



## **CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA**

**Tuesday, 19 January 2016 at 1.30 pm at the Bridges Room - Civic Centre**

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From the Chief Executive, Jane Robinson

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| Item | Business  |
|------|---|
| 1.   | <b>Apologies for absence</b>  |
| 2.   | <b>Minutes</b> (Pages 1 - 6)<br><br>The minutes of the meeting held on 1 December 2015 are attached for approval.                                     |
| 3.   | <b>Blaydon GP Practice - Progress Update</b><br><br>Matt Brown, NHS England will provide the OSC with a verbal update                                 |
| 4.   | <b>Deciding Together Consultation</b> (Pages 7 - 138)<br><br>Report of Strategic Director, Care, Wellbeing and Learning                               |
| 5.   | <b>Review of GP Access - Evidence Gathering</b> (Pages 139 - 142)<br><br>Report of Strategic Director, Care, Wellbeing and Learning                   |
| 6.   | <b>Multi Agency Safeguarding Hub (MASH) Update and Case Study</b> (Pages 143 - 146)<br><br>Report of Strategic Director, Care, Wellbeing and Learning |

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Date: Monday, 11 January 2016

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## **CARE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**

**1 DECEMBER 2015**

**PRESENT:** Councillor S Green (Chair)

Councillors: M Hood, B Coates, W Dick, D Davidson, M Goldsworthy, B Goldsworthy, J Wallace, F Hindle

### **CHW25. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors M Charlton and J Simpson

### **CHW26. MINUTES**

The minutes from the meeting held on 20 October 2015 were agreed as a correct record.

### **CHW27. REVIEW OF GP ACCESS – EVIDENCE GATHERING**

The OSC received a presentation from Jane Mulholland, Newcastle and Gateshead CCG and Jenny Long, NHS England which set out the context regarding quality of care issues, relating to GP practices in Gateshead and key findings from the recent GP Patient Access Survey for Gateshead. In presenting the key findings comparator information was also provided on how Gateshead practices compare with Gateshead and national averages and previous patient access surveys. Other information and intelligence relating to the quality of care issues were also 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.

At the last meeting of OSC, it was queried whether it was possible for data on GP access to be provided at a ward level. The Committee also expressed an interest in getting a better understanding of what patients do when they can't get an appointment with their GP or where the appointment offered wasn't convenient.

As part of the evidence gathering stage of the OSC review, it was agreed that committee members would have an opportunity to visit a GP practice(s) 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 took place to the newly opened Trinity Square Health Centre on 12 October and to Oxford Terrace on 2 November.

The OSC wished to place on record their thanks to the two practice managers for very informative site visits to Trinity Square and Oxford Terrace practices. Thanks

also were extended to John Costello for his help. Notes of the issues raised at the site visits were also provided to members of the Committee for information.

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 second evidence gathering session.

The latest survey data is from the July 2015 publication, collected during July – September 2014 and January – March 2015. Charts have subsequently been produced for members of the Committee on key findings for Gateshead.

These were presented to committee and included:-

- How helpful did patients find the receptionists at their GP surgery?
- Questions on how patients found their last contact with a GP from their surgery, such as whether they felt they were:
  - Given enough time;
  - Listened to;
  - Provided with an explanation of any tests or treatments required;
  - Involved in decisions about their care;
  - Treated with care and concern; and
  - Whether they had confidence and trust in the GP they saw or spoke to?
- Similar questions on how patients found their last contact with a nurse from their surgery?
- How patients would describe their overall experience of their GP surgery?
- Whether they would recommend their GP surgery to someone who has just moved to the local area?

The Committee asked if were possible to measure data using patient postcodes? As it was felt that this would make the data presented much more useful.

The Committee also asked if there was any documentary evidence available for schools in special measures if parents moved their children as a result. As it was reported that very few people actually moved their GP after learning that the practice has been placed in special measures.

The next evidence gathering session will focus on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.

The Committee were advised that a site visit to the CCG visibility wall will take place on Friday 8 January 2016 at 1.15 pm and further details will be sent out separately in due course.

- RESOLVED -
- i) that the information be noted and the views of the OSC be considered
  - ii) that further updates be provided in due course.

## **CHW28. THE COUNCIL PLAN – SIX MONTH ASSESSMENT OF PERFORMANCE AND DELIVERY 2015/16**

The Committee were provided with the six month assessment of performance for 2015/16. It provided an update on the performance and delivery of the Council Plan 2015-2020.

Following significant changes in the national policy landscape and the challenging financial climate the Council has, and is still facing, a new approach to the Council Plan was developed as part of the strategic planning framework.

The new Council Plan 2015-2020 was approved by Cabinet on 14 July 2015 and will enable the Council, along with partners, to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030 over the next 5 years.

As part of the Council's Performance Management Framework, five year targets were set for the period 2015/2016 to 2019/2020 which will enable performance to be monitored to ensure continuous improvement. These targets were approved by Cabinet on 14 July 2015.

The six month 2015/2016 assessment of performance report relates to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and focuses on achievements, areas identified for improvement and future actions.

Progress as to how well the Council is performing in relation to the equalities objectives where information is available at the six month stage was also reported to the Committee.

The Committee were advised that further work is needed/ongoing on Alcohol related hospital admissions, childhood obesity, mental health and social prescribing. As well as the gap in life expectancy for men ward on ward in Gateshead.

The Committee were also reminded that a consultation event for the Deciding Together consultation was being held at St Edmunds Chapel Gateshead on Saturday 6 February 2016 from 1.00 pm – 3.00 pm.

- RESOLVED -
- i) that the activities undertaken during the last six months are achieving the desired outcomes in the Council Plan 2015-2020.
  - ii) agreed that the report be referred to Cabinet on 9 February 2016, with the recommendations from the Care, Health and Wellbeing Overview and Scrutiny Committee for their consideration.

## **CHW29. REVIEW OF ANNUAL WORK PROGRAMME**

The Committee's views were sought on the current position with regard to the annual work programme.

In advance of the OSC agreeing its review topic for 2016-17, members of the OSC have been invited to identify any issues which may potentially be appropriate for a detailed review by 18 December 2015. It is proposed that those issues put forward by members are added to the list of potential review topics for consideration by the OSC at the start of the municipal year, unless the issue is already being, or would more appropriately be, dealt with through other processes within the Council. Members will be notified if this is the case and advised as to how their issue is being dealt with.

All of the Council's OSC's have received feedback on the outcomes of the specific reviews undertaken by them during 2015-16. This Committee has received a monitoring report on the outcomes generated by its Review of Mental Health and Wellbeing on 15 September 2015 and will receive a further monitoring report on 19 April 2016.

Case studies have been included within OSC work programmes to provide an additional means of examining specific issues of concern/carrying out more detailed work on a particular topic/measure the impact of a particular OSC's review recommendations over a specific period of time.

The case studies for 2015/16 are:

- MASH (January 2016)
- Carers (March 2016)

Each OSC has identified specific issues to be considered through the case study method and it was agreed that in view of the timing of case studies within the 2014-15 work programmes that feedback on their effectiveness be sought during its work programme review in 2015/16.

During 2014/15 the OSC considered the following case study:-

- Health Protection and Assurance

The OSC focused on:-

- the progress being made in relation to the Council's new role in providing an assurance for health protection arrangements.
- the arrangements that the Director of Public Health for Gateshead has put in place to assure the Health and Wellbeing Board that their responsibilities are being delivered
- the level of performance against each activity and of major issues for Gateshead since April 2013 when the Council took over these functions.

Having examined the issues the OSC:

- expressed concern that six schools had not taken part in the pilot programme to deliver the national flu immunisation programme to primary school age children in year six
- noted that in the pilot there was a requirement for a parent to be in attendance and queried whether this was a factor in affecting take up.
- received information that it is not mandatory for schools to participate and the school nursing service is used to encourage participation.

- received information that the issue of parental attendance was being considered as part of the evaluation of the pilot and how it was to be taken forward in the future.

In light of the above, the OSC indicated it was satisfied with the progress made and requested that its comments be fed back to the Health and Wellbeing Board.

In addition, the committee requested that the evaluation from the pilot flu programme be circulated to councillors in due course.

The Committee also requested that the overuse of prescription antibiotics be looked into as well as the delays currently being experienced with hospital transfers by the ambulance service. It was agreed that the Ambulance Service be invited to attend a future committee meeting to give a presentation.

- RESOLVED -
- i) that any issues identified by members of the OSC as potential review topics by 18 December 2015 will be included in the list of review topics to be considered by the OSC at the start of the municipal year unless such issues are being or would more appropriately be dealt with via other council processes.
  - ii) that the committee were satisfied on the review monitoring process carried out so far.
  - iii) that the committee were satisfied with the effectiveness of the case study carried out in 2015/16.

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**TITLE OF REPORT:** Deciding Together Consultation

**REPORT OF:** Allison Elliott, Strategic Director Care, Health and Wellbeing

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### Summary

This report seeks to update the Care, Health and Wellbeing Overview and Scrutiny Committee on the current position regarding the Committee's involvement in the formal consultation in relation to the deciding together process – transforming specialist mental health services in Gateshead and Newcastle.

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### Background

1. Since July 2014, NHS NewcastleGateshead Clinical Commissioning Group Alliance has engaged with, the public, service users, carers, NHS and social care professionals, the voluntary and community sector, elected members and members of parliament about how a new vision for specialist mental health services in Newcastle and Gateshead could be developed.
2. From November 2014 to January 2015 the CCG led a high profile listening period to capture patient experience, questions, comments, ideas, concerns and suggestions from local communities of interest. The listening exercise was called "Deciding Together: Developing a new vision for mental health services – listening to and collecting your views on specialist mental health services and care." The listening exercise was used to inform the scenarios for change which are now the subject of a formal public NHS consultation process by NHS Newcastle Gateshead Clinical Commissioning Group Alliance which commenced on 12 November 2015 and which is due to end on 12 February 2016.
3. During the above period, this Committee has received a number of updates from the CCG regarding the progress of the listening exercise and the Committee has been provided with the opportunity to shape that exercise / has fed in specific evidence around transport issues for Gateshead residents if future options were to involve acute inpatient mental health services being provided outside of Gateshead.

### Update

4. The formal Deciding Together consultation proposals are attached at Appendices 1-3 and represent a potential major change to service provision for Gateshead residents dependent upon the option taken forward.
5. Where proposals represent a potential major change to service provision Overview and Scrutiny has a statutory role in considering whether it has been appropriately consulted and whether any proposed developments are in the best interests of the health service in their area.

6. Regulations also specify that where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about proposals for major service changes there is a requirement for a mandatory joint health scrutiny committee to consider and respond to the consultation.
7. As the CCG is also consulting Newcastle Health OSC on the proposals as they also represent a potential major service change for Newcastle residents, a Joint meeting between Gateshead's Care, Health and Wellbeing OSC and Newcastle's Health OSC has been arranged for Tuesday 26 January 2016 to facilitate joint consideration of the proposals / joint response in line with the Regulations.
8. Chris Piercy, NewcastleGateshead CCG Alliance will attend today's OSC meeting to provide the OSC with an overview of the options for future service provision outlined in the Deciding Together documents and provide the OSC with initial findings from the independent travel impact survey commissioned to consider the impact of all the options for future service provision. This will enable the OSC to have an initial discussion around the consultation proposals / findings from the survey prior to giving a formal response at the Joint Health OSC meeting on 26 January 2016.

## **Recommendations**

3. The Committee is asked to
  - a) Provide initial comments on the options set out in the Deciding Together consultation and the initial findings from the independent travel impact survey.
  - b) Note that the formal response in relation to the Deciding Together consultation proposals will be made via the Joint Gateshead / Newcastle OSC at the meeting scheduled for 26 January 2016.

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deciding together

# DECIDING TOGETHER



A NEW FUTURE FOR SPECIALIST MENTAL HEALTH SERVICES IN NEWCASTLE AND GATESHEAD

## PUBLIC CONSULTATION

A public consultation by the NHS to ask for public views on different potential changes to the way specialist mental health services in Newcastle and Gateshead are arranged.  
12 November 2015 - 12 February 2016





PATIENT CARE IS ALWAYS  
AT THE HEART OF OUR  
DECISION-MAKING, AND  
ENSURING WE CONTINUE TO  
PROVIDE BEST PRACTICE AND  
EVIDENCE-BASED MEDICINE

# About us

## **NHS Newcastle Gateshead Clinical Commissioning Group**

is made up of doctors, nurses and other health professionals, supported by experienced health service managers.

Our job is to make sure there are health services in place for the people of Newcastle and Gateshead. We are responsible for the majority of local NHS spending including most hospital based care, community health services, mental health services and urgent and emergency care such as ambulance services.

All GP practices are members of the CCG and work alongside specialist healthcare professionals and managers, combining expertise and experience to improve healthcare services and benefit the people of Newcastle and Gateshead.

## **What does this mean for patients?**

Because the CCG is made up of GP practices and family doctors we believe we are well placed to fully understand our patients' needs, and are able to develop responsive health services, making sure that patient care is always at the heart of our decision-making, and ensure we continue to provide best practice and evidence-based medicine.

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| <b>How current services are currently arranged</b><br>Community services provided by Northumberland, Tyne and Wear<br>NHS Foundation Trust (NTW)<br>Community services provided by voluntary and community sector organisations<br>Inpatient services provided by Northumberland, Tyne and Wear<br>NHS Foundation Trust (NTW) |     |

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## **Section 8** p43

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### **Agreed improvements for NTW Trust community services**

The patient journey

Single point of access for NTW services

Assessment of need

Treatment

Discharge from NTW services

New community pathways for psychosis and non-psychosis

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## **Section 9** p47

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### **How services could be arranged differently in the future**

The development of other potential new, re-designed or extended community services

The different ways we could arrange inpatient services

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## **Section 10** p57

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### **The Inpatient scenarios for change**

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## **Section 11** p63

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### **What do we need you to consider about the different scenarios?**

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### **How to get involved**

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### **What will happen next?**

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## **Section 14** p75

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### **Further reading and resources**

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1

# The need to transform specialist mental health services in Newcastle and Gateshead

by Dr Guy Pilkington

**My name is Dr Guy Pilkington, I am a GP in Newcastle and I am also the chair of NHS Newcastle and Gateshead Clinical Commissioning Group (CCG).**

A few years ago we created a Mental Health Programme Board (MHPB) to help us transform the way people in Newcastle and Gateshead are supported when they, or people close to them, experience mental health issues.

I am passionate about this work and would like to explain why our specialist mental health services need to change.

For far too long mental healthcare has been described as the Cinderella service compared to healthcare for physical complaints. There is no health without mental health.

I have heard fantastic stories about the exceptional care that local people have received from skilled and committed care professionals. I want to make sure that everyone receives that level of care.

Despite the best efforts of skilled and committed care professionals we know that we fail to prevent ill health as much as we should and we rely too much on medicine, when there can be better results from talking therapy, social connections and the human touch.

I believe we need to invest more in mental

health services in community settings. Locally we need to tap into the strengths of individuals and communities themselves, of voluntary organisations who can support people and help them live fulfilling, independent lives. When people's mental health gets worse we need to have options for them to access more intense help quickly and near where they live. When people have become seriously unwell we need to help them recover in ways that are more effective than now, helping people to get back to where they want to be.

But to do this we need to change where we invest our money. We must spend less on looking after people in hospital and more on supporting them in community settings and continue the drive to reduce admissions to hospital. We have lots of hospital units across across Newcastle and Gateshead, they are not up to the standard we expect nowadays and they are too dispersed across the area for us to ensure the highest quality of specialist care possible. We cannot carry on with what we do now.

I recognise that some of you might see these statements as a cause for concern, but the purpose of this document is to set out in detail the options for changes we need to make and how they will be managed safely. Once agreed, the CCG will make sure that any changes improve the support available for local people. We will continue to have the range of options to care for people that we have now. But we will also make sure we create new, different and better ways of offering support.

In order to do this we need your help. We know that health professionals, social care staff and their organisations can only

provide one side of the story. We need to hear from and listen to the thoughts of people who have a different point of view – people who have experience of living with mental health concerns, people who have cared for friends and relatives and members of the public who do not have experience of mental health problems, but are interested.

With your help we can do better.

We can build a better way to offer mental healthcare in Newcastle and Gateshead.

Together, we can think differently about mental health.

**Dr Guy Pilkington**

GP chair of Newcastle Gateshead CCG  
Chair of the Newcastle and Gateshead  
Mental Health Programme Board and a  
Newcastle GP

I BELIEVE WE NEED TO INVEST MORE IN MENTAL HEALTH SERVICES IN COMMUNITY SETTINGS. LOCALLY WE NEED TO TAP INTO THE STRENGTHS OF INDIVIDUALS AND COMMUNITIES THEMSELVES, OF VOLUNTARY ORGANISATIONS WHO CAN SUPPORT PEOPLE AND HELP THEM LIVE FULFILLING, INDEPENDENT LIVES.

OUR ENGAGEMENT WORK AND PARTICIPATORY BUDGETING HAS BEEN SHORTLISTED BY THE CHARTERED INSTITUTE OF PUBLIC RELATIONS (CIPR) NORTH EAST PRIDE AWARDS AS EXAMPLES OF EXCELLENT PRACTICE.



