



CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 20 October 2015 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Jane Robinson

Item	Business
1.	Apologies for absence
2.	Minutes of last meeting (Pages 3 - 8) The minutes of the meeting held on 15 September 2015 are attached for approval.
3.	Review of GP Access - Evidence Gathering (Pages 9 - 38) Report of the Strategic Director, Care Wellbeing and Learning
4.	Winter Pressures/Urgent Care Progress Update Marc Hopkinson, Service Reform Manager, Newcastle/Gateshead CCG and Margaret Barrett, Lead Manager in Adult Social Care, Gateshead Council will provide the OSC with a verbal update
5.	Update on Issues Arising from Gateshead Health NHS FT Quality Account Dr Nicola Stefanou, Head of Safecare, Gateshead Health NHS FT will provide the OSC with a verbal update.
6.	Health and Wellbeing Board - Progress Update/Case Study on Integration (Pages 39 - 46) Report of the Strategic Director, Care Wellbeing and Learning
7.	Social Care Service Improvement Update (Pages 47 - 52) Report of the Strategic Director, Care Wellbeing and Learning
8.	Adult Social Care Account (Pages 53 - 64) Report of the Strategic Director, Care Wellbeing and Learning

Contact: Helen Conway email helenconway@gateshead.gov.uk, Tel: 0191 433 3993

Date: Tuesday, 13 October 2015

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CARE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

15 September 2015

PRESENT: Councillor S Green (Chair)

Councillors: M Hood, D Davidson, W Dick, F Hindle, P McNally,
J Simpson

IN ATTENDANCE: Councillor M Brain

CHW10. APOLOGIES FOR ABSENCE

Apologies were received from Councillors C Bradley, M Charlton, B Coates and P Ronan.

CHW11. MINUTES

The minutes from the meeting held on 23 June 2015 were agreed as a correct record.

CHW12. UPDATE ON CQC INSPECTIONS AND BLAYDON GP PRACTICE

The Committee were advised on the current situation with regards the High Spen and Metro Interchange practices as a result of the recent CQC inspections. Unfortunately the High Spen practice has now closed and the Metro Interchange practice is currently working through the recommendations from CQC, and it is hoped that improvements will be reported to Committee in due course.

The Committee were also advised that the Blaydon GP practice is currently being delivered as an emergency provision, because of the engagement exercise which had been halted, to see if a service could be secured. CBC currently provide the service and the list size is currently 1454 as of 1 July 2015, at the same time last year the list size was 1440; so it has grown only slightly.

It was reported that NHS England had previously expressed concern about the clinical and financial viability of the practice and undertook a procurement process to see if it was possible to get a local provider who would be interested in delivering the service as a branch surgery. There were subsequently two applicants but one was not eligible and the other did not meet the minimum requirements necessary to proceed.

NHS England then went out to the open market and this included an improved offer and some transitional funding. However, no bids were received.

Feedback received as part of the process was that there were those who might be interested

The feedback received as part of the process was that there were those who might be interested in delivering the service but not on the model which is there currently as there are issues of clinical and financial viability. The main feedback was that there may be interest if there could be reduced opening hours or if the service could be truly run as a branch surgery rather than a full set of services.

As a result, discussions have been held with the CCG regarding the future of Blaydon and the aim is to try and secure some form of service.

The Committee were advised that the current position is there until January and discussions will take place with CBC, the current provider, to extend this out so that there can be more detailed discussions around what is possible in terms of providing a service and to explore more models. Once this has been established they will look at the impact this may have for patients and stakeholder engagement.

Further feedback will be given to members of the Committee once discussions have been held with the current provider.

Councillors wished to place on record their thanks to the staff who have worked so hard, and continue to do so on trying to resolve this issue and requested that as much as possible should still be done to try and fully utilise the building.

RESOLVED - that the information be noted.

CHW13. DECIDING TOGETHER – MENTAL HEALTH SERVICES FOR GATESHEAD AND NEWCASTLE

The Committee were provided with an update on progress being made around the deciding together process – transforming specialist mental health services in Gateshead and Newcastle – and an outline of the plans in place for formal consultation to start in October 2015.

The formal consultation will commence on 14 October 2015 and will close on 13 January 2016. A timetable of public meetings was also timetabled for information and it is likely that the Committee will formally consider the proposed options at its meeting on 1 December 2015.

The Committee requested that as much as possible should be done to inform the public about the importance of this consultation exercise, and that information should be as widely disseminated as possible and not just restricted to social media.

The Committee also requested that travel to and from any proposed venues be looked at as a high priority; as this can be crucial for patients and family members alike.

RESOLVED - that the information be noted and the CCG requested to take the views of the Committee into account.

CHW14. MENTAL HEALTH REVIEW – 6 MONTH UPDATE

The Committee received an update on the review of mental health and wellbeing, which sets out initial progress and headline findings made on each of the Recommendations from the OSC'S Review.

The Committee were reminded that in Gateshead, the percentages of those diagnosed with mental health conditions are significantly higher than national averages. This could be due to a number of local factors, including higher detection and diagnosis of these illnesses. However local partnership work has also suggested that austerity and Welfare Reform is impacting negatively on the mental health and wellbeing of affected residents.

The Committee were informed that the rates of hospital admission for self-harm and unintentional injury for both under 18s and adults are significantly higher than national averages. The recovery rate for those people being treated by the Improving Access to Psychological Therapies (IAPT) is lower than the national average.

The Committee were advised that the Gateshead suicide rate is similar to the national average, but small numbers annually means that looking at the rate for a single year must be viewed with caution. A suicide audit will be completed in 2015 which will clarify the current position.

Most people are given treatment with anti-depressant medicines and some are offered 'talking therapies' through the IAPT service.

The Committee requested an update on the work of the Gateshead Housing Company mental health workers and the work of the homelessness team. Officers agreed to arrange for this in the near future.

RESOLVED -

- i) that the information be noted.
- ii) that the Committee was satisfied with the progress outlined.
- iii) that further updates be brought back to Committee in the near future.

CHW15. REVIEW OF GP ACCESS

The Committee have agreed that the focus of its review in 2015/16 will be GP Access. The Committee received a report setting out the proposed scope of the review and the process for taking it forward.

Key issues which have already been identified by the Committee include:

Access to GP appointments: ease of making appointments, timescales, patient satisfaction etc.

Access to quality primary care services: Patient experience of care, how this varies across different areas of Gateshead and work that is taking place to address issues linked to the quality of care provided

It is proposed that the scope of the review will therefore incorporate:

Access to GP appointments

This would include:

- Ease of making contact with local GP (phone/online)
- Ease of getting an appointment, waiting times and convenience of appointment with local GP
- Ease of ordering repeat prescriptions from GP
- On-line services provided by GP and ease of navigation
- Patient satisfaction with opening hours
- Patient views on additional opening times
- Out-of-hours services: ease of contact, timeliness of care provided and experience of care.

Quality of Care

This would include whether patients feel that:

- They are given enough time by their GP/Practice Nurse
- They have been listened to
- Tests and treatments are explained well
- They are involved in decisions about their care
- They have been treated with care and concern
- They have confidence and trust in their GP/Practice Nurse
- They have a good experience of care provided by the GP surgery.

In considering these issues, the Committee will have regard to:

- The physical and socio-demographic characteristics of Gateshead (rural and urban dimensions, levels of deprivation and health inequality across Gateshead etc.)
- The GP Patient Survey and other sources of information in patient views and experiences of care such as the recent survey undertaken by Healthwatch Gateshead
- CQC Inspection findings regarding access to and quality of GP services in Gateshead and action plans to address issues raised
- Current issues relating to the provision of GP services e.g. GP provision in the west of Gateshead – Blaydon/High Spenn
- Initiatives underway locally to enhance access/quality of GP services, spread good practice etc.
- National agenda around GP access and implications locally e.g. 7 day services, Prime Minister's Challenge Fund, extended opening hours etc.
- Other aspects of the quality of care such as quality indicators etc.

In agreeing the 'Review of GP Access' as its topic for 2015/16, the Committee also felt that it was timely to consider this issue in the light of the move towards co-commissioning of primary care.

The Review is being jointly led by the Council, NHS England and Newcastle Gateshead NHS CCG with input from Healthwatch Gateshead and any other partner organisations as may be required.

The Review will take place over the period September 2015 to April 2016 and will involve national and local research, presentations and site visits.

In advance of its meeting on 20 October 2015, OSC will be invited to visit a GP practice to see its backroom telephone and appointments system in operation. Also, as part of the visit to the practice to look at opportunities and challenges linked to GP premises.

In advance of its meeting on 1 December 2015, OSC will be invited to visit CCG headquarters at Riverside House, Newburn in order to be taken through the CCG's 'Visibility Wall' which has been developed to provide an overview of its work in improving the quality care. As part of the visit, links will be made with the committee's review topic.

In advance of its meeting on 19 January 2016, OSC will be invited to observe a patient engagement forum meeting at a GP practice.

The Committee requested that as part of the evidence process it would be helpful for a breakdown of each practice with statistics relating to the practice size and how many staff they employ (full time equivalents) and also if possible on average how many doctors were on site on a daily basis.

The Committee also requested that a breakdown of GP provision be provided on a ward by ward basis.

- RESOLVED -
- i) that the scope, process and timescale for the review be agreed.
 - ii) that further information as requested by members of Committee be provided and brought to a future meeting for consideration.

CHW16. ANNUAL REPORT ON ADULT COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS 2014-2015

The Committee received the Adult Services Annual Report on Complaints, Compliments and Representations for April 2014 – March 2015. Cabinet considered the report on 23 June 2015 and referred it to this Committee.

The Health & Social Care (Community Health and Standards) Act 2003 requires that Councils with Social Services responsibilities produce an annual report of their Statutory Adults Services Complaints Procedure. The report sets out details of the complaints and representations made during the period April 2014 – March 2015.

The Adults Care Complaints Process procedure has two stages:

- Local Resolution by a Team or Service Manager
- External Consideration by the Local Government Ombudsman

In 2014/15 there were 64 statutory complaints. 7 complaints were graded as green complaints (low level issues, small risk either to the service user or the Council). 56

complaints were graded as amber complaints (moderate issues with medium risk to the service user or the council). 1 complaint was graded as a red complaint (serious issues which are high risk for either the service user or the Council).

The Committee were provided with the following points of interest:

- 80%, (51) of complaints were around the quality of services received and remains the greatest cause for complaint
- Quality of service involved alleged failure of service delivery, for example:
 - Home carers not turning up;
 - Non return of telephone calls;
 - Late or missed social work visits;
 - Poor response after a request for service
- 41% (23) of complaints were not upheld after investigation
- 47% of complaints were either fully to partially upheld
- 29 working days was the average time to investigate complaints
- The Council expects all complaints to be completed within 30 working days and this timescale has again been achieved.

The Committee were advised that during 2014/15:

- 34% of compliments (313), received focused on the care provided by the Council's Promoting Independence Centres.
- 20% (182), were regarding Council Domiciliary Care
- 91% of Council Domiciliary Care compliments were about the START service. (The START Service is a short term re-ablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
- 2% (16) of compliments received were from families of service users who were at the end of their life. These compliments expressed the gratitude of family members for the services or individuals involved in their care.
- 80% (916) of all representations received during 2014/15 were compliments.

RESOLVED - that the effectiveness of Adult Social Care Complaints and Compliments Procedures is satisfactory.



CARE, HEALTH & WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
20 October 2015

TITLE OF REPORT: Review of GP Access – First Evidence Gathering Session

REPORT OF: David Bunce, Strategic Director, Care, Health & Wellbeing

Summary

Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2015/16 would be GP Access. This report sets out the arrangements for the first evidence gathering session of the review which is being jointly led by the Council, NHS England and Newcastle Gateshead NHS CCG with input from Healthwatch Gateshead.

Background

1. The Committee agreed the scope of the review of GP Access at its last meeting on 15th September as well as the process and timetable for the review (re-attached as appendix 1).
2. This report sets out the arrangements for the 1st evidence gathering session of the review which is focusing on the core issues relating to 'Access' to GP services, drawing on survey findings and other evidence as required regarding GP appointments, waiting times, opening hours, awareness and use of online services, out-of-hours etc. It also provides relevant data from the GP Patient Survey for Gateshead which will be considered as part of the evidence gathering session.

First Evidence Gathering Session

3. The first evidence gathering session consists of the following components:

Presentation by Dr. Neil Morris, Medical Director of Newcastle Gateshead CCG

Dr. Morris will set out the context relating to access to GP services within Gateshead, relevant contractual arrangements in place with GP practices and key findings from the recent NHS GP Patient Access survey for Gateshead. In presenting the key findings, comparator information will also be provided on how Gateshead practices compare with Gateshead and national

averages and previous patient access surveys. Other information and intelligence relating to the core issues of GP Access will also be provided.

In this way, Committee will be able to consider the findings for Gateshead practices within a local and national context as well as the direction of travel for key questions that were also included within previous GP Patient access surveys.

Presentation by Kim Newton and Andrew Moore, Healthwatch Gateshead

Kim Newton, Community Participation and Engagement Worker and Andrew Moore, Development Officer, Healthwatch Gateshead will present the findings of a recent survey carried out by Healthwatch Gateshead on access to GP services. The presentation will set out the background to the survey, the areas covered, how it was undertaken and key findings relating to appointment systems, out-of-hours provision, continuity of GP care, consultations with GPs etc.

Questions and discussion of the issues raised

Committee will then have an opportunity to pose questions and discuss the evidence which has been presented.

Site Visits to GP Practices

4. As part of the evidence gathering stage of the OSC review, it has been agreed that committee members will have an opportunity to visit a GP practice in order to see its backroom telephone and appointments system in operation and to look at opportunities and challenges linked to GP premises. Site visits have been arranged as follows:

Trinity Square Health Centre – 12th October, 9am to 10am

Oxford Terrace – 2nd November, 9am to 10am

It is envisaged that the site visits will complement and add to the evidence base of the review and help to provide a fuller understanding of issues relevant to GP access.

The GP Patient Survey – Advance information of key findings

5. The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK and includes a number of questions relevant to the first evidence gathering session such as how easy or difficult it is for patients to make an appointment at their surgery, waiting times, satisfaction with opening hours etc.
6. The latest survey data is from the July 2015 publication, collected during July-September 2014 and January-March 2015. In advance of the presentations

that will be made to Committee, charts have been produced on key findings for Gateshead. These are attached at appendix 3 and include:

- Ease of making contact with local GP surgery by telephone
- Ease of making an appointment, convenience of appointment, waiting times
- Overall experience of making an appointment
- Awareness of and use of on-line services provided by GP surgeries
- Patient satisfaction with opening hours
- Patient views on additional opening times
- Out-of-hours services: ease of contact, timeliness of care provided and experience of care

7. A map of Gateshead GP practices is also attached at Appendix 2.

Second Evidence Gathering Session on 1 December 2015

8. The next evidence gathering session will focus on the quality of care provided, including patient experience of care and work that is taking place by NHS England and Newcastle Gateshead CCG working with GP practices across Gateshead.

Recommendations

9. Overview and Scrutiny Committee is asked to:

- (i) Note the information set out in this report.
- (ii) Consider the evidence and issues raised by Dr Neil Morris, Newcastle Gateshead CCG and Kim Newton, Healthwatch Gateshead.

Contact: John Costello (0191) 4332065

Review of GP Access – Process and Timeline

The key stages and timeline for the Review of GP Access is set out below.

Stage 1

The scope of the review should firstly be agreed by Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

OSC Meeting

- 15th September 2015 – Scoping report to be considered by Overview and Scrutiny Committee

Stage 2

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

OSC Meetings

- 20th October 2015 – this will focus on core issues relating to ‘Access’ to GP services, drawing on survey findings and other evidence as required on GP appointments, opening hours, out-of-hours etc.
- 1st December 2015 – this will focus on issues relating to the quality and experience of care.
- 19th January 2016 – this will focus on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.
- VISITS – the following site visits will be arranged:
 - In advance of its meeting on 20 October, OSC will be invited to visit a GP practice to see its backroom telephone and appointments system in operation. Also, as part of the visit to the practice, to look at opportunities and challenges linked to GP premises.
 - In advance of its meeting on 1st December 2015, OSC will be invited to visit CCG headquarters at Riverside House, Newburn in order to be taken through the CCG’s ‘Visibility Wall’ which has been developed to provide an overview of its work on improving the quality care. As part of the visit, links will be made with the committee’s review topic.

- In advance of its meeting on 19 January 2016, OSC will be invited to observe a patient engagement forum meeting at a GP practice.

Stage 3

The Overview and Scrutiny Committee will then meet to analyse the information and evidence gathered and prepare its conclusions.

OSC Meeting

- 1st March 2016 – OSC to analyse the evidence presented and to consider an Interim report.

Stage 4

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

OSC Meeting

- 19th April 2016 – draft Final report to be considered by OSC.

Stage 5

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

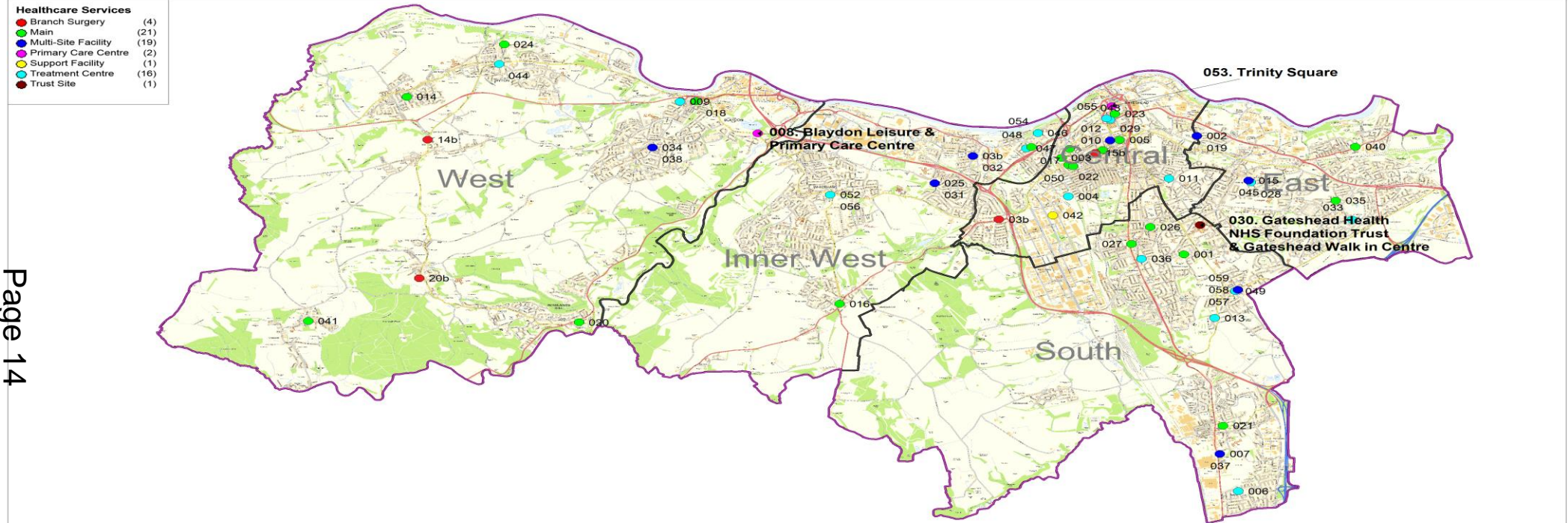
OSC Meeting

- May 2016 (subject to confirmation)

Appendix 2

NHS North of England Commissioning Support - Primary and Secondary Care Services - Gateshead (July 2015)

Source: NHS North of England Commissioning Support - Business Information Services



- Healthcare Services**
- Branch Surgery (4)
 - Main (21)
 - Multi-Site Facility (19)
 - Primary Care Centre (2)
 - Support Facility (1)
 - Treatment Centre (16)
 - Trust Site (1)

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<p>Key</p> <ul style="list-style-type: none"> ● 001. A85026 - Beacon View Medical Centre ● 002. Bede Centre (void space = 31.20%) ● 003. A85002 - Bensham Family Practice ● 004. Bensham Hospital (17.51%) ● 005. A85017 - Bewick Road Surgery ● 006. Birtley Children's Centre ● 007. Birtley Nursing Unit ● 008. Blaydon Leisure & Primary Care Centre (29.51%) ● 009. Briarwood Sector Base (0.00%) ● 010. A85614 - Bridges Medical Practice ● 011. Carr Hill Clinic (0.00%) ● 012. A85019 - Central Gateshead Medical Group ● 013. Chowdene Children's Centre ● 014. A85014 - Crawcrook Medical Centre ● 015. A85009 - Crowhall Medical Group ● 016. A85617 - Dr A J Hunt & Pttrs 	<ul style="list-style-type: none"> ● 017. A85021 - Dr A Kumar ● 018. A85010 - Dr D J Matheson & Pttrs ● 019. A85011 - Dr Eccles & Pttrs ● 020. A85003 - Medical Centre ● 021. A85601 - Dr Mandal & Ptnr ● 022. A85609 - Dr Muthu-Krishnan ● 023. A85012 - Dr S M Imam ● 024. A85605 - Dr SM Hilton ● 025. Dunston Health Centre (40.13%) ● 026. A85007 - Fell Cottage Surgery ● 027. A85001 - Fell Tower Medical Centre ● 028. Felling Health Centre (44.76%) ● 029. Gateshead Health Centre (52.86%) ● 030. Gateshead Health NHS Foundation Trust & Gateshead Walk in Centre (0.00%) ● 031. A85006 - Glen Medical Group ● 032. A85006 - Glenpark Medical Centre 	<ul style="list-style-type: none"> ● 033. Grassbanks & Keegan Court (2.71%) ● 034. A85616 - Hollyhurst Medical Centre ● 035. A85004 - Longrigg Medical Centre ● 036. Low Fell Clinic (0.00%) ● 037. A85008 - Medical Group Centre ● 038. A85018 - Oldwell Surgery ● 039. A85005 - Oxford Terrace Medical Group ● 03b. A85002 - Dr Roberts & Pttrs ● 040. A85611 - Pelaw Medical Practice ● 041. A85024 - Primary Care Health Care Centre ● 042. Queens Park - Equipment Store (0.00%) ● 043. Regent Terrace (0.00%) ● 044. Ryton Clinic (0.00%) ● 045. A85011 - St Albans Medical Group ● 046. Teams Children's Centre ● 047. Teams Family Centre 	<ul style="list-style-type: none"> ● 048. A85023 - Teams Medical Practice ● 049. The Croft (0.00%) ● 050. A85025 - The Medical Centre ● 051. A85013 - The Millennium Family Practice ● 052. A85020 - The Whickham Practice ● 053. Trinity Square (15.98%) ● 054. Tyne View Centre ● 055. Walker Terrace (0.00%) ● 056. Whickham Cottage Medical Centre (12.24%) ● 057. Wrekenton Health Centre (15.24%) ● 058. A85016 - Wrekenton Medical Group ● 059. A85015 - Wrekenton Medical Group ● 14b. A85014 - DR Chapman & Pttrs ● 15b. A85009 - Crowhall Medical Group ● 20b. A85003 - Dr Liddle & Pttrs
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Information on NHS GP Patient Survey Results

The attached charts summarises key findings from the GP Patient Survey (July 2015 report) relating to GP Access in Gateshead. It draws on aggregated data collected from July to September 2014 and January to March 2015.

