open in September 2021. The scheme will have 82 apartments and will include approximately 17 Dementia Ready apartments.
Work with falls strategy to look at the collection of data from within the care call service around falls and the introduction of falls screening. This work covers all 4 key elements of the outcome markers already on form.	People & Families	Care Call	Data is now to be collected agreed and fully operational within the care call service, every fall attended relevant data is now collected to feed into the falls strategy and to ensure appropriate outcomes for the clients linked to the service.
We will commence the 'Hospital to Home Scheme' whereby the PRIME domiciliary care service will transport service users from acute wards and integrate them back into their own home.	People & Families	Provider Services	The project proved to be of minimum success with only a handful of hospital discharges.
Training service users from the 3 PICs and Blaydon Resource Centre in weekly sports and then compete in the quarterly 'Gateshead Active Games'.	People & Families	Provider Services	Two Gateshead Active Games have taken place involving more than 30 service users within the Personal Independence Centres (PICs) and Blaydon Resource Centre services. The project has been of great success; providing confidence, increasing physical fitness and motor skills as well as social opportunities for each participant.
Aim to have a completely revised the ASC landing page on the website. This will allow users to be provided with key links to websites which will give them specific pieces of information they require, as well as providing key information, advice and guidance. There are plans to develop 'chatbots' or 'Artificial Intelligence' to ensure that users enquiries are dealt with as effectively as possible	People & Families	CWL Programme Team	On the 22nd October Adult Social Care Senior Management Team will sign-off the revised website landing page. The web pages have been designed using usage data sourced from Google Analytics, and pages that have been not been used much have been moved, ensuring the pages most used are at the front of the web page hierarchy.
Develop new model Adult Social Care Direct - potential 3 conversation model - this will ensure people are being asked the right questions and it is strength based.	People & Families	Assessment & Care Planning	We have been looking at a Strength Based Model training with Adult Social Care Direct staff. There has been motivational interviewing training in past and this strength-based approach has always been at the heart of the calls, but we feel that more specific training on this is required. A training plan is in place but due to more pressing training needs we have yet to deliver this It is planned to take place early next year. We have various literature regarding 3 conversations model and we are looking at to develop most useful tool from this
Development of the digital Deprivation of Liberty Standards (DoLS) Portal will be completed and is anticipated to go live within the next 6 month. We will utilise a more streamlined recording system so that the application of DoLS will become quicker and easier for care home managers and hospital staff. We anticipate that the website on the portal will also raise awareness of MCA and DoLS	People & Families	Assessment & Care Planning	The development is now complete, we now need to implement this with Care Home Managers and partners in health. This action has continued to strengthen how we collect and assimilate our National data. We expect to be fully operational within the next three months

Work with the Community Transformation Service in developing locality working which is multidisciplinary. Whilst we are not fully working as an MDT we do have direct contact with the locality nurses. The role of social care is to offer advice, information and support. Enabling people to remain at home with the right support at the right time. This work will be ongoing in its development	People & Families	Assessment & Care Planning	In the West of the borough a 5 day cover of social workers was implemented on the 7th October 2019 at Blaydon Primary Care Centre where the social care staff sit alongside the district nurses. These daily attendances are to discuss any "patients" that the district nurses have issues/queries or concerns about. The social worker can offer advice and information/signpost or take referrals for an assessment under the Care Act if required. There are systems in place that allowed the social care staff to pick up any queries if they have been out on visits.
Trial a new process within the Locality Teams, in conjunction with Provider Services, whereby anyone admitted to Promoting Independence Centre for an assessment period will be allocated a key worker, who will be specifically assigned to carry out the assessment process.	People & Families	Quality Assurance	Following on from the trailing of this new process it was deemed as successful and implemented. As a result, of complaints about assessment delay in PICs are now reducing.
Adult Social Care are currently carrying out a review into their social work allocation process. This review will consider where most delays are occurring and how these can be minimised or resolved. It is hoped that this review will improve the timescales for allocation for service users waiting for assessment or review	People & Families	Quality Assurance	As a result of the review carried out into the social work allocation process workers are now allocated a case within 48 hours. There is still one team with a high waiting list but this also now reducing
The Make Every Contact Count (MECC) programme is due to close at the end of September 2019. Prior to this an exit strategy will be developed to consider staffing and legacy issues, the MECC Evaluation programme will be completed and a report will be provided on the use of Funding in the delivery of the MECC programme	People & Families	Public Health	An exit strategy has been worked through and all 4 members of staff who were employed on fixed term contracts have either found new roles within the Council or have had their role extended through Public Health programme funding. The legacy is being developed in line with the development of a Regional MECC model and resources are being made available for Voluntary and Community Sector organisations to access from 1 st October 2019. Regular forum meetings will be organised to enable providers to meet and share developments and discuss issues. The MECC Evaluation programme has been completed and will be published by Northumbria University.

Actions for the Next 6 Months

- i. We are about to take forward a new development (subject to planning and consultation). for accommodation for people with learning disability or autism as part of a larger development in Wrekenton.
- ii. The remainder of the Adult Social Care web pages will be redesigned and developed to provide a better solution for our customers. This will be designed using empirical usage data and should make navigation to the most popular web pages easier. Content will also be adapted to providing better signposting to other sources of information and consultation with public focus groups will help shape the future content and style of the Adult Social Care webpages.
- iii. To further develop the Multi Agency Adult Referral Team (MAART) with an additional post. This will link in with thrive, specifically with the homelessness prototype and ensuring that a service is offered to the most vulnerable with no assessed social care needs.
- iv. Develop the locality working within the east of the Borough.
- v. Provide a social care worker over the winter period to work at front of house to prevent hospital admission.

- vi. Training for Adult Social Care Direct staff on the Strength Based Model is planned to take place early next year.
- vii. Literature has been received regarding the 3 conversations model and we are looking at to develop the most useful tool from this.
- viii. Support the North East Region to embed the change in the law across its assessment functions in adults, children's and commissioning ensuring that key stakeholders and responsible bodies are fully briefed in the legislative requirements.
- ix. To Commence work on a Digital/Assistive Technology Strategy and Action Plan.
- x. A celebration event for MECC is planned for 30th October 2019 and a number of the Voluntary and Community Sector organisations involved in Phase 1 of the programme will be presenting on what MECC has meant for them. We will also have the University sharing the findings of their evaluation of the programme.
- xi. To plan an event to consider the Gateshead evidence in relation to alcohol related harm and bring organisations together to complete the Alcohol CLEAR self-assessment process as a partnership.

3.11 Tackle Inequality so people have a fair chance

- 3.12 As a council and group we must focus help on those areas of our remit where people are vulnerable and just coping, in order to support groups like these we have identified 10 strategic indicators linked to the pledge of ***Tackling Inequality, so people have a fair chance***. In the latest performance period, we have demonstrated improvements for 2 indicators in this pledge, 2 indicators remained the same, performance has declined for 5, and 1 received no update on the previous period.

