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Gateshead Council

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 10 September 2021 at 9.00 am in the Council Chamber, Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 8) The minutes of the business meeting held on 16 July 2021 and Action List are attached for approval
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
	Items for Discussion
4	**Gateshead Homelessness Review - Vicky Sibson** (Pages 9 - 16)
4a	**Appendix 1: Completed Data Report (Pages 17 - 38)**
4b	**Appendix 2: Homelessness Review Report (Pages 39 - 104)**
4c	**Appendix 3: Draft Homelessness and Rough Sleeping Strategy (Pages 105 - 124)**
4d	**Appendix 4: Draft Homelessness Charter (Pages 125 - 130)**
5	**Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan 2021/22 - Catherine Richardson** (Pages 131 - 218)
6	**Review of the Role and Membership of the Health & Wellbeing Board: Part 2 Discussion - Alice Wiseman** (Pages 219 - 224)
7	**Covid-19 Response & Vaccine Update - Alice Wiseman/Lynn Wilson**
8	**Gateshead Health & Care System Update - Mark Dornan/All**
9	**Updates from Board Members**
10	**A.O.B**

Contact: Melvyn Mallam-Churchill, Tel: 0191 433 2149,
Email: melvynmallam-churchill@gateshead.gov.uk, Date: Thursday, 2 September 2021

GATESHEAD METROPOLITAN BOROUGH COUNCIL

GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 16 July 2021

PRESENT: Councillor Lynne Caffrey (Chair) – Gateshead Council
Councillor Paul Foy – Gateshead Council
Councillor Leigh Kirton – Gateshead Council
Councillor Michael McNestry – Gateshead Council
Caroline O'Neill – Gateshead Council
Dr Mark Dornan – Newcastle Gateshead CCG
Lynn Wilson – Newcastle Gateshead GGC/Gateshead Council
Gerald Tompkins – Gateshead Council
Karen Soady – Tyne and Wear Fire and Rescue Service

IN ATTENDANCE: Alison Moses – Gateshead Council
Dr Sheinaz Stansfield – Oxford Terrace & Rawling Road Medical Group
Jackie Ingram – Gateshead Council
Joanna Clark – Gateshead Newcastle NHS Trust
Kirsty Sprudd – Newcastle Gateshead CCG
Marc Hopkinson – Newcastle Gateshead CCG/Gateshead Council
Mark Banks – Gateshead Council
Sarah Chapman – Newcastle Gateshead CCG
Siobhan O'Neil – Gateshead Healthwatch
Steph Downey – Gateshead Council
Steven Kirk – Community Care Based Health
Stuart Worthington – Gateshead Council

HW271 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Susan Craig, Martin Gannon, Gary Haley and Bernadette Oliphant, Nicola Allen, Andrew Beeby, Jackie Bilcliffff, John Costello, James Duncan, Lisa Goodwin and Alice Wiseman

HW272 MINUTES

RESOLVED - That minutes of the last meeting of the Board held on 11 June 2021 be approved as a correct record.

The Board also received an update on items contained within the Action List.

HW273 DECLARATIONS OF INTEREST

There were no declarations of interest.

HW274 GATESHEAD INTEGRATED TEAM WORKING

The Board received a joint presentation on Gateshead Integrated Team Working.

This covered:

- Gateshead Health and Care System – 'Gateshead Cares'
- Placed Based Partnerships
- Potential Governance Model
- Primary Care and PCN Input
- Gateshead PCN Support Infrastructure
- Details of the Gateshead Integrated Team
- The Integrated Team priorities for 2021/22
- Place-based joint posts and details of further joint appointments
- Local authority commissioning
- Gateshead's vision for mental health, the progress to date and the next steps
- Quality Assurance Service
- The Safeguarding Children Unit and Family Drug and Alcohol Team
- Transformation of Older Persons Care Homes
- Children, Young People and Families overview
- Gateshead Delivery Team
- Transformation, System Resilience and EPRR role

RESOLVED – That the information be noted.

HW275 GATESHEAD HEALTH & CARE SYSTEM UPDATE

The Board was advised that there were no further issues to add to the information shared as part of the presentation on the previous agenda item.

RESOLVED - That the information be noted.

HW276 REVIEW OF THE ROLE AND MEMBERSHIP OF THE HEALTH & WELLBEING BOARD: PART 2 DISCUSSION

RESOLVED - That consideration of this item be deferred until the next meeting.

HW277 COVID-19

<u>COVID 19 – Cases and Vaccine Update</u>

The Board received a presentation on the number of cases, testing, vaccinations and QE Hospital admissions and death for the Borough and how this compared regionally.

<u>Covid 19 - Response Update and Assessment of its impact on Communities – Baseline Assessment</u>

The Board received a report on the impact of COVID and the importance of understanding the needs of communities within Gateshead. The report provided a cumulative summary of COVID-19 in Gateshead and analysed its

impact to date locally. It was based on data (although the hard evidence of impact remained limited as many relevant datasets would not be published for many months), the experiences and views of Council staff who had been involved in the response to COVID, and stories illustrating the experience of local residents.

This analysis was built around the Health and Wellbeing strategy themes_and was followed by suggestions of key issues the Council may need to focus on as we lead the recovery in Gateshead.

The impact of COVID has been felt across Gateshead, but it can be anticipated that as more data becomes available the hard evidence of this will be more clearly seen. It is considered, for example from the experience of hubs, that whilst the whole community has felt the effects of COVID, it will be places with the greatest numbers of vulnerable residents and the highest needs that will have shouldered the greatest burden of harm, further exacerbating the inequalities within the Borough and its position relative to the country as a whole. The Gateshead system's focus on 'place' will be crucial moving forward.

A number of priority areas for action emerge from the baseline analysis. The over-riding one of these is action on poverty and the importance of services that provide advice and support to those in the communities of place and interest who have been most affected by the pandemic. Without sufficient income people cannot satisfy their basic needs for food and shelter.

One group where such support will be crucial is families with children, as demonstrated by the increase in demand on the Council's early help children's services.

The clear message from the work of the Poverty Truth Commission, the insight around universal credit's impact and the day-to-day work of partners and services with local people, highlights the need to find ways to work alongside our community and develop a participatory leadership model that allows local people to truly influence future direction and policy for their local area.

Continued investment is needed to meet rapidly growing demand for digital services and ways of working whilst recognising that there remain parts of our community for whom this will not be appropriate.

The long-term consequences of the pandemic for the health of the local population will also take time to become clear, but action on mental health and behaviours including alcohol consumption, smoking and physical activity would be early areas to address. However, it is impossible to untangle the community's health from the economy as they are two sides of the same coin.

The final area to highlight is the need to recognise the loss of loved ones that many families will have experienced. Some way to acknowledge this could be found, possibly in terms of a physical memorial, but also through ensuring

that as part of the focus on place we learn from other areas that have attempted to build wellness and kindness into their work with local communities.

It was reported that work was ongoing with the Council's Communications Team and with our partners across the north east to manage the public's expectations.

The importance of keeping the region's MPs up to date on issues was stressed and it was pointed out that local MPs had been contacted to raise an issue at Prime Minister's question time on schools and the number of pupils being sent home to isolate.

It was noted that schools would continue to follow stringent protection measures including the wearing of face masks.

Members highlighted concerns about digital inclusion and the need to support those people who are unable to access digital services. The Board was advised that a bid for funding had been submitted for a project to undertake academic research in relation to digital inclusion.

With regard to the Baseline Assessment, the Board confirmed that it supported the findings and thanked officers for their efforts and contributions on this work.

RESOLVED - (i) That the contents of the presentation be noted.

(ii) That the findings of the Baseline Assessment be noted and supported.

HW278 UPDATES FROM BOARD MEMBERS

No issues were raised by the Board's members.

HW279 A.O.B.

There were no other items of business raised at the meeting.

Chair……..……..

Item 2.2

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 16th July 2021			
Review of the Role and Membership of the Health & Wellbeing Board: Part 2 Discussion	That consideration of this item be deferred until the next meeting.	A Wiseman	On agenda of 10th September Board meeting
Matters Arising from HWB meeting on 22nd January 2021			
Homelessness / Rough Sleeping Update	To receive a substantive update on the development of a strategy at a future meeting	K Scarlett	On agenda of 10th September Board meeting
Matters Arising from HWB meeting on 11th December 2020			
Addressing Poverty in Gateshead: An Overview	To provide the Board with an update on work being done within the community and voluntary sector at a future meeting	A Dunn & L Goodwin	To feed into the Board's Forward Plan

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GATESHEAD HEALTH AND WELLBEING BOARD
10 September 2021

TITLE OF REPORT: Homelessness Review

Purpose of the Report

1. To provide the Health and Wellbeing Board with a detailed update following completion of Phase 1 of the Homelessness Review.

2. To seek feedback from the Board on the review findings to date including:

- a **data report** and a **homelessness review report** from the appointed consultants, Campbell Tickell, confirming the findings from an extensive analysis of relevant data, insight from service users and providers, and a review of current commissioned and directly provided services;
- a draft **homelessness and rough sleeping strategy** for further consultation, based on the findings and recommendations from the review report;
- a draft **homelessness charter**, designed to provide a commitment from to range of partners to collaborate and work together in tackling homelessness in Gateshead and achieve our proposed strategic vision:

'to prevent and end homelessness, in all forms, in Gateshead'

Background

3. Earlier this year a report was produced for this Board outlining an intention to undertake a review of homelessness in Gateshead which included the development of a new Homelessness and Rough Sleeping Strategy and a new Homelessness Charter. In May 2021 the Council procured Campbell Tickell to provide external capacity and expertise to support this review.

4. Three phases were outlined within the scope of the commission, although the has Council has only committed to completing phase 1 with Campbell Tickell:

<u>Phase 1:</u>

- Data and Insights Analysis. Providing a full analysis of needs and demands from information collated in homelessness assessments (which are completed with all individuals who are homeless or at risk of homelessness) as well as information collected from support and accommodation services across the borough, both internally and externally.

- A draft Homelessness and Rough Sleeping Strategy. Setting out a clear vision, alongside our values, principles and aims, with a detailed action plan for each aim.

- A draft Homelessness Charter. Providing a commitment from a range of partners to collaborate and work together in tackling homelessness in Gateshead and achieve our proposed strategic vision.

- A Homelessness Review which meets our statutory requirements but also includes a broader review of accommodation and support, currently available for those who are homeless or at risk of homelessness within Gateshead. Including best practice options, an assessment of our financial position and recommendations for change.

Phase 2 (potentially September 2021-September 2022, to be confirmed):

- Implementation of agreed transformation of homelessness advice, support and accommodation provision for both internal and commissioned provision

- Implementation of a new central 'Gateway' for those seeking accommodation and/or support. That co-ordinates referrals and monitors needs/demand and outcomes.

Phase 3 (potentially from September 2022, to be confirmed)

- Development and implementation of new operating model where support and interventions are delivered, connected to a locality, place based operating model.

- Within this phase we would be seeking multi-disciplinary working with connected services, ensuring that frontline teams work as an integrated delivery team, to assess people's situations in a holistic way, providing advice and bringing them into contact with the right support services. This would include the development of personalised multi-agency support plans, pulling on services as required.

5. It is noted that it was agreed, Phases 2 and 3 of the review may be subject to change, as a result of completion of phase 1 and the outcomes from subsequent consultation with Members and a range of stakeholders, on its findings and recommendations.

6. Phase 1 of our Homelessness Review has now been completed, as follows:

Completed Data Report (Appendix 1):

7. This includes findings from an analysis of 19/20 data of Supported Housing Referrals (1127 in total), Floating Support Referrals (1127 in total) and a snapshot survey of those currently residing in Supported Housing or receiving Floating Support (537 in total).

8. Key findings include:
    - Only 23% of referrals to supported housing actually move in, the main reason for this is lost contact.

- 24% of people in supported housing have recently experienced domestic abuse but are residing in generic supported housing, rather than accommodation tailored to meet the needs of domestic abuse victims. Of the new floating support cases opened, 44% are for victims of domestic abuse.
- Around 10% of support service users could be categorised as having complex needs. 7% were in supported housing.
- 69% of service users have some form of disability or long-term health condition. Up to 64% of service users have a mental health need, but just under half of them are currently engaging well with services and receiving the treatment that they need.
- High numbers of people resident in supported housing present a significant risk to others,102 individuals – representing 46% of the total supported housing population.
- 53% of people receiving a supported housing service during the year moved into settled housing.
- Outcomes from floating support services are good and confirm their contribution to preventing homelessness and repeat homelessness.
- In terms of support needs, achieving housing goals and assistance with finance management are the primary areas where assistance is required, regardless of which service type people are in.
- The level of input required in supported housing is much higher than in floating support, as should be the case.
- 9% of Floating Support Users are 'high need' and 17% of Supported Housing users are 'low need'.
- Vulnerable young people who the local authority have a duty to assist are the subgroup requiring the highest level of input.
- A third of Supported Housing service users had resided for over 2 years, whilst 61% of Floating Support cases received the service for under 6 months.
- Due mostly to 'high levels of risk' a significant number of people in Supported Housing need to be housed in a dispersed supported housing model (including Housing First), with approximately a third of current users needing dispersed housing.

Completed Homelessness Review Report (Appendix 2):

9. The Homelessness Review Report which has been produced, ensures we are meeting our statutory duty requirement, to undertake a broad assessment of homelessness in our area. This includes assessing levels of homelessness, outcomes delivered and the services, support and resources available. It provides the evidence base for the development of our Homelessness and Rough Sleeping Strategy.

10. The review includes an analysis of all applicants who have an initial homelessness assessment in Gateshead by our Housing Options Team. Key findings from this include:

- The overall volume of people owed a homelessness duty increased by 37% in 19/20 from 18/19, with an additional 566 households.
- 49% of those owed a homelessness duty were registered as unemployed. This is substantially more than the national average of 30.5%.
- Domestic abuse is the most common reason for loss of settled home, at 475 households in 19/20. With a quarterly average of 25% this is substantially higher than the north east average of 14%.
- The second most common reason for loss of settled home is family/friends no longer willing to accommodate, at 345 households 19/20 and the third is the ending of an assured shorthold tenancy (private tenancy) at 272 households.
- The volume of people homeless due to violence/harassment is also significantly higher than the national average of 2-3% peaking at 10% in Gateshead in July-Sept 2020.
- 63% of those owed a relief duty (where we are unable to prevent homelessness) are single males, this accounts for 295 single males in total. 61% of those owed a relief duty are living in no fixed abode or with family/friends.
- Of those owed a homelessness duty in 19/20, 1,283 had one or more support need, which accounts for 68% and is 9% higher than the North East average. 366 had 3 or more support needs.
- 32% identified as having a history of mental health problems (higher than national & north east average), 22% identified as being at risk of/experiencing domestic abuse (substantially higher than national & north east average), 14% identified as having physically ill health and disability and 12% identified as having an offending history.
- On average 68% of statutory temporary accommodation placements are within our own stock, this is substantially higher than the regional average which is 32%.
- The proportion of households placed in Bed and Breakfasts/Hotels in 19/20 was lower than the national and north east average.
- For those whose homelessness was prevented, Gateshead secured/maintained settled accommodation (6mths+) for 58% of these households. This is in line with the National and North East average.
- For those where we could not prevent homelessness (those who were owed a relief duty) Gateshead secured settled accommodation for 45%, which is above the national average.

11. In addition to the detailed analysis completed, the Homelessness Review Report makes the following key conclusions/recommendations:

- **Homelessness is not just about housing** and the majority of households that are owed a prevention or relief duty have support needs, with a significant number having three or more, multiple and complex needs.
- **Gateshead recognises that services for homeless people need to be more connected** and aims to develop a Connected Services model. Currently there is a prototype model established that involves a full time nurse practitioner working alongside homelessness officers in a drop in hub for homeless people and those at risk of homelessness

- **There is a significant cohort of homeless people with multiple complex needs.** Most of these individuals are sofa surfing and moving from one insecure homeless situation to another. These individuals have complex needs often related to homelessness, substance misuse, mental health problems, offending and domestic abuse.
- Gateshead should **redesign and recommission the homelessness pathway** so that it more effectively meets the needs of homeless people with multiple complex needs.
- The accommodation and support **options for domestic abuse should be reviewed** as domestic abuse is the most common reason for loss, or threat of loss, of last settled home in Gateshead.
- The homelessness pathway should **present individuals with a number of options** including moving directly into independent accommodation with wrap around support and for those subject to domestic abuse remaining in their own homes with additional security.
- **A commissioning strategy should be developed** which uses the data gathered by the homelessness review on the needs of service users and which maps out the types of provision required.
- **Supported housing and floating support services should be re-specified/re-commissioned** so that they can more effectively meet the needs that have been identified. Particular consideration should be given to victims of domestic abuse and those with multiple and complex needs.
- **The concept of 'tenancy ready' should be incorporated** into a new service specification so that individuals move from supported housing when they are ready to move to independence. This will provide a more person centered approach and make best use of provision.
- **A new Gateway should be developed** that can provide an effective method for matching homeless households to vacancies in commissioned supported and floating support services, with referrals rights for Gateshead. The new Gateway could be extended from the outset to in-house services and non-commissioned services where appropriate.
- **Linkages should be established to any changes that result to Gateshead's allocations and lettings process** as a consequence of a recent review.
- **Appropriate protocols should be developed in relation to transitions** that may result in homelessness, for example in relation to the Duty to Refer for the release of offenders, discharge from hospital, as well as transitions from children to adult services.

Draft Homelessness and Rough Sleeping Strategy (Appendix 3):

12. A new Homelessness and Rough Sleeping Strategy has also now been drafted which includes the vision 'to prevent and end homelessness, in all forms, in Gateshead'. This includes the following 4 Strategic Aims, which each have a delivery action plan:

    - **Aim 1**: Make homelessness a rare occurrence
    - **Aim 2**: Homelessness to be as brief as possible and result in positive outcomes
    - **Aim 3**: No-one sleeping rough or in unsuitable accommodation
    - **Aim 4**: Homelessness is a one-off occurrence

Draft Homelessness Charter (Appendix 4):

13. A new Homelessness Charter has also now been drafted which can be used as a 'call to action', being more accessible and interactive than a strategy. It can also provide a focal point for offers of help, and/or for people to find out more about local efforts to tackle homelessness. The launch of a Homelessness Charter in an area can often bring welcome attention to the issue, whilst also creating new partnerships and interest. The drafted Homelessness Charter for Gateshead sets out the following pledges:

    - Everyone has the right to a **secure, affordable home** where they feel safe
    - Everyone has the right to good **quality advice and support**
    - We need to work together to tackle the **causes of homelessness not just the symptoms**
    - Everyone will be treated with **dignity and respect** and be supported to live **free from abuse**
    - Preventing homelessness means making it easy for people to **get the help they need, when they need it**
    - Ending homelessness needs services to focus on **people's strengths not just their needs**
    - The **views of homeless people will be at the heart** of everything we do
    - Working together to end homelessness means being willing to **listen to each other's point of view**
    - People should be offered the support they need to **Thrive not just survive**
    - People should be involved in **deciding their own needs and solutions**
    - Ending homelessness needs a focus on **more than just housing**
    - Tackling **inequality and understanding difference** is very important in ending homelessness

Further Information

14. Internal and External Homelessness Working Groups were established this year and have met regularly to inform the review, with representation from a broad range of directly and indirectly related services. Members of both groups have also been contacted directly by Campbell Tickell as part of their consultation exercises and data collection review.

15. To support phase 1 of the Homelessness Review and work underway by Campbell Tickell, our officers also:
    - Collated detailed information on all advice, floating support and accommodation provision across Gateshead for those 16+ who are homeless or at risk of homelessness. This includes information on capacity, the type of support on offer and eligibility criteria. This should assist us with any subsequent phases of the homelessness review.
    - Reviewed related budgets and funding streams in partnership with colleagues in commissioning and information collated so far has been shared. This will determine the financial 'envelope' for any future commissioning and service re-design.
    - Worked with our Community Safety Team to try and align this review with work underway to deliver the new statutory requirements from the Domestic Abuse Bill, particularly in relation to understanding needs and demand.

16. The Homelessness Data Report, Homelessness Review Report, Draft Homelessness Strategy and Draft Homelessness Charter were all presented to

the Strategic Housing Board at its July 2021 meeting to provide the opportunity for the Board to consider and comment. Feedback was positive, particularly around the strategy and charter, with a key ask to ensure delivery of recommended changes.

Related Recent Homelessness Funding/Programme Developments:

17. A success regional funding bid (£5,089,000 awarded) was placed to the The Changing Futures Regional Programme, which is a jointly funded initiative between MHCLG and the National Lottery Community Fund (TNLCF) aimed at supporting individuals experiencing multiple disadvantage. There are 4 projects to be funded across the region including:

    - Northumberland (Substance Misuse)
    - Sunderland & South Tyneside (Community and Hospital based Alcohol Care Team)
    - Gateshead (Homelessness) - building on the established partnership work underway and operating out of Basis@Gateshead and hosted by Oasis Community Housing for adults experiencing multiple disadvantage
    - North Tyneside/Newcastle/Northumberland (Domestic Abuse)

18. Gateshead has also recently been successful in a funding bid for £66,707 from MHCLG's Accommodation for Ex-Offenders Programme, which aims to provide sustainable private sector housing solutions for ex-offenders. This initiative will be delivered jointly across the Councils Private Sector Housing Team and our Housing Options 'HOST' Service. It will provide accommodation and support for 15 service users, with incentives and support on offer for Private Landlords.

Proposal

19. Phase 2 of the Homelessness review is to be further scoped out, but is likely to include:

    - A new commissioning strategy.
    - Re-specifying and remodeling commissioned and internal homelessness related provision, to more effectively meet need and demand.
    - Developing a new Homelessness Pathway within a 'connected services model' that includes a central gateway to accommodation and support, that can match households with vacancies within services.

20. There are several related projects and activities that have and will continue to inform the homelessness review during phase 2:

    - Tenancy and Allocations Review
    - Homelessness Prototype Casework and Development
    - Mental Health Locality Based Community Model
    - Gateshead's Multiple and Complex Needs Transformation Initiative
    - New Domestic Abuse Bill Requirements
    - Review of Multi Storey Blocks

21. Consideration is also currently being given to an alignment of the Homelessness Review with the Allocations and Tenancy Review for phase 2. Such an alignment has the potential to achieve greater value for money, an improved customer

journey and a more joined up approach. This particularly applies when considering the proposed 'Market Place' outlined within the Allocations and Tenancy Review and the proposed 'Gateway' within this Homelessness Review.

22. The planned launch of a new Homelessness Forum in September 2021 will also provide a collaborative partnership, with external stakeholders to deliver the aims set out in the final approved Homelessness and Rough Sleeping Strategy and further phases of the Homelessness Review.

Recommendations

23. That the Board consider and comment on the Homelessness Review, its findings and recommendations to date.

24. That the Board consider and comment on the draft Homelessness and Rough Sleeping Strategy, its Action Plan and the proposed draft Homelessness Charter.

25. That the Board notes and supports the 'next steps' in seeking approval for a final draft Homelessness and Rough Sleeping Strategy and launch of the Homelessness Charter in Gateshead, which include:

- Further consultation on the Strategy and Charter with The Community Safety Board, our Housing Providers Partnership and MHCLG.
- A final draft Homelessness and Rough Sleeping Strategy and Action Plan to be presented to Cabinet for approval in October 2021.
- The detail of phase 2 of the Homelessness Review will be finalised on completion of the consultation and also presented to Cabinet for approval in October 2021.
- A launch of the strategy and the Homelessness Charter in November 2021.

Contact: Vicky Sibson, Strategic Housing Services Manager,
vickysibson@gateshead.gov.uk

Consultation:
Kevin Scarlett, Neil Bouch, Deborah Ewart, Kirsty Sprudd, Lucy Peart, Anna Tankerville, Adam Lindridge, Julia Sharpe, Wendy Short, Beverley Hunter Smith, Beverley Coombs, Melanie Bramwell, John Foreman, Rachel Mason, Amanda Reed, Samantha Coates, Kristina Robson, Charlotte Wainwright

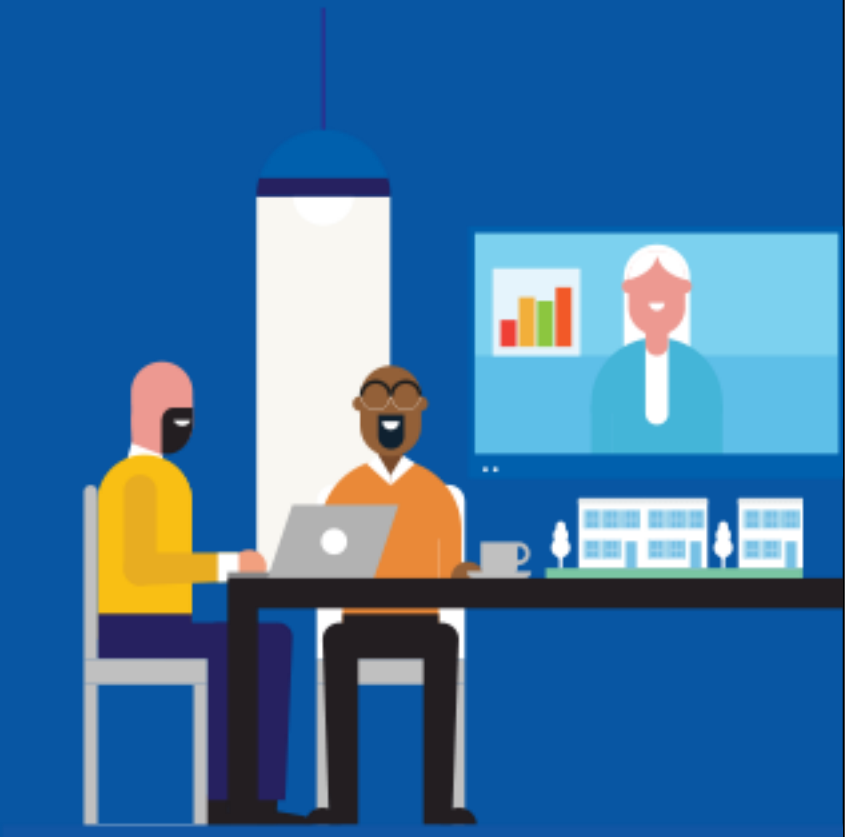
CAMPBELL TICKELL

Gateshead Council

Data Report

Housing and Support services

July 2021



Contents

1. Overview

Overview

1.1 This report sets out the conclusions from the data gathering exercises undertaken as part of the Gateshead Homelessness Review.

1.2 The prime focus of the data gathering exercise has been to garner a greater understanding of the contribution of housing-related support services to the prevention and relief of homelessness in the Borough and to gain insight into the demographic profile and needs of those being housed and/or supported.

1.3 This involved the collection of information on referrals, placements and outcomes directly from the support providers, and undertaking a snapshot survey on all service users receiving a support service on June 29th 2021.

Referrals and Outcomes Monitoring

1.4 All supported housing and floating support services were asked to provide information on the following in relation to 2019-20:

- The number of referrals received, where from, and what the result was
- The reason as to why referrals could not be accepted
- The homelessness status of people receiving the service (floating support services only)
- The number of service users moving into or sustaining settled housing
- The number of service users not securing settled housing

1.5 Due to the particular concerns expressed about the level of domestic abuse in Gateshead, and the additional concern as to how domestic abuse victims were finding safe accommodation, specific questions were also asked about referrals and outcomes of people experiencing domestic abuse and what happened to them as a result.

1.6 The questions related to 2019-20 for two reasons. Firstly, this is to be compatible with information used elsewhere in the Review, derived from the latest full-year data available through H-CLIC. Secondly, because this was the year before the onset of the pandemic, it is also likely to be more revealing of underlying trends than more recent data.

1.7 Returns were received from the following providers;

- Gateshead Council
- Creative Support
- Changing Lives
- Home Group
- Oasis
- Handcrafted
- The Haven
- Mental Health Concern

- Mental Health Matters
- Richmond Fellowship
- Tyne Housing
- Karbon Housing

1.8 The return incorporated commissioned and non-commissioned supported housing bedspaces. The largest non-commissioned service – Basis, did not actually participate as they did not have any referral data as such. The only other wholly non-commissioned service as such is a small one provided by Handcrafted. Otherwise there were a number of non-commissioned beds included within the returns but these are managed jointly with commissioned beds. It is therefore impossible unfortunately to look at the analysis separately for commissioned a non-commissioned supported housing bedspaces.

Snapshot Support Needs Survey

1.9 The following types of services were asked to complete a survey on the needs of all their service users that were being provided with a service on June 29th 2021.

- Supported housing services
- Floating support services
- Temporary accommodation providers (assuming that the residents were judged to have support needs)
- Domestic abuse specialist service providers

1.10 The survey included questions on:

- The date on which the support service had begun
- The needs for assistance of the service users
- A number of key demographic variables
- The service users' recent history in relation to a number of aspects of life, including:
  - Independent living
  - Supported housing
  - Physical health
  - Mental health
  - Substance use
  - Offending
  - Homelessness
  - Vulnerability
  - Risk to others
  - Relationships
  - Service engagement

1.11 The same list of providers submitted returns of the snapshot survey. Returns were received in relation to 537 separate service users. This was broken down according to the service received as follows:

Type of Service	Number of service users
Supported Housing	221
Floating Support	185
Temporary Accommodation	50
Domestic Abuse Specialist Services	81

2. Referrals and Monitoring Data

Supported Housing Referrals

2.1 A total of 1089 referrals were received for supported housing in 2019/20.

2.2 66% of these were received through the supported housing portal, but most of the remaining 34% were received by non-commissioned services. The vast majority of referrals to commissioned services went through the portal.

2.3 Only 254 new service users actually moved in – which represents 23% of referrals.

2.4 The summary of reasons as to why referrals did not proceed was as follows:

Referral refused because no place available	Referral refused because needs too high	Referral refused because no need	Lost Contact or Application Withdrawn
81	138	45	328

2.5 This indicates that for 30% of referrals the reason the referral did not proceed was that contact was lost or the application was withdrawn. It is not clear whether this is because of the system not working effectively to triage and assess people OR whether this group of referrals did not have a sufficient need for housing with support. It is also interesting to note that 20% were refused due to having too high a need (13%) OR there were no vacancies (7%).

2.6 Taking into account the number of people who were in residence in supported housing at the beginning of the year, a total of 418 people received a supported housing service during the year.

2.7 A number of returns had no information on the third tab which collected information on people specifically with a history of experiencing domestic abuse. It is not clear to the extent to which this indicates that participants did not see the third tab, did not have the records to answer this for 2019-20, or did not have any referrals who had experienced domestic abuse. Nevertheless, a total of 74 referrals with a history of domestic abuse were noted, 71 of whom had a local connection to Gateshead, and 40 were allocated a place.

Supported Housing Outcomes

2.8 A total of 220 people moved out of supported housing during the year, but 46 of these (21%) moved from one supported housing address to another. Of the remainder 111 people moved into settled housing, while 63 left for some other form of temporary accommodation or for a destination unknown.

2.9 This means that 53% of people receiving a supported housing service during the year were able to secure settled housing.

2.10 A total of 39 people with a history of domestic abuse moved out during the year. A summary of their destinations was as follows:

Moved to settled housing	Moved to other supported housing	Moved to other temporary accommodation
15	18	5

This implies that people who experience domestic abuse are more likely to use any specific supported housing project as stepping-stone to other temporary solutions.

Floating Support Referrals

2.11 A total of 1127 referrals were received for floating support services in 2019/20.

2.12 A total of 776 new cases were opened, which means that the success rate for referrals was 69% (much higher than for supported housing.)

2.13 The summary of reasons as to why referrals did not proceed was as follows:

No capacity	Referral refused because no need	Lost Contact or Application Withdrawn	Unknown
8	35	84	183

No referrals were turned down because their needs were perceived as too high.

2.14 A total of 342 of the referrals to floating support services had experience of domestic abuse, and 340 of those became an open case. This represents 44% of new cases in the year.

2.15 We tried to collect information on the homelessness status of new floating support cases, to get a better sense of the extent to which floating support was contributing to the prevention and relief of homelessness. Unfortunately, most of the services replying were unable to answer this question – although in total 179 referrals (16%) from Housing Options was logged.

2.16 One of the external floating support providers was able to answer this question, and in total it was estimated that 52% were homeless or at risk of homelessness at the point at which the new case was opened. This is a specialist mental health service.

Floating Support Outcomes

2.17 A total of 676 cases were closed during the year.

2.18 The outcomes were as follows:

Cases closed having sustained accommodation	Case closed having found alternative accommodation	Case closed because moved into supported housing	Case closed because the household disengaged from support
413	103	2	149

The proportion of cases disengaging from support is high at 22% of cases closed.

2.19 In relation to the outcomes specifically for people who had experienced domestic abuse, we asked for these to be broken down as follows (with a view to trying to identify how the floating support service was contributing to securing "safe accommodation"):

- Number helped to secure their home from perpetrator
- Number helped to move *in-area*
- Number helped to move *out of area*
- Number helped to secure Refuge provision

No information was provided. It is probable that this was simply never recorded.

3. Who is using the support services?

Age Group

3.1 The age range of service users overall was:

Age Range	Number of service users
16-17 years old	14
18-25 years old	115
26- 65 years old	382
65+ years old	15
Blank	11

Gender Identity

3.2 The gender identity of service users overall was:

Gender Identity	Number of service users
Male	282
Female	241
Non-Binary	1
Blank	13

Ethnic Identity

3.3 The ethnic identity of service users overall was :

Ethnic Identity	Number of service users
White	510
Asian / Asian British	2
Black / Black British	2
Mixed	8
Other Isolated / Marginalised Community	2
Blank	13

Immigration Status

3.4 The immigration status of service users overall was:

Immigration Status	Number of service users
Asylum Seeker	7
Refugee	4
Insecure immigration status	2
Full citizenship rights	409
Blank	115

Disability / Long Term Health Condition

3.5 The prevalence of disabilities/ long term health conditions overall was:

Disability / Long Term Health Condition	Number of service users
Mobility Impairment	66
Deaf / Hearing Impairment	8

Disability / Long Term Health Condition	Number of service users
Visual Impairment	5
Communication Impairment	6
Learning Disability	11
Autism or Asperger's	8
Limiting Long Term Health Condition	40
Mental Health Condition	195
Clinical Depression	56

A total of 368 service users have some form of declared disability or long-term health condition – this is 69% of the total.

People with "Complex Needs"

3.6 For the purposes of this analysis "complex needs " was defined as having recent experience of three of the following five issues:

- Offending History (defined as a history of petty and/or serious offending)
- Mental Ill-Health (defined a history of recurring depression, anxiety or stress that has not been resolved, or a mental health condition that has been fragile and subject to rapid deterioration/change)
- Substance Misuse (defined as a history of attempts to manage substance use that breaks down periodically, or a history of uncontrolled substance use, and resistance to treatment)
- Domestic Abuse (defined as a recent experience of domestic abuse)
- Rough Sleeping (defined as a history of rough sleeping prior to starting this service, or a lengthy/ cyclical experience of homelessness).

This is potentially a more precise but also more restrictive definition of complex needs.

3.7 The total number of service users who met this criteria was 52 – or 10% of the total. Of these 38 were receiving a supported housing service, 5 were receiving a floating support service, 7 were in local authority temporary accommodation, and the other 2 were receiving a domestic abuse specialist service.

3.8 It should be remembered that this is a snapshot in time. Other research would indicate that at any particular time only a proportion of the "complex needs" population would be engaging with services. So the actual total in Gateshead is almost certainly significantly higher.

Risk to Others

3.9 This was defined as someone who:

- Had some history of conflict with others that can potentially lead to violence
- Had a general history of intimidation or abuse of others
- Had a history of forms of abuse within personal relationships
- Had a history of consistent and/or criminal exploitation of others

3.10 On the basis of this criteria 102 people living in supported housing presented a risk to others – 46% of the total supported housing population. At the same time 9 of the residents of local authority temporary accommodation presented a risk to others – 18% of those included in the survey.

3.11 The highest level of risk potentially comes from those who "had a history of consistent and/or criminal exploitation of others. There were 9 current supported housing residents who fell into this category.

3.12 Additionally the survey captured information about people's offending history including serious offences. Two of the options were:

- Has a record of a limited number of serious sexual or violent offences subject to MAPPA
- History of repeat petty and serious offending

3.13 The numbers of people meeting these criteria was as follows:

Type of Service	Numbers with record of limited number of serious/sexual offences	Numbers with history of repeat petty AND serious offending
Supported Housing	18	46
Floating Support	6	10
LA Temporary Accommodation	6	12
TOTAL	**30**	**68**

Vulnerability

3.14 We had set out to measure the vulnerability of people receiving support services using the following criteria:

- Some history of being vulnerable to exploitation or abuse
- At risk of harm if not closely supervised

3.15 Not all respondents answered this question. We did get a limited number of results. Based on 95 service users in supported housing for whom a response was given, the proportion of people with some history of being vulnerable to exploitation or abuse was 58%, and the proportion at risk of harm if not closely supervised was 7%.

Domestic Abuse

3.16 The data showed that 54 people living in non-specialist domestic abuse accommodation were said to have had recent experience of domestic abuse. That is 24% of the total supported housing service users. A further 28 were receiving a non-specialist floating support service. That is 15% of the total floating support service users.

3.17 There were 9 service users in supported housing services who were male, and 8 of the relevant service users in floating support services were also male.

3.18 We undertook an analysis of those supported housing services which both housed people with a recent history of domestic abuse and people who presented a risk to others. A person who presented a high risk was defined as someone who:

- Had some history of conflict with others that can potentially lead to violence
- Had a general history of intimidation or abuse of others
- Had a history of forms of abuse within personal relationships

3.19 As a result, we identified 37 people experiencing domestic abuse who were living in the same project as someone who presented a high level of risk to others. Some of these people may have been living in self-contained accommodation, and this would clearly present a far lower level of risk than if living in congregate settings.

3.20 A separate exercise was undertaken to gather information on specialist DA services. We have compared the support needs and profile of those DA cases in mainstream floating support / supported housing to those receiving specialist services – and generally those in the generic services have much higher level of needs. Future commissioning of specialist supported housing or floating support will need to ensure that services commissioned are able to manage the additional needs. It should also be noted that a significant minority of the DA cases in generic supported housing are male – and they would not be able to use the traditional refuge services. The data would indicate there is a need to address their needs specifically.

Mental Ill-Health

3.21 The survey measured the levels of mental ill-health in two different ways.

3.22 In the first case a "formal" clinical mental health diagnosis was one of the options in terms of disability / long term health conditions. This was selected for a total of 218 service users – which was 41% of the total number of service users.

3.23 In the second case, under "case history" a slightly wider concept of mental ill-health was employed – including notions of recurring depression, anxiety and stress. In this respect a total of 341 services were categorised as having a history of mental ill-health – which is 64% of service users.

3.24 The case history options identified the extent to which ill-health was effectively managed through treatment and engagement with mental health services. This was the case in 152 cases – 44% of those where mental ill-health was identified.

Vulnerable young people

3.25 There were a total of 35 service users where the local authority had a duty to support the young person, 12 of those were homeless 16-17 year olds.

4. Support Needs

Overview

4.1 The snapshot survey assessed the support needs of people receiving a support service on June 29th.

4.2 Six areas of people's lives were identified as being potential areas where assistance might be required. These are explained in the following table:

Area of Support Required	Definition
Support with financial management	A need for support, advice or assistance to achieve financial inclusion, through income maximisation, debt management, building financial resilience and/or improved budget management.
Support with community engagement	A need for support, advice or assistance to achieve effective community engagement, through employment, training, other community activity and/or positive engagement with relevant services.
Support with family / personal relationships	A need for support, advice or assistance in relation to improving family, other personal relationships and/or supportive relationships, through information, mediation, mentoring, and/or practical assistance.
Support with improving personal capacity	A need for support, advice or assistance to enhance self-confidence and the capacity to achieve personal goals, through access to the information, development of relevant skills,

Area of Support Required	Definition
	counselling, and/or emotional support.
Support with health	A need for support, advice or assistance to self-manage their health, through, ensuring access to treatment or therapy, installation of aids and adaptations, and/or promoting greater understanding of their condition.
Support with achieving housing goals	A need for support, advice or assistance to achieve housing goals, through understanding of options, tenancy/ownership responsibilities, practical assistance with arranging and facilitating moves, and/or transforming property into a home.

4.3 Participants were asked to say for each individual service user whether this was:

- Not needed
- Was needed to an extent
- Was a significant need.

4.4 Looking at those service users where it was assessed this was a significant need, the proportions across the different types of service provisions were as follows:

	Proportion of service users have a significant need for assistance in this area			
Support Area	**Supported Hsg**	**Floating Support**	**Temp Accomm**	**DA Specialist Provision**
Financial Management	49%	26%	12%	7%
Community Engagement	35%	11%	10%	9%
Family / Personal Relationships	27%	7%	2%	1%
Improving Personal Capacity	37%	18%	4%	7%
Health	24%	20%	8%	7%
Achieving Housing Goals	54%	45%	16%	95%

4.5 This result is broadly in line with what might have been expected – the highlights in terms of comments are as follows:

4.5.1 The order of significance in terms of areas where service users needed the most assistance is the same across supported housing, floating support and Council-organised temporary accommodation.

4.5.2 It is perhaps more surprising that assistance with achieving housing options is only a significant need for 54% of supported housing users, and even more surprising that this is a significant need for only 16% of households placed in temporary accommodation.

4.5.3 Floating Support in Gateshead is much more focussed on assistance with achieving housing goals. Generally, the range of assistance required is much lower than is the case with supported housing users – and this is as it should be.

4.5.4 The results in relation to domestic abuse specialist provision clearly show that this is a different type of service – almost entirely focussed on assistance with achieving housing goals.

4.6 Each answer was scored as follows:

Not needed	0
Was needed to an extent	0.5
Was a significant need	1

The total "score" was then calculated for each individual. The results were then simplified using the well- used terminology of "low", "medium" and "high", but here this refers more to the level of input required. A score of 0.5 to 2 was categorised as "low input", a score of 2.5 to 4 was categorised as "medium input", and a score of 4.5 to 6 was categorised as "high input". This is a reasonable reflection of the level and complexity of input required , as the more areas that someone requires assistance on the more time this is likely to take and the wider range of expertise that needs to be available.

4.7 Across the whole survey returns (ignoring those service users for whom there was no identified support needs) the distribution of levels of input was as follows:

Support Area	Number of service users	% of total
"Low" level of input	212	41%
"Medium" level of input	213	41%
"High" level of input	94	18%

4.8 The results across the different categories of provision was as follows:

	Proportion of service users in need of this level of

	input			
Support Area	**Supported Hsg**	**Floating Support**	**Temp Accomm**	**DA Specialist Provision**
"Low" level of input	17%	45%	90%	70%
"Medium" level of input	46%	46%	6%	28%
"High" level of input	33%	9%	4%	2%

4.8.1 Broadly these results are as would be expected, with a significant number of those with high levels of input being concentrated in supported housing, which is appropriate.

4.8.2 Nevertheless, it is notable that 9% of floating support users (15 households) are categorised as "high" input, and more significantly 17% of supported housing users (44 households) are categorised as low input.

4.9 In terms of the level of input required by the specific groups we looked at (vulnerable young people, under 25-year olds generally, those meeting the criteria for complex needs, those who had experienced domestic abuse, and those with a defined mental health condition), the clearest difference to the standard pattern was in relation to vulnerable young people and those categorised as having complex needs – this mostly affected the proportion defined as low and high input.

Vulnerable Young People

Level of Input	**Supported Housing – Overall %**	**Supported Housing – Vulnerable YP**	**Floating Support-Overall**	**Floating Support-Vulnerable YP**
"Low" level of input	19%	13%	45%	29%
"High" level of input	33%	61%	9%	26%

People with complex needs

Level of Input	**Supported Housing – Overall %**	**Supported Housing – Complex Needs**	**Floating Support-Overall**	**Floating Support-Complex Needs**
"Low" level of input	19%	8%	45%	24%
"High" level of input	33%	50%	9%	16%

5. Length of Stay

5.1 A snapshot of this kind is an effective way of getting an overall impression of length of stay / length of service. Just looking at departures does not give the full picture as it can easily mask significant stays for those not departing.

5.2 The spread of length of stay for current residents of supported housing was as follows (dates that service started were only supplied for 209 out of 221 cases):

Length of Stay Category	Number of service users having stayed this long	Percentage of total
Under 6 months	76	36%
6 months to 1 year	33	16%
1 to 2 years	30	14%
2 to 5 years	52	25%
Over 5 years	18	9%

5.3 The median length of stay in supported housing was 341 days.

5.4 The spread of length of stay for current service users of floating support services was as follows:

Length of Stay Category	Number of service users having stayed this long	Percentage of total
Under 6 months	113	61%
6 months to 1 year	26	14%
1 to 2 years	36	20%
2 to 5 years	10	5%
Over 5 years	0	0%

5.5 The median length of stay in floating support services was 127 days.

6. Appropriateness of Service Interventions

6.1 Historically, in many Authorities it has been the norm to make a referral to supported housing for anyone who is homeless with perceived additional support needs. This ignores the fact that for many people their need for assistance could very well equally be met in mainstream accommodation with an associated offer of floating support.