Practice Number	Practice Name
Practice 1	FELL TOWER MEDICAL CENTRE
Practice 2	BENSHAM FAMILY PRACTICE
Practice 3	ROWLANDS GILL MEDICAL CENTRE
Practice 4	LONGRIGG MEDICAL CENTRE
Practice 5	OXFORD TCE & RAWLING RD MEDICAL GROUP
Practice 6	GLENPARK MEDICAL CENTRE
Practice 7	FELL COTTAGE SURGERY
Practice 8	BIRTLEY MEDICAL GROUP
Practice 9	CROWHALL MEDICAL CENTRE
Practice 10	CHAINBRIDGE MEDICAL PARTNERSHIP
Practice 11	ST. ALBANS MEDICAL GROUP
Practice 12	METRO INTERCHANGE SURGERY
Practice 13	MILLENNIUM FAMILY PRACTICE
Practice 14	CRAWCROOK MEDICAL CENTRE
Practice 15	WREKENTON MEDICAL GROUP
Practice 16	BEWICK ROAD SURGERY
Practice 17	OLDWELL SURGERY
Practice 18	CENTRAL GATESHEAD MEDICAL GROUP
Practice 19	WHICKHAM COTTAGE MEDICAL CENTRE
Practice 20	SECOND STREET SURGERY
Practice 21	TEAMS MEDICAL PRACTICE
Practice 22	CHOPWELL PRIMARY HEALTHCARE CENTRE
Practice 23	BEACON VIEW MEDICAL CENTRE
Practice 24	ELVASTON ROAD SURGERY
Practice 25	108 RAWLING ROAD(RAWLING ROAD PRACTICE)
Practice 26	PELAW MEDICAL PRACTICE
Practice 27	THE BRIDGES MEDICAL PRACTICE
Practice 28	HOLLYHURST MEDICAL CENTRE
Practice 29	SUNNISIDE SURGERY
Practice 30	GRANGE ROAD MEDICAL PRACTICE
Practice 31	BLAYDON GP LED PRACTICE

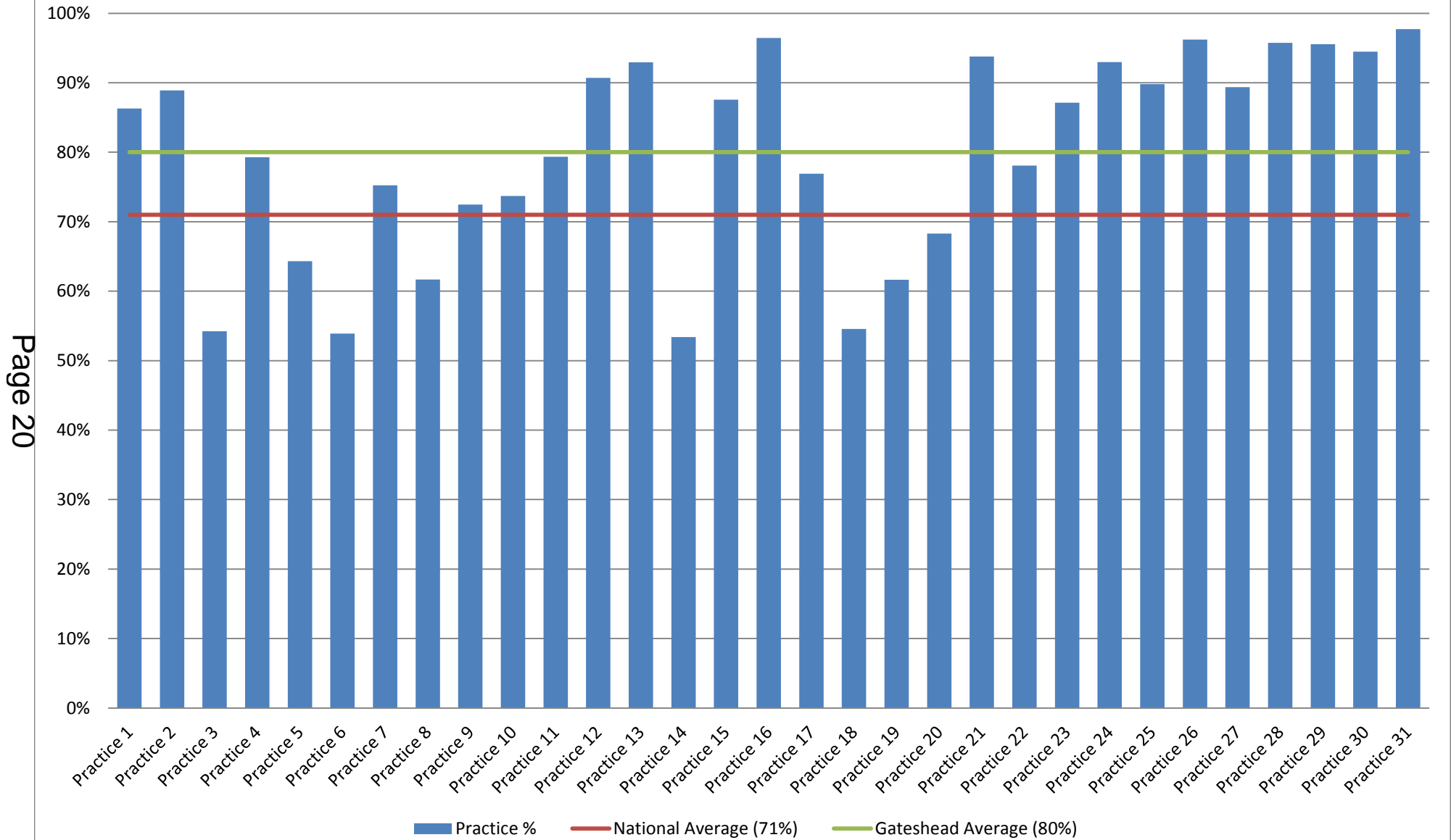
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	Q3 - Ease of getting through to someone at GP surgery on the phone		Q6 - Awareness of online services offered by GP surgery						Q7 - Use of online services at GP surgery in past 6 months					Q9 - Frequency of seeing preferred GP			Q12 - Able to get an appointment to see or speak to someone		Q14 - How long until <u>actually</u> saw or spoke to nurse				
	Total Responses	% Easy (total)	Total Responses	% Booking appointments online	% Ordering repeat prescriptions online	% Accessing medical records online	% None of these	% Don't know	Total Responses	% Booking appointments online	% Ordering repeat prescriptions online	% Accessing medical records online	% None of these	Total Responses	% See their preferred GP always, almost always or a lot of the time (total)	Total Responses	% Yes (total)	Total Responses	% On the same day	% On the next working day	% A few days later	% A week or more later	
Practice 1	115	86%	112	37%	32%	1%	3%	54%	105	5%	6%	0%	91%	55	65%	114	93%	103	41%	10%	36%	9%	
Practice 2	77	89%	75	2%	4%	0%	7%	89%	76	1%	3%	0%	97%	35	93%	72	90%	63	55%	14%	24%	5%	
Practice 3	110	54%	110	3%	10%	3%	20%	70%	110	1%	1%	0%	98%	45	54%	108	81%	87	46%	12%	21%	16%	
Practice 4	171	79%	166	19%	29%	1%	6%	65%	166	3%	8%	0%	90%	79	64%	154	93%	143	13%	12%	53%	22%	
Practice 5	239	64%	236	35%	26%	*	13%	48%	234	1%	3%	0%	97%	113	57%	219	80%	171	46%	12%	27%	12%	
Practice 6	144	54%	144	46%	40%	3%	8%	38%	145	9%	9%	1%	90%	56	26%	140	75%	104	40%	12%	31%	9%	
Practice 7	135	75%	128	13%	15%	*	11%	68%	132	5%	5%	0%	92%	59	55%	129	87%	110	23%	18%	32%	18%	
Practice 8	250	62%	241	22%	28%	3%	10%	58%	246	2%	5%	0%	95%	117	29%	244	80%	196	37%	7%	29%	22%	
Practice 9	107	72%	103	4%	6%	0%	21%	71%	106	4%	3%	0%	94%	51	62%	104	74%	75	18%	3%	41%	36%	
Practice 10	175	74%	163	46%	38%	6%	6%	45%	175	12%	11%	4%	85%	87	65%	173	93%	162	35%	11%	26%	22%	
Practice 11	126	79%	122	18%	21%	0%	15%	60%	124	1%	3%	*	96%	39	57%	123	86%	106	25%	7%	37%	28%	
Practice 12	67	91%	64	5%	4%	1%	16%	76%	66	2%	5%	0%	95%	32	82%	65	87%	55	34%	13%	37%	12%	
Practice 13	52	93%	51	5%	3%	1%	17%	77%	51	0%	2%	0%	98%	24	92%	50	93%	46	11%	19%	58%	12%	
Practice 14	121	53%	118	30%	24%	2%	7%	59%	118	2%	5%	3%	91%	38	42%	120	79%	94	43%	3%	21%	31%	
Practice 15	128	88%	124	11%	13%	1%	7%	78%	126	2%	2%	0%	98%	55	62%	122	88%	106	30%	4%	33%	31%	
Practice 16	76	96%	77	7%	5%	*	20%	73%	74	5%	2%	0%	95%	55	65%	74	87%	64	16%	16%	36%	29%	
Practice 17	83	77%	79	26%	32%	3%	4%	61%	81	8%	10%	0%	89%	39	68%	80	87%	69	45%	18%	27%	9%	
Practice 18	165	55%	165	36%	26%	5%	12%	48%	165	6%	7%	0%	90%	78	62%	162	73%	117	37%	9%	29%	18%	
Practice 19	267	62%	258	64%	53%	1%	3%	31%	263	15%	19%	1%	77%	162	60%	257	85%	214	20%	13%	30%	34%	
Practice 20	35	68%	34	16%	13%	1%	8%	75%	35	2%	4%	0%	96%	14	75%	34	84%	29	12%	53%	29%	4%	
Practice 21	79	94%	75	48%	32%	6%	9%	39%	77	4%	4%	*	92%	34	70%	78	97%	70	42%	15%	27%	16%	
Practice 22	44	78%	40	12%	15%	5%	7%	77%	43	1%	1%	0%	99%	19	72%	44	87%	38	18%	18%	52%	3%	
Practice 23	70	87%	68	9%	24%	1%	12%	63%	68	1%	7%	0%	93%	28	69%	68	86%	54	20%	21%	49%	6%	
Practice 24	39	93%	38	7%	3%	0%	11%	81%	38	*	*	*	100%	14	92%	39	90%	34	39%	14%	38%	6%	
Practice 25	28	90%	27	3%	6%	2%	22%	69%	27	3%	3%	0%	96%	7	~	27	96%	25	17%	38%	37%	3%	
Practice 26	83	96%	81	11%	6%	1%	14%	74%	80	3%	5%	0%	93%	25	44%	80	81%	65	30%	3%	21%	41%	
Practice 27	65	89%	65	11%	10%	4%	8%	80%	61	3%	3%	0%	95%	39	51%	61	84%	52	25%	1%	38%	27%	
Practice 28	40	96%	38	19%	20%	1%	5%	67%	38	10%	5%	0%	88%	19	90%	39	95%	37	26%	24%	42%	4%	
Practice 29	49	96%	48	14%	31%	2%	6%	64%	46	1%	4%	*	95%	29	94%	48	98%	47	25%	20%	38%	7%	
Practice 30	54	94%	52	47%	46%	4%	4%	42%	53	6%	10%	2%	85%	27	62%	54	95%	51	67%	6%	16%	8%	
Practice 31	20	98%	20	37%	25%	0%	4%	57%	20	9%	9%	0%	89%	2	~	20	92%	18	48%	23%	25%	1%	
Gateshead Average	3,212	80%	3,122	21%	21%	2%	10%	63%	3,148	4%	5%	0%	93%	1,475	65%	3,104	87%	2,604	32%	15%	34%	16%	
National Average	854,501	71%	832,820	27%	28%	2%	10%	53%	834,118	6%	10%	*	86%	421,281	60%	830,142	85%	694,830	37%	11%	30%	18%	

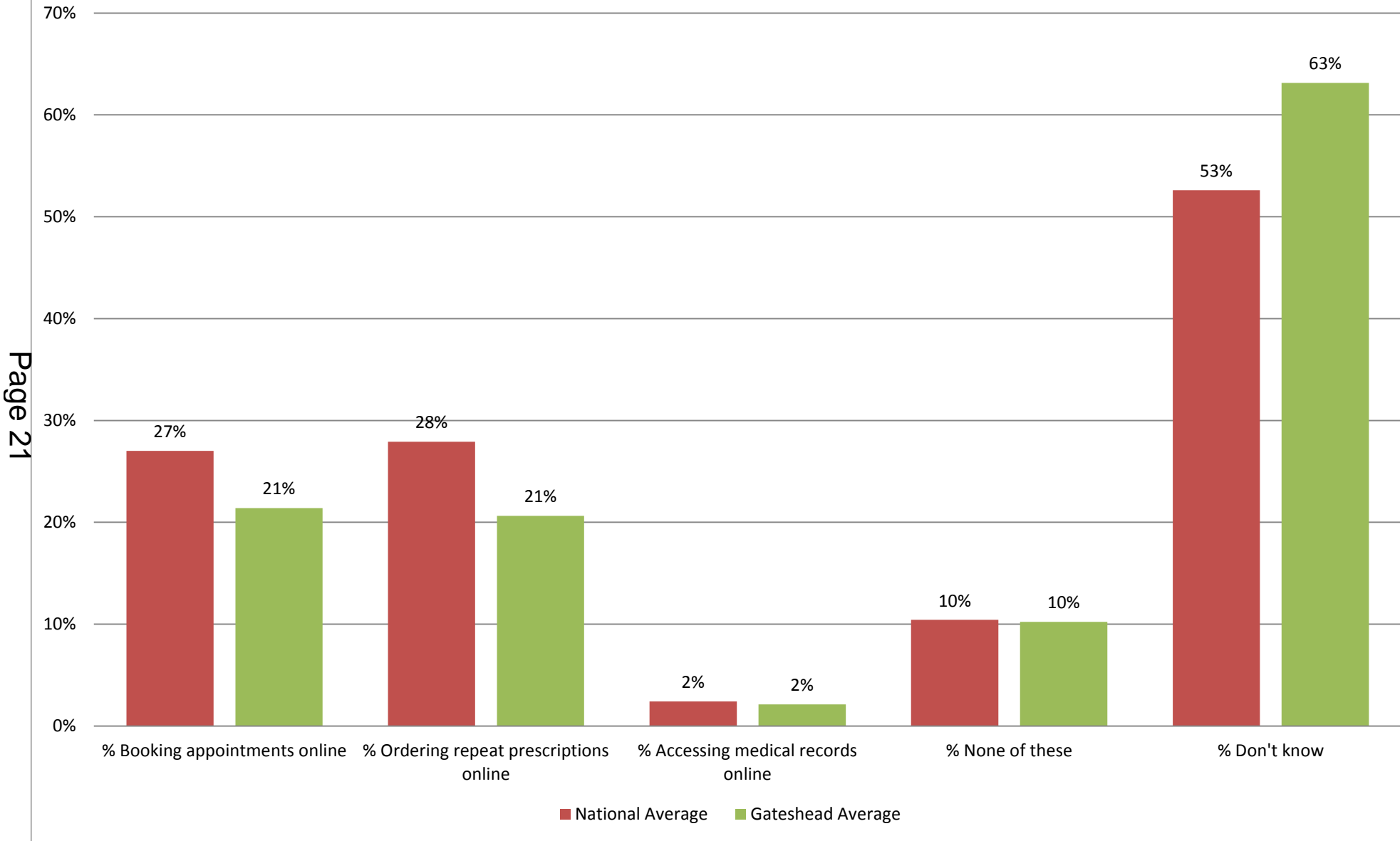
Practice	% GP / Can't remember	Q15 - Convenience of appointment		Q16 - Reason for not being able to get an appointment / the appointment offered was inconvenient						Q18 - Overall experience of making an appointment		Q19 - Waiting time at surgery						Q20 - Impressions	
		Total Responses	% Convenient (total)	Total Responses	% Weren't any appointments for the day wanted	% Weren't any appointments for the time wanted	% Couldn't see preferred GP	% Couldn't book ahead at GP surgery	% Another reason	Total Responses	% Good (total)	Total Responses	% Don't normally have appointments at a particular time	% Less than 5 minutes	% 5 to 15 minutes	% More than 15 minutes	% Can't remember	Total Responses	% Don't normally have to wait too long
Practice 1	4%	106	95%	12	28%	27%	26%	19%	0%	114	80%	109	3%	7%	81%	7%	4%	112	69%
Practice 2	1%	65	99%	5	~	~	~	~	~	74	90%	74	1%	12%	73%	6%	7%	75	75%
Practice 3	5%	87	92%	24	45%	9%	14%	26%	7%	105	53%	107	7%	5%	42%	38%	8%	108	46%
Practice 4	0%	140	87%	29	54%	36%	9%	0%	0%	152	81%	153	0%	12%	66%	17%	5%	154	62%
Practice 5	3%	174	93%	40	53%	25%	8%	14%	0%	233	62%	231	4%	10%	57%	16%	13%	230	62%
Practice 6	8%	105	90%	27	54%	12%	0%	15%	18%	139	59%	142	5%	8%	47%	30%	11%	141	47%
Practice 7	9%	111	97%	16	82%	9%	5%	0%	4%	130	66%	128	0%	3%	39%	48%	10%	129	39%
Practice 8	4%	196	92%	54	62%	12%	17%	9%	0%	246	57%	246	1%	6%	55%	34%	5%	246	43%
Practice 9	1%	76	94%	24	55%	11%	0%	17%	18%	105	68%	103	1%	12%	55%	29%	3%	103	60%
Practice 10	5%	162	91%	19	51%	0%	21%	28%	0%	173	82%	171	5%	19%	60%	8%	8%	172	75%
Practice 11	4%	106	83%	31	35%	42%	0%	0%	22%	125	73%	123	6%	9%	47%	37%	1%	125	45%
Practice 12	3%	56	95%	5	~	~	~	~	~	65	86%	66	4%	13%	62%	21%	*	66	70%
Practice 13	0%	45	97%	4	~	~	~	~	~	48	93%	49	1%	15%	58%	18%	7%	49	51%
Practice 14	2%	94	88%	28	47%	9%	4%	6%	34%	120	48%	118	4%	5%	49%	37%	5%	118	39%
Practice 15	3%	107	97%	9	~	~	~	~	~	118	71%	123	6%	12%	51%	23%	8%	123	57%
Practice 16	3%	64	93%	7	~	~	~	~	~	77	70%	75	1%	2%	61%	31%	5%	75	42%
Practice 17	1%	69	95%	12	71%	19%	5%	0%	5%	80	81%	80	2%	14%	66%	13%	5%	80	75%
Practice 18	7%	117	97%	33	38%	5%	8%	49%	0%	164	67%	165	*	7%	62%	21%	9%	163	68%
Practice 19	3%	218	90%	57	62%	24%	6%	0%	8%	258	70%	260	1%	9%	61%	28%	1%	262	58%
Practice 20	2%	29	100%	1	~	~	~	~	~	35	81%	32	*	8%	37%	44%	10%	35	39%
Practice 21	0%	75	97%	3	~	~	~	~	~	78	97%	80	4%	29%	51%	10%	5%	79	80%
Practice 22	9%	38	93%	7	~	~	~	~	~	43	74%	40	2%	2%	55%	35%	6%	40	57%
Practice 23	5%	56	90%	13	46%	42%	0%	8%	4%	68	78%	66	3%	18%	65%	11%	4%	66	75%
Practice 24	3%	33	97%	2	~	~	~	~	~	38	87%	39	10%	11%	56%	12%	10%	39	78%
Practice 25	5%	26	100%	1	~	~	~	~	~	27	96%	27	2%	26%	67%	3%	2%	27	85%
Practice 26	4%	63	90%	16	44%	26%	0%	0%	30%	79	70%	80	2%	9%	62%	25%	2%	80	59%
Practice 27	10%	52	88%	9	~	~	~	~	~	62	77%	62	4%	9%	58%	23%	6%	62	58%
Practice 28	4%	37	100%	1	~	~	~	~	~	39	96%	38	1%	4%	71%	21%	4%	39	62%
Practice 29	10%	47	99%	1	~	~	~	~	~	47	97%	48	1%	21%	64%	8%	6%	47	74%
Practice 30	4%	51	98%	3	~	~	~	~	~	53	85%	52	7%	14%	52%	20%	7%	54	71%
Practice 31	3%	19	99%	1	~	~	~	~	~	20	97%	20	1%	42%	50%	6%	1%	20	90%
Gateshead Average	4%	2,623	94%	494	52%	19%	8%	12%	9%	3,117	77%	3,106	3%	12%	57%	22%	6%	3,119	62%
National Average	4%	699,152	92%	124,974	48%	18%	9%	14%	11%	824,865	73%	825,915	3%	10%	55%	27%	5%	829,894	58%