Performance Overview

- 3.13 The proportion of people dissatisfied with life has shown an increase compared to the same period last year and is the third period in a row to demonstrate this. Gateshead has a significantly higher rate than England and is higher but not significantly higher than North East rates. Gateshead has one of the 5th highest rates of the 88 published LA's
- 3.14 There has been no change in the rate of mortality from causes considered preventable. The rate in Gateshead remains significantly worse than the England and North East averages. An update for this will be provided at the end of year performance report.
- 3.15 It is not possible to state that there are any statistically significant changes in healthy life expectancy. However, indicatively, healthy life expectancy for men increased by 0.5 years in 2015-17 since the previous period (to 59.6) – the second increase in a row. The current gap to England for male life expectancy at birth is 2.0 years showing no change on the previous period. Male life expectancy is currently 77.5 years.
- Again, indicatively, healthy life expectancy for women decreased by 1.5 years in 2015-17 since the previous period (to 59.1). The current gap to England for female life expectancy is 1.7 years, having been similar at 1.9 years the year before. Female life expectancy is currently 81.4 years.
- 3.16 Inequality in life expectancy for both men and women is increasing. The general trend is upwards. The inequalities gap for men was 9.0 years in 2010-12 but was 10.3 years in 2015-17. For women, the gap was 7.1 years in 2010-12, but was 9.0 years in 2015-17.

However, this trend is matched by increases in inequality for both males and females at both North East and England levels.

- 3.17 The proportion of BME carers supported through an assessment, review or been in receipt of a carer related service during the period of April 19 to September 19 has decreased slightly compared to the same period last year. However, the number of carers has remained static at 6.

Achievements and Challenges

- 3.18 The third phase (Phase 3) of MECC baseline training looking at targeted communities has now been completed. These communities were chosen due to not being represented in the Voluntary and Community Sector organisations who accessed funding in Phase 1 and being a priority group in the Gateshead JSNA. They included; Veterans groups, Jewish Community, LGBT+ and Grandparents Plus. This work has progressed, and each organisation has completed the actions as agreed at the outset of their involvement and continue to adopt a MECC approach to their work.
- 3.19 A whole systems healthy weight workshop event was held in May with a number of colleagues representing the wider system. Public Health England and Durham Public Health presented and shared their experience of the whole system approach. Part of the workshop was committed to planning priorities going forward and further workshops are planned, starting in June 2019, to shape the next stage of the process and actions going forward.
- 3.20 Online home sampling kits covering the full range of common STIs are available for home delivery to Gateshead residents from www.gateshead.gov.uk.
- 3.21 As part of the National Cervical Screening Programme patients in Gateshead can now access planned appointments for this at the Integrated Sexual Health service hub clinic, Trinity Square health centre.
- 3.22 Gateshead Recovery Partnership will be piloting the delivery of flu vaccinations, for those who are eligible, alongside substance misuse appointments. This is the first such pilot in the North East.

Update on Actions from the Previous Report

Action	Thrive Pledge	Service Area	Update
Hold a further whole systems workshop/s in Gateshead and as part of this process, work with partners to inform a whole system plan. There is an intention to convene a strategic working group to develop this plan which will also be informed and steered at operational level by a newly developed healthy weight alliance which will represent all sectors.	Tackling Inequality	Public Health	The Council has held 3 healthy weight workshops to date from March 2019 and Gateshead has pre-tested the whole system resources to facilitate delivery of co-ordinated actions involving partners across the system. This has enabled Gateshead to start creating its own local whole systems approach, aligned to a 'Health in All Policies' approach. The Gateshead Healthy Weight Alliance has been formed to guide and oversee the strategic direction of the action plan and priorities identified from the workshops for Gateshead.
Consult and draft the 'Gateshead Healthy Weight Declaration' to ensure commitment and sign up from partners to a vision which encapsulates the promotion of healthy weight and to highlight the need for all policy areas to address healthy weight.	Tackle inequality	Public Health	Healthy weight declaration was signed up to with Food Active with Gateshead being the first in the region to do this. The declaration now needs to be consulted upon to prioritise 6 local healthy weight priorities for Gateshead. Consultation events with a range of partners need to be carried out over the next couple of months. The declaration is part of a healthy weight update going to the HWBB in October.

Start further work with catering to review provision in LA public buildings and facilities to make healthy foods and drinks are more available, convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks	Tackling Inequalities	Public Health	Work has progressed as part of the workplace health and wellbeing group. All local authority premises are no longer selling full sugar drinks. This is also reflected in the vending offer and healthier snacks are now offered. Bewicks are offering lighter snacks after reviewing their menu. This work will fit with the healthy weight declaration and the focus on influencing the council food offer to promote a healthy weight.
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Actions for the next 6 months

- xii. During Q4 of 2019/20 the tendering process will be completed, and the Council will commence the system implementation stage with the successful supplier. The programme for replacing the Social Care Information System has involved work across multiple Council services and other organisations (e.g. NHS, Housing) which has demonstrated a whole system approach, supporting the planning and delivery of services based on need through the implementation of a new integrated social care system.
- xiii. Planning for the dissemination of the University research into the MECC programme will be done and taken forward over the next 6 months.
- xiv. Gateshead have been invited to be part of a national project with Public Health England focused on planning and the food environment, to help inform and support planning teams to have a positive impact on the food environment. This will bring further learning to Gateshead.
- xv. The healthy weight declaration is set to be adopted by the Council and will prioritise 6 local commitments for the declaration, relevant to local needs and aspirations of Gateshead. This requires senior sign up and consultation events with partners will be held.
- xvi. Work is taking place with planning colleagues and in partnership with Newcastle University to improve the councils understanding of the link between green infrastructure and health and wellbeing at a local level. This piece of work will support the council to develop interventions that can improve health outcomes for residents.
- xvii. We will be liaising with CCG and Gateshead Recovery Partnership to develop a respiratory screening service for those within substance misuse services who are identified as high risk from respiratory harm.

3.23 Work Together and fight for a better future for Gateshead

- 3.24 As a council to improve the lives of the residents of Gateshead we must work together as a council, but also with our partners and others to do so. We have identified 4 strategic indicators linked to the pledge of **Work together to fight for a better Gateshead**. In the latest period we have noted improvements in 2 indicator and a decline in 2

Performance Overview

- 3.25 We have made significant improvements in the average number of days per day adult transfers of care from hospital are delayed, with 5.9 per 100,000 population for the period. We have been working towards a very challenging nationally set target, and whilst we have not achieved it as this stage we compare favourably to national and regional averages and are regularly seeing month on month averages at reduced levels to previous years.

- 3.26 The rate of hospital admissions for alcohol related harm has increased. Gateshead has a significantly higher rate than national and regional averages is at its second highest recorded rate and has the third highest rate in England.
- 3.27 Hospital admissions for self-harm (10 to 24 years), have seen a reduction and we compare favourably to national and regional averages.
- 3.28 The proportion of mothers smoking at the time of delivery (15.1%) has declined compared to the same period last year (14.5%). Provisional data for 2018/19 is available and shows improvement against 2017/18 (17/18 - 15.1% compared to 18/19 – 12.5%). However, it should be noted that this data is aggregated at Newcastle Gateshead CCG level and is not reliably Gateshead data. The finalised data may be available from December 2019.