6.2 This is important because there is plenty of evidence that conventional shared or congregate supported housing can be positively harmful for a range of people with behavioural

difficulties, and much of the resources in such services can be taken up with the management of the interaction between residents rather than providing the needed assistance. As a result of this concentration in one place people with a range of challenging behaviours, many supported housing services have had high rates of eviction or abandonment.

6.3 For many people the best supported housing model is likely to be dispersed, self-contained housing that avoids the issues of conflict and exploitation inherent in the congregate/shared service model.

6.4 At the same time for the most damaged, challenging and long-term cohorts of the homeless population the most positive option is Housing First, with an overwhelming evidence base that demonstrates that this approach can achieve far higher rates of tenancy sustainment.

6.5 There is still undoubtedly a place for congregate/shared housing within the wider portfolio, and a number of circumstances where this might be the best option. Equally there are undoubtedly also people for whom the setting is not important. Pragmatically, as there is currently a surplus generally of traditional congregate supported housing, it is likely that the offer for such people will remain a congregate one for the time being.

6.6 The snapshot survey was an experiment to try and use proxy indicators to establish the broad basis for estimating the proportions of the at risk of homelessness population that might benefit from specific types of supported housing. These indicators are set out in the following table.

Supported Housing Service	Proxy Indicator
Need for Supported Housing per se	No experience of living independently Previous experience of living independently and of tenancy breakdown Health condition has been fragile and subject to rapid deterioration/change History of attempts to manage substance use that breaks down periodically History of uncontrolled substance use, and resistance to treatment Has recently experienced bereavement or other traumatic loss of relationship No recent history of significant relationships Mental health condition has been fragile and subject to rapid deterioration/change

Supported Housing Service	Proxy Indicator
Need for Dispersed Supported Housing	Previous experience of eviction from or abandoning supported housing Some history of being vulnerable to exploitation or abuse Some history of conflict with others that can potentially lead to violence General history of intimidation or abuse of others History of consistent and/or criminal exploitation of others History of uncontrolled substance use, and resistance to treatment
Need for Congregate Supported Housing (assuming that need for dispersed housing is not a "Yes")	Health condition has been fragile and subject to rapid deterioration/change Mental health condition has been fragile and subject to rapid deterioration/change Has recently experienced bereavement or other traumatic loss of relationship History of attempts to manage substance use that breaks down periodically
Need for Housing First (treated as a subset of "dispersed")	Has lengthy/ cyclical experience of homelessness History of uncontrolled substance use, and resistance to treatment Consistent pattern of disengaging from / refusing to access services

6.7 Applying the suggested proxy indicators to the snapshot supported housing population would imply that maybe 187 of them genuinely did need to receive the support they needed in a supported housing setting. This represents 85% of the total

6.8 Further application of the other proxy indicators would suggest that the proportion of these 187 people needing the different service types were as follows:

Supported Ho	Number needing	Percentage of total
Congregate Supported Housing	77	41%
Dispersed Supported Housing	57	30%
Housing First	24	13%
Not specially linked to any service type	53	28%

6.9 Further to the principles set out above, it is reasonable to add the "not specifically linked to any service type" to the congregate supported housing total (as this is likely to be the main resource actually currently available). This would mean that the balance of need between congregate and dispersed models was approximately "two-thirds/one-third".

6.10 At absolutely best this result should just be treated as broadly indicative. The result does feel credible, but the methodology used is very experimental, and needs further refinement. Apart from anything else the proxy indicators would also suggest that 59% of the floating support caseload would need a supported housing service. Some combination of factors including the level of input required is probably what should be explored to make the result more robust.

6.11 The most important conclusion (which is probably also the most soundly based) is the proportion of people who need a dispersed housing setting because of the risk they present or the risk that they are under in a congregate setting.

7. Summary & Conclusions

7.1 Most supported housing referrals are not receiving a place. Only 23% of referrals actually move in. the main reason for this is that the provider loses contact with the referral during the process.

7.2 This is much less prevalent in relation to floating support, where 66% of referrals became new cases.

7.3 People experiencing domestic abuse are making plentiful use of supported housing and even more non-specialist floating support.

7.4 There is legitimate concern about people experiencing domestic abuse living side by side with people who present a risk of further abuse. It is estimated from the snapshot that 37 victims of domestic abuse may be living with people who present high risk (this does not reflect the fact that in some of these services the accommodation may be self-contained, and therefore of les concern).

7.5 The resettlement rate from supported housing looks reasonable – 53% of people receiving a supported housing service during the year moved not settled housing.

7.6 Outcomes from floating support services are good, and confirm their contribution to preventing homelessness and repeat homelessness. It was not possible however to establish to what extent floating support services are targeting people experiencing homelessness or the risk of homelessness.

7.7 Overall services appear to have a good gender balance (with a number of female-only services).

7.8 69% of support service users have some form of disability or long-term health condition.

7.9 About 10% of support service users could be categorised as having complex needs. 38 of those were in supported housing.

7.10 High numbers of people resident in supported housing present a significant risk to others - 102 individuals – representing 46% of the total supported housing population.

7.11 Up to 64% of support service users have a mental health need, but just under half of them are currently engaging well with services and receiving the treatment that they need.

7.12 In terms of support needs, achieving housing goals and assistance with finance management are the primary areas where assistance is required, regardless of which service type people are in.

7.13 The level of input required in supported housing is much higher than in floating support, as should be the case. This suggests that the majority of people in supported housing do need that level of service.

7.14 Domestic- abuse specialist services are very focussed on enabling people to achieve their housing gaols in relation to securing safe accommodation.

7.15 Vulnerable young people who the local authority have a duty to assist are the subgroup requiring the highest level of input.

7.16 Overall people seem to eb staying in supported housing longer than would be expected. A third of service users had been in residence for over 2 years.

7.17 In Floating Support services 61% of service users have been receiving the service for less than 6 months.

7.18 Due mostly to the high levels of risk (and to some extent high levels of vulnerability) a significant number of people in supported housing need to be housed in a dispersed supported housing model (including Housing First), with approximately a third of current users needing dispersed housing.

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Gateshead

Homelessness Review Report

July 2021

Contents

1. Introduction

1.1 Purpose

1.1.1 In order to inform Gateshead's Homelessness and Rough Sleeping Strategy, a homelessness review was carried out between May and July 2021. This Homelessness Review report has drawn together all the data gathered through the homelessness review process.

1.1.2 Engagement with a range of partners has taken place to increase the Council's understanding around local pressures and how services could work better together to prevent and reduce homelessness.

1.1.3 A survey of housing and support providers was carried out to understand the needs that are being met by their services and the flow through the services annually and the outcomes achieved.

1.1.4 Engagement has also taken place with people with lived experience of services and their feedback is summarised in this report

1.1.5 The homeless review provides the evidence base for the new Gateshead Homelessness and Rough Sleeping Strategy 2022-2027, which will be published alongside this Homelessness Review report.

1.1.6 A Gateshead Homelessness Charter has also been produced. The purpose of the charter is for health and other public sector bodies, charities, faith groups, businesses and other organisations to adopt the charter's values and pledges and to implement it through improved working practices.

1.2 Homelessness Act 2002 and purpose of homelessness reviews

1.2.1 The Homelessness Act 2002 requires local housing authorities to carry out a homelessness review to provide an accurate portrayal of homelessness in their area. The purpose of a homelessness review is to assess the extent to which the population in the Borough is homeless or at risk of becoming homeless and to identify what is currently being done, and identify what resources are available, to prevent and tackle homelessness.

1.2.2 There are a number of stages required for a homelessness review which are:

- Level of homelessness
- Activities for preventing homelessness
- Securing accommodation for people who are homeless or threatened with homelessness
- The support available for people who are homeless or threatened with homelessness, or were previously homeless
- The resources available to tackle homelessness

1.2.3 A homelessness review provides the evidence for the housing authorities to develop a homelessness strategy. The Homelessness Act 2002 requires housing authorities to

publish a new homelessness strategy, based on the results of a further homelessness review, within 5 years of the publication of their last homelessness strategy.

1.3 Homelessness Reduction Act 2017

1.3.1 The Homelessness Reduction Act 2017 places duties on local authorities to intervene at earlier stages to prevent homelessness in their areas. It also requires housing authorities to provide homelessness services to all those affected, not just those who have 'priority need'. These duties include:

- A duty to prevent. This means that housing authorities are required to work with people to prevent homelessness at an earlier stage; and

- A duty to relieve homelessness. This duty is for those who are already homeless so that housing authorities will support households for 56 days to relieve their homelessness by helping them to secure accommodation.

1.4 Domestic Abuse Act 2021

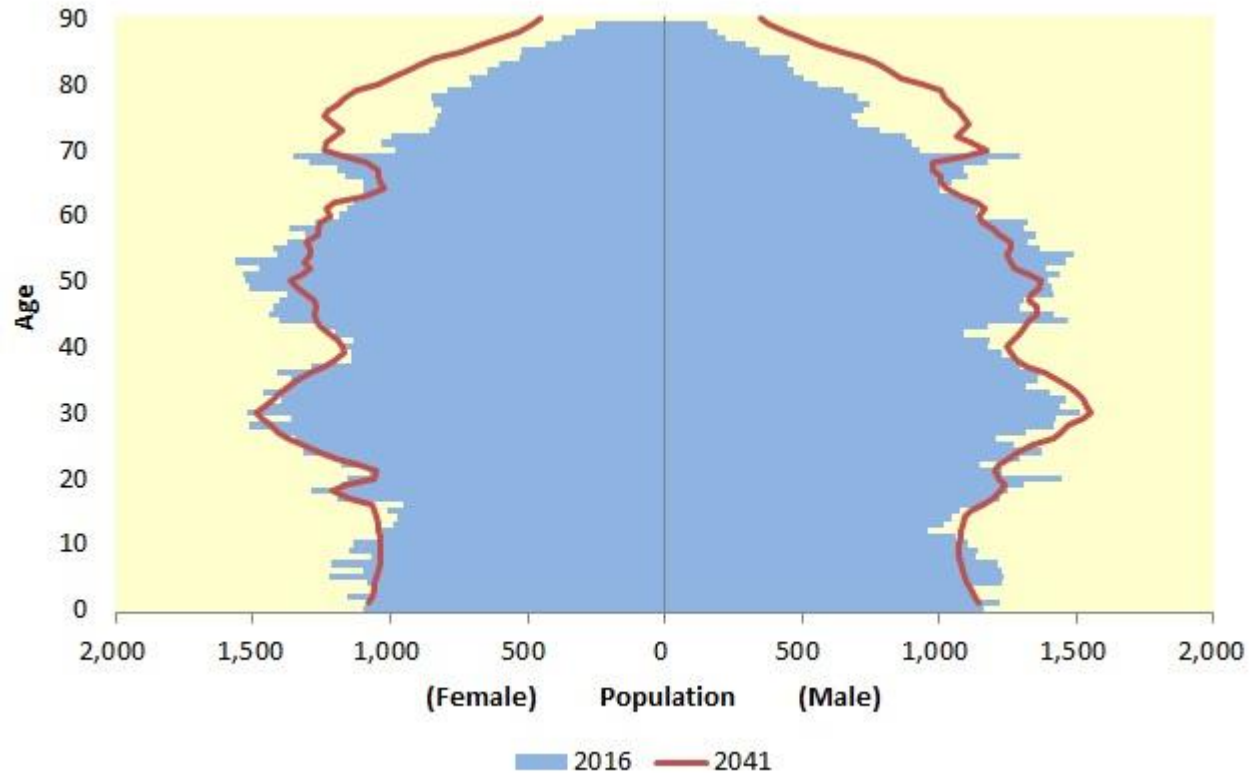
1.4.1 The Domestic Abuse Act 2021 amends the 1996 Housing Act to strengthen the support available to victims of domestic abuse. The Act extends priority need to all eligible victims of domestic abuse who are homeless as a result of being a victim of domestic abuse. The 2021 Act brings in a new definition of domestic abuse which housing authorities must follow to assess whether an applicant is homeless as a result of being a victim of domestic abuse.

2. Context for Gateshead

2.1 Population of Gateshead

2.1.1 Gateshead has a population of around 202,000 people, which is projected to increase by 8,300 (4.1%) between 2016 and 2041 to 211,000[1].

2.1.2 The population is ageing: it is projected that by 2041 there will be an additional 12,100 people aged 65 or older, an increase of 31%. There will also be a slight decrease in the number of children and young people aged 0-15 of around 1,100 or 3.2%. This is illustrated in the diagram below.



2.1.3 Although the working age population is set to grow by 3,355 or 2.7% by 2041, this is due to the increase in retirement age. Without this, the working age population would be projected to decline by 2.1%. Currently those aged over 60 are far less likely to be economically active (e.g. only 41% of those aged 60-64 are economically active compared to 80% of those aged under 60)[2]. The JSNA states that it is not clear whether these rates will change significantly in future.

2.1.4 It is estimated that in 2016 there were 90,688 households in Gateshead and that in just over 20 years there will be an additional 9,307 households bringing the total to 99,995 by 2039[3]. This will have implications for housing supply.

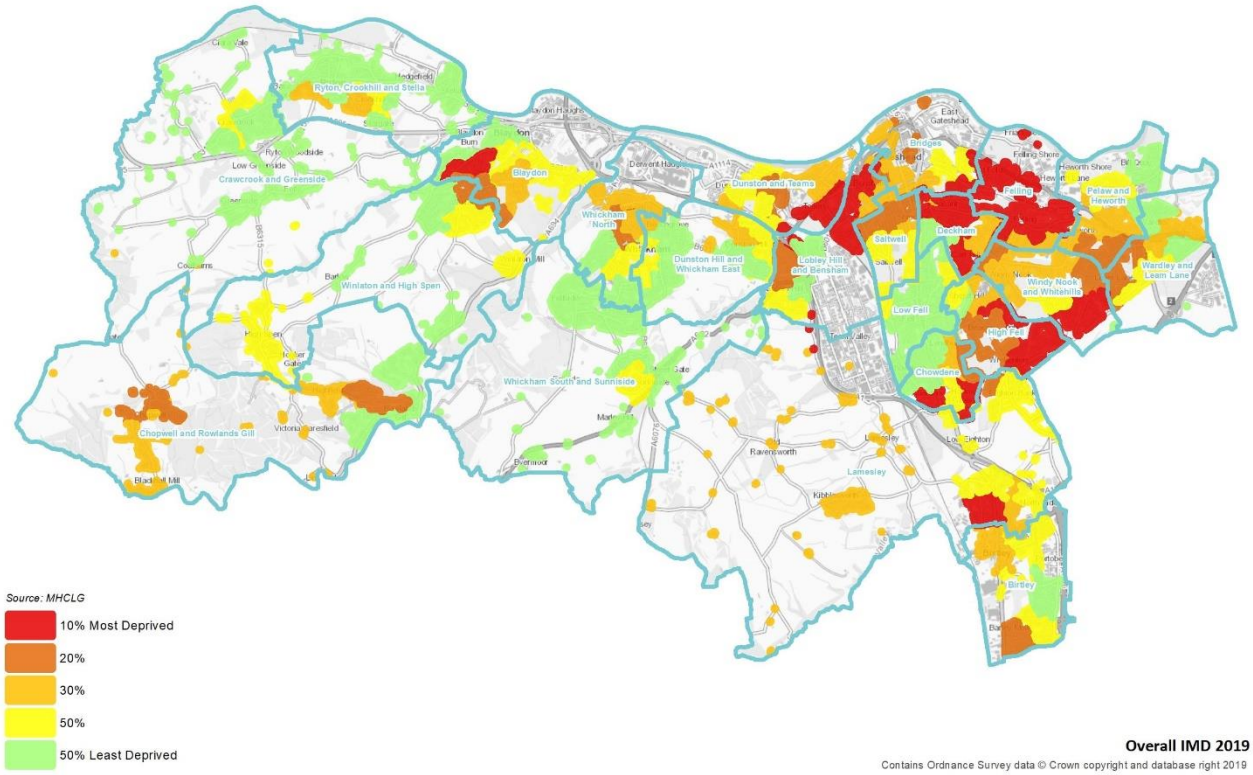
[1] ONS 2016 based sub-national population projections, 2016 (ONS website)
[2] ONS Census, 2011 (ONS website)
[3] DCLG Household Projections, 2014 (GOV.uk website)

2.1.5 It is estimated that around 3.7% (7,500) of the population are from a black or minority ethnic (BME) group[4]. The BME population has increased from around 1.6% in 2001. This does not include Gateshead's orthodox Jewish community; over 3000 people stated that their religion is Jewish, although this also includes the non-orthodox Jewish population.

2.2 Deprivation

2.2.1 The Index of Multiple Deprivation (IMD) measures multiple deprivation for each local authority area[5]. The index is made up of seven themed Domains or groupings of deprivation indicators including income, employment, health and disability, education skills and training, barriers to housing and services, crime and the living environment.

2.2.2 The map below shows the IMD for Gateshead in 2019.



2.2.3 Overall, Gateshead is the 47th most deprived local authority in England, out of 317 local authorities. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England. Extending that range further, nearly 62,600 (31%) live in the 20% most deprived areas.

[4] Census, ONS 2011 (ONS website)
[5] Index of Multiple Deprivation, DCLG 2019

2.3 Gateshead's Strategic Vision

2.3.1 The strategic vision for Gateshead - *A Place Where Everyone Thrives* - is targeted at reducing inequality and in better enabling the 50% of households recognised as 'just coping' or being in a vulnerable situation. However, operating with limited resources and with increasingly unsustainable levels of demand for, and expectations of services, it is recognised that Gateshead cannot continue to offer and deliver services in the way they have been.

2.3.2 Moving forward, the role of the Council will increasingly become that of a facilitator, partner and co-producer, working to ensure that prevention and early intervention strategies reduce the level of demand and dependency on critical services, and the need for intensive, high-cost specialist interventions.

2.3.3 Everyone Thrives has identified that over 3,000 people need support and advice to prevent or deal with homelessness in Gateshead.

'Over 3,000 people need support and advice to prevent or deal with homelessness in Gateshead.' (Everyone Thrives Strategy)

2.4 Health and Well Being

2.4.1 Gateshead's Health and Wellbeing Strategy sets out an ambition to reduce health and social inequalities in the community. Within achieving this broader vision of good employment, homes and health, sits the need to tackle homelessness. The strategy sets out a clear commitment to "prevent homelessness and better understand the root causes".

'Our vision for health and wellbeing in Gateshead: Good jobs, homes, health and friends.' (Gateshead Health and Wellbeing Strategy, 2020)

2.4.2 In delivering improved health and well being Gateshead will adopt a whole systems approach. This will include the following:

- Civic led interventions across a range of functions led by public sector organisations including planning, broadband, water, housing, road infrastructure and schools
- Service based interventions by a range of public services, for example the NHS
- Community centred interventions in recognition of the vital contribution that the community themselves make to health and well being.

2.4.3 Gateshead's Joint Strategic Needs Assessment (JSNA) incorporates the Health and Wellbeing Strategy as well as providing an analysis of behaviour and lifestyle, illness and death, housing, crime, poverty and other factors.

2.5 Employment, Income and Poverty

2.5.1 The number (and rate) of working age people claiming out of work benefits had been steadily decreasing over the last decade both locally and nationally. However, the last few years saw the beginning of an upward trend which has been exacerbated by Covid-19, with the number of claimants rising by more than 4,000 within just one quarter of 2020.

2.5.2 As at November 2020, the number of out of work benefits claimants in Gateshead was 22,689. This equates to 17.8% of the working age population and compares with the England average of 14.1%.

2.5.3 In Gateshead 49.7% of those owed a homelessness duty were registered as unemployed during the year 19/20. This is substantially higher compared to 30.5% nationally during 19/20. The table below shows the most recent registered unemployment figures for those owned a duty for the quarter October-December 2020, which takes account of the impact of Covid.

	Employment status of main applicants owed a duty – Registered unemployed Oct -Dec 2020
Gateshead	58.2%
England	39.2%
North East	48.8%
Darlington	37.1%
North Tyneside	51.3%
South Tyneside	58.7%

2.5.4 With more than half of those owed a duty registered as unemployed the LIoN map was used to search for areas in Gateshead with the most need for employment, high out of work benefit claimants and areas with income poverty to identify specific locations where there may be more people registered as unemployed who could be at greater risk of homelessness.

2.5.5 The LIoN map identified the following areas as most in need in terms of employment or income support:

	Out of Work Benefits Claimants (% Households)	**Council Tax Arrears (% Households)**
Winlaton East	18%	21%
Deckham East	20%	23%
Sheriff Hill	20%	20%
Springwell Estate	26%	26%
Seven Stars	22%	13%
Elisabethville/Birtley Industrial	20%	19%
Chopwell North	23%	22%
Derwentwater West/ Racecourse Estate	22%	14%

Felling Falla Park	25%	14%
Beacon Lough East	25%	26%
Old Fold/Nest Estates	24%	17%

2.5.6 More recently there has been a surge of employment opportunities due to the reduction in Covid related restrictions. The recovery is going well at an entry level to employment such as warehousing, a new conference venue and leisure facilities. The Council has a partnership known as Working Gateshead which strong links with the National Career Service and DWP. There is also an Adult Learning Service in the Council that can provide access to new skills.

2.5.7 The JSNA found that there has been an increase in the use of food banks in Gateshead in recent years. Over the year April 2014 - March 2015, 1,811 vouchers were given out for Gateshead's foodbank, compared with 1,698 in more than 3 years previously (Jan 2011 to March 2014)[6]. The main reasons that adults used a food bank during the year 14/15 were benefits delays (28%); low income (15%); benefits changes (13%), debt (13%), and child holiday meals (13%). More recently the use food bank has significantly increased due to Covid.

2.6 Crime and ASB

2.6.1 Levels of recorded crime have remained relatively steady in the last three years. Overall, recorded crime in Gateshead increased by 4% in the 12 months to March 2019, with an additional 863 crimes recorded[7].

2.6.2 In the last three years, the number of anti-social behaviour (ASB) incidents reported to the Northumbria Police has fallen considerably. A breakdown of types of ASB show that the vast majority of incidents (76%) are classed as non-youth related. Anti-social behaviour linked to alcohol continues to fall and is a factor in only 6% of ASB incidents reported to police, reducing year-on-year. The proportion of incidents that are classed as hate-related has also fallen and accounts for less than 1% of ASB reported to police.

2.6.3 For reporting purposes, domestic abuse and hate crime are classed as ASB by the Council's Neighbourhood Relations Team. The number of ASB cases opened by the team had increased in the 12 months to March 2019. There have been 1,412 cases opened, 272 more than in 2017/18. The top three types of ASB reported to the team were as follows:[8]

- Noise nuisance (30% of cases)
- Domestic abuse (17% of cases)
- Animal nuisance (7% of cases)

2.7 Housing Stock

[6] Foodbank vouchers reports: Jan 2011 to Mar 2014; and Apr 2014 to Mar 2015, Gateshead Council
[7] Northumbria Police, iBase and iQuanta, 2018/19
[8] The Gateshead Housing Company, 2018/19

2.7.1 Gateshead has a total housing stock of approximately 95,200[9]. This stock is occupied by approximately 90,700 households. The total housing stock can be broken down into the following tenures: Owner occupied 49%; Council rented 21%; Private rented 25%; Housing Association/Registered Social Landlords 5%.

2.7.2 The Gateshead Housing Company was a non-profit organisation responsible for the day-to-day management of approximately 19,000 homes. In April 2021, Gateshead Council integrated the management and maintenance of its housing stock and The Gateshead Housing Company ceased to exist.

2.7.3 As shown in the table below, estimates of owner occupation is lower in Gateshead than is recorded in the North East and England[10]. Conversely, renting from the Council is much higher in Gateshead.

Tenure Breakdown	Gateshead	England	North East	Tyne and Wear
Private rented sector	25%	19%	17%	17%
Registered Social Landlord	5%	11%	15%	12%
Council rented	21%	7%	7%	14%
Owner Occupied	49%	64%	61%	57%

2.7.4 Whilst the condition of Gateshead's housing stock overall has been improving, it is estimated that 8% of the total stock is likely to fail the Housing Health & Rating System (HHSRS)[11]. Private rented stock is most likely to fail (11%) followed by owner occupied (10%) and then social rented (7%). By far the most prevalent reasons for homes failing the HHSRS in Gateshead, are excess cold and presence of hazards likely to cause falls.

2.7.5 The private rented sector (PRS) has grown significantly over the last ten years and is playing an increasingly important role in meeting Gateshead's housing demand and needs. In 2021 approximately 23,400 (25%) of the Borough's homes were in the private rented sector[12]. In Gateshead this sector grew by 70% between 2001 and 2011 (much higher than the national rate of growth), but this rate of growth has since slowed[13]. The main reasons for the significant increase in this sector were an increase in buy to let as investment and the decline in people's ability to afford to own their own home.

2.7.6 In 2021 approximately 23,490 (26%) of the Borough's homes were in the social rented sector. This is made up of 18,790 Council owned properties and approximately 4,700 Housing Association/Registered Social Landlord properties[14]. In addition, the Council

[9] Gateshead Council Local Land and Property Gazetteer, Council Tax Records, The Gateshead Housing Company Stock, June 2021

[10] Owner occupied and private rented: Subnational dwelling stock by tenure estimates, England, 2012 to 2019

[11] Dwelling level housing stock modelling for Gateshead Council, 2013 and 2018

[12] Gateshead Council Local Land and Property Gazetteer, Council Tax Records, The Gateshead Housing Company Stock, June 2021

[13] ONS Census 2011 (ONS website)

[14] Gateshead Council Local Land and Property Gazetteer, Council Tax Records, The Gateshead Housing Company Stock, June 2021

own 931 leasehold properties. Whilst there has been some recent growth in the housing stock of Registered Social Providers there continues to be a reduction in Council stock, primarily due to the continuation of Right-to-buy and estate regeneration.

2.7.7 There is a significant level of under-occupation within the borough's housing stock. It is estimated that 64,900 (73%) households in Gateshead are under-occupying properties; defined as having at least one more room than the statutory standards require[15]. Whilst this is a matter of choice and affordability, the release of under-occupied properties to the market from those downsizing can help to meet the overall need for homes for families.

2.7.8 The Local Plan set out the requirement for new housing developments to provide a range and choice of housing, including the provision of Lifetime Homes and Wheelchair-Accessible homes. There is a need for more family sized homes in Gateshead, together with a range of affordable and intermediate market housing, and greater choice to meet the needs of older people, including a mix of bungalow and high quality apartment provision.

2.7.9 There is also a need to develop new specialist housing to meet the requirements of specific groups, including older people, people with disabilities, children requiring care, young people leaving care, and people with mental ill-health and multiple and complex needs. The Council continues to keep under review the need for specialist and supported accommodation, and the current assessment is summarised in its Market Position Statement 2019-2020.

[15] Newcastle and Gateshead Strategic Housing Market Assessment 2017

3. Overall Housing Needs

3.1 Homeless Applications and Acceptances

3.1.1 The Homelessness Reduction Act (HRA) 2017 legally obliges all local housing authorities to assess and provide more meaningful assistance to all people who are eligible and homeless or threatened with homelessness, irrespective of their priority need status.

3.1.2 The focus of the Act is on prevention and places a duty on local authorities to intervene early and attempt to prevent homelessness. Where homelessness cannot be prevented a new duty requires local authorities to relieve homelessness. This means that the local authority must help an individual find suitable accommodation with at least a 6 months tenancy.

3.1.3 The review has involved analysing the Homelessness Case Level Collection (H-CLIC) data submitted by local authorities to the Ministry for Housing Communities and Local Government. Other data has also been analysed including supply data on housing and support services in Gateshead.

3.1.4 The table below shows that in 2019/20, Gateshead assessed nearly a third more households for their homelessness circumstances compared to the previous year, of which 91.3% were assessed as owed a duty. This is a 37% increase compared to 2018/19, meaning the Council had a duty to 566 more households in 2019/20.

Initial assessments of statutory homelessness duties owed	2018/2019		2019 /2020	
Total number of households assessed	1,861		2,275	
Total households assessed as owed a duty	1,511	81.2%	2,077	91.3%
Threatened with homelessness - Prevention duty owed	854	45.9%	1,609	70.7%
Homeless - Relief duty owed	657	35.3%	468	20.6%

3.1.5 In 2019/20, the Council assessed that over three times as many households were owed a prevention duty than a relief duty. Households owed a relief duty fell from 657 in 2018/19 to 468 in 2019/20. The decrease in the relief duty and the increase in prevention duty does suggest that households threatened with homelessness were able to successfully access help from Gateshead Council before actually becoming homeless.

3.1.6 Similar to Gateshead the nationwide average and regional average both show an increase in people coming through the homelessness route in 2019/20 compared to 2018/19, as shown in the table below. However the percentage increase for total households assessed for Gateshead was far greater (22%) than the average in England (4%) and the North East (0.8%).

Initial assessments of statutory homelessness duties owed	Gateshead		England		North East	
	2018/ 2019	2019/ 2020	2018/ 2019	2019/ 2020	2018/ 2019	2019/ 2020
Total number of households assessed	1,861	2,275	292,690	304,290	17,470	17,610
Total households assessed as owed a duty	81.2%	91.3%	92.1%	94.8%	84.9%	93.4%
Threatened with homelessness - Prevention duty owed	45.9%	70.7%	50.5%	48.9%	47.3%	47.9%
Of which: due to service of valid Section 21 Notice	3.8%	2.5%	6.6%	6.0%	2.9%	2.3%
Homeless - Relief duty owed	35.3%	20.6%	41.6%	45.9%	37.7%	45.5%

Reason for loss, or threat of loss, of last settled home

3.1.7 The table sets out the main reasons for loss or threat of loss of accommodation.

Reason for loss, or threat of loss, of last settled home 19/20	Prevention duty	%	Owed a Relief duty	%
End of assured shorthold (AST)	**241**	*15.0%*	**31**	*6.6%*
End of private rented tenancy - non AST	**8**	*0.5%*	**2**	*0.4%*
Family/friends no longer willing/able to accommodate	**248**	*15.4%*	**97**	*20.7%*
Non-violent relationship breakdown	**132**	*8.2%*	**39**	*8.3%*
Domestic abuse	**380**	*23.6%*	**95**	*20.3%*
Other violence or harassment	**74**	*4.6%*	**37**	*7.9%*
End of social rented tenancy	**33**	*2.1%*	**16**	*3.4%*
Eviction from supported housing	**15**	*0.9%*	**30**	*6.4%*
Left institution with no accommodation	**22**	*1.4%*	**16**	*3.4%*
Required to leave Home Office accommodation	**96**	*6.0%*	**22**	*4.7%*
Other reasons / not known	**360**	*22.4%*	**83**	*17.7%*

3.1.8 Domestic abuse is the most common reason for loss or threat of loss of last settled home in Gateshead. In 2019/20, 475 households were owed a duty due to experiencing domestic abuse.

3.1.9 The second most frequently occurring reason for loss/threat of loss of settled home was due to family or friends being no longer willing or able to accommodate. A total of 345 households were owned a duty for this reason.

3.1.10 Gateshead's proportion of households coming to the Council due to family or friends no longer willing or able to accommodate was consistently lower than the national and regional averages across the four quarters. In Gateshead, this reason was given by 18.5% of households on average in each quarter compared to 29.3% nationally as shown in the table below.

	Reason for loss, or threat of loss, of last settled home - Family or friends no longer willing or able to accommodate[16]							
	Oct-Dec 2019		Jan - Mar 2020		Apr-Jun 2020		Jul-Sept 2020	
Gateshead	73	15.7%	107	16.9%	73	19.7%	110	22%
England	16,990	25.3%	19,780	26.3%	20,710	32.6%	22,550	33%
North East	940	24.5%	1,060	25.1%	990	29.2%	1,240	31%
Darlington	43	26.2%	56	29.2%	63	32.1%	45	28%
North Tyneside	34	19.2%	42	22.3%	51	29.1%	79	41%
South Tyneside	105	33.8%	79	26.8%	..	..	76	29%

3.1.11 The other most significant reasons were the end of an AST (272 households) and relationship breakup (171 households).

3.1.12 Other violence or harassment was significantly higher in Gateshead across the four quarters than the national average as shown in the table below. The national average remained between 2-3% across the four quarters for duties owed due to violence or harassment. In comparison, Gateshead saw a gradual rise in households due to violence or harassment which peaked at 10% in Jul-Sept 2020.

	Reason for loss, or threat of loss, of last settled home - Other violence or harassment							
	Oct-Dec 2019		Jan - Mar 2020		Apr-Jun 2020		Jul-Sept 2020	
Gateshead	25	5.4%	4	0.6%	29	7.8%	51	10%
England	1,550	2.3%	1,680	2.2%	1,760	2.8%	2,290	3%
North East	140	3.7%	50	1.2%	150	4.4%	230	6%
Darlington	0	0.0%	9	4.7%	6	3.1%	5	3%
North Tyneside	2	1.1%	7	3.7%	4	2.3%	6	3%
South Tyneside	11	3.5%	3	1.0%	..	..	14	5%

Priority Need

3.1.13 The table below shows the priority need group for those accepted under the main duty. The largest group is those with dependent children.

Priority need of households owned a main duty	Gateshead	%	England	%	North East	%
Dependent Children	**27**	*44.3%*	24,280	*60.7%*	120	*41.4%*
Mental Health problems	**9**	*14.8%*	4,450	*11.1%*	30	*10.3%*
Physical Disability/Ill health	**5**	*8.2%*	4,180	*10.4%*	30	*10.3%*
Pregnant	**1**	*1.6%*	1,870	*4.7%*	10	*3.4%*
Domestic Abuse	**6**	*9.8%*	1,020	*2.5%*	40	*13.8%*
Young Person	**1**	*1.6%*	620	*1.5%*	0	*0.0%*
Old Age	**0**	*0.0%*	440	*1.1%*	0	*0.0%*
Homeless Emergency	**0**	*0.0%*	130	*0.3%*	0	*0.0%*
Other	**9**	*14.8%*	1,700	*4.2%*	40	*13.8%*
Vulnerable with children	**3**	*4.9%*	1,390	*3.5%*	30	*10.3%*

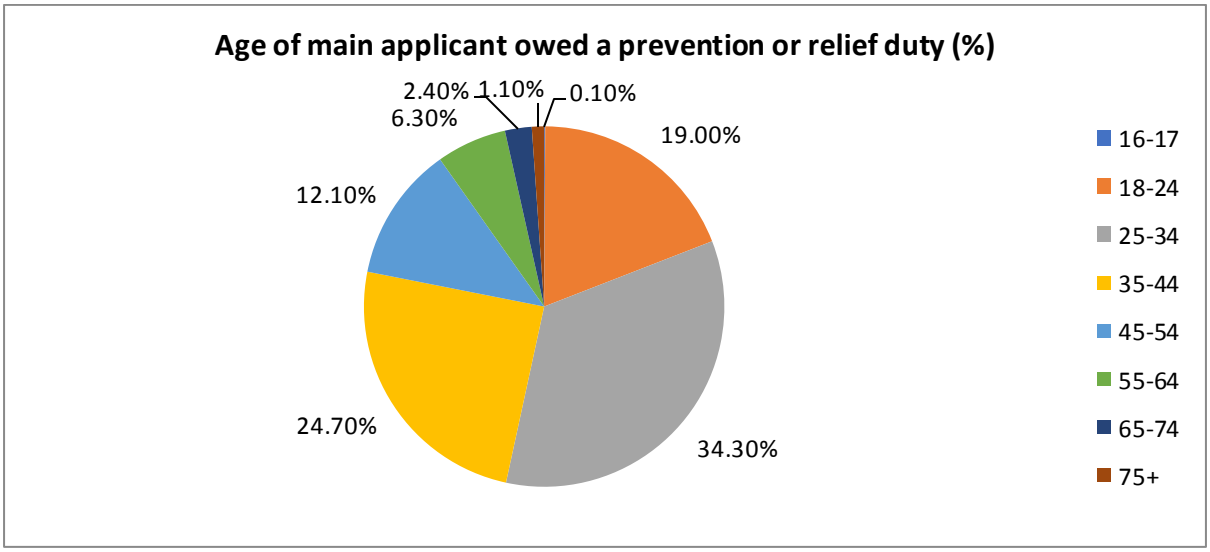
[16] Combined prevention and relief data

3.1.14 There are some differences when compared with the whole of England, in particular the percentage of those accepted with dependent children is higher across England, while the percentage of those accepted as a result of domestic abuse is higher in Gateshead.

4. Prevention and Relief of Homelessness

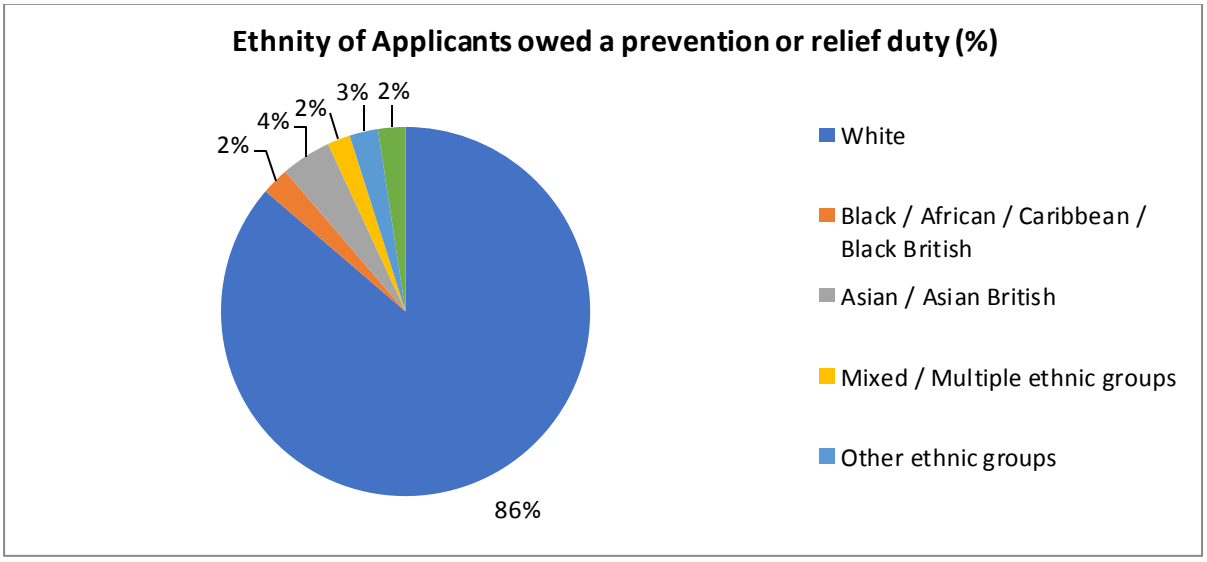
4.1 Profile of Applicants owned a Prevention or Relief duty

4.1.1 The following chart shows the age of main applicants owned a prevention or relief duty in Gateshead.

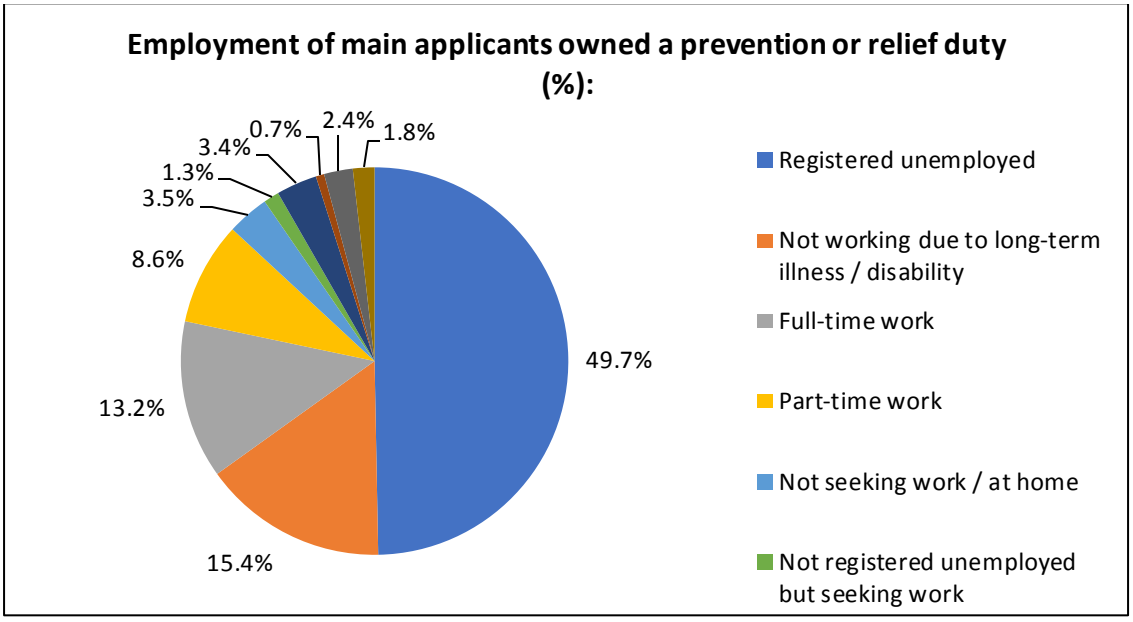


4.1.2 About 53% of those owed a prevention or relief duty were under the age of 35 (1,109 applicants), while there were much fewer (71) over the age of 65. Only two people were aged 16 to 17 and this is because the Council has a separate process for dealing with homelessness amongst this age group. There is significant cohort aged 35 to 55 who are owned a duty (897 applicants) which form 43% of the total.

4.1.3 The following chart shows the ethnicity of main applicants owed a prevention or relief duty in Gateshead.



4.1.4 The vast majority of applicants were white (1,792). In relation to nationality the vast majority were UK nationals apart from 750 Irish nationals and 229 non-UK nationals.



4.1.5 Nearly 50% (1,033 applicants) were registered unemployed, while about 22% were in full time or part time work. About 15% (320) were not working due to illness or disability.

4.2 Duty to Refer

4.2.1 The 'Duty to Refer' under the HRA Act places a duty on specified public authorities to refer individuals who they think may be homeless or threatened with homelessness to the local housing authority. The intention is to ensure that services work together effectively to prevent homelessness by ensuring that peoples' housing needs are considered when they come into contact with public authorities.

4.2.2 The table below shows the number of households that have been referred to Gateshead under the Duty to Refer, compared with England and the North East.

Households assessed as a result of a referral including under Duty to Refer	Gateshead	%	England	%	North East	%
Total households assessed as a result of a referral	559	*100.0%*	28,050	*100.0%*	1,850	*100.0%*
Total households referred under the Duty to Refer	304	*54.4%*	16,120	*57.5%*	1,180	*63.8%*
Prison	12	*2.1%*	1,830	*6.5%*	120	*6.5%*
Youth Custody	1	*0.2%*	30	*0.1%*	0	*0.0%*
National Probation Service	44	*7.9%*	3,190	*11.4%*	280	*15.1%*
Community Rehabilitation Company	40	*7.2%*	480	*1.7%*	110	*5.9%*
Hospital A&E, or in-patient care	19	*3.4%*	1,980	*7.1%*	90	*4.9%*
Mental Health in-patient care	17	*3.0%*	610	*2.2%*	30	*1.6%*
Jobcentre Plus	8	*1.4%*	1,590	*5.7%*	120	*6.5%*
Adult Social Services	22	*3.9%*	1,250	*4.5%*	70	*3.8%*

Children's Social Services	13	*2.3%*	1,710	*6.1%*	100	*5.4%*
Nil Recourse Team	0	*0.0%*	190	*0.7%*	0	*0.0%*
Secretary of State for defence in relation to members of the armed forces	0	*0.0%*	20	*0.1%*	0	*0.0%*
Other / not known	128	*22.9%*	3,250	*11.6%*	260	*14.1%*
Households referred by an agency (not subject to the Duty to Refer)	249	*44.5%*	10,940	*39.0%*	640	*34.6%*
Households referred by another local authority	6	*1.1%*	990	*3.5%*	30	*1.6%*

4.2.3 The table shows that compared with England and the North East, a lower proportion of households are referred under the Duty to Refer to Gateshead. A significant number of offenders are referred to Gateshead by the Probation Service/CRC comprising 15% of the total number of households referred.