# 2

## The background to our Deciding Together process

**If you live in Newcastle or Gateshead and have experience of, or an interest in, specialist mental health services we hope you will already be aware of the 'Deciding Together' work.**



**You will find this consultation document, the full Case For Change, along with other documents mentioned in this consultation, along a range of new and previously published information about Deciding Together on our website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

**This consultation document is a summary of our full Case for Change document. The Case for Change is a substantial document and contains lots more detail about the issues contained here – so if you want to know more about these issues you can look at it. We've tried to provide references to make it easier.**

If you've taken the time to get involved in the listening process over the past year, thank you very much for your contributions. Your views have had a very important role in helping us think about the different ways we could arrange local mental health services in a better, more effective way to help more people recover sooner.

This consultation is about sharing these different scenarios with you, and listening to what you think about them.

We are using the term 'scenarios' to describe some different suggestions for how services could be provided. All of the scenarios include improvements to the way service users and carers are able to access services and get the support they need. We feel that it is important we give as much information as possible and there are a number of documents we refer to during this consultation document. To make it easier, we have listed them in section 14 and are all available on our website.



## SUMMARY OF WORK DONE SO FAR

JULY 2014

(WHEN WE BEGAN)



We've listened to the public, service users, carers, NHS and social care professionals, the voluntary and community sector, elected members and members of the public



We've discussed specialist services including those for more complex mental health conditions like severe depression, schizophrenia, psychosis & personality disorder

NOV 2014



Ran a dedicated listening exercise 'Deciding Together' from November 2014 to February 2015



Introduced a new way to engage local people in these complex issues by giving them the opportunity to step in the shoes of health commissioners through two participatory budgeting events called "how to spend the mental health pound"

FEB 2015

MAR 2015



Published feedback in March 2015

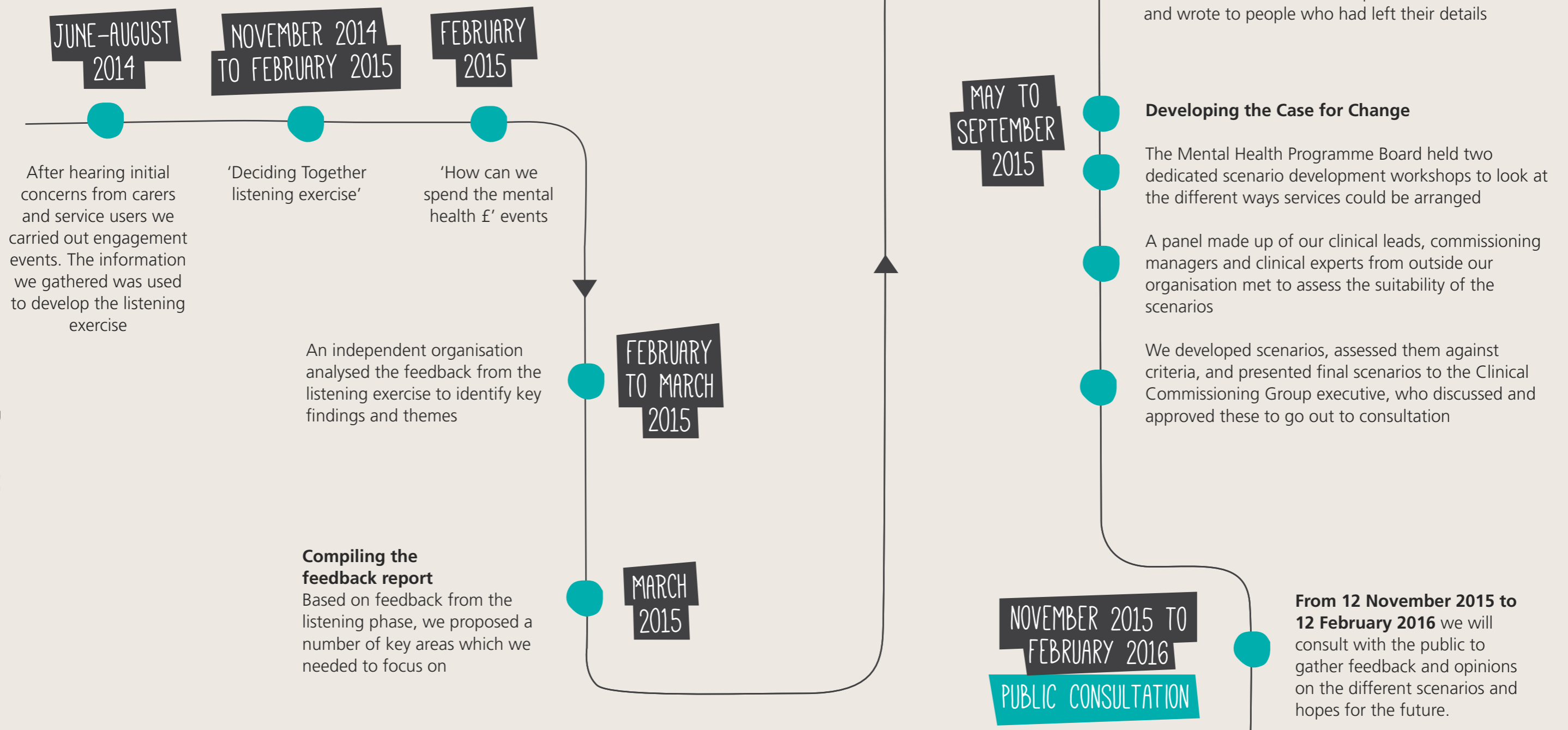


Used feedback with clinical evidence and best practice to inform different ways that inpatient and community mental health services could be arranged in the future – these are called scenarios and are set out in this document.

**It is very important that people know that no decisions about these scenarios have been made.**

## How we have developed the plans together

Working with a range of local healthcare partners, community and voluntary sector organisations we developed the following plan to engage with local people on their opinions on the way current services are arranged.







LOCAL COMMISSIONERS  
AND PROVIDERS SHOULD  
JOIN TOGETHER WITH  
NON-CLINICAL AGENCIES  
SUCH AS COMMUNITY  
AND VOLUNTARY SECTOR,  
EMPLOYMENT OR HOUSING  
SUPPORT SERVICES TO  
DELIVER SERVICES.



3

What is happening to mental health policy nationally and in different local organisations?

**In our listening document 'Deciding Together' we explained the reasons why we need to look at making changes to mental health services locally. Our Case for Change document builds upon this and provides more details about other relevant, key mental health strategies and reports. Some of the reasons we need to change are nationally driven, and some are local. In this section we summarise some of those reasons.**



**You will find documents mentioned in this section alongside a range of new and previously published information relating to Deciding Together on our website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

**We have also listed key documents we mention and where you can find them in section 14.**

## National context

The most recent and key strategic document for the NHS published in October 2014 is the 'NHS Five Year Forward View'. It describes how the NHS needs to:

- **Become a social movement**
- **Be a better partner to local communities**
- **Develop new partnerships with communities, local authorities and employers**
- **Find new solutions through new models of care as the NHS is too diverse for one size fits all**
- **Break down barriers in how care is provided**

It also emphasises the focus on 'parity of esteem' to ensure mental health is valued equally to physical health and to achieve this by 2020.

The key over-arching strategic direction for mental health is described in 'No health without mental health' (H.M. Government 2011).



**SOME OF THE REASONS WE NEED TO CHANGE ARE NATIONALLY DRIVEN, AND SOME ARE LOCAL.**

It identified four main ways of increasing value for money in mental health services:

- **Improving the quality and efficiency of current services**
- **Radically changing the way that current services are delivered so as to improve quality and reduce costs**
- **Shifting the focus of services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises**
- **Broadening the approach taken to tackle the wider social determinants and consequences of mental health problems**

THE 'NHS FIVE YEAR FORWARD VIEW' ALSO EMPHASISES THE FOCUS ON 'PARITY OF ESTEEM' TO ENSURE MENTAL HEALTH IS VALUED EQUALLY TO PHYSICAL HEALTH AND TO ACHIEVE THIS BY 2020.

It states that we must work to avoid hospital admissions through better joined-up community care, more effective hospital inpatient care and stop unnecessarily long stays.

No health without mental health also says local commissioners and providers should join together with non-clinical agencies such as community and voluntary sector, employment or housing support services to deliver services.

Nationally, the NHS is facing growing demands and increased costs. Funding is unlikely to increase.

Therefore NHS must change the way that services are delivered to both improve quality and reduce costs.





OUR HEALTH COMMISSIONING AGENDA IS FOCUSED ON HEALTH OUTCOMES, QUALITY OF LIFE AND EARLY INTERVENTION

## What does this mean for how we commission specialist mental health services locally?

We have a strategic plan for how we wish to develop and deliver healthcare services across Newcastle and Gateshead for the next five years. It takes account of significant local and national challenges particularly about the future financial climate.

The CCG's strategic plan includes objectives, which apply equally to mental health and physical health, to:

- **Increase the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and in the community**
- **Reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital**

Our vision for the model of health service provision in 2018/19 is that it will be as equally focussed on improving mental health as it is on physical health and that patients, young or old with mental health problems, do not suffer inequalities.

In order to ensure parity of esteem for mental health we will address the 25 areas identified in 'Closing the Gap: priorities for essential change in mental health', DoH, January 2014.

Our mental health commissioning agenda is focussed on:

- **Health outcomes ensuring patients move to recovery quickly and are supported to manage their condition**
- **Quality of life, enabling more people to live their lives to their full potential**
- **Early intervention, improving health and wellbeing through prevention and early intervention**

We expect these overarching work programmes to support the reduction in the 20 year gap in life expectancy for people with serious mental illness. We will consider how we can adopt the following models and strategies to help achieve the reduction:

- **A fully integrated model of mental healthcare**
- **Robust whole population emotional health and wellbeing strategies**
- **Comprehensive primary care services**
- **Redesigned specialist services**
- **Re-provision of inpatient services**
- **Implementation of the national dementia strategy**

Financially, in-line with national requirements we are expecting Northumberland, Tyne and Wear NHS Foundation Trust to deliver services for the population of Newcastle and

Gateshead within a reduction in funding of around 20% over five years (4% each year).

This represents a reduction of £9m in real terms. There will be some opportunity to offset this because the CCG will ensure parity of esteem so mental health will have a share of NHS growth funding.



**OUR STRATEGIC PLAN**  
TAKES ACCOUNT OF  
SIGNIFICANT LOCAL AND  
NATIONAL CHALLENGES  
PARTICULARLY ABOUT  
THE FUTURE FINANCIAL  
CLIMATE.



## What does this mean for providers of specialist mental health services locally?

### Northumberland, Tyne and Wear NHS Foundation Trust

Northumberland, Tyne and Wear NHS Foundation Trust (NTW) are the main provider of specialist mental health community and inpatient services in Newcastle and Gateshead.

NTW has seven strategic objectives, with the two below being the most relevant to this consultation.

- **Modernising and reforming services in-line with local and national strategies and the needs of individuals and communities - providing first class care in first class environments**
- **Being a sustainable and consistently high performing organisation**

The trust has been delivering its strategic objectives through a programme of service transformation which includes:

- **Developing new care pathways to improve the quality of care for everyone using their community services**
- **Working with their staff who support people in the community, to help them to free up more of their clinical time through the use of mobile technology and new ways of working**
- **Reviewing the use and the reliance on inpatient services for adults who require mental health and learning disability services in the light of the provision of improved community, access and initial response services**

Phase one of their transformation programme has seen the successful implementation of new models of care in Sunderland and South Tyneside and this is now being rolled out across other areas in Northumberland, Tyne and Wear. Already the CCG has agreed to improvements in community services which you can read about in section 8.



## The role and contribution of the local voluntary and community sector (VCS)

In Newcastle and Gateshead VCS organisations provide a wide range of advice, care and support to people with mental health problems.

This includes nursing care and other specialist services (for example rehabilitation and homelessness support) as well as a wide range of creative, educational, vocational and therapeutic activities, and the provision of advocacy, advice or signposting to relevant community resources eg for help with work, housing, debt and benefits issues.

Some (for example Citizen's Advice) work with high levels of people with mental health needs despite the fact that they are not seen as mental health organisations as such.

VCS service providers vary in size from those with a few volunteers, to regional and national charities employing many staff. They are usually funded in three main ways:

- **Commissioned by the local authority**
- **Commissioned by the CCG**
- **Receive grant funding from charitable trusts like the Big Lottery, Comic Relief or other sources**

The changes to specialist mental health services that are being brought about by national policy, local commissioning priorities, and the outcomes of the Deciding Together process mean that there could


be opportunities for the VCS to increase their role and contribution, for example by providing:

- **Input to a multi-agency initial response system**
- **Alternatives to hospital admission e.g. crisis beds and crisis houses**
- **Flexible community based rehabilitation services**
- **Improved and increased housing and support (including adult fostering)**
- **Increased access to vocational pathways including volunteering, training, education and employment**
- **Greater range of arts, creativity and cultural activities**
- **Increased access to link workers and service navigators who can quickly guide and connect people to the help and resources they need**

VCS organisations have a track record in knowing and understanding local communities, being accessible to groups that struggle to engage with statutory services like the NHS and social services, and in reducing the cost of services by focusing on prevention and local solutions.

In common with the public sector as a whole VCS service providers are experiencing a significant increase in demand whilst at the same time funding and contracting opportunities are reducing. This means that more efficient and effective ways of working are constantly being developed.





1 IN 5 OF THE LOCAL  
POPULATION ARE ESTIMATED  
TO EXPERIENCE A COMMON  
MENTAL HEALTH PROBLEM  
(INCLUDING ANXIETY,  
DEPRESSION, PHOBIAS ETC).

# 4

What do we know about who uses services and their outcomes of care?

A public health needs assessment shows that there is a higher level of mental health need in Newcastle and Gateshead, compared with many other areas of the country.



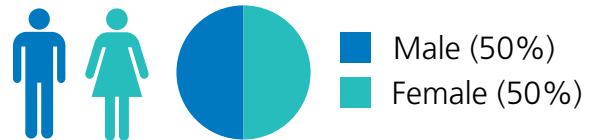
There is detailed public health information as well as the impact this has on equalities in the full Case for Change document appendix three which you can find at [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

## POPULATION

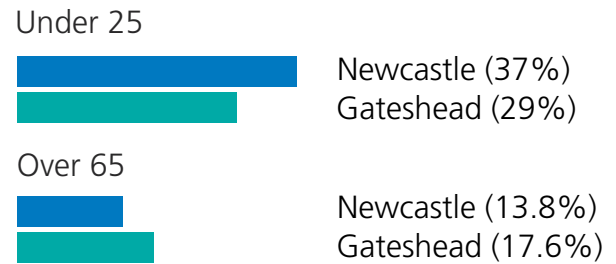
# 484,000

residents across Newcastle and Gateshead

### Population by gender



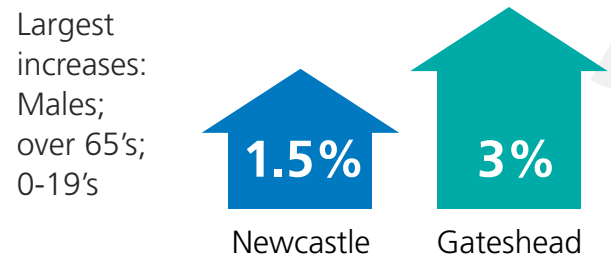
### Population spread by age



### BME population



### Projected population increase



# MENTAL HEALTH

## Common mental health conditions



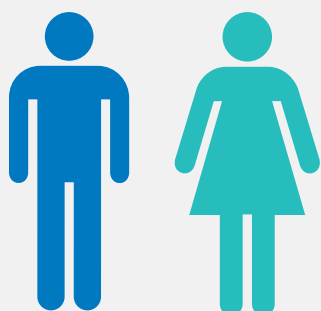
1 in 5 of the population are estimated to experience a common mental health problem (including anxiety, depression, phobias etc.).

In terms of numbers of people living in the region, this would equate to:

**70,000** in Newcastle  
**48,678** in Gateshead

**26,627**

adults presented to their GP with depression across Newcastle and Gateshead in 2013/14. 3,937 were newly diagnosed cases.



1 in 4 women are likely to be treated for depression, compared to 1 in 10 men.



Rates of mental health problems are thought to be higher in minority ethnic groups compared to the white population in the UK.



**75%**

75% of those who die from suicide are men, and there are links between mental ill-health and social deprivation.

## Serious mental illness

**4,814**

| OR           | UK           |
|--------------|--------------|
| <b>0.96%</b> | <b>0.86%</b> |

People across Newcastle and Gateshead are on The Serious Mental Illness Register (Public Health England profiling tool).

**1,897**

| OR           |
|--------------|
| <b>0.48%</b> |

Adults across Newcastle and Gateshead estimated as having a psychotic disorder.

# MORBIDITY AND MORTALITY

## Life expectancy



People with serious mental health problems are more likely to die earlier than the general population. Life expectancy can be 10-25 years lower than the national average.

## Excess mortality (premature deaths)



The rate of premature deaths for users with serious mental illness is 3.2 times higher than the general population across Newcastle and Gateshead.

# 5

Which services are involved in this consultation?

**The CCG has been leading this work with a range of different partners including Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and other providers of mental health services from the community and voluntary sector to develop new specialist mental health pathways for people living in Newcastle and Gateshead.**

The main services involved are those provided by NTW and include:

- **Community mental health services for adults of working age living in Newcastle and Gateshead provided by NTW**
- **Community mental health services for older people living in Newcastle provided by NTW**
- **Inpatient mental health services for adults of working age living in Newcastle and Gateshead provided by NTW – this covers acute care and rehabilitation inpatient services**
- **Inpatient mental health services for older people living in Newcastle provided by NTW**

Community mental health services that are run by the VCS are not formally part of this consultation but depending on the outcome of this consultation VCS services for adults and older people with mental health problems could be extended or enhanced.