Q24 - Perception of waiting time at surgery					Q25 - Satisfaction with opening hours		Q26 - Is GP surgery currently open at times that are convenient		Q27 - Additional opening times that would make it easier to see or speak to someone							Q42 - Ease of contacting the out-of-hours GP service by telephone		Q43 - Impression of how quickly care from out-of-hours GP service received		Q45 - Overall experience of out-of-hours GP services	
% Have to wait a bit too long	% Have to wait far too long	% No opinion / doesn't apply	Total Responses	% Satisfied (total)	Total Responses	% Yes	Total Responses	% Before 8am	% At lunchtime	% After 6.30pm	% On a Saturday	% On a Sunday	% None of these	Total Responses	% Easy (total)	Total Responses	% Time it took to receive care from the out-of-hours GP service was about right	Total Responses	% Good (total)		
Practice 1	21%	1%	8%	109	74%	112	74%	29	41%	0%	84%	54%	63%	0%	5	~	5	~	5	~	
Practice 2	16%	0%	9%	76	87%	73	92%	6	~	~	~	~	~	3	~	3	~	3	~		
Practice 3	24%	19%	11%	110	46%	109	52%	51	19%	13%	81%	55%	16%	3%	18	74%	18	21%	18	61%	
Practice 4	30%	4%	4%	170	78%	159	81%	29	15%	34%	47%	89%	60%	0%	8	~	8	~	8	~	
Practice 5	12%	4%	22%	232	76%	221	80%	43	32%	3%	59%	45%	25%	29%	19	~	19	~	19	~	
Practice 6	29%	12%	11%	146	71%	143	82%	26	14%	0%	56%	29%	15%	34%	16	39%	17	28%	16	18%	
Practice 7	36%	13%	12%	133	60%	132	60%	53	46%	13%	85%	80%	38%	3%	9	~	9	~	9	~	
Practice 8	35%	15%	6%	248	70%	247	71%	71	33%	8%	71%	72%	34%	2%	22	~	22	~	22	~	
Practice 9	21%	13%	6%	106	64%	104	69%	32	18%	7%	65%	49%	27%	17%	10	65%	10	40%	10	76%	
Practice 10	16%	1%	7%	172	89%	160	86%	22	30%	9%	76%	46%	25%	21%	12	~	12	~	12	~	
Practice 11	32%	17%	6%	127	73%	126	71%	36	36%	0%	55%	69%	50%	3%	6	~	6	~	5	~	
Practice 12	18%	11%	1%	65	85%	64	88%	8	~	~	~	~	~	8	~	8	~	7	~		
Practice 13	30%	5%	14%	52	83%	51	85%	8	~	~	~	~	~	4	~	4	~	3	~		
Practice 14	38%	13%	11%	119	67%	120	68%	38	53%	14%	80%	89%	49%	0%	10	~	10	76%	10	55%	
Practice 15	22%	8%	12%	127	86%	126	87%	17	19%	4%	84%	87%	43%	0%	3	~	3	~	3	~	
Practice 16	28%	23%	6%	77	85%	75	82%	13	29%	3%	53%	37%	63%	0%	11	65%	11	58%	9	~	
Practice 17	12%	3%	9%	81	83%	82	77%	19	38%	21%	88%	82%	51%	0%	2	~	2	~	1	~	
Practice 18	9%	15%	8%	166	74%	157	85%	24	15%	5%	72%	71%	36%	10%	17	86%	17	53%	17	63%	
Practice 19	29%	4%	9%	263	76%	262	76%	58	37%	27%	69%	86%	53%	3%	12	~	12	~	12	~	
Practice 20	36%	12%	13%	34	72%	35	73%	8	~	~	~	~	~	2	~	2	~	2	~		
Practice 21	10%	2%	9%	79	88%	80	81%	14	29%	9%	77%	89%	45%	0%	2	~	2	~	2	~	
Practice 22	14%	20%	9%	44	66%	43	72%	12	58%	19%	51%	90%	29%	3%	4	~	4	~	4	~	
Practice 23	13%	5%	6%	69	86%	68	81%	13	23%	3%	37%	97%	26%	0%	4	~	4	~	4	~	
Practice 24	6%	3%	13%	39	76%	38	78%	8	~	~	~	~	~	2	~	2	~	2	~		
Practice 25	8%	3%	3%	28	84%	27	87%	4	~	~	~	~	~	2	~	2	~	2	~		
Practice 26	28%	9%	3%	81	71%	81	71%	23	34%	12%	88%	61%	34%	0%	7	~	7	~	7	~	
Practice 27	23%	15%	4%	65	69%	64	65%	21	18%	5%	68%	76%	41%	1%	2	~	2	~	2	~	
Practice 28	24%	1%	13%	39	85%	37	76%	9	~	~	~	~	~	4	~	4	~	4	~		
Practice 29	13%	2%	10%	48	94%	48	94%	3	~	~	~	~	~	3	~	3	~	3	~		
Practice 30	15%	4%	11%	55	86%	54	79%	11	31%	15%	84%	89%	29%	3%	4	~	4	~	4	~	
Practice 31	4%	4%	1%	20	94%	20	83%	3	~	~	~	~	~	0	~	0	~	0	~		
Gateshead Average	21%	8%	9%	3,178	77%	3,120	78%	714	30%	10%	70%	70%	39%	6%	230	66%	23067%	46%	225	55%	
National Average	25%	9%	8%	842,965	75%	830,593	74%	212,610	33%	11%	70%	73%	40%	4%	112,361	77%	111,770	61%	111,123	69%	

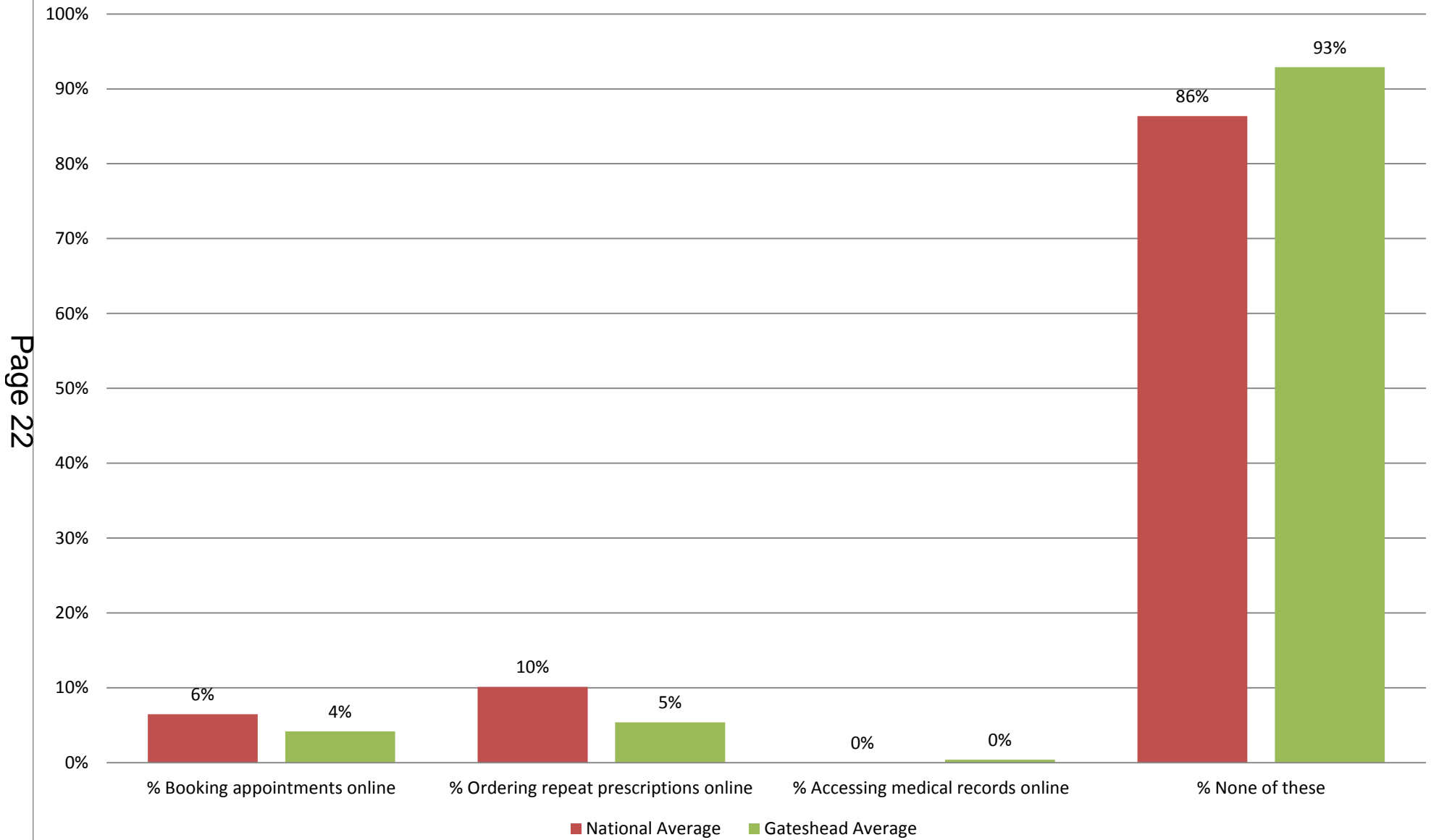
Q3 - Ease of Getting Through on the Telephone



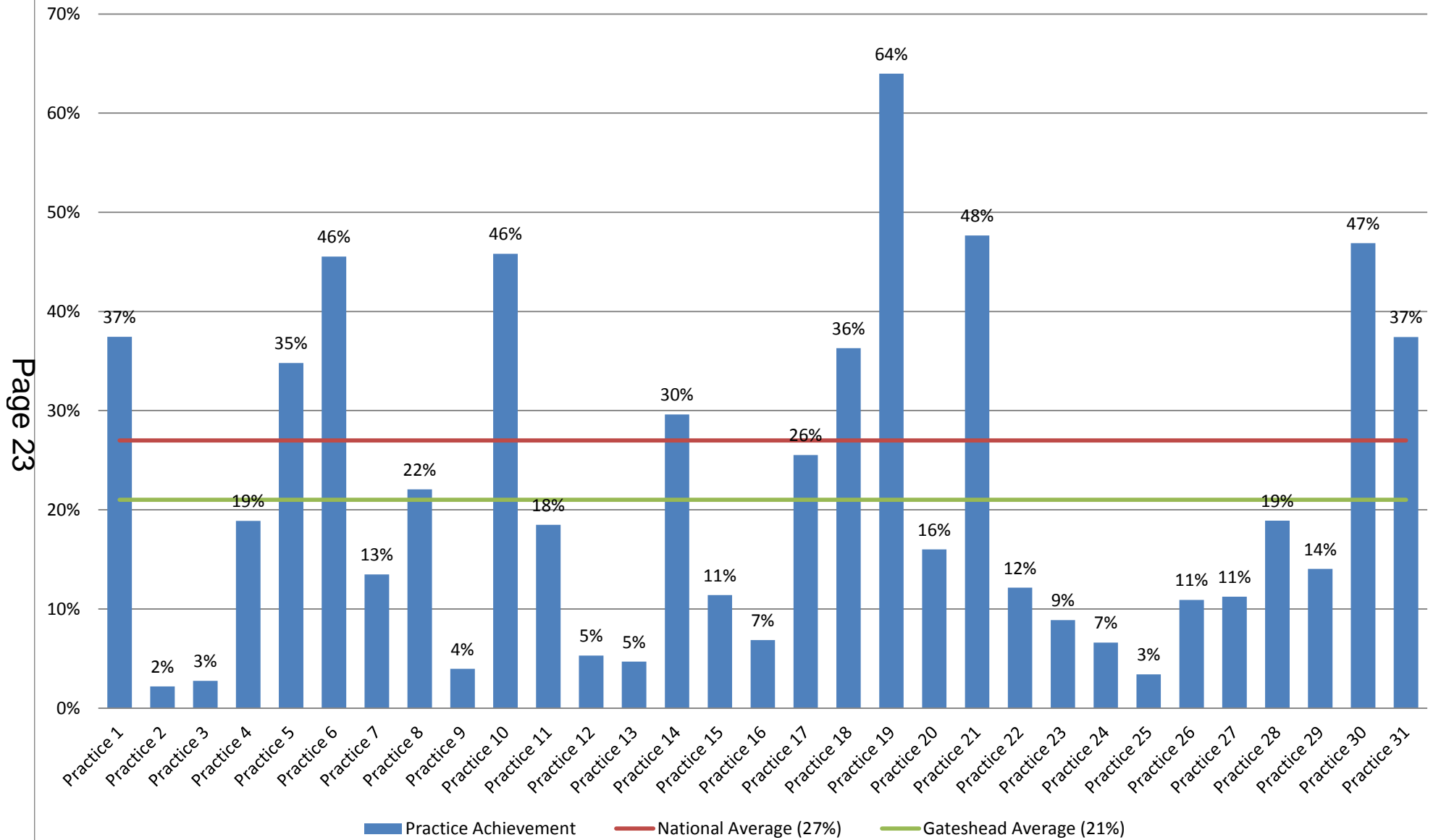
Q6 - Awareness of Online Services



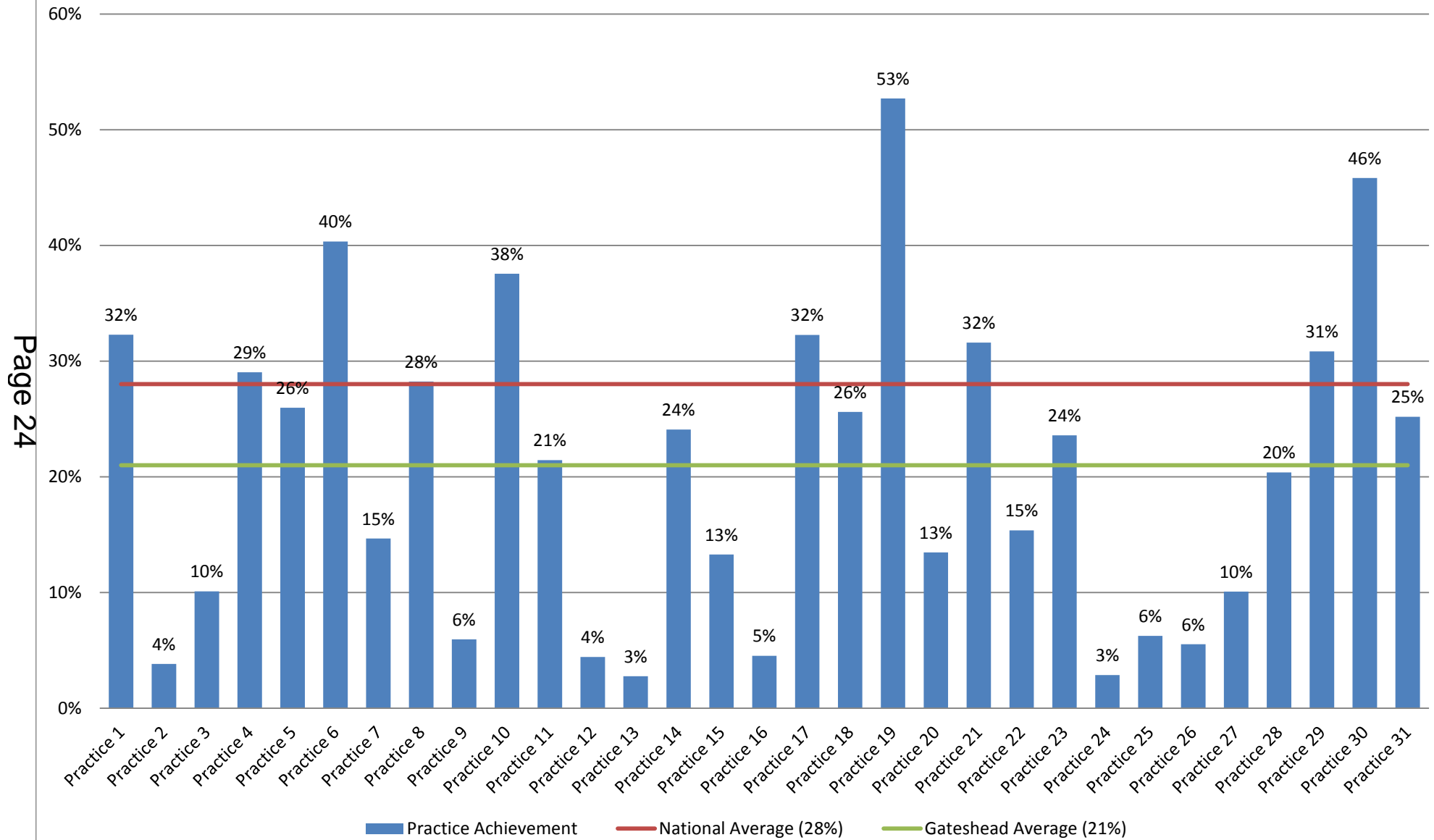
Q7 - Use of Online Services



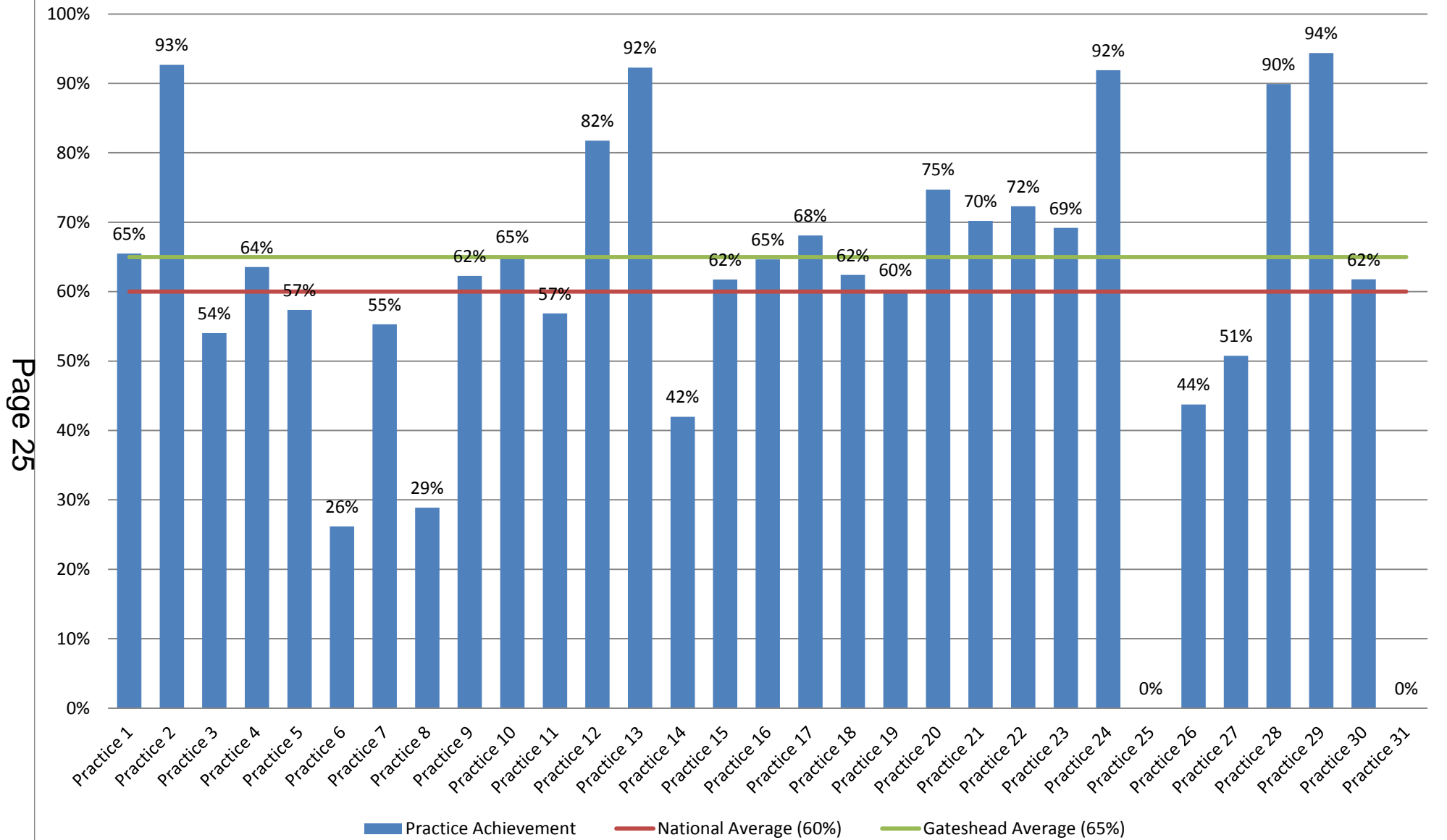
Q7 Expanded - Awareness of Booking Appointments Online