4.3 Prevention of Homelessness

4.3.1 The following table provides an analysis of household type that were owned a prevention duty.

Household type - prevention	Gateshead	%	England	%	North East	%
Single parent with dependent children - Male	42	*2.6%*	4,160	*2.8%*	280	*3.3%*
- Female	392	*24.4%*	41,840	*28.1%*	1,830	*21.7%*
- Other / gender NK	0	*0.0%*	310	*0.2%*	0	*0.0%*
Single adult - Male	574	*35.7%*	41,170	*27.7%*	3,020	*35.8%*
- Female	406	*25.2%*	31,720	*21.3%*	2,120	*25.1%*
- Other / gender NK	7	*0.4%*	630	*0.4%*	10	*0.1%*
Couple with dependent children	91	*5.7%*	15,210	*10.2%*	500	*5.9%*
Couple / two adults without dependent children	77	*4.8%*	9,470	*6.4%*	490	*5.8%*
Three or more adults with dependent children	7	*0.4%*	2,130	*1.4%*	70	*0.8%*
Three or more adults without dependent children	13	*0.8%*	1,910	*1.3%*	110	*1.3%*
Not known	0	*0.0%*	40	*0.0%*	0	*0.0%*

4.3.2 The predominant household types are single adult male and female households and single female parents with dependent children.

4.4 Relief of Homelessness

4.4.1 The table below shows the household composition of those owned a relief duty.

Household type - relief	Gateshead	%	England	%	N.E	%
Single parent with dependent children - Male	11	*2.4%*	3,060	*2.2%*	160	*2.0%*
- Female	40	*8.5%*	23,410	*16.7%*	680	*8.5%*
- Other / gender NK	1	*0.2%*	410	*0.3%*	0	*0.0%*
Single adult - Male	295	*63.0%*	68,000	*48.6%*	4,970	*62.0%*
- Female	93	*19.9%*	30,840	*22.1%*	1,770	*22.1%*
- Other / gender NK	1	*0.2%*	1,070	*0.8%*	0	*0.0%*
Couple with dependent children	12	*2.6%*	6,010	*4.3%*	130	*1.6%*
Couple / two adults without dependent children	14	*3.0%*	5,710	*4.1%*	230	*2.9%*
Three or more adults with dependent children	0	*0.0%*	640	*0.5%*	20	*0.2%*
Three or more adults without dependent children	1	*0.2%*	560	*0.4%*	50	*0.6%*
Not known	0	*0.0%*	40	*0.0%*	0	*0.0%*

4.4.2 The table shows the majority of households owned a relief duty were single males.

4.4.3 The table below shows the accommodation that households were living in at the time of their application for those owned a relief duty.

Accommodation at time of application for relief duty	Gateshead	%	England	%	North East	%
Private rented sector	31	*6.6%*	16,210	*11.6%*	650	8.1%
Living with family	67	*14.3%*	30,090	*21.5%*	1700	21.2%
No fixed abode	182	*38.9%*	33,550	*24.0%*	2180	27.2%
Social rented sector	47	*10.0%*	11,140	*8.0%*	700	8.7%
Living with friends	37	*7.9%*	14,700	*10.5%*	1180	14.7%
Homeless on departure from institution	21	*4.5%*	7,490	*5.4%*	500	6.2%
Rough sleeping	20	*4.3%*	8,260	*5.9%*	400	5.0%
Owner-occupier / shared ownership	6	*1.3%*	1,340	*1.0%*	80	1.0%
Temporary accommodation	8	*1.7%*	3,350	*2.4%*	100	1.2%
NASS accommodation	16	*3.4%*	2,690	*1.9%*	160	2.0%
Refuge	5	*1.1%*	2,280	*1.6%*	90	1.1%
Other / not known	28	*6.0%*	8,730	*6.2%*	260	3.2%

4.4.4 Most of those who are shown as No Fixed Abode (182) were likely to be sofa surfing, with many living with friends and families. Taken together the categories of NFA and living with family and friends make the largest group of people at 61% of the total who are owned a relief duty. The number of people who are rough sleepers is 20 which is line with the numbers reported by stakeholders in Gateshead.

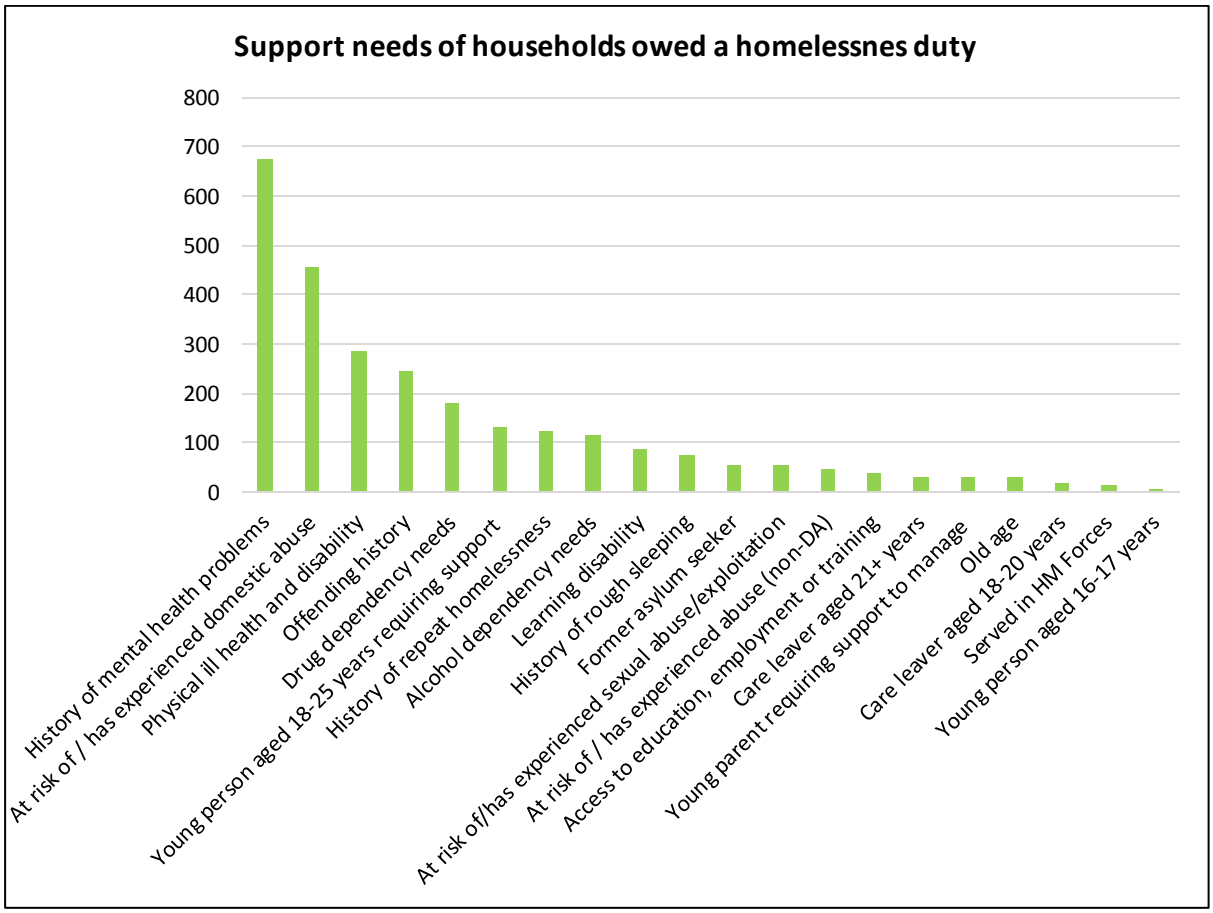
4.4.5 Those who are shown as living in the social rented sector in Gateshead at the time of application were mainly Council tenants (28) with a significant number living in supported housing (14).

5. Households with Support Needs

5.1 Support Needs

5.1.1 There were **1,283** households with one or more support needs who were owed a homelessness duty during 19/20 and **794** households who did not have any support needs, or their support needs where unknown. This means **61.8%** of those who were owed a duty had support needs.

5.1.2 The table below shows support needs of the households owned a homelessness duty for the annual period 2019-2020



5.1.3 The table below shows that many of the households had more than one support need.

	Number of households
Total households with support need(s) owed a duty	**1,283**
Total number of support needs for those owed a duty[5]	**2,694**

5.1.4 **366** households who were owned a duty had three or more support needs.

5.1.5 The most significant support needs of households were as follows:

Support Needs	Number	Percentage of households owned a duty
History of mental health problems	676	32.5%
At risk of / has experienced domestic abuse	458	22.1%
Physical ill health and disability	286	13.8%
Offending history	247	11.9%

5.1.6 The total proportion of households with support needs owed a duty is higher in Gateshead (average 68% each quarter) than the average in England (49%) and the North East (59%) as shown in the table below.

	Total households with support need(s) owed a duty							
	Oct-Dec 2019		Jan - Mar2020		Apr-Jun 2020		Jul-Sept 2020	
Gateshead	311	66.9%	436	68.9%	266	71.7%	333	65.9%
England	32,140	47.8%	35,720	47.5%	31,770	50.0%	34,280	49.9%
North East	2,070	54.0%	2,490	58.9%	2,120	62.5%	2,470	62.5%
Darlington	79	48.2%	100	52.1%	116	59.2%	130	81.8%
North Tyneside	88	49.7%	99	52.7%	86	49.1%	101	51.8%
South Tyneside	152	48.9%	155	52.5%	..	..	118	45.4%

5.1.7 Gateshead also had a higher proportion of households with support needs compared to Darlington (average 60%), North Tyneside (average 51%) and South Tyneside (average 49%). Therefore, Gateshead Council is faced with a greater proportion of households owed a duty with support needs, which may be a contributing factor to adverse outcomes for maintaining housing.

5.1.8 Gateshead recognises that existing approaches to preventing and relieving homelessness are not always centred around people's needs and as such may not provide sustainable outcomes. What can appear as a lack of support for individuals is too often characterised by the involvement of a range of services and touchpoints, with multiple providers from the Council and partners.

5.1.9 The HNA[17] highlighted that services are currently planned, commissioned and delivered in silos which rarely address all the issues an individual may be experiencing. Those homeless people with multiple complex needs are required to navigate a complex system and multiple professionals who are working with the same individuals.

5.2 Domestic Abuse

5.2.1 The table below shows that across the four quarters, Gateshead had the highest proportion of households who were homeless due to domestic abuse. The level is consistently higher in Gateshead than the average in England and the North East. Similarly, the proportion of households owed a duty with support needs due to domestic abuse was also higher in Gateshead than any other area.

[17] Gateshead Homelessness and Multiple Complex Needs Housing Needs Assessment. 2017

	Households owed a duty by reason of Domestic abuse			
	Oct-Dec 2019	Jan - Mar 2020	Apr-Jun 2020	July-Sept 2020
Gateshead	26.0%	23.1%	28.6%	22%
England	9.3%	9.1%	11.3%	12%
North East	12.5%	13.2%	15.3%	14%
Darlington	6.1%	8.9%	9.7%	15%
North Tyneside	9.6%	9.0%	8.6%	12%
South Tyneside	11.9%	16.6%	..	12%

	Support need : At risk of / has experienced domestic abuse			
	Oct-Dec 2019	Jan - Mar 2020	Apr-Jun 2020	July-Sept 2020
Gateshead	23.2%	25.3%	28.3%	21.2%
England	9.6%	9.2%	10.5%	10.9%
North East	13.3%	14.9%	16.2%	15.4%
Darlington	3.7%	10.4%	13.1%	17.0%
North Tyneside	10.2%	14.4%	13.1%	16.9%
South Tyneside	12.5%	13.6%	..	12.7%

5.2.2 A LIoN map was used to identify areas with high reports of domestic abuse. Targeted and increased support provision in these areas could ensure earlier identification to help prevent households from homelessness.

	Domestic Related Crimes	Domestic Abuse Incidents Affecting Children	Domestic Abuse – High Risk Victims
Birtley/Birtley Industrial	32	31	57
Chopwell North	33	31	29
Harlow Green East	38	43	36
Felling Falla Park	29	31	43
Beacon Lough East	48	26	37

5.3 Young People

18-25 year olds

5.3.1 During 19/20 there were 395 young people aged 18-25 who were owed a prevention or relief duty, which was 19% of the total owed a duty. Of these 131 required support to manage independently.

Young person aged 18-25[18] years owned a prevention or relief duty	395
Young person aged 18-25 years requiring support to manage independently	131

5.3.2 SAILS (Support and Independent Living Service) is a suite of commissioned supported housing provision for Young People aged 18 to 25 years who are homeless or

[18] Up to 25 years of age but not including those aged 25

threatened with homelessness, have a Gateshead local connection and require support to live independently. The SAILS pathway was commissioned in 2018.

5.3.3 Where young people in Gateshead are unable to return to their family home then they are referred to a SAILS commissioned assessment centre which is currently provided by Changing Lives. Gateshead has exclusive nomination rights to the assessment centre.

5.3.4 Once a young person has been assessed then a panel of professionals make a decision about their next move. Gateshead has commissioned a number of housing and support services for young people, which include 24 hour cover, semi-independent accommodation, dispersed accommodation and floating support.

16-17 Year Olds

5.3.5 There were only two 16-17 years who were owed a duty during 19/20. This reflects the fact that most referrals are made to the Integrated Referral and Assessment team (IRAT), which is a first point of contact for referrals who are in need of protection or support to live safely within their family. IRAT includes a homelessness prevention worker for 16-17 year olds who become homeless due to a breakdown in their relationship with their family.

5.3.6 IRAT first try to support 16-17 year olds to return to their family and arrange for various professionals to provide support. This can include mediation services provided by the Council, where appropriate.

5.3.7 Where the 16-17 year old is unable to return to their family home then they can be referred to the SAILS commissioned assessment centre, which also assesses 16-17 year olds. Once assessed a panel of professionals make a decision about their next move. There is specific supported accommodation for young women, including a scheme for 16-17 year olds who are pregnant to which Gateshead has referral rights. Others who have turned 18 often prefer to move to a general needs tenancy.

5.3.8 It was reported that the homeless pathway for 16-17 year olds works well. The main gaps identified in relation to 16-17 year olds is accommodation for those who have been convicted of a sexual assault, or have been alleged to have committed a sexual assault. The other gap identified is for young people who present as a couple. Those couples who have a child can be given a licence in Council accommodation, provided that they are ready for independent living.

Young People Leaving Care

5.3.9 During 19/20 there were a total of 50 care leavers who were owned a prevention or relief duty. This can be broken down as follows:

Care leaver aged 21+ years	31
Care leaver aged 18-20	19

5.3.10 It is likely that this data has not been correctly recorded on H-CLIC, or some of these individuals may have been in receipt of care services but not in the care of the local authority itself. This data is at odds with a Gateshead report[19] which explained that an

[19] Families Overview and Scrutiny Committee. June 2018

Ofsted visit in March 2018 found provision for care leavers to be good, stating "The council provides an impressive range of accommodation options, and this provides choice for young people. Most young people are in suitable accommodation, with those not provided with accommodation accounted for by four young people being in custody and one young person being of no fixed abode."

5.4 Ex-Offenders

5.4.1 During 19/20 a total of 97 offenders were referred to Gateshead under the Duty to Refer by the National Probation Service, Prison, Youth custody and Crime Rehabilitation Company, and owed a homelessness duty. Altogether 247 people with an offending history were owned a duty.

5.4.2 Currently the Probation Service is going through a transition as two different organisations have come together into one new service. In six months time every prisoner will be allocated to a probation practitioner who will complete a needs assessment prior to release and will be responsible for all pre-release work.

5.4.3 Low and medium risk offenders are normally subject to a pre-release assessment at 12 weeks prior to release and those identified as homeless are referred to the local authority under the Duty to Refer. Local authorities are expected to complete their own assessments prior to release, however this has not happened because of Covid. Some local authorities in the North East region have made provision for remote assessments but others expect offenders to report to Housing Options on the day of release.

5.4.4 The Duty to Refer process is exactly the same for MAPPA cases, although the Probation Service can refer offenders who are homeless to Approved Premises. These premises are intended to provide short term accommodation for high risk offenders, although MAPPA cases often have their length of stay extended due to lack of move on options.

5.4.5 There are huge difficulties in getting MAPPA clients into generic supported housing. Some cannot be housed in specific areas because of their history of offending. MAPPA meetings include local housing authority representatives, and this process can result in accommodating individuals who would normally be refused housing.

5.4.6 The Probation Service reported that there is an ongoing willingness to address the high risk MAPPA cohort across the North East region and some local authorities have embedded these needs in their Homelessness and Rough Sleepers strategies.

5.5 Mental Health and/or Substance Misuse

5.5.1 During 19/20 a total of **676** households had a history of mental health problems who were owned a prevention or relief duty. This is the most significant support need identified. There were also a significant number of households with drugs dependency needs (**179**) and alcohol dependence needs (**117**).

5.5.2 In Gateshead, every quarter on average 33% of those owed a duty had a history of mental health problems, as shown in the table below. This proportion was higher

in Gateshead than the national average (average 24% every quarter) as well as higher than the North East average and for three neighbouring local authorities.

	History of mental health problems							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sept 2020	
Gateshead	149	32.0%	233	36.8%	117	31.5%	160	31.7%
England	15,680	23.3%	17,490	23.3%	15,400	24.2%	16,880	24.6%
North East	1,110	29.0%	1,370	32.4%	1,090	32.2%	1,310	33.2%
Darlington	37	22.6%	50	26.0%	46	26.3%	61	38.4%
North Tyneside	40	22.6%	49	26.1%	46	26.3%	48	24.6%
South Tyneside	60	19.3%	54	18.3%	..	..	43	16.5%

5.5.3 It was reported that the health service is looking at how to transform the delivery of mental health services is Gateshead.

5.6 Rough Sleepers

5.6.1 Gateshead's broad strategic aim is to reduce homelessness and end rough sleeping. To achieve this, Gateshead has developed a number of pathways and multi-disciplinary teams around offending, drug and alcohol use, hospital discharge from both physical and mental health hospital, domestic abuse and young people. In identifying some of the groups more likely to be at risk of rough sleeping Gateshead aims to stem the flow and create pathways that proactively work with these client groups and intervene at the earliest possible stage.

5.6.2 The number of rough sleepers that were subject to the duty to relieve homelessness during 19/20 was **20**, although the number with history of rough sleeping was 73. The table below shows the quarterly figures those with a history of rough sleeping for the quarter from October 2019 to September 2020, compared to England and the NE.

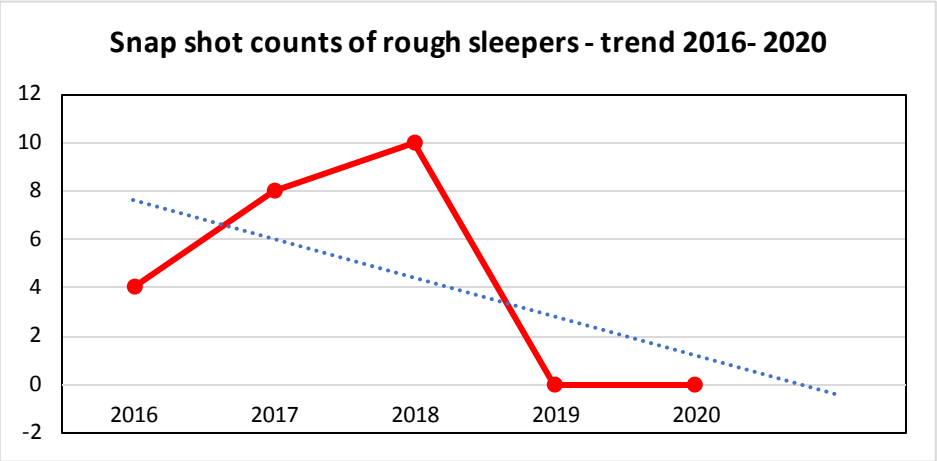
	History of rough sleeping							
	Oct-Dec 2019		Jan – Mar 2020		Apr- Jun 2020		Jul-Sept 2020	
Gateshead	16	3.4%	23	3.6%	30	8.1%	24	4.8%
England	3,740	5.6%	4,220	5.6%	4,950	7.8%	3,960	5.8%
North East	230	6.0%	300	7.1%	260	7.7%	210	5.3%
Darlington	8	4.9%	8	4.2%	19	10.9%	13	8.2%
North Tyneside	13	7.3%	20	10.6%	19	10.9%	22	11.3%
South Tyneside	11	3.5%	11	3.7%	..	..	5	1.9%

5.6.3 It has been reported that many of the street homelessness population are sofa surfing and living in insecure circumstances, with only a small number of people who end up rough sleeping. This population has significant problems related to drug and alcohol and mental health.

5.6.4 Since March 2020 the 'Everyone In' programme has involved accommodating over **300** single people who were either rough sleepers, or are part of the street population, in short term accommodation such as hotels. Subsequently all those picked up through 'Everyone In' have been accommodated in council housing, although they do not have

the wrap around support needed to sustain independent living and as a result some of these tenancies may fail.

5.6.5 The annual rough sleeping snapshot provides information about the estimated number of people sleeping rough on a single night between 1 October and 30 November each year. The table below shows the trend in for Gateshead from 2016, with no rough sleepers counted in the past two years.



5.6.6 The police work closely with the Oasis hub that provides a drop in centre for those who are a rough sleeping or at risk of rough sleeping. The main problem identified by the police, and other stakeholders, is lack of access to mental health services as these individuals do not keep appointments for an assessment. The police identified a lack of out of hours support for people who have mental health problems – they consider that mental health outreach services are required.

5.6.7 Gateshead is working towards a Connected Services Model (see next paragraph for a detailed explanation) to delivering housing and homelessness services, in response to a recent report on multiple complex needs. This is an innovative approach that connects the council and partner agencies, working collaboratively across housing, homelessness and linked support services to build positive outcomes for residents in Gateshead. To support this approach in relation to rough sleeping and those at risk of rough sleeping a partnership approach has been developed to the hub that includes;

- Oasis Community Housing (hub drop in centre)
- Housing and Homelessness Services – 2 homelessness officers
- Northumbria Police
- Nurse Practitioner
- Mental health link worker (part funded by Housing)
- Link to DWP

5.6.8 The Connected Service Model includes five core elements. Each of these elements will help Gateshead move from a reactive to proactive provider, focused on prevention and collaborative working with other services, partner agencies, the third sector and other housing providers in Gateshead. The 5 core elements of the Connected Services Model are as follows and illustrated in the diagram below:

1. **Multidisciplinary working in localities -** Embedding strong joint working between housing workers, colleagues from Health and Adult Social Care Services and wider partners the council is aiming to reduce handoffs and create a more collaborative approach when providing support on individual cases.
2. **Multi-agency strategy group -** Establishing a forum for leaders across services and partner organisations that meets regularly, so that together they can address collective challenges using data and insights and discuss strategic priorities that will help people in need and inform the long-term strategy.
3. **Holistic Advice, Homelessness and allocations Service** – Ensuring that frontline teams work as an integrated delivery team, to assess people's situations in a holistic way, providing advice and bringing them into contact with the right support services. Including the development of joint support plans. The council is aiming to pull on services and support, not refer.
4. **Insights, Innovation & Partnership -** Collecting qualitative and quantitative data about people's needs in Gateshead so that the council can work at all levels from predicting tenancy sustainment to modelling future housing and support needs in Gateshead.
5. **A Single Gateway that oversees access to emergency and short term temporary accommodation as well as commissioned supported housing in Gateshead** – with the Housing Options service overseeing access, eligibility and move on activity linking with the range of housing and support providers operating in Gateshead in order to deliver sustainable housing and support solutions.

5.6.9 This new approach will introduce more flexible ways of working and solutions that will make better use of data and information sharing across services, freeing up time and budget to ultimately put less demand and pressure on employees, services and organisations.

5.6.10 For residents, Gateshead will be building a more joined-up, holistic and tailored service experience that is designed to create better interactions that are more meaningful for residents. Gateshead will be able to provide better access to services for those people with complex needs.

5.6.11 Through this work, Gateshead wants to continue developing the approach and share the learning. Gateshead will be sharing updates on its homelessness work via the Multi Agency Strategy Group

5.7 Multiple Complex Needs

5.7.1 The definition of multiple complex needs for the homeless population usually involves a combination of homelessness, mental health and/or substance misuse problems and/or a history of offending. The number who are owed a homelessness duty during 19/20 and who have these support needs is as follows:

History of mental health problems	676
Drug dependency needs	179
Alcohol dependence needs	117
Offending history	247

5.7.2 Some stakeholders reported that many of those referred to supported housing providers were not accepted, due to the complexity of their needs. This cohort includes both MAPPA clients as well as others with multiple complex needs. The housing department has ended up accommodating people with complex needs in general needs tenancies, where instances of anti-social behaviour has caused problems and placed these tenancies at risk. The police reported that a lot of these individuals do not have to life skills to live independently.

5.7.3 In 2017 Gateshead Health and Wellbeing Board requested a Health Needs Assessment (HNA)[20] of vulnerable homeless adults who had enduring and multiple complex needs. This assessment encompassed those who are rough sleeping, living in supported accommodation, receiving floating support or living in insecure accommodation such as sofa surfing. The main findings of the HNA which are relevant to the homelessness review are as follows:

- Homelessness is rarely a housing issue alone. There is a strong overlap between homelessness and other support needs such as substance misuse, physical and mental health cycles of emotional physical and emotional abuse and involvement with the criminal justice system.
- Based on the national Hard Edges report it was estimated that there are about **3,325** people facing any one of the three problems of homelessness, substance misuse and crime in Gateshead. The number of people experiencing all three problems was estimated at **245** and for this group alone that equates to an annual public spending cost of £5,576,895.

[20] Gateshead Homelessness and Multiple Complex Needs HNA. 2017

- Spending on homelessness and multiple complex needs in Gateshead is still largely reactive rather than preventative.
- The prevalence of problematic childhood experiences among those with multiple and complex needs requires more targeted work with children who are experiencing issues that may relate to later homelessness.
- The way in which services are funded commissioned and monitored often requires homeless, vulnerable individuals with multiple and complex needs to navigate a complex system engaging with different agencies
- The presence of vulnerabilities such as a history of anti-social behaviour, substance misuse and criminal activity can act as a barrier to accessing a suitable stable home.

5.7.4 The HNA was followed up by 'People at the Heart' report[21]. This report found that Gateshead's system of support for people with multiple complex needs is built primarily around professional concerns, which means that people are segmented according to the issues or themes they present. This results in a system that is not structured around people who have more than one need. The report recommended that Gateshead's system commit to doing what is necessary to transform itself into a system that is structured around people.

5.8 Repeat Homelessness

5.8.1 The proportion of those owed a duty with support needs due to a history of repeat homelessness remained low in Gateshead, as show in the table below for the quarters during the period October 2019 to September 2020. The average across the four quarters in Gateshead was the same as the national average at 7%; it was also lower than the North East average (11.4%).

	History of repeat homelessness							
	Oct-Dec 2019		Jan - Mar 2020		Apr- Jun 2020		Jul-Sept 2020	
Gateshead	26	5.6%	47	7.4%	40	10.8%	26	5.1%
England	4,430	6.6%	4,990	6.6%	5,310	8.4%	4,830	7.0%
North East	370	9.7%	510	12.1%	420	12.4%	450	11.4%
Darlington	11	6.7%	17	8.9%	19	10.9%	33	20.8%
North Tyneside	16	9.0%	23	12.2%	19	10.9%	22	11.3%
South Tyneside	24	7.7%	17	5.8%	..	..	13	5.0%

5.8.2 In comparison to the comparator local authorities, Gateshead consistently had a lower proportion of support needs for repeat homelessness, in the last quarter this was 5.1% of households compared to 20.8% in Darlington and 11.3% in North Tyneside.

5.8.3 However, South Tyneside had a similar proportion to Gateshead across the four quarters, with only 0.1 percentage point difference in proportion of households in July to September.

[21] People at Heart

5.8.4 Overall, Gateshead had a lower than average number of people experiencing repeat homelessness, and this may suggest that the Council was successful in securing accommodation that was sustainable for households owed a duty, as well as providing floating support to help sustain those tenancies.

5.9 Other Needs

Gypsies and Travellers

5.9.1 Friends, Families and Travellers (FFT), a national charity, has highlighted evidence to show that Gypsies and Travellers have the worst life outcomes of any ethnic group in the UK, with life expectancy 10-25 years lower than average, the poorest educational outcomes at GCSE, adult literacy below 40 per cent and the highest experience of prejudice.

5.9.2 A study was carried out into the accommodation needs of Gypsies and Travellers in Gateshead and Newcastle upon Tyne[22]. The study found that in the Gateshead there was one public site with planning permission for 20 pitches, no private sites with permanent or temporary planning permission, no unauthorised sites and no Travelling Showpeople yards. The study found a need for up to 2 additional pitches in Gateshead to accommodate new household formation and 5 pitches for other households.

5.9.3 As with other mainstream services, Gypsies and Travellers are reluctant to access housing and homelessness services directly because of a fear of prejudice.

5.10 Summary of Needs from Snapshot Survey

5.10.1 A snapshot survey[23] was carried out of the needs of those living in support housing and floating support services in Gateshead, to understand the types and level of needs being met by these services. Although data on non-commissioned supported housing units were included within the survey returns, it was not possible analyse commissioned and non-commissioned units separately as the vast majority were jointly managed. Therefore, the survey results provide an overview across commissioned, non-commissioned and in-house provision.

5.10.2 The following types of services were asked to complete a survey on the needs of all their service users that were being provided with a service on June 29th 2021

- Supported housing services
- Floating support services
- Temporary accommodation providers (assuming that the residents were judged to have support needs)
- Domestic abuse specialist service providers

5.10.3 Returns were received in relation to 537 separate service users. This was broken down according to the service received as follows:

[22] Opinion Research Services. Gateshead and Newcastle upon Tyne Gypsy and Traveller Accommodation Assessment. 2017
[23] Data report. Housing and Support Services. Campbell Tickell 2021

Type of Service	Number of service users
Supported Housing	221
Floating Support	185
Temporary Accommodation	50
Domestic Abuse Specialist Services	81

5.10.4 The main findings form the snapshot survey are as follows

- Overall services appear to have a good gender balance (with a number of female-only services).
- **69%** of support service users have some form of disability or long-term health condition.
- About **10%** of support service users could be categorised as having complex needs. 38 of those were in supported housing, which means that **17%** of those in supported housing could be categorised as having complex needs.
- High numbers of people resident in supported housing present a significant risk to others- 102 individuals – representing **46%** of the total supported housing population.
- Up to **64%** of support service users have a mental health need, but just under half of them are currently engaging well with services and receiving the treatment that they need.
- In terms of support needs, achieving housing goals and assistance with finance management are the primary areas where assistance is required, regardless of which service type people are in.
- The level of input required in supported housing is much higher than in floating support, as should be the case. This suggests that the majority of people in supported housing do need that level of service.
- Domestic abuse specialist services are very focussed on enabling people to achieve their housing gaols in relation to securing safe accommodation.
- Vulnerable young people who the local authority have a duty to assist are the subgroup requiring the highest level of input.
- Overall people seem to be staying in supported housing longer than would be expected. A third of service users had been in residence for over 2 years.
- In Floating Support services **61%** of service users have been receiving the service for less than 6 months.

5.10.5 The data report concludes that due mostly to the high levels of risk/need (and to some extent high levels of vulnerability) a significant number of people in supported housing need to be housed in a dispersed supported housing model (including Housing First), with approximately a third of current users needing dispersed housing.

5.11 People with Lived Experience of Homelessness

5.11.1 A survey was carried out to gather views and experiences from currently homeless people that could inform the homelessness review and strategy and the Homelessness Charter. A survey form was provided to four of the main homelessness providers, including the local refuge. The full findings of this survey is shown in **Appendix 2**.

5.11.2 The survey could be completed online or on paper – with the latter responses either scanned by providers and emailed back or sent by post to a designated address. Altogether 35 surveys were returned.

5.11.3 The main findings were as follows:

Experience of Homelessness

- For the majority of those responding (67%), this was their first experience of homelessness.
- A small minority (7% of the sample) had been homeless more than ten times. Both of these respondents were male.

Reasons for Homelessness

- Family and relationship breakdown were by far the most prevalent reasons cited for homelessness.
- Violence at home was cited by all the respondents living in the refuge, but this reason was also cited by four other respondents.
- 19% cited rent arrears and debt being a factor in homelessness. A prison stay, and having nowhere to go on discharge, was a determining factor in 19% of returns (6 people, all male).

Prevention of homelessness

- A significant proportion (41% including four of the five women in the refuge) suggested that their homelessness might have been prevented if they had been given a temporary place to stay while things settled down at home.
- Access advice at the right time was cited as a preventable factor by 14% of respondents.

Exiting Homelessness

- In terms of exiting homelessness 66% wanted their own flat in Gateshead and 34% wanted supported accommodation.
- A significant minority of people (21%) suggested they would benefit from a move to accommodation outside Gateshead. This did not correlate with respondents living in the refuge as might be expected
- Almost all the respondents choose the Council as the most important organisation that should contribute to ending homelessness in Gateshead.

Main concerns

- A significant minority of respondents had concerns about successfully managing their tenancy and bills, feeling lonely or isolated, or losing the support they are currently receiving when they are housed. Safety (of self, and of children) also featured multiple times.
- A fifth of respondents cited worries about having their health needs met once they are rehoused. The health needs reported included Parkinson's disease, ADHD, asthma/eczema/allergies, mobility issues, and having a learning disability.

6. Securing Accommodation

6.1 Temporary Accommodation and B&B

6.1.1 The table below shows the number of households in Temporary Accommodation as a snapshot at the end of each quarter for the period Oct '19 to Sept '20. At the end of the last quarter in this period, the total number of households in Temporary Accommodation (TA) peaked at 74 households.

	Type of Temporary Accommodation provided							
	Gateshead							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
Private sector accommodation leased by authority or by a registered provider	**0**	0.0%	**0**	0.0%	**0**	0.0%	**0**	0.0%
Nightly paid, privately managed accommodation, self-contained	**0**	0.0%	**0**	0.0%	**0**	0.0%	**0**	0.0%
Local authority or Housing association (LA/HA) stock	**24**	64.9%	**24**	61.5%	**19**	73.1%	**55**	74.3%
Bed and breakfast hotels (including shared annexes)	**1**	2.7%	**4**	10.3%	**0**	0.0%	**8**	10.8%
Hostels (including reception centres, emergency units and refuges)	**3**	8.1%	**3**	7.7%	**1**	3.8%	**4**	5.4%
Any other type of temporary accommodation (including private landlord and not known)	**9**	24.3%	**8**	20.5%	**6**	23.1%	**7**	9.5%
In TA in another local authority district	**2**	5.4%	**2**	5.1%	**0**	0.0%	**8**	10.8%
Duty owed, no accommodation secured[3]	34		33		33		34	

6.1.2 As the H-CLIC data in the table above only provides a snapshot, the Gateshead's annual report for 2019/20 shows the following in relation to the use of Temporary Accommodation over an annual period:

- 218 households in Gateshead's own TA (LA)
- 455 placements into B&B
- 93 placements into private hostels
- 19 placements into refuges

TA in Local Authority or Housing Association stock

6.1.3 The majority of placements in Temporary Accommodation across all four quarters were made to local authority (LA) stock at an average of 68%. Housing Association stock is not used for Temporary Accommodation.

6.1.4 The proportion of households placed by Gateshead in LA stock used as TA was on average 68% every quarter, compared to 22% for the national average for England. Similarly, the North East (32% on average every quarter) also had a lower proportion of

households placed in LA/HA stock when compared to Gateshead. This is shown in the table below:

	Type of temporary accommodation provided – Local authority or Housing association (LA/HA) stock							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
Gateshead	24	64.9%	24	61.5%	19	73.1%	55	74.3%
England	19,830	22.4%	20570	22.1%	21,870	22.2%	21,530	23.0%
North East	110	42.3%	110	29.7%	120	26.1%	140	31.8%
Darlington	7	31.8%	8	29.6%	9	20.0%	11	44.0%
North Tyneside	21	58.3%	23	42.6%	28	44.4%	25	46.3%
South Tyneside	11	84.6%	13	68.4%	..	..	10	50.0%

6.1.5 In comparison to Darlington (average 31%) and North Tyneside (48%) and South Tyneside (67%), Gateshead had a higher percentage proportion of households placed in LA or HA stock.

6.1.6 The H-CLIC data shows the Council's use of bed and breakfast (B&B) hotels and hostels remained low at the end of each quarter. It should be noted that this is snapshot in time and that the use of B&B over the whole of 19/20 involved 455 placements.

6.1.7 The table below shows that for Gateshead the proportion of households requiring TA and living in B&B hotels at the end of each quarter was lower than the national and regional averages.

	Bed and breakfast hotels (including shared annexes)							
	Oct-Dec2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
Gateshead	1	2.7%	4	10.3%	0	0.0%	8	10.8%
England	7330	8.3%	8180	8.8%	11360	11.6%	10330	11.0%
North East	60	23.1%	150	40.5%	180	39.1%	160	36.4%
Darlington	15	68.2%	19	70.4%	35	77.8%	13	52.0%
North Tyneside	1	2.8%	10	18.5%	15	23.8%	7	13.0%
South Tyneside	1	7.7%	4	21.1%	..	..	9	45.0%

6.1.8 Government guidance requires housing authorities not to use B&B to accommodate families with children or pregnant women except where there is no alternative available, and then for a maximum period not exceeding 6 weeks.

6.1.9 Similarly, the H-CLIC data shows that Gateshead's use of private hostels or other emergency accommodation remained low at the end of each quarters in comparison with the North east - from 3.8% to 8.1% - see table below. Again it should be noted that the H-CLIC data provides a snapshot and Gateshead's 19/20 annual report shows 93 placements in private hostels and 19 in refuges.

	Hostels (including reception centres, emergency units and refuges)							
	Oct-Dec2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
Gateshead	3	8.1%	3	7.7%	1	3.8%	4	5.4%
England	6680	7.6%	6940	7.5%	5820	5.9%	5660	6.1%
North East	40	15.4%	50	13.5%	100	21.7%	80	18.2%

6.2 Types of accommodation secured

Secured accommodation for 6+ months

6.2.1 The table below shows Gateshead's ability to secure accommodation for 6 months or more across a two year period for those owed a duty.

	Gateshead		England		North East	
Secured accommodation for 6+ months	2018/ 2019	2019/ 2020	2018/ 2019	2019/ 2020	2018/ 2019	2019/ 2020
Reason for households' prevention duty ending:	51.4%	58.2%	57.8%	58.5%	59.3%	61.5%
Reason for households' relief duty ending:	29.9%	45.2%	42.5%	40.0%	59.0%	57.4%

6.2.2 In 2019/20, Gateshead secured accommodation for 6 months or more for 58.2% of households owed a prevention duty. This was similar to the national average of 58.5% and was slightly lower compared to the regional average at 61.5%.

6.2.3 In 2019/20, Gateshead improved its ability to secure accommodation for 6 months plus for homeless households owned a relief duty from 29.9% to 45.2%. This improvement meant that in 2019/20 Gateshead was above the nationwide average (40%).

Rented accommodation

6.2.4 Overall, the majority of those owed a prevention and relief duty were placed in accommodation in the local authority (LA) rented sector as shown in the tables below.

	Type of accommodation secured for households at end of duty - Prevention duty							
	Gateshead							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
LA rented sector	136	63.8%	164	66.1%	60	61.2%	181	66.8%
Private rented sector	59	27.7%	51	20.6%	27	27.6%	67	24.7%

	Type of accommodation secured for households at end of duty - Relief duty							
	Gateshead							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
LA rented sector	21	32.8%	29	29.9%	10	9.9%	11	13.6%
Private rented sector	2	3.1%	5	5.2%	1	1.0%	2	2.5%

6.2.5 In total the Council placed **612** households, threatened with or already homeless, into housing from the local authority rented sector between October 2019 and September 2020. In comparison only **214** placements were made to the private rented sector. This is a positive outcome for the majority of households as the local authority rented sector is more affordable and regulated.

6.2.6 More households owed a prevention duty were placed in local authority rented accommodation than those owed a relief duty, and this is likely due to a higher number of total households assessed as owed a prevention duty. On average in each quarter 64% owed a prevention duty were provided with local authority rented housing compared to 22% of those owed a relief duty.

6.2.7 Furthermore, in Gateshead the private rented sector was used very minimally to relieve homelessness, this was only 10 households in total from October 2019 to September 2020.

6.2.8 During 19/20 about 11% of those owned a relief duty were placed in supported housing – a total of **60** households.

Social rented housing: Gateshead compared to other areas

6.2.9 In Gateshead the social rented sector was used to secure housing for an average of 64% of those owed a prevention duty, this was significantly higher than the average in England at 39% and the North East at 55%.

	Type of accommodation secured for households at end of duty - Social rented sector (Prevention duty)							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
Gateshead	136	63.8%	164	66.1%	60	61.2%	181	66.8%
England	8820	42.9%	8560	41.8%	5020	32.9%	7010	39.6%
North East	730	58.9%	730	58.4%	310	44.9%	740	59.2%
Darlington	27	69.2%	21	61.8%	9	56.3%	27	71.1%
North Tyneside	31	53.4%	30	78.9%	12	54.5%	27	64.3%
South Tyneside	106	81.5%	68	82.9%	..	..	77	86.5%

6.2.10 The proportion of households owed a prevention duty placed in the social rented sector in Gateshead was similar to Darlington and North Tyneside. However, while proportions fluctuated more in North Tyneside (e.g., 53.4% in October to 78.9% in January to 54.5% in April), Gateshead remained consistent in its use of the social rented sector across the four quarters.

6.2.11 In comparison South Tyneside had an even higher proportion of households threatened withhomelessness placed into social rental accommodation at an average of 84%.

6.2.12 Gateshead had a significantly lower proportion of households owed a relief duty placed into the social rented sector compared to the national and regional average and compared to Darlington, North Tyneside and South Tyneside. This likely results from the high proportion of households where the type of accommodation secured was recorded as 'Not known'.

	Type of accommodation secured for households at end of duty - Social rented sector (Relief duty)							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
Gateshead	21	32.8%	29	29.9%	10	9.9%	11	13.6%
England	8220	51.7%	8010	51.0%	6280	42.5%	8380	47.9%
North East	870	70.7%	860	72.3%	580	61.1%	740	66.7%
Darlington	41	56.9%	43	63.2%	25	54.3%	49	65.3%
North Tyneside	25	71.4%	30	73.2%	15	44.1%	19	59.4%
South Tyneside	87	76.3%	70	78.7%	..	..	80	80.0%

Private rented housing: Gateshead compared to other areas

6.2.13 The proportion of households owed a prevention duty placed in the private rented sector in Gateshead (average 24%) was lower than the national (42%) and regional average (35%), as shown in the table below.

	Type of accommodation secured for households at end of duty Private rented sector (Prevention duty)							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
Gateshead	59	27.7%	51	20.6%	27	27.6%	67	24.7%
England	8160	39.7%	8260	40.3%	7040	46.1%	7210	40.8%
North East	430	34.7%	400	32.0%	310	44.9%	350	28.0%
Darlington	10	25.6%	12	35.3%	7	43.8%	8	21.1%
North Tyneside	21	36.2%	5	13.2%	6	27.3%	8	19.0%
South Tyneside	16	12.3%	13	15.9%	..	..	8	9.0%

6.2.14 The proportion of households owed a prevention duty placed into the private rented sector in Gateshead (average 24%) was lower than the national (42%) and regional averages (35%), as shown in the table below.

	Type of accommodation secured for households at end of duty – Private rented sector (Relief duty)							
	Oct-Dec 2019		Jan-Mar 2020		Apr-Jun 2020		Jul-Sep 2020	
Gateshead	2	3.1%	5	5.2%	1	1.0%	2	2.5%
England	4540	28.6%	4710	30.0%	5210	35.2%	5440	31.1%
North East	250	20.3%	200	16.8%	200	21.1%	210	18.9%
Darlington	25	34.7%	13	19.1%	18	39.1%	19	25.3%
North Tyneside	8	22.9%	7	17.1%	8	23.5%	7	21.9%
South Tyneside	21	18.4%	14	15.7%	..	..	14	14.0%

6.3 Gateshead's Housing Register

6.3.1 Gateshead's housing register is managed through Tyne and Wear Homes (TWH). Gateshead has been a full partner in Tyne and Wear Homes (TWH) since its launch in 2012, along with Newcastle, North Tyneside and South Tyneside Councils.

6.3.2 TWH provides lettings services for the 100,000 homes of the four partners and for those of over twenty Registered Providers (RPs). Each local authority currently maintains its own allocations policy, but there is a common waiting list, with Gateshead applicants comprising 30% of the list.

6.3.3 A Choice Based Lettings (CBL) Portal enables applicants to register and bid for available homes across the four local authority areas. There is a banding system for prioritising applicants, with statutorily homeless applicants and applicants threated with homelessness receiving a high priority.