The services which are **NOT** included in this consultation are:

- **Mental health services provided by GPs, primary care counsellors and therapists, including IAPT services (Improving Access to Psychological Services)**
- **Community and inpatient mental health services for older people in Gateshead provided by Gateshead Health NHS Foundation Trust**
- **Other specialist inpatient mental health services (such as psychiatric intensive care, forensic psychiatry etc.)**
- **Children and young people’s mental health services**
- **Mental health services provided or commissioned by Newcastle and Gateshead local authorities**
- **Mental health services provided by the voluntary sector**



# 6

What you said was important to you





During our listening activity, there were a number of very strong themes that emerged. We have used your feedback to inform our thinking as we have developed the scenarios for change described in section 9.

We've summarised the feedback into four main themes below.

- **Make sure that specialist community services support people very well and early on in their care, so that people don't get worse and don't need to be admitted to hospital**
- **Make sure that all our services are focused on helping people to recover sooner and get back to having the best opportunities and life they can**
- **Make sure that hospital based services are able to support people with very complex needs in a safe and person centred way**
- **To ensure that the services are financially sustainable**



You can read in detail what people said during our listening period on our website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

7

# How current services are arranged

**Community mental health services are provided by Northumberland, Tyne and Wear NHS Foundation Trust (NTW), Newcastle City Council and Gateshead Council, and a range of community and voluntary sector organisations. Inpatient services are provided by NTW. You can see the location of these services in the map on page 35.**



You can read in detail about how current services are arranged, types of services and their locations in our Case for Change document in appendix 4 available on our website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

In the case of NHS community mental health services, NTW has previously identified the need to improve the ways in which these services are delivered and the CCG has agreed plans for doing so. You can read more about this in section 8.

There are patient environment and quality of accommodation issues which NTW and the CCG both agree need to be addressed.

These issues have also been highlighted during CQC Mental Health Act visits.

Over the last 30 years, service users and their advocates have worked with the NHS and other partners to make sure that people with mental health problems are no longer expected to live in hospitals or other institutions.

In the early 1990s services were encouraged to place mental health wards on general hospital sites alongside physical health services and away from institutions, as was the case in Newcastle and Gateshead. Now, there are much smaller numbers of people who need to be admitted to hospital. Those who do need to be admitted have very high levels of need, require much more intensive support, are likely to be detained under the Mental Health Act and are likely to be in hospital for a shorter time.

ALL INPATIENT SERVICES ARE FULLY COMPLIANT WITH CARE QUALITY COMMISSION (CQC) STANDARDS AND ACCREDITED BY THE ROYAL COLLEGE OF PSYCHIATRISTS, MOST WITH AN EXCELLENT RATING :-)

Morpeth ● ←..... St George's Park

NORTH SEA

NORTHUMBERLAND

NORTH TYNESIDE

St Nicholas Hospital

Centre for Ageing and Vitality

Ravenswood

Silverdale

NEWCASTLE

Molineux St

SOUTH TYNESIDE

Lobley Hill Clinic

Dryden Rd Clinic

Tranwell Unit, QE

Elm House

GATESHEAD

Hopewood Park

CO. DURHAM

SUNDERLAND

## Community services provided by Northumberland, Tyne and Wear NHS Foundation Trust

Northumberland, Tyne and Wear NHS Foundation Trust (NTW) provide a number of different mental health services which work across Newcastle and Gateshead.

These include community treatment services include:

- **Non-psychosis and psychosis pathways**
- **Older peoples services**
- **Assertive outreach service**
- **Early intervention in psychosis service**
- **Community rehabilitation service**
- **Crisis and home treatment services (24 hour)**
- **Initial response team (Gateshead – 24 hour)**

Traditionally most community teams work from 9am-5pm, Monday to Friday and close at the weekends and in the evenings. Some teams work across more than one local area (for example some Gateshead teams are linked to Sunderland services) which can lead to more complex pathways of care.

In 2012 NTW began a review of community services. A key finding was that 30-40% of inpatients experienced a hospital stay because of a lack of the community and social provision that would keep them out of hospital.

Other findings were:

- **Patients were unable to always quickly and simply access the right service and pathway for their needs**
- **Pathways of care were not always clear and coherent for the patient journey**
- **Detailed formulation following assessment was not always evident which could result in ineffective care being delivered and a potential risk to patient safety**
- **Current pathways did not provide the effective, evidence-based interventions capable of delivering the best outcome for patients. Service users often stayed in the service for a long time with relatively little contact with staff**
- **Pathways were not designed around the patient, nor were they particularly efficient**
- **Pathways often generated considerable waits for patients**
- **Patients were often unable to achieve timely discharge from the community service**
- **Clinical staff were only able to spend approximately 25% of their time in direct contact with patients**

Many of these themes were also identified in the feedback received during our Deciding Together listening exercise.

As a result of these issues, NTW started a transforming community services programme to develop new community

pathways and new ways of working and the Mental Health Programme Board have agreed to roll out these developments in Newcastle and Gateshead.

You can read more about community services developments that have been agreed in section 8.

## Community services provided by voluntary and community sector organisations (VCS)

VCS organisations in Newcastle and Gateshead are commissioned to provide a wide range of care and support to people with mental health problems, as well as advice and creative, educational and therapeutic activities. This includes:

- **Specialist community services**
- **Accommodation with nursing and other support**
- **Floating support packages**
- **Vocational opportunities in work, education and volunteering**
- **Provision of supported housing and services to homeless people**
- **Signposting and linking to mainstream community resources**
- **Advice, advocacy and support to particular groups such as young people, women, men, black and other ethnic minorities, older people, mental health service users and carers**



You can read a list of services commissioned by the CCG from the mental health voluntary and community sector in our Case for Change document in appendix five available on our website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)



A KEY FINDING WAS THAT 30-40% OF INPATIENTS EXPERIENCED A HOSPITAL STAY BECAUSE OF A LACK OF COMMUNITY AND SOCIAL PROVISION

## Inpatient services provided by Northumberland, Tyne and Wear NHS Foundation Trust

The table below shows the number of admissions of Newcastle and Gateshead residents to the inpatient services in 2014/15.

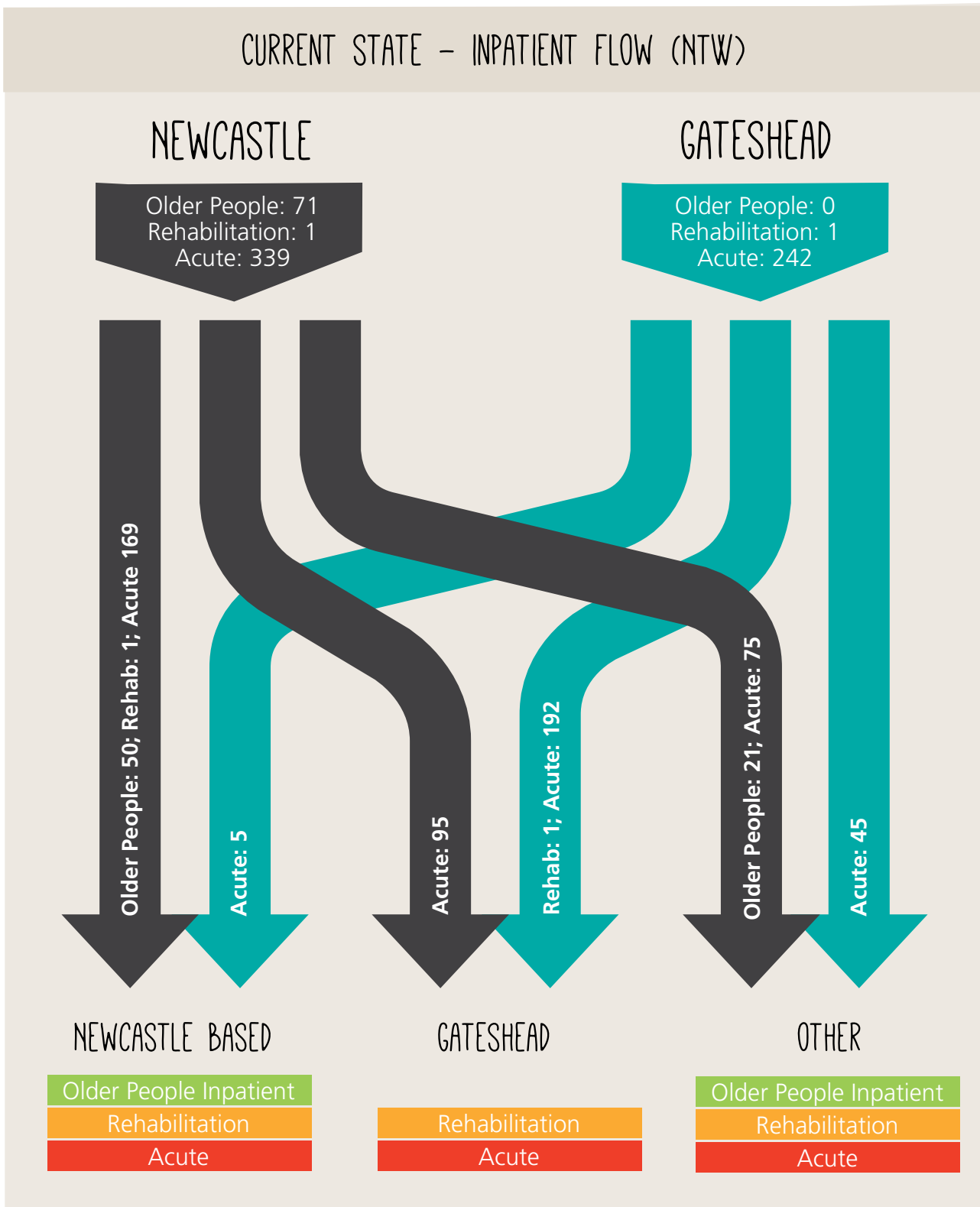
|                                       | NEWCASTLE | GATESHEAD |
|---------------------------------------|-----------|-----------|
| <b>Acute Assessment and Treatment</b> | 339       | 242       |
| <b>Rehabilitation*</b>                | 1         | 1         |
| <b>Older People's services**</b>      | 71        | 0         |

\*Rehabilitation – direct admission only (other admissions are transfers from other wards)

\*\*Older People's services – service in Gateshead is not provided by NTW.



The diagram below shows how people were admitted as inpatients i.e. into wards based in Newcastle, in Gateshead, or into other NTW wards outside of Newcastle and Gateshead.





People only need to be in hospital when home or community treatment is not possible or appropriate due to the risk to either themselves or to other people around them.

The CCG recognises and agrees that we need investment to significantly improve the facilities and we must consider how this might be done to deliver the quality of care improvements as well as the best value for the funding we have available.

### **Acute assessment and treatment service**

These services provide intensive 24 hour support for adults with very serious acute mental health problems such as severe depression, schizophrenia, and psychosis.

#### **The Tranwell Unit**

The Tranwell Unit on the Queen Elizabeth Hospital site in Gateshead includes two wards in a two storey building. These are:

- **Fellside is a 20 bed acute admission ward for men**
- **Lamesley is an 18 bed acute admission ward for women**

The general hospital site is managed by the Gateshead Health NHS Foundation Trust. Both wards have the Royal College of Psychiatrists AIMS accreditation with Lamesley ward being awarded with excellence.

AIMS accreditation identifies and acknowledges wards which have high standards of organisation and patient care.

The environment for this service makes it more difficult for staff to deliver and improve upon the quality of care provided. These issues have been raised by CQC Mental Health Act inspections

Environmental issues include:

- **No en-suite facilities on the wards and no possibility to provide these**
- **Low number of communal bathroom facilities**
- **No direct access to outside space**
- **Shared male and female central courtyard requires high levels staff escort**
- **Poor heating and air conditioning control**
- **Problems with window safety**

#### **The Hadrian Clinic**

This is located on the Campus for Ageing and Vitality site in Newcastle (formerly Newcastle General Hospital) has three wards in a three storey building.

- **Gainsborough and Collingwood are 16 bed acute admission wards for men**
- **Lowry is a 16 bed acute admission ward for women**

The site is managed by the Newcastle Hospitals NHS Foundation Trust. All three wards are AIMS accredited, Lowry and Gainsborough with excellence.

The environment for this service makes it more difficult for staff to deliver and improve upon the quality of care provided.

THE CCG RECOGNISES AND AGREES THAT WE NEED INVESTMENT TO SIGNIFICANTLY IMPROVE THE FACILITIES AND WE MUST CONSIDER HOW THIS MIGHT BE DONE TO DELIVER THE QUALITY OF CARE IMPROVEMENTS AS WELL AS THE BEST VALUE FOR THE FUNDING WE HAVE AVAILABLE.

These issues have been raised by CQC Mental Health Act inspections.

Environmental issues include:

- **No en-suite facilities on the wards and no opportunity to provide these**
- **Low number of communal bathroom facilities**
- **Poor staff facilities**
- **Poor general patient facilities**
- **No direct access to outside space**

Other issues for both the Tranwell Unit and The Hadrian Clinic include:

The units are relatively isolated, with no surrounding mental health wards. There are no additional clinical or support staff who

can support patients and staff to stay safe in situations when a patient might become more challenging.

Ward design means clinical observation of patients can be difficult. Patients are more restricted in their activities than they would be in a more modern ward. Some rooms have 'blind spots' which are addressed by mirrors – it's not ideal and increases risk. It's become more difficult to recruit and retain clinical staff to work in these poorer environments. These issues mean that some patients who are assessed as being more challenging are unable to be safely cared for in these locations, so are admitted to NTW beds elsewhere – at St George's Park in Morpeth or Hopewood Park in Sunderland. Facilities for visitors, families and carers are poor, particularly for those visiting with children.

Both the CCG and NTW share the view that these two buildings are not up to the standards required for modern care.

### Rehabilitation services

These services provide intensive rehabilitation over the short to medium term.

Willow View is a 16 bed ward at St Nicholas Hospital, Newcastle for men and women.

The main patient environment issue is the lack of en-suite facilities in bedrooms.

Elm House in Gateshead is a community based rehabilitation service with 14 beds for men and women with complex mental health needs requiring longer term rehabilitation and is known as a “moving on” rehabilitation ward.

### Older people’s mental health services – in Newcastle only

These are two wards, within the Centre for the Health of the Elderly on the Campus for Ageing and Vitality site in Newcastle (formerly Newcastle General Hospital).

Castleside is a mixed male and female 20 bed ward providing assessment treatment and rehabilitation for older people with mental health problems arising from organic disorders such as dementia.

Akenside is mixed male and female 18 bed ward providing assessment, treatment and rehabilitation for older people with mental health problems arising from functional disorders such as depression.

Both have AIMS accreditation with excellence.

There are accommodation issues which compromise the ability of the staff to provide good quality care. These include:

- **No en-suite facilities**
- **Design of the wards problematic for single sex accommodation standards for access to bathroom and shower facilities for both men and women**
- **Poor heating and air conditioning control**
- **Wards over two floors mean patients need to be escorted**
- **No direct access to outside space**

**Gateshead older people’s mental service is provided by the Gateshead Health NHS Foundation Trust and is not included in this consultation.**



8

# Agreed improvements for NTW Trust community services

**NHS providers constantly seek to make improvements in the quality of the care they deliver. The following changes have been supported and agreed by the CCG and the Mental Health Programme Board. These improvements do not need a formal consultation process, but we would like to hear any views on these improvements as part of this consultation.**



**All these agreed community services improvements are described in more detail in the Case for Change document.**

## The patient pathway

A new patient pathway will increase the time staff spend providing direct patient care. This will introduce new technologies such as digital dictation, different job roles, team structures and clinical skills.

There will be two new pathways introduced to support people with psychosis and non-psychosis.

Staff working within these pathways will have specialist knowledge, experience and skills in working with service users with the different needs associated with psychosis and non-psychosis.

A Step Up function will form an essential part of the pathway, This will respond to urgent requests for help, perhaps when people are starting to become more unwell and need to be seen quickly This is particularly crucial in psychosis where relapses are difficult to manage in the later stages.

Step Up will also manage the care of people who require intensive care packages, who have previously been supported by Assertive Outreach Teams. It will have a 'ward facing' remit to ensure people are proactively supported to leave hospital and will also monitor and review any out of area placements and facilitating early returns to the local area.

The non-psychosis pathway will have a Personality Disorder sub-specialism within it. Staff working within this function will have specialist knowledge, experience and skills in working with service users with a personality disorder. However, personality disorder is a key issue in the non-psychosis pathway it is important that the wider team members also develop skills in working with personality disorders.

## Single point of access for NTW services

There will be a single point of contact for enquiries, which will be accessible 24/7. This single point will manage all requests for help, including:

- **Urgent and non-urgent referrals to NTW services**
- **Booking and re-booking appointments, including sending patients 'Introduction to Me' document to help them prepare for their assessment appointment – meaning they tell their story only once**
- **Providing advice and information, including signposting to other services**
- **Supporting service users who do not attend for appointments**

This single point of contact will:

- **Make it much easier for service users, carers and partners to access the help and support they need**
- **Reach people who need our help earlier and quicker**
- **Free up time spent by community teams – meaning more time for clinical support for patients**

A NEW PATIENT PATHWAY WILL INCREASE THE TIME STAFF SPEND PROVIDING DIRECT PATIENT CARE. THIS WILL INTRODUCE NEW TECHNOLOGIES SUCH AS DIGITAL DICTATION, DIFFERENT JOB ROLES, TEAM STRUCTURES AND CLINICAL SKILLS.