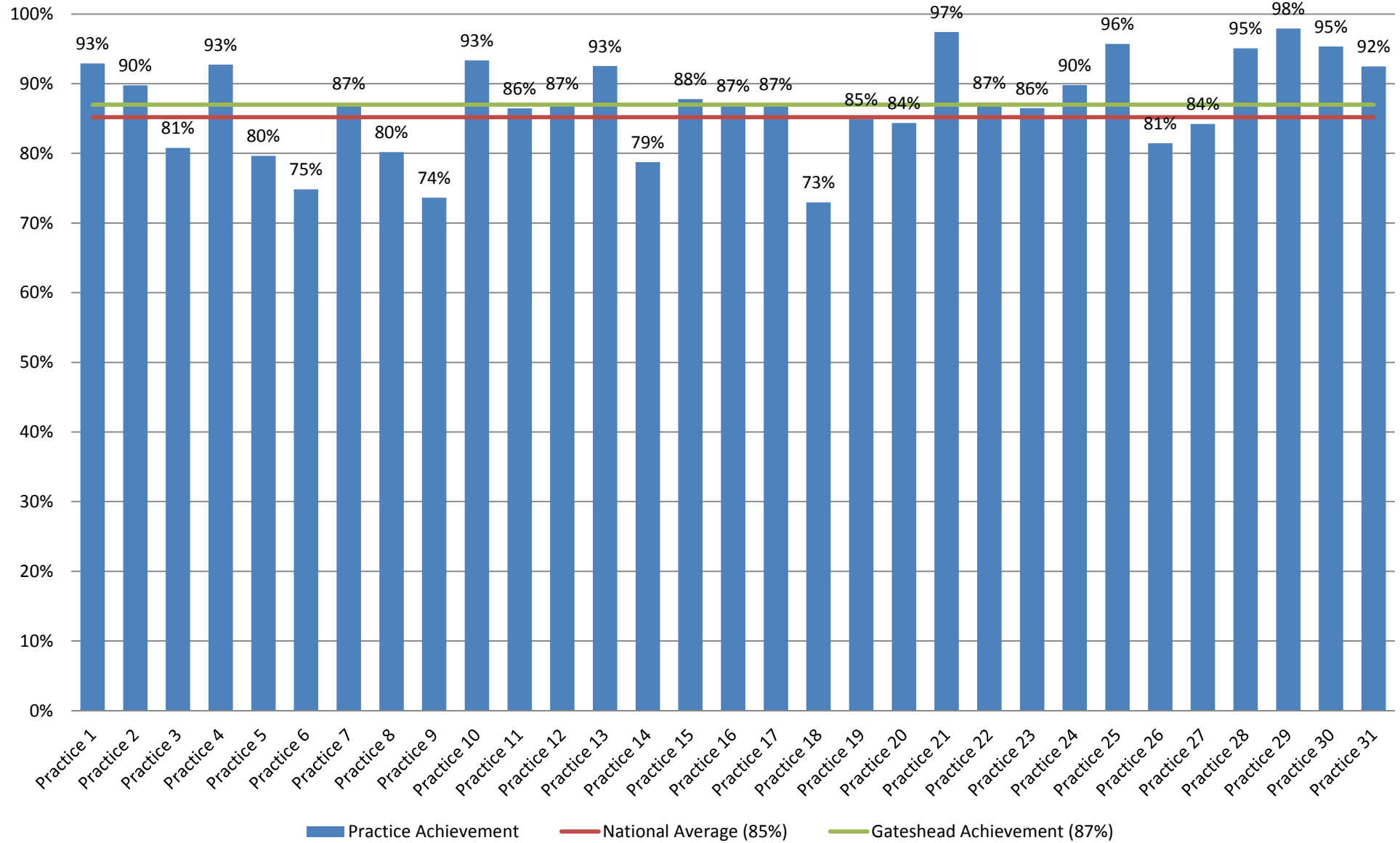
Q7 Expanded - Awareness of Ordering Prescriptions Online



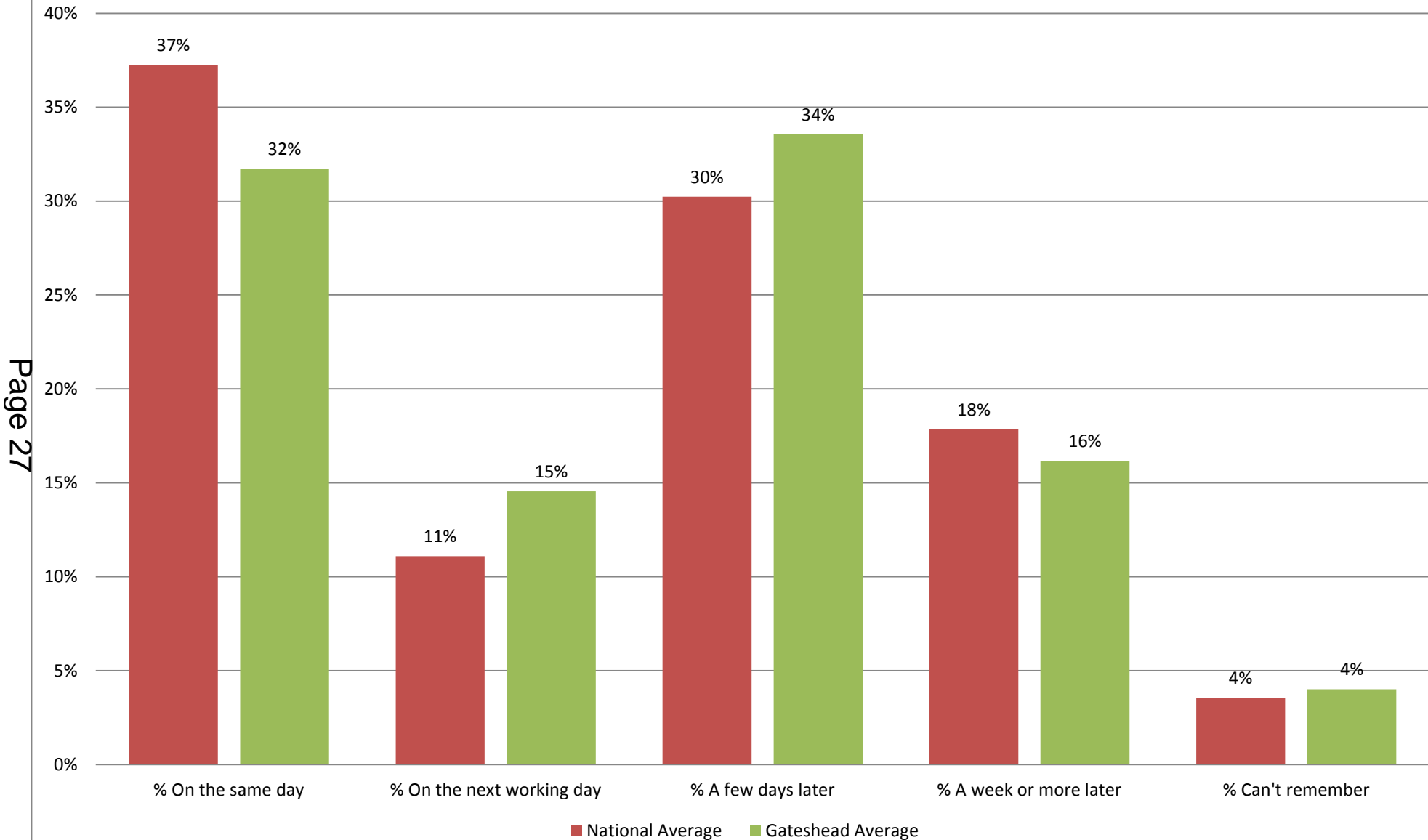
Q9 - Frequency of seeing Preferred GP



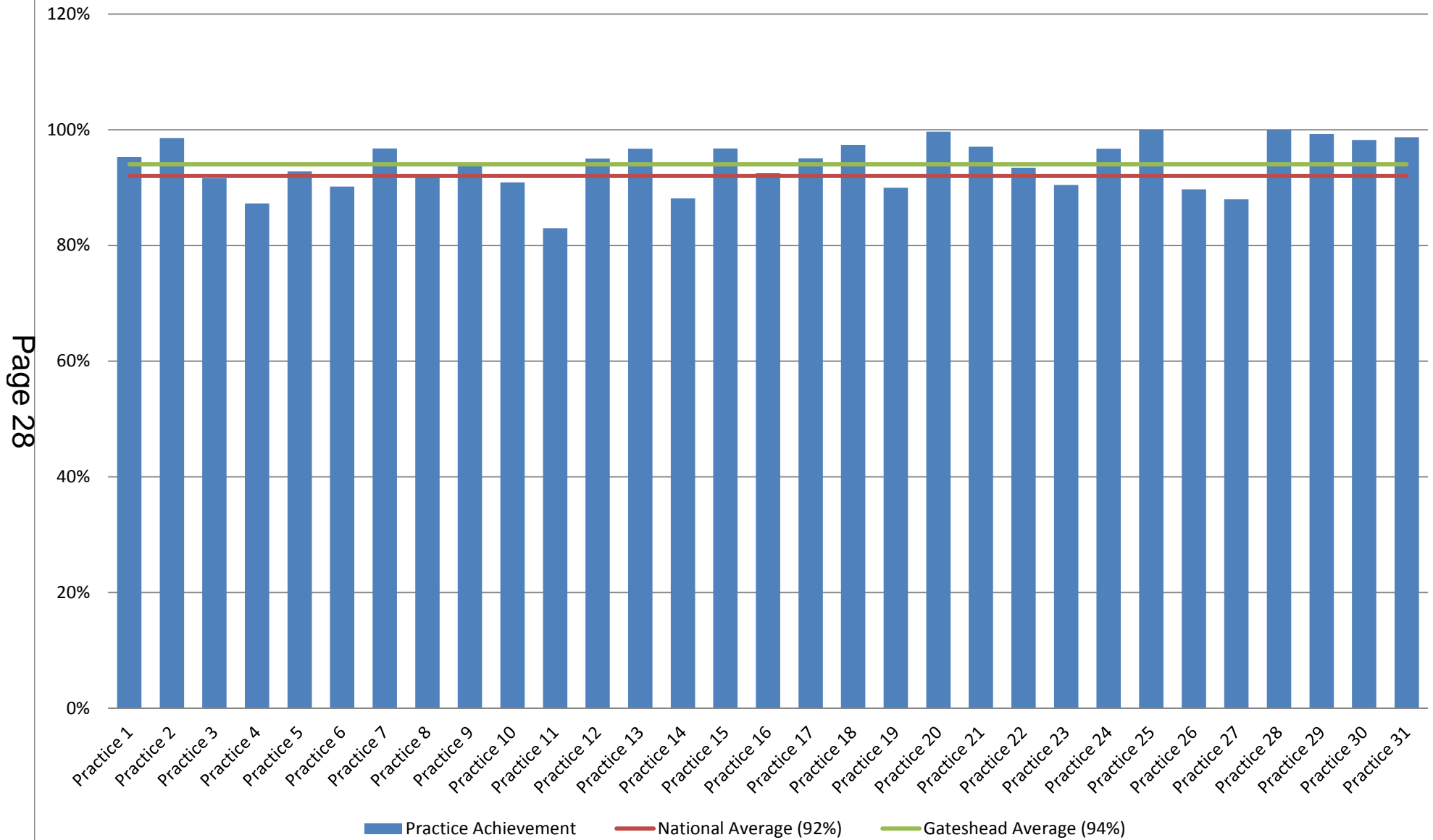
Q12 - Ease of Making an Appointment



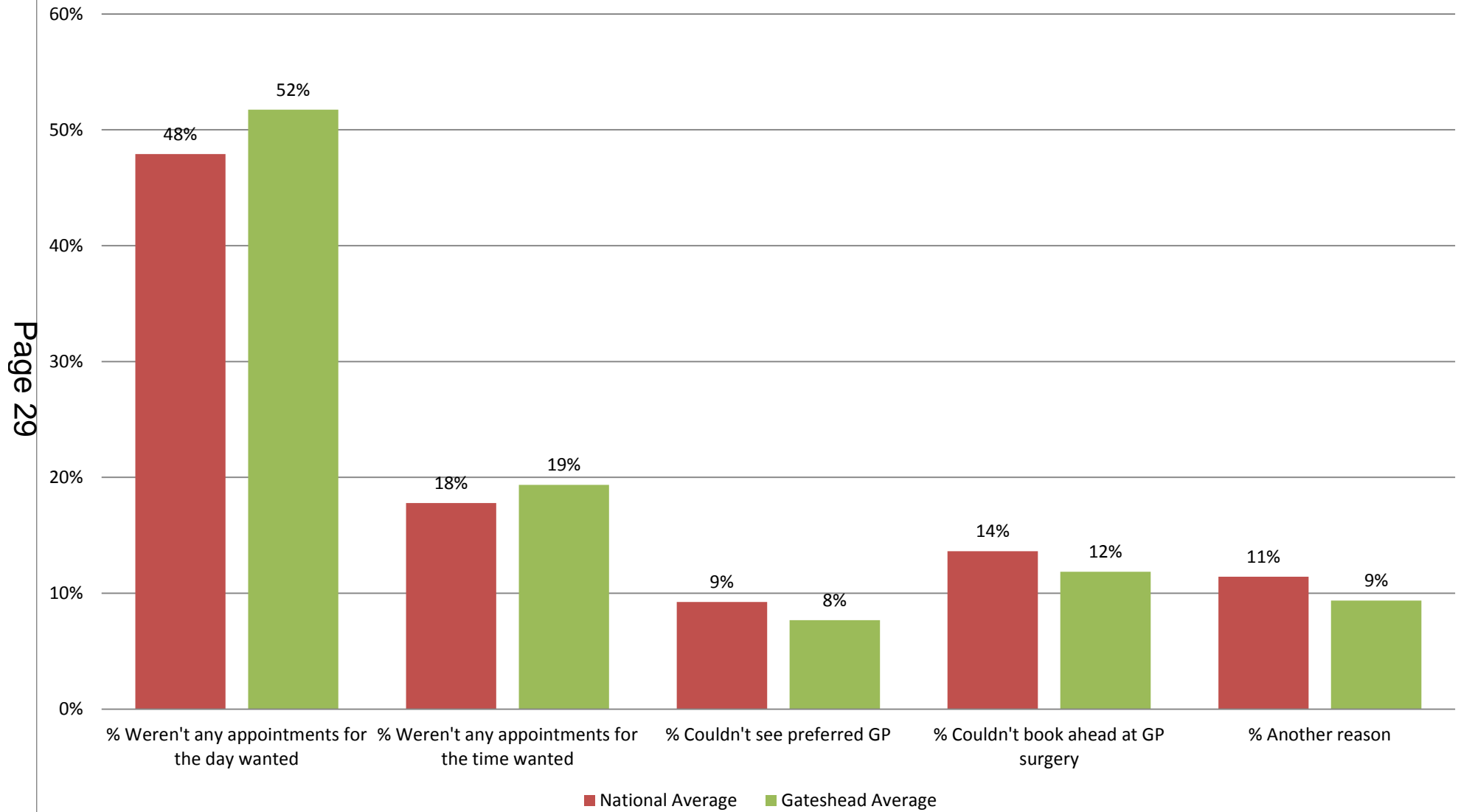
Q14 - Waiting Times



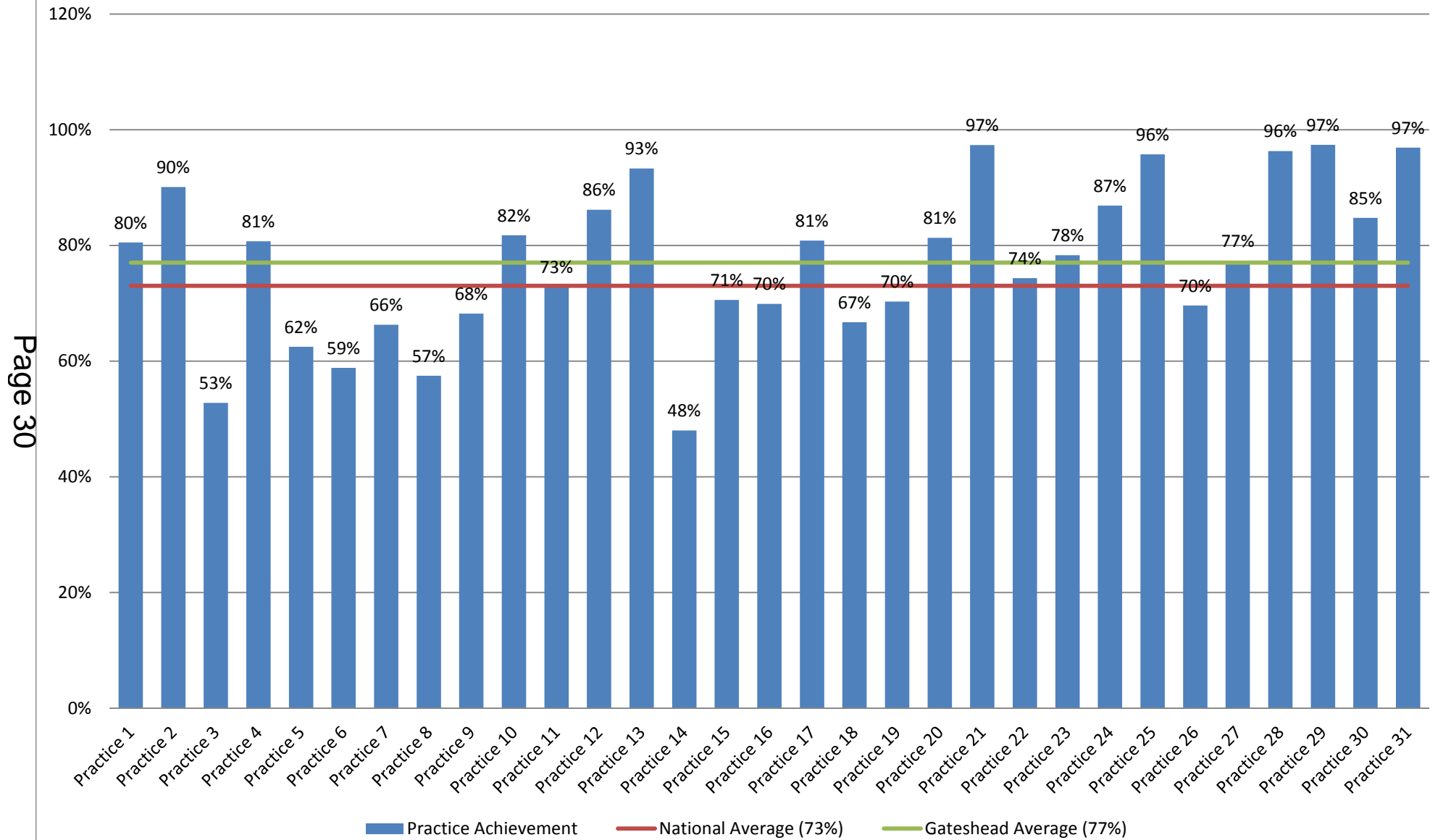
Q15 - Patient satisfied with Convenience of Appointment