Achievements and Challenges

- 3.29 The Safeguarding Adults Board held a co-production workshop in September 2019 to look at substance misuse and safeguarding. The workshop was developed and delivered as a joint project between Gateshead Safeguarding, Public Health and Fulfilling Lives to explore the interface between substance misuse and safeguarding. This was as a direct result of the concerning increase in drug related deaths and alcohol harm related hospital admissions. The workshop was a huge success with considerable dialogue throughout the event and this has generated some key areas for development for the Safeguarding Adults Board and wider health and social care partners. As a result of this a report will be presented at a future Safeguarding Adults Board, together with an action plan to further develop this area of work.
- 3.30 A health and social care network (HSCN) has been sourced to allow the secure transfer of data with our NHS partners. The HSCN will allow us to interface with the Great North Care Record and access the health information exchange.
- 3.31 A tobacco control paper was taken to Gateshead Health and Care Partnership to consider what systemic action would look like as a concrete example of a prevention workstream.
- 3.32 The Gateshead Public Health Team Mental Health Programme Lead has taken on the role of co-chair of a newly formed Suicide Prevention Steering Group which covers both Northumberland and Tyne and Wear. The group has secured over £450K NHS England funding to develop suicide prevention initiatives at scale across the locality. This work will continue over the next 6 months.
- 3.33 Gateshead was invited to present as part of the member led symposium at the UK Congress on Obesity (UKCO) in Leeds in September. This was to share early learning from the collaboration between Gateshead Council, Newcastle University and Fuse. A PHD student based in the Council is looking at the impact of austerity on nutrition in the first 1000 days of life using an embedded researcher approach. The findings of the research will help to inform future work.

Update on Actions from the Previous Report

Action	Thrive Pledge	Service Area	Update
Integrated Care Home Model has commenced with a Steering Group being formed to oversee the project. By the end of June, it is envisaged that both the CCG and Council will agree on a pooled budget approach on the delivery of care for older people in Gateshead care homes	Working Together	Commissioning	A steering group has now been formed following approval to move forward with the project by both the CCG and Council. A project team is now working on a project plan to design and deliver a new model for Care Homes in Gateshead.

By September 2019 we will be nearing the completion of the CWL Group tendering process to procure a new social care system, which will then allow a final business case to be submitted to Cabinet for approval in quarter 3 of the financial year.	Working Together	CWL Systems Team	The tender evaluation is currently underway and is progressing as expected, keeping in line with the project schedule. The tendering panel will have completed the evaluation of all bids and system demonstrations during quarter 3 of 2019/20.
Work closely with the other 12 Councils in the North East and North Cumbria to develop the infrastructure and system architecture to allow Adult Social Care integration into the North East Health Information Exchange and Great North Care Record.	Working Together	CWL Programme Team	The regional Group has collaborated well and is now concluding the information governance arrangements for information sharing across health and social care. Sunderland Council has been chosen as the pathfinder Council, and lessons will be learnt and applied when Gateshead prepares to go-live within the new system.
Publish and share the learning from a Safeguarding Adults appreciative inquiry instigated following a significant and sustained period of abuse and neglect experienced by an adult in Gateshead.	Working Together	Quality Assurance	The Appreciative Inquiry was presented and agreed at the Safeguarding Adults Board in April 2019. Learning from the inquiry has been presented at the regional ADASS Safeguarding Leads Network. Multi-agency Winnie workshops have been arranged to share learning from the enquiry with front line practitioners. Recommendations from the enquiry are being progressed, such as developing a shared approach to missing with our regional colleagues.
Sign off the MAART Policy and Procedures at the Safeguarding Adults Board in July 2019	Working Together	Assessment & Care Planning	MARRT policy and procedure were endorsed by the Safeguarding Adults Board in July 2019. This means that there is a clear process for referring into MAART and partners are clear about what to expect from the referral.
Work with Gateshead College providing weekly work placement opportunities for students who are working towards Health and Social Care qualifications to get experience in the work environment which will help them achieve their goals and benefit the service by future recruitment opportunities. We are looking to place 7 students over a 15-week period.	Working Together	Care Call	The students have now commenced their work experience within the service.
Complete a suicide audit of Gateshead residents and continue development and delivery of Suicide Prevention work at the Northumberland Tyne and Wear level as part of Integrated Care System level developments.	Working Together	Public Health	The Suicide Audit was completed over three days in September 2019 and 47 files were reviewed. A report is being developed and will be available by the end of October 2019.
Targeted support visits will be offered to Providers with low uptake of NHS Health Checks	Working Together	Public Health	A new approach to support visits for providers has been developed. Instead of six-monthly visits to all Providers, annual visits are now carried out, which frees up time to offer additional support to low uptake Providers.
Explore how we might use peer led research to gain further insight into the complex, increasing problem of Drug Related Deaths by seeking the views and knowledge held by our service users. This recognises that the people best placed to deliver this are trained peer-led researchers working alongside research colleagues at Newcastle University	Working Together	Public Health	Newcastle University are in the process of completing peer research into the topic of Drug Related Deaths (DRDs) utilising peer researchers from Newcastle and Gateshead. Once the results are shared, we will be able to establish if there are any further areas of this topic that need to be explored to add to our existing knowledge. The results from the research are expected in the next six months.
Link with other local authorities who are also experiencing the same challenges in relation to drug related deaths to look at the possibility and benefit of holding joint information sharing and learning events	Working Together	Public Health	Strong links continue to be developed with other local authorities across the region, all of whom are experiencing the same challenges in relation to Drug Related Deaths. This is an ongoing piece of work led by PHE to combine the learning and good practice from across the region via a range of partner agencies.
Work with the Gateshead Recovery Partnership to undertake an in-depth review of the OST dispensing and supervision regimes of service users within central prescribing based on the ASCI risk tool	Working Together	Public Health	The review of OST dispensing and supervision using the ASCI risk tool has begun and the first stage is complete. The next stage is to roll out the review process to the wider service user population. In addition, the service now sends prescriptions direct to the pharmacies, reducing the need for service users to access the Jackson Street hub for anything other than treatment appointments, thereby reducing footfall to Gateshead town centre.