## Assessment of need

Assessments will be quick, efficient and will involve the right health professionals. Service users will never be 'bounced' around the system. Any transition will be smooth and seamless.

## Treatment

A treatment plan will be agreed with the service user. It will include family and carers wherever possible and will be and recovery focused. Service users will be supported to self-manage with clear plans for staying well.

Appointments can be booked in range of ways – phone, in person or on-line. All review meetings will be co-ordinated so the number of meetings needed is minimised.

## Discharge from NTW services

Discharge planning will be thought about throughout assessment and treatment. Appropriate goals are set so people can aim for improved quality of life and independence.

Services users will have a co-ordinated discharge plan that includes information on:

- **The triggers for relapse - how to recognise the early warning signs for relapse**
- **A 'staying well' plan – the help and support is available in the community**
- **Where to go for help and how to re-access trust services**



## Community pathway for older people

A new memory pathway is being considered by the CCG and will consist of the following key elements:

- **A Memory Service to provide early diagnosis of dementia. In the new model this function will expand its current role to incorporate on-going management of some patients with low intensity needs particularly around medication management and mood**
- **Community teams will manage those people who require treatment and on-going support. The staff will co-ordinate people's care across the Trust's pathway and in conjunction with other partners. The Younger People with Dementia specialists and Nursing Home Liaison posts will be based within these teams**
- **Day hospital and step up in the new model will provide a responsive and intensive support function. Extended hours of delivery will support the development of a crisis response**
- **The Challenging Behaviour Team will provide enhanced support to people with especially challenging needs**

# 9

How services could be arranged differently in the future: scenarios for change that we are consulting you about



**We've already described the improvements we want to make to community services in the previous section (8). These improvements will mean that even more people will be effectively supported in the community and less will need to be admitted to hospital.**



**In our *Case for Change* there is more detailed information about how we looked at a number of different scenarios – and the process we went through to shortlist them as being clinically safe, affordable and achievable. You can find this at [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**



## **The development of new, re-designed or extended community services**

The CCG, the voluntary and community sector and NTW have been working together to develop an innovative model of community services for the future.

We know that there needs to be a very strong framework of support in the community and given what we have heard through the Deciding Together process we think this should include:

- **Improved access to help, advice and support when in a crisis**
- **Alternatives to admission to hospital**
- **Greater access to vocational opportunities, such as supported volunteering, education, training and employment support**
- **Increased availability of peer support**
- **Increased involvement of and support for carers**
- **Increased access to navigation and link workers**
- **Greater use of social prescribing, direct payments and personalisation**
- **Development of alternative models like adult fostering**

Taking all this into account we have developed a new community support framework shown on page 50.

Some of these extra, or in some cases redesigned or extended, services present

ideal opportunities for the voluntary and community sector, as well as peer and service user led models of service delivery.

These could include:

### **A multi-agency initial response system**

Developing a multi-agency initial response system is an essential development for the Mental Health Programme Board.

This will respond to all urgent requests for help and will aim to support people quickly. Importantly, if a person defines their need as urgent then they will receive an urgent response, although this response may not need a high level service.

The system would:

- **Cover the whole system of care and support**
- **Have excellent communication between services and with service users and carers**
- **Be able to provide practical support quickly when needed**
- **Ensure that urgent needs are assessed in the context of a service users' culture and community**
- **Aim to prevent future crises by care planning and fast track access to services**

FROM WHAT WE HAVE HEARD THROUGH THE DECIDING TOGETHER PROCESS, WE KNOW THAT THERE NEEDS TO BE A VERY STRONG FRAMEWORK OF SUPPORT IN THE COMMUNITY

DEVELOPING A MULTI-AGENCY INITIAL RESPONSE SYSTEM IS AN ESSENTIAL DEVELOPMENT FOR THE MENTAL HEALTH PROGRAMME BOARD



## ACCESS POINTS

Access to mental health services, advice and support will be clear and consistent. A multi-agency initial response system will provide a listening ear and rapid help to those in crisis. Potential access points include:

Page 57

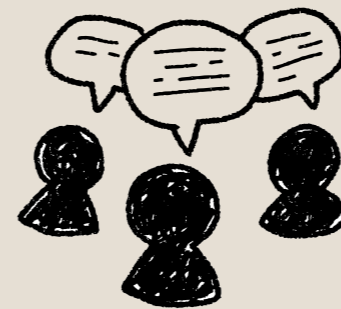


## MANAGING THE CHANGE

We will continue to re-design community support at the same time as re-modelling inpatient services.

The precise nature and range of new, re-designed or extended community support for mental health and wellbeing will be shaped by the **Deciding Together** consultation process.

Funding will be used as innovatively as possible to meet the financial challenges in health and social care and still provide excellent and improved services.



## NEW, RE-DESIGNED OR EXTENDED SERVICES



EACH PART OF OUR FRAMEWORK WILL BE BASED ON IMPORTANT PRINCIPLES YOU TOLD US YOU WANTED TO SEE. WE WILL SET OUT HOW WE WILL DO THIS IN A SERVICE CHARTER. THIS INCLUDES:

SERVICE CHARTER.



NAVIGATORS/ LINK WORKERS

CARERS SUPPORT AT EACH STEP

GOOD PHYSICAL HEALTH

SAFEGUARDING AND RISK

CITIZENSHIP, SOCIAL NETWORKS AND COMMUNITIES

CULTURALLY SENSITIVE CO-ORDINATION OF CARE AND BROKERAGE

PEER SUPPORT

ACCESS AT ALL STAGES: QUICK IN, QUICK OUT

PROPERLY PERSON AND FAMILY CENTRED



### **Community based residential rehabilitation, step up and step down facilities and supported housing**

There is already a range of housing provided by the voluntary and community sector and councils supporting vulnerable people, those with housing problems, and those with mental health needs.

These vary from offering a few hours face to face support a week to units that have staff available on site 24 hours.

We could extend and develop the range of accommodation to include further options which could reduce the need for hospital admission.

### **Urgent response and care - residential crisis support**

We could develop a new crisis service in the community. Similar models have been successful elsewhere in the country. This could include 24 hour clinical staff presence and also employ peer workers. It would work closely with statutory community and inpatient teams to support people who might otherwise need to be admitted to hospital to remain safe. There could be options to provide this as a shared resource across Newcastle and Gateshead.

### **Urgent response and care - crisis support without beds**

We could develop a new service to provide a short term safe place or sanctuary in a crisis.

It would not offer overnight accommodation, but could for example be a 9.00am to 9.00pm or a 2.00pm to 2.00am service. It would offer access to immediate emotional and psychological support and practical assistance, listening, advice and signposting to other services.

It could be peer-led, but professionally supervised, and would work in partnership with clinical services

### **Community based recovery college**

The existing Ivy Centre for Recovery Knowledge is based at St Nicholas Hospital.

It uses NTW's own peer support workers to deliver educational mental health courses, self-management sessions, personal and skills development.

Together, we are looking to develop a community base, in Newcastle city centre.

An outreach service into Gateshead or an annex in Gateshead is also being actively being pursued.

### **Community resilience and wellbeing hub, offering increased vocational and social inclusion**

We could develop a multi-agency hub that links and signposts to existing services and support in Newcastle and Gateshead.

It would also offer information about debt, benefits, housing, relationships, work, volunteering and education and training.

## The different ways we could arrange inpatient services

We said earlier in section 9 that we need to reduce avoidable stays in hospital so that we can protect the investment in community services.

We have worked with NTW to look in detail at future bed needs, and taken into account the improved community services which is described in section 8. We have already agreed with NTW that we need to make significant changes.

As described in section 9 we will be implementing new community pathways and ways of working locally which have already been introduced in Sunderland and South Tyneside, so it is useful and appropriate to use these indicators to inform and model the number of hospital beds needed for Newcastle and Gateshead.

In Sunderland and South Tyneside,

- **New community and inpatient pathways have reduced beds by 34%**
- **The new model of care is meeting local demand and there is no increase in the number of Sunderland and South Tyneside residents being admitted to hospitals outside of that area**
- **There has been a decrease in the number of Sunderland and South Tyneside patients being admitted back into hospital in an emergency which is a positive indicator that the model of care is working effectively**

WE HAVE LOOKED CAREFULLY AT FUTURE INPATIENT NEEDS FOR PEOPLE IN NEWCASTLE AND GATESHEAD AND CONSIDERED NATIONAL BEST PRACTICE RECOMMENDATIONS. WE'VE ALSO CONSIDERED WHAT WE HAVE LEARNED FROM CHANGING COMMUNITY SERVICES AND THE MODEL OF CARE IN SUNDERLAND AND SOUTH TYNESIDE.



**You can find detailed information about admission rates, average length of stay, emergency admission rates and how we modelled these in our full Case for Change document on our website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

We have looked carefully at future inpatient needs for people in Newcastle and Gateshead and considered national best practice recommendations. We've also considered what we have learned from changing community services and the model of care in Sunderland and South Tyneside. Using this information we have thought about a range of future possible changes to rates of admission and lengths of stay to help identify the number of wards needed for Newcastle and Gateshead residents in the future.

Our planning assumption is that although admissions should decrease, they may not decrease at the same level that was experienced in Sunderland and South Tyneside, as Newcastle and Gateshead already has a lower admission rate. However, there appears to be significant opportunity to achieve a reduction in average lengths of stay for Newcastle and Gateshead residents.

## How we developed and shortlisted scenarios

In April and May 2015, after the Deciding Together listening exercise, the Mental Health Programme Board developed and agreed an initial set of six different scenarios, including a no-change scenario.

All the scenarios were based on the provision of:

- **Three acute assessment and treatment wards, in-line with the aim of reducing reliance on inpatient beds**
- **One complex care rehabilitation ward, to be co-located on the same site as acute wards. In later development of the scenarios we agreed that the existing "moving on" rehabilitation ward would also be required**
- **Around two older people's wards for Newcastle residents (The older people's service for Gateshead is not included in this consultation)**

These high level scenarios required further development by CCG, NTW and community and voluntary sector officers and included:

- **More consideration of possible locations for the older people's mental health wards (Newcastle residents only)**
- **Different levels of capital investment for each scenario being identified**

As a result these six were further developed into 12 more detailed scenarios which included the current situation and 11 other scenarios showing variations of where services could be located.

For each of the 11 new scenarios, sub-options were identified relating to lower and higher levels of capital investment, making 23 sub options in total.

The CCG then went through a shortlisting process in three stages which has resulted in the scenarios we are now consulting upon.



**You can find detailed information about all the scenarios and shortlisting process in our full Case for Change document appendix 9 [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**







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# The inpatient scenarios for change

**The shortlisted scenarios for consultation are shown on these two pages and in order to simplify them they are presented in two parts:**

- Three possible locations for adult acute assessment and treatment and rehabilitation services
- Two possible locations for older people services

## Acute assessment and treatment and rehabilitation scenarios



### **NTW trust wide based scenario T:**

- The adult acute assessment and treatment service for Newcastle and Gateshead residents being provided from NTW's hospital at St George's Park, Morpeth (two additional wards to be provided there) and from NTW's hospital at Hopewood Park, Sunderland (one additional ward to be provided there)
- The rehabilitation service currently at St Nicholas Hospital, Newcastle being provided from St George's Park; Elm House in Gateshead would be retained as a moving on rehabilitation unit

### **Newcastle based scenario N:**

- The adult acute assessment and treatment service (three wards) for Newcastle and Gateshead residents being provided from St Nicholas Hospital, Newcastle
- The rehabilitation ward at St Nicholas Hospital, Newcastle would provide complex care and Elm House in Gateshead would be retained as a moving on rehabilitation unit

### **Gateshead based scenario G:**

- The adult acute assessment and treatment service (three wards) for Newcastle and Gateshead residents being provided from a location to be identified in Gateshead
- A complex care rehabilitation ward would also be provided at the same location as above. Elm House in Gateshead would be retained as a moving on rehabilitation unit.

# INPATIENT CONSULTATION SCENARIOS

## Older people's mental health services, for Newcastle residents, scenarios:

### Newcastle scenario 1:

- The older people's service being provided from St Nicholas Hospital, Newcastle

### Morpeth scenario 2:

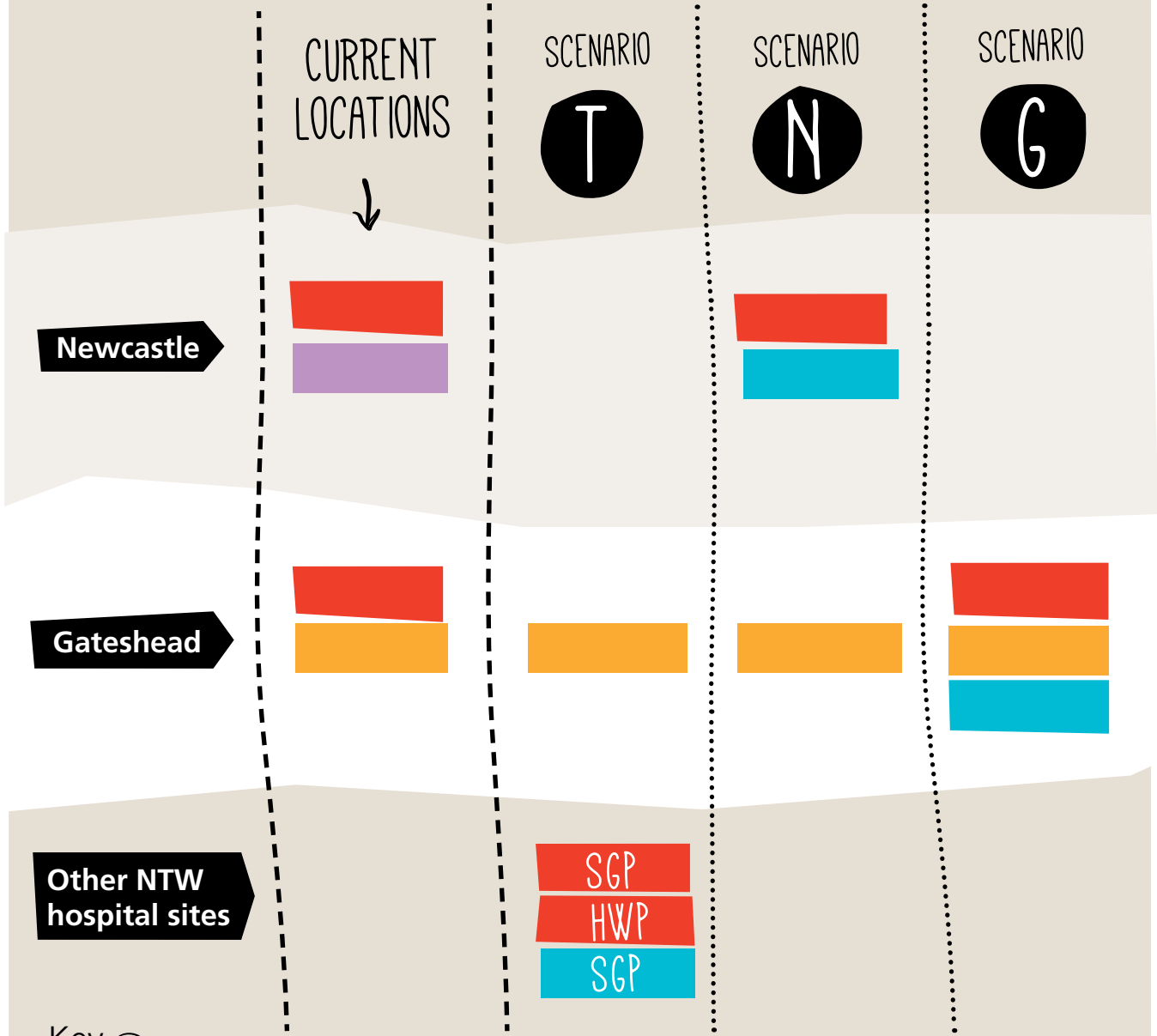
- The older people's service being provided from St George's Park, Morpeth

In both of these scenarios, we would look to provide services for people from a wider area than Newcastle, due to the very small number of people needing this service.