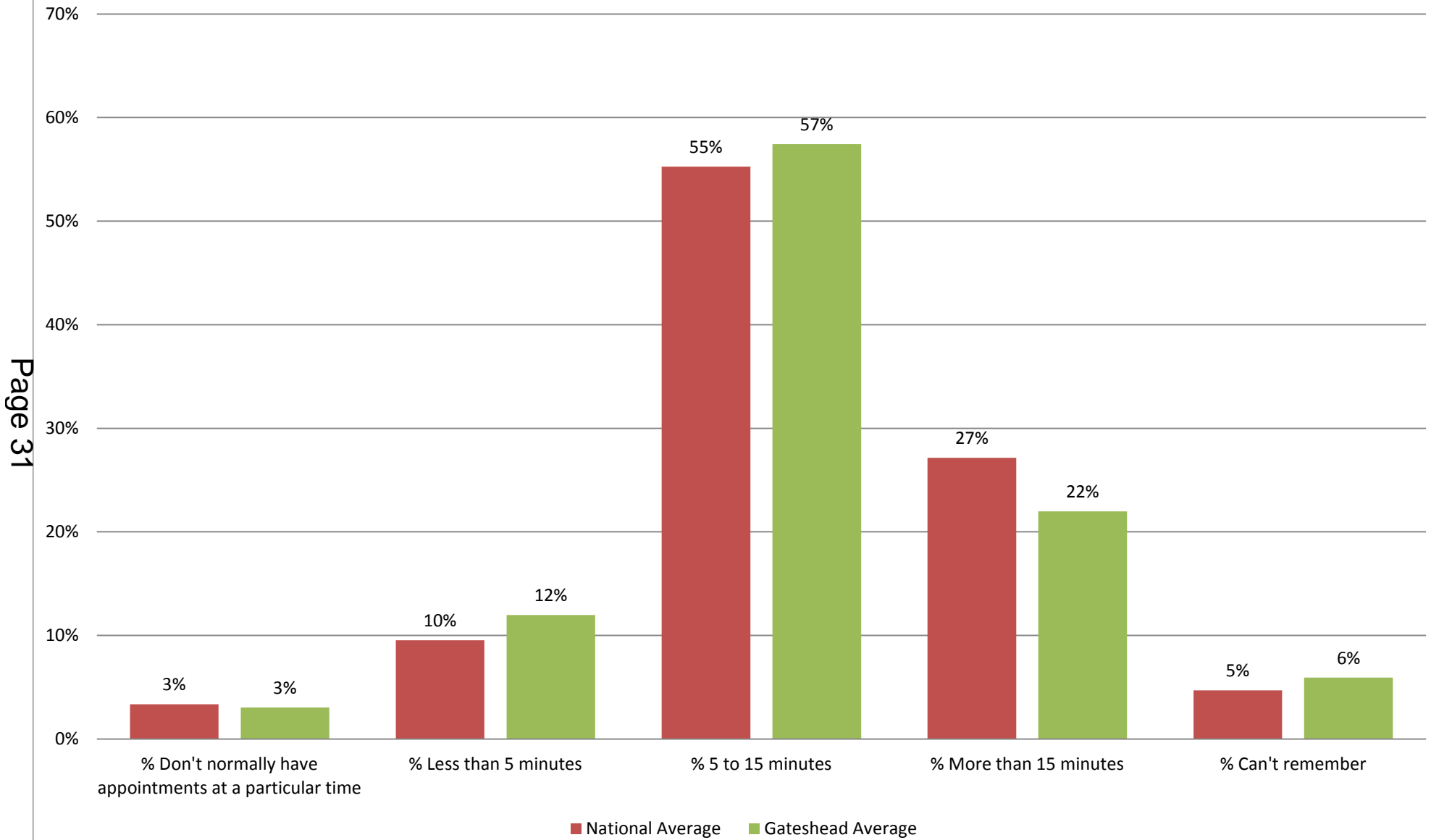
Q16 - Why were you unable to get an appointment or Why was it not convenient?



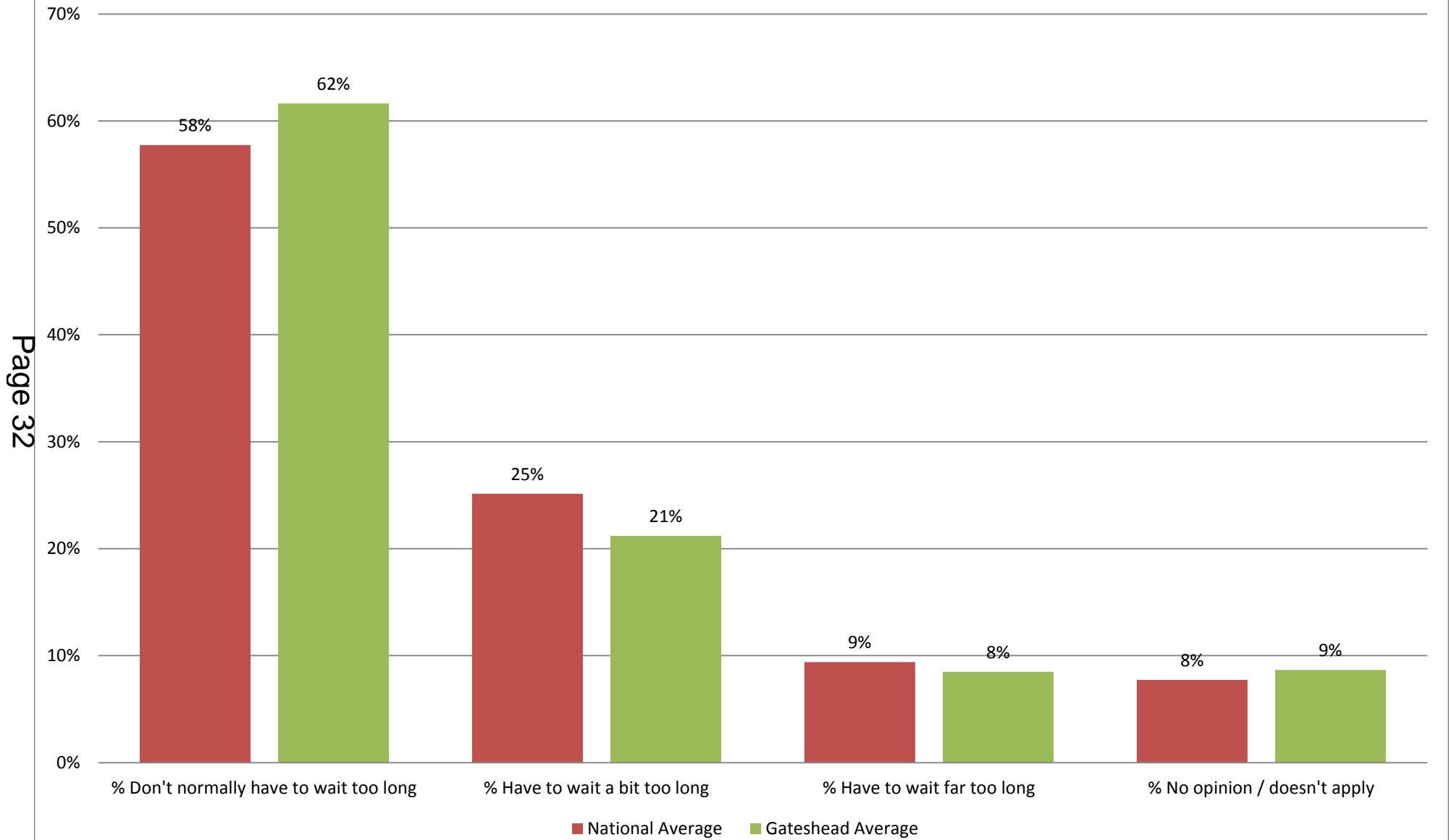
Q18 - Overall Satisfaction of Making an Appointment



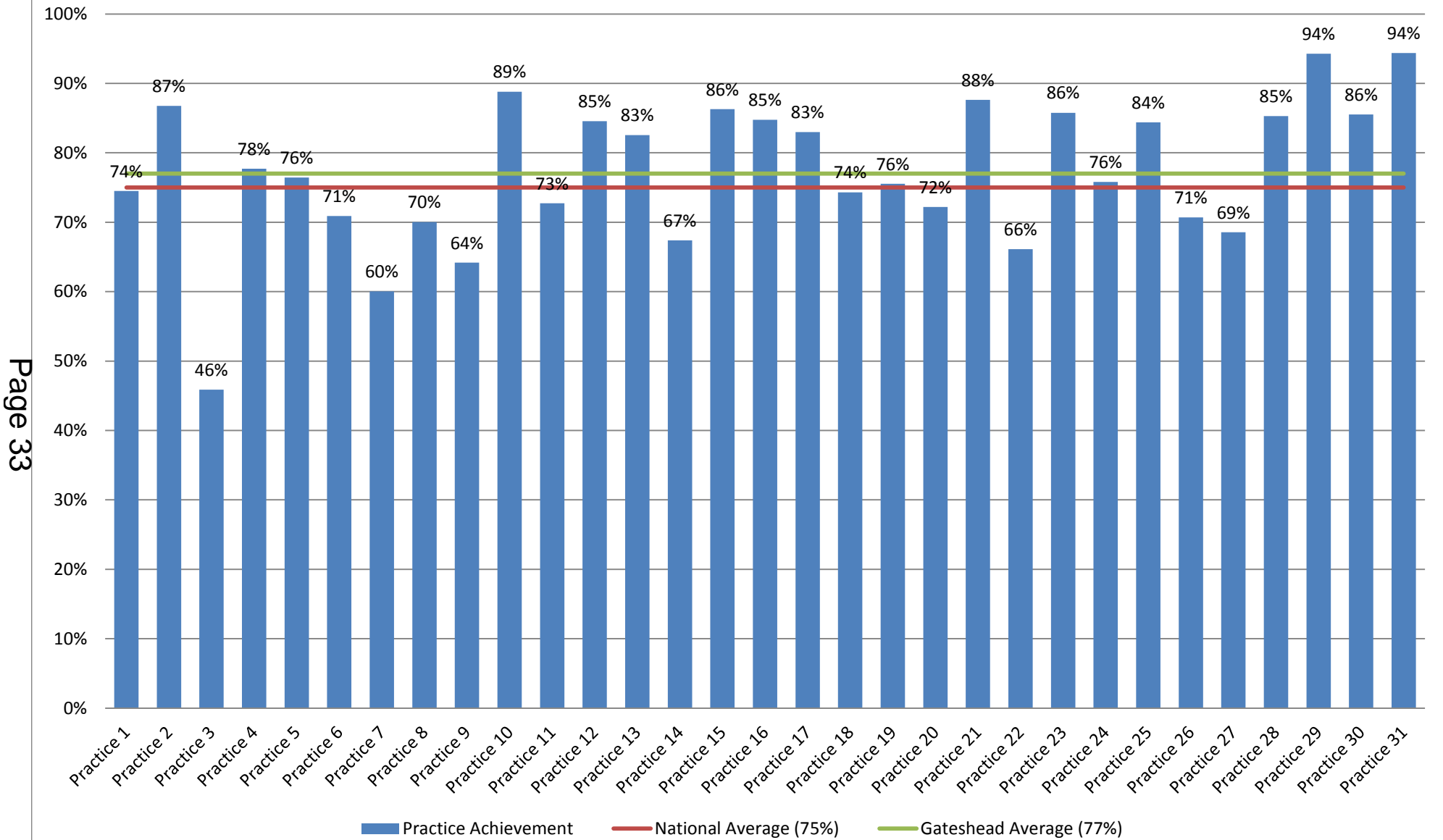
Q19 - How long after your appointment do you normally wait to be seen



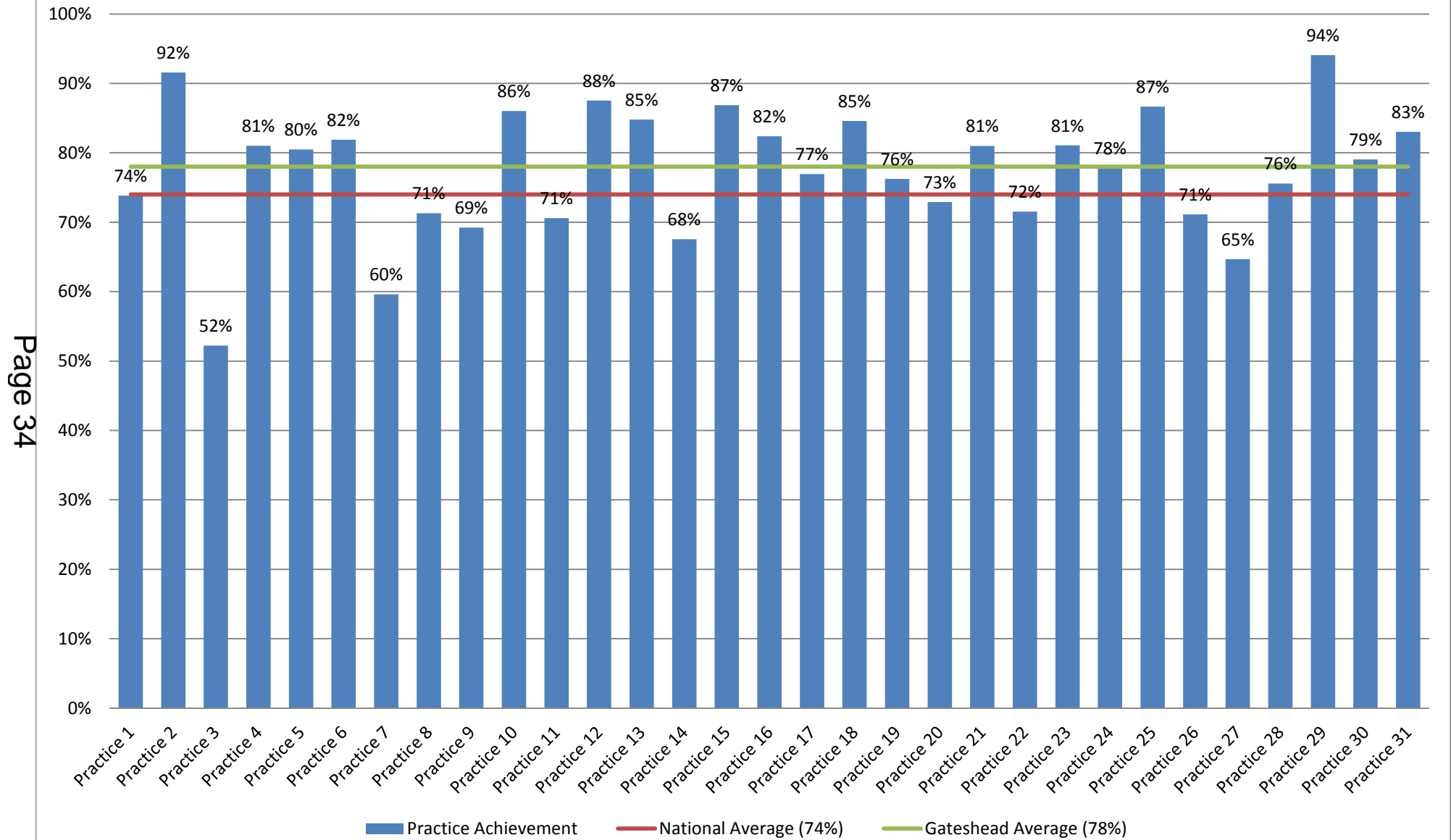
Q20 - How you feel about how long you normally wait to be seen



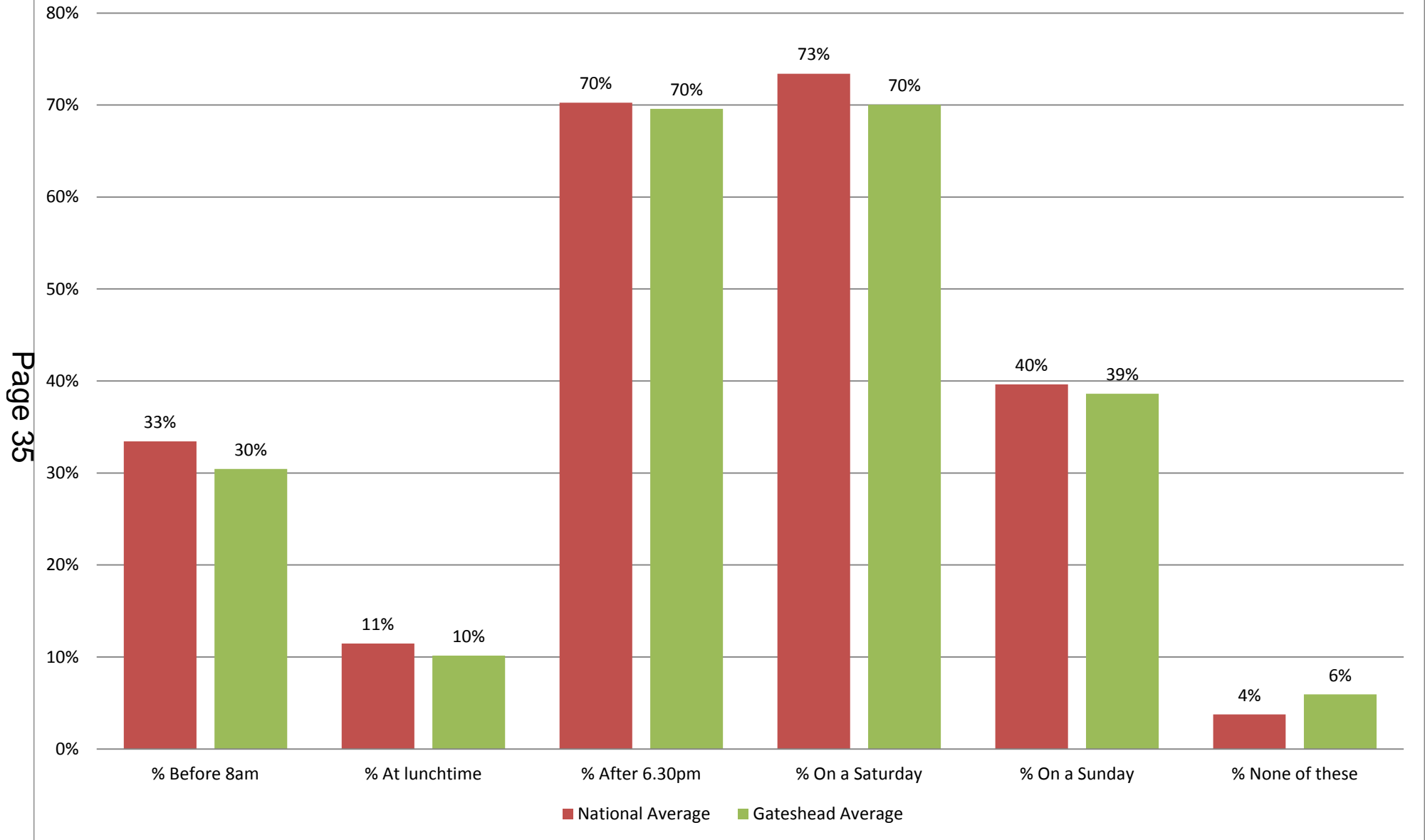
Q25 - Satisfaction with Opening Hours



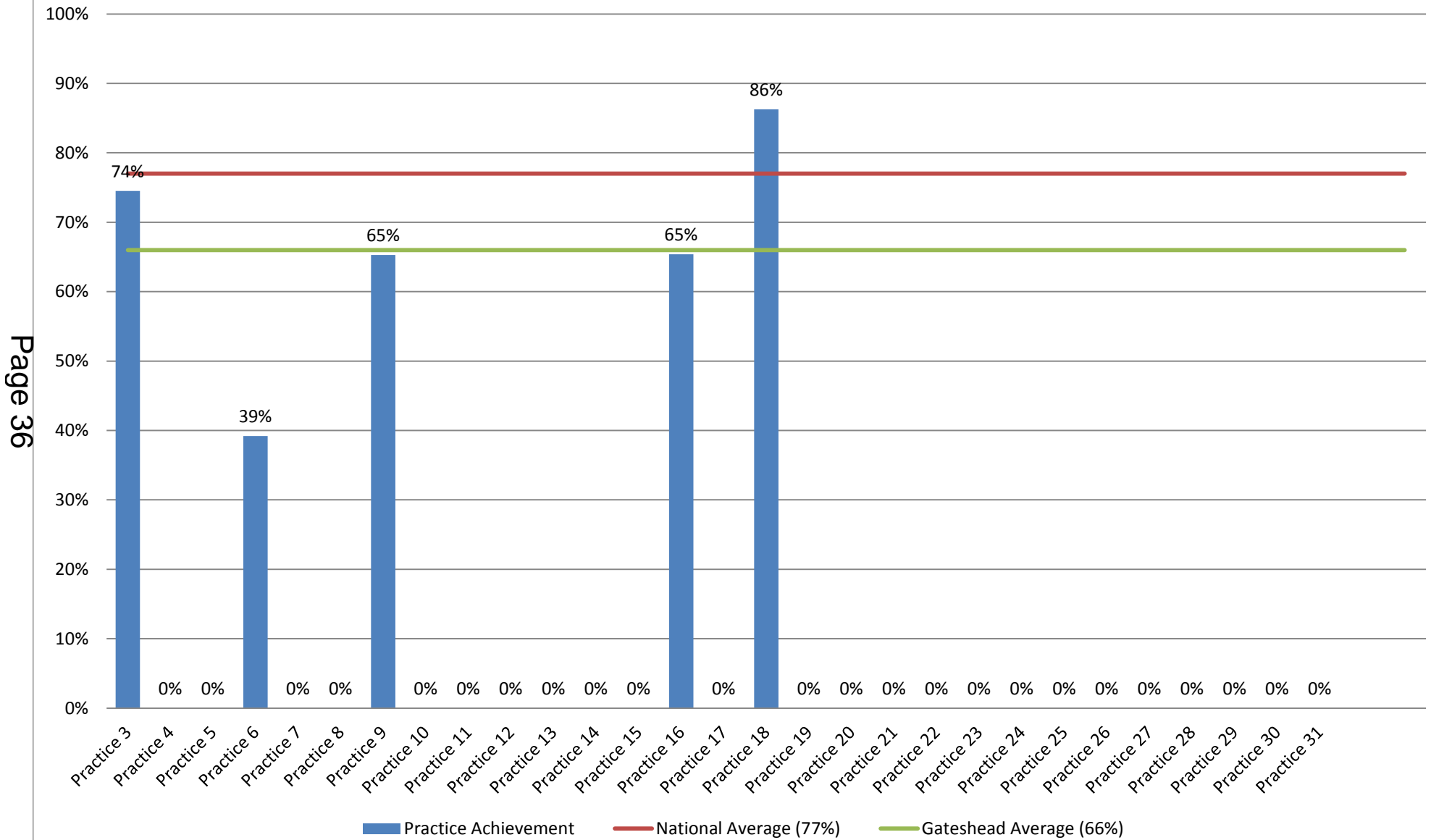
Q26 - Is the Surgery Open at a time that is Convenient for you?