<p>We have agreed with the Gateshead Mental Health and Wellbeing partnership to focus on two campaigns during 2019/2020, with World Mental Health Day on 10 October 2019 and Every Life Matters, the Public Health England (PHE) One You programme agreed as priorities. A sub group of the Partnership has been developing a Strategic approach to their work and have drafted a plan on a page and outline strategy group which was taken to the Partnership meeting in May 2019 for approval. The sub group will continue to develop the overall strategy and enlist support of the Council's Communications team in developing a finished product</p>	<p>Working Together</p>	<p>Public Health</p>	<p>World Mental Health Day was on 10 October 2019 and the Gateshead Mental Health and Wellbeing Partnership organised an event at the Shipley Art Gallery. There were around 25 partner organisations in attendance on the day and over 500 people attended the event. The opening address was given by Cllr Mary Foy and closing remarks given by Mayor Hood. Every Mind Matters was launched on 07 October 2019 by Public Health England (PHE) and core information has been circulated to partners, including the request to embed the support tool on any websites that they may run. Work will continue over the next 6 months to take full advantage of this national campaign with a high level of support from PHE. The Communications team is supporting the development of the Public Mental Health strategy and this work is ongoing.</p>
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Actions for the next 6 months

- i. Subject to information governance being resolved, it is envisaged that a stand-alone health information exchange viewer will be in place for social care practitioners to access in quarter 4 of 2019/20. This will allow key risks to be managed by having access to key health information that would presently require a combination of phone calls and emails to source, thus saving social worker time and optimising making more informed decisions.
- ii. To finalise the Health & Wellbeing Strategy, incorporating feedback from stakeholders and latest guidance from Sir Michael Marmot, consistent with Gateshead being a Marmot Place.
- iii. Agree actions to be implemented by the Gateshead Health and Care Partnership (GHCP) as part of the mandate for system wide approach to tobacco control.
- iv. We will be bidding for Year 3 funding from NHS England to support the continuation of the suicide prevention work at Northumberland and Tyne and Wear level.
- v. As part of a yearlong programme around Suicide prevention, a report on the outcome of the suicide prevention audit will be presented at Oversight and Scrutiny in October 2019.
- vi. Facilitate discussions between clinical partners in Primary Care and the Integrated Sexual Health service, to explore the opportunity to develop local patient information sharing protocol which when in place should improve patient experience and promote effective partnership working.
- vii. To identify the focus, purpose, process and a timeline for the undertaking of an Alcohol CLeaR Self-Assessment.

3.34 Invest in our Economy

Performance

3.35 There are currently no strategic indicators linked to "*Invest in our Economy*".

Achievements, Challenges and Actions

- 3.36 The final phase of MECC programme delivery has been the involvement of Economic Development and the Active Travel departments within the Council. Both had heard of the MECC programme and wanted their staff to access the training offer.
- 3.37 With Economic Development the full MECC training offer was delivered over a period of 8 weeks which incorporated attendance by majority of the full team at most sessions and those who were unable to attend, turned up at alternative sessions already scheduled for

general attendance. With Active Travel this was done in an intensive weeks input at the start of September 2019. The full MECC core training programme was delivered along with some of the lifestyle subjects and majority of the team attended for the full week, discussing future ideas for adapting resources, barriers to dissemination and ways to overcome these for the future.

Actions for the next 6 months

xviii. Care Call will look at the recruitment of new apprenticeships.

3.38 Support our Communities

Performance

3.39 Inequalities exist between people but also between communities, with some having much more deprivation, anti-social behaviour and poverty. As a council, we must be looking to help the most vulnerable neighbourhoods/residents, to address poverty, build social capital and help and enable volunteering to support them to manage and Thrive. We have identified 6 strategic indicators linked to the pledge of **Support our Communities to support themselves and each other**. In the latest period we have noted improvements in 1 indicator, 5 have declined and 1 is brand new, so we are unable to benchmark this at this time.

Performance Overview

3.40 There were increases for both excess weight in 4-5-year olds and 10-11-year olds compared to the same period last year. The increase in 4-5-year old excess weight was significant at around 12.4% (the largest single year increase seen so far). For 10-11-year olds the increase has continued the developing trend of a year on year increase.

3.41 The gap in the employment rate between those with Learning Disabilities and the overall employment rate has increased compared to the previous 6-month report; however, Gateshead compares favourably against England and North East averages. Similarly, the gap in employment for those in contact with secondary mental health services has increased and is slightly higher than the England average but significantly higher than the North East

3.42 We have noted an increase in the proportion of older people helped to live independently through enablement services. For those people aged 65 & over, discharged from hospital into an enablement service between January and May 90.2% remained at home 91 days after being discharged from hospital.

Achievements, Challenges and Actions

3.43 Two retail premises were closed using anti-social behaviour powers for supplying illicit tobacco based on local intelligence.

Update on Actions from Previous Report

Action	Thrive Pledge	Service Area	Update
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Undertake a Pen Pals project in conjunction with the PICs and Highfield Middle School in Hexham, whereby service users and pupils are making friendships by sharing common interests and updating each others of significant events that have and are happening in their lives.	Support our Communities	Provider Services	The project proved has been instrumental in connecting adolescents and older people, providing opportunities for the sharing of each other 's interests / hobbies as well as viewpoints on contemporary societal issues.
Develop a Communications Action Plan to facilitate partners of the Gateshead Mental Health and Wellbeing Partnerships involvement in promotion of Every Life Matters, Public Health England's One you campaign on Suicide Prevention	Support our Communities	Public Health	Work remains ongoing. The communications action plan has not yet been developed due to uncertainty of the campaign final content and the potential launch date. Now that the campaign has been launched, we will convene a group to take this work forward over the next 6 months.
Develop the "a Time to Change" network across Gateshead with a review of Gateshead Councils Time to Change Pledge and Action Plan.	Support our Communities	Public Health	Work remains ongoing. Meetings have been held with a representative from Gateshead College who were keen on hosting a Time to Change network. There was discussion about this being launched on 10 October 2019, World Mental Health Day, but this didn't come to fruition. With a lot of partnership working we have to work at the speed of the interested parties, encouraging and supporting them to take work forward. This will remain an action for the next 6 months.
Develop a Mental Health First Aid (MHFA) network across Gateshead and the delivery of a number of MHFA training courses in the community	Support our Communities	Public Health	Mental Health First Aid Training was commissioned from Mental Health First Aid England as part of the MECC programme and the MECC Programme Lead has developed a network for all the providers across Gateshead and has supported their delivery of MHFA courses across Gateshead.
Facilitate World Mental Health Day 2019 development by the Gateshead Mental Health and Wellbeing Partnership members	Support our Communities	Public Health	World Mental Health Day was on 10 October 2019 and the Gateshead Mental Health and Wellbeing Partnership organised an event at the Shipley Art Gallery. There were around 25 partner organisations in attendance on the day and over 500 people attended the event. The opening address was given by Cllr Mary Foy and closing remarks given by Mayor Hood.
A project to encourage communication and mutual learning between the Public Health team, stop smoking services, community members and others is being delivered in partnership with Edberts House. Based in the east of Gateshead, the project will develop relationships and insights that will be used to improve outcomes related to reducing harms due to tobacco use	Support our Communities	Public Health	The project started in April. To date, several meetings with staff, volunteers and community members at Edberts have helped to shape a workplan for the duration of the project. Participation in community events and establishing a stop smoking group for residents is providing insights that will be used to shape the delivery of stop smoking support and wider tobacco control programmes.
Action on smoking to be embedded in all other relevant Council and public sector plans through a Health in All Policies Approach to ensure recognition of the importance of public health across the public sector.	Support our Communities	Public Health	HiAP is a long-term aim and progress will vary. Gateshead Health NHS Foundation Trust has introduced a significantly revised smoke free policy. There has also been work with the GHCP board around tobacco control to further this agenda, along with working in partnership with colleagues at the QE hospital. The opportunity to embed HiAP approaches will be enhanced by the emerging organisational re-structure.
Implementation of additional support for stopping smoking in secondary care including specialist mental health treatment services as set out in the NHS Long Term plan.	Support our Communities	Public Health	Gateshead Health NHS Foundation Trust continued to roll out a programme of training, patient pathway development, staff engagement events and policy development to achieve a status of "smoke free" by the end of 2020. This means that patients' smoking status will be recorded, and an offer made to support a quit attempt or temporary abstinence prior to or during their stay in hospital, with all Trust premises now smoke free.