WHAT YOU NEED TO  
CONSIDER ABOUT THE  
DIFFERENT SCENARIOS  
- SEE PAGE 63

# Proposed inpatient locations

(Adult Acute and Rehabilitation Services)



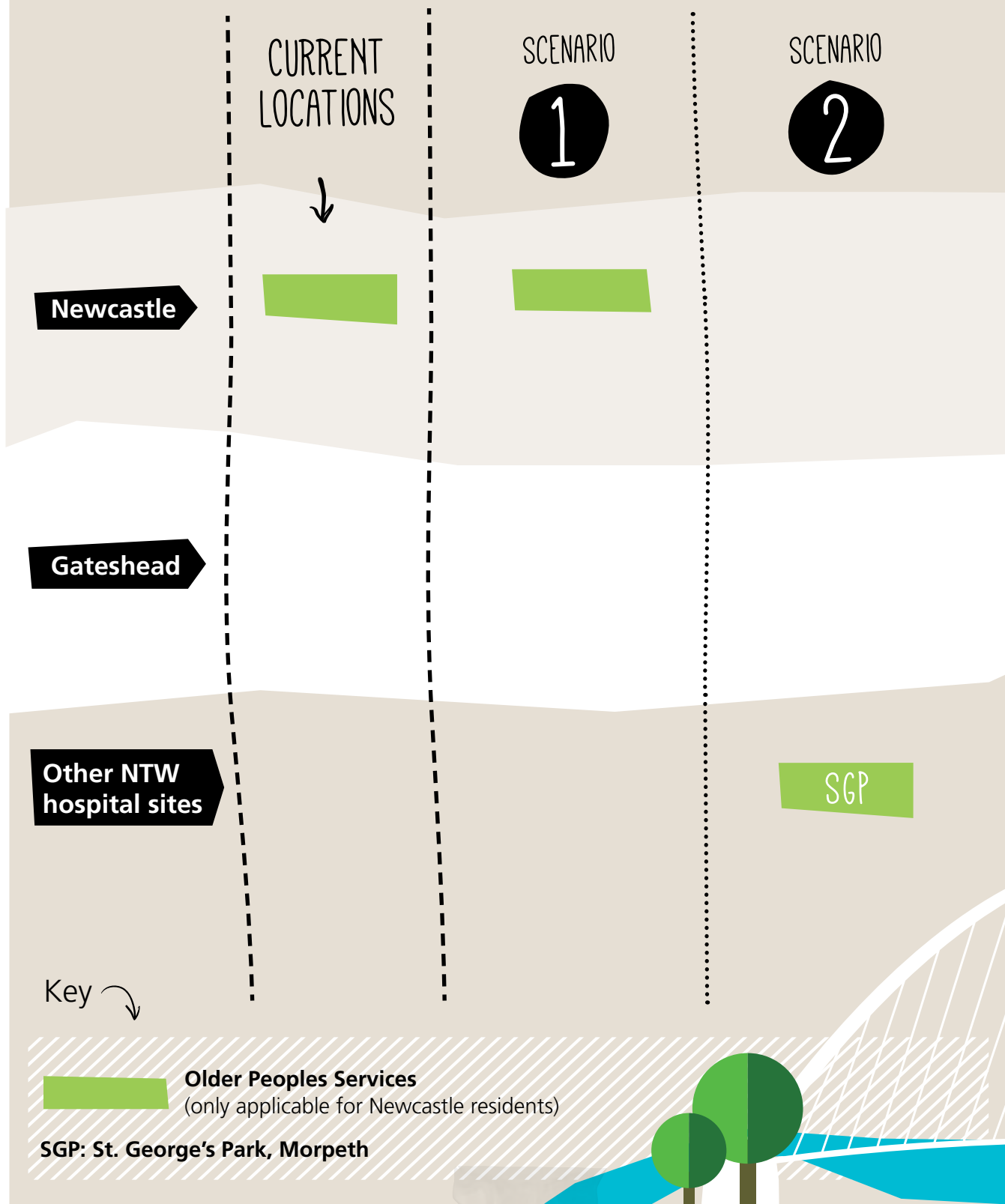
Key ↘

-  Rehabilitation
-  Rehabilitation - Complex Care
-  Rehabilitation - Moving On
-  Adult Acute Assessment and Treatment

SGP: St. George's Park, Morpeth  
HWP: Hopewood Park, Sunderland

# Proposed inpatient locations

(Older Peoples Services)





11

What do we need you to consider about the different scenarios?

## What do we need you to consider about the different scenarios?

There are different advantages and disadvantages to think about in the different scenarios. For example:

- **The quality of clinical care**
- **The quality of the accommodation and environment**
- **Travel considerations**
- **The opportunity to develop new community services**
- **The balance of funding between community and inpatient care**

We need you to consider and balance all these along with your own thoughts and opinions on what you think may be advantages and disadvantages of each scenario.

### Quality of clinical care

Best practice advice is to provide a range of adult mental health services on the same site.

This includes adult acute assessment and treatment wards, psychiatric intensive care and complex care and high dependency rehabilitation wards. The benefits of this are:

- **Staff are able to work together flexibly and reduce ward transfers, reducing risk to safety and disruption to patients**
- **More staff on site to respond quickly to psychiatric emergencies reducing patient and staff safety risks**
- **It enables 7 day a week working for consultant psychiatrists which delivers better outcomes for patients**
- **Provides a more cost-effective way for important clinical support services such as physiotherapy, exercise therapy, occupational therapy, carers' support and other social and recreational activities. These are significant for physical health as many patients in hospital are detained under the Mental Health Act which restricts their ability to access social and recreational activities outside of hospital.**

### Quality of accommodation

All the scenarios would see significant overall improvements in patient accommodation, including new buildings or major conversions of existing wards.

### Location and travel

We heard a very strong message in the listening exercise that people worry about travelling long distances to visit relatives and friends in hospital.

In particular they are concerned about the cost of travel, the time this would take if using public transport, and how people will keep in touch with their local communities.



All the scenarios would impact on people's travel arrangements in different ways – with those where the services are located outside of Newcastle and Gateshead likely to involve longer travel times overall.

We have commissioned an independent travel impact survey to consider the impact of all the scenarios. This will be available in January 2016 and we will publish it as soon as we have it.

We also promise that the impact of travel on service users, families and carers will be considered and addressed as part of every individual's care plan.

This will include access to taxis and mini bus transport.

**We do not want service users and visitors to struggle to get to hospital and we make a very clear and absolute commitment to support travel in any scenarios where inpatient services are further away from local communities.**

### Scope to develop community services

Each different inpatient scenario has a different cost and this has a direct impact on amount of funding which can be released to further improve community services.

We have mapped these out and are shown in the table below. It is very important that we are clear that if more money is spent on inpatient services, the fewer of the new, re-designed or extended forms of community services we describe in section 9 would be able to be provided, or they would have to be provided at a lower level.



This would also impact on the ability of the community services framework to reduce hospital admissions and facilitate earlier discharge from inpatient care to the levels desired.

We've summarised these considerations in the table overleaf and these will be the factors which we will take into account, along with the public feedback from the formal consultation, when making a decision about the future location of these inpatient services.

**The table is a summary of the different considerations of each scenario as described in this consultation document and in the full Case for Change.**



| <b>Scenario description</b>   | <b>NTW trust wide based scenario<br/>With older people in Newcastle</b>   | <b>NTW trust wide based scenario<br/>With older people in Morpeth</b>   | <b>Newcastle based scenario with older people in Newcastle</b>  |
|---|---|---|---|
| <b>Where would the services be located?</b>   | Acute in patient services at St George's Park and Hopewood Park<br>Older People at St Nicholas' Hospital<br>Rehab at St George's Park                       | Acute in patient services St George's Park and Hopewood Park<br>Rehab at St George's Park<br>Elm House<br>Older People St George's Park | Acute in patient services St Nicholas' Hospital<br>Rehab at St Nicholas' Hospital & Elm House<br>Older People at St Nicholas' Hospital                      |
| <b>Quality of Clinical Care</b>   | Most consistent with best clinical practice   | Most consistent with best clinical practice   | Less consistent with best clinical practice   |
| <b>Quality of Accommodation</b>   | Major conversions and improvements to existing accommodation.<br>Acceptable, depending on ability to fund provision of en-suite facilities for older people | Acceptable – new build of three wards and improvements to other existing accommodation.   | Major conversions and improvements to existing accommodation.<br>Acceptable, depending on ability to fund provision of en-suite facilities for older people |
| <b>Location and Travel<br/>A travel impact study is being commissioned and support will be provided</b> | Acute and complex care rehabilitation services located outside of Newcastle and Gateshead.  | Acute, complex care rehabilitation and older people's services located outside of Newcastle and Gateshead.                              | All services located within Newcastle and Gateshead.  |
| <b>Potential for release of funding for investment in to community services</b>                         | £1.4 million  | £1.1 million  | - £0.2 million  |

| Scenario description  | Newcastle based scenario with older people in Morpeth   | Gateshead based scenario with older people in Newcastle  | Gateshead based scenario with older people in Morpeth  |
|---|---|--|--|
| <b>Where would the services be located?</b>   | Acute in patient services St Nicholas' Hospital<br>Rehab at St Nicholas' Hospital & Elm House<br>Older People at St George's Park | Acute in patient services Gateshead Rehab in Gateshead & Elm House<br>Older People at St Nicholas' Hospital  | Acute in patient services Gateshead Rehab in Gateshead & Elm House<br>Older People at St George's Park |
| <b>Quality of Clinical Care</b>   | Less consistent with best clinical practice   | Less consistent with best clinical practice  | Less consistent with best clinical practice  |
| <b>Quality of Accommodation</b>   | Acceptable – major conversions and improvements to existing accommodation   | New build of four wards and major conversion of existing accommodation. Acceptable, depending on ability to fund provision of en-suite facilities for older people | Acceptable – new build of four wards and improvements to existing accommodation                        |
| <b>Location and Travel<br/>A travel impact study is being commissioned and support will be provided</b> | All services, with the exception of the Older People's service located within Newcastle and Gateshead.                            | All services located within Newcastle and Gateshead.   | All services, with the exception of the Older People's service located within Newcastle and Gateshead. |
| <b>Potential for release of funding for investment in to community services</b>                         | £0 million  | - £2.1million  | - £2.0 million   |



THERE ARE LOTS OF WAYS TO  
GET INVOLVED. MAKE SURE  
YOUR VOICE IS HEARD.

12

# How to get involved

**There are lots of ways to get involved. To make sure your voice is heard, you can share your views in the following ways.**



## Events

We have arranged a number of public events – please register your attendance so we can provide any additional support needs you may have, plan for catering and also so we can make sure we have enough staff to facilitate the table discussions.

### Launch event:

**Thursday 12 November  
11am-1pm**

Centre for Life

Times Square,

Newcastle upon Tyne,

Tyne and Wear NE1 4EP

Registration from 10.30.

Presentation plus Question Time style event

A light lunch will be provided at the end of the event

Please register via our website

Or call 0191 217 2670

### Consultation events:

These events will involve a short presentation and table discussions around each of the potential scenarios.

**Wednesday 18th November 2015**

**1.30pm-4pm**

Brunswick Methodist Church

Brunswick Place,

Newcastle upon Tyne NE1 7BJ

Registration from 1pm

Please register via our website

Or call 0191 217 2670

**Thursday 3rd December 2015**

**6pm-8pm**

Newcastle City Library

Charles Avison Building, 33 New Bridge St  
West

Registration from 5.30pm.

Please register via our website

Or call 0191 217 2670

**Wednesday 13th January 2016**

**10am-12pm**

Gateshead Civic Centre

Bewick Meeting Room

Registration from 9.30am

Please register via our website

Or call 0191 217 2670

**Saturday 6th February 2016**

Community Art space

St Edmund's Chapel, High St, Gateshead,

Tyne and Wear NE8 1EP

1pm to 3.30pm (registration from 12.30pm)

Please register via our website

Or call 0191 217 2670

## Online survey

You can access this via our website:

[www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

from Thursday 12th November.  
A paper version is also available by calling  
0191 217 2670

## Other ways to give your views:

Community and voluntary sector organisations will be running events for service providers and holding focus groups for service users and carers. If you would like to get involved in these activities then please contact us.

### Write to us

Deciding Together public consultation  
NHS Newcastle Gateshead Clinical  
Commissioning Group  
Goldcrest Way  
Newburn Riverside (Business Park)  
Newcastle upon Tyne  
NE15 8NY

### Call us

0191 217 2670

### Email us

[ngccg.enquiries@nhs.net](mailto:ngccg.enquiries@nhs.net)



@NHSngccg



Deciding Together







# 13

## What happens next?

## WHAT HAPPENS NEXT?

12TH FEBRUARY 2016

Consultation period ends (13 weeks)

15TH FEBRUARY 2016

Analysis of feedback starts by an independent organisation - not the NHS

21ST MARCH 2016  
TO  
11TH APRIL 2016

Publication of the feedback report from the consultation to public on the website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)  
Two public feedback sessions to be arranged and promoted to the public

9TH MAY 2016

Complete full Case for Change document

24TH MAY 2016

CCG Governing Body Meeting held in public – decision made

24TH MAY 2016

Decision communicated to stakeholders and the public

14

Further reading  
and resources



**There are several documents referred to in this document. To make it easier for you to find out more, we have listed them here.**



**We have also placed them on our website where you can download them or find links to them at: [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

### **Full Case for Change**

(published October 2015)

This consultation document is a summary of the main issues from the full NHS case for change. This is a complex and technical document and it is available for download on our website.

### **NHS Five Year Forward View (NHS England)**

NHS Newcastle and Gateshead Clinical Commissioning Group's five year strategic plan

### **No health without mental health**

(H.M. Government 2011)

### **Closing the Gap: priorities for essential change in mental health**

DoH, January 2014.

### **Deciding Together – developing a new vision for mental health**

Listening document

### **Feedback report**

(published March 2015)

Deciding Together – listening phase feedback report

### **Early listening**

(published September 2014)

# Your notes

# Your notes



THERE ARE LOTS  
OF WAYS TO GET  
INVOLVED,  
MAKE SURE YOUR  
VOICE IS HEARD.



@NHSngccg



Deciding Together

[www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

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Goldcrest Way  
Newburn Riverside (Business Park)  
Newcastle upon Tyne  
NE15 8NY.



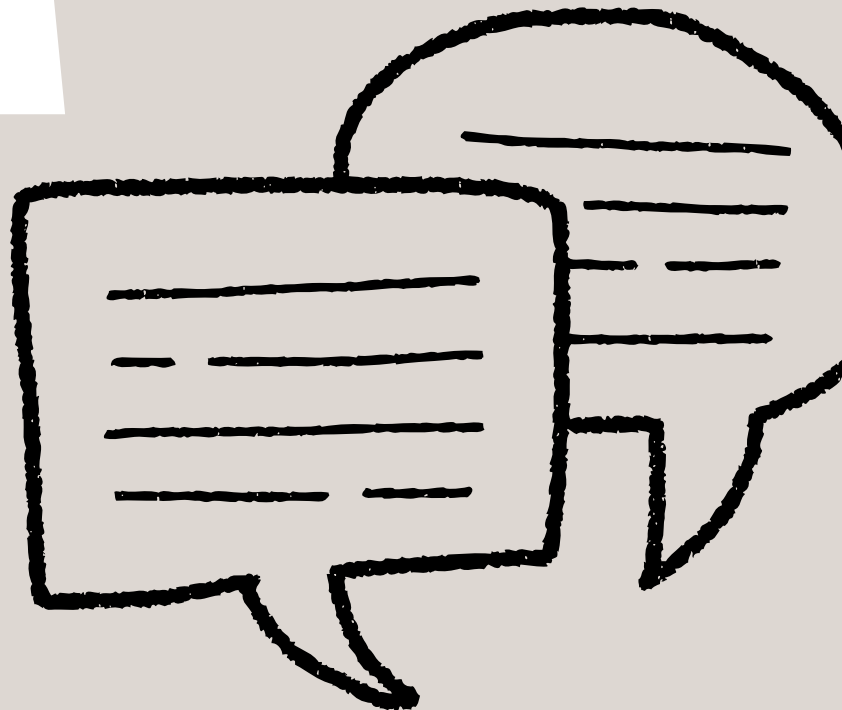


deciding together

# DECIDING TOGETHER

A NEW FUTURE FOR SPECIALIST MENTAL HEALTH  
SERVICES IN NEWCASTLE AND GATESHEAD

## CONSULTATION SURVEY



## Section A: Introduction

This survey is just one of the ways you can share your views about the proposals around specialist health services for Newcastle and Gateshead. This is part of a formal NHS consultation process and you can contribute to this in other ways - more details can be found at:

**[www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

This survey is being analysed by an independent marketing, communications and PR agency called Kenyon Fraser based in Liverpool.

This survey allows you to give your views on different proposed scenarios for future specialist mental health services. Your views will contribute the decisions made by NHS Newcastle Gateshead Clinical Commissioning Group (CCG) following this consultation. Before completing this questionnaire it will help you to read the consultation document "Deciding Together – a new future for specialist mental health services in Newcastle and Gateshead" which includes important information about each proposed scenario that will help you. You may also find it useful to attend one of the public events before you respond, the details are on the website above.

You will find the consultation document, the full Case For Change, a summary of this consultation document, along with other documents mentioned in this consultation on Deciding Together on the CCG's website **[www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

Please be assured that all responses to this survey will be treated confidentially. Any information you provide, including any contact details you choose to share, will only be used for the purposes of this consultation process. No personal details will be passed to a third party for any purpose and you will not be contacted again unless we have your express permission to do so.

This survey will ask your opinion on different possible scenarios for developing new specialist mental health services for Newcastle and Gateshead.

For Newcastle residents, there is also the opportunity to comment on two specific scenarios for older people's services (older people's services in Gateshead are not included in this consultation).

The information you provide through this survey, along with other consultation responses, will be brought together to inform the final decision of Newcastle Gateshead Clinical Commissioning Group (CCG)

If you have any concerns regarding the validity of this survey please contact Newcastle Gateshead CCG:

**Email:** [ngccg.enquiries@nhs.net](mailto:ngccg.enquiries@nhs.net).

**Twitter:** @NHSngccg #decidingtogether

**Facebook:** [www.facebook.com/decidingtogether](http://www.facebook.com/decidingtogether)

You have until **February 12, 2016** to send your survey in.

You can send you completed survey in free of charge. Simply put it in an envelope and write the address below onto it. You do not need a stamp.

**FREEPOST RLSH-KHYU-YREH  
NHS (NECSU)  
Deciding Together, Riverside House  
Newburn, Newcastle Upon Tyne, NE15 8NY**

**Section B: About You**

Q1 To help us better analyse the responses from this survey please could you tell us the basis on which you are sharing your views (tick all that apply)

- Service User
- Carer
- Professional/Service Provider  
(e.g. manager, clinical staff, care staff, volunteer, etc.)
- Member of the Public
- None of the above
- Rather not say

Please complete Q1a if you have made more than one choice

If you have only made one choice made please go directly to Q2

Q1a If you have ticked more than one role in the previous question, please rank which of these you feel is the most important in answering this survey.