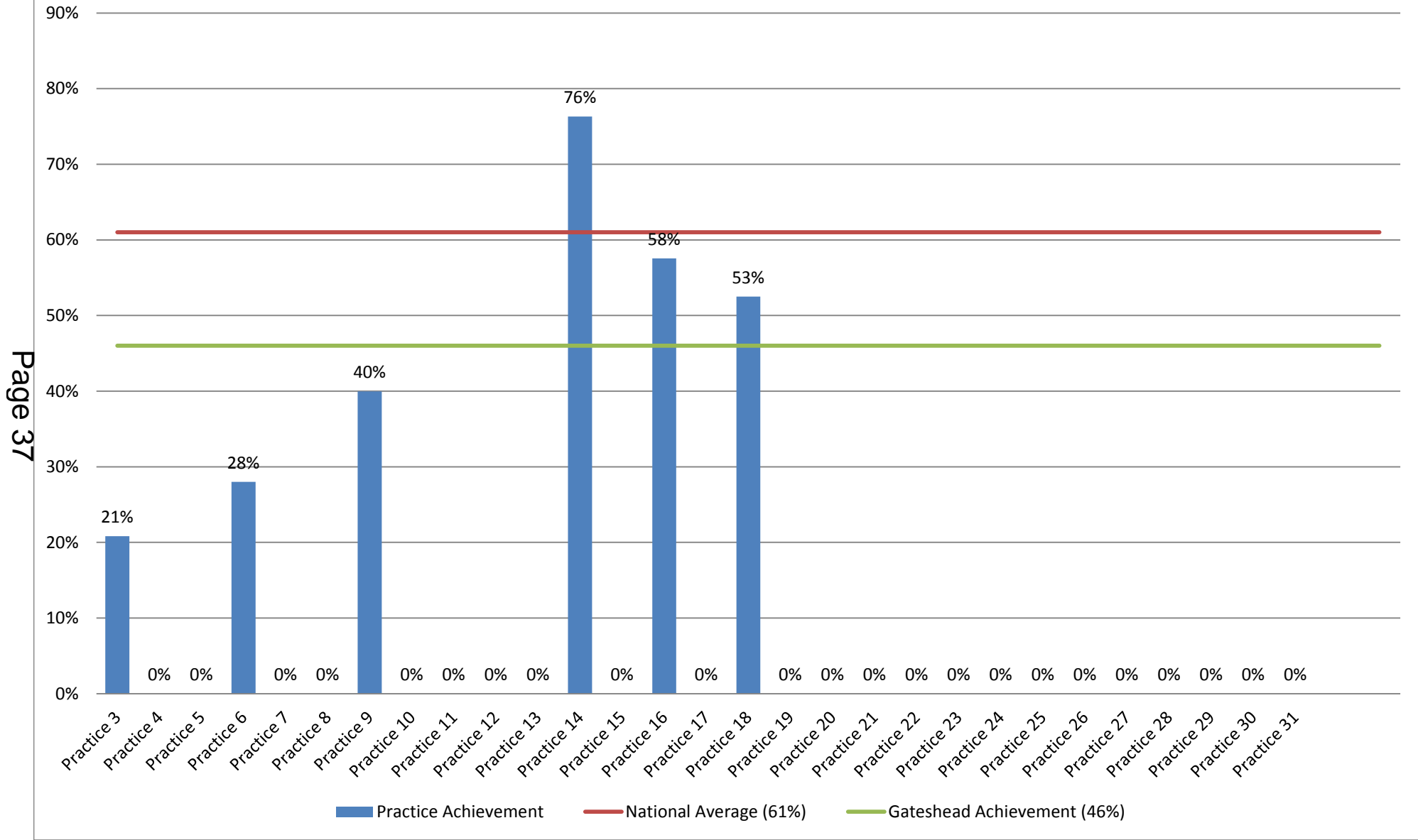
Q27 - Preference for Additional Opening Hours



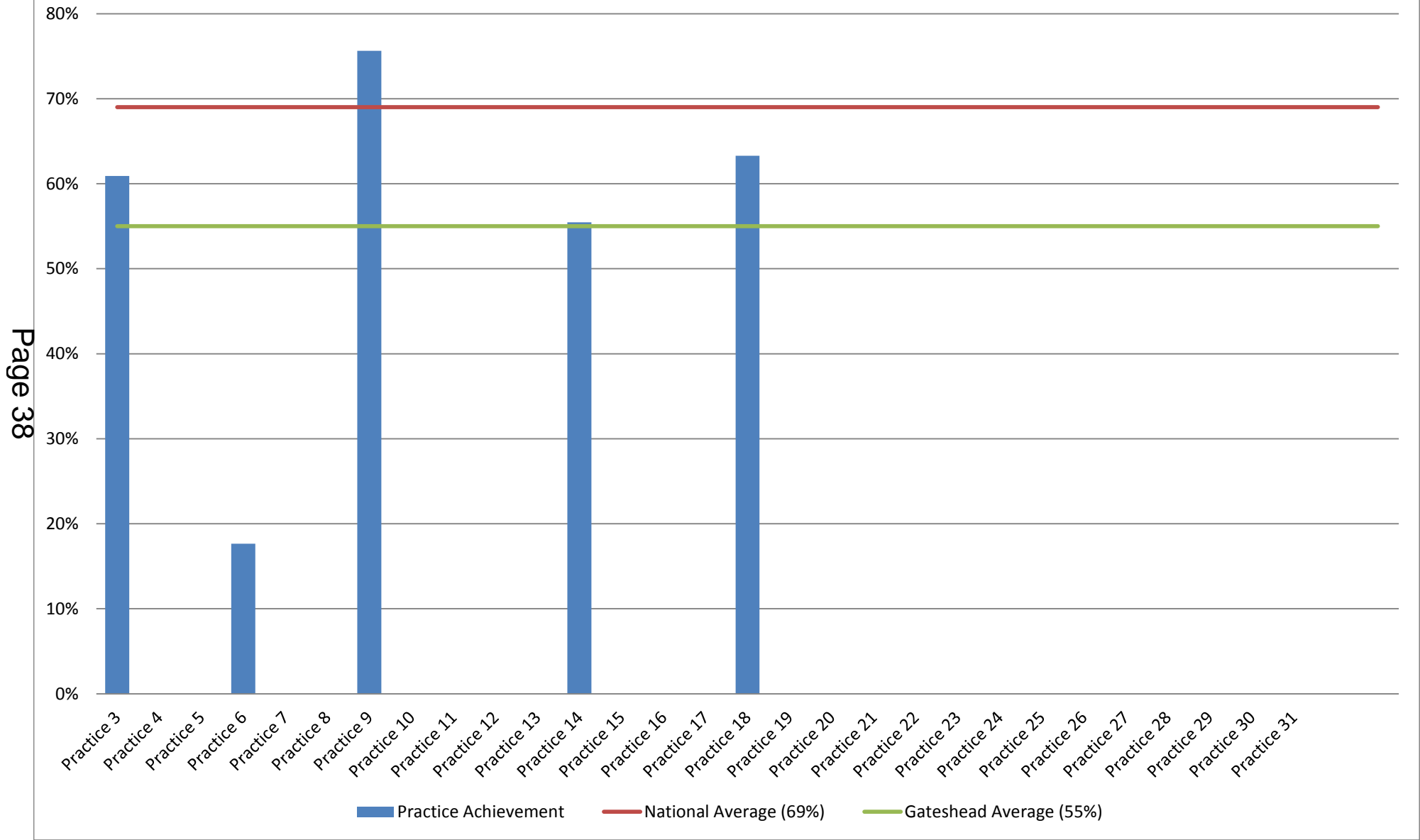
Q42 - Ease of Contacting Out of Hours Services



Q43 - Satisfaction with timeliness of Care Provided Out of Hours



Q45 - Exerperience of Care Out of Hours





CARE, HEALTH & WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
20 October 2015

TITLE OF REPORT: Gateshead Health & Wellbeing Board – Progress Update

REPORT OF: David Bunce, Strategic Director, Community Based Services

Summary

To update and seek the views of the Care, Health & Wellbeing OSC on the work of the Gateshead Health & Wellbeing Board.

Background

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2015/16 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the operation and work of the HWB, including a case study on how it has supported integrated working.
3. This report provides an update on the operation and work of the HWB for the period 1 April 2015 to 30 September 2015, including how it has supported integrated working. A second progress update on these issues covering the period 1 October 2015 to 31 March 2016 will be brought to OSC in 19 April 2016.

Gateshead Health & Wellbeing Board – Progress Update April 2015 to September 2015

4. The following update highlights key issues considered by the HWB and progress made since the previous update to Care, Health & Wellbeing OSC in April 2015.

Health & Wellbeing Board Forward Plan 2015/16

5. A Forward Plan was developed for the Health & Wellbeing Board for 2015/16 to steer its work and areas of focus during the course of the year.

In developing the Forward Plan, 5 key areas of work emerged, one of which relates specifically to the Board's integration agenda:

Strategy / policy development and commissioning intentions:

This included:

- Development and use of Joint Strategic Needs Assessment (JSNA)/ Pharmaceutical Needs Assessment (PNA) to inform strategy development and commissioning intentions
- Health & Wellbeing strategy/vision refresh
- Development of an Integration Strategy for Gateshead
- Development of a health inequalities framework for Gateshead
- Health and care strategic and operational plans
- Commissioning intentions for health and care
- Place shaping and health, including the Newcastle Gateshead Core Strategy and supplementary planning documents

Transformational / Integration agenda and ways of working:

Issues relating to the health and care transformation and integration agenda so that the Board can drive forward this work and respond to key challenges over the next 5 years. Areas of focus to include:

- Children 0 to 19 agenda: with a focus on particular issues during 2015/16 e.g. transfer of 0 to 5s public health commissioning responsibility to the Council from October 2015 etc.
- Better Care Fund and 'BCF plus' (a whole system approach)
- New service models: Vanguard (community beds and home based care)

Ways of Working:

- 7 Day services
- Workforce development
- Data sharing: opportunities to join up our approach for people using multiple services
- Estates/assets in Gateshead: opportunities to secure better value whilst meeting the needs of local people
- HWB sponsored workshops (e.g. on social prescribing, whole system care etc.)
- Communications plan for the HWB
- Potential HWB peer review

Health and care service developments/reviews:

Key service development issues/reviews such as:

- Community (health) services
- Mental health services
- Primary care
- Urgent Care, including links to Better Care Fund/Vanguard initiatives
- Public health: Tobacco Action Plan (10 year plan), Alcohol misuse, Healthy weight in childhood (as part of Integrated Wellness approach)
- Carers Services

- Older people's wellbeing, including social isolation (also focusing on particular key areas)
- Role of housing providers in promoting health (focusing on particular topic areas)

Performance Management Framework:

A performance management framework for the Board encompassing the Better Care Fund, key health and wellbeing performance indicators (linked to HWB strategy, 5 Year Strategic and 2 Year Operational Plans) etc.

Assurance Agenda:

Key issues identified as part of the Board's assurance agenda included Healthwatch Gateshead Annual Report & Priorities for the forthcoming year, Safeguarding Annual Reports (Children & Adults); Health Protection Annual Report and Adult Social Care Local Account.

6. A copy of the Forward Plan for 2015/16 is attached as an appendix to this report. This has shaped the Board's agenda to-date in the current year.

Needs Assessment

7. The Board considered 10 strategic priorities for Gateshead which have been identified through the Joint Strategic Needs Assessment (JSNA) 2015:
 - Economic wellbeing
 - Emotional Health and Wellbeing (young people)
 - Starting and staying healthy and safe
 - Education and skills (all ages)
 - Adult Mental Health and wellbeing
 - Long term conditions
 - Frailty and older age
 - Tobacco control and smoking
 - Alcohol
 - Healthy weight and physical activity
8. Next steps identified included the development of recommendations with partners on areas for commissioned interventions and for directed local activity to address the priority need areas. The JSNA will include information about what success will look like and the challenges to be addressed. It was also agreed to identify a strategic lead for each priority area and to develop a detailed narrative across all JSNA priority sections.
9. The Board considered specific pieces of work undertaken to assess the health needs of:
 - *Homeless people* – the Board reviewed the findings of the north east health needs audit of homeless people relating to Gateshead and sought clarification on how representative the participants were of homeless people in Gateshead. It also asked for additional data to be collected on issues raised by the survey and agreed proposals for

further research to be carried out to enhance our understanding of homeless health in Gateshead, including the health of those not currently engaged with local services. The Board also agreed to sign up to St. Mungo's Broadway Charter for Homeless Health which includes commitments to include the health needs of homeless people in our JSNA, to provide leadership on addressing homeless health and to work to ensure that local health services meet the needs of homeless people. This additional research work will complement the north east health audit and seeks to gather more in-depth, qualitative information. It will also inform the JSNA and help in focusing the direction of future work in this area.

- *Ex-Armed Forces Community in Gateshead* – the Board reviewed the barriers to accessing services and agreed a number of recommendations to be taken forward.

10. Key areas identified for further research on health needs due to an identified lack of data included: Black and Ethnic Minority communities, travelers, carers and the homeless. These topic areas are feeding into public health workstreams for 2015/16.
11. The online JSNA has seen significant development and was launched over the summer. The case study section of the website will be further developed to include the use of audio visual materials, creative writing and other less conventional ways to capture information about the experience of people in Gateshead.

Strategic & Operational Plans

12. The Board considered the final draft NHS Newcastle Gateshead CCG Operational Plan for 2015/16 and associated 2015/16 quality premium indicators which reflected latest national policy guidance, Gateshead's JSNA and incorporated a review of non-elective admission targets.
13. The Board received an update on the refresh of Vision 2030 and discussed proposals to enhance the strategic focus of the document whilst retaining the ambitious and aspirational vision for Gateshead. The Board endorsed 5 year outcomes for the period 2015-20 and requested that individual organisations consider how they can best contribute to their achievement.
14. The Board considered the Gateshead Cancer Strategy and Action Plan developed through the Gateshead Cancer Strategy Group which will oversee delivery and monitoring arrangements. The strategy incorporated collaborative work to address high rates of cancer incidence and mortality in Gateshead previously considered by the Board.
15. The CCG's strategy for high quality and sustainable general practice 2016-19 was discussed by the Board which requested that further detail be provided within the document on how the JSNA informed its development.

16. The Board considered a Malnutrition Prevention Strategy for Gateshead, plans for its implementation and the outcomes of the Malnutrition Task Force Pilot in Gateshead between April 2014 and March 2015.
17. A draft Communications Strategy was considered by the Board in response to a need identified by members to raise awareness of and promote the work of the Board. Work is underway to finalise the strategy and to develop a supporting communications plan.
18. An update was provided on the mental health review and, in particular, on the outcome of Phase 2 of the review, including feedback from the listening exercise undertaken and the proposed next steps.
19. As part of the Board's assurance agenda, the Safeguarding Children's', Safeguarding Adults and Community Safety Annual Reports and Business Plans were endorsed. The Board also received Healthwatch Gateshead's annual report for 2014/15, including its priorities for 2015/16.

Integration Agenda

20. Work to promote and support integrated working across health and social care continues to be a key focus of the Board. The Better Care Fund (BCF) submission for Gateshead centers around a 'Care' service that is community based, aligned, responsive and empowering. It provides a platform for more care to be provided in out-of-hospital settings and closer to peoples' homes through schemes that have been developed to take this work forward.
21. The Board endorsed the 4th quarterly BCF return for 2014/15 and the 1st quarterly return for 2015/16. The returns focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators. The Board also received performance updates on the BCF as part of a performance management framework introduced for the Board (see paragraph 23 below). These updates informed the quarterly returns submitted to NHS England.
22. The Board considered an emerging three year plan and issues linked to the Gateshead Vanguard project (community beds and home based care)

Performance Management Framework

23. Arising from the Board's Forward Plan for 2015/16 (paragraphs 5 and 6 above refers), the Board's agenda includes a performance management section which is used to update the Board on progress in relation to key indicators linked to its health and wellbeing agenda which have been drawn from:
 - The Public Health Performance Management Framework
 - Gateshead Better Care Fund Plan
 - Newcastle Gateshead CCG Strategic Indicators
 - Children's and Adult Social Care Strategic Outcome Indicators

Other issues

24. Other issues considered by the Board included:

- An update on strategic commissioning arrangements for children and young people focusing on the priority areas of special educational needs and disabilities, child and adolescent mental health services and an integrated approach to the design of the offer for children 0 to 19. The Board asked that membership of the Gateshead Children's Strategic Commissioning Group be extended to include representation from the voluntary sector and providers will be engaged through working groups established to progress work on the three priority areas.
- Personal Health Budgets – a progress report on the implementation of Personal Health Budgets in Gateshead, including work to review existing processes, challenges, future opportunities and next steps. A further update has been sought by the Board by April 2016.
- Social isolation – the impact of social isolation on people's wellbeing and how this can be addressed.
- The Learning Disability Joint Health & Social Care Self-Assessment for 2013/14.
- Substance Misuse Strategy Group – a revised terms of reference and work plan for 2015/16 was endorsed by the Board.
- Housing and Health – an overview of the role of housing providers in promoting health and wellbeing was considered by the Board to help identify issues for future consideration during 2015/16.
- Impact of Place Shaping on Health & Wellbeing – a progress update and next steps was agreed by the Board.

Forward Look

25. The Board's Forward Plan for 2015/16 will continue to shape its work over the second half of the year. Topic areas will also reflect developments and issues arising in-year. They will include:

- Refresh of key strategies and operational plans
- 2016/17 commissioning intentions for the Gateshead health and care economy
- Integrated Children's Agenda: 0-19 years, including the transfer of public health services commissioning (0-5 years) to the Council
- Children & Adolescent Mental Health Services (CAMHS) Transformation Plan
- The Director of Public Health's Annual Report 2014/15
- Mental health employment trailblazer pilot – development of the model
- Learning Disability Transforming Care Programme – Regional Fast Track Plan
- A Tobacco Control 10 year plan
- Older people's health and wellbeing
- Health protection assurance arrangements in Gateshead and associated work programme.

- Role of the housing provider in promoting health and wellbeing – housing conditions; housing provision for people with specialist support needs etc.
- Alcohol – consultation on the draft statement of licensing policy
- Adult social care Local Account 2014/15
- Emerging issues linked to current health service reviews
- Better Care Fund quarterly returns to NHS England
- Performance management updates
- Development of OSC work programmes for 2016/17
- A whole system event on the integration agenda

26. Work will also be undertaken to shape a Forward Plan and work programme for 2016/17 to steer the work of the Board next year.

Recommendations

27. The views of OSC are sought on:

- (i) the progress update on the work of Gateshead's Health & Wellbeing Board for the first six months of 2015/16 set out in this report.

John Costello (Ext 2065)

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TITLE OF REPORT: Adult Safeguarding and Adult Social Care Improvement Update

REPORT OF: David Bunce, Strategic Director, Care, Wellbeing and Learning

Summary

The first section of this report provides an update regarding Safeguarding Adults, Mental Capacity Act/ Deprivation of Liberty Safeguards (DoLS) and the Multi Agency Safeguarding Adults Hub (MASH). The final section provides members with a comprehensive update regarding improvements within Adult Social Care.

1 Background

- 1.1 This is a regular update to provide members of the committee with an understanding of the developments and improvements undertaken within Gateshead in relation to Adult Social Care, with the aim of giving assurance regarding performance and identifying any emerging areas of concern.