Actions for the next 6 months

- i. The Safeguarding Adults Board are hosting Safeguarding Adults Awareness Week November 18th - November 22nd to raise awareness with partners and communities about safeguarding adults.
- ii. Continue to develop the Achieving Change Together team and prepare a final report so that a decision can be made about the future of the team.

- iii. Develop the position on smoke-free homes and consider implications for The Gateshead Housing Company (TGHC) properties and other housing providers.
- iv. Develop an approach to normalising smoke-free in children's playgrounds and school entrances.
- v. Consider introduction of Patient Group Direction for Varenicline to improve access in community pharmacy.
- vi. Review the Council's smoke-free and vaping policy.
- vii. Work will be carried out in partnership with Gateshead College to establish a Gateshead Time to Change forum.
- viii. A Communications Action Plan will be developed to facilitate partners of the Gateshead Mental Health and Wellbeing Partnerships involvement in promotion of Every Life Matters, Public Health England's One You campaign on suicide prevention.

Section B: Performance Overview (Performance is measured against the position at the previous 6 month report (April 18 – September 18))

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
TI1 – Decrease the Percentage of People who are Dissatisfied with Life	Tackle inequality	Alice Wiseman	4.8%	-	7.2% (2018/18)	Declined	<ul style="list-style-type: none"> This is the third increase in a row. We are higher than the North East (5.4%) and significantly higher than England (4.3%). Highest rate in the North East, 2nd highest CIPFA rate. 5th highest of the 88 published LA's in England.
WT1 – Prevention of ill health: % of mothers smoking at time of delivery	Working Together	Alice Wiseman	9.9%	-	15.1% (2017/18)	Declined	<ul style="list-style-type: none"> This is the second increase in the % of mothers smoking at time of delivery in the last two years from its previous lowest point in 2015/16. Gateshead is significantly higher than the England rate (10.8%) but we are lower though not significantly lower than the North East rate (16.3%). Despite this increase Gateshead has the 4th lowest rate of the 12 North East LA's and the 4th lowest rate of its 16 comparable CIPFA LA's. However, when compared to the 152 English UTLA's Gateshead has the 31st Highest rate in the England. Next update for this should be December 2019.
SC1 - Reduce Excess weight 4-5 year olds - excess weight =obese/overweight	Support our Communities	Alice Wiseman	18.1%	-	25.3% (2018/19)	Declined	<ul style="list-style-type: none"> Gateshead is now significantly higher than the England rate of 22.6% for the first time since 2013/14 and we are higher but not significantly higher than the North East rate (24.3%) for the first time since 2013/14. This is Gateshead's highest prevalence of excess weight at 4-5 year olds since 2009/10 and our joint 2nd highest in the published 12 years of data. The increase for 2018/19 is the highest % point and the highest overall percentage increase since 2013/14. When compared to the national picture Gateshead has the 23rd highest level of excess weight amongst reception age children out of the 150 English LA's with a recorded level.
SC2 - Reduce excess weight 10-11 yr. olds (excess weight =Obese/overweight)	Support our Communities	Alice Wiseman	25%	-	37.8% (2018/19)	Declined	<ul style="list-style-type: none"> Gateshead is higher but not significantly higher than the North East rate of 37.5% and is still considered significantly higher than the England rate of 34.3%. As a result of this latest increase Gateshead has now seen its Excess weight levels decrease by only 1.3% since 2007/08 (38.3%) this is despite an almost continually decrease in the levels up to 2014/15. When looking at the national picture Gateshead has the 42nd highest level of excess weight amongst year 6 age children out of the 150 English LA's with a recorded level.

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
WT2 – Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow)	Working Together	Alice Wiseman	789 per 100,000	-	1003 per 100,000 (2017/18)	Declined	<ul style="list-style-type: none"> This is only the 2nd time in 10 periods of data that Gateshead has been higher than 1000 per 100,000 and seen more than 2000 admissions. Gateshead is significantly higher than both the North East (862 per 100,000) and the England average (632 per 100,000). It is unlikely at this stage unless there are some significant reductions that Gateshead will reach its 5-year target. Gateshead has the 2nd highest rate for this indicator in the North East, the highest of its 16 comparable CIPFA LA's, and is the 3rd highest of the 152 English UTLA's.
SC3 – Gap in the employment rate between those with a learning disability and the overall employment rate	Support our Communities	Alice Wiseman	58.6% points	-	63.0 %points (2017/18)	Declined	<ul style="list-style-type: none"> Despite the increase on the previous period Gateshead is still significantly lower than the England rate (69.2 % points) and is lower but not significantly lower than the North East rate (65.1 % points). Gateshead has the 4th lowest rate of the 16 comparable CIPFA LA's and the 5th lowest of the 12 North East LA's. Gateshead has the 30th lowest % point gap of the 152 upper tier English LA's. Update is due Feb 2020 for this indicator.
SC3 : Hospital admissions for self-harm rate per 100,000 (aged 10-24 years)	Working Together	Alice Wiseman	Reduce	Reduce	386.1 per 100,000 (2017/18)	Improved	<ul style="list-style-type: none"> This is Gateshead's lowest rate per 100,000 since the data was first published in 2011/12. Gateshead is significantly lower than the North East (458.0) and is lower but not significantly lower than the England value (421.2). As a result of the decrease Gateshead is still on course to meet the stated 5-year (19/20) target of reducing the rate per 100,000 (no specific target was set). This is the first time that Gateshead has been lower than both the North East and England rates in the same period Gateshead has the 5th lowest rate of the 12 North East LA's, the 5th lowest rate of its 16 comparable CIPFA neighbours. Compared to the other 152 English UTLA's Gateshead has the 90th highest rate in England. Update for this indicator is due March 2020.
SC4 – Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Support our Communities	Alice Wiseman	59.4% points	-	68.8 %points (2017/18)	Declined	<ul style="list-style-type: none"> Gateshead is higher but not significantly higher than the England rate (68.2 % points). However, we are significantly higher than the North East rate (62.0 % points). Gateshead has the highest of the 12 North East LA' and the 4th highest of the 16 comparable CIPFA LA's. Gateshead has the 52nd highest % point gap of the 152 upper tier English LA's.