Review of Allocations and Lettings

6.3.4 Gateshead Council is aiming to reshape its housing services to better align with and support delivery of its *Everybody Thrives* objectives, against a backdrop of significant local challenges and with limited resources. In particular a review has been carried out of the following:

- Allocations and Lettings policy and supporting processes, including a review of the Choice Based Lettings Scheme delivered through the Tyne and Wear Homes Partnership;
- Strategic Tenancy Policy with a view to developing a new, broader tenancy strategy in collaboration with local strategic housing partners.

6.3.5 The review has set out a prioritised road map which includes

- Complete a systematic re-drafting of the Allocations and Strategic Tenancy policies, based on the findings of the review, aligned with parallel reviews of homelessness and specialist housing solutions, to create a holistic and sustainable housing offer;
- Map the provision of housing and related support solutions across Gateshead from which to develop a universal access pathway, coordinated housing and support needs assessments around an individual or family, and shared oversight of their delivery;
- Develop a business case for withdrawal from the TWH partnership, creating a Gateshead CBL scheme, with RPs as full partners, operating within a Common Housing Register;
- Develop a blueprint for the full implementation and reengineering of processes within Northgate, to deliver compliance assurance and digitally driven efficiency.
- Launch a digital *Housing Marketplace* through which all Gateshead residents can resolve their housing needs;
- Develop partnership arrangements with RPs and commissioners that will deliver seamless support solutions.
- Deliver specialist and move-on accommodation solutions that provide a stepping-stone and maximise independence.

7. Housing with Support

7.1 Supply of Housing and Support

7.1.1 Gateshead has a portfolio of supported housing and floating support services, which includes commissioned, non-commissioned and in-house services.

7.1.2 Gateshead's homelessness service only has a limited referral route to commissioned accommodation through an existing Supported Housing Referral Portal, with the portal not providing a route to any of Council's internal provision. There is an opportunity for Gateshead's homeless services to secure greater access to supported accommodation through the commissioning process.

7.1.3 Commissioned services are mainly provided in supported housing, but also include some floating support services. Non-commissioned services involve the delivery of intensive housing management services funded through housing benefit and are provided in supported housing. The in-house services provided by Gateshead are mainly floating support services, although there are also some supported housing units.

7.1.4 The total capacity of all supported housing in Gateshead is **278** units and the capacity of commissioned floating support is **76** service users. In addition, there are **81** units of Temporary Accommodation provided by Gateshead for statutory homeless households, as well as in house floating support.

7.1.5 The types of supported housing and floating support services in Gateshead are summarised in the tables below.

Client Group	Type	Commissioned	Non Commissioned	In-house
Young People	Supported Housing	45		
Young People	Dispersed	17		30
Generic	Supported Housing	54	20	
Generic	Dispersed	12	54	
Mental Health	Supported Housing	20	6	
Domestic Abuse	Refuge	6		
Domestic Abuse	Dispersed		2	
Rough Sleepers	Dispersed			15
Ex-Offenders	Dispersed	3		4
Temporary Accom	Dispersed			81
Total		**159**	**80**	**130**

Client Group	Type	Commissioned	In-house
Armed Forces	Floating Support		No limit
Domestic Abuse	Floating Support		60-80 pm
Offenders Housing Suppt	Floating Support		NK
Temporary Accom & B&B	Floating Support		NK
Under 25 Young Persons	Floating Support		No limit
Housing Support over 25	Floating Support		NK
Complex MH	Floating Support	50	
Complex MH	Floating Support	16	
Mental Health	Floating Support	10	
Total		**76**	**NK**

7.1.6 In addition, support is provided by Gateshead to homeless individuals, or those at risk of homelessness, through Housing Options, the Leaving Care Team, the Homeless Prevention Officer for 16-17 year olds and the Private Rented Sector enforcement officers, where individuals fall under a statutory duty.

7.2 Survey of Housing and Support Services

7.2.1 A survey[24] was carried out on housing related support services provided in Gateshead. This involved the collection of information on referrals, placements and outcomes directly from the housing and support providers

7.2.2 The results of the survey are summarised in the sections below.

Supported Housing Referrals

7.2.3 A total of **1089** referrals were received for supported housing in 2019/20.

7.2.4 66% of these were received through the Supported Housing portal, but most of the remaining 34% were received by non-commissioned services. The vast majority of referrals to commissioned services went through the portal.

7.2.5 Only **254** new service users actually moved in – which represents 23% of referrals.

7.2.6 The summary of reasons as to why referrals did not proceed was as follows:

Referral refused because no place available	Referral refused because needs too high	Referral refused because no need	Lost Contact or Application Withdrawn
81	138	45	328

7.2.7 This indicates that for 30% of referrals the reason the referral did not proceed was that contact was lost or the application was withdrawn. A further 14% were refused because needs were considered too high.

[24] Data Report. Housing and Support. Campbell Tickell. 2021

7.2.8 Taking into account the number of people who were in residence in supported housing at the beginning of the year, a total of **418** people received a supported housing service during the year.

Supported Housing Outcomes

7.2.9 A total of **220** people moved out of supported housing during the year, but 46 of these (21%) moved from one supported housing address to another. Of the remainder 111 people moved into settled housing, while 63 left for some other form of temporary accommodation or for a destination unknown.

7.2.10 This means that 53% of people receiving a supported housing service during the year were able to secure settled housing.

7.2.11 A total of 39 people with a history of domestic abuse moved out during the year. A summary of their destinations was as follows:

Moved to settled housing	Moved to other supported housing	Moved to other temporary accommodation
15	18	5

7.2.12 This implies that people who experience domestic abuse are more likely to use any specific supported housing project as a stepping-stone to other temporary solutions.

Floating Support Referrals

7.2.13 A total of **1127** referrals were received for floating support services in 2019/20.

7.2.14 A total of **776** new cases were opened, which means that the success rate for referrals was 69% (much higher than for supported housing.)

7.2.15 The summary of reasons as to why referrals did not proceed was as follows:

No capacity	Referral refused because no need	Lost Contact or Application Withdrawn	Unknown
8	35	84	183

7.2.16 No referrals were turned down because their needs were perceived as too high. A total of 342 of the referrals to floating support services had experience of domestic abuse, and 340 of those became an open case. This represents 44% of new cases in the year.

Floating Support Outcomes

7.2.17 A total of **676** floating support cases were closed during the year.

7.2.18 The outcomes for floating support were as follows

Cases closed having sustained accommodation	Case closed having found alternative accommodation	Case closed because moved into supported housing	Case closed because the household disengaged from support
413	103	2	149

7.3 Gateway for Housing and Support

7.3.1 The review highlights that there is need to strengthen the links between Housing Options and access to supported housing and floating support services.

7.3.2 One of the considerations for the Homelessness Review is a new Gateway model to replace the current Supported Housing portal. The Supported Housing portal does have its limitations in terms of the data that is gathered as well as how it operates. There also needs to be a more joined up process with the homelessness assessments that are undertaken under the HRA.

7.3.3 A new Gateway model can involve 'referral rights' to recommissioned supported housing and floating support services to ensure that homelessness referrals are prioritised. The Gateway could be extended to internal provision as well as non-commissioned services. Such an approach could be adopted from the outset, although the ability of the Borough to make referrals to non-commissioned services would need to be agreed with those providers (and possibly set out in a service agreement).

Supported Housing Portal

7.3.4 Referrals to commissioned supported accommodation in Gateshead are made via the Supported Housing Portal. The portal acts as a single point of contact for all referrals and distributes the referrals to the appropriate schemes. In addition to this the portal collates basic data on all referrals to produce reports and assist in informing future provision.

7.3.5 The Supported Housing portal operates separately from the Housing Options process for assessing whether a prevention or relief duty is owed. This means that many referrals made through the portal do not have a duty owed to them under the HRA, as referrals are made directly to the portal from a variety of referral agents.

Gateway Proposals

7.3.6 As housing need increases, and demand for supported housing grows, it is increasingly important that Councils treat supported housing as the valuable resource. Gateshead's investment in supported housing is sizeable, but the absence of a fully functioning supported housing pathway means that resources are not being utilised effectively, nor meeting the Council's strategic objectives.

7.3.7 A successful supported housing pathway (whether managed through an online or offline gateway process) has several key features, which need to be in place as set out in the table below:

KEY FEATURES	GATESHEAD POSITION
There is a clear understanding of the need for supported housing and floating support i.e.: number of clients needing to be accommodated, their support needs, the number and type of schemes and/or units, the type of support required (visiting, on-site, 24 hour), the length of stay, etc.	Much of this information is being gathered through the homelessness review work. It may need to be revisited/augmented with narrative discussions with Housing Options staff, stakeholders and supported housing providers to provide the full picture needed to underpin a commissioning strategy.
There are a set of services that have been commissioned to meet the identified need, with providers clear on expected activities and outcomes, services staying true to the specifications they were given, and costs being transparent, and funding fairly applied in relation to the amount and complexity of support provided.	It is acknowledged that services have not been recently reviewed, respecified or recommissioned so as to meet changing needs, and there is a concern that many services have drifted away from their original intended model and client group. The homelessness review will enable an understanding of the extent of this and provide data to underpin a recommissioning exercise.
There is a straightforward and easily navigable entry point into supported housing and floating support – ideally with a single front door, standardised referral and assessment form, and the concomitant ability to respond quickly to need and to fill vacancies. The process and pathway is well understood, with standardised processes used where it makes sense and separate arrangements in place where there are interdependencies around assessments for some client groups (e.g: with social care, health).	Gateshead has a supported housing portal, but it is acknowledged it does not function in a way that supports this need. A new gateway process is being designed/proposed that will support the pathway operating more effectively. A first step is to determine, with relevant partners, the individual intended pathway maps for each of the client groups intended to be served by the council's supported housing provision.
There is an ability to insist that supported housing providers manage referrals, waiting lists, vacancies, admissions, sideways moves through a single gateway system so as to prevent a multiplicity of confusing access points, varying referral arrangements, competition for access and/or people being able to cycle in and out of, and between, projects without any visibility of that movement.	Gateshead supported housing providers do not use a single system and it is unclear how vacancies are filled and what movement there is between and out of schemes. Unmet need is not understood, data about outcomes is unclear. Plans are underway to remedy this via the development of a new gateway service.
A trusted assessor approach is adopted	A trusted assessor approach has not been

to minimise the need for re-assessments at each stage of the pathway. A model would need to be developed, which either requires providers trusting the Council's assessments or providers carrying out a detailed assessment that is trusted by other providers.	attempted locally and requiring this will be an important part of the respecifying and standardising of processes when services are recommissioned.
There are sufficient resources and an appropriate platform (ideally an online gateway) to manage and support the operation of the pathway as described above so that vacancies/moves are managed and filled effectively, efficiently and in line with intended service specifications.	Resources exist but it is not yet clear where they are being applied, whether they are being applied in the right places, where gaps and pressures exist in the system and what resources would be needed to operate a new system as described.
There is an easy to use and easy to interrogate outcomes monitoring/data capturing platform that providers submit performance data to, which enables the pathway's operation to be analysed across all component parts.	Although the supported housing portal can provide reports on activity and outcomes, it does not appear that outcomes/performance information is not routinely collected. Retrospective performance information around move on has been captured as part of the data survey but an agreed set of core KPIs will need to be developed and included in the revised service specifications. Data capture could be developed as part of the gateway or operate outside of it.

7.3.8 Successful housing and support pathways are a mix of an appropriately designed system and sufficient on-the-ground staffing resource. A gateway system will require – especially in the first period of operation – a good deal of oversight and those seeking to assure compliance with pathway requirements need the tools to be able to both support providers to operate in accordance with intended processes and hold providers to account when they fail to comply.

7.3.9 A gateway system would typically be achieved through co-design of forms, processes, KPIs, specifications, etc with providers (and training once the new model is operational) and ensuring provider participation would be achieved through robustly drawn up specifications and contracts and an ability and willingness to take action when non-compliance occurs.

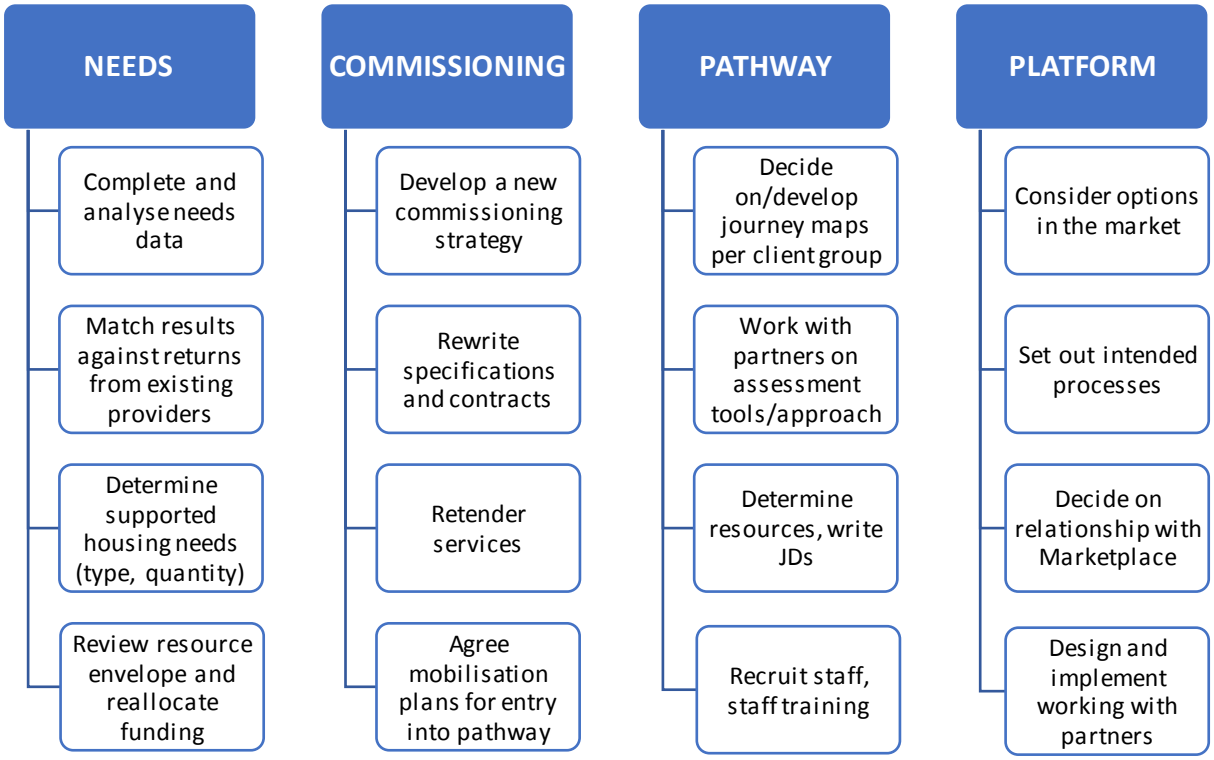
7.3.10 In terms of resources, what is needed will depend on the scope of the pathway in terms of the end to end processes (i.e. does it include the management of move on or is this left with providers) and the client groups which are included.

7.3.11 One or more Pathway Co-ordinators could be engaged to manage the front end of the pathway – managing/overseeing referrals, vacancy management, waiting lists, admissions and moves between schemes. One or more Move On Co-ordinators could be engaged to manage moves out of the pathway – linking providers to available housing options, prioritising access to move on, promoting opportunities with providers, and generally ensuring that move on targets are being met.

7.3.12 Linking the supported housing gateway to any general needs housing marketplace would give supported housing residents and providers the opportunity to utilise what is made available through the marketplace and could promote improved throughput.

7.3.13 Different models exist. Some authorities have invested heavily in the IT/portal that sits at the front end of a supported housing pathway, others have invested more heavily in providing sufficient staff to manage the process while relying on simpler administrative platforms. The most successful have invested in both.

7.3.14 The introduction of a new Gateway needs to be part of a wider process involving a needs analysis and commissioning strategy. This is illustrated in the diagram below.



8. Resources

8.1 Externally Commissioned Resources

8.1.1 Gateshead commissions supported housing and floating support services from external providers. The total amounts commissioned are shown in the table below:

Type	Commissioned Amount
Supported Housing	£1,494,376
Floating Support	£154,126
Total	**£1,648,502**

8.1.2 The commissioned services meet a range of needs including services for young people, Domestic Abuse services and generic homelessness services.

8.2 Internal Resources

8.2.1 The following provides a summary of the internal resources deployed to homelessness services.

Area	Cost Centre	Amount
Statutory Homelessness - TA	Displaced Temporary Accommodation	£169,236
Housing Options Officers	Housing Options	£735,222
Housing Options Officers	General Fund - Housing Options	£117,182
Homelessness Support	Homeless Support	£281,170
Debt Advice	Debt Advice	£49,464
Armed Forces Veterans	Armed Forces Veterans	£26,647
Armed Forces Veterans	General Fund - Armed Forces Veterans	£199,301
Homelessness Prevention	General Fund - Homeless Prevention	£77,591
Bed and Breakfast Accommodation	Bed/Breakfast Accommodation	£40,000
Domestic Abuse Housing Outreach	DCLG Domestic Abuse Funding	£65,664
Ex Offenders	Ex Offenders Properties	£65,386
Young Persons Support Service	Young Persons Support Service	£149,206
Housing & Independent Living	Housing & Independent Living	£221,623
Supported Housing – Manag't costs	Supported Housing	£237,318
	Total Housing Services	**£2,435,009**
Private Sector Housing Homelessness Lead	Homeless Prevention	£42,192
HOST Ex Offenders		£38,000
	Grand Total	**£2,515,201**

8.2.2 The total homelessness grant available for 21/22 is summarised in the table below.

Grants	Amount
Homelessness Prevention Grant Funding	£520,118
Emergency Accommodation Funding	£130,000
NSAP	£70,000
Homelessness Domestic Abuse new burdens	£9,670
Total Grant allocations 2021/22	**£729,788**
Total Grant Carried Forward	**£372,989**
Total Homelessness Grant available 2021/22	**£ 1,102,777**

8.2.3 The total Domestic Abuse grant available for 21/22 is summarised in the table below.

Domestic Abuse Funding	Amount
Carried Forward (est)	£50,000
2021/22 Funding Allocation	£459,609
Total Grant	**£509,609**

8.2.4 Gateshead has also received an allocation of about £66,700 from the MHCLG for an accommodation project for ex-offenders. This will fund a post for 12 months to support homeless ex-offenders access the private rented sector.

8.2.5 A Northumbria-wide bid into the Changing Futures fund has been successful. The regional programme will be implemented over the next three years to learn how to better support adults with multiple and complex needs. The Gateshead project will help those that are homeless, or at risk of being homeless. The concept is that each of the four projects across the region learns from its own work, and that of the three others, all of which are focused on adults with multiple and complex needs.

8.3 Non Commissioned Services

8.3.1 Most non-commissioned supported housing is funded through an Intensive Housing Management (IHM) service charge that is eligible for housing benefit. There are complex eligibility criteria for an IHM service charge and services are normally provided by a Registered Provider or a charitable body. The level of support provided through IHM is quite low.

8.3.2 As these services are not commissioned local authorities have very little control over how they are delivered and the routes into services. As most non-commissioned services in Gateshead are provided by commissioned providers the Borough can enter into an agreement with these providers about how these services can meet their strategic objectives and the referrals routes in.

8.3.3 Non-commissioned supported housing can also be funded by charitable funding, particularly where individuals have no recourse to public funding.

8.4 In-House Services

8.4.1 Although in-house services are not commissioned they can be remodelled by Gateshead to meet its strategic objectives. Such a process will enable greater alignment with those services that are recommissioned, as well as across council departments (e.g. Children's Services). A recent report form Gateshead on allocations and lettings found that internal pathways are disjointed and services are siloed.

8.5 Good Practice for Commissioning

Commissioning Plan

8.5.1 Good practice in relation to commissioning primarily involves the development of a strategic commissioning plan. A strategic commissioning plan needs to consider the following:

- The local authority's strategic objectives
- A needs analysis of the relevant population
- Resources including the local authority's commissioning resources and other local and national resources
- Engagement with relevant stakeholders
- Co-production of the commissioning plan with people with lived experience of homelessness
- Service models – to deliver services to meet needs
- Pathways into services
- Timeline for implementation of the plan

8.5.2 The Homelessness Review and the related surveys that have been carried out provide a considerable amount of information and intelligence for a commissioning strategy.

8.5.3 Good practice in commissioning housing and support services has identified a number of models that could be applied to Gateshead. These models are summarised as follows:

24/7 Supported Housing	This model should only be commissioned for people with multiple needs who require staff on site at night due to the complexity of their needs. Hostel type accommodation can exacerbate problems and create a chaotic environment. Therefore, the accommodation itself should be provided in self contained units as far as possible, although with some communal space. A 'concierge service' can be provided at night and this would be an eligible housing benefit service charge. Food may also need to be provided and/or areas for residents to be taught how to prepare and cook food. The service should be focused on supporting residents to become 'tenancy ready'. The support is 'shared' by a number of residents which makes the service more cost

	effective
9-5 Supported Housing	This model is for people who have multiple complex needs but do not require 24/7 cover, but require staff on site during the day. A call out response service can be provided in the event of an emergency. The accommodation should be provided in self contained units as far as possible, although with some communal space, including areas for residents to be taught how to prepare and cook food. The service should be focused on supporting residents to become 'tenancy ready'. The support is 'shared' by a number of residents which makes the service more cost effective.
Dispersed supported housing	This model involves providing dispersed supported in independent accommodation with staff providing visiting support. The supported accommodation is not intended to be long stay and the service user moves as soon as they are 'tenancy ready'. The model is preferred by many vulnerable people as they are not in a shared environment, but still receive support.
Floating Support	This model involves providing flexible support to individuals who move into their own independent accommodation, or who are already living in this accommodation. The main advantage is that the service user does not have to move when they no longer require support. The model is effective for those who move on from supported housing, as well as preventing tenancy breakdown for those already living in independent accommodation.
Housing First	Housing First is a model for people with complex needs and a history of rough sleeping who have not successfully been rehoused through a supported housing pathway. The model involves accessing independent accommodation with a long term tenancy and providing wrap around support. The support provided is intensive and other services are involved in providing interventions e.g. CPNs. Housing First is a costly model and should be targeted on those with complex needs who require an alternative approach.

8.5.4 Move on accommodation is essential to make a supported housing pathway work and it is good practice to develop Move on Protocols. Gateway already has a Move on Protocol in place. Access to move on accommodation is not a significant issue in Gateshead, although the accommodation available is mainly in high rise blocks. The main issue with move on accommodation from supported housing is tenancy sustainment.

Service Specifications

8.5.5 Good practice for supported housing for those who are homeless or at risk of homelessness involves producing a service specification that requires a person centred approach to be adopted and delivering a Psychologically Informed Environment (PIE), particularly for those with more complex needs.

8.5.6 The PIE way of working set out a number of principles which include the following:

- Relationships is central to the PIE way of working.
- Reflective practice is central to the PIE way of working.
- Support workers' competencies and confidence are developed in working with complex trauma.
- All support workers share an understanding of complex trauma and personality disorder.
- Insights and principles from psychological approaches to working with complex needs are introduced.
- A non-institutional, safe and welcoming service that facilitates interaction between support workers and service users.
- The concept of 'elastic tolerance' is applied e.g. de-escalating situations such as breaches of the occupancy agreement.

8.6 Good Practice for Procurement

Procurement

8.6.1 The procurement of supported housing and support contracts will under the PCR 2015 "Light Touch Regime" (LTR). The LTR was introduced with the aim of reducing the procurement requirements for certain services, such as social and health services, and removing arbitrary rules which discourage SME participation.

8.6.2 The government has issued a Green Paper on procurement. The Green Paper proposes the removal of the LTR on the basis that all the procurement procedures will become much more flexible. The proposals set out in Green Paper may or may not come to fruition.

8.6.3 Local authority good practice around procurement has involved using the LTR flexibilities creatively to develop arrangements with providers, in particular:

'Open' Framework Agreements	Framework Agreements involve tendering for an approved list of suppliers. This is usually carried out in 'Lots'. Once an approved list of suppliers has been selected, the authority can 'call off' services either through a mini-competition or by direct award. Under the LTR a framework agreement can be 'open' which means that providers can be added to one or more 'Lots' if the authority requires additional capacity. This would require an advert to be placed on the procurement portal and in Contracts Finder and any new providers evaluated using the same criteria. Authorities can cap the number of providers on a framework to manage the market. The authority can also reserve the

	right to increase the cap should the framework be reopened and can set a new cap if it wishes to do so. The normal term of a framework agreement is restricted to four years but under the LTR it can be longer, with local authorities frequently entering into 10 year framework agreements.
Dynamic Purchasing Systems	A Dynamic Purchasing System involves providers being added as approved providers to a DPS on a continuous basis, provided they meet the evaluation criteria. Under the LTR local authorities can 'close' the DPS at their sole discretion, where they have sufficient suppliers. The authority can call off services, either through a mini-competition or by direct award, from those providers that have secured a place on a DPS.

8.6.4 LTR Framework Agreements are preferred by local authorities for working with a limited number of providers, so that they can manage the market. DPSs under the LTR tend to be developed for volumes services, where a large number of suppliers are required to meet demand e.g. care homes.

8.6.5 For the homelessness sector an 'open' Framework Agreement is usually more appropriate and the evaluation criteria can be developed to ensure a balance of providers that can deliver locally, as well as bring in the expertise required.

8.6.6 The way in which to manage the procurement of homelessness services is to develop 'Lots'. The following provides some illustrative Lots based on those developed by other authorities.

Lots		
1.	**Outreach, navigator services**	• Ensuring linkage to statutory assessment • Involvement in assessment of needs and circumstances of individual people sleeping rough or at risk of rough sleeping • Assistance to access and engage in support to resolve issues relating to rough sleeping (e.g. mental / physical health services, substance misuse treatment, immigration support, etc) • Development and facilitation of delivery of plans to promote sustainment • Liaison between related services and role as case manager for individual service users • Assistance to resettle and sustain settled accommodation • Collaborative working across the system of services with other providers, including steps to coordinate input from other services
2.	**Specialist navigators and**	• Specialist navigator roles to assist rough

	other specialist support	sleepers and those at risk of rough sleeping within specific settings (e.g. hospital discharge, mental health, prisons, etc) or with specific issues (e.g. assistance for people with No Recourse to Public Funds). • Focused work with other agencies to identify people in institutional settings (e.g. hospital or prison) who require assistance to prevent rough sleeping/homelessness • Facilitation of a plan for discharge / release to manage access to appropriate accommodation and access to appropriate support • Input to resolve particular issues likely to increase risk of further rough sleeping/homelessness according to specialism • Providing support in a Housing First setting
3.	**Accommodation with support**	Co-located accommodation and support services for people moving on from sleeping rough or who are homeless • Emergency shelter with support • Emergency supported accommodation provision • Short-term and long term supported accommodation for people moving on from sleeping rough or who are homeless • Assessment of needs and circumstances of individuals accessing the service • Development and facilitation of delivery of plans to promote sustainment and being 'tenancy ready' • Liaison between related services and role as case manager for individual people supported by the service • Assistance to identify and access longer term or more appropriate supported and/or independent accommodation • Assistance to access and engage in support to resolve issues that increase the risk of homelessness/rough sleeping (e.g. mental / physical health services, substance misuse treatment, immigration support, etc)
4.	**Floating Support**	Flexible support to those who move into a tenancy or are already living in a tenancy. • Assessment of needs and circumstances of individuals accessing the service • Development and facilitation of delivery of

		plans to promote sustainment • Liaison between related services and role as case manager for individual people supported by the service • Providing support for as long as the individual requires support and develop an exit plan where support is no longer required.

Contracts and Contract Monitoring

8.6.7 New contracts will need to be issued as part of a procurement process and this will provide an opportunity for Gateshead to include the following in a contract:

- The pathway into services
- Participation in the new Gateway process
- Referral rights for Gateshead
- The service specification
- KPIs and the contract monitoring process

9. Conclusions

9.1.1 In summary the main conclusions arising from the Homelessness Review are as follows:

- Homelessness is not just about housing and the majority of households that are owned a prevention or relief duty have support needs, with many having three or more needs.
- Gateshead recognises that services for homeless people need to be more connected and aims to develop a Connected Services model. Currently there is a prototype model established that involves a nurse practitioner working alongside homelessness officers in a drop in hub for homeless people and those at risk of homelessness.
- There is a significant cohort of homeless people with multiple complex needs. Most of these individuals are sofa surfing and moving from one insecure homeless situation to another. These individuals have complex needs related to substance misuse and mental health problems.
- Gateshead should recommission the homelessness pathway so that it more effectively meets the needs of homeless people with multiple complex needs.
- The accommodation and support options for domestic abuse should be reviewed as domestic abuse is the most common reason for loss, or threat of loss, of last settled home in Gateshead.
- The young persons' pathway was recommissioned in 2018 and should be reviewed to ensure that it complements the homelessness pathway, including how this provision is accessed by young people who are owned a duty under the HRA.
- The homelessness pathway should present individuals with a number of options including moving directly into independent accommodation with wrap around support and for those who are subject to domestic abuse remaining in their own homes with additional security.
- A commissioning strategy should be developed which uses the data gathered by the homelessness review on the needs of households who are homeless, or threatened with homelessness, and which maps out the types of provision required.
- Supported housing and floating support services should be re-specified so that they can more effectively meet the needs that have been identified.
- The concept of 'tenancy ready' should be incorporated into a new service specification so that individuals move from supported housing when they are ready to move to independence. This will provide a more person centred approach.
- Internal supported housing and floating support services should be remodelled, where appropriate, to ensure greater alignment with any commissioned models and a joined up approach to the homelessness pathway.
- A new Gateway should be developed that can provide an effective method for matching homeless households to vacancies in commissioned supported and

floating support services, with referrals rights for Gateshead. The new Gateway could be extended from the outset to in-house services and non-commissioned services, where appropriate.

- The data system for the new Gateway will need to work together with other data systems to improve the customer journey and ensure a consistent approach.
- Links should be established with Working Gateshead to enable people who have previously been homeless to access employment opportunities and other opportunities to develop new skills.
- Linkages should be established to any changes that result to Gateshead's allocations and lettings process as a consequence of a recent review.
- Appropriate protocols should be developed in relation to transitions that may result in homelessness, for example in relation to the release of offenders, discharge from hospital, as well as transitions from children to adult services. Where such protocols are already in place, they should be promoted to ensure greater awareness.

Appendix 1 – Supplementary Tables

Age of main applicants owed a prevention or relief duty:		
16-17	2	*0.1%*
18-24	395	*19.0%*
25-34	712	*34.3%*
35-44	514	*24.7%*
45-54	252	*12.1%*
55-64	131	*6.3%*
65-74	49	*2.4%*
75+	22	*1.1%*
Not known[8]	0	*0.0%*

Employment status of main applicants owed a duty:		
Registered unemployed	1,033	*49.7%*
Not working due to long-term illness / disability	320	*15.4%*
Full-time work	275	*13.2%*
Part-time work	178	*8.6%*
Not seeking work / at home	73	*3.5%*
Not registered unemployed but seeking work	26	*1.3%*
Retired	70	*3.4%*
Student / training	14	*0.7%*
Other	50	*2.4%*
Not known[8]	38	*1.8%*

Support needs of households owed a prevention or relief duty:		
History of mental health problems	676	*32.5%*
Physical ill health and disability	286	*13.8%*
At risk of / has experienced domestic abuse	458	*22.1%*
Offending history	247	*11.9%*
History of repeat homelessness	122	*5.9%*

Drug dependency needs	179	*8.6%*
History of rough sleeping	73	*3.5%*
Alcohol dependency needs	117	*5.6%*
Learning disability	89	*4.3%*
Young person aged 18-25 years requiring support to manage independently	131	*6.3%*
Access to education, employment or training	37	*1.8%*
At risk of / has experienced abuse (non-domestic abuse)	46	*2.2%*
At risk of / has experienced sexual abuse / exploitation	53	*2.6%*
Old age	30	*1.4%*
Care leaver aged 21+ years	31	*1.5%*
Care leaver aged 18-20 years	19	*0.9%*
Young person aged 16-17 years	1	*0.0%*
Young parent requiring support to manage independently	31	*1.5%*
Former asylum seeker	56	*2.7%*
Served in HM Forces	12	*0.6%*

Appendix 2

People with Lived Experience of Homelessness

Demographics and current living situation of respondents

1.1.1 The following characteristics of the respondents should be noted:

Gender		
Male	11	39%
Female	17	61%

Age		
18-24	13	46%
25-39	7	25%
40-55	5	18%
55+	3	11%

Ethnicity		
White	28	100%
Black	0	0%
Other	0	0%

1.1.2 The survey asked about the living situation of those who are homeless.

Where have you mainly lived since becoming homeless?		
Living in hostels	6	20%
Living in other temporary accommodation	15	50%
Living with family	0	0%
Living with friends	3	10%
Rough sleeping	1	3%
Refuge	5	17%
Other	0	0%

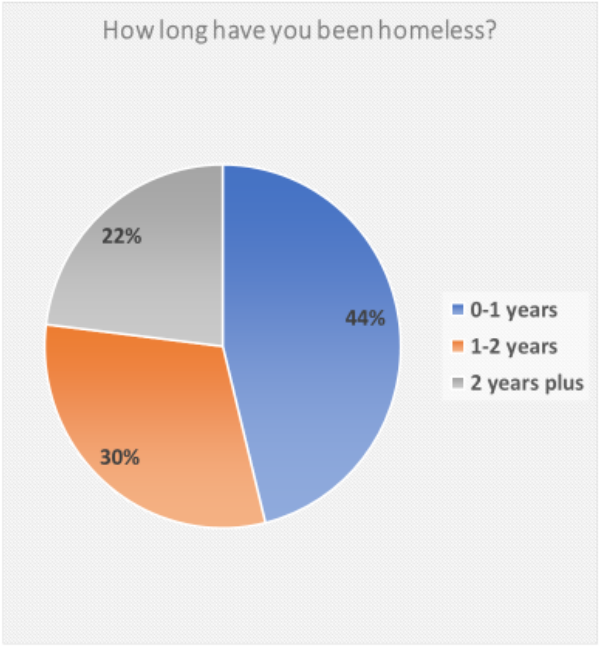
1.1.3 The responses included just one person who had slept rough, though that person had been living with friends on and off also.

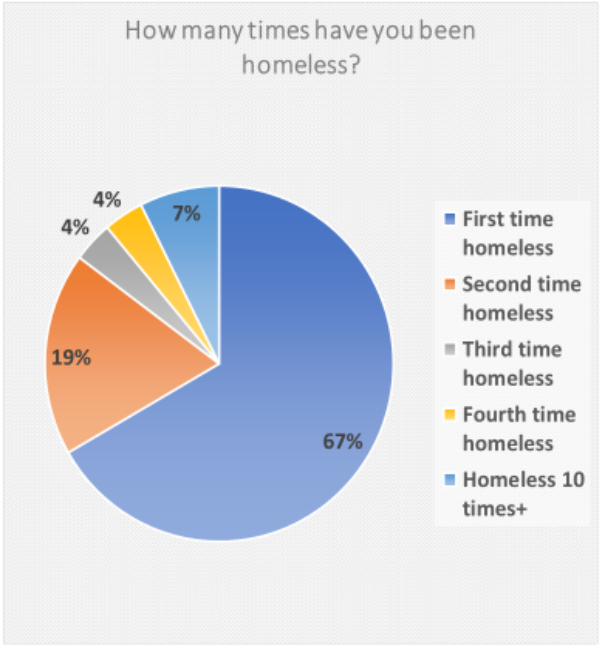
1.1.4 The temporary accommodation option includes supported housing, and the high number reflects the fact that most of respondents had mainly been living in supported housing since becoming homeless.

Experience of homelessness

1.1.5 Respondents were asked to identify whether this was their first time being homeless, and – if not – how many other times they had experienced homelessness. They were also asked about what they thought had led to their homelessness.

1.1.6 The findings were as follows:





1.1.7 Over three quarters of respondents had spent less than two years being homeless in this current episode of homelessness, though three male respondents indicated they had been homeless for more than 5 years. For the majority of those responding (67%), this was their first experience of homelessness. A small minority (2 or 7% of the sample) had been homeless more than ten times. Both of these respondents were male. The female respondents tended to be younger on average and therefore less likely to have had lengthy or multiple episodes of homelessness.

Reasons for current homelessness		
Relationship breakdown	14	50%
Parental dispute	14	54%
Violence at home	9	32%
Rent arrears/debt	6	19%
Left prison	6	19%
Landlord action	1	4%
Mental health/physical health needs	4	14%
Substance misuse (own)	1	4%
Hospital discharge	0	0%
Other: Left foster care	1	4%
Other: Pregnancy	2	7%
Other: Substance misuse (other people's)	2	7%

1.1.8 Respondents could choose as many reasons for homelessness as applied to them. Family and relationship breakdown were by far the most prevalent reasons cited for homelessness. Unsurprisingly, violence at home was cited by all the respondents living in the refuge, but this reason was also cited by four other respondents. This was linked on two occasions with other people in the home having a substance misuse problem. Two young women cited pregnancy as the reason underpinning parental dispute and having to leave home.

1.1.9 Respondents could choose as many reasons for homelessness as applied to them. Family and relationship breakdown were by far the most prevalent reasons cited for homelessness. Unsurprisingly, violence at home was cited by all the respondents living in the refuge, but this reason was also cited by four other respondents. This was linked on two occasions with other people in the home having a substance misuse problem. Two young women cited pregnancy as the reason underpinning parental dispute and having to leave home.

1.1.10 Only one person cited landlord action (ie: eviction or end of tenancy) as a reason for their current episode of homelessness – though 19% cited rent arrears and debt being a factor. A prison stay, and having nowhere to go on discharge, was a determining factor in 19% of returns (6 people, all male). Though often this was not the sole determining factor, most often co-occurring with relationship breakdown and/or parental dispute.

What would have helped prevent your homelessness?		
Nothing could have prevented it	8	28%
Help finding alternative accommodation when I needed it	10	34%
Advice about my rights at the time	4	14%
Some help with debt/arrears	1	3%
A temporary place to go while things settled down	12	41%
Mediation within the family	1	3%
Mediation with a landlord	0	0%
Other: not being ignored when I asked for support	1	3%
Other: domestic violence support/education	1	3%
Other: if I had listened and stayed quiet	1	3%

1.1.11 Respondents could choose as many answers as applied to them in relation to preventing their homelessness. A significant minority of respondents (28%), mainly male, suggested nothing could have prevented their homelessness.

1.1.12 A significant proportion (41%, 12 respondents, including four of the five women in the refuge) suggested that their homelessness might have been prevented if they had been given a temporary place to stay while things settled down at home. Only one person suggested that family mediation would have been useful, suggesting that most of the issues around violence in the home and relationship breakdown were not felt to be solvable. This is supported by the fact that a third of respondents felt that providing alternative accommodation was the only way their homelessness could have been avoided.

1.1.13 Access advice at the right time was cited as a preventable factor by 14% of respondents. Only 1 person suggested that help with debt/arrears might have made a difference, despite 5 people stating this was a factor in causing homelessness. It is possible that those people who chose the advice option would have expected debt/arrears advice to be part of that selection.

1.1.14 Landlord mediation was not considered something useful by any of the respondents. This correlates with the fact that landlord action was not a reason for anyone's current episode of homelessness.

Exiting homelessness

1.1.15 Respondents were asked to identify what accommodation and/or support they might need to end their current period of homelessness and what worries they might have about this. They were also asked which agencies/organisations they felt had the most important role in supporting them to exit homelessness.

What accommodation/support do you need to end your homelessness?		
Own flat/house in Gateshead	19	66%
Supported housing in Gateshead	10	34%
Help to move outside Gateshead	6	21%
Help with my drug or alcohol problem	0	0%
Help with my mental health	6	21%
Help with finding work	5	17%
Help to manage my tenancy/bills when I get a flat	6	21%
Help to be reunited with my children	3	10%
Help to be reunited with my family/partner	2	7%
Other: Taster flat	1	3%

1.1.16 The survey allowed for people to choose as many categories as they wished. 6 of the 19 respondents who suggested they needed their own flat or house in Gateshead also selected supported housing, which suggests that they may need this type of accommodation before moving into an independent tenancy.

1.1.17 A small number of younger female respondents asked for support around being reunited with children and/or their family, and younger female respondents were also more likely to suggest a need for support with their mental health. Interestingly, no-one in the sample suggested that support with a substance misuse problem was required. This correlates with this barely featuring as a reason for homelessness.

1.1.18 A significant minority of people (6, 21%) suggested they would benefit from a move to accommodation outside Gateshead. This did not correlate with respondents living in the refuge as might be expected – only two of these women requested accommodation out of area – suggesting that there are reasons other than a fear of violence why people may want to leave the area.

Who is most important in ending homelessness?		
Council	29	97%
Housing associations	23	77%
DWP/Job Centre Plus	14	47%
Private landlords	16	53%
Police/Probation	7	23%
MH support agencies	13	43%
SM support agencies	3	10%
Local charities	11	37%
Homelessness providers	18	60%
Employers	3	10%
Businesses	2	7%
Faith groups	1	3%

1.1.19 Respondents were asked to choose who they felt were the five most important agencies/organisations who should contribute to ending homelessness in Gateshead. Unsurprisingly, all but one respondent selected the council. Other housing providers (ie: housing associations, private landlords, homelessness providers) were also selected with high regularity – though the fact that more than half of respondents think that private landlords have an important role to play is perhaps interesting.

1.1.20 Employers and businesses did not feature particularly often, though around half of respondents did select Job Centre Plus and the DWP as important stakeholders. This might suggest that respondents were more focused on the importance of maintaining their benefit claims than on actively seeking employment at this time.

1.1.21 Although a smaller proportion of respondents identified mental health needs/support as an issue for them personally, almost half suggested that mental health agencies had a big role to play in ending homelessness. The small number of people who thought the Police and/or Probation had an important role to play correlated with those leaving prison and/or experiencing violence in the home.

Main worries		
Affordability/paying bills	6	21%
Feeling isolated/lonely	4	14%
Safety of self/children	4	14%
Health needs being met	6	21%
Losing support once housed	1	4%
Finding work	1	4%
Getting visa	1	4%
Tenancy failing	1	4%
No worries	3	11%
Left blank	6	21%

1.1.22 The responses were perhaps unsurprising, with a significant minority of respondents choosing concerns about successfully managing their tenancy and bills, feeling lonely or isolated, or losing the support they are receiving when they are housed. Safety (of self, and of children) also featured multiple times.

1.1.23 Most significantly, a fifth of respondents cited worries about having their health needs met once they are rehoused. The health needs reported included Parkinson's disease, ADHD, asthma/eczema/allergies, mobility issues, and having a learning disability.

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Gateshead Homelessness and Rough Sleeping Strategy

2022-2027

Final

Contents

Foreword

To be included at publication stage

1. Introduction

This strategy sets out Gateshead's vision for tackling homelessness and rough sleeping in the Borough. The strategy covers the following:

- Our vision
- Values
- Principles
- Strategic aims

The Homelessness Act 2002 requires local housing authorities to take strategic responsibility for tackling and preventing homelessness and to formulate a homelessness strategy at least every five years. This homelessness and rough sleeping strategy has been based on the findings of our recent homelessness review.

Developing a strategic approach to addressing homelessness and rough sleeping enables us to develop a wider partnership approach. Homelessness is not just about housing as life events can cause homelessness and a significant number of people have underlying issues such as substance misuse and mental health problems. This means that in addition to housing some people need support services or access to specialist services.

The strategy includes actions that will need to be delivered on a systems wide basis, involving the Council working closely with internal and external partners. This means working closely with Adult Social Care and Children's Services as well as health and housing providers.

The strategy covers the five period 2022-2027 and will be subject to a light touch review annually, particularly in the event of significant policy or funding changes.

2. Strategic Context

The Homelessness Reduction Act 2017 legally obliges local authorities to assess and provide more meaningful assistance to all people who are eligible and homeless, or threatened with homelessness, irrespective of their priority need status.

The focus of the Act is on prevention and places a duty on local authorities to intervene early and attempt to prevent homelessness. Where homelessness cannot be prevented a new duty requires local authorities to relieve homelessness. This means that the local authority must help an individual find suitable accommodation with at least a 6 months tenancy.

Gateshead's strategic approach is set out in '*Making Gateshead a place where everyone thrives*'. The strategy acknowledges that over 50% of people and families in Gateshead are either managing or just coping and over 30% are in need or in vulnerable situations. The role of the Council will increasingly become that of a facilitator, partner and co-producer, working to ensure that prevention and early intervention strategies reduce the level of demand and dependency on critical services, and the need for intensive, high-cost specialist interventions.

A Gateshead Homelessness Charter has also been produced. The purpose of the charter is for health and other public sector bodies, charities, faith groups, businesses and other organisation to adopt the charter's values and pledges and to implement it through improved working practices.