Where 1 = the primary point of view you are responding, 2 = the secondary point of view, and so on.

|  | 1                        | 2                        | 3                        | 4                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Service User   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional/Service Provider<br>(e.g. manager, clinical staff, care staff, volunteer, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choice Four  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please answer the remainder of this survey based on your first choice in response to this question. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

Q2 Do you, or a person you care for, live, work or receive treatment in Newcastle or Gateshead? (Please tick all that apply)

|                   | You       |           |                |                        | Person you care for |           |                |                        |
|-------------------|-----------|-----------|----------------|------------------------|---------------------|-----------|----------------|------------------------|
|                   | Newcastle | Gateshead | Rather not say | Other (please specify) | Newcastle           | Gateshead | Rather not say | Other (please specify) |
| Live              |           |           |                |                        |                     |           |                |                        |
| Work              |           |           |                |                        |                     |           |                |                        |
| Receive Treatment |           |           |                |                        |                     |           |                |                        |

Q3 Have you or any person you care for used mental health services in Newcastle or Gateshead during the last two years?

- Yes
- No
- Rather not say

If you answered yes please complete Q3a if not please go straight to Q4

Q3a. Was the service for you or someone you care for?

Please tick all that apply

- Self
- Person I care for
- Rather not say

Q3b What service did you use?

**Hospital Inpatient Treatment**

**Acute Services:**  
The Tranwell Unit (Gateshead)  
Fellside Ward (men)

**Older People’s Services:**

Castleside Day Hospital Community  
Dementia Service (Newcastle)

The Tranwell Unit (Gateshead)  
Lamesley Ward (women)

Newcastle Challenging Behaviour Team  
Older people (Newcastle)

The Hadrian Clinic (Newcastle)  
Gainsborough Ward (men)

Memory Assessment Service (Newcastle)

The Hadrian Clinic (Newcastle)  
Collingwood Ward (men)

Young People’s Dementia Team Centre  
for the Health of the Elderly  
(Centre for the Health of the Elderly,  
Newcastle upon Tyne)

The Hadrian Clinic (Newcastle)  
Lowry Ward (women)

**Rehabilitation services:**

St. Nicholas Hospital (Newcastle)

Willow View Ward (men and women).

Elm House (Gateshead)  
(men and women)

Q3b What service did you use?

**Services in the Community**

**Adult Services Newcastle**

Community Mental Health Services North and East Community Team (Byker)

Community Mental Health Services West Community Team (Newcastle)

Hadrian Clinic Acute Day Service Intensive Treatment Service (Newcastle)

Homeless Service - Service provided by staff working out of CMHTs Newcastle upon Tyne

Intermediate Care - Community Rehabilitation Service (Newcastle)

Newcastle East Team Community Mental Health Team (Newcastle)

Newcastle North Team Community Mental Health Team (Newcastle)

Newcastle Talking Therapies (NTT) Psychological Treatment Service (Fenham)

Newcastle West Team Community Mental Health Team (Newcastle)

Ravenswood Clinic - Crisis Resolution and Home Treatment Service - Newcastle and North Tyneside

**Adult Services Gateshead**

Assertive Outreach Team - Tranwell Unit, QE (Gateshead)

Community Treatment Team, Non Psychosis, Dryden Road Clinic (Gateshead)

Community Treatment Team, Psychosis, Tranwell Unit (Gateshead)

Early Intervention in Psychosis Service Intensive Intervention - Gateshead

Lobley Hill Clinic Psychology Outpatients Service (Gateshead)

Recovery, Treatment and Support Team, Dryden Road Clinic (Gateshead)

Crisis Resolution and Home Treatment Service (Queen Elizabeth Hospital, Gateshead)

Initial Response Team – Gateshead

**Section C. Community Mental Health Services**

The proposed changes to inpatient services are based on providing improved mental health services in the community. Some of this will be provided by NHS organisations and there is an opportunity to have more community services delivered by the Voluntary and Community Sector. The picture to the right provides an overview of the change proposals:

**NHS Newcastle Gateshead Clinical Commissioning Group (CCG) would value your opinions on these proposed options.**



Q4. For each of the scenarios shown as re-designed or extended services in the picture (listed in more detail in the question below) please rate each of them individually.

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

- 
- 4a **Multi-agency initial response system**  
Developing a multi-agency initial response system is an essential development for the Mental Health Programme Board.
- This will respond to all urgent requests for help and will aim to support people quickly. Importantly, if a person defines their need as urgent then they will receive an urgent response, although this response may not need a high level service.
- The system would:**
- Cover the whole system of care and support
  - Have excellent communication between services and with service users and carers
  - Be able to provide practical support quickly when needed
  - Ensure that urgent needs are assessed in the context of a service users' culture and community
  - Aim to prevent future crises by care planning and fast track access to services.
- I feel this scenario will fail to meet needs**
- I feel this scenario will slightly fails to meet needs**
- I feel this scenario will neither meet nor fail to meet needs**
- I feel this scenario will slightly meet my needs**
- I feel this scenario will fully meets my needs**
- Don't Know**
- 
- 4b **Redesigned community mental health teams and specialist teams**  
NTW has started a transforming community services programme to develop new community pathways and new ways of working and the Mental Health Programme Board have agreed to roll out these developments in Newcastle and Gateshead.
- The system would:**
- Developing new care pathways to improve the quality of care for everyone using their community services
  - Working with their staff who support people in the community, to help them to free up more of their clinical time through the use of mobile technology and new ways of working
  - Reviewing the use and the reliance on inpatient services for adults who require mental health and learning disability services in the light of the provision of improved community, access and initial response services
- I feel this scenario will fail to meet needs**
- I feel this scenario will slightly fails to meet needs**
- I feel this scenario will neither meet nor fail to meet needs**
- I feel this scenario will slightly meet my needs**
- I feel this scenario will fully meets my needs**
- Don't Know**

Q4 For each of the scenarios shown as re-designed or extended services in the picture (listed in more detail in the question below) please rate each of them individually.

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

---

|    |  |  |  |
|----|--|--|--|
| 4c | <p><b>Community based residential rehabilitation</b><br/>                 There is already a range of housing provided by the voluntary and community sector and councils supporting vulnerable people, those with housing problems, and those with mental health needs.</p> <p>These vary from offering a few hours face to face support a week to units that have staff available on site 24 hours.</p> <p>We could extend and develop the range of accommodation to include further options which could reduce the need for hospital admission.</p> | <p><b>I feel this scenario will fail to meet needs</b></p> <p><b>I feel this scenario will slightly fails to meet needs</b></p> <p><b>I feel this scenario will neither meet nor fail to meet needs</b></p> <p><b>I feel this scenario will slightly meet my needs</b></p> <p><b>I feel this scenario will fully meets my needs</b></p> <p><b>Don't Know</b></p> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |
|----|--|--|--|

---

|    |  |  |  |
|----|--|--|--|
| 4d | <p><b>Urgent response and care - residential crisis support</b><br/>                 We could develop a new crisis service in the community. Similar models have been successful elsewhere in the country.</p> <p>This could include 24 hour clinical staff presence and also employ peer workers.</p> <p>It would work closely with statutory community and in-patient teams to support people who might otherwise need to be admitted to hospital to remain safe.</p> <p>There could be options to provide this as a shared resource across Newcastle and Gateshead.</p> | <p><b>I feel this scenario will fail to meet needs</b></p> <p><b>I feel this scenario will slightly fails to meet needs</b></p> <p><b>I feel this scenario will neither meet nor fail to meet needs</b></p> <p><b>I feel this scenario will slightly meet my needs</b></p> <p><b>I feel this scenario will fully meets my needs</b></p> <p><b>Don't Know</b></p> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |
|----|--|--|--|

---

|    |  |  |  |
|----|--|--|--|
| 4e | <p><b>Urgent response and care - crisis support without beds</b><br/>                 We could develop a new service to provide a short term safe place or sanctuary in a crisis.</p> <p>It would not offer overnight accommodation, but could for example be a 9.00am to 9.00pm or a 2.00pm to 2.00am service. It would offer access to immediate emotional and psychological support and practical assistance, listening, advice and signposting to other services.</p> <p>It could be peer-led, but professionally supervised, and would work in partnership with clinical services</p> | <p><b>I feel this scenario will fail to meet needs</b></p> <p><b>I feel this scenario will slightly fails to meet needs</b></p> <p><b>I feel this scenario will neither meet nor fail to meet needs</b></p> <p><b>I feel this scenario will slightly meet my needs</b></p> <p><b>I feel this scenario will fully meets my needs</b></p> <p><b>Don't Know</b></p> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |
|----|--|--|--|



Q4 For each of the scenarios shown as re-designed or extended services in the picture (listed in more detail in the question below) please rate each of them individually.

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

---

|       |  |  |  |
|-------|--|--|--|
| 4f    | <p><b>Community based recovery college</b><br/>The existing Ivy Centre for Recovery Knowledge is based at St Nicholas Hospital.</p> <p>It uses NTW's own peer support workers to deliver educational mental health courses, self-management sessions, personal and skills development.</p> <p>Together, we are looking to develop a community base, in Newcastle city centre.</p> <p>An outreach service into Gateshead or an annexe in Gateshead is also being actively being pursued.</p>  | <p><b>I feel this scenario will fail to meet needs</b></p> <p><b>I feel this scenario will slightly fails to meet needs</b></p> <p><b>I feel this scenario will neither meet nor fail to meet needs</b></p> <p><b>I feel this scenario will slightly meet my needs</b></p> <p><b>I feel this scenario will fully meets my needs</b></p> <p><b>Don't Know</b></p> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |
| <hr/> |  |  |  |
| 4g    | <p><b>Community resilience and wellbeing hub, offering increased vocational and social inclusion</b><br/>We could develop a multi-agency hub that links and signposts to existing services and support in Newcastle and Gateshead.</p> <p>It would also offer information about debt, benefits, housing, relationships, work, volunteering and education and training. Including increased:</p> <ul style="list-style-type: none"> <li>• Access to vocational pathways (volunteering, education and employment)</li> <li>• Focus on social inclusion, arts and creativity, personalisation and direct payments.</li> </ul> | <p><b>I feel this scenario will fail to meet needs</b></p> <p><b>I feel this scenario will slightly fails to meet needs</b></p> <p><b>I feel this scenario will neither meet nor fail to meet needs</b></p> <p><b>I feel this scenario will slightly meet my needs</b></p> <p><b>I feel this scenario will fully meets my needs</b></p> <p><b>Don't Know</b></p> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/>                                 |

---

**Q5 Please tell us why you feel this way about each of the scenarios. Please write your responses in the boxes below.**

**4a Multi-agency initial response system:**

**4b Redesigned community mental health teams and specialist teams:**

**4c Community based residential rehabilitation:**

**4d Urgent response and care - residential crisis support:**

**4e Urgent response and care - crisis support without beds:**

**4f Community based recovery college:**

**4g Community resilience and wellbeing hub, offering increased vocational and social inclusion:**

**Q6 Do you want to add any further comments or tell us that we have missed something?**

## Section D: Service Delivery Scenarios

Newcastle Gateshead Clinical Commissioning Group (CCG) would also like to hear your opinions of the proposed scenarios for Adult Mental Health Services listed below.

### D1 Scenario T: NTW Trust Wide

This is a Northumberland, Tyne and Wear (NTW) trust wide based scenario where:

Acute inpatient services would be provided at St George's Park in Morpeth and Hopewood Park Sunderland

The rehabilitation service currently at St. Nicholas Hospital, Newcastle, would be provided from St. George's Park; Elm House in Gateshead would be retained as a moving on rehabilitation unit.

Potential for release of funding for investment in to community services is £1.1 million to £1.4 million

**Q7 Do you feel that this scenario would meet your needs or the needs of people you care for or those of the group or organisation you represent?**

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

**I feel this scenario will fail to meet needs**

**I feel this scenario will slightly meet needs**

**I feel this scenario will slightly fails to meet needs**

**I feel this scenario will fully meet needs**

**I feel this scenario will neither meet nor fail to meet needs**

**Don't Know**

**Q8 If you feel this scenario slightly fails or fails to meet needs please tell us why?**

**Q9 If you feel this scenario meets or fully your needs please tell us why?**

**Q10 Do you want to add any further comments on this scenario or tell us that we have missed something?**

**D2 Scenario N: Newcastle based**

**This is a Newcastle based scenario where:**  
Acute inpatient services would be provided from St. Nicholas Hospital, Newcastle  
The rehabilitation ward at St. Nicholas Hospital, Newcastle would provide complex care and Elm House in Gateshead would be retained as a moving on rehabilitation unit  
**There would be no release of funding for community services as this scenario would require additional investment of up to £0.2million.**

**Q11 Do you feel that this scenario would meet your needs or the needs of people you care for or those of the group or organisation you represent?**

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>I feel this scenario will fail to meet needs</b>                  | <input type="checkbox"/> | <b>I feel this scenario will slightly meet needs</b> | <input type="checkbox"/> |
| <b>I feel this scenario will slightly fails to meet needs</b>        | <input type="checkbox"/> | <b>I feel this scenario will fully meet needs</b>    | <input type="checkbox"/> |
| <b>I feel this scenario will neither meet nor fail to meet needs</b> | <input type="checkbox"/> | <b>Don't Know</b>                                    | <input type="checkbox"/> |

**Q12 If you feel this scenario slightly fails or fails to meet needs please tell us why?**

**Q13 If you feel this scenario meets or fully your needs please tell us why?**

**Q14 Do you want to add any further comments on this scenario or tell us that we have missed something?**

### **D3 Scenario G: Gateshead based**

**This is a Gateshead based scenario where:**

Acute in patient services would be provided from a location to be identified in Gateshead

A complex care rehabilitation ward would also be provided at the same location.

Elm House in Gateshead would be retained as a moving on rehabilitation unit.

**There would be no release of funding for community services as this scenario would require additional investment of approximately £2million.**

**Q15 Do you feel that this scenario would meet your needs or the needs of people you care for or those of the group or organisation you represent?**

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

**I feel this scenario will fail to meet needs**

**I feel this scenario will slightly meet needs**

**I feel this scenario will slightly fails to meet needs**

**I feel this scenario will fully meet needs**

**I feel this scenario will neither meet nor fail to meet needs**

**Don't Know**

**Q16 If you feel this scenario slightly fails or fails to meet needs please tell us why?**

**Q17 If you feel this scenario meets or fully your needs please tell us why?**

**Q18 Do you want to add any further comments on this scenario or tell us that we have missed something?**

## D4 Overall Preference

**Q19 Using a scale of one to three please tell us which of the scenarios you feel most meets needs (1) and is farthest from meeting needs (3).**

Whatever scenario you chose as your inpatient care we are still interested in your views.

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

|  | 1 | 2 | 3 |
|--|---|---|---|
| <p><b>Scenario T: NTW Trust Wide</b><br/>This is a Northumberland, Tyne and Wear (NTW) trust wide based scenario where:<br/>Acute in patient services would be provided at St George's Park in Morpeth and Hopewood Park Sunderland<br/>The rehabilitation service currently at St. Nicholas Hospital, Newcastle, being provided from St. George's Park; Elm House in Gateshead would be retained as a moving on rehabilitation unit.<br/>Potential for release of funding for investment in to community services is £1.1 million to £1.4 million</p> |   |   |   |
| <p><b>Scenario N: Newcastle based</b><br/>This is a Newcastle based scenario where:<br/>Acute in patient services would be provided from St. Nicholas Hospital, Newcastle<br/>The rehabilitation ward at St. Nicholas Hospital, Newcastle would provide complex care and Elm House in Gateshead would be retained as a moving on rehabilitation unit<br/>There would be no release of funding for community services as this scenario would require additional investment of up to £0.2million.</p>  |   |   |   |
| <p><b>Scenario G: Gateshead based</b><br/>This is a Gateshead based scenario where:<br/>Acute in patient services would be provided from a location to be identified in Gateshead<br/>A complex care rehabilitation ward would also be provided at the same location.<br/>Elm House in Gateshead would be retained as a moving on rehabilitation unit.<br/>There would be no release of funding for community services as this scenario would require additional investment of approximately £2million.</p>  |   |   |   |

**Q19a Do you want to add any comments on the reasons you have ranked the scenarios, or to tell us we have missed something?**

**Section E: Older People’s Services in Newcastle**

**Below there are two scenarios which relate to Older Peoples’ Services in Newcastle. You are invited to respond to each of these scenarios.**

**E1 Scenario 1**

**The older people’s service being provided from St. Nicholas Hospital, Newcastle.**

**Q20 Do you feel that this scenario would meet your needs or the needs of people you care for or those of the group or organisation you represent?**

Whatever scenario you chose as your inpatient care we are still interested in your views.

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>I feel this scenario will fail to meet needs</b>                  | <input type="checkbox"/> | <b>I feel this scenario will slightly meet needs</b> | <input type="checkbox"/> |
| <b>I feel this scenario will slightly fails to meet needs</b>        | <input type="checkbox"/> | <b>I feel this scenario will fully meet needs</b>    | <input type="checkbox"/> |
| <b>I feel this scenario will neither meet nor fail to meet needs</b> | <input type="checkbox"/> | <b>Don’t Know</b>                                    | <input type="checkbox"/> |

**Q21 If you feel this scenario slightly fails or fails to meet needs please tell us why?**



Q22 If you feel this scenario meets or fully your needs please tell us why?