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
TI2 – Excess under 75 mortality rate in adults with serious mental illness (<i>indirectly standardised ratio</i>)	Tackle inequality	Alice Wiseman	351.8	-	397.3 (2014/15)	No Update	<ul style="list-style-type: none"> No change on previous year report. As a result of the government consultation on the Public Health outcomes frameworks indicators this indicator will be replaced by a new version “Premature mortality rate for people with mental health problems”. Update to this indicator is slated for November 2019.
TI3: Reduce Mortality from Causes Considered Preventable	Tackle inequality	Alice Wiseman	182.7 per 100,000	-	236.8 per 100,000 (2015-17)	No Change	<ul style="list-style-type: none"> No change on the performance compared to the previous 6-month report. Data update will be available from Nov 2019.
TI4 - Healthy Life Expectancy at Birth (Male)	Tackle inequality	Alice Wiseman	63.7 years	-	59.6 Years (2015-17)	Improved	<ul style="list-style-type: none"> This is the 2nd period in a row to show an increase in Male Health life expectancy. Gateshead is higher but not significantly higher than the North East (59.5 years), but we are still significantly lower than the England value (63.4 years). This is the first time in the published data that Gateshead Male HLE has been higher than the North East average Gateshead has the 7th highest comparable CIPFA HLE and the 4th highest in the North East. We do however have the 31st lowest HLE of the 150 calculated English UTLA's. This is an improvement on the previous period where we were the 27th lowest. Update to indicator is due Nov/Dec 2019.
TI5 - Healthy Life Expectancy at Birth (Female)	Tackle inequality	Alice Wiseman	64.0 years	-	59.1 years (2015-17)	Declined	<ul style="list-style-type: none"> This period has shown the highest recorded decrease in female HLE since the published data became available. This is now the 2nd lowest recorded HLE for females in Gateshead since the data became published (2009-11). Gateshead is lower but not significantly lower than the North East (60.4 years), but we are significantly lower than the England value (63.8 years). Gateshead has the 7th lowest comparable CIPFA HLE and the 5th lowest in the North East. We have the 26th lowest HLE of the 150 calculated English UTLA's. Update to Indicator is due Nov/Dec 2019.
TI6 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Male)	Tackle inequality	Alice Wiseman	-1.2 years	-	-2.0 years (2015-17)	No Change	<ul style="list-style-type: none"> Performance has remained the same after the current update compared to previous 6 month report.
TI7 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Female)	Tackle inequality	Alice Wiseman	-1.2 years	-	-1.7 years (2015-17)	Improved	<ul style="list-style-type: none"> Gateshead is higher but not significantly higher than the North East gap (-1.5 years) but we are significantly higher than the England benchmark of 0.0 years. Gateshead has the 6th lowest gap of the 12 North East LA's and the 7th highest Gap of the 16 comparable CIPFA LA's. Of the 150 published English upper tier LA's Gateshead had the 25th highest gap in life expectancy.

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
T18 – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Male)	Tackle inequality	Alice Wiseman	8.2 years	-	10.8 years (2015-17)	Declined	<ul style="list-style-type: none"> • Gap in inequalities in life expectancy for males has increased on the previous end of year report. • This is the 5th increase in the 6 periods of published data. • This is Gateshead's highest published Inequality in life expectancy at birth for men • Gateshead is in the second highest deprivation quintile in England for this indicator. • Gateshead has the 4th lowest Inequality in life expectancy of the 12 North East LA's and 8th lowest of its comparable CIPFA LA's • New Update for this indicator will be due Feb 2020
T19 – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Female)	Tackle inequality	Alice Wiseman	7.3 years	-	9.0 years (2015-17)	Declined	<ul style="list-style-type: none"> • Gap in inequalities in life expectancy for females has increased on the previous end of year report. • This is the 5th increase in the 6 periods of published data. • This is Gateshead's highest published Inequality in life expectancy at birth for females. • Gateshead is in the worst deprivation quintile in England for this indicator. • Gateshead has the 6th highest Inequality in life expectancy of the 12 North East LA's and 4th highest of its comparable CIPFA LA's. • New update for this indicator will be due Feb 2020.
WT4 - Delayed Transfers of care from hospital, average days per day, per 100,000 population	Working Together	Steph Downey	-	4.0 per 100,000	5.93 per 100,000 (Aug 19)	Improved	<ul style="list-style-type: none"> • The performance data for September 19 isn't available due to the time lag in the data report from NHS Digital so we are comparing the performance for this report to the previous August 18 level. • We are currently exceeding the target of 4.0 per 100,000, but because of the way this was set by NHS Digital we were always aware that this would be an immensely challenging target to reach. • However, we have seen significant improvements in the rate compared to the same period last year. • We are lower than the England rate for August 2019 of 10.89 per 100,000 and lower than the calculated average of the 16 comparable CIPFA LA's (8.83 per 100,000). • However, we are higher than the North East rate of 5.71 per 100,000. • The primary areas for delays are "Care Package in Own Home" and "Further Non Accute Care".

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
SC5 – Helping Older People to live independently – the proportion of older people 65+ still at home 91 days after hospital discharge to a reablement service	Supporting Communities	Steph Downey	87.5%	87.5%	90.2% (Jan 19 – May 19)	Improved	<ul style="list-style-type: none"> The ASCOF definition monitors the indicator for only Oct, Nov and Dec discharges. However, for this purpose the months reported are Jan to May discharges. 397 out of 440 people remained at home giving a result of 90.2% which is higher than the 2018/19 year end figure of 84%, but lower than the 92.4% at the same time last year. We are better than the 2017-18 EoY North East (83.9%), England (82.9%) and the CIPFA average (80.1%).
TI10 – Support for Carers in BME Communities	Tackle Inequality	Steph Downey	2.0%	2.0%	0.5% (6/1138) (Apr – Sep 19)	Declined	<ul style="list-style-type: none"> 6 BME carers out of a total of 1138 carers have had an assessment, review or been in receipt of a carer related service during the period of April to September 19. The numerator has increased compared to 2018/19 due to better recording of carer outcomes, however the number of carers supported from BME communities has remained static (compared to same period last year).
SC6 – Measure the increase in the number of people accessing the Supporting Independence Service, helping people to stay in their own homes for longer	Supporting Communities	Lindsay Murray	-	-	2170.25 Hours (497 customers) (September 2019)	N/A	<ul style="list-style-type: none"> This indicator is brand new for this iteration of the report there is currently no comparable data.

TITLE OF REPORT: Proposal to Merge 108 Rawling Road with Oxford Terrace and Rawling Road Medical Group

REPORT OF: Partners of Oxford Terrace and Rawling Road Medical Group and 108 Rawling Road. "The surgery"

Summary

The attached document provides the OSC with information regarding an application by the partners of 108 Rawling road to merge with Oxford Terrace and Rawling Road Medical Group and details of the engagement process carried out so far with patients and stakeholders. The views of the OSC are sought on the information provided.

1) Proposal

Dr Mathu Krishnan, the longest serving GP in Gateshead wishes to retire on 31st December 2019 and has approached Partners of Oxford Terrace and Rawling Road Medical Group with a view to merging. Dr Krishnan has made an application to Newcastle and Gateshead Clinical Commissioning Group to merge with Oxford Terrace and Rawling Road Medical Group (OTRR-MG) on 1st January 2020.