3. Vision, Values Principles

Vision

To prevent and end homelessness, in all forms, in Gateshead

Values

We believe in:

- **Delivering on the rights and needs of those who are homeless or at risk of homelessness**

  Homelessness can happen to anyone at any time, generally associated with a period of crisis or trauma, including or linked to poverty, abuse, mental health, relationship breakdown and loss employment. Some people are more at risk of homelessness than others, for example those who are leaving care or released from prison.

  Everyone has a right to a good home including:
  - Living Essentials – Food, heating, water, furniture and white goods, clothes
  - To be safe – No violence, theft, abuse or discrimination
  - Equal treatment – Respect, fair access to services
  - Good Support – Effective, the right fit, for the right amount of time

- **Listening to those with experience of homelessness**

  We want to listen to people with experience of homelessness to help us shape our services. We also want homeless people involved in co-producing the services that they require, and this could also include their involvement in developing a commissioning strategy.

- **Enabling a personalised approach**

  Everyone's experience of homelessness is different, and we want to adopt a personalised approach where individuals determine their own solutions. This will start with the assessment process and a personal plan, which will determine the most appropriate housing and support solutions for each individual. We will take an enabling approach in addressing any barriers faced by those who are homeless.

- **Providing high standards of communication, co-ordination and consistency in decisions**

  We will work together with our partners to provide good communication, co-ordination and consistency across all services

- **Being fair and transparent**

  We will treat people impartially and we will be clear, open and honest with people about their options, processes and decisions.

Principles

Seeing potential working with strengths

We want to adopt an approach that involves seeing the potential in individuals by valuing their skills and knowledge and building on their strengths. This approach does not ignore the challenges or the complexities of individual's needs.

Listening, learning and responding through co-production

We want to enable homeless people and those at risk of homelessness to decide their own solutions and not have something forced on them.

We want support workers to work in collaboration with people – helping people to do things for themselves. In this way, people can become co-producers of support, not passive consumers of support.

Working together, inclusively

We want to work together as a partnership to address homelessness. This will include partnership working between housing, health, social care, children's services, probation, the police and other agencies. The Homelessness Charter will enable other organisations to commit to its values and support the implementation of this strategy.

It's all about people

We want to adopt a person centred approach where the person is placed at the centre of the service and treated as a person first. Support should focus on achieving the person's aspirations and be tailored to their needs and unique circumstances.

4. Strategic Aims

Gateshead's strategic aims for the Homelessness and Rough sleeping strategy are as follows:

Aim 1: Make homelessness a rare occurrence

Aim 2: Homelessness to be as brief as possible and result in positive outcomes

Aim 3: No-one sleeping rough or in unsuitable accommodation

Aim 4: Homelessness is a one-off occurrence

The key to achieving these aims is through partnership working. Gateshead is working towards a Connected Services Model to delivering housing and homelessness services. This is an innovative approach that connects the council and partner agencies, working collaboratively across housing, homelessness and linked support services to build positive outcomes for residents in Gateshead.

The table below provides a breakdown of the 2,007 households who were assessed as being owned a homelessness duty by Gateshead during 19/20.

Threatened with homelessness - Prevention duty owed	1,609
Homeless - Relief duty owed	468

Aim 1: Make homelessness a rare occurrence

Prevention

This strategic aim is about early intervention to prevent homelessness and make this event a rare occurrence.

To ensure that we can target our interventions we need to understand the causes of homelessness in Gateshead. As part of the process of developing this strategy we have collected and analysed data for the homelessness review.

The analysis of the data shows there are multiple causes of homelessness including domestic abuse, discharge from the armed forces, loss of employment, relationship breakdown, family disputes, mental health problems and substance misuse.

Domestic violence is a primary cause of homelessness, followed by friends or family no longer willing, or unable, to accommodate. 475 households were owed a homelessness duty during 19/20 due to experiencing domestic abuse and 345 households due to family and friends no longer willing, or unable, to accommodate. Ending private rented tenancies is another significant reason for homelessness affecting 282 households.

We also need to understand the barriers and causes of homelessness from the person's perspective including finding triggers to understand early intervention. Such indicators could include incidences of ASB, overcrowded households and criminal activity. Gateshead could

develop a number of indicators to enable early interventions. There is also scope to include the risk of homelessness as central part of safeguarding, for instance the checklist of issues.

Some individuals will only require access to accommodation while others will require support as well as accommodation. It is essential that those who require support receive appropriate services, including supported housing if required, to break the cycle of homelessness.

There were 1,283 households with one or more support needs owned a homelessness duty during 19/20. Mental health issues were the most significant support need related to homelessness with 676 households having a history of mental health problems.

Continued investment in floating support is required to enable tenancy sustainment and prevent homelessness. Floating support can be either provided at the point an individual moves into a tenancy to support their transition to independence, or to intervene where an existing tenancy is failing. As floating support is tenure neutral it can be provided to people who are risk of homelessness in all types of tenure.

There needs to be timely interventions at points of transition for those who are homeless e.g. leaving care, release from prison, discharge from hospital, discharge from the armed forces. Protocols are an important mechanism for providing clarity about the responsibilities of different agencies. Although there are existing protocols in place in relation to the Duty to Refer, further awareness raising may be needed so that partners use the Duty to Refer.

There needs to be prevention and early intervention in relation to domestic abuse to prevent homelessness. The option of remaining at home with extra security needs to be considered, as well as adopting a broader approach to preventing domestic abuse e.g. public education. Currently Gateshead funds security features although the funding available is only short term.

An electronic directory of services will enable the public and professionals to search for accommodation and support services. An electronic directory should include the full range of community services, as well as those provided or commissioned by the local authority[1].

Making the Council's front door as accessible as possible, for those who are homeless or at risk of homelessness, will be essential. This may include publicising the Housing Options service and how to access it.

Many of the actions set out below are dependent on our partners. We will encourage our partners to sign up to Homelessness Charter which will help ensure that they make a commitment to the implementation of this strategy.

Actions

1.	➢ Providing flexible responsive services at an early stage including housing advice - the front door needs to be open to meet people's needs and to direct them quickly.
2.	➢ Mapping services to develop an electronic directory so that the public and professionals know what is available to enable early intervention.

[1] for example, www.thelivewelldirectory.com

3.	➢ Promote the Homelessness Charter to enable partners to become more engaged with the prevention of homelessness.
4.	➢ Work with partner RPs and other landlords to prevent evictions and tenancy breakdowns, including those in supported housing.
5.	➢ Develop the private sector homelessness prevention model including reviewing pathways, processes and outcomes.
6.	➢ Develop clearer pathways into accommodation and support which read across to the allocation process.
7.	➢ Timely interventions for people in transition from prison, hospital, leaving care and the armed forces to prevent homelessness.
8.	➢ Increase the awareness of partners to use existing protocols in relation to Duty to Refer to ensure that these agencies are working together with the Council.
9.	➢ Develop Protocols with health to assist with prioritising access to substance misuse and specialist mental health services for those who are homeless and in temporary accommodation/supported housing and for those who require wrap around support in mainstream housing.
10.	➢ Early intervention and prevention of homelessness in relation to domestic abuse – including providing mainstream funding to enable households to remain at home with extra security and outreach support.
11.	➢ Feed into the locality review to ensure that housing and support services are developed to best meet local needs in terms of homelessness prevention.
12.	➢ Work in partnership to ensure that assessments are not being duplicated and services are connected.
13.	➢ Develop a simple set of indicators to enable early intervention where there is a potential risk of homelessness
14.	➢ Use data to understand why people have given up their tenancy, to build up a better overall picture of early intervention
15.	➢ Proactive work to intervene early to prevent homelessness including work with schools

How will we measure success?

- No one is homeless when they leave a state institution, such as prison or the care system.
- Everyone who is immediately threatened with homelessness gets the help that prevents it from happening.
- Everyone known to be at greater risk of homelessness due to affordability or vulnerabilities is proactively targeted with advice & support to reduce the possibility that they become threatened with homelessness at an earlier opportunity than 56 days.

Aim 2: Homelessness to be as brief as possible and result in positive outcomes

Access to housing and support services

This strategic aim is about intervening quickly to provide appropriate accommodation and support for those who are homelessness. To achieve positive outcomes the right accommodation and support will need to be provided at the right time.

Gateshead currently has a combination of commissioned, non-commissioned and internally provided housing and support services. The homelessness review has identified that there is a lack of appropriate housing and support options for people with multiple complex needs and with challenging behaviours and lifestyles. There are also considerable difficulties with placing MAPPA clients in supported accommodation.

Individuals with multiple complex needs and challenging behaviours can end up being inappropriately placed in mainstream social housing. Their behaviours spill into the community and cause anti-social behaviour. Breaking the cycle becomes difficult as individuals often re-present themselves to the Council as homeless.

Gateshead will use the data from the homelessness review to inform a recommissioning process for housing and support services, including appropriate provision to meet those with multiple complex needs. Internal provision will also need to be remodelled to provide a better fit.

The purpose of supported housing will be to prepare individuals to become 'tenancy ready' and Gateshead will produce guidance on this issue as part of the recommissioning process. Once individuals are 'tenancy ready' they will be able to move onto mainstream general needs housing.

Some individuals will be able to move directly into mainstream housing with the right level of support. Where individuals with support needs have moved into mainstream accommodation, or are already living in mainstream accommodation, we intend to provide floating support services that incorporate comprehensive tenancy training. For those with the most complex needs Gateshead will explore the Housing First model.

The private rented sector is an important option for moving out of homelessness. We will work with the private rented sector to remove barriers to those who are homeless or potentially homeless.

As part of the recommissioning process, we will develop a contract management framework that will include monitoring the number of referrals received, the number accommodated, the level of risk and other KPIs. The framework will also monitor outcomes including the number who become 'tenancy ready', the number who make planned moves and the number who engage with health services.

The homelessness review has set out proposals for a new Gateway to housing and support services. This Gateway will involve the assessment and placement of homeless households in commissioned housing and support services. This arrangement will also be extended to internal services and non-commissioned services, where possible.

Gateshead is working towards a Connected Services Model to delivering housing and homelessness services. This is an innovative approach that connects the Council and partner agencies, working collaboratively across housing, homelessness and linked support services to build positive outcomes for residents in Gateshead. This type of partnership can focus on challenges and design operational service delivery models that meets the challenges.

The Connected Service Model includes five core elements. Each of these elements will help Gateshead move from a reactive to proactive provider, focused on prevention and collaborative working with other services, partner agencies, the third sector and other housing providers in Gateshead. The 5 core elements of the Connected Services Model are as follows

1. **Multidisciplinary working in localities -** Embedding strong joint working between housing workers, colleagues from Health and Adult Social Care Services and wider partners we are aiming to reduce handoffs and create a more collaborative approach when providing support on individual cases.
2. **Multi-agency strategy group -** Establishing a forum for leaders across services and partner organisations that meets regularly, so we can address collective challenges using data and insights and discuss strategic priorities that will help people in need and inform the long-term strategy.
3. **Holistic Advice, Homelessness and allocations Service** – Ensuring that frontline teams work as an integrated delivery team, to assess people's situations in a holistic way, providing advice and bringing them into contact with the right support services, including the development of joint support plans. We are aiming to pull on services and support, not refer.
4. **Insights, Innovation & Partnership -** Collecting qualitative and quantitative data about people's needs in Gateshead so we can work at all levels from predicting tenancy sustainment to modelling future housing and support needs in Gateshead.
5. **A Single Gateway that oversees access to emergency and short term temporary accommodation as well as commissioned supported housing in Gateshead** – with the Housing Options service overseeing access, eligibility and move on activity linking with the range of housing and support providers operating in Gateshead in order to deliver sustainable housing and support solutions.

Actions

1.	➢ Carry out a needs analysis using the data generated from the homelessness review, as well as other data, to identify the types of supported accommodation and support services required, particularly for people with multiple complex needs and those subject to domestic abuse.
2.	➢ Review and remodel existing floating support services (both internal and commissioned) to match the levels of needs identified.
3.	➢ Review and remodel existing accommodation based services to match the needs identified.
4.	➢ Consider introducing a Housing First model for those who have been the most difficult to engage, with wrap around support in independent housing.
5.	➢ Develop service specifications for those services that are to be commissioned including Psychologically Information Environment (PIE) principles for those with complex needs to provide a trauma informed approach to support.
6.	➢ Carry out a commissioning exercise to source the types of supported accommodation and support services required as a result of the needs analysis, in particular services for people with multiple complex needs including MAPPA clients.
7.	➢ Introduce a contract monitoring/performance management framework to provide KPIs and to monitor the outcomes of supported accommodation and support services, both commissioned and internal, to ensure a pathway to independence.
8.	➢ As a result of the needs analysis identify any gaps and to work with strategic partners and housing providers to develop new provision and to access future funding opportunities.
9.	➢ Continue to develop a Connected Service Model to ensure collaborative working with partner agencies.
10.	➢ Develop a pathway into commissioned accommodation and support services through a new Gateway to ensure that those most in need are targeted at appropriate services.
11.	➢ Developed a person centred approach to ensure that individuals are placed in the right accommodation at the right time.
12.	➢ Develop a 'tenancy ready' framework for commissioned services to ensure that individuals remain in supported accommodation for right length of time with the right support to become tenancy ready.
13.	➢ Enable individuals to access permanent accommodation directly, with appropriate support, where a supported housing environment is not considered the right solution.
14.	➢ Ensure consistent support along the pathway including support where an individual does not go through a supported housing pathway.
15.	➢ Provide access to personal budgets so that individuals can source furniture and white goods when they move into permanent accommodation.
16.	➢ As part of the review of the allocations policy ensure that appropriate permanent housing is allocated to those who are owed a homelessness duty.
17.	➢ Work with Registered Providers to provide access to housing for homeless

	people in mainstream general needs housing.

How will we measure success?

- A greater proportion homeless people with multiple complex needs are placed in supported housing or are in receipt of support services.
- An increase in the number of planned moves from supported housing to independent housing as a result of preparing individuals to become 'tenancy ready'.
- The introduction of a new homelessness pathway that matches needs with accommodation and support and results in positive outcomes.

Aim 3: No-one sleeping rough or in unsuitable accommodation

End rough sleeping and the risk of rough sleeping

This strategic aim is about ending rough sleeping in Gateshead so that no-one is bedded down on the streets. It is also about intervening to prevent those who are at risk of rough sleeping ending up on the streets due to living in unsuitable accommodation.

The number of people rough sleeping in Gateshead is very low. The street counts for the past two years have found zero rough sleepers and a review of the homelessness data for 19/20 found that 20 rough sleepers were owned a relief duty. Gateshead has commissioned outreach services linked to rough sleeping, which has adopted a proactive approach over the past two years to moving people off the streets.

There is, however, a significant cohort who are at risk of rough sleeping and are part of the street population. This cohort has multiple complex needs including mental health and substance misuse problems and most are sofa surfing or living in other unsuitable accommodation. As today's sofa surfers may become tomorrow's rough sleepers, all partners need to be involved with this cohort.

The main agencies in Gateshead involved with rough sleepers, or those at risk of rough sleeping, have found that the most effective approach to addressing these needs is to case manage on an individual basis. This involves adopting a personalised approach to understanding the history of individuals, with organisations coming together to case manage the next steps.

There are significant issues with accessing mental health support for those who have drug and alcohol problems. The mental health services are not set up for rough sleepers and those at risk of rough sleeping, as these individuals do not keep appointments and often need out of hours support.

Strong partnerships are needed to address the needs of those who are rough sleeping. A prototype Connected Services partnership approach has been developed in relation to the hub for people at risk of homelessness or are rough sleeping. This involves a partnership that includes:

- Oasis Community Housing (drop in centre)
- Housing and Homelessness Services – 2 homelessness officers
- Northumbria Police
- Nurse Practitioner
- Mental health link worker (part funded by Housing)
- Link to DWP

We have identified a need to provide crisis accommodation for those who are rough sleeping or are risk of rough sleeping. This crisis accommodation needs to be provided as self-contained units due to risks around Covid.

Actions

1.	➢ Work in partnership with health to better address the health needs of rough sleepers and those at risk of rough sleeping including access to primary care
2.	➢ Further develop the prototype Connected Services model for providing a co-ordinated response to rough sleeping and those at risk of rough sleeping in partnership with other agencies.
3.	➢ Continue to develop a personalised case management approach to rough sleepers and those at risk of sleeping rough so that bespoke solutions can be developed.
4.	➢ Develop a Regional Reconnections protocol with other local authorities in the region, where rough sleepers are reconnected to the authorities with which they have a connection.
5.	➢ Ensure sufficient provision of appropriate 24/7 crisis accommodation for a diversity of needs to prevent homelessness and rough sleeping and to reduce reliance on B & B.
6.	➢ Develop a protocol with social care colleagues for those rough sleepers that are likely to be eligible under the Care Act and for those with no recourse to public funds (NRPF).
7.	➢ Provide outreach support to people in very insecure accommodation who are at risk of rough sleeping

How will we measure success?

- No one sleeping rough on the streets
- No one forced to live in transient or dangerous accommodation, such as tents, squats & non-residential buildings
- No one living in emergency accommodation, such as shelters & hostels, without a plan for rapid rehousing into supported accommodation or affordable, suitable & sustainable homes

Aim 4: Homelessness is a one-off occurrence

End repeat homelessness

This strategic aim is about preventing repeat homelessness and breaking the homelessness cycle.

The recommissioned homelessness pathway will need to identify the most appropriate housing and support options for those who are homeless or at risk of homelessness. Placing people in inappropriate accommodation can lead to repeat homelessness. For example, living in shared supported housing may exacerbate the support needs of some individuals.

Rehousing homeless people quickly into mainstream housing does not necessarily lead to tenancy sustainment, as a quick offer may not be in an area of choice. Also placing people into mainstream housing who have multiple complex needs without appropriate support may result in tenancy breakdown.

There is an opportunity, with the development of a tenancy strategy, to look at what Gateshead is doing in terms of escalating those new tenancies for someone with a history of mental health problems, substance misuse or offending. This process can ensure that tenancy sustainment is being monitored and support put in place if required.

Sustainable accommodation can be provided to individuals in different ways. For some it may only require regular phone calls to provide reassurance, for example due mental health issues. For others it may require regular visiting support that can be provided flexibly depending on needs.

The provision of floating support services is essential for those who have moved into a tenancy and have support needs, or those who are already a tenant and are at risk of homelessness. Floating support can intervene to prevent homelessness and can step up or step down depending on support needs.

Although Gateshead has a family mediation service for young people aged 16-17, there is an issue with other young people becoming homeless due to disputes with parents. A mediation service could be joined up with homelessness services for young people over the age of 18. Also, young people can move back to the family home due to financial hardship and this may result in a challenging situation, where mediation could intervene.

Repeat homelessness can be prevented through partnership working between agencies e.g. housing, adult social care, children's services and probation. Sharing of information will be important to this process including the use of information sharing protocols. The Duty to Refer process is also an important part of the process of preventing repeat homelessness.

We want to support homeless people into employment and other meaningful activities. Gateshead is already strategically involved with employment development opportunities in the Borough. This includes the front door of Working Gateshead, as well as opportunities related to projects such as gardening. Access to learning new skills is available, including numeracy and literacy. Due to the recovery from Covid there have been increased employment vacancies and the key issue is to enable homeless people to engage with the opportunities that are available.

We can learn from those with experience of homelessness to understand what works and how we could do better. This experience can be used to co-produce services to make homelessness a once off occurrence and to prevent homelessness occurring in the first place.

Actions

1.	➢ Ensure the availability of floating support for those who are at risk of losing their tenancy as well as those who move on from supported housing to independent accommodation.
2.	➢ Develop a private sector accommodation and support model for ex-offenders including the options of living in their own flat as well as shared housing if required (to reduce isolation)
3.	➢ Implement Changing Futures homelessness model and further develop a homelessness prototype for those with complex needs.
4.	➢ Work with partners to prevent homelessness due to domestic abuse and ensure rapid rehousing for people who are made homeless due to domestic abuse.
5.	➢ Develop best practice for supported housing and floating support to enable people to learn the life skills to sustain their tenancies.
6.	➢ Enable previously homeless people, and those at risk of homelessness, to access employment and learning opportunities, including supporting engagement with the Work in Gateshead front door and any initiatives through the community renewal fund.
7.	➢ Explore whether the Council's mediation service can be extended to young people over the age of 18.
8.	➢ Review the pathways for homeless people with multiple or complex needs including mental health and dual diagnosis to improve customer journey
9.	➢ Listen to and acknowledge the views of those with lived experience of homelessness and use these to co-produce services

How will we measure success?

- A reduction in the number of tenancy breakdowns of those who have been subject to a homelessness duty.
- A reduction in the number of people owed a duty as a result of repeat homelessness.
- The number of tenancies sustained/disputes resolved where individuals have previously been homeless.

5. Implementation

We will produce a delivery plan with our partners, which will be made up of plans for each of the 4 strategic aims outlined in this strategy. We have a shared commitment across our key partners and stakeholders to support the delivery of this strategy, as the achievement of our vision depends on their contribution.

As part of the delivery process, we will agree a commissioning strategy, which will include a new pathway model and systems change.

The Strategic Housing Board and the Health and Wellbeing Board will have oversight of the implementation of the strategy and will monitor and review progress.

Gateshead Council and the Housing Providers Partnership will jointly own the strategy. The intention is to establish a Homelessness Forum under the auspices of the Housing Providers Partnership to be responsible for delivery and it will include other partners. A project team will be established to drive the changes and lead partners will be identified for the delivery of specific actions.

GATESHEAD'S HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2022-2027

OUR VISION

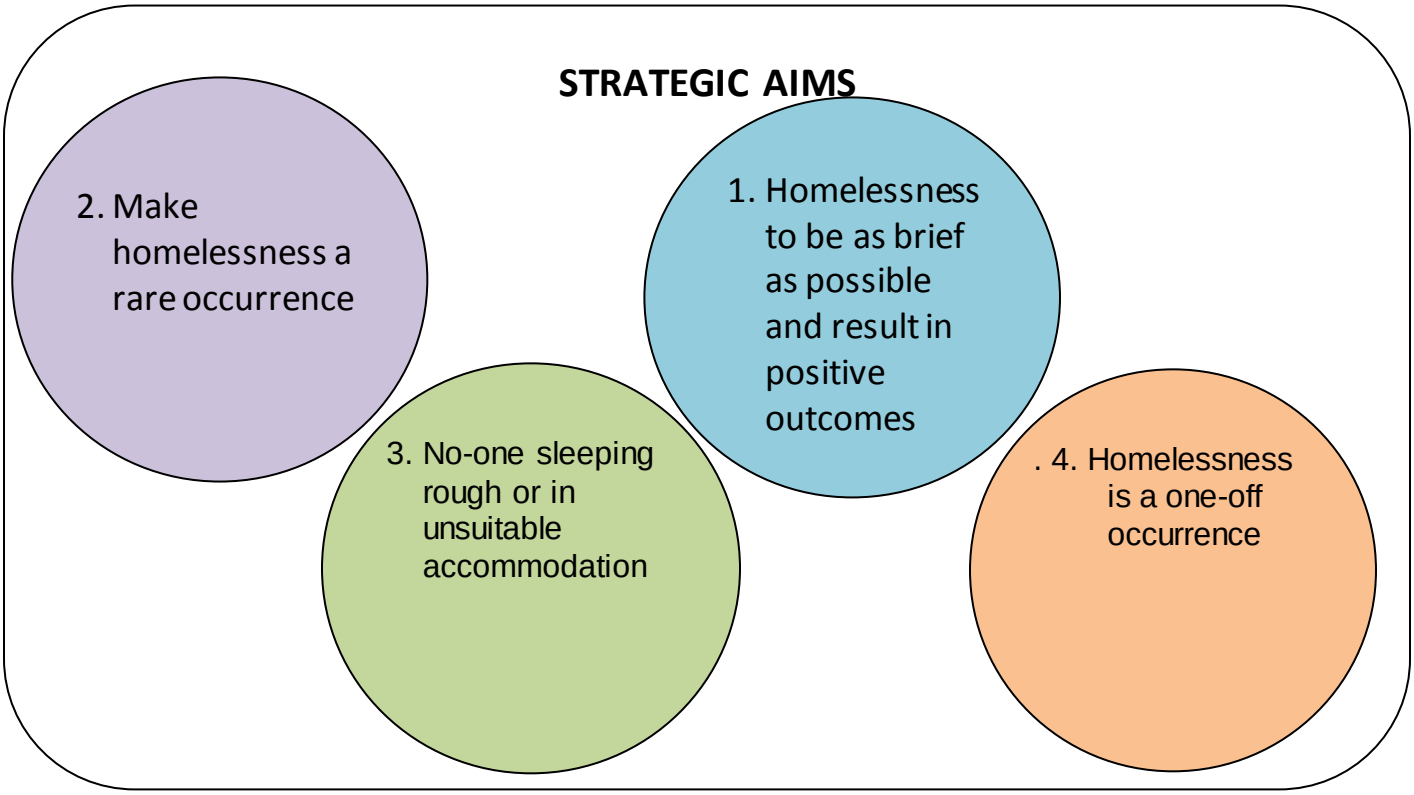
To prevent and end homelessness, in all forms, in Gateshead

VALUES

- Delivering on the rights and needs of those who are homeless or at risk of homelessness
- Listening to those with experience of homelessness
- Enabling a personalised approach
- Providing high standards of communication, co-ordination and consistency in decisions
- Being fair and transparent

PRINCIPLES

- Seeing potential working with strengths
- Listening, learning and responding through co-production
- Working together, inclusively
- It's all about people



A new Homelessness Charter for Gateshead

1.0 Introduction

Campbell Tickell were asked to support the council with the development of a new Homelessness Charter for Gateshead.

Homelessness Charters are an increasingly popular method of capturing and galvanising the energy and interest of residents, businesses, landlords, charities, faith groups and other partners in working with the council on its aim to prevent and end homelessness. Unlike more detailed plans and strategies, a Charter can be more accessible, more interactive, and used as a 'call to action'. It can also provide a focal point for offers of help, and/or for people to find out more about local efforts to tackle homelessness. The launch of a Homelessness Charter in an area can often bring welcome attention to the issue, whilst also creating new partnerships and interest.

The work undertaken by Campbell Tickell involved:

- Reviewing existing Charters from across England (including Liverpool, Manchester, Leeds, Leicester, Exeter, Colchester, Southwark, and Bournemouth),
- Drafting the text and pledges and working with internal and external stakeholders to refine them,
- Testing the suggested pledges with homeless people from across various local homelessness services, and:
- Determining the best way of underpinning the Charter's promises so that anyone engaging with it can be sure of a response that matches their desire for more information or wish to be involved.

Homelessness Charters range in content and design from 8 page densely written statements of planned actions (essentially narrative plans) to very high level and very short statements of intent.

Almost all of them allow people engaging with the Charter to sign up to support it, usually by filling in a form (like an online petition) or sending an email and joining a mailing list.

More than half of those reviewed were web-based and occupy a landing page and, underneath that, a page of content and links if people want to offer support. The remainder were in the form of a downloadable pdf or Word document of between 1- 6 pages.

There are advantages to a shorter Homelessness Charter, as people might find it easy to engage with, but just stating a desire to end homelessness – without any further information about the council's aims and intentions – might leave people wondering what commitment the council and its partners were actually making to achieve the stated goal. On the other side, those consulted did not want a 6 page narrative which was inaccessible in language, not engaging to a wider audience who were not already well versed in the detail, and which would quickly go out of date as strategic priorities shifted or planned actions were superseded.

The suggested format set out below is reflective of stakeholder and service user feedback. Subject to the Board's feedback and approval, the Charter could be in place fairly quickly – it simply requires some web and design team input. An early launch event might draw attention in a helpful way to the wider work the council and its partners are doing to develop a new Homeless and Rough Sleeping

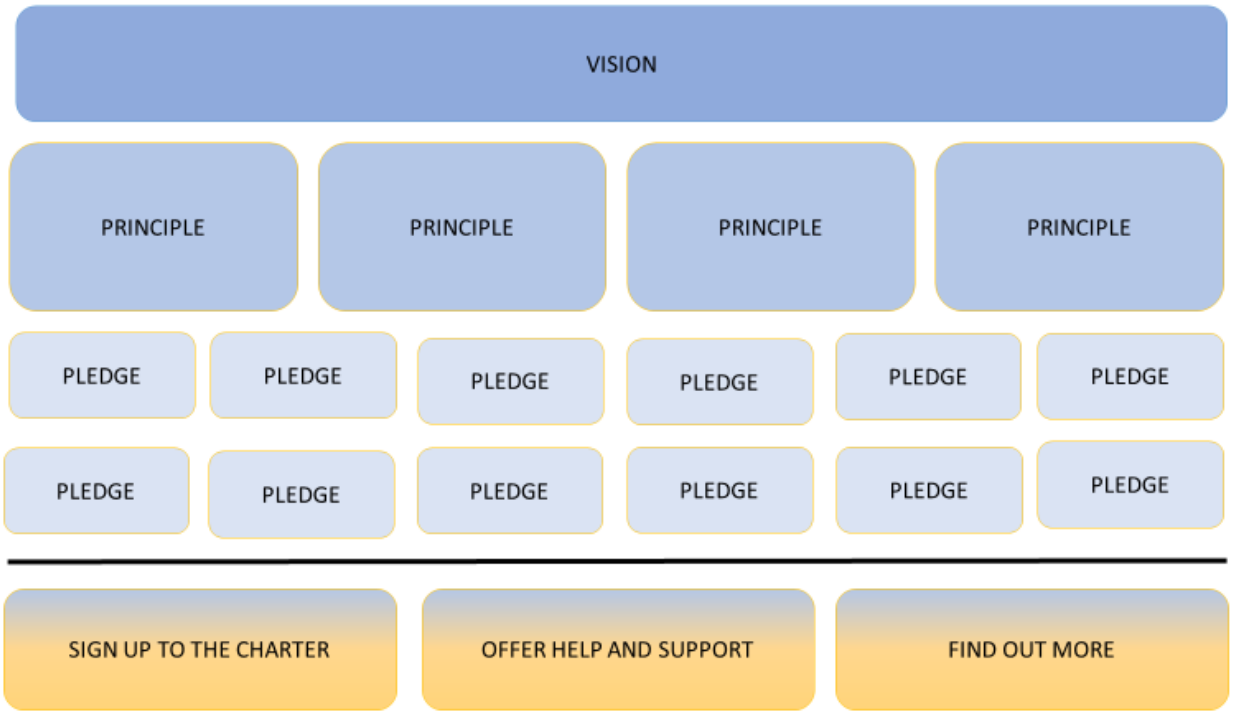
Strategy whilst also generating some useful partnerships and support for the intended goal of preventing and ending homelessness in all its forms.

2.0 The Gateshead Homelessness Charter

The Gateshead Charter is accessible, and easy to engage with, but it also contains a clear statement of intent, values and commitments ('pledges') of sufficient detail that people reading it would be clear on what the council and its partners understood to be the most important factors in preventing and ending homelessness.

2.1 Basic Architecture

As the diagram below shows, the architecture of the Charter is simple and logical. A statement of vision and values will be underpinned by 12 detailed pledges. Sited on both the landing page and the page detailing the pledges, will be an opportunity for anyone viewing the Charter to click through to sign up to supporting the Charter, find out more about the issue and/or offer help or support. The signing up process will enable supporters to be identified as individuals, agencies or businesses.



2.2 Landing page

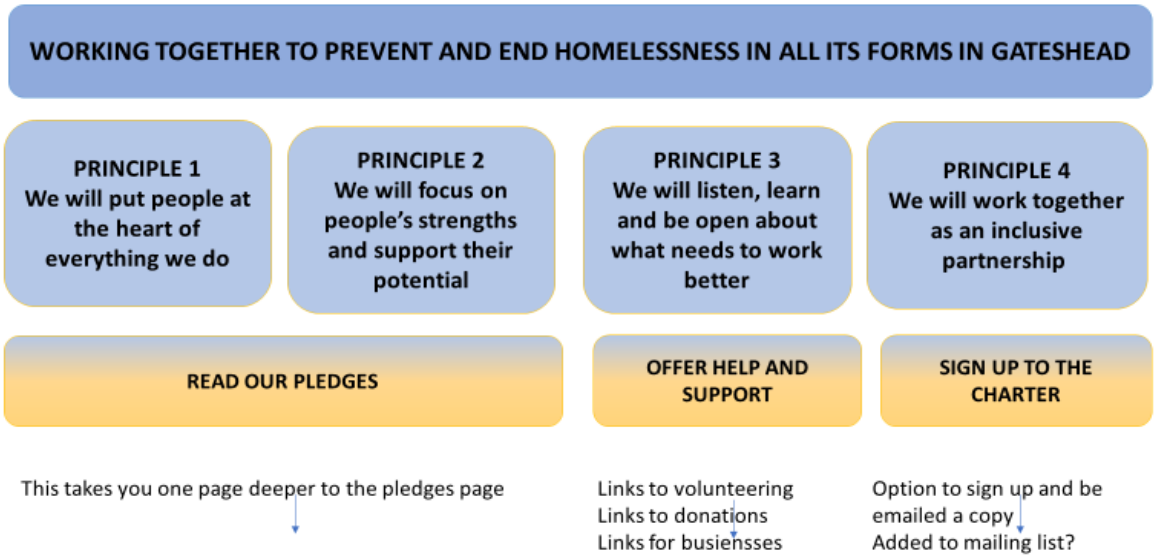
This page would contain a short narrative introduction:

Gateshead council is committed to preventing and ending homelessness in all its forms. We know that to achieve this, we need to be ambitious, collaborative and focused.

The Gateshead Homelessness Charter has been developed to support the delivery of our plans to prevent and end homelessness. It has been co-produced with homeless people, service providers, and a wide range of stakeholders from within and outside the council, including health partners and landlords. It sets out our vision, principles and commitments.

We invite you to sign up to the charter, and to show your support for our ambition of preventing and ending homelessness in Gateshead.

And a visual representation of Gateshead's vision and core principles as per the slide below:



2.3 The pledges

The pledges were developed with input from internal and external stakeholders (including local homelessness providers, and the Collective Impact Agency) and current users of Gateshead homelessness services (including the refuge). Feedback was gathered through a mixture of meetings and survey responses. Most of the feedback received, and changes made as a result of the consultation, related to ensuring the language was as inclusive, clear and strengths-based as possible.

There was strong support for the number of pledges and the topics covered. The pledges relate to homelessness, because they are included within the Homelessness Charter, and many of them are specific to housing or the offer of appropriate, preventative support. But many of the pledges and

commitments – to listen, to work collaboratively, to focus on people's strengths, to help people feel safe and to enable people to thrive – could apply in a much wider range of situations.

The intended set of pledges is as follows:

2.4 Supporting further engagement

Most of the Charters reviewed in the course of this work included an option for further engagement, even if this was fairly limited, and it is clearly beneficial for the council to use the Gateshead Homelessness Charter to do more than simply communicate a set of intentions or commitments.

As stated already, the Charter is an opportunity to promote a better understanding of homelessness, raise the profile of existing work and services put in place to end homelessness, make it more likely that homeless people get the support they need, promote volunteering, raise funds, and get help from businesses that may range from sponsorship to employment or training opportunities.

It is therefore recommended that individuals, charities, faith groups, businesses, or anyone else sufficiently interested to read and sign up to the Charter, should be given an opportunity to engage further. The recommended methods and options are set out below:

SIGN UP TO THE CHARTER	OFFER HELP AND SUPPORT	FIND OUT MORE
The engagement offered: • An online form which can be signed to show support for the Charter. The signatory would get something returned to them by email thanking them for their support. • The online form should capture details of who is signing, where they live, what agency they are from (if relevant), whether they are a business, and give the option to click through to offer support or donate. • Businesses should be invited to leave their details for a follow up conversation.	The engagement offered: • Links included to a list of local services that have volunteering options. • A link to Streetlink app/website where people can report seeing a rough sleeper who needs help: https://www.streetlink.org.uk/ • A link to the fundraising page of various local charities (Option 1) • A link to a Go Fund Me or Just Giving page for donations for a named purpose (Option 2) • A link for businesses if they want to do more	The engagement offered: • Link to the main strategy • Link to the Council's homelessness pages on website • Links to new gateway/portal/marketplace • Links to national charities (Crisis/Shelter/Homeless Link) • Links to local charities, especially where they have suitable content highlighting the experiences of homeless people • Links to Homelessness Forum pages/details (once established)

For the council, most of the suggested forms of engagement are easy to facilitate and automated. Where they are a little more labour-intensive (ie: following up with interested businesses), there are existing plans to engage someone to do this. Management of the web pages and a mailing list will require some input/management (especially around GDPR compliance), but this is not onerous.

The issue that requires further thought (and a decision) relates to fundraising and the options that exist regarding this. Across the eight Charters reviewed, the methods used varied, but they can be grouped as follows:

i. Provide no option or opportunity to raise funds or donate. (Southwark)

ii. Link people to homelessness charities in the area who are already set up to accept donations. (Leeds, Colchester and Bournemouth). This is the simplest approach as it requires no additional resourcing, but the council doesn't get any say over what the money is used for, and the processes for donating to the individual charities may not be straightforward.

iii. Choose a partner to receive and disburse funds generated as a result of people interacting with the Charter. This can also be used for any other funds raised, eg, via an alternative giving campaign. This is the approach taken by Leicester, who have a specific Give Leicester site to manage donations and offers of help. It is funded by the local Business Improvement District and the council. Manchester have an established charity managing donations and giving out grants (activity funded by them) and Exeter have a Homelessness Foundation undertaking the same role, along with a range of other activities. This is funded by the Big Lottery Fund.

iv. The council collects the money for a designated purpose, but has to administer this. It could be as simple as setting up a Just Giving page with a designated stated intention for the funds or it could be allied to a grant making function. The latter has the potential to be resource-intensive, especially given that the scale of donations may not be large. None of the examples looked at took this approach.

It is fair to say that options i -ii seem more targeted on individual donors, presumably because they are simpler and councils know they are unlikely to collect large sums of money. There is usually a different approach taken to working with businesses and websites/charters tend to signpost them to a council officer. Interestingly, the Liverpool Homelessness Charter is exclusively focused on engaging businesses. Given that the offers that businesses can make may be more complicated and long-standing – ie: sponsorships, ETE opportunities, strategic partnerships – it makes sense that these are handled by the council and not be charitable partners, where these exist.

Given the simplicity associated with setting up and administering a Just Giving (or equivalent) donations page, there is no reason why the council could not consider this, Choosing a charitable aim that is likely to attract wide support, and which adds value rather than being seen to be a core or existing council responsibility, may cover off any concerns that charities might express about the council competing with them for donations.

3.0 Next steps

After signing off the contents of the Charter, some work will be needed to:

i) Decide where to locate it within the council's existing website (or agree to set up a mini-site outside of the council's main website)
ii) Design the pages as per the agreed architecture and layout so as to look attractive and promote ease of use
iii) Agree on the donations option
iv) Test with stakeholders
v) Launch the Charter

Expanding minds, improving lives:

NEWCASTLE AND GATESHEAD

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & EMOTIONAL WELLBEING TRANSFORMATION PLAN 2021-2022

Our Joint Vision, Principles and Plan

Newcastle City Council

NHS Newcastle Gateshead Clinical Commissioning Group

Gateshead Council

Contents

Acknowledgements

To all our children, young people, parents, carers and professionals who engaged with us during our listening and co-production phases.

To all of the organisations and groups who helped us make such a success of the listening and engagement to ensure we heard from our communities in order to develop an effective sustainable model that meets their needs.

This includes the stakeholders involved in the development of this 2021/22 refreshed plan, listed at 26.1, Table 9, page 35.

To accompany the review, the action plan is included at Appendix 1. This is an iterative plan and is updated regularly on the CCG website.

The refreshed document will be published on the CCG and Local Authority websites by 1ST September 2021, in line with the requirements set out by NHS England.

1. Introduction

1.1 This document sets out the 2021-22 Children and Young Peoples Mental Health and Wellbeing transformation plan for Newcastle and Gateshead, in line with the national ambition and principles set out in Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing1.

1.2 A requirement of Future in Mind is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.

1.3 In response, the Newcastle and Gateshead Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan 2021-22 has been developed; building on the foundations of the overarching plan, 2015-20 and the 2018 refresh of children and young peoples mental health and well-being and the 2018 green paper transforming children and young peoples mental health provision'

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council ("the Partners") have been working together with our communities and stakeholders to understand and plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead.

1.4 Our Transformation Plan is a living document and sets out our commitment to ensure that children and young people and their families, and professionals working in the field, were at the heart of the transformation, by ensuring the views and experiences of those who have, are or may use services and those who deliver them were listened to and respected. This plan describes how we have achieved this over the last three years and identifies actions which are ongoing in their implementation (See Appendix 1 Action Plan 2017/2019 updated July 2021 and Appendix 1a Risk Log).

1.5 The covid-19 pandemic has clearly impacted on the work that has taken

1 Department of Health NHS England (2015) *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*

place in 2020 and 2021 and led to a number of changes in work prioritisation and progress; we will endeavour to demonstrate the opportunities that have been realised from the pandemic as well as the increased demand and need for CYP mental health and mental well-being services that have resulted from this life-changing event.

2. What is the Children and Young People's Mental Health and Wellbeing Transformation Plan?

2.1 The transformation plan provides a framework to improve the emotional wellbeing and mental health of all children and young people across Newcastle and Gateshead. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.

2.2 The plan sets out a shared vision, high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.

2.3 Successful implementation of the plan will result in:

- An improvement in the emotional wellbeing and mental health of all children and young people.
- A multi-agency approach to working in partnership, promoting the mental health of all children and young people, providing early intervention and meeting the needs of children and young people with established or complex problems.
- All children, young people and their families will have access to local mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

This plan has been developed by a multi-agency group. The providers and stakeholders involved in the development of the plan are listed in section 26.

2.4 Action plans have been informed by the available health needs assessment and reflect the Newcastle and Gateshead Joint Strategic Needs Assessments and Health and Wellbeing Strategies.

3. National Policy Context

3.1 National policy over recent years has focused on improving outcomes for children and young people by encouraging services to work together to

protect them from harm, ensure they are healthy and to help them achieve what they want in life.

3.2 In regard to improving outcomes for children and families, No Health without Mental Health2 published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.

3.3 Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing, responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together the direction of travel from preceding reports, engages directly with children, young people and families to inform direction and the evidence base around what works.

3.4 The report introduction includes a statement from Simon Stevens, Chief Executive Officer of NHS England in which he stated 'Need is rising, and investment and services haven't kept up. The treatment gap and the funding gap are of course linked'. The report also emphasises the need for a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.

3.5 The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wished to see (2020). These are:

i. People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.

ii. Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children's services to adult services.

iii. More use of therapies based on evidence of what works.

iv. Different ways of offering services to children and young people. With more funding, this would include 'one-stop-shops' and other services where the majority of what young people need is under one roof.

v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.

2 No Health without Mental Health (2011) HM Government

vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.

vii. A better kind of service for the most needy children and young people, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.

viii. More openness and responsibility, making public numbers on waiting times, results and value for money.

ix. A national survey for children and young people's mental health and wellbeing that is repeated every five years.

x. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

3.6 *Future in Mind* identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. The themes are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – moving towards a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

3.7 The report further sets out 49 recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

3.8 One of the recommendations is specific to implementing the *Crisis Care Concordat*[3] – an agreement between police, mental health trusts and the ambulance service to drive up standards of care for people, including children and young people experiencing crisis such as suicidal thoughts or significant anxiety.

3.9 *Future in Mind* also refers to the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT). This is a service transformation programme that aims to improve existing Child and

3 HM Government Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

Adolescent Mental Health Services (CAMHS) working in the community[4]. The programme works to transform services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. It is different to Adult IAPT as it does not create standalone services. The programme began in 2011 and has a target to work with CAMHS that cover 60% of the 0-19 population by March 2015.

3.10 The NHS Long Term Plan published in January 2019, restated the Government's commitment to deliver the recommendations in The Five Year Forward View for Mental Health and set out further measures to improve the provision of, and access to, mental health services for children and young people5.

4. Achieving Parity of Esteem between Mental and Physical Health for children

4.1 Parity of Esteem is the principle by which Mental Health must be given equal priority to physical health6. It was enshrined in law by the Health and Social Care Act 2012.

4.2 In our society mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

4.3 This plan contributes to the NHS ambition to put mental health on a par with physical health, in the following ways:

- Access to Services; appropriate waiting times must be established so that children and young people with mental health problems know the maximum waiting time for treatment as individuals with physical health problems do;

- Parity of Treatments; many psychological therapies are NICE approved and recommended but the NHS Constitution does not entitle people to them in the same way we are entitled to NICE approved drugs;

- Access to Crisis Care; children and young people using mental health services have 24/7 access to a crisis support.