2 Safeguarding Adults

- 2.1 **Care Act Implementation Plan.** A summary of the main implications of the Care Act for the Safeguarding Adults agenda was presented at the Safeguarding Adults Board in November 2014. At a subsequent meeting a detailed implementation plan was presented and endorsed in the January 2015 Safeguarding Adults Board meeting to ensure that the Board was compliant with the Care Act. Since April 2015 a range of fundamental changes have been undertaken to ensure compliance including:
- Establishment of a Quality and Assurance Sub-Group to lead on Safeguarding Adult Reviews and to monitor multi-agency role / duty to cooperate with the Board;
 - Amendments to the Memorandum of Understanding to reflect the Care Act changes
 - An approved work programme to ensure that the statutory Strategic Plan and Annual Report will be published in accordance with the Care Act guidance
- 2.3 In addition to support the delivery of the Safeguarding Adults Multi-Agency Policy and Procedures a series of Practice Guidance Notes have now been produced to support/assist with the delivery of key policy areas within the Act including:

- Practice Guidance Note 1: Safeguarding Adults Review
- Practice Guidance Note 2: Self Neglect
- Practice Guidance Note 3: Allegations made against employees and the role of the Designated Safeguarding Adults Manager (DASM)
- Practice Guidance Note 4: Financial Abuse

2.4 **Safeguarding and Housing Event.** The Housing and Safeguarding Event took place on Thursday 3rd September 2015. Imogen Parry a nationally respected consultant and researcher gave an overview on serious case reviews and the role of housing providers, however the event also included presentation in relation to the:

- Care Act;
- Safeguarding Adults Multi Agency Policies and Procedures; and
- Mental Capacity

2.5 The event was well attended by a number of different housing providers who also took part in a work shop, looking at barriers and solutions in relation to adult safeguarding. Subsequent to the event an improvement and development plan has been completed focusing on the areas raised at the event and how they can be improved. The action plan will be monitored by the Safeguarding Adults Board to ensure the actions are implemented. The event highlighted a self-assessment tool that can be used by housing providers to allow them to assess against the requirements in the Care Act, which will assist housing providers to identify where the gaps are in there service area.

3 Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS) National Developments

3.1 The Law Commission has launched its consultation relating to the reform of the law involving mental capacity and deprivation of liberty. A comprehensive response will be drafted to the consultation document and will be produced in conjunction with key stakeholders and partner agencies. This response will be submitted for information at November's Safeguarding Adults Board meeting.

3.2 The Department of Health has produced information "Valuing every voice, respecting every right: One year on". This subsequent report builds on the original report and gives examples of work that has progressed since this time, including the introduction of the New Mental Capacity Forum, regional groups highlighting good practice examples how MCA implementation is progressing, including the introduction of an improvement tool for self-assessment. Gateshead was involved in the development of this tool kit which was originally based on the Peer Review of MCA/DoLS undertaken in Gateshead in 2013.

3.3 The number of DoLS applications received in Gateshead since April 2015 has continued to increase. The renewals of annual DoLS coupled with a wider awareness of this area of work has continued to place increasing demands on the Supervisory Body to ensure legal compliance in this area of work. This

figure continues to rise significantly and the comparative data for the respective periods serves to emphasise the increase:

- April and August 2013: 46 applications
- April and August 2014: 307 applications
- April and August 2015: 808 applications

3.4 Judicial DoLS applications continue to be dealt with at the Court of Protection, although there are changes to the process, there now needs to be a full application via a hearing which will have both a resource and a financial impact on the local authority. This process is also being reviewed within the law reform consultations, so in future may be different.

4 Multi Agency Safeguarding Hub (MASH)

4.1 In July 2014, the government published a review of the procedures in place to identify children and vulnerable adults at risk of abuse. From a national perspective, many areas have already established Multi Agency Safeguarding Hubs (MASH) to mitigate the risk of anyone slipping through the safeguarding net.

4.2 The overarching vision of the Multi-Agency Safeguarding Hub in Gateshead is to: “provide a single gateway for all safeguarding, domestic abuse and vulnerable victim referrals; to expedite the sharing of information in an efficient and consistent manner and to protect and safeguard the most vulnerable within the Borough”. The MASH provides a regular opportunity for partners to come together and discuss some of the most vulnerable residents in Gateshead with the purpose of ensuring appropriate, co-ordinated, proportionate and timely interventions. The MASH provides a platform for partners to devise appropriate referral pathways, mechanisms for sharing information and a shared understanding of partner roles and responsibilities.

4.3 The initial phase of the MASH commenced in November 2014 with the secondment of two police officers onto the Safer Communities team. This was enhanced in January 2015 with the commissioning of three support services – Victim Support, Oasis Aquila Housing and Northumbria Community Rehabilitation Company. The MASH will now be extended until March 2017, as a result of the successful Home Office Innovation Fund Bid, to include a greater focus on the identification and support offered to protect serial victims of domestic abuse. As part of this process additional organisations have been commissioned to enhance the range of services offered to vulnerable people including NTW, Barnardo’s and South Tyneside Foundation Trust.

5 Adult Social Care Assessment

5.1 **Personal Health Budgets.** As identified within the last report to Committee, the working group continues that is looking at developing a procedure with Clinical Commissioning Group (CCG) and North East Commissioning Support Unit (NECs) in relation to Personal Health Budgets and Continuing Health Care. An update was given to the Health and wellbeing board on 11th

September. Regular updates will be given to the board to ensure that we are implementing this national government directive, and making choice and control a reality for Gateshead residents who have complex care needs.

- 5.2 **Hospital Discharge.** As part of our partnership working with the Gateshead NHS Foundation we have our monthly discharge meetings where we discuss improvements to reduce the number of delays. There has been constant pressure on the hospital beds; however the staff have worked tremendously hard to support safe and timely discharge in working with the trust. At a recent meeting with trust colleagues we discussed the implementation of the Care Act in terms of people being classed as a delay. The Care Act states that a person cannot be a delay unless they have had a continuing health care consideration. As we do not have Continuing Health Care Multi-Disciplinary Team (CHCMDT) within the hospital and as we have worked with Gateshead NHS Foundation for several years in discharging people direct to a nursing home prior to a CHCMDT we have agreed that for those delayed awaiting nursing home the delay will be contributable to the Gateshead NHS Foundation.
- 5.3 **Judicial DoLS.** The Under 65s Disabilities and Mental Health service has made significant progress in addressing the backlog of judicial DoLS cases, initially focusing on independent supported living schemes. They have developed an efficient and robust process that has had to adapt and evolve due to ongoing changes in the legal process. Community Care recently reported that Gateshead Council was the second most compliant local authority nationally, having made significantly more Court of Protection applications than the vast majority of other councils. To date, out of the backlog of cases reviewed by the service, 32 applications have been made and total of 25 orders obtained.
- 5.4 The small percentage of orders in relation to cases reviewed demonstrates that the service have worked proactively with services users and their families/advocates. The service through supported decision making has gained informed consent from service users for their placements. This has minimised the need for costly interventions and Orders from the court. The service is now sharing their good practice and knowledge by providing bespoke training sessions to practitioners across Adult Social Care on the Court of Protection process to ensure that the authority is legally compliant for all new placements and care packages.
- 5.5 **Mental Health Act Assessments.** The Mental Health Act 1983 in conjunction with the Department of Health revised Code of Practice 2015 provides the statutory framework for Approved Mental Health Practitioners (AMHPs) carrying out assessments to detain those who meet the criteria into a hospital for assessment of their mental health. The revised code of practice has increased the burden on officers carrying out assessments. In addition to the above the service has also seen a 58.4% increase in Mental Health Act assessments in the first 6 months of this year in comparison to the same period last year.

- 5.6 **People with a learning disability who receive long term services being in paid employment performance update (ASCOF 1E).** The number of service users with a learning disability who are in employment, is 25, which is 4.8%. Until recently 28 people were in employment, however, one person no longer requires services due to being successful in gaining full time employment, a second person reached the age of 65 and for the third there was a change in primary client group status as such these three people cannot be included in the overall annual 8% target. This is an increase on the same time last year which was 3.5%- 19 people. There are a further sixteen people in employment who will be reviewed in October, increasing the percentage to 7.9%
- 5.7 The new 'Supported Internship' commenced on 1 August 2015. This is a partnership arrangement between GATES and Adult learning team with referrals from Transitions Team and Connexions. Supported Internships have, on average an outcome of 65% success into paid employment. Of the 10 interns 7 are in receipt of services from Transitions or Disabled Children's Team. The 3 interns not in receipt of services are eligible but as the internship is full time, they have not required additional services. We expect the impact of this programme to positively impact upon the employment target for the next financial year.

6. Recommendations

- 6.1 The Committee is asked to comment on:
- (i) Whether the OSC is satisfied with progress to date?
 - (i) Whether the OSC is satisfied with impact on users of Safeguarding/MCA DoLS Adult Social Care services to date?

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TITLE OF REPORT: Adult Social Care – Local Account

REPORT OF: David Bunce, Strategic Director, Community Based Services

SUMMARY

This report sets out the key findings from the Gateshead Council Adult Social Care Local Account, and outlines the identified areas for improvement and future priorities in order to develop adult social care in Gateshead.

Background

1. As a result of changes to the inspection and assessment regime for Adult Social Care, every Council in England is recommended to produce an annual report called the Local Account.
2. Councils are no longer required to produce a report for Central Government. This is the fourth year that a Local Account has been produced. It describes the delivery of adult social care services in Gateshead between April 2014 and March 2015, and outlines priorities and plans for the future.
3. This year's draft Local Account is attached as Appendix one. The Local Account will be reported to the Health and Wellbeing Board on 23 October 2015. Views have also been sought from Healthwatch and the voluntary sector via GVOG.
4. Following feedback, the Local Account will be published in November 2015. It will be made available via the Council's website and in a variety of formats to meet the communication needs of service users.

Adult Social Care in Gateshead

5. In recent years, the demand for social care services in Gateshead has increased, placing extra demand on the adult social care budget during a time of financial strain.
6. More people in Gateshead suffer from poor health compared to the rest of the country. Our population is ageing: it is projected that by 2037 there will be an additional 16,400 people aged 65 years or older - an increase of 45%. The greatest increase is amongst those aged 85 or over, the people most likely to require social care support.
7. The Care Act came into effect on 1 April 2015. New requirements include providing clearer information and advice to people, a national minimum eligibility threshold and more rights for carers. At the same time, we are working closer with health services and other partners to provide more integrated care and support services for our residents.
8. In 2014/15:
 - 6,559 people contacted Gateshead Council's social services for help or advice

- 2,340 new service users had an assessment of their needs
- 82.3% of people took more control of their own support, in the form of a Personal Budget or Direct Payment
- 69.2% of people said that they were extremely satisfied or very satisfied with the care and support services they receive (above the England average of 64.9%).

9. Notable achievements in the last year include:

- Created a Quality Excellence Framework Policy for residential and nursing care homes
- Developed service improvement groups involving carers, people who use services and members of the public.
- established a single point of contact available 24/7 for the public and professionals who need intermediate health or social care services
- re-commissioned home care services to provide more robust provision
- conducted a carers survey. 81% of carers report that they have been included in discussions about the person they care for.
- implemented preventative approaches for safeguarding adults. We have also identified cross-cutting areas of work via the Multi- Agency Safeguarding Hub (MASH).

10. Identified areas for improvement in 2015/16 include:

- Increase the number of people with a personal budget choosing to have a direct payment.
- Reduce the number of permanent admissions to residential and nursing care and help more older people to stay in their homes
- Implement a project to improve the lives of working carers in partnership with Gateshead Carers' Association and the design school at the University of Northumbria
- Work with the Local Safeguarding Children's Board to ensure that vulnerable children and young people are protected as they become adults.

Recommendation

11. The Committee is asked to:

- (i) Scrutinise, challenge and endorse the Local Account;

Contact: Louise Rule

Ext: 2353



Adult Social Care in Gateshead How are we doing?

Local Account 2014/15

Gateshead Council
Regent Street,
Gateshead NE8 1HH
Tel: 0191 478 7666



Foreword

Welcome to Gateshead Council's Adult Social Care Local Account. This is an annual report and is an important part of the Council's commitment to being open and transparent. It will inform you about what we have done over the past year and some of the things we plan to do in 2015/16 to improve our services to continue to meet the needs of residents.

The Local Account highlights the challenge of meeting an increased demand for care with fewer resources. Those challenges will continue. Indicative budget forecasts show an estimated funding gap for the Council of around £50.6m for the period 2016/17 to 2017/18. Our role is to continue to offer services that help people to live independently in the community, to offer increased control and choice and to refuse to compromise on the quality of care and support services.

In order to deliver the range of change necessary to adapt to our financial challenges, we will continue to listen to people who use care and support services, carers and the wider community.

2014/15 has been a busy year for social care in Gateshead. There has been considerable work to prepare for the Care Act which came into effect on 1 April 2015. The changes include providing clearer information and advice to people, a national minimum eligibility threshold and more rights for carers. At the same time, we are working closer with health services and other partners to provide more integrated care and support services for our residents.

Your views and comments make sure we're delivering the services that you need. If you would like to comment on what we do, or join any of our user or carer forums, please contact us on 0191 433 2346.



Councillor Michael McNestry
Cabinet Member, Adult Social Care

About Gateshead

Gateshead has a population of around 200,000 people which is projected to increase by 11,300 (5.6%) between 2012 and 2037. In recent years, the demand for social care services has increased and this has placed extra demand on the adult social care budget during a time of financial strain.

Our population is ageing: it is projected that by 2037 there will be an additional 16,400 people aged 65 years or older - an increase of 45%. The greatest increase is amongst those aged 85 or over, the people most likely to require social care support.

More people in Gateshead suffer from poor health compared to the rest of the country. While there have been improvements, far more people in Gateshead continue to suffer illness and early death than the national average.



A view from Healthwatch Gateshead:

We welcome the GMCs commitment to ongoing transparency by producing the Local Account so that citizens in Gateshead can view their performance.

Healthwatch Gateshead is encouraged by the many awards that Gateshead as a local authority has received in 2015 around social care provision. The partnership with Gateshead Housing Company which won a prestigious national award for its work with people with learning disabilities is a particular example of forward thinking. The award recognises the development of a clear route into independent living for people with a learning disability who also require a care package.

In the coming year Healthwatch Gateshead will be interested in seeing the ongoing improvements being made by current and new initiatives, for example , the Rapid Response domiciliary care service. If you would like to contact Healthwatch, please telephone 0191 477 0033 or email info@healthwatchgateshead.co.uk

Healthwatch Gateshead looks forward to working with the Council and all of our health and social care partners over the coming year towards our shared goals, with and on behalf of the residents of Gateshead.

What is adult social care?

At some point in our lives most, if not all of us, will need help with everyday living because of an illness, a disability, because we are getting older or because we are caring for someone. Every one of us will have a different view of the help we need and how it can be provided.

Social care is the name given to the support you may need to help you live your life. It can range from an item of equipment or help in getting out and about. Some support is provided in the form of a short term service, while people with longer term needs can benefit from help to arrange long term care.

Gateshead Council provides services to diverse groups of people and their carers including older people, people with mental health needs, people with a physical disability and/or sensory impairment, people with a learning disability, people with drug and alcohol issues, people with diagnosed Autism Spectrum conditions, and young people moving to adult social care services.

We employ a skilled, committed and diverse workforce to work with residents and their carers. This includes social workers, social care workers, assessing officers, social work auxiliaries, and occupational therapists. We also fund independent advocacy to support people to speak up for what they want.

We work with partners, and services are delivered by a variety of organisations from the public, private and voluntary sectors.

The range of support provided includes:

Universal and preventative services

For many people, the big challenge isn't ill-health, its loneliness, isolation and financial worries. The council, together with other agencies and the voluntary sector, offers a whole range of services to prevent problems and to encourage independent living. These include:

- Healthy living and safety in the home services
- Equipment and adaptations to your home to help you to live independently
- Benefits advice
- Housing services
- Advice and information

Short term support

We provide short term support for up to six weeks to help people to maintain or regain their independence - we call this reablement. This can take place in a person's own home or in promoting independence centres.

Long term support

Long term care can include: help to live at home, respite care, housing with 'extra care', residential or nursing care. Dependent on eligibility criteria, an individual can receive a personal budget to pay for the type of care and support they choose. Others will pay for long term care themselves.

Am I eligible for care and support?

The Care Act 2014 provides a national approach to establishing whether you are entitled to public care and support. It also provides a similar approach to providing support for carers.

You have a right to a free needs assessment if you appear to have a need for care and support. A needs assessment looks at how you are managing everyday activities such as looking after yourself and getting out and about. A needs assessment is your opportunity to discuss with a professional what support might be best for you. It is also how the council decides if you can get support from them.

The person carrying out your assessment with you will discuss with you what impact your care needs are having on your wellbeing and whether there are suitable support services which can help you achieve what you want.

If you do not qualify for support from the council, we will still provide you with personalised information and advice about where you can go to get any support you need which is below the national eligibility threshold.

"It's wonderful that there are people like you who care and try to support and help people and their families in stressful times" - person who contacted our Adult Social Care Direct Team



How are we doing?

We want adult social care in Gateshead to help older people and people with disabilities to remain healthy and active, to ensure they can use the same facilities and services as everyone else, and that they can take part in the same activities and have the same opportunities.

In Gateshead last year:

- 6,559 people contacted Gateshead Council's social services for help or advice
- 2,340 new service users had an assessment of their needs
- 3,015 people who currently have social care support, received a review of their needs and how they are being met.
- 78.9% of new clients aged 18 and over received a completed assessment within four weeks of their initial contact with Gateshead Council. This has reduced by 4.7% on the previous year.
- 82.3% of people took more control of their own support, in the form of a Personal Budget or Direct Payment.
- 913 older people were looked after in long term residential or nursing care at 31 March 2015. This represents 2.4% of those aged 65 plus which is higher than the national average.

The quality of contracted social care services is monitored through quarterly reviews using a quality excellence framework. The quality of services received by individuals is monitored through individual service user reviews.

"I want other people to have good support like I've had, or better. I want other people to be able to do what I've done. It's important to get good support when needed and help for families so everyone lives a better life."
 - Young man with Autism about to move to independent living



82.3%
 of people took more control of their own support, in the form of a Personal Budget or Direct Payment.

How do we spend your money?

We spend 33% of the Council's money on adult social care. The chart below shows how the £71.5m is shared between people with different needs in adult social care.

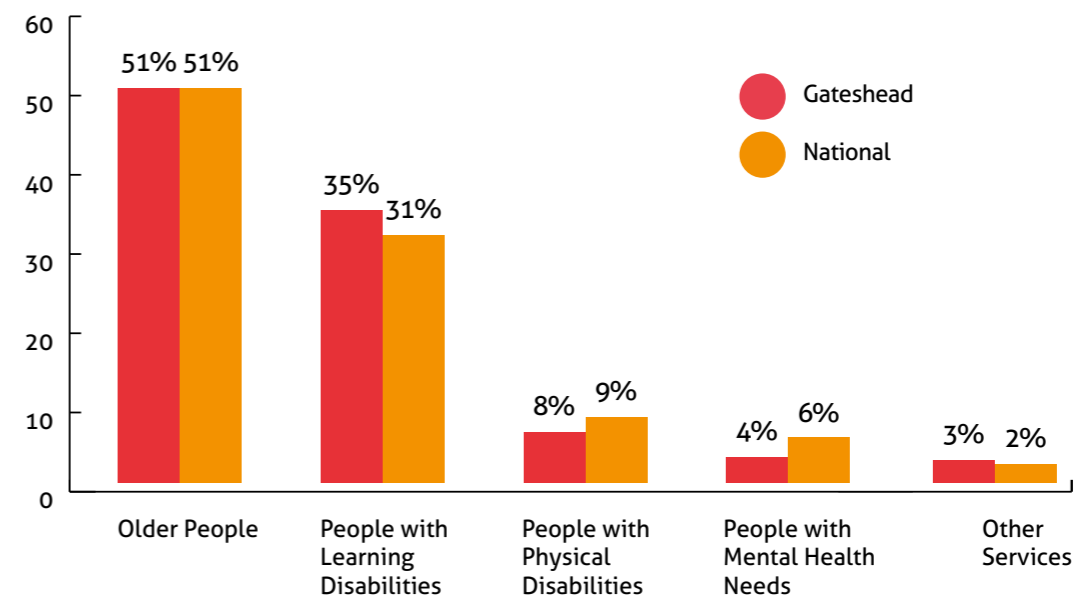
In order to continue to maintain our current services levels, Gateshead Council is reliant on income from charges for services to help pay for them.

All Gateshead Council social care charges are determined in accordance with national guidelines and people are assessed to contribute towards the cost of their care. More information is available at: <http://www.gateshead.gov.uk/Health-and-Social-Care/Adult-Social-Care/Paying-for-care/home.aspx>

Any contribution that individuals are asked to make towards the cost of their care is assessed according to their ability to pay and in line with what is reasonably acceptable for them to pay.



The table below shows how the way in which Gateshead spends its money compares to the national picture.



Our success so far

In the last year, we have:

- Conducted a Carers Survey to determine whether services received by carers support them in their caring role.
- Created a Quality Excellence Framework Policy for the next four years for residential and nursing care homes.
- Implemented preventative approaches for safeguarding adults.
- Working with health partners, reduced deaths from causes considered preventable by 27.2% over a ten year period which is a higher percentage decrease than the England rate (25.97%).
- Received 203 referrals for free Telecare for the over 80 age group to help people to remain in their own homes.
- Set up a digital volunteering project working within sheltered accommodation to teach older people about new technology such as I-pads.
- Developed service improvement groups in adult social care which commenced in June 2014. These groups involve professionals, carers, people who use services and members of the public.
- Produced the Adult Social Care Standards for Carers.