Dr Krishnan will retire on 31st December 2019. The current premises at 108 Rawling Road will close on that date. Dr Krishnan's practice boundary currently covers the whole of Gateshead and beyond. Patients will in future be able to access services from both 1 Oxford Terrace and 1 Rawling Road. The change of location will have minimal impact on patients as it is only one minute walk from 108 Rawling Road. A 12 week communication and engagement process started with patients, staff and all key stakeholders from 6th September 2019 and will continue until 29th November 2019.

- 2) Details of the proposals and the engagement process with patients and stakeholders are set out in Appendix 1 to the report.
- 3) Representatives from Oxford Terrace and Rawling Road Medical Group will attend the OSC meeting to outline their proposals.

Recommendations

3. The Committee is asked to:-
 - a) Give its views on the information provided.

Contact:

Extension:

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Overview and Scrutiny Committee Briefing

108 Rawling Road and Oxford Terrace and Rawling Road Merger 1st October 2019

BRIEFING PAPER

INTRODUCTION

Dr Mathu Krishnan, the longest serving GP in Gateshead has informed NHS Newcastle and Gateshead Clinical Commissioning Group that he wishes to retire on 31st December 2019. Dr Krishnan has made an application to the CCG to merge with Oxford Terrace and Rawling Road Medical group (OTRR-MG) on 1st January 2010.

PROCESS

Dr Krishnan will retire on 31st December 2019. The current premises at 108 Rawling Road will close on that date. Dr Krishnan's practice boundary currently covers the whole of Gateshead and beyond. Patients will in future will be able to access services from 1 Oxford Terrace and 1 Rawling Road which is on the same street, a one minute walk from this site therefore travel for patients will be no practically different.

A 12 week communication and engagement process started with patients, staff and all key stakeholders on 6th September 2019 and will continue until 29th November 2019. This has offered an opportunity for patients to discuss the proposal and ask any questions to the partners and Practice Managers. Drop in events were held at both practices on the following days and times:

1 Rawling Road site Tuesday 24 September - 10a.m. – 11:30a.m.
108 RR site Tuesday 24 September - 11:45a.m. – 12:45 p.m.

- As part of the consultation process we have also engaged with:
- PCPI groups in both practices;
- Health Watch;
- Primary care providers across Gateshead;
- Secondary care providers across Gateshead and;
- Local Councillors.

PROPOSALS

Oxford Terrace & Rawling Road Medical Group and Dr Krishnan's Surgery are applying for a full merger of the two named GP practices.

After many years of dedicated service to the community Dr Krishnan has decided to retire. Dr Krishnan is very keen to ensure his patients continue to receive the excellent care that they have always had and he feels that a merger with Oxford Terrace & Rawling Road Medical Group will provide this.

The practices have worked closely together as part of Bensham Federation along with two other local practices over the last four years, so have good working relationships already and share some staff that work across both practices. Care navigators and recently Frailty

Nurses have worked with Dr Krishnans most complex patients providing a multidisciplinary working and case management approach to complex needs of patients and their carers.

If a merger is agreed, it will not be possible to continue to offer the service from the current premises at 108 Rawling Road. It is proposed that in future services would instead be offered from the two sites below:

- 1 Rawling Road, Bensham, Gateshead, NE8 4QS (0.1 mile or 76 yards from the current site)
- 1 Oxford Terrace, Bensham, Gateshead, NE8 1RQ (0.6 mile or 1056 yards from current site)

Patients will be able to book an appointment to be seen at either surgery. Parking is available at both sites.

The existing practice boundaries will remain unchanged.

It is anticipated that the proposed merger will increase the range of services provided and benefits for our patients which will include but not be limited to:

- Improved access with the choice of appointments at either site;
- Option to book appointments with female GP's if desired;
- A choice of 15 doctors with different interests. For example: dermatology, minor surgery, family planning, musculo-skeletal conditions, heart conditions, chest conditions like Asthma and COPD;
- Care provided by an expert multidisciplinary team;
- Community Nursing and Health Visiting services will remain the same; and;
- The surgery has extended opening hours including: opening until 7.30pm on Monday, 7am opening on Thursday and Saturday morning 9am to 12.30pm.

The NHS Five Year Forward View sets out a vision for the future of the NHS, which encompasses the development and implementation of a local plan to address the sustainability and quality of general practice. This merger will help us to use resources to improve services for the benefit of all registered patients. As part of new developments, practices will be working together as Primary Care Networks to meet the needs of their local population. Although welcome to join OTRR-MG, patients who live outside the area, have been asked to consider changing to a GP closer to home to ensure their needs can be met effectively.

The proposed merger will essentially mean that the two practices transfer to a single NHS contract with one clinical system. There will be no change to frontline services. Staff have been engaged from the outset so that they can support the process and provide information and reassurance to the respective practice patients.

The practices have liaised with North of England Commissioning Support (NECS) and should the proposed merger take place work will be ongoing to support the integration of the clinical and IT systems.

Action for Overview and Scrutiny

Overview and Scrutiny are asked to note the content of this briefing and highlight any additional issues that they feel may need addressing in informing and involving / consulting the local community and how they wish to be involved.

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108 Rawling Raod and Oxford Terrace and Rawling Road Medical Group

Overview and Scrutiny Committee 10th December 2019

Full consultation has not been completed at the time of submission of OSC report. Information outlined below include response to consolation from 6th September 2019 to 22nd November 2019

When did the engagement period start and end?	Consolation period started 6 th September Ended 29 th November 2019
Patient Letters	
How many patients did the practice send letters to?	10.000 OTRR-MG and 3000 108 RR
How many responses did the practice receive?	5
How many responses in support of the merger did the practice receive?	There was one very positive tweet, no formal comments were received
How many responses were not in favour or raised concern of the merger?	4 patients from across both practices raised concerns about access to appointments. We were able to reassure them that a broader range of appointment times and access to 13 GPs and a range of other multi-disciplinary clinicians that were not currently available at 108 RR would be accessible to patients following merger, including GPs with special interest, 7 male and 5 female gps providing evening and weekend appointments
How many responses were in support of the closure of a premises site? If applicable	No responses were received
How many responses were not in favour or raised concern to the closure of a premises site? If applicable	No responses were received
How many responses were in support of the dispensing stopping? If applicable	This is not a dispensing practice
How many responses were not in favour or raised concern of dispensing stopping? If applicable	This is not a dispensing practice
Other forms of engagement	
What other forms of engagement has the practice done? e.g. drop-in sessions, poster, website, newsletters	
Drop in sessions at the ORR site on Rawling Road and at Dr Krishnan's practice.	
<ul style="list-style-type: none"> • 1 Rawling Road site Tuesday 24 September - 10a.m. – 11:30a.m. 	

- 108 RR site Tuesday 24 September - 11:45a.m. – 12:45 p.m.

FAQs and information was included on both websites and discussed at patient forums and with practice health champions at OTRR-MG

How many patients attended the drop-in sessions?