5. Strategic Clinical Network

4 Children and Young Peoples IAPT Programme https://www.gov.uk/government/news/improved-mental-health-therapies-for-children

5 NHS Long Term Plan (2019) https://www.longtermplan.nhs.uk/

6 Centre for Mental Health

5.1 The Strategic Clinical Network focus on priority service areas to bring about improvement in the quality and equity of care and outcomes of their population, both now and in the future.

5.2 As an example, the Strategic Clinical Network Perinatal Mental Health working group, supported by the Maternity Clinical Advisory Group has been established to develop guidance for health professionals with regard to promoting woman's mental health and wellbeing during the perinatal period. This working group has developed a service specification and aims to gather simplistic data which will identify further need.

5.3 The Clinical Commissioning Group will take the opportunity to link into the Strategic Clinical Network Perinatal Mental Health working group for guidance to develop services to provide seamless support, to ensure women receive coordinated and continuous care. This work will support the model of local commissioning following the end of NHSE Transformation funding.

6. Local Policy Context

6.1 This transformation plan contributes to the delivery of local priorities detailed within Gateshead Joint Health and Wellbeing Strategy and Newcastle Wellbeing for Life Strategy.

6.2 These Strategies aim to inform and influence decisions about health and social care services across Newcastle and Gateshead so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

6.3 The transformation plan is also aligned with the NENC ICS Operational Plan 2020-22, which acknowledges the need to focus on mental health and wellbeing, including children and young people, particularly those in vulnerable groups (children in care, care leavers, children with special needs) and developing services to support this.

6.4 Delivery of this plan will also support the Newcastle and Gateshead 5 Year Forward View for Mental Health delivery plan which includes Mental Health Crisis Care Concordat and will align with the North East and Cumbria Transforming Care Programme and the developing Strategy for Autism Spectrum Disorders. This also supports the delivery of the government's national strategy for improving the lives of autistic people and their families and carers in England7

7 National strategy for autistic children, young people and adults: 2021 to 2026 https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026

6.5 The transformational work to improve services for children and young people also considers the plans developed to manage systems resilience. Attention is given to ensure that the children and young people's element of the whole population plans, are appropriate and fit with the transformation action plan.

7. Children and Young People's Mental Health: National Profile of Need

7.1 *Future in Mind* states 'Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation'.

7.2 Children and young people's mental health has never been so high on the public agenda. But it's vital that we have the basic facts if we are to see realised our vision of better mental health for all children, wherever they live, whatever their background or class.8 Information in key policy documents suggests:

- Common mental health issues, such as depression and anxiety, are increasing amongst 16–24-year-olds, with 19% reporting to have experienced them in 2014, compared to 15% in 1993. They are about three times more common in young women (26.0%) than men (9.1%) (McManus et al., 2016)
- One in six school-aged children has a mental health problem. This is an alarming rise from one in ten in 2004 and one in nine in 2017. (NHS Digital, 2020)
- About one in twenty (4.6%) 5–19-year-olds has a behavioural disorder, with rates higher in boys than girls. (NHS Digital, 2018)
- 75% of adults with a diagnosable mental health problem experience the first symptoms by the age of 24. (Kessler et al., 2005; McGorry et al., 2007)
- 70% of children with autism have at least one mental health condition. (Simonoff et al., 2008)
- There is an average 10-year delay between young people displaying first symptoms and getting help.
- There is an average 10-year delay between young people displaying first symptoms and getting help

8 Centre for Mental Health. 2021. https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf

- Refugees and asylum seekers are more likely to experience poor mental health (including depression, PTSD and other anxiety disorders) than the general population. (Mental Health Foundation, 2016)
- Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%. (Morrison Gutman et al., 2015)
- Self-harm is more common among young people than other age groups. 25% of women and 9.7% of men aged 16-24 report that they have self-harmed. (McManus et al., 2016)

7.3 Certain risk factors can make some children and young people more likely to experience mental health problems than others. However, this doesn't mean a child will definitely or probably go on to have mental health problems9. These factors include:

- having a long-term physical illness;
- a parent who has had mental health problems, problems with alcohol or has been in trouble with the law;
- the death of someone close to them;
- parents who separate or divorce;
- experiencing severe bullying or physical or sexual abuse;
- poverty or homelessness;
- experiencing discrimination;
- caring for a relative, taking on adult responsibilities;
- having long-lasting difficulties at school.

7.4 The following data is taken from the PHE Fingertips Tool which includes the use of Child and Maternal Health Intelligence Network Service[10] (CHIMAT). The reports bring together key data and information to support the understanding of key local demand and risk factors to inform planning. The profile for child and maternal health for both Gateshead and Newcastle is available in **Appendix 3a and 3b**.

7.5 Table 1 below shows the estimated prevalence of children with a mental health disorder by CCG within the North East and Cumbria compared to England. The table shows that the:

- The rate of hospital admission as a result of self harm (10-24 years) is significantly higher in Gateshead 573.2 and higher in Newcastle 504.2 than England 439.2;
- The percentage of looked after children whose emotional wellbeing is a cause for concern is also higher in Gateshead 46 and Newcastle 40.9

9 Mental Health for All. 2021. https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people

10 National Child and Maternal Health Intelligence Network (2021) https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228 (Newcastle) and https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/ati/302/are/E08000037/iid/92196/age/2/sex/4/cid/4/tbm/1 (Gateshead)

than England 37.4;

- The rate of primary school pupils with social, emotional and mental health needs in Gateshead is 2.08 and Newcastle 2.11 which are better than both the North East 2.61 and England 2.45;
- The rate of secondary school pupils with social, emotional and mental health needs in Gateshead is 1.55 and Newcastle 2.48 which are better than both the North East 2.88 and England 2.67.

Table 1: Children & Young People's Mental Health and Wellbeing[11]

Better 95% | Similar | Worse 95% | Not compared | *Quintiles:* Best | | | | Worst

Not applicable

Indicator	Period	England	North East region	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Estimated number of children and young people with mental disorders – aged 5 to 17 New data	2017/18	-	-	8888	1993	3495	1789	2736	4930	3602	5409	2442	2600	3791	4795
Estimated prevalence of emotional disorders: % population aged 5-16	2015	3.6*	3.9*	3.9*	3.8*	3.8*	4.1*	4.2*	3.9*	3.6*	3.7*	4.0*	4.0*	3.8*	4.0*
Estimated prevalence of conduct disorders: % population aged 5-16	2015	5.6*	6.1*	6.1*	5.9*	6.1*	6.5*	6.7*	6.2*	5.7*	5.7*	6.4*	6.3*	5.9*	6.4*
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2015	1.5*	1.6*	1.6*	1.6*	1.6*	1.7*	1.8*	1.7*	1.6*	1.5*	1.7*	1.7*	1.6*	1.7*
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24	2013	*	41631*	8237*	1413*	2795*	1393*	2558*	7404*	2565*	3881*	1917*	2147*	2881*	4440*
Prevalence of ADHD among young people: estimated number aged 16 - 24	2013	*	44124*	8684*	1474*	2952*	1469*	2755*	7883*	2701*	4156*	2024*	2282*	3075*	4670*
Percentage of looked after children whose emotional wellbeing is a cause for concern	2019/20	37.4	39.0	35.8	37.0	46.0	28.6	37.2	40.9	37.1	55.4	36.4	38.4	43.6	35.5
Hospital admissions as a result of self-harm (10-24 years)	2019/20	439.2	536.6	361.2	505.3	573.2	248.7	604.9	504.2	867.7	1039.8	529.1	484.3	471.2	440.7
Hospital admissions as a result of self-harm (10-14 yrs)	2019/20	219.8	268.7	188.3	307.5	494.7	*	114.4	348.7	293.9	461.3	190.4	236.8	237.8	194.7
Hospital admissions as a result of self-harm (15-19 yrs)	2019/20	664.7	808.4	535.5	802.7	825.6	193.5	905.6	819.6	1125.4	1351.2	927.8	912.1	378.8	837.2
Hospital admissions as a result of self-harm (20-24 yrs)	2019/20	433.7	534.8	356.3	462.8	455.3	483.0	809.5	349.7	1166.5	1280.0	488.8	306.6	758.3	296.4
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2020	2.45	2.61	2.65	2.61	2.08	2.58	2.10	2.11	3.15	2.97	3.02	3.52	2.21	2.67
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2020	2.67	2.88	2.78	3.10	1.55	2.67	3.69	2.48	3.61	2.93	2.75	3.49	2.57	3.25
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2020	2.70	3.03	3.01	3.06	2.32	2.61	3.07	2.62	3.66	3.32	3.17	3.71	2.67	3.18
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2019/20	25.8	27.0	31.0	25.8	28.4	38.4	27.8	22.1	22.9	21.2	32.4	24.5	24.0	29.7

11 PHE Fingertips Tool. 2021 https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0

7.6 The most common mental health disorders in children and young people in Newcastle and Gateshead are conduct disorders. Data shows that in the North East region conduct disorders have a prevalence of 6.1% (5-16 years) the range is 5.7-6.7. In Newcastle this is 6.2% and Gateshead is 6.1%.

7.7 Table 1 also shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by CCG. It should be noted that some children and young people may be diagnosed with more than one mental health disorder.

The mental health and wellbeing outcomes for children and young people are greatly shaped by a wide variety of social, economic and environmental factors such as, poverty, housing, and ethnicity, place of residence, education and environment. It is clear that improvements in mental health and wellbeing outcomes cannot be made without action on these wider determinants.

Key findings from the profile include[Error! Bookmark not defined.]:

- The most recent validated data on local levels of child poverty available is from 2016, when there were 20.5% of children in Gateshead in poverty (compared to 19.4% in 2015); 24.7% of children in Newcastle, the England average is 17% and the North East average is 22.2%;
- The health and wellbeing of children in Newcastle and Gateshead is generally worse than the England average.
- Infant mortality rates are similar to the national average; in Gateshead the child mortality rate (10.5) is similar to the region (11.8) England (10.8), whereas in Newcastle the rate is 14.8.
- Children in Newcastle and Gateshead have worse than average levels of obesity; 24.9% in Gateshead and 24.8% in Newcastle of children in year 6 compared to the region 23.2% and England 21%.

7.8 Young people aged 16-18 years who are not in education, training or employment (NEETS) are more likely to have poor mental health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from mental health problems. Newcastle and Gateshead are worse than the England average with 5.2% in Gateshead and 9.2% (significantly worse) in Newcastle compared to 5.9% region and 5.5% nationally (2019 data).

7.9 During 2018/21 we have strengthened our approach to supporting Children and Young People with a learning disability and or autism through delivering transforming care with our local transformation plan – this will enable a needs led not condition led approach to supporting children, young people and families.

7.10 A local Health Needs Assessment has been developed for Gateshead population which is informing our approach in this area (**Appendix 3a)**. Newcastle also has a 0-19 health needs assessment**12** (**Appendix 3b**).

12 Newcastle City Council. (2016) Newcastle 0-19 Health Needs Assessment. https://newcastle.gov.uk/sites/default/files/newcastle_0-19_service_needs_assessment.pdf

8. What Children and Young People have told us

8.1 In 2017-2019 Newcastle Gateshead CCG ran the 'Expanding Minds, Improving Lives' (EMIL) listening and consultation exercise. In April 2020 Health Watch Newcastle and Gateshead reviewed the implemented changes from the EMIL consultation. Health watch set out 'Eight Ways to Make a Difference' with eight recommendations for improvements (Appendix 10).

8.2 From the listening exercise children and young people told us they would like:

- to grow up to be confident and resilient, supported to fulfil their goals and ambitions.
- to know where to find help easily if they need it and when they do, to be able to trust it.
- choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP; it might be a drop-in centre or access to help online. But wherever they go, the advice and support should be based on the best evidence about what works.
- as experts in their own care, to have the opportunity to shape the services they receive.
- to only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place.
- if in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible.

8.3 The initial listening and engagement phase, has increased our understanding of needs and has helped contextualise our learning. We have built on this learning and incorporated this into the new model.

8.4 Feedback shared by children and young people, parents and carers, professionals and stakeholders can be summarised as follows:

- The needs of children and young people are not being met by the existing arrangements pre and post diagnosis
- Waiting times are too long
- There are rigid and high thresholds for services
- Transition from Children's to Adults is not smooth
- Poor communication and handovers between services tasks children, young people and their families to give historical information multiple times

8.5 Services need to:

- Be accessible and flexible

- Be approachable and non-judgmental
- Sensitive to cultural differences
- Enable getting help at the right time
- Provide consistency and continuity in approach
- Reflect local needs

8.6 What needs to be improved?

- Service configuration and performance
- More / improved early intervention / prevention
- Greater support for lower level need /right support from the right services at the right time
- Supporting families to access credible information that can support them to self-care where appropriate
- Greater integration with education
- More choice (location, types of support)
- Communication and information sharing
- Poor communication as system is fragmented and complicated
- Lack of clarity around role and expectation of CYPs staff
- Limited follow-up post referral
- Transitions out of CHYP Mental Health Services
- Improved school readiness – need to do more pre school
- "Cliff edge" at 18 with move to adult mental health services
- Moving between CYPs and other services needs to be easier including adequate handovers between professionals to support the transition to a new service
- Workforce and training
- With the right skills and resources, schools and community based organisations are ideally placed to work at tier one.
- With added capacity and / or support of mental health workers, there is the potential of schools and community based organisations in providing tier 2 support
- Improved understanding roles and functions of key professionals / organisations

8.7 What works now:

- Staff are committed and dedicated
- Training and resources enable staff at tier one to work in community settings
- There is good early use of new technologies
- Targeted Mental Health in Schools and school-based counselling is well received and evaluated
- Whole school approaches to Emotional and Mental Health are good (dedicated worker – link between mental health trust and schools is highly valued)
- Children identified with special educational needs have good level of support in schools
- Using schools as a community asset
- For CYP the approach and convenience/access to VCS provision is

important as part of the whole system structure
- Access to groups and social/creative activities work
- Ability to self-refer is helping service access

8.8 As a result of EMIL changes were made to C&YPs mental health services. This included the setup of a single point of access (SPA) for referrals and an online consultation service known as Kooth. In Spring of 2019 Newcastle Gateshead CCG carried out a survey on SPA and Kooth. Healthwatch has expanded this engagement survey with children, young people and families and presented their findings.

Healthwatch's survey focussed on understanding of the awareness of children, young people and their families of the self-referral process into CYP mental health services, awareness of Kooth and ideas about how best to promote SPA and Kooth.

Brief Summary of results:

- Most respondents were aware they could self-refer into CYP mental health services
- The most popular ideas overall to promote SPA was, in order, via teachers/school staff support, social media, leaflets or poster and finally GPs.
- Most respondents had not hear of Kooth
- The most popular method to promote Kooth was via teachers/school staff support and social media
- SPA was highlighted as good, organised and responsive
- Kooth is not accessible for those who struggle with communication needs

8.9 Newcastle Gateshead CCG, CNTW, Newcastle Council and Gateshead Council have made progress in addressing the recommendations from the Healthwatch report. These actions include:

- Information on CYPS mental health services and Kooth has been added to the CCG website and Newcastle & Gateshead's local offer pages and has been promoted in schools and to GPs in primary care
- CNTW has developed a survey on the experience of SPA and Kooth services
- Information is being gathered around children, young people and families experience of services in relation to Autism Spectrum Disorder. The Partners are working with Healthwatch to improve waiting times
- A social media campaign is under design to promote SPA and Kooth services

8.10 The main Mental Health service provider for Newcastle and Gateshead is CNTW and as the trust engage an independent review of their CYP MH services periodically this informs our approach to improving services. The report from 2016-2017 can be found in **Appendix 4**.

8.11 We are developing a co-productive participatory approach to engagement through working with existing groups of children and young people, and parents, based on groups that have been mapped across Newcastle and Gateshead. We will work with these groups, and wider partners, to develop the appropriate methods to undertake engagement. This approach will be based on both how groups would like to be engaged with, and how they would like to be supported to undertake engagement with others. This will be part of an ongoing participation process, which will be meaningful, useful, and the outcomes of which will be clearly communicated back to participants.

8.12 As part of the background to this work, Involve North East have examined good practice in engaging with children and young people, parents and carers. We have also looked at effective models to enhance our co-productive approach to the delivery of our local transformation plan building on the experience of our young commissioners' project. Developing peer support and enabling young people to participate in our transformation is a key area for 202122 and the evidence gathered will support this objective. The Involve North East report can be found at Appendix 5.

8.13 Working closely with partners, we plan to establish clear feedback mechanisms throughout the engagement process, including keeping stakeholders up to date through regular newsletters, utilising social media, and regular contact with the groups involved in this work.

8.14 During July-September 2018, Involve North East were asked by Newcastle Gateshead LTP group to undertake a mapping exercise of groups and organisations across Newcastle and Gateshead with a direct or indirect mental health or learning disability remit for children, young people and parents/carers. The results would be used to inform the engagement of children, young people and their parents/carers in the transformation of mental health and learning disability services for children and young people.

8.15 Organisations offering one to one provision only were omitted from the mapping exercise as it was agreed that these organisations would not be suitable for face-to-face group engagement with young people and their families.

8.16 The mapping was separated into the following categories:

- Mental Health groups for young people (0-25)
- Disability groups for parents and young people (0-25)
- Youth groups and youth organisations
- Toddler groups and Sure Start groups
- Schools Y5-Y13 (Mainstream, Special and Independent)
- Looked After Children and Foster Carers

8.14 A spreadsheet and customised, interactive map was produced to show:

- Organisation/Group name
- Geographical coverage

- Age range
- Named contact
- Contact details: Phone, email, website
- Group information

8.15 Over 90 mental health, disability and youth groups/organisations were identified during the mapping exercise in addition to over 230 Toddler and Sure Start groups and 49 (over 50) schools (Y5-Y13).

8.16 Mental Health groups

- The majority of the mental health groups and organisations identified during the mapping exercise are based primarily in and around both Newcastle and Gateshead city centres. However, these organisations may provide groups and services away from these sites.
- The majority of Third Sector mental health groups and organisations identified across Newcastle and Gateshead offer services from age 18 only; only those organisations with a specific children and young people remit (Young Minds, Youth Focus North East) appear to offer services for younger children.
- There appears to be limited support for parents/carers of children and young people with a mental health issue.

8.17 Disability groups

- The majority of disability groups identified are based in Newcastle either at Skills for People in Newcastle or at the site of specialist disability provision (e.g., Thomas Bewick School, Sir Charles Parsons School, Alan Shearer Centre, Welford Day Centre)
- The majority of groups for children, young people and their families are based in Newcastle, with an apparent lack of local support in Gateshead.
- There appears to be a good group/peer support network for parents and carers of children with a disability

8.18 Young People's groups

- In Newcastle, groups and organisations for children and young people are based predominantly in the east and west of the city in areas of higher deprivation (Benwell, Elswick, Byker, Walker).
- Whilst these organisations have a young people remit first and foremost, emotional wellbeing appears to form a large part of their support offer.
- There appears to be less youth provision for children under 11 with the majority of organisations offering services for age 11 and over.

8.19 The intelligence gathered through the mapping exercise has identified potential gaps in support available in community and where that support is placed through google map. This intelligence will now be built on in 2021/22 to deliver our vision of co-production and peer support.

8.20 Multi-agency engagement groups and projects

Gateshead

In Gateshead, during the COVID-19 pandemic Gateshead identified a need for a Children, Young People Engagement Working Group. This has members from health, local authority, police, education and the voluntary sector. The purpose of the group is to support new ways of working. To collaborate, develop and link up services and projects in Gateshead. All members of the group have the same interest of making sure the voices of children and young people are heard to further improve services for them in Gateshead. To promote this joint engagement work an engagement newsletter has been devised that will be distributed across Gateshead on a quarterly basis.

Newcastle

In June 2021, Newcastle mobilised the first phase of a new, city wide, integrated approach to early intervention and prevention work with children and families: 'Children and Families Newcastle'. (C&FN) This initiative, part of the overarching Collaborative Newcastle workplan, followed a year of engagement and co-production workshops with partners across the sector.

Over 200 groups were involved in the engagement (over 700 individual responses). Recognising the adverse impact that fragmented and disjointed support provision has on the experience of families seeking help and the outcomes they can achieve, a wide range of agencies worked together to agree the case for change, set the vision and operating principles for the city rather than individual service, and develop our 'Three Big Ideas'.

Community Hubs and Locality Offer

Statutory agencies are partnering with local communities to support hubs that are vibrant social spaces that offer a range of practical, educational and wellbeing activities for babies, children, young people and families, in familiar, local and non-stigmatising venues.

An Integrated Offer

To make it easy to get help and to reduce the pattern of successive onward referral and repeat assessment, Children & Families Newcastle brings together a wide range of universal and targeted services functions into a coherent single offer, with a shared identity and 'branding' and operating from shared delivery spaces.

Family Partners

Children & Families Newcastle has mobilised a new staff role within the system of 'Family Partner', whose purpose is to establish enduring relationships or trust with families. The Family Partner will be available as a touch point for families, helping them to articulate their own concerns and priorities and connecting them into assets and support within their own networks and wider community.

Working across the city in 4 Localities: North, East, Inner West and Outer West, Children & Families Newcastle has a network of delivery venues (hubs and spokes) in each area. Each Locality is led on behalf of C&FN by a Voluntary sector partner, who takes responsibility for maintaining an oversight of the work with families in their area and cultivating the local 'Community Family Offer'.

C&FN has an overarching Integrated Leadership Team, a multiagency team of service managers responsible for effective management of the overall offer, collective workforce development, identification and actioning/escalation of opportunities for further collaboration and accounting for performance and success to the Place for Children Board, Newcastle's strategic CYP decision making board.

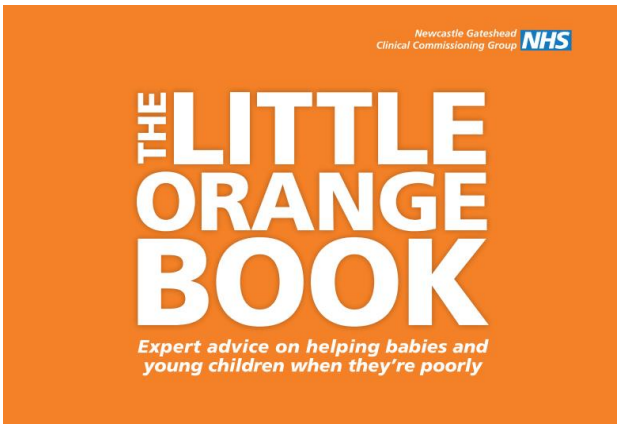
The first 12 months will concentrate on strengthening collaboration, piloting innovative delivery, growing the network of community assets and growing the Family Partner Team.

Next steps for phase 2 involve taking learning from this initial period and exploring possibilities for more formal service integration.

Engagement work examples:

- NHS Newcastle Gateshead CCG, Children, Young People & Families team are working to develop a Teenage Resource, based on the principles of The Little Orange Book (but for teenagers) - https://newcastlegatesheadccg.nhs.uk/your-health/children-and-young-people/little-orange-book/

Development of this teenage resource is an example of system working with colleagues from Primary Care, Secondary Care, Public Health, Education, Social Care & Mental Health. The resource will contain specific advice on topics such as mental health, body image, weight difficulties, bullying, smoking, sexual exploitation, drugs & alcohol etc.



- Newcastle and Gateshead year 9 assemblies were arranged to educate our young people about the local services a GP offers to help ensure

they are mentally, emotionally and physically healthy. This engagement has been demonstrated in health watch action plan (Appendix 10)

9 Commissioned Services

9.1 Whilst the local authorities and CCG provides a range of services for children who are in need, and their families and carers, there is an acknowledgement that the needs of vulnerable children and young people are not always met by mainstream commissioned services. This strategy recognises that for some, services need to be commissioned on an individual basis to meet identified needs via continuing care.

9.2 Although not an exhaustive list, **table 2** below details the current tiered services commissioned for children and young people with emotional wellbeing and mental health difficulties. The list excludes universal services.

Table 2 Existing Services

Universal (Tier 1)	➢ Midwifery ➢ Health Visiting ➢ Children's Services ➢ School Nursing ➢ Some Voluntary Services ➢ Action for Children Community Support ➢ Children North East Community Support ➢ Kooth ➢ Zone West
Targeted (Tier 2)	➢ CYPS Primary Mental Health Workers ➢ Emotional Wellbeing Service – Gateshead ➢ VCS Collaborative Emotional Wellbeing & Community Counselling Services ➢ Barnardos Bereavement and Sexual Abuse Counselling ➢ Eating Distress Service Counselling ➢ Kooth Online Counselling and Support ➢ The Childrens Society ➢ IAPT ➢ HEE CYP MH training posts ➢ Mental Health Support Teams in Schools ➢ School Social Workers – Gateshead
Specialist – community (Tier 3)	➢ CYPS – Community Service ➢ CYPS Learning Disability – Community Service ➢ CYPS – Community Forensics ➢ Community Eating Disorder Service ➢ Learning Disability Challenging Behaviour ➢ Learning Disability - Intermediate Care/Respite

	➢ Early Intervention in Psychosis (NB age range 14-65) ➢ Liaison and Diversion ➢ Perinatal Mental Health ➢ Community Eating Disorder Service ➢ Speech and Language Therapy ➢ Autism Spectrum Disorder Services ➢ ADHD Service
Specialised services (Tier 4)	➢ Assessment and Treatment – Mental Health inpatient ➢ Assessment and Treatment – Learning Disability inpatient ➢ Eating disorders in-patient ➢ Psychiatric intensive care units ➢ Secure Children's Home ➢ Medium Secure (Mental Health and Learning Disability) ➢ Low Secure (Mental Health and Learning Disability) ➢ Complex Neuro-developmental Service ➢ National Deaf CAMHS

10 Data - access and outcomes

10.1 A performance framework for Getting help and Getting more help has been developed. As a lead provider model and single point of access the data flows directly via the lead provider.

10.2 The CCG has been engaging with the work of NHSE to help to improve data flows and inclusion of voluntary sector data.

10.3 Key outcome measures are routinely monitored through contract review meetings with providers. The Newcastle Gateshead CCG Integrated Delivery Report reports routinely on the suite of Mental Health Five Year Forward View metrics. In addition, North East Commissioning Support are developing a report for CCGs in the North which will provide a view of key LTP outcome data metrics including s and CYP Access.

10.4 There is one main NHS provider for children and young people in Newcastle and Gateshead which is Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) who provide Children (CYPS) and Adult Mental Health Services and Eating Disorder Services. South Tyneside NHS Foundation Trust also provide tier 2 services in Gateshead in addition to a collaboration of VCS organisations.

10.5 The total number of referrals received into CYPS's services, number accepted and the waiting times and WTE staff. Work is ongoing to understand the current staffing levels within the CYPS Community Team.

Table 3 shows Referral information and Waiting Times for the Getting Help Service (Tier 2) - with Table 4 showing the Referral information and Waiting Times for the Getting More help Service (Tier 3).

Table 3: Getting Help Referrals and Waiting Times April 2020 – March 2021

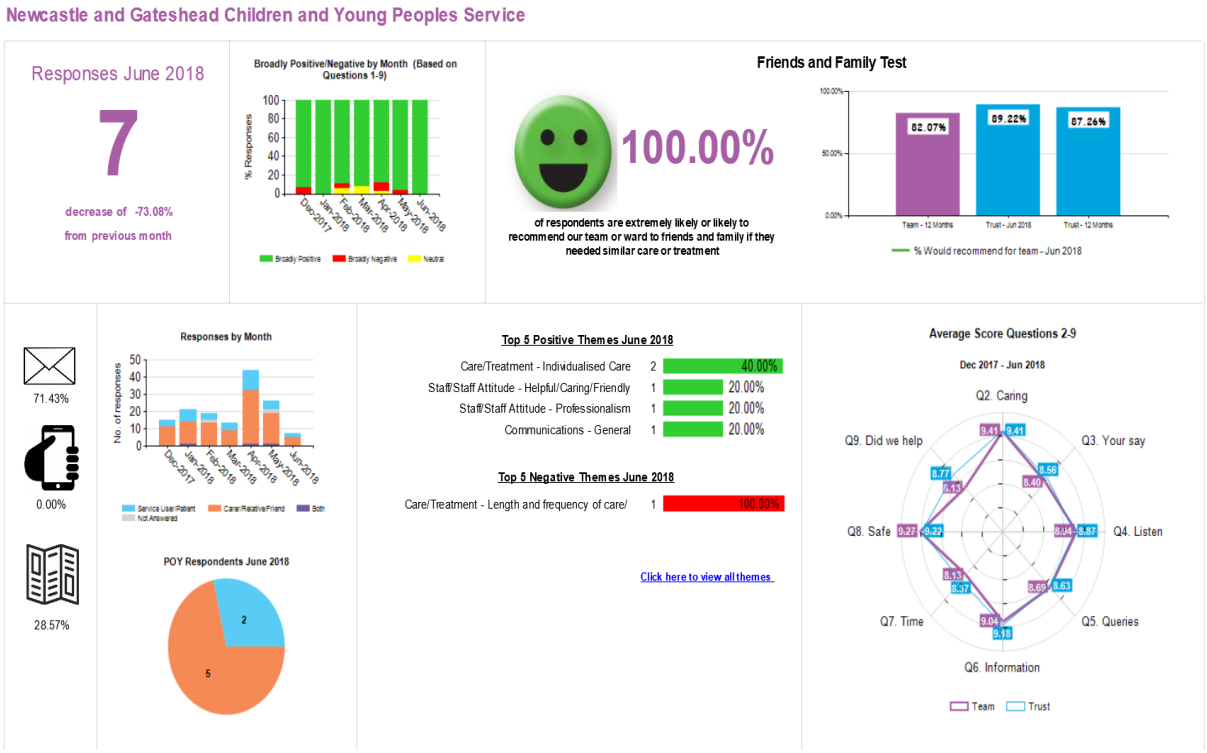
Getting Help	Yearly Total/ Average
Number of new referrals received	1855
Number of accepted referrals	1743
Waiting time from referral to Assessment (average in days)	262
Waiting time from referral to Treatment (average in days)	3

Table 4: Getting More Help Referrals and Waiting Times April 2020 – March 2021

Getting More Help	Yearly Total/ Average
Number of new referrals received	2858
Number of accepted referrals	2838
Waiting time from referral to Assessment (average in days)	94
Waiting time from referral to Treatment (average in days)	99

10.6 Historical CROMS, PROMS and PREMS data is included in quarterly CNTW performance report and there is a plan to expand consistent outcome monitoring across all providers. CNTW data is shown in Figure 1 below:

Figure 1 NTW Data



10.7 **Table 5 below shows DNA rates for CNTW13.**

Table 5: NTW CYPS DNA Rates - Agreed standard 16% in line with national average

Service	DNA Rates	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Getting Help	DNA Rates (DNA as a percentage of planned contacts - number in month)	7.0	8.8	8.5	8.7	9.8	9.3	5.5	6.9	8.2	8.4	8.4	7.0
Getting More Help	DNA Rates (DNA as a percentage of planned contacts - number in month)	11.9	11.5	12.2	14.3	14.5	13.2	13.6	11.1	14.1	12.2	12.6	10.8

10.8 As at Q4 2020/21 87% of routine CYPs starting treatment in that quarter were seen within 4 weeks and 93% of all urgent cases were seen within the required standard. Working with the Provider Collaborative arrangements we are working towards achieving the standards of 95% of routine and urgent cases seen within the required timeframe. Please note when a patient DNA occurs this particular waiting time does not count this as a clock stop.

Table 5: Newcastle & Gateshead Eating Disorder Services – Referrals

13 CNTW Quarterly Performance Reports

EDICT Referrals	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of new referrals EDICT Pathway	1	9	9	12	10	15	6	17	19	11	8	12
Number of accepted referrals EDICT Pathway	1	8	8	10	8	15	6	17	18	11	8	12

	2020/2021			
	Q1	Q2	Q3	Q4
Urgent	100%	100%	93%	93%
Routine	97%	96%	91%	87%

10.9 As at Q1 2018/19 97.4% of routine CYPs starting treatment in that quarter were seen within 4 weeks and 88.9% of all urgent cases were seen within the required standard. As part of the ED transformation work we are working towards achieving the 2020 standards of 95% of routine and urgent cases seen within the required timeframe. This will be embedded within the performance framework which is currently in development.

Table 5: Newcastle & Gateshead Eating Disorder Services – Referrals

EDICT Referrals	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of new referrals EDICT Pathway	1	9	9	12	10	15	6	17	19	11	8	12
Number of accepted referrals EDICT Pathway	1	8	8	10	8	15	6	17	18	11	8	12

10.10 The Community Eating Disorder Service is currently delivered as part of CYPS in Gateshead and an EDICT service in Newcastle.

10.11 Referrals have increased in 2020/21, more than doubling compared to referrals in 2019/20. Work is ongoing to understand any barriers to access.

10.12 These services are currently meeting the national waiting times target for the Community Eating Disorder Service, and we would expect this to continue following the increased resources.

10.13 Work is ongoing using the Eating Disorder Workforce Calculator to understand the current capacity and any additional capacity required within Newcastle and Gateshead Eating Disorder services.

10.14 Newcastle Gateshead CCG are below the CCG regional average for occupied bed days for 2016/17 however the focus on early intervention within the new model and the proposed expansion of Psychiatric Liaison Services for Children and Young People working closely with Intensive Care and Treatment Services for CYP should reduce the need for hospital admission.

11. Analysis of need, gaps and issues

11.1 Local benchmarking against the 49 recommendations detailed within Future in Mind, the subsequent Green Paper for CYP Mental Health and Transforming Care programme indicates that the following areas require further consideration:

- Early years provision
- Perinatal mental health
- Early intervention/enhanced training for schools
- Self-care / peer support for children and young people and parents
- Designated Mental Health lead in schools
- Psychiatric Liaison for CYP
- Transition care for vulnerable groups – e.g. Learning Disability, Care Leavers
- Transition between CYP Mental Health services and adult services – opportunities for up to 25 years of age
- CYP with Learning Disabilities and those who may be vulnerable who don't receive formal diagnosis e.g. those classed as having a learning difficulty
- Speech and Language Therapy
- CYP with autism
- CYP with ADHD
- Neurological assessments
- Personality disorder diagnoses
- CYP step down services
- Trauma informed therapeutics
- Parental support
- FASD (Fetal Alcohol Syndrome)
- There is an identified need to increase capacity within the Community Eating Disorder Service and the need to develop a revised service model.

12 Our Vision

"We will improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place."

Our vision now reflects a more collective approach to supporting our children and young people.

13 How are we going to achieve our vision?

13.1 The Newcastle and Gateshead Local Transformation Plan has been developed to bring about a clear coordinated change across to the whole

system pathway to enable better support for children and young people, realising the local vision.

13.2 A *whole system* approach to improvement has been adopted. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

13.3 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also, through investing in prevention and intervening early in problems before they become harder and more costly to address.

13.4 The initial plan is based on the five themes within Future in Mind. The aims for each theme are described below.

Resilience, prevention and early intervention

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course.

Improving access to effective support

Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.

Caring for the most vulnerable

Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need.

Accountability and transparency

Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

Developing the workforce

It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.

13.5 In keeping with the above Future in Mind, we want to:

- Promote good mental health, build resilience and identify and address emerging mental health problems as soon as possible;
- Ensure children, young people and families have timely access to evidence-based support and treatment when in need;
- Improve the experience and outcomes for the most vulnerable and disadvantaged children, ensuring they are adequately supported at key transition points;
- Work in partnership to develop multi-agency pathways underpinned by quality performance standards, which will be reported in a transparent way;
- Continue to train and develop our workforce to ensure we have staff with the right mix of knowledge, skills and competencies to respond to the needs of children and young people and their families, making every contact count.

13.6 Success has been reliant on all professionals signing up to the principles which underpin the new model. The new model is based on a prevention (where possible) and if not, the earliest possible intervention.

13.7 This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of focus on treating the consequences. To do this we need a cultural shift, and a reflective and responsive workforce. We also need choice of provision – a dispersed model of provision (as close to home as possible) to enable children and young people to receive care and support in an environment which will be most therapeutic for them. This may be for instance in a community building, a school, a café or the park. The choice will be with the family and child primarily. We need to provide the right support at the right time in the right place (we added 'the right place' as children, young people and families have clearly said that the present clinic environment does not work for them).

13.8 Access to a variety of types of support and therapy should be easy to access 'Easy in' and when appropriate should be easy to leave 'Easy out' in a planned and controlled way to prevent relapse (our data highlights some children and young people appearing to be static in their care, in care for

too long). Such provision should always be 'recovery focused', positively supporting children and young people to get back to 'normal' life and live the best lives that they can.

13.9 Within this context the needs of children and young people and families are at the heart of what we do and provide, not the needs of services. When someone is referred we expect 'No bounce' by this we mean that individuals should not be bounced from service to service. There should be a shared care and joint planning approach whereby the original referrer always keeps the child or young person in mind and in sight, ensuring everything is going to plan and supporting that recovery focused model of care.

14 The Thrive Model

14.1 Our work will be underpinned by and aligned to the Thrive Model (The AFC–Tavistock Model for CAMHS[i]) which removes the emphasis from services and re-focuses support to the needs of the child or young person.

14.2 The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach. [1]

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[1] Thrive, The AFC-Tavistock Model for CAMHS, November 2014.

15 Engagement and Partnership working

15.1 A communication and engagement strategy has been developed to support implementation of this plan, which will include children and young people.

15.2 A whole system approach will be needed to achieve the best outcomes in an efficient and sustainable way. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

16 National Evidence of Effective Interventions

16.1 There is a growing evidence-base for a range of interventions which are both clinically and cost effective.

16.2 The National Institute for Health and Clinical Excellence (NICE) has produced a number of detailed clinical guidelines to guide intervention in mental health problems occurring in children and young people.

16.3 Importantly, both the model of interventions used (e.g. Cognitive Behavioural Therapy, medication, family therapy) and the way the clinician works in collaboration with a family or young person (the therapeutic or working alliance) can have a significant effect on clinical outcomes. Thus, services need to be commissioned and designed in such a way that allows full provision of evidence-based interventions as well as facilitating the development of good therapeutic relationships[14].

16.4 Any changes implemented as part of this transformation plan will be and have been planned and commissioned as integrated, multi-agency services with care pathways that enable the delivery of effective, accessible, holistic evidence-based care, underpinned by the principles of CYP IAPT promoting evidence-based practice with services rigorously focused on delivering outcomes for our children, young people and families.

16.5 Early Intervention in Psychosis (14 years plus) - The CCG has already committed the nationally defined level of funding to the Service Provider. National guidance, workforce requirements and gaps in delivering NICE concordant care are being collated to ensure national requirements are met going forward including the delivery of interventions for those At-Risk Mental State (ARMS).

16.5 CYP's Liaison Services - National guidance around the delivery of all-age 24/7 Liaison Services has been received. The national transformation funding (across all ages) is shown below and has been used to initially develop Adults and Older People Liaison. To ensure compliance with national requirements of access standards we are prioritising the integration of CYP and Adult Services into a 24/7 provision. Further analysis and planning is required to review current gaps in provision against the national standards and develop the required plans for assurance.

14 Models of Intervention
http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf

17 Towards a Model of Transformation

17.1 Based on recommendations within Future in Mind and examples of effective service design, the Newcastle Gateshead Transformation Plan aimed to re-design mental health services for children and young people from a targeted, tiered model which focuses on services working in specific areas (BME, Looked after Children, 16–18-year-olds and early years) to an integrated comprehensive pathway of care for all children and young people with a Single Point of Access. This transformation supports the principle of developing a system to work for children, young people and their families. This means placing children and their families 'at the centre' of what we do. This was delivered through the two new service specifications 'Getting Help' and 'Getting More Help'.

17.2 The re-design was co-produced with children, young people, families and stakeholders, and has developed a strong partnership between the statutory and voluntary sector and mental health services.

17.3 Central to the local implementation of Future in Mind and the development of a system without tiers, a framework which provides guidance to services for coordinating the care and support of children and young people. This is based on their needs and the needs of the families including siblings. This approach differs from the medical based model of care and will develop an approach where the child, young person and family are at the center of care and support.

17.4 The model aspires to a system where a child or young person presenting with mental health needs, can access the most appropriate support. A commitment from stakeholders to ensure that any child or young person is supported and safely handed over to the appropriate lead agency, rather than simply signposting to other services. The lead agency identifies a lead professional to guide and support the young person and family through their care for as long as they feel this is needed.

18 SEND

18.1 In Gateshead a SEND inspection took place in 2017, work has continued to take forward the SEND agenda to strengthen the findings from this report. The CCG and LA work together collaboratively to support the needs of children and young people with special educational needs and disabilities (SEND) and their families/carers.

There are robust assurance processes in place to ensure that the needs of our Children and Young People with SEND are being met and monitored across the System. Annual training programmes are in place to ensure the workforce across Health, Education and Social Care to be able to respond to the requirements of the Children and Families Act 2014 collaboratively, delivery directly to our SENCO's in mainstream and special schools.

Strong relationships between Health, Education, Social Care and our Parent Carer Forum are in place which allows us to develop a shared understanding of the needs of our SEND children and young people being key members of service reviews and co-production to address and improve where required, participation of children, young people and families are key to service development.

There is a dedicated Children, Young People and Families team that included specialist SEND nurses that support our mainstream and special schools, parent carers and families. To further build emotional resilience and minimise the effects of long term emotional and physical abuse and neglect on children and young people with SEND, we are implementing trauma informed, wrap around service offering support at the earliest opportunity.

18.2 Newcastle SEND

Ofsted and the Care Quality Commission (CQC) inspector's returned to Newcastle in May 2021. Our strengths were recognised by the inspectors particularly that the leadership of SEND arrangements has strengthened in Newcastle since the last inspection and is based on a more genuine and committed partnership including with the Parent/Carer Forum. They found that this has resulted in an ambitious inclusion strategy, collaborative commissioning arrangements, and new systems to ensure we improve the quality of our work.

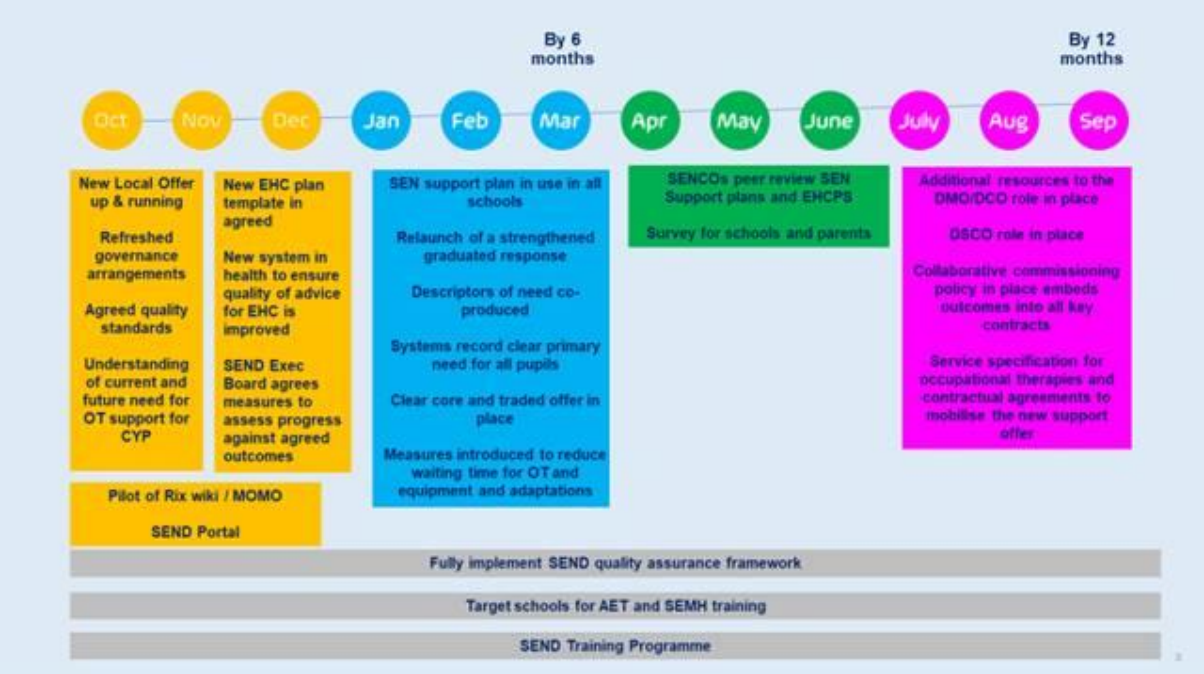
The inspectors acknowledged our ambition for children and young people with SEND. That we want them to have a voice, be safe, happy and included, be well cared for, and be ready for the world of work.

We were delighted that the inspectors recognised the good work which has been achieved by our Local Area SEND partnership. We are very ambitious for all our children in Newcastle and will up the pace of our improvement programme so we can measure progress and improve outcomes for children more quickly.