"Thank you for all of your help with Mam. It was really helpful to talk to you and knowing I could always ring you"
- carer of person with dementia

Services Users' views

Adult Social Services User Experience Surveys show that:

- The overall score for quality of life of users of social care in Gateshead is 19.5 out of 24, an improvement on the previous year and higher than the latest available England average (19.0).
- 78% of people who use services said they have control over their daily life, above the national average of 76.7%
- 69.2% of people said that they were extremely satisfied or very satisfied with the care and support services they receive (above the England average of 64.9%).
- 86.1% of people who use services say that those services have made them feel safe and secure.
- 49.8% of people who use services reported that they had as much social contact as they would like. Whilst above the national average, we still want to improve this further.

During the last year we have continued to work to transform the services we provide for people:

- We have established a single point of contact for the public and professionals who need intermediate health or social care services. This operates 24/7, 365 days a year.
- We have developed a rapid response service to respond rapidly to a health or social care crisis, providing intensive support for up to seven days to help prevent admission to hospital.
- We held a dementia event at the Central Library. A range of dementia partners attended to give advice on helping friends and family living with dementia.
- We have also signed up to the Dementia Action Alliance Carers Call to Action. Objectives include raising the profile of people with dementia and campaigning for improved services and standards of care.
- A malnutrition pilot scheme in care homes for older people took place to identify and raise awareness of malnutrition and share information, which in turn will lead to a quality improvement in this area..
- We have recruited two Housing and Independent Living Mental Health Outreach workers to provide support to vulnerable people with mental health issues who are at risk of homelessness.

Leadership in adult social care

Social work leadership in adult social care in Gateshead came to national attention in November 2014 when our Principal Social Worker for adults, Margaret Barrett, was named Principal Social Worker of the Year at the National Social Work Awards. These awards aim to raise awareness of the challenging and diverse work that social workers do and this particular award recognises leadership in the profession.

Margaret has now been elected as chair of the National Principal Social Work Adults Network to advance social work practice and development at a National level.

Finding the right service for you

Gateshead Council has established an online market place for adult social care services.

The aim of the market place is to enable providers to advertise their services to people in and around Gateshead. These people may either fund their own care and support, making the necessary arrangements themselves, or are funded by the Council who would make the necessary arrangements on their behalf.

Pictured: Margaret Barrett, Principal Social Worker of the Year 2014.



Listening to you

We use the information you feedback to us to improve the services we deliver, so we can develop a better understanding of what you need now and how this might need to change in the future.

When collecting and considering views and feedback we ensure that the requirements of the Equality Act 2010 are considered within all aspects of adult social care.

If you want to express an opinion about adult social care, then there are lots of ways to do it:

- User forums
- Postal and online questionnaires
- Focus groups
- Public meetings
- Satisfaction surveys
- Feedback from service users
- Comments and complaints
- Specific consultation exercises
- Quality checkers.

"Having a named social worker was good. I was able to email her with concerns about my mother before she went into care" - Carer

Who we work with

We deliver our adult social care services with a wide range of partners. We also recognise the contribution that individuals, families, carers, and communities make in providing care and support.

Groups and organisations we work with include:

- Service users and their carers
- Gateshead Healthwatch
- User-led services and organisations, such as the Older People's Assembly, Your Voice Counts, and the Carers Association
- A large number of voluntary and third sector organisations, such as the Alzheimer's Society, Age UK, and the Gateshead Autism Group
- NHS NewcastleGateshead Clinical Commissioning Alliance
- National Probation Service
- Health Services, including local hospitals
- Northumbria Police
- Tyne and Wear Fire and Rescue Service
- The Gateshead Housing Company
- Other council services, including Housing Services, Economic Development, Regulatory Services and Legal and Corporate Services
- Gateshead Voluntary Sector Health & Wellbeing Forum

To ensure that we deliver the best possible adult social care services, we operate a number of themed partnerships. Their membership includes people from Gateshead Council, the voluntary sector, health, and people who use, or have an interest in, adult social care. These include:

- Older Persons Partnership
- Carers Partnership
- Learning Disability Partnership
- Autism Steering Group
- Physical Disability and Sensory Impairment Partnership
- Community Safety Partnership
- Safeguarding Adults Partnership Board
- Health and Wellbeing Board
- Gateshead Health & Mental Wellbeing Partnership

Enhancing Lives

We offer support to enhance resident's lives in Gateshead and have the following key aims:

Aim

To support people to live their lives to the full and achieve their goals

We help individuals to:

- Be clean and presentable
- Get the right amount of food and drink
- Have a clean and comfortable home
- Feel safe
- Have control over their daily life
- Have social contact with people
- Be treated with dignity and respect
- Spend time doing things that they value or enjoy

How?

We have a team that focuses on working with our customers to help them live at home.

Aim

To support people to manage their own support so that they are in control of what, how, and when support is delivered to suit their needs.

We help individuals to:

- Have as much control as they wish over services they receive day-to-day
- Plan and use self-directed support or a direct payment with a support plan that shows the clear outcomes they want to achieve using their personal funding

How?

We directly provide money to people so that they can choose how they want their services to be delivered.

Aim

To help carers balance their roles and maintain their quality of life.

We help individuals to:

- Have control of their daily life
- Get enough sleep and eat well
- Feel safe
- Have social contact with people they like
- Attend training courses and go to work
- Receive encouragement and support in their caring role

How?

We provide breaks and support services for carers throughout the year.

Aim

Help people find employment, maintain a family and social life, contribute to their community and avoid loneliness or isolation.

We help individuals to:

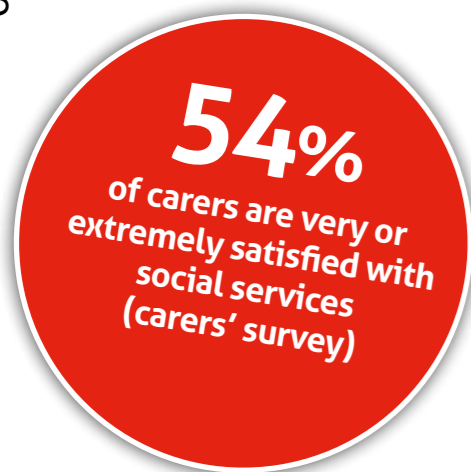
- Access work experience placements to gain skills and confidence
- Engage in paid employment
- Live independently

How?

We have commissioned services that help people avoid living in loneliness and isolation. We have dedicated services to help people with learning disabilities find employment. We have a Volunteers Plan to help everyone make a contribution to their community.

"Just a short note to thank you for all your support managing the development of a wet room. This has made an incredible difference to our lives and standard of care."
- person with physical disabilities

"I have been very impressed with the help I received from Gateshead Council employees. Every department I contacted was helpful and polite" - A carer's view



Delivering on our plans

Last year, we said we would:

- Have more people with a personal budget choosing to have a direct payment – the national measure for this has changed but we achieved our target and have 19.1% of eligible people choosing a direct payment.
- Raise awareness to enable increased understanding of people with dementia – in addition to the activities mentioned elsewhere, we have:
 - o Worked on a single dementia pathway to improve diagnosis, timeliness of treatment and remove duplication;
 - o Undertaken further Dementia Friends training.
 - o developed a dementia roadmap page for Gateshead to act as a one stop shop for local information.
- Reduce the number of permanent admissions to residential and nursing care and help more older people to stay in their own homes – whilst we reduced the number of supported long term admissions to residential care by 15, the numbers of older people entering residential care remains high.

How we are going to improve

We want to:

- Continue to have more people with a personal budget choosing to have a direct payment
- Raise awareness to enable increased understanding and recognition of people with dementia within Gateshead
- Reduce the number of permanent admissions to residential and nursing care and help more older people to stay in their own homes

“We would like to thank mam’s social worker for all of her assistance in her lovely unobtrusive manner”.

- daughter of person with physical disabilities

Your experiences

Marquisway Centre

Marquisway centre supports people with learning disabilities. It has recently opened an Internet Café, to support service users to access the latest digital technology, whilst, providing hands on guidance and support.

The centre has constructed a 2015 Performing Arts Production Tour entitled ‘Fashion Show Valley Fest’, which had a three month regionwide tour of North East schools and social care settings. The show featured Marquisway services users taking to the catwalk displaying a clothing range inspired by the summer festival scene, with the clothes, choreography, music and stage management all created and produced by the drama group themselves. This visually spectacular drama initiative not only empowered the performers, improving their self-esteem, team working and confidence but also highlights the creative potential of all people with learning disabilities.

Gateshead Access to Employment Service (GATES)

J is 26 years old and has Down’s Syndrome and a learning disability. The Down’s Syndrome Society had supported him to find paid employment at an agricultural company. Unfortunately he was made redundant in November 2014 due to financial difficulties. His job was really important to him and this was a distressing time. Gateshead Access To Employment Service (GATES) attended his redundancy meeting and supported him through this to ensure he fully understood what was happening.

GATES arranged for a 12 week work placement at Citizens Advice Bureau in Gateshead, he impressed all of his work colleagues and has continued this placement on a voluntary basis.

In June 2015, J attended an interview at Real Time Claims, which is a claims specialist company in Newcastle. With support from Peter Rush at GATES at every stage of the process, J was successful in securing 15 hours paid work per week on a permanent basis, as part of the administration and processing team.

“Thank you Peter and GATES. You have helped me to gain employment. Your support at my interview and when I started work made me feel confident and comfortable. The travel training helped a lot and I am doing it myself now. A massive thank you from me and my family” - J

Quality of life

We offer support to improve the quality of resident’s lives in Gateshead and have the following key aims:

Aim

To ensure that admissions to long term residential or nursing care only occur when there is no alternative provision to support people in their own homes.

We help individuals to:

- Live independently at home

How?

We have developed alternative approaches to residential and nursing care.

Aim

To support individuals when they develop care needs in the most appropriate setting to them, enabling them to regain their independence.

We help individuals to:

- Be discharged from hospital in a timely manner

How?

We have worked closely with hospital services to ensure that people are able to leave hospital in a timely manner, with appropriate support.

Aim

To ensure everyone has the opportunity for the best health and well being throughout their life.

We help individuals to:

- Access support and information to help them manage their care needs

How?

We have worked with GPs and community matrons to assist people who have long term health conditions.

Aim

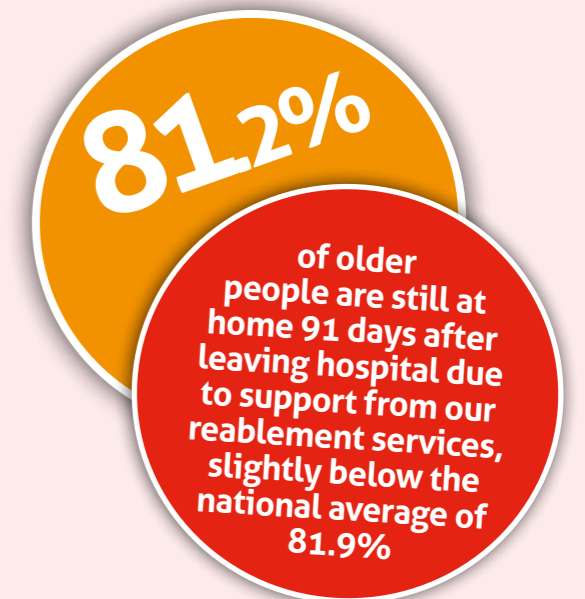
To ensure earlier diagnosis of health issues, earlier intervention and reablement so that individuals and their carers are less dependent on intensive services.

We help individuals to:

- Remain at home after discharge from hospital into reablement/ rehabilitation services.

How?

We provide Promoting Independence Centres and reablement services to help people regain their confidence and skills to carry out activities and continue to live at home.



Delivering on our plans

Last year, we said we would:

- Set up Service Improvement Groups so that people who use our services and their carers have opportunities to tell us how we can improve – these commenced in June 2014 and are already helping us to improve how we share information and communicate with residents.
- Keep helping people live at home independently for as long as possible – we have undertaken much work in this area including:
 - o re-commissioned home care services to provide more robust provision
 - o facilitated numerous healthy living initiatives including launching the Live Well Gateshead model
 - o established a panel to look at alternatives to residential care when someone is at risk of admission to residential care.
- Improve how quickly people get home from hospital – there were 5.9 delays per 100,000 population, slightly more than the previous year (5.4) but well below the England average (9.7). Of these delays, just under half are attributable to social care.

How we are going to improve

We want to:

- Ensure that more people remain at home following support from reablement services.
- Keep helping people live at home independently for as long as possible
- Continue to improve how quickly people get home from hospital.

FACT:

In March, the NHS chose Gateshead Council and Newcastle Gateshead Clinical Care Group as one of 29 Vanguard sites to develop New Care Models. This will look at enhancing health within care homes.

Your experiences

National Award for Gateshead Sheltered Housing Scheme

Wood Green Sheltered Housing Scheme in Bill Quay won the highest award at the Elderly Persons' Accommodation National Housing for Older People Awards 2014. The scheme took the Gold award in the category of Best UK Retirement Housing scheme category 60 units and over.

More than 3,300 residents from nearly 300 specialist housing schemes helped choose the award winners in a unique process overseen by the national housing charity for older people, Elderly Accommodation Counsel.

The residents score their housing scheme or care home on a variety of statements relating to both the quality of the property and the care, support and general sense of wellbeing they enjoy there.

FACT:

Unannounced inspections by the Care Quality Commission of Council run social care services, found services 100% compliant with all 40 'essential standards of quality and safety'.

"I would like to thank all care staff for looking after my husband. They are so caring and patient and full of compassion in their work. They have been a real tonic for him. He is getting on so well now due to all their help. They are absolute stars" - wife of person who received reablement to help regain skills from our START service

"I just want to say many thanks for all your help with the care and placements of my mam. Placing her there meant so much to us as it was becoming more difficult to deal with her health illness and dementia. At last we know that she was being well cared for during her last months. She had a good team caring for her at the time." - thanks for the work of our social work team based at QE Hospital

Positive Lives

We aim to respect the dignity of individuals and ensure that the support they receive is sensitive to their particular circumstance.

We have the following key aims:

Aim

To ensure that individuals who use our services and their carers are satisfied with their experience of care and support services.

We help individuals to:

- Have overall satisfaction with the care and support they receive

How?

We collect user and carer feedback to improve our services.

Aim

To make sure that carers feel they are respected as equal partners throughout the assessment, care and support planning process.

We help individuals to:

- Feel included in discussions about the person they care for

How?

We treat carers as equal partners in our assessment, care plan and review processes.

Aim

To ensure that people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

We help individuals to:

- Easily find information about support available to them

How?

By having well trained staff in our contact centre (Adult Social Care Direct) who inform the public and signpost appropriately.

Aim

To make sure that individuals, including those involved in making decisions on social care, respect the dignity of the individual.

We help individuals to:

- Receive support that is sensitive to their own circumstances

How?

By having individual care and support plans that include the views of service users and carers that reflect individual need.

Delivering on our plans

Last year, we said we would:

- Ensure that services that we offer are right for our customers – we have created a Quality Excellence Framework Policy for residential and nursing care homes, plus a Quality Assessment Framework for Learning Disabilities, Mental Health, Physical Disabilities and Sensory Impairment, Home Care, and Commissioned Services.
- Use customer feedback to improve our services – many improvements have been made as a result of feedback. A summary can be found in our annual report on representations on the Council website. We have also launched service improvement groups involving service users and carers.
- Consider carers' needs – We conducted a survey to find out whether services received by carers are helping them in their caring role. 81% of carers report that they have been included or consulted in discussions about the person they care for.
- Develop a plan for the engagement and involvement of people with autism and their families – we have consulted on the draft All Age Autism Strategy and invited people with autism and their carers to validate the Gateshead self-assessment.
- Develop the Young Carers Action Plan to support Young Carers – 194 new referrals were received by Crossroads young carers service and 178 assessments / support plans were completed

How we are going to improve

We want to:

- Continue to ensure that services that we offer are right for our customers
- Consider carers' needs
- Implement a project to improve the lives of working carers in partnership with Gateshead Carers' Association and the design school at the University of Northumbria
- Work with Blaydon Day Centre and St Joseph's to develop options to outreach to more users and carers from a wider geographical basis.

"Just wanted to say that Winlaton Base continues to be a magical place for me -I always feel good about myself and feel I can relax and laugh spontaneously when I'm there. This is because of the wonderful welcome I get from everyone".

- day service user

"The help provided by community based services is excellent. The team of carers that support my mum are excellent"

-relative's view



Your experiences

The Generation Game

The Generation Game was shortlisted in the "Better Outcomes" category for the Municipal Journal awards 2015. Gateshead Council and the Gateshead Housing Company have teamed up with Rookie Sports, a social enterprise, to teach people of different ages how to play Rookie Golf. The objectives included reducing the social isolation of older people, breaking down barriers between different generations and helping to keep residents within sheltered housing fit and healthy. The project was funded through the Gateshead Housing Company Community Fund.

The project linked twelve housing schemes and twelve primary schools through a shared activity – Rookie Golf. Some of the older people accompany Rookie Sports' coaching staff to schools to help teach the children how to play. The two generations are then brought together to play matches, with some matches taking place in the schools and some at the sheltered accommodation schemes. So far we have had over 500 participants involved in the scheme.

The project has improved levels of physical activity and wellbeing. Children have had experience of sharing activities with adults who have significant disabilities whilst residents of the sheltered schemes have been able to enjoy the company of young people and gain a positive experience of them.

Have your say about social care services by text

A text messaging service has been set up. This new service gives the public the opportunity to have their say about the Council's social care services by text message. You can text your concerns or compliments about adults or children's social care services to 07736287376.

Alternatively, to speak to someone, you can text "CALL BACK" to the same number and a member of the team will call you back as soon as possible.

193
new carers signed
up to the Carers'
Emergency Response
Service



Protecting Lives

The Care Act 2014 requires councils to make enquiries if an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and is unable to protect him/herself against the abuse/neglect.

In Gateshead we are committed to making sure that everyone feels safe and secure. To help us do this we have identified the following key aims:

- Everybody in Gateshead has the right to lead a fulfilling life which is free from abuse and neglect.
- Everyone should also be able to live safely and contribute to their own and other people's health and wellbeing.

How?

The Gateshead Safeguarding Adults Board is now well established. The Board continues to drive and oversee all areas of adult safeguarding activity in Gateshead. It is also responsible for ensuring that services are provided at a high standard. This is achieved by working in partnership with all relevant agencies and organisations in Gateshead and the local area.

Delivering on our plans

Last year, we said we would:

- Strengthen our relationships with partners in the voluntary sector to raise awareness of adult safeguarding. - We have strengthened the Safeguarding Adults Board relationship with Healthwatch Gateshead and other voluntary sector partners.
- Work with children's services and health partners to develop an approach which identifies adults at risk at the earliest opportunity - We have developed and implemented preventative approaches for safeguarding adults. We have also identified cross-cutting areas of work via the Multi-Agency Safeguarding Hub (MASH) to ensure consistency and a streamlined approach to multi-agency working.
- Continue to work to ensure that all safeguarding adults' processes and procedures put the adult at risk at the centre of the process - We have further embedded the 'Making Safeguarding Personal' agenda in Gateshead. The revised Safeguarding Adults Policy and Procedures now incorporates processes and procedures that focus on the outcomes that the person wants to achieve.

How we are going to improve

We want to:

- Work in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally.
- Create more opportunities to involve and engage service users and carers to shape and develop services to ensure that more adults at risk are afforded protection
- Work with the Local Safeguarding Children's Board to ensure that vulnerable children and young people are protected as they become adults.

Case Study

Help to return home

Following a stroke in March 2014, Mrs D was left unable to swallow. Unfortunately, she did not seem to have the capacity to realise she was not able to eat and drink certain things without the risk of choking. Initially, hospital staff felt that Mrs D was going to need residential care in order to meet her needs safely.

After meeting Mr and Mrs D and discussing the case with other professionals, it was clear that Mrs D did not want to go into residential care. It also became apparent that, with some increased knowledge and confidence, Mr D might be able to support his wife to be cared for safely in the community. Mrs D agreed to go to Southernwood Promoting Independence Centre to receive intensive support from a speech and language therapist and an occupational therapist with a view to returning home. Mr and Mrs D managed exceptionally well in Southernwood and it was agreed by all parties that Mr D now had the skills to support his wife.

After Mrs D returned home, her care package has been reviewed regularly and a formal review completed. This found that the care package is currently meeting Mrs D's needs and also Mr D's needs as her main carer. At this time, Mrs D's needs are being well supported in the community both by her husband and a formal care package. Mr D now appears able to manage his wife's diet but is aware he can discuss any issues with district nurses, speech and language therapists and PEG nurse. Mrs D's care package also provides her with assistance with personal care tasks and Mr D with some much needed carer relief.

"My mother's needs are met in such a way that I feel I can maintain employment knowing her safety and well being are professionally taken care of with genuine concern, dignity and respect"

A carer's view

"I trust my team of care providers to keep me safe at all times" - service user

FACT:
The majority of incidents of abuse take place in the person's home