A total of 25 people attended both sessions. GPs from both practices and practice manager were in attendance to answer questions.

How many patients were in support of the merger, premises closure and or stopping dispensing services? Respond as applicable

20 of the patients that attended were from 108 Rawling Road and 5 were from OTRR. Patients from 108 Rawling Road were understandably very sad that Dr Krishnan is retiring after so many years. The question that most patients had was around access. They are used to getting seen on the day if they are ill at present and were worried that they would wait far longer. We gave an overview of our appointment system and the variety of clinicians that will be available after the merger. One of our Receptionists is our Health & Wellbeing Coordinator and manages the PPG and Patient Champions and she was there to give out information and answer questions about appointments. We invited those attending to join our PPG so that they can engage with us and give feedback after the merger. Some of the patients had questions around access for patients that live out of the area. We advised that we would look into this further and get back to them and we are currently exploring whether patients can register as out of area patients. Some of the patients responded positively to the information given, ie “it will be nice to have a female GP available” and some stated that they felt happier about the impending merger after getting information at the drop in.

There have been no formal responses – other than one tweet in favour of the merger.
The merger was discussed as both patient and public involvement groups and we had a positive response.

How many patients raised concern on the merger, premises closure and or stopping dispensing services? Respond as applicable

There was only one formal concern about the merger, but we received 4 other enquiries about access to appointments. These were dealt with and had a positive outcome.

General

What issues did the patients raise in support of the merger, premises closure and or stopping dispensing services? Respond as applicable

As mentioned above.

What issues did the patients raise in concern of the merger, premises closure and or stopping dispensing services? Respond as applicable

There we no concerns raised about the merger

What has the practice done or plans to do to address the concerns raised?

<p>We have responded to patients that sent in email enquiries/letters. We have a plan in place to ensure that we have adequate staffing levels to meet demand and we also have a plan in place to monitor demand so that we can respond if it increases.</p> <p>We are currently working with the NHSE Time for Care team on managing demand and redesigning our workforce to meet population need though our primary care network. It is envisaged PCN funding will follow patients and with this funding we will be able to employ additional pharmacy and link worker time to provide proactive care to all patients in our PCN including those that transfer from 108 Rawling Road,</p>
<p>How has the practice feedback to patients on the actions it plans to do in response to concerns raised?</p>
<p>One meeting with a patient. In writing and verbally in drop in sessions.</p>
<p>If approved, how does the practice intend to engage with patients to inform them of the outcome?</p>
<p>Will be in newsletters, patient forums, social media and practice website.</p>

Stakeholder Engagement outcome

Please confirm that stakeholder briefing has been attached to the application	Yes
Who has the practice engaged with?	Patients, practices in Gateshead, CCG, Healthwatch, LMC, OSC, Local Authority, Public Health, Ian Mearns, CCG, Gateshead health watch
How many responses did the practice receive and from who?	5 from patients
How many responses in support of the merger did the practice receive?	1 tweet
How many responses were not in favour or raised concern of the merger?	5 but 4 of the concerns were answered and the patients were happy with the responses given.
Please confirm the practice has attached copy of the responses from Overview and Scrutiny Committee	We have been communicating with John Costello and Angela Frisbey
Please confirm the practice has attached copy of the responses back from Health and Wellbeing board	No
Please confirm the practice has attached copy of the responses back from Healthwatch	There have been no responses from Gateshead Health Watch

Please confirm that stakeholder briefing has been attached to the application	Yes
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Please confirm the practice has attached copy of the responses back from Healthwatch	There have been no responses from Gateshead Health Watch
What issues did stakeholders raise in support of the merger, premises closure and or stopping dispensing services? Respond as applicable	
Stakeholders are generally in support of the merger but no formal notification of this.	
What issues did stakeholders raise in concern of the merger, premises closure and or stopping dispensing services? Respond as applicable	
See above	
What has the practice done or plans to do to address the concerns raised?	
We have offered meetings and where appropriate responded verbally and via email. Please see above	
How has the practice feedback to stakeholders on the actions it plans to do in response to concerns raised?	
See above	
If approved, how does the practice intend to engage with stakeholders to inform them of the outcome?	

Please confirm that stakeholder briefing has been attached to the application	Yes
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Please confirm the practice has attached copy of the responses back from Health and Wellbeing board	No
Please confirm the practice has attached copy of the responses back from Healthwatch	There have been no responses from Gateshead Health Watch
Via newsletter, social media, posters in practice, verbally on attendance at appointments, on both practice websites, on both practice telephone messages, flyer in letters to patients, where appropriate letters and emails	

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TITLE OF REPORT: Annual Work Programme

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

Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2019/20.

1. The Committee's provisional work programme was endorsed at the meeting held on 23 April 2019 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

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

Contact: Angela Frisby

Extension: 2138

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Draft Care, Health & Well-being OSC 2019/20	
25 June 19 1.30pm	<ul style="list-style-type: none"> • Constitution (to note) • Role and Remit (to note) • Making Gateshead a place where everyone thrives – Year End Assessment and Performance Delivery 2018-19 • OSC Review of Suicide– Scoping Report • Implementation of Deciding Together – Progress Update • Diagnostic X Ray Services - Briefing
10 Sept 19 5.30pm	<ul style="list-style-type: none"> • OSC Review of Suicide – Evidence Gathering • Social Services Annual Report on Complaints and Representations – Adults • Work Programme
29 Oct 19 1.30pm	<ul style="list-style-type: none"> • OSC Review –Evidence Gathering • Annual Report of Local Adult Safeguarding Board and Business Plans • Monitoring OSC Review - Helping People to Stay at Home Safely • New O & S Guidance • Gateshead Healthwatch Interim Report • Work programme
10 Dec 19 1.30pm	<ul style="list-style-type: none"> • OSC Review – Evidence Gathering • Making Gateshead a place where everyone thrives – Six Monthly Assessment of Performance and Delivery 2019 -20 • Health and Wellbeing Strategy Refresh • Proposed Practice Merger – Rawling Road • Work Programme
28 Jan 20 1.30pm	<ul style="list-style-type: none"> • OSC Review – Evidence Gathering • Drug Related Deaths • Health & Well-Being Board Progress Update • Continuing Healthcare Funding – CCG Update • Work Programme
3 Mar 20 1.30pm	<ul style="list-style-type: none"> • OSC Review – Interim Report • Gateshead Healthwatch • Support for Carers (Adults) • Work to Tackle Obesity – Progress Update • Work Programme
21 April 20 1.30pm	<ul style="list-style-type: none"> • OSC Review of Suicide–Final Report • Monitoring - OSC Review - Helping People to Stay at Home Safely • Health and Well-Being Board – Progress Update • Sepsis Prevention - Case Study • OSC Work Programme Review

Issues to slot in

- Universal Credit – Impact on Emotional Health and Wellbeing (possible joint meeting with other OSCs)
- Deciding Together Delivering Together – Progress Updates / Potential Consultation
- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- ICS Updates - as appropriate.
- ***Green Paper on Adult Social Care -Council Response***