Since the inspection with the parent carer forum we have co-produced a plan setting what we will do to accelerate change over the next 12 months. Within 12 months you will see:

- A solid SEND Graduated Response system in place to identify, meet needs and improve outcomes.
- Fully implemented SEND quality assurance system 'Getting It Right Together' to improve the quality of our work.
- A therapy offer that meets current and future needs, reduces waiting times and delivers the outcomes and impact that we collectively agree with children, young people, their families collaboratively commissioned with health partners.

The key actions to achieve this ambitious plan are summarised below:



19 Service Planning and Innovation

19.1 As we are on a transformational journey we acknowledge not all things can change overnight however we have made progress in developing and implementing new model of transformation, while listening throughout from children, young people, families and carers. As a result of what we have heard and as part of our iterative process to change, we are challenging

services to strengthening delivery upstream, working towards an early intervention model.

19.2 The range of VCS and online provision is developing and during 21/22 there are further ambitious plans for earlier and increased access to Getting Help. This includes the increased use of Apps and an online offer for 11-18-year olds (and those aged up to 25 years if in looked after system) through Kooth.

19.3 We have been moving from a fragmented system of supporting children and families, within challenging financial circumstances and have developed a model of transformation focusing on integrated, early response services.

19.4 In Newcastle Gateshead, we have two main NHS providers which offer mental health and wellbeing services for children and young people, Cumbria Northumberland, Tyne and Wear NHS FT (Tiers 2 and 3) and Sunderland South Tyneside Foundation Trust (Tiers 2). Our community and voluntary sector provision is key in supporting early identification, IAPT and Tier 2 provision.

19.5 By working together we have developed a new way of working that ensures a joined-up approach in the commissioning and delivery of children and young people's mental health services with no duplication of provision and a single point of access to the right support at the right time. Our ambition is for mental health and emotional wellbeing to be everybody's business across universal, targeted and specialist provision.

19.6 Work is ongoing to ensure that the transformation programme of work will allow us to increase access to high quality mental health services for an additional 70,000 children and young people per year. Key actions include extending access to Children and Young Peoples (CYPS). Clearly defined targets were developed alongside the model of transformation. The model will also reflect the need to address 24/7 urgent and emergency response times.

19.7 Our case for change outlines key deliverables for Mental Health transformation as set out in the 5 year forward view for Mental Health. As well as access for CYP, a priority within the proposed model is focused on community Eating Disorder teams for CYP to meet access and waiting times standards and access to Psychiatric Liaison through Core 24.

19.8 Work continues with local providers to improve the data flow as the proposed model is implemented. This includes a lead provider contract which will ensure the data flow from services delivering our new specifications and clearly defined performance outcomes for Getting Help and Getting More Help.

19.9 Our case for change provides detailed information on the local need and our collaborative journey. Work continues to develop robust baselines and

reporting mechanisms to track progress against key deliverables.

19.10 We are reviewing with partners ongoing financial commitments

20 Our Plan and Progress

21.1 The following table, Table 7 sets out progress against the original case for change (Appendix 3). Throughout the implementation phase of delivering the new model, we continue to reflect on the journey so far, consider what we have learnt together, and review our detailed action plan for 2021-22 (Appendix 1).

Table 7: Progress against the original case for change

Stage	Description	Dates	RAG
Establishing the baseline	Getting the detail about how things currently work – marking out what we want to change and what we don't and why the system should transform	April – July 2015	
Pre-Consultation/Listening	Taking a summary of the current services to the community – service users, children and young people, parents and carers, families, providers and commissioners – and listening to what we	Aug 2015 – Jan 2016	
Co-producing a new model of emotional wellbeing care and support	Working together to build on the views shared in the listening phase and designing a new approach that enables people to thrive through prevention and early intervention, and when necessary specialised support	Feb – May 2016	
Engaging with communities about the new approach	Sharing the outcome of the co-production phase and engaging with our communities about the new proposed approach. Continuation of targeted engagement activities	June – April 2017	
Implementing single point of access	Meeting with existing providers to discuss the learning and new approach to service delivery. To enable modification to current service provision and undertake proof of concept piece of work. Establish future contracts and commissioning	December 2017 – December 2018	

Workforce analysis and strategy development	To ensure that we have a workforce that is skilled to deliver the new model	September 2021/22	

21 North East and North Cumbria Integrated Care Systems – Mental Health workstream

21.1 North East and North Cumbria Integrated Care System leaders collectively agree to address the inequalities associated with mental ill health and work together to embed a culture of parity of esteem.

Our vision

We will work together as an integrated health and care system to provide sustainable, joined up high quality health and care services that will reduce health inequalities and maximise the health and wellbeing of the local populations of North East and North Cumbria.

Our joint working principles

- Working together: System leadership: Accept that relationship building, and the behaviours that enable this, is everyone's responsibility.
- Working together: Consider the whole system: System leadership is more than just relationship building it is about the 'whole system' rather than just 'your organisation'; recognise that sometimes what is best for the system may not be best for 'your organisation' and despite this still lead on the changes required.
- Working together: Achieving better outcomes for the people of NENC: Our plans will be driven by needs and not driven by existing service structures.
- Working together: Transparency: We will be transparent and enable an 'open book' approach to fully understand our available resources.
- Working together: Place based focus: We will accept that each place will have different assets and needs.
- Working together: Evidence informed: We will use the best available evidence and population health data to inform decisions.
- Taking action to tackle health inequalities in latest phase of COVID-19: We will work together to protect the most vulnerable from COVID-19 and restore NHS services inclusively.

Together we will focus on supporting place-based arrangements and, where relevant, source opportunities to progress 'at scale' solutions.

21.3 In the Newcastle Gateshead Local Heath Economy, local place-based systems are developing in both Newcastle and Gateshead. Mental health and children's services remain priorities for both.

22 Finance Update

22.1 Efforts are being made to establish the level of investment by all local partners commissioning children and young people's mental health services for the period April 2018 to March 2022 (See table 8). This will aid local decision making. Additional detail will follow when available.

Table 8: Actual and Planned expenditure on Child and Adolescent Mental Health and Wellbeing services

	Actual expenditure			Plan
	2018/19	2019/20	2020/21	2021/22
Newcastle Gateshead Clinical Commissioning Group	£8,990,868	£9,009,378	£9,342,199	£9,726,214
Gateshead Metropolitan Borough Council	£878,976	£693,200	£686,573	£725,786
Newcastle City Council	£6,931,390	£6,817,157	£7,115,871	£7,241,800
NHS England	Awaiting info			
TOTAL	£16,801,234	£16,519,735	£17,144,643	£17,693,800

22.2 It is acknowledged that there are a number of commissioned services that will contribute to children and young people's mental health and wellbeing.
However, unless commissioned solely for that purpose, they have been excluded from that shown in Table 8.

22.3 NHS England are a partner organisation commissioning Specialised Services (Tier 4) for Children and Young People and Health and Justice / Offender Health – CAMHS Secure Children's Home; Liaison and Diversion. These services are commissioned on a regional basis not at CCG level. The information provided by NHS England is expenditure relating to CAMHS Tier 4 Inpatient and Outpatient services. As these services are commissioned on a case by case basis NHS England does not commission on a CCG basis and is not able to provide forward estimates of expenditure at a CCG level.

22.4 Police and Crime Commissioner fund some services in Newcastle and Gateshead through a Supporting Victims Fund which has four key priority victims' groups:

- Domestic abuse and sexual violence
- Victims under 18
- Victims of hate crime
- Victims with mental health needs and those who are vulnerable due

to risk of abuse/harm

22.5 Additional investment has been made in KOOTH since 2018, an online mental health service for children, young people. This investment was to increase capacity and expand the age to include up to 25 year old's. The service offers an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.

22.6 NHS England initially provided transformation funding to develop a perinatal mental health service, which commissioners across the North east collaboratively commissioned from March 2019. Newcastle Gateshead CCG have increased investment in this area to ensure the sustainability of the team, meet CCQI standards and allow development to meet Long Term Plan aspirations.

22.7 In addition to the above expenditure several funding bids have been submitted which are pending a decision including a Mental Health Support Teams in educational settings and waiting list initiative through NHS England Trailblazer bid (Amount applied for almost £1m).

22.8 With reference to the rebasing exercise of the CNTW contract, this is was completed and the impact is reflected in the expenditure levels for Newcastle Gateshead CCG in Table 8.

22.9 Figures provided by Newcastle City Council for planned expenditure include Carers service. Part way through 2018/19 the Council changed commissioning arrangements for Carers, previously Young Carers was a separately commissioned service with and annual value of £110,000 a year. From Nov 2018/19 onwards, the service is now commissioned as a single contract for all Carers and cannot be disaggregated.

22.10 The main reason for the apparent reduction in funding from Newcastle City Council is due to the school nursing service which is commissioned ending in October 2020, only a part year cost is included in 2020/21 (£3.1m in 2020/21 compared to £5.4m in 2019/20).

23 Governance

23.1 The governance of the Children and Young People (CYP) work begins at place with a Gateshead CYP Mental Health and Learning Disability and Autism meeting and a Newcastle CYP Mental Health and Learning Disability and Autism working partnership which meet regularly. The full Mental Health, Learning Disability and Autism governance structure for both Gateshead and Newcastle is illustrated below in Figures 3 and 4.

23.2 From the outset we developed a governance framework which was operational at the onset of the transformational work. Good governance is about the processes for making and implementing decisions.

23.3 In Figure 3 and 4 we illustrate our Mental Health, Learning Disability and Autism Governance Structures and Frameworks, which has allowed for access to increased knowledge and operational intelligence, has provided challenge and innovation, and has allowed for strategic leadership and decision making.

23.4 The Children and Young People Mental Health & Emotional Wellbeing Local Transformation Plan submit quarterly performance reports which contains a range of indicators to the Mental Health 5 Year Forward View group. The Newcastle and Gateshead CYP MHLDA partnership groups are formed from key signatories to implement and maintain the action plan.

23.5 Having Children and Young People's Mental Health transformation work as a standing item has helped put children and young people much higher on the agenda.

23.6 At the time of publication we have utilised a partnership approach to agree and refresh with relevant partners such as specialist commissioning, local authorities, local safeguarding boards and local participation groups for children and young people, parents and carers. Terms of Reference can be found at Appendix 7.

23.7 The plan will continue to be updated and be managed through the governance structure with progress updates to Newcastle Gateshead CCG Executive, Newcastle City Futures Board and Gateshead Health and Wellbeing Board (Figures 3 and 4).

Figure 3: Gateshead Mental Health governance structure

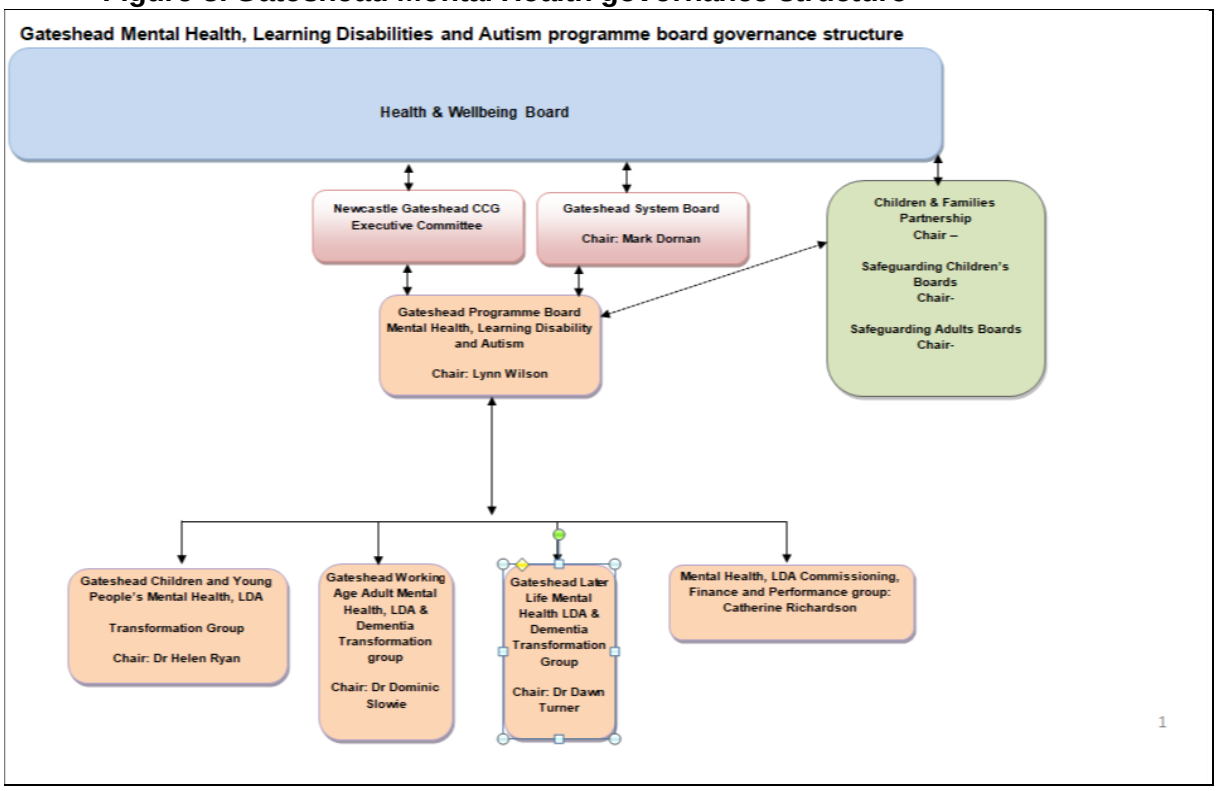
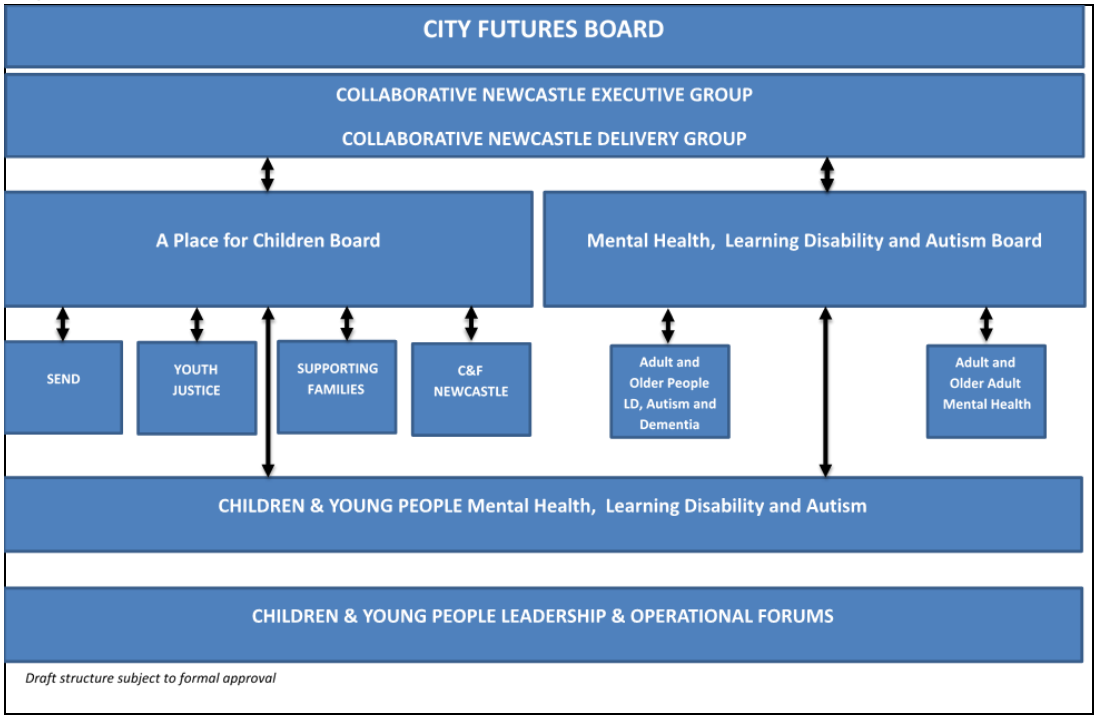


Figure 4: Newcastle Mental Health Governance Structure



24 Performance, "Measuring Success"

24.1 A performance framework has been developed to support implementation of this transformation plan.

24.2 Measurable key performance indicators have been agreed to enable monitoring of progress and demonstrate improved outcomes and will form part of the assurance process required by NHS England.

24.3 Involvement and feedback from children, young people and their families on experience of services will be reviewed on a regular basis.

25 Health and Inequalities

25.1 Promoting equality and addressing health inequalities is central to this transformation plan.

25.2 This transformation aims to uphold the principles within *Future in Mind* which include ensuring those with protective characteristics such as learning disabilities are not excluded.

An Equality Impact Assessment is planned to be delivered on 21/22 to support the implementation of this plan

25.3 Looked after children (LAC)/children in care (CiC) are recognised as a vulnerable group and are prioritised by the local mental health provider and receive timely appointments. Social workers also have access to a CYPS clinician where they can book a consultation for advice and support. This service is across Newcastle and Gateshead. All children across Newcastle Gateshead can access the Single point of access (SPA) and KOOTH an online support for 11-25 yrs. There are also mental health support workers in schools providing opportunities for pupils to access support from an early stage. A trailblazer is in place across Newcastle and Gateshead where mental health workers are linked to schools to provide emotional health and well-being support to prevent issues escalating to secondary services. The CiC/LAC team supports families through this process until the final court order is granted and children and families can access the services as described in the related sections. A regional adoption agency provides ongoing support through and post adoption to children and families.

25.5 The CiC/LAC have the same access as looked after children. Parents and carers can access the single point of access service and receive help and support for the child they are caring for. They can also speak to their social worker who can arrange liaisons with a clinician from the mental health provider.

25.6 Care leavers have a leaving care assessment and plan where relevant health information via a 'health passport' designed by the young people themselves which includes contact numbers for mental health services. Gateshead: care leavers = 208 (18-25yrs), Newcastle list for 2021-22 = 50 (400 care leavers total). Care leavers from Newcastle and Gateshead and from other areas may be registered with Newcastle Gateshead GPs due to the transient nature of care leavers. We have plans to carry out an audit to identify appropriate use of coding and what support the care leavers are offered as part of the ongoing theme of improving health support for care leavers.

25.7 Although the body of the plan does not list (CIN) Child in need and children on a protection plan it is included in the local profiles (as appendices) recognising their additional vulnerabilities. CIN and CP plans will highlight outstanding mental health needs where support can be obtained as explained above. There is growing acknowledgement of adverse childhood experiences and trauma informed practice.

25.8 Where children are living in homes where domestic abuse is confirmed or suspected domestic abuse services offer support to children and young people to address their emotional health and well-being and refer to other services where required. The introduction of the Domestic Abuse bill recognising children as victims in their own right will further strengthen this work.

26 Stakeholders involved in the development of the plan 2021/22

26.1 Table 9 below lists the stakeholders that were engaged with to support the development and implementation of the plan.

Table 9: Stakeholders

Newcastle Gateshead Clinical Commissioning Group	NHS England – Specialised Commissioning
Newcastle City Council	Gateshead Council
Healthwatch Newcastle	Healthwatch Gateshead
The Children's Society	RECOCO – Recovery College
Mental Health Concern	Streetwise
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	Sunderland South Tyneside NHS Foundation Trust
Newcastle Hospitals NHS Foundation Trust	North East Counselling
Counselling North East	Kalmer Counselling
Barnardo's	ZenZone – Kooth

27 New Care Models for Commissioning of Tertiary Mental Health Services

27.1 Provider Collaborative: Commissioning Tertiary Mental Health Services

27.2 Building on the success of the New Care Models pilot the NENC CYP Provider Collaborative, for the commissioning of tertiary mental health services, launched on 1st April 2021. It is an opportunity for mental health providers to take on the tertiary commissioning responsibility previously held by NHSE Specialised Commissioning teams, to innovate and transform services with service users and their families at the centre.

27.3 Cumbria Northumberland, Tyne and Wear Foundation Trust (CNTWFT), our local specialist mental health provider was part of Wave 2 pilot for CAMHS Tier 4 which went live in October 2017. The pilot was for two years and is its impact will be evaluated by NHSE:

1) Bringing care back home | Centre for Mental Health

2) Microsoft Word - NCM evaluation report 8th March 2019 (nicheconsult.co.uk)

27.3 CNTWFT is now lead Provider within the North East and North Cumbria Provider Collaborative, working in partnership with neighbouring trust - Tees Esk and Wear Valley Foundation Trust. This Provider Collaborative Partnership additionally commissions specialised Adult Secure and Adult Eating Disorder services.

27.4 The goals of the CYP PC are to:

- Avoid admission where possible
- Decrease length of time spent as an inpatient
- Reduce the number of patients cared for out of the local area, and repatriate those who currently receive specialist mental health care a long way from home
- Ensure funds are spent as effectively as possible.

27.5 Any expenditure gains are retained by the Provider Collaboratives to invest in improving patient pathways, including community-based care.

27.6 The CCG is part of the local Provider Collaborative Steering Group and will continue to work closely with our Provider Collaborative partners to ensure the provision of effective integrated pathways of care as expenditure gains are realised. NGCCG currently commission an Intensive Community Treatment Service (ICTS) and Eating Disorder Intensive Community Treatment Service from CNTWFT. These services were established in 2010/11 and provide intensive community-based care close to home for children and young people with high mental health needs, to prevent inpatient admission. The services work in partnership with community children and young people's mental health services and where appropriate CYP Provider Collaborative.

28 Forensic CAMHS

28.1 In recognition of the high and complex needs of this vulnerable group of children and young people, the CCG are actively engaged in the commissioning of a new Forensic Child and Adolescent Mental Health Service (FCAMHS) pilot across the North East and North Cumbria. The service is funded nationally until 2021. Following formal evaluation by NHSE, NG CCG will need to consider inclusion in financial plans

28.2 The service is provided in partnership between Cumbria Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust. It commenced on 1 April 2018 and delivers forensic consultation, assessment and in some instance's specialist intervention and treatment to young people up to the age of 18 years with both forensic mental health and complex non-forensic health need. The team works with young people who may:

- have mental health difficulties

- have been in trouble with the police
- have been accused of harming someone
- have other professionals worried about them
- need help in prison or secure home
- need further help so they don't get into trouble
- need specialist mental health treatment.

28.3 Critically, the team will offer advice and support across agencies to support children and young people with non-forensic presentations but who require a co-ordinated risk management plan.

28.4 The team is available to agencies who have contact with young people in the youth justice system or whose behaviour is such that it requires support from a forensic specialist service.

28.5 The service is community based and works with young people and their professional group to support transitions both into and out of secure care hospital settings, secure welfare environments and custodial settings.

29 Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

29.1 CYP IAPT is not a service but a transformation mechanism which underpins whole system outcome improvement and transformation and workforce planning.

29.2 The 5 principles of CYP IAPT are demonstrated throughout our local transformation programme the expansion to the workforce continues into 2021 /22. Workforce strategic plan will support local systems with this expansion and provide assurance that we have the right workforce skills and capacity in the workforce to meet demand. This plan is ever more important due to impact of Covid on children, young people mental and emotional wellbeing.

29.3 This programme aims to improve existing working in the community, involving the NHS providers, Primary care Networks, local authority services and voluntary and community sector that together form local area CYP Mental Health Partnerships.

29.4 There has been local involvement from Newcastle and Gateshead Children and Young People's Improving Access to Psychological Therapies Partnerships (CYP IAPT) as part of the North East Workforce Collaborative.

29.5 Raising awareness and reducing stigma through the delivery of awareness campaigns that promote good mental health and de stigmatise mental ill health (Time to Change, 5 Ways to Wellbeing). Examples include:

- Action has been taken through embedding anti-stigma campaign 'Time

to Change' (TTC) and 5 ways to wellbeing into new campaigns/interventions across Newcastle to raise awareness.

- Football Foundation project linking men's mental health messages to football 'On the ball' Social media campaign funded until 2022.
- Developing a 'health access' resource card for asylum seekers and refugees in partnership with Regional refugee forum (RRF), NCC public health, NCVS/HAREF which contains information on how and where to access relevant, local mental health support as well as primary care services and community/social groups.

29.6 Newcastle and Gateshead CYP IAPT Partnerships are currently members of CYP IAPT Collaborative and have agreed to be involved in the North East Collaborative with HEE, NHSE, and clinical networks to plan CPD across the NENC ICS. Newcastle Gateshead CCG is the lead for both partnerships and has re-established the CYP IAPT partnership as sub group of Local Transformation Plan Implementation Groups is both place-based systems.

29.7 During 2019/20 and 2020/21 we have increased our delivery of CYP IAPT to meet the needs of under 5's by introducing a robust evidence-based training programme for the delivery of 'Incredible Years' across Newcastle and Gateshead.

29.8 We have reviewed the Newcastle and Gateshead model of delivery, including clinical supervision and reporting infrastructure. Support to the workforce has been key action to ensure all children's IAPT trainees have gained access to appropriate trainee supervision (this has been particularly important to VCS providers); IT and analytical support has been provided alongside project management, these roles and functions remain under review. Further workforce development included upskilling the current IAPT workforce to be BABCP accredited.

29.9 In February The Children's Society (TCS) took over the RISE Mental Health in Schools service within Newcastle & Gateshead, supporting school aged children who are experiencing low level mental health difficulties that fall below the CYPS threshold. We have recognised to ensure that all schools who are part of the Mental Health in Schools service need to be able to access and feel that all children and young people can access low intensity mental health support when they need to. Therefore, TCS have refreshed the current model to improve coverage and work alongside all schools to ensure the package of support meets individual needs. This briefing outlines the proposed model and how to refer.

The RISE Newcastle and Gateshead Mental Health in Schools service provides a 'Whole School Approach' for low intensity mental health needs. The baseline offer provides 25 hours of our Education Mental Health Practitioners expertise to work with the school/college to shape what will be most beneficial for the children/ young people, parents, and professionals. The 25-hour baseline can be spread across a term or be condensed

depending on the individual needs. We are able to work alongside teaching staff to shape lesson plans that can be incorporated into PHSE time, provide advice and information to assemblies and classes, provide small groups to offer interventions to children who are needing support with their mental health and finally individual sessions where it is identified that a group environment would not be suitable.

The sessions will be developed in partnership with the schools and our Education Mental Health Practitioners (EMHP), with all materials, activities and approaches used being agreed by the schools to ensure that our message fits the ethos of each individual school/college. Our practice managers will work closely with schools/colleges to ensure that the package of support meets their needs and can look at increasing the baseline offer where schools have a larger cohort of pupils. Including clear assessment tools to demonstrate impact achieved, clear referral mechanism for a 'Whole School'. This will prevent children & young people having to wait long periods of time to access the support they require and prevent mild mental health concerns escalating.

29.10 Our workforce development plan for this CYP IAPT during 2021/22 will focus on building capacity within the VCS collaborative, expanding our mental health support teams in schools and launching our new model of Children Wellbeing Practitioners aligned to and delivering in Primary Care Networks populations. Further details are in workforce plan appendices which is a live document and will be available on both CCG and Local Authority websites.

30. Youth Offender Health

30.1 There are significant challenges in relation to young people transitioning from youth to adulthood. Ministry of Justice and NHS England have undertaken a review, led by the Youth Justice Board to map out the Youth Offending Teams services in the country. Youth Offending Team models are variable regionally and nationally.

30.2 As Local Authority funded services (with statutory funding input from CCG's) Youth Offending Team's seemed to be struggling with delivering the level of service required to manage the level of need.

30.3 Models vary according to Local Authority priorities, so for example in one Local Authority area there may be a need for the Youth Offending Teams to work within the Troubled Families Programme. NHS England are currently working with the Youth Justice Board lead to get a better understanding of the funding in place and whether there is a constant funding allocation pre-Liaison and Diversion compared to now.

30.4 There is a strong evidence base that many of the children and young people who came into contact with the Criminal Justice System have mental health and communication problems. There is evidence that suggests the access to CAMHS, and Speech and Language Therapy is problematic.

30.5 Looked after Children are more likely to come into contact with the Criminal Justice System and Learning Disabilities feature highly within secure children's settings and prisons.

30.6 In continuing to develop and implement the new conceptual model we are acutely aware of the need to ensure links with the broader systems in place to support vulnerable children. We are still considering with present providers how we successfully integrate child and adolescent mental health work into the day-to-day services supporting vulnerable groups e.g. Youth Offending, Looked after Children. We are avoiding the need for separate provision but are developing a needs-based model of care e.g. those with the highest needs being prioritised into care.

30.7 We are working hard to ensure that these CAMHS developments link effectively with other on-going transformation plans e.g. Troubled Families. We have supported the Review and Re-commissioning of the 0-19 Service to ensure that inequalities are addressed for vulnerable groups such as young parents and the development of a vulnerable parent's pathway to incorporate the mental health and emotional wellbeing support as part of the core offer for the universal service. With many transformational plans at different stages of development, establishing the links and suitable care pathways is challenging, however there is a commitment to ensure integration.

31 Progress made in other areas of our 2019/20 Action Plan

31.1 Self Harm

31.1.1 Self-harm response – Our data analysis (a component of the case for change) highlighted that the rate of hospital admissions for self-harm for 10-24-year-old in Gateshead is higher than the national average. In 2014, the Gateshead self-harm rates were identified by both the Gateshead Local Safeguarding Children Board (LSCB) and the Gateshead Children & Families Overview and Scrutiny Committee (OSC) as a priority area of work. The Gateshead CAMHS Steering Group set up a multi-disciplinary self-harm subgroup to carry forward this piece of work which resulted in the development of a self-harm protocol for all professionals within the children's workforce across Gateshead and to look at the current training provision around self-harm and to identify any gaps in provision. We have therefore procured some additional training for schools' staff to help them identify and support children and young people in need.

31.1.2 A team of multi-agency professionals from the NHS, local authority and tier 2 & 3 CYPS services have developed the bespoke training together. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. Post evaluation learning from this will be shared across the Newcastle footprint.

31.2 Workforce Development

31.2.1 Mental Health Awareness Training for specific frontline staff is a crucial element of our workforce development. However, children and young people highlighted many instances where training specifically for schools-based staff would have improved both their chance of early identification and intervention but also would have improved their whole school experience. We agreed to focus our first mental health awareness training at schools' staff. Training began in 2019 and included identification of mental health champions, Mental Health 1st Aid.

31.2.2 Our vision is that every maintained and non-maintained school in Newcastle and Gateshead has a member of staff who is the designated mental health champion, this reflects the vision within the recent Green Paper. The named mental health champion will be the 'go to' person in each school where a problem arises that cannot be easily resolved. The mental health champion will need to:

- Be knowledgeable about the services available (in and outside of the school environment) to support a child or young person should they need to access service provision
- Each named mental health champion is supported by a named mental health professional.
- Engage in the mental health awareness training
- Cascade the learning from the mental health awareness training to teaching and non-teaching staff within their school
- Learning will be shared in a variety of ways that are appropriate to the individual school setting
- Be influential in the school e.g., of sufficient status to help ensure change can happen within the school setting
- Be the link for named Emotional Mental Health Practitioner within Mental Health Support Teams, embedding a whole school approach

31.2.3 To support schools and their designated mental health champion a programme of mental health awareness training has been delivered.

31.2.4 On the 10th of February 2016, we came together at Tyneside 'Pop Up' Cinema with multi agency providers, children and young people and families to celebrate the work of our children who worked with Helix Arts and Roots and Wings15 to develop their CHAOS DVD, and the Young Commissioners recruited, trained and supported by Youth Focus North East supported.

31.2.5 At the event we showcased the DVD and those who took part spoke of their experiences as service users and what it felt like to take part in the Arts Project. The Young Commissioners also took to the stage and impressed the audience with their understanding of the issues for children and young people and what they hoped to achieve as Young Commissioners.

15 www.rootsandwings.design/work/camhs-report

The link to the chaos Video can be seen here https://vimeo.com/173909530

31.2.6 At the event Commissioners from the CCG and two local authorities made the following pledges to the audience.

31.2.7 The Young Commissioner project was evaluated in 2018 and the report is available in Appendix 9. Youth Focus: North East took regular feedback from the Young Commissioners as well as holding dedicated evaluation sessions during the project. Some of the highlighted points are:

- The Young Commissioners feel that their involvement is meaningful. They have the opportunity to share their views, be listened to and also learn from others. They do not feel patronised by the commissioners and have also welcomed the degree of honesty and plain-speaking those commissioners have shown in explaining the challenges faced in trying to improve the mental health system.
- They have enjoyed the variety of tasks they have been asked to carry out. This has led to a range of good experiences and that the work hasn't become dull.
- They feel that Youth Focus: North East has 'their back' and that the commissioners take them seriously. They also welcome the fact that the commissioners don't talk down to them or seek to take over. They have developed a good working relationship.
- There is the view that the first year of the project had lots of opportunities and a sense that the work was moving towards something tangible. The second year of the project feels as though it has stalled – not a lot has happened and there has been no real change in the mental health system across Newcastle and Gateshead.
- At the very end of the Young Commissioners contract, a meeting was held at Gateshead Civic Centre comprising a host of organisations delivering mental health services and support. One of our Young Commissioners attended this meeting and had the opportunity to share her thoughts and ideas with a range of partners. She felt it was a very positive discussion.
- The Young Commissioners felt that their role reduced in the second year of the project, when they had been expecting it to either increase or for their involvement to have greater influence in securing real change.

The CYP LTP will re-launch the young commissioner programme in 2021 with a view to developing a sustainable Young Commissioners model within our place-based alliances.

31.2.8 We are currently undertaking a workforce analysis across the Newcastle and Gateshead that will inform the development of a workforce strategy but

continue to face some challenges gathering all the information more so for the wider workforce out with core commissioning arrangements.

31.3 Eating Disorders

31.3.1 Eating disorders are complex mental health disorders which impact on physical and mental health, family life and social and occupational functioning. Mortality rates are twice as high in people with eating disorders as in the general population and they have the highest mortality rate of any mental health problem. There is considerable evidence in anorexia nervosa that waiting for treatment is harmful; evidence from the FREED study reinforces how important early intervention and support can be for people who are struggling with their eating.

Nationally, there has been increasing attention on eating disorders over recent years, which is driving the need to consider how best we might improve services locally. National drivers include:

- National best practice guidance (RCPsych);
- Parliamentary Ombudsman Report ("Ignoring the Alarms", 2017, and "Ignoring the Alarms: too many avoidable deaths from eating disorders", 2019);
- Learning from when things have gone wrong.
- LTP and new community framework.
- Development of Provider Collaboratives need for whole systems approach to pathway development, emphasising the importance of early intervention, prevention and community-based support.

More recently, as a result of a series of Coroner's Inquests in the East of England, a prevention of future deaths report (under Regulation 28) has been issued to address concerns about gaps in community provision, more specialist monitoring for adults with an eating disorder and training gaps for staff in primary and secondary care settings. It is highly likely that these recommendations will be applicable nationally as gaps in provision nationally are cited within the report.

Also nationally, there is increasing focus on providing care and treatment to people suffering from significant eating and weight difficulties in the context of complex co-morbidity and in people with autism. There is a growing recognition that current service provision nationally does not meet well the needs to these people.

Across the ICS footprint, and indeed nationally, there are historical variances in delivery/commissioning approaches, specifications and commissioned capacity, and there is an increasingly stark difference in capacity and provision between children's and adult community ED services, following introduction of national access and treatment targets for children and young people's services (with associated transformation and development monies) with no comparable programme for services for adults.

We recognise that in Newcastle and Gateshead we have 2 differing service offers for Community Eating Disorder Services and alongside this provision we have a VCSE provision through Eating Distress services which provides counselling and school-based awareness raising. We have worked collaboratively during 2020/21 to develop a new Eating Disorder model for those aged 16 years and above and which brings together and increases provision available through VCSE, CNTW and embeds the voice of people with lived experience. Some key components of the new model are notes below with the full detail in Appendix 11. The new service start delivery in October 2021 and includes primary care physical health monitoring as an additional element in Newcastle and Gateshead.

31.3.2 The current CYPS Community Eating Disorder Team delivers a service to children and young people who are referred because they meet the threshold for an eating disorder or where an eating disorder is suspected. The team provide an assessment and where applicable deliver interventions in accordance with the Access and Waiting time Guidance for Children and Young People's Eating Disorder Services 2016.

31.3.3 The team work intensively with children and young people where there is significant risk of an inpatient admission and proactively monitor and support young people admitted to an eating disorder inpatient service to facilitate their earliest possible discharge providing ongoing community care thereafter.

FREED

As part of the new model and service FREED (First episode Rapid Early intervention for Eating Disorders) programme developed by the South London and Maudsley Trust and implemented in several early implementer New Care Model sites (Leeds being the closest geographically) will be implemented. This model is an innovative, evidence based, specialist package of care for 16–25-year-olds with first presentation eating disorders (duration less than 3 years). FREED overcomes barriers to early treatment and recovery and provides highly co-ordinated early care, with a central focus on reducing the duration of an untreated eating disorder. A more well-known comparison may be Early Intervention in Psychosis services, which operate along similar principles.

Eating disorders typically develop in adolescence and early adulthood, and it has been shown that the longer someone has an eating disorder, the harder it is for them to recover. Treatment outcomes are significantly worse after an illness of more than 3 years duration, compared to outcomes for people who receive early intervention. In evaluation, the FREED model reduced waiting times by 32% for assessment and 41% for treatment, reduced the proportion of people who needed intensive day or inpatient services by 35%, improved treatment outcomes (70% with symptom scores below clinical cut off at 12 months compared to 40-50% in non-FREED patients) and helped 59% of people with anorexia reach a healthy body wait within 12 months of starting treatment, compared with only 17% of non-FREED patients.

The programme has also been shown to offer cost savings of between £26,119 and £183,111 per individual over 3 years through reducing demand on inpatient and specialist intensive day care provision, reducing re-referrals and reducing the number of people who become chronic sufferers as they move through adulthood. Modelling has suggested that there is between £2 and £5 saved for every £1 spent using this model.

Transitions

In considering transitions from children and young people's services to adult services, this is particularly true. There are very different treatments recommended by NICE for the two groups; many generic mental health teams feel unsupported to work with people with an eating disorder. The findings and recommendations of the national Ombudsman's report, "Ignoring the Alarms" (including the PHSO follow up report of June 2019) add to this picture. Further work is planned between the Provider Collaboratives and the CYP ED Community teams over the coming 6 months to develop better management of these transitions. Our ambitions and principles include:

- An ambition to eliminate transitions wherever possible, and rather provide a needs-led continuity of care based on developmental and individual requirements
- Where transitions are required, begin the process of transition as early as possible, proactively involving all appropriate services for an individual's specific needs
- Taking account of individual circumstances, work proactively across services to identify and agree the most appropriate treatment approaches for young people with co-morbidities, based on individual need rather than diagnosis. This will also agree arrangements to facilitate continuity of care with the same professional as required
- Clear mechanisms to provide appropriate levels of support for families as young people move between services
- Adopt a more systemic, pathway management approach

31.3.4 NIWE Eating Distress Service - Early Intervention and Prevention Programme
For Children and Young People Offered to up to 25-year-olds.

NIWE's training officer delivers talks and training in the community to help prevent the onset or maintenance of an eating disorder with the aims of increasing knowledge and understanding of the conditions as well providing crucial information about where to access support
The service has delivered a whole a package of talks "Roads to Resilience" to over twenty Secondary Schools in the Northeast. Examples of schools and PRU's we have worked in.
Sacred Heart Catholic High School; Beacon of Light School (Pupil Referral Unit); Castleview Academy; Benfield School; Newcastle College (Sixth

Form); Monkwearmouth Academy; Newcastle High School for Girls · Dame Allan's School; Whitley Bay High school; Tyne Metropolitan College.

Roads to resilience is a range of interactive talks which aims to increase the emotional resilience of young people and help prevent the onset, or further development, of mental health problems.

Examples of the talks include.

1: My Armour – Designed to strengthen emotional resilience and understanding of how to 'bounce back' during difficult times.
2: Me & My Eating Disorder – Designed to help identify the early warning signs, symptoms and triggers of an eating disorder and provide information about where to access help
3: Living for Likes – Designed to explore the impact social media is having on our Mental Health.
4: Body Positive – Designed to help people develop body confidence, realise their beauty, purpose, and the joy of living with a unique body.

#FirstSteps Film Campaign

We have launched an online film campaign to help reach a larger audience and encourage those struggling with the condition to take their first steps towards recovery. The films are also used within the delivery of our training programme

Our films aim to: -

- Highlight how a young person's life can be affected by an eating disorder
- Identify signs and symptoms of common eating disorders
- Explore some of the underlying triggers linked to the development of an eating disorder
- Encourage those with eating distress to seek help at the earliest point

The films are designed to help prevent the onset, or further development, of an eating disorder and to encourage young people to take the first steps toward treatment.

We are keen to develop two new stories/characters from the BAME and the LGBTQI communities.

Our current films are: -

Tommy's story – vimeo.com/385450327
Kayla's story - vimeo.com/383501047
Amy's story - vimeo.com/354255812
Liam's Story - vimeo.com/356359201

Examples of feedback

- ✓ “Very creative and innovative training. The energy of the delivery of the training and knowledge shared was brilliant”. MA Social Work student
- ✓ “The passionate and enthusiastic trainer who made everything easy to learn”. Teacher at Dame Allan’s
- ✓ “Clear, relevant, informative, delivery very effectively, humour, trainer was professional, well informed and approachable. Good balance

of theory and practical/real life” Teacher at Dame Allan’s

- ✓ “Good presentation. Good points well explained. Interesting and informative”. Adult Social Worker (Drug and Alcohol)
- ✓ “Delivered in very effective and interesting way. very engaging and interesting”. MH Student Nurse
- ✓ “Thank you so much for the engaging talks today. You have certainly got the students talking about it more. Teacher at Monkwearmouth Academy.

1.1. Early Intervention

There is significant evidence pointing to the value of early intervention in supporting recovery, preventing more serious illness and minimising disruption to an individual’s life. However, we know across our geography currently for adults with an eating disorder there are:

- Variable approaches at each stage of the pathway in different areas
- Variable levels of skill and confidence (e.g., within primary care) to identify, assess and support people with an eating disorder and their families
- Limited access to specialist interventions at an early stage
- Limited capacity within the Community and Voluntary sector to provide support at any stage within the pathway
- Significantly greater challenges for ‘at risk’ groups

In line with ambitions in the Long-Term Plan, and clinical evidence from FREED (South London and Maudsley NHS Foundation Trust), we know that establishing an appropriate and responsive community infrastructure, providing proactive treatment and interventions, will be critical to enable us to achieve our vision. If achieved, this will help us accelerate new approaches and scope future requirements for 16–25-year-olds

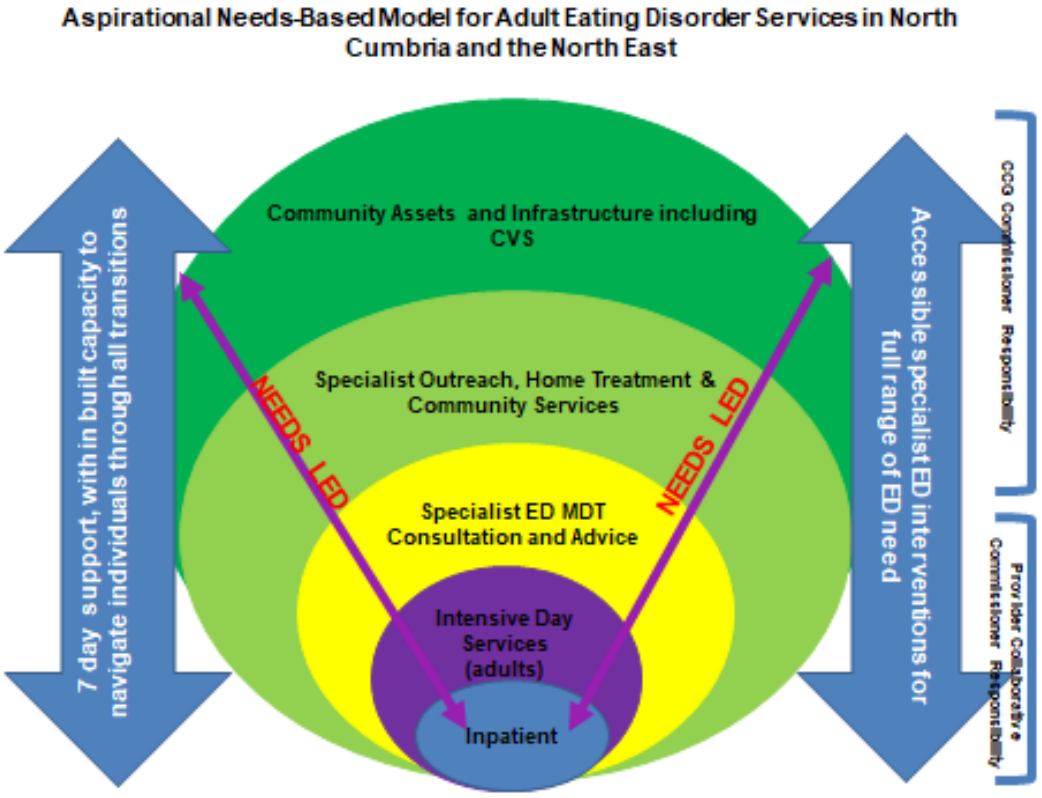
A Vision for the Future

Our vision, developed with and supported by CCGs, NHSE Commissioners, VCS colleagues, ASHN representatives, service users and clinical staff, is built upon a clear premise that specialist services are based on need, not BMI, and are wrapped around the person no matter where they are located. It provides a more consistent and streamlined approach across the footprint to ensure all individuals can consistently access equitable, high quality care at the right time and in the right place to meet their needs. This will necessarily minimise reliance on inpatient admissions and maximise opportunities to provide care closer to home within local communities. The

new model is underpinned by the core principles of recovery, efficiency and sustainability, stressing the importance of greater integration and collaboration across the health and social care system to achieve improved quality outcomes for service users. Key opportunities include:

- Developing a user-led approach to service development and improvement, and embedding lived experience within our offer
- Embedding FREED principles and approaches across our geography to facilitate better management of transitions from CYP services and improved outcomes from early intervention
- Developing equitable, specialist community provision across the footprint to allow parity of access to the necessary support to meet needs as close to home as possible (in line with the Long Term Plan)
- Maximising opportunities to share and use best practice
- Maximising opportunities to address health and access inequalities across our unique geography
- Workforce development and retention across the system
- System-wide focus to enable better collaboration and smoother pathways
- ***Developing a centre for AED research***

The model that is proposed is shown below, with further detail provided at Appendix 11:



31.4 Early Intervention and Prevention

31.4.1 Our aim is to shift our approach across the whole system to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences and ensure an early intervention and prevention approach is adopted.