Q23 Do you want to add any further comments on this scenario or tell us that we have missed something?

**D2 Scenario 2**

**The older people's service being provided from St. George's Park, Morpeth in conjunction with the existing Northumberland older people's service.**

Q24 Do you feel that this scenario would meet your needs or the needs of people you care for or those of the group or organisation you represent?

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

I feel this scenario will fail to meet needs

I feel this scenario will slightly meet needs

I feel this scenario will slightly fails to meet needs

I feel this scenario will fully meet needs

I feel this scenario will neither meet nor fail to meet needs

Don't Know

Q25 If you feel this scenario slightly fails or fails to meet needs please tell us why?

**Q26 If you feel this scenario meets or fully your needs please tell us why?**

**Q27 Do you want to add any further comments on this scenario or tell us that we have missed something?**

**D3. Overall Choice (Newcastle Older Persons' Service)**

**Q28 From the older person's service for Newcastle scenarios presented so far please tell us you overall preference. Using a scale of one to three please tell us which of the scenarios you feel most closely meets needs (1) and is farthest away from meeting needs (2).**

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

- |   | <b>1</b>                 | <b>2</b>                 |
|---|--------------------------|--------------------------|
| <b>Scenario 1</b>   |                          |                          |
| • The older people's service being provided from St. Nicholas Hospital, Newcastle.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Scenario 2</b>   |                          |                          |
| • The older people's service being provided from St. George's Park, Morpeth in conjunction with the existing Northumberland older people's service. | <input type="checkbox"/> | <input type="checkbox"/> |

**Q28a Do you want to add any comments on the reasons you have ranked the scenarios, or to tell us we have missed something?**

## Section F: Reducing the need for inpatient care

**Q29 Thinking back to the answer you gave at Q19 and the scenario you chose as most likely to meet needs can you tell us why you chose this using a score of one to five against these scenarios? (Where 1 = strongly disagree, and 5 = strongly agree).**

Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

For example if you neither agree nor disagree with the statement you would tick 3 as shown below.

| <b>EXAMPLE FOR ILLUSTRATION ONLY</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|--|----------|----------|----------|----------|----------|
| I feel this scenario, including enhanced community mental health provision, will improve access to support for those in crisis |          |          | ✓        |          |          |

|   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|---|----------|----------|----------|----------|----------|
| I feel this scenario, including enhanced community mental health provision, will improve access to support for those in crisis          |          |          |          |          |          |
| I feel this scenario is the most effective for me in terms of travelling to services  |          |          |          |          |          |
| I feel this scenario will offer the most chance of avoiding the need for inpatient care   |          |          |          |          |          |
| I feel this scenario will provide the highest quality inpatient care  |          |          |          |          |          |
| I feel this scenario will maintain local community links important for moving on and recovery   |          |          |          |          |          |
| I feel this scenario will allow investment in new community services provided by the NHS and more by the Community and Voluntary Sector |          |          |          |          |          |

**Q30 Thinking back to the answer you gave at Q28 and the scenario you chose as most likely to meet needs can you tell us why you chose this using a score of one to five against these scenarios? (Where 1 = strongly disagree, and 5 = strongly agree).**

For example if you neither agree nor disagree with the statement you would tick 3 as shown below.

| <b>EXAMPLE FOR ILLUSTRATION ONLY</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|--|----------|----------|----------|----------|----------|
| I feel this scenario, including enhanced community mental health provision, will improve access to support for those in crisis |          |          | ✓        |          |          |

|   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|---|----------|----------|----------|----------|----------|
| I feel this scenario, including enhanced community mental health provision, will improve access to support for those in crisis          |          |          |          |          |          |
| I feel this scenario is the most effective for me in terms of travelling to services  |          |          |          |          |          |
| I feel this scenario will offer the most chance of avoiding the need for inpatient care   |          |          |          |          |          |
| I feel this scenario will provide the highest quality inpatient care  |          |          |          |          |          |
| I feel this scenario will maintain local community links important for moving on and recovery   |          |          |          |          |          |
| I feel this scenario will allow investment in new community services provided by the NHS and more by the Community and Voluntary Sector |          |          |          |          |          |

**Section G. Investing in Community Services**

**Q31 The CCG wants to invest in improved access to mental health services and community, especially by the voluntary and community to prevent people having to go into hospital.**

Whatever scenario you chose for inpatient care we are still interested in your opinion on community provision, do you think that this is an appropriate focus for the new service model?

- Strongly Disagree  Agree
- Disagree  Strongly Agree
- Neither agree nor disagree  Don't Know

**Q32 By developing new specialist health pathways Newcastle Gateshead CCG is able to make savings to invest in community mental health services. How important is this for you?**

Whatever scenario you chose for inpatient care we are still interested in your opinion on community provision, do you think that this is an appropriate focus for the new service model?

- |  |                          |                       |                          |
|--|--------------------------|-----------------------|--------------------------|
| <b>Not at all important</b>              | <input type="checkbox"/> | <b>Important</b>      | <input type="checkbox"/> |
| <b>Not Important</b>                     | <input type="checkbox"/> | <b>Very Important</b> | <input type="checkbox"/> |
| <b>Neither unimportant nor important</b> | <input type="checkbox"/> | <b>Don't Know</b>     | <input type="checkbox"/> |

**Q32a Can you tell us more about why you made that choice on the importance of the CCG to make savings to invest in community mental health services?**

## Section H: Demographics

The information you provide in answer to this set of questions which are about you as a person will help us to better understand and analyse the range of response we get, they will not be used for any other purposes.

The information is collected anonymously and cannot be used to identify you personally.

Please help us by completing this as fully as you feel able.

**Q33 Which of these age groups do you belong to?**

- |                 |                          |                       |                          |
|-----------------|--------------------------|-----------------------|--------------------------|
| <b>Under 18</b> | <input type="checkbox"/> | <b>56-65</b>          | <input type="checkbox"/> |
| <b>18-25</b>    | <input type="checkbox"/> | <b>66-74</b>          | <input type="checkbox"/> |
| <b>26-35</b>    | <input type="checkbox"/> | <b>75+</b>            | <input type="checkbox"/> |
| <b>36-45</b>    | <input type="checkbox"/> | <b>Rather not say</b> | <input type="checkbox"/> |
| <b>46-55</b>    | <input type="checkbox"/> |                       |                          |

**Q34 What is your gender?**

- Male
- Female
- Transgender
- Rather not say

**Q36 Do you consider yourself to have a disability?**

- Yes
- No
- Rather not say

**Q35 Please choose one option that best describes your ethnic group or background**

- White British
- White Other
- Black British
- Black Other
- Asian British
- Asian Other
- Other Ethnic Group
- Rather not say

**Q37 Please choose one option that best describes your sexuality**

- Straight or heterosexual
- Lesbian, gay or homosexual
- Bisexual
- Rather not say

**Q38 Please supply your post code to help us to map the responses to ward level across the Newcastle Gateshead CCG area.**

Post Code

Rather not say

If you would like to be kept informed about this consultation you may supply your email and/or postal address for Newcastle Gateshead CCG to contact you.

Please be assured that your contact information will be provided to Newcastle Gateshead CCG in a format that means that the CCG will not be able to link your details with your response.

If you choose to provide your information, Newcastle Gateshead CCG will contact you to:

- Provide you with an electronic copy of the feedback report;
- Invite you to attend the feedback event where the results of the consultation will be shared; and
- Keep you informed of the final outcome.

Please tick that you agree that Kenyon Fraser may share your contact details only with Newcastle Gateshead CCG

I give permission for Newcastle Gateshead CCG to contact me (please tick all that apply):

**By email**

**By post**

**By phone**

|                      |                      |
|----------------------|----------------------|
| <b>Name</b>          | <input type="text"/> |
| <b>Address 1</b>     | <input type="text"/> |
| <b>Address 2</b>     | <input type="text"/> |
| <b>City/Town</b>     | <input type="text"/> |
| <b>Post Code</b>     | <input type="text"/> |
| <b>Email Address</b> | <input type="text"/> |
| <b>Phone Number</b>  | <input type="text"/> |

If you would like to hear about future consultation on changes and other NHS news you can sign up to My NHS at:

<http://www.newcastlegatesheadccg.nhs.uk/get-involved/my-nhs/>

THERE ARE LOTS  
OF WAYS TO GET  
INVOLVED,  
MAKE SURE YOUR  
VOICE IS HEARD.



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Deciding Together

[www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

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Newburn Riverside (Business Park)  
Newcastle upon Tyne  
NE15 8NY.





deciding together

# DECIDING TOGETHER




A NEW FUTURE FOR SPECIALIST MENTAL HEALTH  
SERVICES IN NEWCASTLE AND GATESHEAD

## CONSULTATION SUMMARY

A public consultation by the NHS to ask for public views on different potential changes to the way specialist mental health services in Newcastle and Gateshead are arranged.  
12 November 2015 - 12 February 2016





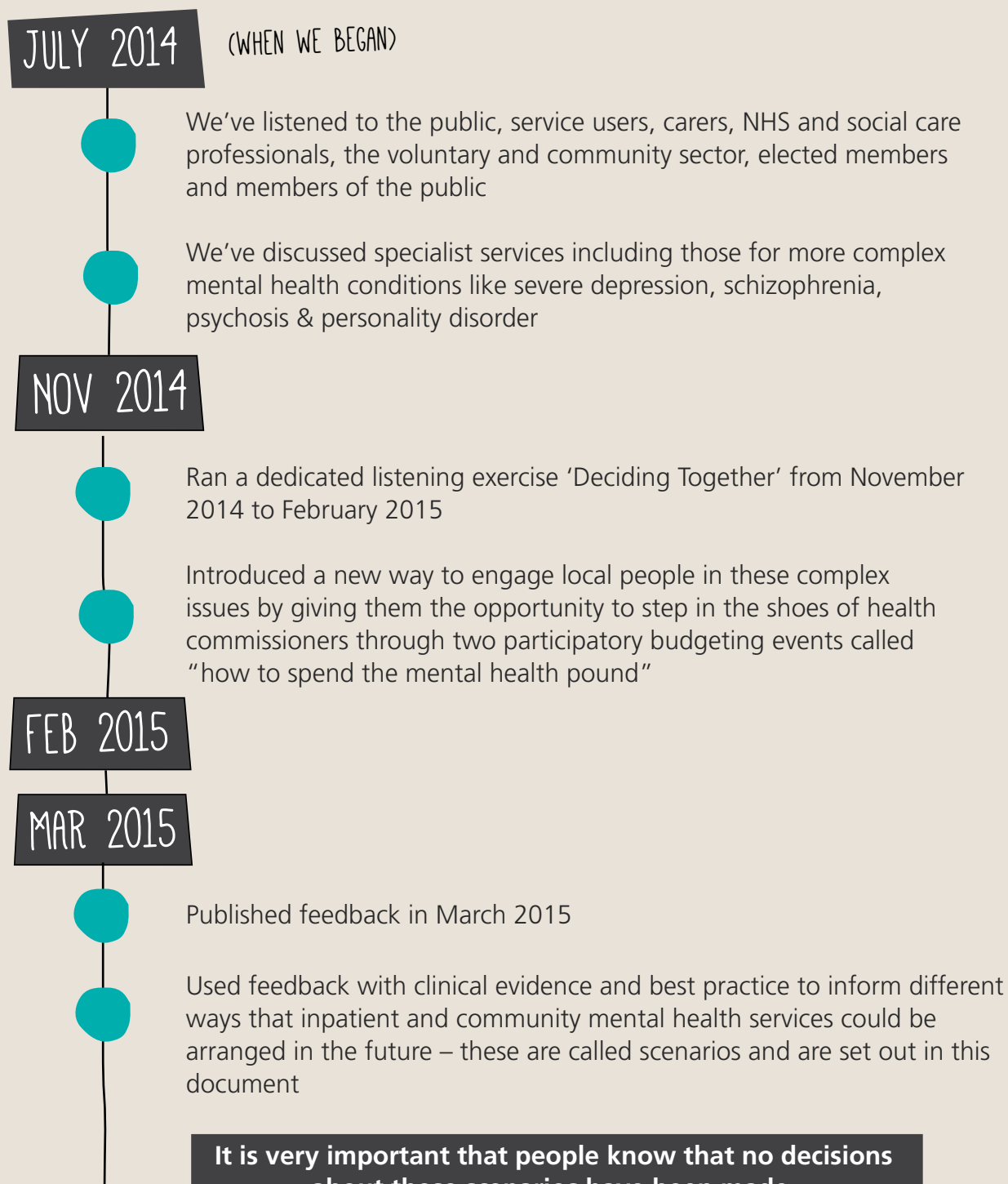
**This document is a summary of public consultation document which is based upon our full Case for Change.**

**You will find the consultation document, the full Case for Change, along with other relevant documents, along a range of new and previously published information on Deciding Together on our website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

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# The background to our Deciding Together process



# What you said was important to you

During our listening activity, the main themes of feedback were:

- **Make sure that specialist community services support people very well and early on in their care, so that people don't get worse and don't need to be admitted to hospital**
- **Make sure that all our services are focused on helping people to recover sooner and get back to having the best opportunities and life they can**
- **Make sure that hospital based services are able to support people with very complex needs in a safe and person centred way**
- **To ensure that the services are financially sustainable**



## Which services are involved in this consultation?

The CCG has been leading this work with a range of different partners including Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and other providers of mental health services from the community and voluntary sector to develop new specialist mental health pathways for people living in Newcastle and Gateshead. The main services involved are those provided by NTW and include:

- **Community mental health services for adults of working age living in Newcastle and Gateshead provided by NTW**
- **Community mental health services for older people living in Newcastle provided by NTW**
- **Inpatient mental health services for adults of working age living in Newcastle and Gateshead provided by NTW – this covers acute care and rehabilitation inpatient services**
- **Inpatient mental health services for older people living in Newcastle provided by NTW**
- **Opportunities to invest in new and enhanced mental health services provided by the voluntary and community sector**

The services which are **not** included in this consultation are:

- **Mental health services provided by GPs, primary care counsellors and therapists, including IAPT services (Improving Access to Psychological Services)**
- **Community and inpatient mental health services for older people in Gateshead provided by Gateshead Health NHS Foundation Trust**
- **Other specialist inpatient mental health services (such as psychiatric intensive care, forensic psychiatry etc.)**
- **Children and young people’s mental health services**
- **Mental health services provided or commissioned by Newcastle and Gateshead local authorities**
- **Existing mental health services provided by the voluntary sector**

# Why things need to change

People with serious mental health problems are more likely to die earlier than the general population. Life expectancy can be 10-25 years lower than the national average.

Different national and local mental health policy and strategy says we must:

- **Have 'parity of esteem' to ensure mental health is valued equally to physical by 2020**
- **Improve the quality and efficiency of current services**
- **Change the way that current services are delivered so as to improve quality and reduce costs**
- **Focus services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises**
- **Broaden the approach taken to tackle the wider social determinants and consequences of mental health problems**
- **Move to avoid hospital admissions through better joined-up community care, more effective hospital inpatient care and stop unnecessarily long stays**

No health without mental health (H.M. Government 2011) says local commissioners and providers should join together with non-clinical agencies such as community and voluntary sector, employment or housing support services to deliver services.

Nationally, the NHS is facing growing demands and increased costs. Funding is unlikely to increase.

Therefore NHS must change the way that services are delivered to both improve quality and reduce costs.



# What does this mean for specialist mental health services locally?

Our mental health commissioning agenda is focused on:

- **Health outcomes ensuring patients move to recovery quickly and are supported to manage their condition,**
- **Quality of life, enabling more people to live their lives to their full potential**
- **Early intervention, improving health and wellbeing through prevention and early intervention**
- **A fully integrated model of mental healthcare**
- **Robust whole population emotional health and wellbeing strategies**
- **Comprehensive primary care services**
- **Redesigned specialist services**
- **Re-provision of inpatient services**
- **Implementation of the national dementia strategy**

There is a national requirement for Northumberland, Tyne and Wear NHS Foundation Trust have to deliver services for the population of Newcastle and Gateshead within a reduction in funding of around 20% over five years (4% each year).

This represents a reduction of £9m in real terms. There will be some opportunity to offset this because the CCG will ensure parity of esteem so mental health will have a share of NHS growth funding.

The Clinical Commissioning Group, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and the Mental Health Voluntary and Community Sector all agree on the need improve and extend community mental health services, providing alternatives to inpatient admission and reducing the reliance on inpatient beds.

The CCG's Mental Health Programme Board, representing a wide range of stakeholders, supports this direction also.

We have a relatively high number of beds compared with other areas of the country and an analysis by NTW indicated that 30-40% of inpatients were experiencing a hospital stay because of a lack of community health and social support.

Existing inpatient accommodation in Newcastle and Gateshead does not meet the standards which the CCG and NTW wish to provide.



The Care Quality Commission and Mental Health Act inspections have consistently reported shortcomings in these facilities.

- **In aiming to reduce the number of beds required and make sure that hospital based services are able to support people with very complex needs in safe and therapeutic environments, we need to consider where these inpatient services should be provided**
- **We have been listening to your views about current services and improvements that you would like to see – so we want to take action to respond to these**
- **If we do not implement changes in the way these services are provided, in view of the national requirement for providers of NHS services to make savings, there would still have to be a significant reduction in the current funding of existing services, both community and inpatient services. We think it is important that community services are not reduced to make savings, for the reasons set out in our strategic objectives**
- **Therefore there is a very strong case to improve community services and reduce the reliance on hospital admissions**



PATIENT CARE IS ALWAYS  
AT THE HEART OF OUR  
DECISION-MAKING, AND  
ENSURING WE CONTINUE TO  
PROVIDE BEST PRACTICE AND  
EVIDENCE-BASED MEDICINE.