31.4.2 Shifting resources will not happen overnight, and as such we needed to resource additional upstream services during the process of change, whilst maintaining safe and accessible provision.

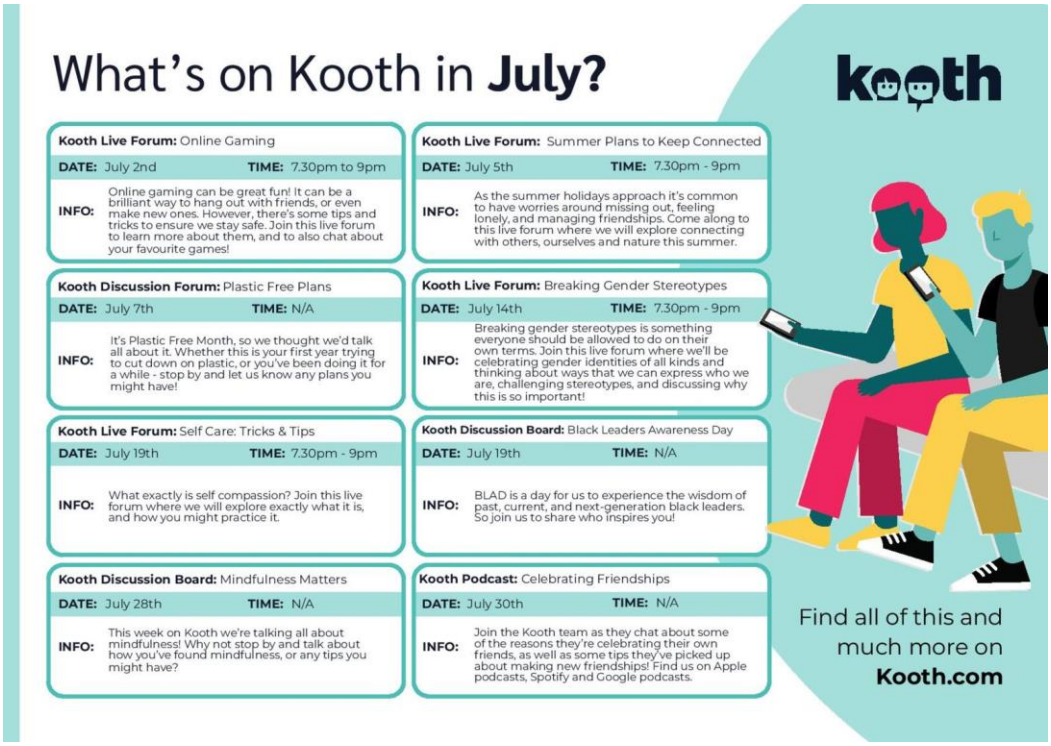
- Our model of Getting Help will gradually move resources from Getting More Help into early intervention as we transform services to deliver more interventions up stream.

- Expanding CYP IAPT in both Getting Help and delivery in Primary Care Networks

- We have commissioned community counselling and CBT provision, including a specific service for children with Learning Difficulties and or Autism.

- Multi agency staff in Gateshead are delivering Self Harm training to frontline staff in secondary schools. This directly responds to a higher prevalence of self-harm in Gateshead highlighted through the Case for Change and local knowledge. This training will be evaluated and used as a pilot with the aim for future roll out across Newcastle.

- Kooth online support is available to all children and young people in Newcastle and Gateshead and in 2021 we extended this offer from 11-18 years up to 25 years. Kooth offers early intervention as well as online support and counselling. Live sessions with topic areas driven by young people cover a range of topics – example below from July 2021.



Anna Freud

- Anna Freud Workshops were held in both Newcastle and Gateshead in 2020. These workshops focused on joint working between health, social care and education settings, developing relationships and opportunities for improved collaboration and support for shared planning to address effectively the needs of children and young people.
- Embedding mental health trained staff into early help teams, building capacity and awareness of mental health and developing opportunities for intervening earlier and avoiding crisis.
- Designing and delivering respite for young people with a learning disability and or autism and their families through holiday clubs, building further the expertise in the workforce.

If U Care Share

IUCSF provide practical and emotional support to Children and Young People bereaved by suicide. Dedicated support officers work individually and in a family context with young people to provide the support. To date they have supported 28 CYP under 25 in Newcastle Gateshead CCG (15 – 16-25's, 13 under 16) IUCSF have developed age-range specific activity booklets for print that can be provided to children and teenagers that engage with the service. These include activities around emotions, memories, calming and positive exercises that can be carried out at home and during appointments. These are being sent out via post whilst working remotely.

In addition, IUCSF have worked with 14 schools across Newcastle and Gateshead CCG as part of the MH Trailblazer programme known as RISE, this included primary, secondary and a specialist education provider. The

sessions increase the knowledge and confidence of participants to identify young people who may be experiencing a mental health issue and how best to respond.

Healthwatch

The Eight Ways to Make a Difference report focused on the Single Point of Access (SPA) for Children and Young People for mental health services provided by CNTW and also the Kooth service. The action plan is being progressed for both place-based areas (Newcastle and Gateshead). Some of the actions from the report sought to ensure that the SPA and Kooth services were well publicised. Following this recommendation, the services have been shared on the CCG website, Local Offer, parent carer forum, other Children and Young People groups and on social media. We have also shared information on these services with schools and GPs.

Trauma Informed Care and Treatment

Over the past two years, we have made significant progress in developing services in both Newcastle and Gateshead. Within Newcastle, a trauma-informed residential support team (TRST) is already in place, utilising expertise from Clinical Psychology, Occupational Therapy and Speech and Language Therapy to understand and formulate the needs of CYP in local authority residential care. All residential care staff have been trained in trauma-informed care and the training has been further embedded with regular consultation and formulation sessions focussed on understanding high risk behaviours of concern. The team have also developed strong working relationships with the Virtual School and specialist education providers to enhance the understanding of these young people's needs within education settings. There has been a commitment through the Children in Care Strategy within Newcastle Social Care to delivering trauma-informed care, and interest has been expressed by partner agencies such as the Police, Youth Offending Services and Education to access further specialist training in this area.

Within Gateshead, there is a commitment to creating a similar model, and service level agreements are in the process of being written. Both local authority areas have committed significant levels of funding to extending and enhancing their residential care provision, drawing on trauma-informed principles including promoting stability and safety within residential care environments. Further to this, there is clear evidence of a commitment to co-production; NHS digital recently commissioned a project with Newcastle and Gateshead Social Care on the experience of accessing health services for Care Leavers called DigitalMe.

In respect of partnership working within Newcastle and Gateshead Children and Young People's Mental Health Services (CYPS), all CYP who are in the care of the local authority access a priority assessment pathway within the service. CYPS have developed a complex trauma pathway and are working in partnership with the Provider Collaboratives to enhance the pathway to

ensure that CYP with high risk of harm to self are able to access specialist psychological interventions including Dialectical Behaviour Therapy (DBT), Structured Clinical Management (SCM), and trauma-based approaches including Eye Movement Desensitisation and Reprocessing (EMDR). Where CYP are not able to access structured psychological interventions, CYPS works closely in partnership with TRST to ensure responses to high-risk behaviours are managed by all services with a clear understanding of young person's story.

Finally, Newcastle and Gateshead CYPS offer both locality areas a consultation service to consider the wellbeing needs of all looked after children from a trauma-informed perspective. These consultations are available to social care as well as partner agencies including Youth Offending Services, Education and foster carers. This service provides the opportunity to develop trauma-informed formulations for CYP as they progress through their care journey.

Vision for the future

Although significant progress has already been made our locality, there is a recognition that these models can be further developed and enhanced in order to ensure that we can reach all CYP with complex needs in the most effective way. In order to achieve this, our vision is to extend the capacity of current services to work with all CYP with complex needs, including those who remain with their families or live-in foster care. In order to achieve this in a sustainable way, we will need additional staffing capacity and will also need to review the current roles to ensure that we are achieving the best outcomes.

31.5 The Right Coordinated Response to Crisis

31.5.1 We have explored further integrated crisis models linking to other local developments, developing a deeper understanding of when children and young people don't have their mental health support needs met effectively. In 2021/22 we will go further in our design to pilot rapid response integrated crisis provision with a strong focus on those at higher risk e.g. looked after children

31.5.2 We have stepped up out offer to CYP in 2020 ensuring a 24/7 Crisis service. However further work in needed to review the children and young people Psychiatric Liaison offer as currently this provision is not available to CYP. This is an area we will look to scope in 2021/22

31.6 Reducing Inequalities

- Delivering Physical Health Checks for CYP over the age of 14 years. Following significant work with GP practices the number of health checks for 14 – 25-year-olds across rose to 64% in 2020 – 2021. The

appointment of SEND specialist nurses has resulted in improved support to individuals to promote the benefit of an annual health check and to communicate to parents the benefits. This work is in progress and will need recurrent attention as generations of children and families move into the system. We recognise there is still work to be done to integrate health advice and planning into EHCPs

- We have identified areas of improvement for vulnerable groups such as specific cultural and ethnic groups, and groups at particular risk (i.e. those at risk of sexual exploitation).

- We have undertaken some additional targeted work with LGBTQplus young people, young people and parents from BME communities, youth offenders, looked after children, young carers, parents of foster children, young people not in employment or education and deaf/hard of hearing parents, children and young people to ensure that our learning to date fully represents their own experiences and views. The report was produced by Roots and Wings (2017).

- We have commissioned specific service delivered through Barnardo's supporting CYP who have experienced sexual exploitation.

31.7 Learning Disabilities

31.7.1 The North East & Cumbria Learning Disability Fast Track Plan includes an intention to ensure early intervention and proactive work with families that starts at the earliest possible stage in childhood.

31.7.2 Action taken since 2019 includes

- Review the skill mix in community teams to ensure that learning disability specialists are part of the team and that teams have the training and expertise to work with children and young people with a Learning Disability.
- Work with the Behavioural Assessment and Intervention Team to ensure that they have the capacity to develop a Positive Behavioural Support Training Plan that will support professionals working with children and young people with behaviours that challenge.
- Ensure strengthening the CYP IAPT providers to ensure that they have the skills and capacity to work with children and young people with Learning Disabilities.
- Ensure that parenting programmes are suitable for families caring for children with learning disabilities.
- We have achieved significant progress in our annual health checks in 20/21 for those with a LD from the age of 14 compared to previous years and an action for the plan regarding this will be to undertake more in depth work in 21/22 to determine individual factors that might be preventing uptake of the checks in the CYP group.

31.7.3 With the available data we reviewed the skill mix of providers and reviewed

the current provision, we have heard during our listening phase that open/fast access to a seamless service is key for this cohort. In year transformation funds were utilised to provide a dedicated counselling service for those children and young people with a Learning Disability.

Newcastle is exploring parent programme for Autism which Barnardos deliver called Cygnet - has a much broader scope than current parenting programmes e.g. Early Bird and early Bird plus Access to the community of practice and learning from the focused work around autism in Tees through the Transforming Care Accelerator site will support this development.

The Dynamic Support register of CYP explores physical as well as mental health needs, and this is reflected in CTRS and CETRs.

CNTW follows the principles of STOMP and STAMP, which aim to reduce use of psychotropic medication to the essential minimum and to prevent unwanted side effects including unwanted weight gain and metabolic compromise.

31.8 Speech and Language Therapy (SaLT)

31.8.1 Outcomes from Newcastle and Gateshead SALT review are being progresses and further work is anticipated - this will include services to children and young people with a Learning Disability. Review considers the growing need for SALT availability across ASD and other services including Youth Offending.

31.9 Autism

31.9.1 A new work stream has been developed recently to look at priorities and how we look to develop and embed NE&C Transforming Care autism advice and post diagnostic support.

31.9.2 Following the launch of the National Autism Strategy further work in underway to assess our local service offer to children, young people and their families to understand our place-based systems objectives and next steps.

31.9.3 Gateshead have developed an autism hub which is a volunteer-run service with the venue provided by Gateshead Council. This hub offers

- a monthly drop-in session where visitors can browse information files and resources, meet other parents and carers, and discuss specific issues with autism professionals
- two support group meetings per month, one during the daytime and one in the evening

The Gateshead Autism Information Hub Facebook page exists to supplement these services by providing basic information about autism and locally available services and support, primarily for those people who may not be able to attend the above face to face sessions.

In terms of Autism Assessment and post diagnostic support pathway, this is a key priority for delivery of improvements starting in 2021/22. Prioritising and reducing waiting time for assessment and understanding the needs of families following diagnosis.

31.10 Improve Perinatal Care

31.10.1 Community Perinatal Mental Health Team provides a community mental health service for women with mental health problems related to pregnancy, childbirth and early motherhood. The team works to minimise the risk of relapse in those women who are currently well but who have a history of severe mental illness.

31.10.2 The 0 - 19 service in Newcastle now has a specialist health visitor for children with additional needs. This role includes the supporting and training of staff, as such staff have had access to training days focused on particular conditions commonly presenting in childhood. Part of the role is also about signposting for staff, so they can better support families and signpost as appropriate back into specialist services when needed.

31.10.3 The team have also received presentations at the health visitor professional forum from organisations such as Contact a Family, Cauldwell Trust and Downs Syndrome Association. Staff are more aware of how to access information regarding other services and can signpost appropriately. Staff have continued to access Early Help and Support from Children's Centres via the CAF process and have regular updates regarding this process.

2021/22 NG CCG has increased investment in order to increase numbers of clients seen the CNTW perinatal service. This is in line with the ambitions of the Long-Term Plan. A revised service specification has been agreed that will see the CNTW service provide as service to:

- all women of reproductive age with a current or previous serious mental illness have access to pre-conceptual advice and information on the risks of pregnancy and childbirth on their mental health and the health of the foetus/infant, including the risks and benefits of psychotropic medication, Seen within 6 weeks of referral.
- deliver a timely service (in line with national recommendations) to meet the requirements of mothers and infants in a community setting without undue delay, maintaining and promoting good mental health throughout their pregnancy and postpartum year. Assessment to be carried out within 2 weeks of referral.
- All women requiring psychiatric admission in pregnancy or following delivery will have follow-up by a specialist community team.
- Partners/Carers will be offered an assessment to identify any needs that they may have and will be signposted appropriately.
- There will be an improvement (or maintenance were already well) in the patient's quality of life as the result of referral to a specialised perinatal community mental health team. This will be measured via the CORE.
- To reflect experiential outcomes and measures for women (and their

partners/families where appropriate) who have been referred to a specialised perinatal community mental health team, including the Friends and Family Test

- Direct involvement in training for other services and agencies

31.11 Parent Infant Psychotherapy Service

31.11.1 The Parent Infant Psychotherapy service is based on the Parent Infant Partnership model overseen by the charity PIPuk – currently this service is only available in Newcastle.

31.11.2 Based on national prevalence data for maternal ill health and the current birth rate we estimate that approximately 215 families in Newcastle will benefit from interventions offered by this service. The service will work closely with acute perinatal mental health team as well as front line service providers such as midwives, health visitors and our community family hub which consists of our Sure start Children's Centres and early help and family support services.

The service promotes the importance of the first relationship with the baby and parent/s, offering direct therapeutic support to families where necessary, in order to support and strengthen these relationships and includes additional work with Fathers.

31.12 Early Intervention in Psychosis (EIP)

31.12.1 In relation to Early Intervention in Psychosis (EIP), we said in our Plan that commissioners and Cumbria, Northumberland, Tyne & Wear Mental Health Trust would work together in readiness for implementation of the new access and waiting time standard and would ensure that the necessary policies, processes and data capture systems were established by April 2016.

31.12.2 To date, via monitoring information gained during regular contract meetings between the CCG and Northumberland Tyne & Wear Mental Health Trust, the new EIP standards for both access and waiting times have been achieved and are consistently achieved, with performance routinely around 80%.

31.12.3 We do understand that the service is experiencing capacity issues, caused by increases in incidence in under 35s. The service has managed this by only providing an 18-month pathway for over 35s. NICE concordant care is offered, but there is limited availability for cognitive behavioural therapy. Commissioners will be monitoring progress and working with the Trust and HENE to address workforce issues.

31.12.4 The service is using nationally identified reporting mechanisms for qualitative information about the service as well as relevant interventions and outcomes.

31.12.5 The service accepts people from the age of 14 but will work with younger children in partnership with community CAMHS who will maintain case lead. EIP services have joint protocols with CAMHS and make decisions about who leads on care, based on the needs of the child/young person. Caseloads of under 18's are monitored periodically as part of the CCQI audit for EIP NICE concordance.

31.12.6 The Access and Waiting Time Standard for EIP and the Five Year Forward View tasks the service to see 60% of new cases within two weeks and be able to offer service users a NICE compliant care package. This covers an age range of 14-65. The standard extended EIP services to assess and treat people showing signs of an At-Risk Mental State for psychosis (ARMs). A new service has been developed to deliver treatment and monitoring for this patient group.

31.12.7 The Newcastle and Gateshead EIP teams continue to achieve the access part of the standard, with performance routinely above 70%. This includes people under the age of 18 from any referral source. There is a joint working protocol with CYPS which encourages co-working to ensure the young person receives the optimal treatment package.

31.12.8 The first CCQI audit of NICE concordance highlighted several gaps in service provision. Referral rates for the service have increased markedly since the service was extended, beyond what was anticipated from increasing the age range from 35 to 65. This appears to be consistent with trends in all urban areas of England and included increases in children and young people. The percentage of children and young people on the caseload is monitored annually. This additional demand has impacted on caseload size and the ability to offer treatments and is being closely monitored by the CCG.

31.12.9 The EIP service provides NICE recommended interventions including Cognitive Behavioural Therapy for psychosis, Family Interventions Individual Placement Support, Carer support and physical health monitoring and interventions to all service users. CBT capacity is insufficient to meet demand.

32 Next steps

32.1 We will continue to use the Newcastle Future Needs Assessment (NFNA) and the Gateshead Joint Strategic Needs Assessment (JSNA) to support our work and help us to understand the key issues facing children, young people and families in Newcastle and Gateshead as we continue our transformational journey in the coming months.

The delivery plan below details further work which will delivered through place-based partnerships and will be incorporated into a holistic Children and Young People Strategy in both Newcastle and Gateshead, reflecting differences in population, providers and needs at place.

32.3 This delivery plan and the new CYP strategies will be reviewed and refreshed as a minimum at least once a year with all system partners, children, young people, families and carers involved in the process; it is a living document that that will be updated by the partners as milestones are reached and actions are implemented.

Appendix 1 – Local Transformation Delivery Plan

MHCYP MH & EW Local Transformation delivery plan							
ACTION PLAN 2021 - 2022							
Area	**Transformation Priority**		**Objective**	**Update**	**Lead**	**Timescale**	**RAG**
1	**Expanding Minds, Improving Lives - Children and Young People Local Transformation**	**1.1**	Evaluation phase by phase of Getting Help including Single Point of Access and Getting More Help Services.	CNTW to update - Draft evaluation of SPA received further work to be completed date to be confirmed	CCG CNTW	September 2021	
		1.2	Incorporate peer support into Newcastle Gateshead model	All secondary schools developed peer support model. To be confirmed by LA and VCS ***ReCoCo are making good progress towards establishing a Rollercoaster type set-up for Newcastle and Gateshead. Update received from Alisdair Cameron***	LA VCS CCG	October 2021	
		1.3	Review full pathways which specifically include pathways relating to: a) Services within VCS.	Timeline to be developed - Completed	CCG	October 2021	

			b) Inpatient CYP MHS pathway including specialised commissioning.		NHSE	January 2022	
			c) Mental health and behavioural support for CYP in contact with the Justice System.		CCG	March 2022	
			d) Perpetrators and/or victims of crime, including sexual assault and those in the welfare system and on the edge of care.		CCG	March 2022	
			e) Those requiring bereavement support including support after suicide.		CCG	April 2022	
			f) FASD Pathway.			April 2022	
			g) Urgent and Emergency Response.			January 2022	
			h) Substance Misuse Pathway.	Completed		October 2022	
			i) Talking Therapies.	16+ Completed		October 2021	
			j) LD Diagnostic and MH Autism Support		NTW VCS	December 2021	
		1.4	Adopt better use of technology within CYP MH services, including SPA. Increase the use of texts, e-mails and skype etc. for	Project to be picked up by Young Commissioners who will lead on this. NTW to incorporate in SPA. Update required at next meeting in May 2019 Young Commissioners to lead on "Anti-	NTW CCG	01 December 2021	

			appointments. This work should be informed by CYP and families	Stigma" campaign.			
		1.5	Develop support pathways for children and young people and for parents and carers who have alcohol problems	Completed	Gateshead LA	September 2018	
				Currently in procurement	Newcastle LA	December 2019	
		1.6	All schools, colleges and primary care will have a named lead on mental health - link to Green Paper and MH designated lead in schools	LA leads to be identified for updates. Primary Care lead to be agreed Update required prior to next meeting regarding timescales - to be reviewed and updated 2021	CCG/TCS	December 2021	
		1.7	In partnership with YP and learning from Young Commissioner Project, co-produce sustainable model for Young Commissioners		CCG	December 2021	
2	**Workforce Development Plan**	**2.1**	Develop a comprehensive workforce strategy based on training needs, assessment of wider children and young people's workforce: staffing data (WTE, discipline, skill set) and financial information	This will include VCS and IAPT workforce.	CNTW CCG	January 2022	

		2.2	Implementation of workforce development strategy including demand and capacity planning for specific programmes including CYPS and IAPT.	CCG developed TNA and workforce mapping tool. Demand modelling and capacity tool developed	NHSE Catherine Richardson	September 2021	
3	**Eating Disorders**	**3.1**	Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach. Review current ED provision with consideration of prevention. Early intervention and community delivery for those aged up to 25 years	Link MST work with LA developments. Workshops to be arranged as soon as possible. Agreement that adults and children's workshops should be separate. CCG and NTW to jointly work to assess implications of Eating Disorder Waiting Times Standard and develop improvement plan if required CR to send out new guidance **ACTION**	Catherine Richardson CNTW NIWE	October 2021	
		3.2	Build capacity within community mental health services to deliver evidence-based eating disorder treatment. Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy linked to Children and Young People IAPT	New model agreed to be implemented from Q3 2021/22 John Padgett to be invited to meeting in May 2019.MFT is provided as part of the CYPS –IAPT training.North of Tyne Community Eating Disorders Service (CEDS) Team - 2 staff attending training. One new staff member still requires training.South of Tyne CEDS Team have 1 person on the CYPS-IAPT course enabling 2 members of that team to attend the training this year. Update received from Jane RobbongoingMeeting required for Feb/March 2020, delegates TBC. Ann Drummond to pick up.	CNTW/CCG	October 2021	

4	**CYP IAPT**	**4.1**	Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities, Autism or both and speech language and communication needs	To link workforce development plan and WD network between Newcastle and Gateshead IAPT programme transformation lead by CCG with developments in PCN's and VCSE Getting Help providers	CCG	September 2021	
		4.2	Review training priorities and target workforce - training opportunities for working with under 5's and Learning Disability and Autism.		CCG	April 2022	
		4.3	Undertaking scoping - re: extension of the current CYP IAPT programme to train staff to meet the needs of children and young people who are not supported by the existing programme	Link to workforce planning with CNTW, VCS and STFT	CCG TBC	October 2021	
5	**Early Intervention and Prevention**	**5.1**					

6	**The Right Co-ordinated Responses to Crisis**	**6.1**	Continue to implement interim improvement plan developing options for early intervention crisis response based on a 24/7 model of care and provided in their local communities ensuring care is provided as close to home as possible or within their own homes.	Workshop planned 20.02.19. Need to review the offer for residents outside Newcastle and Gateshead. A further 3 dates have been put in the diary. Options will go to CCG Exec when developed	CCG - Commissioned Separately	July 2019	
		6.2	Develop the model for intensive home treatment for children and young people with complex needs	Part of new care model update next meeting Urgent Response Meetings are back in the diaries aiming to develop integrated model	CCG	September 2021	
		6.3	Ensure access to 24/7 crisis and home treatment support for CYP		CNTW/CCG	October 2021	
		6.4	Review and model the need and capacity for psychiatric liaison in acute provision		CNTW/CCG	October 2021	
		6.5	Develop a multi-agency crisis care pathway and review existing service offer	Part of new care model update next meeting Key priority - no child psychology liaison in A&E - currently waiting for funding to start new model.	CNTW	April 2022	
7	**Reducing Inequalities**	**7.1**	Monitor new arrangements and	Refresh joint strategic needs assessment CYP mental health and wellbeing to	Gateshead LA	December 2021	

			continue improvement activities	inform future commissioning. JSNA to involve CCG MH lead clarity is required on who is lead for this action in Gateshead	Newcastle LA		
		7.2	Develop and evaluate mechanisms are effective to support the physical health of children and young people with learning disabilities and or Autism including access to physical health checks for those aged 14+ and effective use of educational health care plans	Clinical Leads reviewing Health Checks. SALT report to be circulated - update requested for May 2019	Clare Scarlett	September 2021	
		7.3	Establish provision and pathway for CYP with Dysphagia	Update next meeting	Clare Scarlett	December 2021	
8	**Learning Disabilities**	**8.1**	Monitor and review new arrangements for Getting Help and Getting More Help and impact of CYP with Learning Disability and or Autism	Within evaluation - new model in CNTW for delivery	CNTW Judith Turner	October 2021	
		8.2	Review local impact of the Accelerator site for Learning Disability Transformation Programme.	Establish roll out and share learning	NHSE	Feb 2022	

		8.3	Ensure services are responsive to individual needs and can wrap around those YP with complex needs to prevent placement breakdown and inappropriate admission or increase in risky or offending behaviour	EOI drafted for NHSE funding to support Trauma Informed Care	CCG/CNTW	April 2022	
		8.4	Review learning from LeDeR mortality review with a view to implementing local action, preventing where possible further deaths.	A lesson learned group will provide a report -	CCG	September 2021	
		8.5	Learning Disability and Learning Difficulty	Diagnostic pathway to be developed - request support from ODN	ODN TBC	April 2022	
		8.6	Ensure clear linkage and communication to SEND plans and strategy groups		Send leads	October 2021	
		8.7	Review physical health pathway noting the issue of increased susceptibility to mental health conditions for those with LD and/or Autism		Clare Scarlett	June 2022	

9	**Speech and Language Therapy SaLT**	**9.1**	Review SALT provision to ensure appropriate levels of support is available at the right time	to confirm if completed			
10	**Autism**	**10.1**	Scope local need and service development to deliver assessment and treatment compliant with National and Local Standards for children and young people with learning disabilities, autistic spectrum disorder, attention deficit and hyperactivity disorder. To improve access and multi-agency intervention and develop post diagnostic support.		Place LDA plans and CCG	March 2022	
11	**Workforce**	**11.1**	Workforce Development (Autism) including parental/carer training programme for diagnostic and post diagnostic support	Strengthen mainstream school/setting offer for supporting CYP with communication and interaction needs - (autism/SLCN) through development of a specialist teacher team.	Newcastle LA	01 November 2021	
					Gateshead LA	November 2021	

		11.2	Trailblazer - Mental Health Support Teams in Schools	The Children Society is current provider. Some workforce issues and attrition places are confirmed for sept 21 with Northumbria Uni. Confirmed whole school approach model	TCS/CCG	September 2021	
		11.3	Co-production plan and approach	To be developed	Place systems	November 2021	
		12.1	Establish comprehensive perinatal maternal mental health pathway from primary care to specialist services including psychology and mental health offer in general maternity provision		CCG	October 2021	
12	**Perinatal**	**12.2**	Implement a service model to include support for both parents		CCG	April 2022	
		12.3	Ensure local birthing units have access to a specialist perinatal mental health clinician.		CCG	April 2022	
		12.4	Ensure provision is community based and all ages	Review NEWPIP model	CCG	October 2021	
		12.5	Establish support to men as part of this pathway		CCG	October 2021	

13	**Transitions**	**13.1**	Implement best practice in regard to transition from children's mental health services to adult mental health services within the new service model. Reviewing the level of service offer between adults and CYP's. Establish timeline to extend to transition up to 25 years where appropriate	95% of children will have a transitions plan.	CNTW CCG	September 2021	
		13.2	Improve support to children and young people in transition years, particularly between services for: Pre and Post - 16-year old's Primary Secondary Secondary + 16, CYPS Care Leavers	CYPS for 2019 confirmed up to 19 years and will be extended year on year going forward.	CNTW	March 2022	
		13.3	Review whether work is needed to improve pathways between pre-school years and school		CNTW	March 2022	
		13.4	Transitions between CYP physical health		GTSH FT NuTH	October 2021	

			needs i.e. OT, Specialist Nursing, SALT, Physio, communication aids. Environmental controls to be reviewed to ensure children and young people receive support required.		CCG		
14	**Specialist In-Patient**	**14.1**	Implementation and monitoring of programme to ensure children and young people in need of specialist in-patient care are able to access services timely and near to home as possible	Update on action required CAMHS New Care Model (NCM) sets out to reduce reliance on inpatient beds, reduce length of stay, provide care closer to home and avoid out of area placements. Data shows that the NCM is achieving this, with inappropriate out of area placements all but eliminated. To support the process of referrals, admissions and discharges we have developed a Clinical Case Management Team with a 7-day presence. The team works extended hours to provide a robust and consistent response to requests for admission, ensuring that when admission is indicated a bed is located and accessed quickly and easily. The Clinical Case Management Team also manages "repatriation" of young people from out of area hospital placements back to the region. As a New Care Model we've also committed to reducing placements outside of the area	CNTW	October 2021	

		14.2	Explore opportunities to increase outreach work through utilisation of children's centres and general practice.	Part of New Care Model New Care model has made a commitment to provide care closer to home through a reduction in the reliance on inpatient beds. A key driver has been NHS England's Transforming Care Programme, through which the closure of 11 Learning Disability beds at Ferndene was agreed. This trajectory commenced in March 2021 and concludes March 2022. A clinical project team, comprising front line staff and managers, has worked hard to develop plans for the reinvestment of the resource released by the bed closures. The reinvestment approved by NHS England and the Specialised Services Partnership Board, has seen the development of Intensive Positive Behaviour Support (IPBS) int he Community, essentially providing the function of the (now closed) Riding Ward in a community setting. The IPBS team for CNTW is now fully recruited and working extended hours seven days per week, with young people and their families/carers in their schools, homes and other settings. In addition to holding a caseload, the team also provides advice and scaffolding to existing Community Learning Disability teams. This is primarily achieved through monthly consultation clinics in each locality, giving professionals from existing community teams the opportunity to discuss their most complex/challenging cases with highly skilled members of the IPBS team complex clinical cases. A full	CNTW	October 2021	

Page 211				evaluation will be undertaken as part of the on-going New Care Model programme, but early feedback suggests that the approach is working well, and this is backed up by the corresponding reduction in inpatient admissions of young people with a learning disability.			
15	**Sexual Abuse and/or Exploited**	**15.1**	Ensure those who have been sexually abused and/or exploited receive comprehensive assessment and referral to appropriate evidence-based services. To include reasonably adjusted approach for those young people with a learning disability and		TBC	June 2022	

			or autism working with specialist services as required				
16	**Early Intervention in Psychosis (EIP)**	**16.1**	Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis. Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence-based interventions is required to improve NICE concordance		CNTW CCG	October 2021	
17	**At Risk Mental State**	**17.1**	Establish and evaluate ARMS service	Submit ARC evaluation and scope embedding IPS within the service Expand service up to 35 years and explore extending length of time within service for some clients who need a more flexible intervention to meet needs	CCG CNTW	April 2022	
18	**Advocacy**	**18.1**	Review offer and model for young people's advocacy - Young Commissioners ***"What does good look like"***	Review Model	CCG	June 2022	

19	**Online Support**	**19.1**	Access to on-line support and counselling through KOOTH	Expand to those aged up to 25 years and evaluate	CCG	May 2022	
20	**Reducing Stigma and Increasing Awareness of Mental Health**	**20.1**	Raising awareness and reducing stigma through the delivery of awareness campaigns that promote good mental health and de-stigmatise mental ill health. ***(Time to Change, 5 Ways to Wellbeing)***	Newcastle supporting awareness campaign. Gateshead and Newcastle Mental Health 4 campaigns Young Commissioners to pick up this work.	Public Health Iain Millar Michelle Stamp	Ongoing	
21	**Transparency and Governance**		TBC				
22	**Health and Justice**		TBC				
23	**Data access and outcomes**		TBC	Equality Impact Assessment is planned to be delivered on 21/22 to support the implementation of this plan			
24	**Digital Enabled Care Pathways**		TBC				

STRATEGIC/ OPERATIONAL RISK (or both)	RISK IDENTIFIED & POTENTIAL IMPACT	RAG	ACTION PLAN	LEAD OFFICER(S)
Strategic/Operational Risk	Non-engagement of staff in Transformation Plan		System partners already well engaged in delivering the Local Transformation Plan and service development to date however impact of Covid pandemic has reduced workforce capacity during 2020/21 to proactively engage in regular updates with priority begin on delivery of services.	All partners
Strategic/Operational Risk	Data sharing and performance metrics quality issues		Data under CNTW Lead Provider to improve ensuring meaningful and transparent for children, young people families and carers	CNTW
Strategic/Operational Risk	Manage the increase in Covid generated demand and suppressed demand for mental		Scope expected increase in demand and align with workforce plan	
Operational Risk	Workforce/appropriately trained staff to deliver evidence-based interventions		Workforce analysis already underway.	All partners

Strategic/Operational Risk	Activity increase exceeds resource allocation based on current activity levels with no		Phased approach and review/agreement before proceeding to next phase	CCG and providers
Operational Risk	Increased referrals to Children's Services including Early Help and services supporting Looked After Children		CCG to confirm appropriate plan to support.	CCG and Local Authorities
Operational Risk	Capacity/availability of staff within current system not meeting required staffing		Staffing structure and training needs to be reviewed as part of the workforce plan to ensure workforce meets capacity and capability. Recruitment to posts is challenging and new roles development could help support	All partners

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Appendix 2 Expanding Minds Improving Lives Case for Change	Case for Change.docx
Appendix 3a Gateshead Mental Health and Wellbeing Children and Young People Profile	**Gateshead profile https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/ati/302/are/E08000037/iid/92196/age/2/sex/4/cid/4/tbm/1** Gateshead Profile 2021.docx
Appendix 3b Newcastle Mental Health and Wellbeing Children and Young People Profile	**Newcastle profile https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228** Newcastle Profile.docx
Newcastle 0-19 health needs assessment	Newcastle HNA https://newcastle.gov.uk/sites/default/files/newcastle_0-19_service_needs_assessment.pdf

	 newcastle_0-19_service_needs_assessm  A public mental health approach to cc
Appendix 4 Independent review of their CYP MH services 2016-2017	 NTW Engagement Paper
Appendix 5 Involve North East	 Summary of best practice when engagi
Appendix 6 New Specifications for Getting Help and getting More Help and Performance Framework	 Microsoft Word Document  Microsoft Word Document  Microsoft Excel Worksheet
Appendix 7 CYPMH Transformation Plan Group Terms of Reference	 GATESHEAD CYP MHLDA ToR 16.11.20  Newcastle CYP MHLDA ToRv2.docx

Appendix 8 Draft Workforce Development Strategy and Data Collection Tool	Updated - Response to CYP MH Workforce
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GATESHEAD HEALTH AND WELLBEING BOARD
10 September 2021

TITLE OF REPORT: **Role, Function and Membership of the Health & Wellbeing Board**

Purpose of the Report

1. To set out some options to inform follow-up discussions on the role, function and membership of the Health & Wellbeing Board so that it is best placed to take forward the key aims of our Health & Wellbeing Strategy and the recommendations of the DPH 2020 Annual Report on inequalities in Gateshead.

Background

2. The Board considered at its meeting on 11th June an initial report and position statement on a review of the Board's membership. It was noted that:

   - We should take the opportunity to reflect on the role and purpose of the Board to inform the review of its membership.

   - Although much of the Board's membership is defined by legislation, there is scope to add to its membership, recognising the need to think beyond health and care services in order to achieve health outcomes.

   - The Council's constitution states that the Board may itself appoint such additional persons to be members as it thinks appropriate (article 11.02). Appendix 1 sets out the Board's current membership.

   - Addressing the challenges set out in our Health & Wellbeing Strategy will require a more direct focus on the wider determinants of health and wellbeing as suggested by its title 'Good jobs, homes, health and friends'.

   - Addressing the recommendations of the DPH 2020 report on revisiting inequalities will require a specific focus on targeted support for our most disadvantaged citizens i.e. proportionate to need; a focus on creating well-being through our economic recovery work; and ensuring that health equity is central to our whole approach, working with local communities.

   - If the Board is to be well placed to address these challenges, we will need to broaden its membership accordingly.

   - In securing the right balance of membership going forward, there is a need to consider how the following areas of focus can best be represented:

     - housing

- economy
- maximising household income
- sustainable and resilient communities

- It will be important that there is clarity on the focus of the HWB in these areas that is distinct from that of other partnership boards such as the new Strategic Housing Board.

3. It was agreed that a further discussion would take place on these issues and that some options would be set out to inform these discussions.

Role and Function of the HWB

4. The role and function of the HWB, as set out in the Council's constitution (see appendix 2) draws from its key statutory responsibilities set out in the Health & Social Care Act 2012:

- To assess the needs of the local population and lead the production of a joint strategic needs assessment (JSNA).

- To produce a joint health and wellbeing strategy for its local population that reflects the JSNA.

- To promote health and care integration, partnership working and support joint commissioning.

5. The Council's constitution also includes a role for the Board around ensuring the delivery of better health and wellbeing outcomes for children and adults, and to improve the quality of education and care as well as to ensure value for money.

6. Whilst these roles remain relevant today, it is now timely to consider strengthening the wording of the Board's remit to reflect its role going forward. In particular, there is an opportunity to include reference to the role of the Board in the following areas in response to the discussion at the June meeting:

- To provide strategic direction on the wider determinants of health in order to create the conditions where peoples' health and wellbeing is able to thrive.

- To provide strategic direction on addressing inequalities across our local population through targeted support for our most disadvantaged citizens.

- To promote equity of health and wellbeing, working with local communities and local partners.

- To promote the primacy of place in health and care decision making so that it is as close to communities as possible, liaising with broader health and care geographies towards this end.

7. Finally, clarity will be needed on how the HWB will interface with other partnership boards such as the new Strategic Housing Board i.e. to avoid duplication of roles. It will be important that the role and focus of the HWB is distinct from that of other partnership boards.

Review of the Board's Membership - Scenarios for Consideration

8. In reviewing the Board's membership to enable it to best fulfill its roles and responsibilities, consideration could be given to the following scenarios, which are not mutually exclusive:

Scenario 1:

9. Maintain core membership of the Board as it is currently but add to its associate membership list.

Given the clear focus of our Health & Wellbeing Strategy on the wider determinants of health and addressing inequality, this does not appear to go far enough in securing the required impetus to address key challenges presented by this agenda.

Scenario 2:

10. Expand the core membership of the Board to cover the following areas of focus:

- housing (e.g. a representative could be nominated by the Strategic Housing Board);
- economy (e.g. a representative that is active in fair employment /good work for all and/or community wealth building agenda);
- maximising household income (e.g. a representative of Citizens Advice Bureau or similar organisation);
- sustainable and resilient communities (e.g. a police representative or a representative of an organisation with a track record in building resilience within local communities).

The inclusion of representatives covering some/ all of these areas would provide additional expertise to the Board and could help to facilitate a co-production approach to plans and initiatives at Place. This could also help to avoid a duplication of roles as representatives of these areas could support the interface between the HWB and other partnership boards as need be.

Scenario 3:

11. Establish a broad reference group(s) of organisations that the Board can liaise with and draw upon in developing its response to key challenges linked to its areas of focus going forward.

A broad reference group(s) arrangement would be inclusive and provide a flexible and adaptable approach is securing additional expertise and insight on issues linked to the wider determinants of health/ addressing inequalities etc. However, on its own, it may not provide the impetus needed to secure the step-change in approach and direction that the Board is seeking.

Scenario 4:

12. A hybrid approach is adopted which would see the Board expand its membership to encompass some/ all of the additional areas set out in scenario 2 as well as putting in place a broader reference group(s) as set out under scenario 3 above.

This arguably could provide the best of worlds, so to speak. On the one hand, an expanded Board membership to support its response to key challenges, supported by a wider reference group(s) to provide input to that response at key points as required.

Updating the Membership List

13. Finally, the opportunity can also be taken to update the membership list of the Board e.g. by formally removing South Tyneside NHS FT from the list which reflects the current position in practice.

Recommendations

14. The Health and Wellbeing Board is asked to:

(i) Consider its future role and function as set out in this report.

(ii) Consider the scenarios set out in this report in coming to a view on its membership going forward.

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Appendix 1

Membership of the HWB – Article 11.02 of the Council's Constitution

The Health and Wellbeing Board will consist of 20 members as follows:-

- Eight councillors (including the Chair and Vice Chair)
- Strategic Director, Care Wellbeing and Learning
- Director of Public Health
- Two Gateshead clinical commissioning group representatives (the Chair or Assistant Chair of the Clinical Commissioning Group and one representative at Director level or equivalent)
- A representative of the NHS England
- A representative of the Local Healthwatch
- A representative of Gateshead Voluntary and Community Sector
- A representative of Gateshead NHS Foundation Trust
- A representative of South Tyneside NHS Foundation Trust
- A representative of Northumberland, Tyne and Wear NHS Foundation Trust
- A representative of Gateshead Federation of GP Practices
- A representative of Tyne and Wear Fire and Rescue Service
- Plus an Associate Member of the Board - Chair of the Local Safeguarding Children Board and Adult Safeguarding Board.

The councillors are nominated by the Leader of the Council who can also nominate himself.

The Council may appoint such other persons or representatives as it thinks appropriate having consulted the Health and Wellbeing Board.

The Health and Wellbeing Board may itself appoint such additional persons to be members of the Health and Wellbeing Board as it thinks appropriate.

Role and Function of the HWB - Article 11.03 of the Council's Constitution

The Health and Wellbeing Board will have the following roles and functions:

a) to lead on the production of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment;

b) to lead on the production of a Joint Health and Wellbeing Strategy;

c) for the purpose of advancing the health and wellbeing of children and adults in Gateshead, encourage integration in the provision of health, education and social care in its area;

d) provide such advice, assistance or other support as the Health and Wellbeing Board considers appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 and the Children and Social Work Act 2017 in the provision of health and social care services;

e) to encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board;

f) to encourage persons who arrange for the provision of health, education and social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;

g) provide an opinion to the Council on whether the Council is complying with its duty to have regard to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy;

h) to exercise any other function that the Council requires the Health and Wellbeing Board to undertake on behalf of the Council; and

i) to ensure the delivery of better health and wellbeing outcomes for children and adults, and improve the quality of education and care as well as to ensure value for money.