# Agreed improvements for Northumberland Tyne and Wear NHS Foundation Trust's community services

The following improvements have been supported and agreed by the CCG and the Mental Health Programme Board. These improvements do not need a formal consultation process, but we would like to hear any views on these improvements as part of this consultation.

## The patient pathway

A new patient pathway will increase the time staff spend providing direct patient care. It includes:

- **New technologies such as digital dictation, different job roles, team structures and clinical skills**
- **Two new pathways for people with psychosis and non-psychosis**

## Single point of access for NTW services

Accessible 24/7

## Better assessment of need

- **Will be quick, efficient and will involve the right health professionals**
- **Service users will never be 'bounced' around the system. Any transition will be smooth and seamless**

## Treatment

- **A treatment plan will include family and carers wherever possible and will be and recovery focused**
- **Service users will be supported to self-manage with clear plans for staying well.**

## Discharge from NTW services

Discharge planning will be better integrated into assessment and treatment and aim for improved quality of life and independence.

A discharge plan will include:

- **The triggers for relapse - how to recognise the early warning signs for relapse**
- **A 'staying well' plan – the help and support is available in the community**
- **Where to go for help and how to re-access trust services**

## Community pathway for older people

The pathway will consist of the following key elements:

- **A new model Memory Service to provide early diagnosis of dementia expands its current role to incorporate on-going management of some patients with low intensity needs**
- **Community teams will manage those people who require treatment and ongoing support**
- **Day hospital and step up in the new model will provide a responsive and intensive support function**
- **The Challenging Behaviour Team will provide enhanced support to people with especially challenging needs**

WE KNOW THAT THERE  
NEEDS TO BE A VERY  
STRONG FRAMEWORK  
OF SUPPORT IN THE  
COMMUNITY AND GIVEN  
WHAT WE HAVE HEARD  
THROUGH THE DECIDING  
TOGETHER PROCESS

# How services could be arranged differently in the future – scenarios for change that we are consulting you about

## **The development of new, re-designed or extended community services**

These are extra, re-designed or extended services.

These present ideal opportunities for the community and voluntary sector, as well as peer and service user led models of service delivery.

## **A multi-agency initial response system**

The system would:

- Cover the whole system of care and support
- Have excellent communication between services and with service users and carers
- Be able to provide practical support quickly when needed
- Ensure that urgent needs are assessed in the context of a service users' culture and community
- Aim to prevent future crises by care planning and fast track access to services

## **Community based residential rehabilitation, step up and step down facilities and supported housing**

- Range of housing provided by the voluntary and community sector and councils supporting vulnerable people already
- Extend and develop the range of accommodation to include options which could reduce the need for hospital admission

## **Urgent response and care - residential crisis support**

- Develop new crisis services in the community. Similar models have been successful elsewhere in the country
- This could feature 24 hour clinical staff and work with NHS services to support people who might otherwise need to be admitted to hospital to remain safe
- Option to provide this as a shared resource across Newcastle and Gateshead

### **Urgent response and care - crisis support without beds**

- Develop a new service to provide a short term safe place or sanctuary in a crisis
- It would not offer overnight accommodation, but could be a 9.00am to 9.00pm or a 2.00pm to 2.00am service
- Offer access to immediate emotional and psychological support and practical assistance, listening, advice and signposting to other services
- Could be peer-led, but professionally supervised, and would work in partnership with clinical and NHS services

### **Community based Recovery College**

- Ivy Centre for Recovery Knowledge uses NTW's own peer support workers to deliver:
  - educational mental health courses
  - self-management sessions
  - personal and skills development
- NTW and collective are looking to develop a community base, in Newcastle city centre
- An outreach service into Gateshead or an annex in Gateshead is also being actively being pursued

### **Community resilience and wellbeing hub, including increased access to vocational and social inclusion**

- Develop a multi-agency hub that links and signposts to existing services and support in Newcastle and Gateshead
- Offer information about debt, benefits, housing, relationships, work, volunteering and education and training
- The Recovery College could form a natural focus for this development



## ACCESS POINTS

Access to mental health services, advice and support will be clear and consistent. A multi-agency initial response system will provide a listening ear and rapid help to those in crisis. Potential access points include:

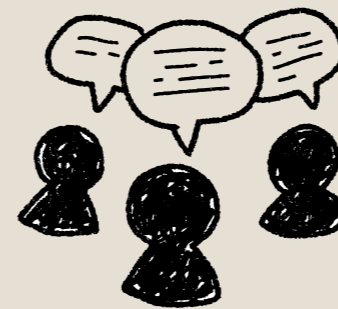


## MANAGING THE CHANGE

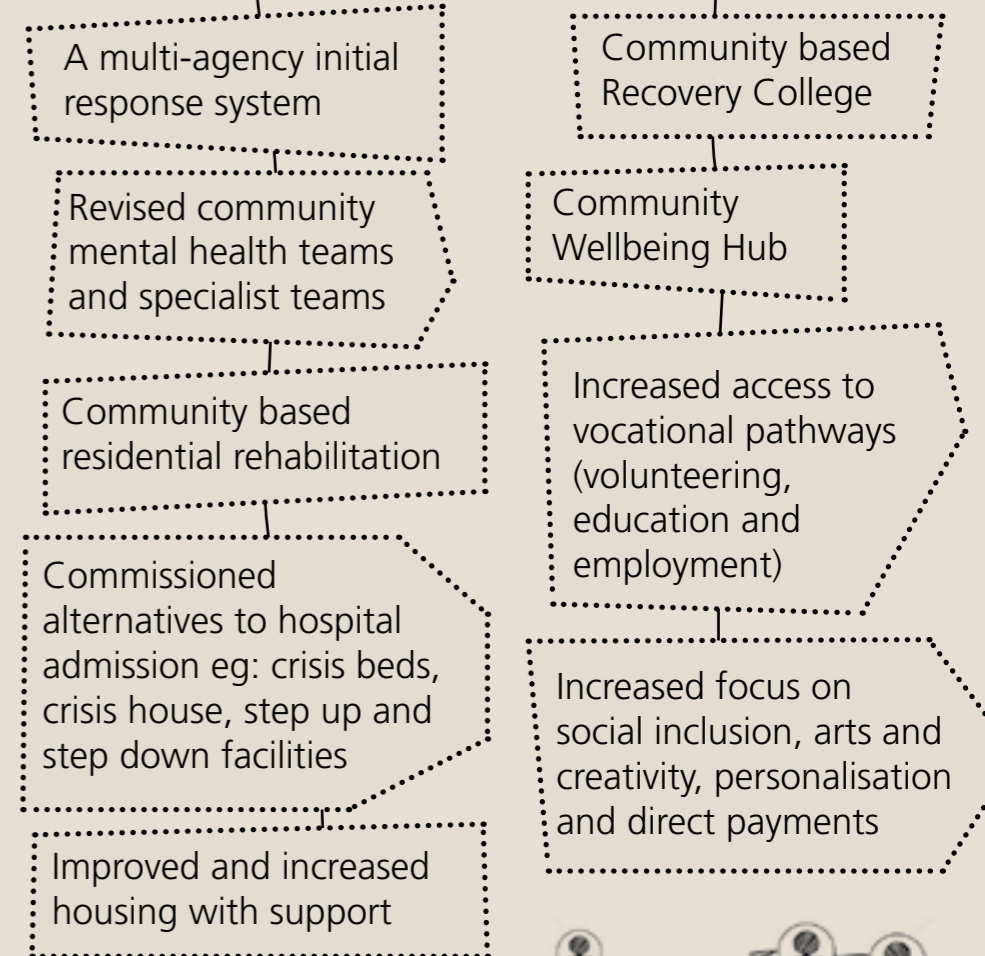
We will continue to re-design community support at the same time as re-modelling inpatient services.

The precise nature and range of new, re-designed or extended community support for mental health and wellbeing will be shaped by the **Deciding Together** consultation process.

Funding will be used as innovatively as possible to meet the financial challenges in health and social care and still provide excellent and improved services.



## NEW, RE-DESIGNED OR EXTENDED SERVICES



EACH PART OF OUR FRAMEWORK WILL BE BASED ON IMPORTANT PRINCIPLES YOU TOLD US YOU WANTED TO SEE. WE WILL SET OUT HOW WE WILL DO THIS IN A SERVICE CHARTER. THIS INCLUDES:

SERVICE CHARTER.

NAVIGATORS/ LINK WORKERS

CARERS SUPPORT AT EACH STEP

GOOD PHYSICAL HEALTH

SAFEGUARDING AND RISK

CITIZENSHIP, SOCIAL NETWORKS AND COMMUNITIES

CULTURALLY SENSITIVE CO-ORDINATION OF CARE AND BROKERAGE

PEER SUPPORT

ACCESS AT ALL STAGES: QUICK IN, QUICK OUT





## The different ways we could arrange inpatient services

We need to reduce avoidable stays in hospital so that we can protect the investment in community services. We have worked with NTW to look in detail at future bed needs, and taken into account the improved community services we have agreed that we need to make significant changes

New community pathways have already been introduced in Sunderland and South Tyneside, so it is useful and appropriate to use these indicators to inform and model the number of hospital beds needed for Newcastle and Gateshead.

In Sunderland and South Tyneside:

- **New community and inpatient pathways have reduced beds by 34%**
- **The new model of care is meeting local demand and there is no increase in the number of Sunderland and South Tyneside residents being admitted to hospitals outside of that area**
- **There has been a decrease in the number of Sunderland and South Tyneside patients being admitted back into hospital in an emergency which is a positive indicator that the model of care is working effectively**

WE'VE ALSO CONSIDERED WHAT WE HAVE LEARNED FROM CHANGING COMMUNITY SERVICES AND THE MODEL OF CARE IN SUNDERLAND AND SOUTH TYNESIDE

Using this information we have thought about a range of future possible changes to rates of admission and lengths of stay to help identify the number of wards needed for Newcastle and Gateshead residents in the future.

We think that although admissions should decrease, they may not decrease at the same level that was experienced in Sunderland and South Tyneside, as Newcastle and Gateshead already has a lower admission rate.

However, there appears to be significant opportunity to achieve a reduction in average lengths of stay for Newcastle and Gateshead residents.

# How we developed and shortlisted scenarios



In April and May 2015 the Mental Health Programme Board developed and agreed an initial set of six different scenarios, including a no-change scenario.

All the scenarios were based on the provision of:

- **Three acute assessment and treatment wards, in-line with the aim of reducing reliance on inpatient beds**
- **One complex care rehabilitation ward, to be co-located on the same site as acute wards. In later development of the scenarios we agreed that the existing “moving on” rehabilitation ward would also be required**
- **Around two older people’s wards for Newcastle residents (The older people’s service for Gateshead is not included in this consultation)**

These high level scenarios required further development by the CCG, NTW and community and voluntary sector officers and included:

- **More consideration of possible locations for the older people’s mental health wards (Newcastle residents only)**
- **Different levels of capital investment for each scenario being identified**
- **Six were further developed into 12 more detailed scenarios showing variations of where services could be located**
- **Sub-options were identified relating to lower and higher levels of capital investment, making 23 sub options in total**

The CCG then went through a shortlisting process in three stages which has resulted in the scenarios we are now consulting upon

WE HAVE LOOKED CAREFULLY AT FUTURE INPATIENT NEEDS FOR PEOPLE IN NEWCASTLE AND GATESHEAD AND CONSIDERED NATIONAL BEST PRACTICE RECOMMENDATIONS.





**The shortlisted scenarios for consultation are shown on these two pages and in order to simplify them they are presented in two parts:**

- Three possible locations for adult acute assessment and treatment and rehabilitation services
- Two possible locations for older people services

## Acute assessment and treatment and rehabilitation scenarios



### NTW trust wide based scenario T:

- The adult acute assessment and treatment service for Newcastle and Gateshead residents being provided from NTW's hospital at St George's Park, Morpeth (two additional wards to be provided there) and from NTW's hospital at Hopewood Park, Sunderland (one additional ward to be provided there)
- The rehabilitation service currently at St Nicholas Hospital, Newcastle being provided from St George's Park; Elm House in Gateshead would be retained as a moving on rehabilitation unit

### Newcastle based scenario N:

- The adult acute assessment and treatment service (three wards) for Newcastle and Gateshead residents being provided from St Nicholas Hospital, Newcastle
- The rehabilitation ward at St Nicholas Hospital, Newcastle would provide complex care and Elm House in Gateshead would be retained as a moving on rehabilitation unit

### Gateshead based scenario G:

- The adult acute assessment and treatment service (three wards) for Newcastle and Gateshead residents being provided from a location to be identified in Gateshead
- A complex care rehabilitation ward would also be provided at the same location as above. Elm House in Gateshead would be retained as a moving on rehabilitation unit.

# INPATIENT CONSULTATION SCENARIOS

## Older people's mental health services, for Newcastle residents, scenarios:

### Newcastle scenario 1:

- The older people's service being provided from St Nicholas Hospital, Newcastle

### Morpeth scenario 2:

- The older people's service being provided from St George's Park, Morpeth

In both of these scenarios, we would look to provide services for people from a wider area than Newcastle, due to the very small number of people needing this service.

WHAT YOU NEED TO  
CONSIDER ABOUT THE  
DIFFERENT SCENARIOS

# What do we need you to consider about the different scenarios?

There are different advantages and disadvantages to think about in the different scenarios. For example:

- **The quality of clinical care**
- **The quality of the accommodation and environment**
- **Travel considerations**
- **The opportunity to develop new community services**
- **The balance of funding between community and inpatient care**

We need you to consider and balance all these along with your own thoughts and opinions on what you think may be advantages and disadvantages of each scenario.

## Quality of clinical care

Best practice advice is to provide a range of adult mental health services on the same site.

The benefits of this are:

- **Staff work together flexibly, reduce ward transfers, reducing risk to safety and disruption to patients**
- **More staff to respond quickly to psychiatric emergencies reducing patient and staff safety risks**

- **It enables seven day a week working for consultant psychiatrists which delivers better outcomes for patients**
- **Provides a more cost-effective way for important clinical support services such as physiotherapy, exercise therapy, occupational therapy, carers' support and other social and recreational activities.**

## Quality of accommodation

All the scenarios would see significant overall improvements in patient accommodation, including new buildings or major conversions of existing wards.

## Location and travel

There was a very strong message in the listening exercise that people worry about travelling long distances to visit relatives and friends in hospital including:

- **Cost of travel**
- **The time travels takes if using public transport**
- **How people will keep in touch with their local communities**

All the scenarios would impact on people's travel arrangements in different ways.

We have commissioned an independent travel impact survey to consider the impact of all the scenarios.

This will be available in January 2016 and we will publish it as soon as we have it.

We do not want service users and visitors to struggle to get to hospital and we make a very clear and absolute commitment to support travel in any scenarios where inpatient services are further away from local communities.

Our promise:

- **The impact of travel on service users, families and carers will be considered and addressed as part of every individual's care plan**
- **This will include access to taxis and mini bus transport**

Scope to develop community services  
Each different inpatient scenario has a different cost and this has a direct impact on amount of funding which can be released to further improve community services.



| <b>Scenario description</b>   | <b>NTW trust wide based scenario<br/>With older people in Newcastle</b>  | <b>NTW trust wide based scenario<br/>With older people in Morpeth</b>   | <b>Newcastle based scenario with older people in Newcastle</b>   |
|---|--|---|--|
| <b>Where would the services be located?</b>   | Acute in patient services at St George's Park and Hopewood Park<br>Older People at St Nicholas' Hospital<br>Rehab at St George's Park                    | Acute in patient services St George's Park and Hopewood Park<br>Rehab at St George's Park<br>Elm House<br>Older People St George's Park | Acute in patient services St Nicholas' Hospital<br>Rehab at St Nicholas' Hospital & Elm House<br>Older People at St Nicholas' Hospital                   |
| <b>Quality of Clinical Care</b>   | Most consistent with best clinical practice  | Most consistent with best clinical practice   | Less consistent with best clinical practice  |
| <b>Quality of Accommodation</b>   | Major conversions and improvements to existing accommodation. Acceptable, depending on ability to fund provision of en-suite facilities for older people | Acceptable – new build of three wards and improvements to other existing accommodation.   | Major conversions and improvements to existing accommodation. Acceptable, depending on ability to fund provision of en-suite facilities for older people |
| <b>Location and Travel<br/>A travel impact study is being commissioned and support will be provided</b> | Acute and complex care rehabilitation services located outside of Newcastle and Gateshead.   | Acute, complex care rehabilitation and older people's services located outside of Newcastle and Gateshead.                              | All services located within Newcastle and Gateshead.   |
| <b>Potential for release of funding for investment in to community services</b>                         | £1.4 million   | £1.1 million  | - £0.2 million   |

| Scenario description  | Newcastle based scenario with older people in Morpeth   | Gateshead based scenario with older people in Newcastle  | Gateshead based scenario with older people in Morpeth  |
|---|---|--|--|
| <b>Where would the services be located?</b>   | Acute in patient services St Nicholas' Hospital<br>Rehab at St Nicholas' Hospital & Elm House<br>Older People at St George's Park | Acute in patient services Gateshead Rehab in Gateshead & Elm House<br>Older People at St Nicholas' Hospital  | Acute in patient services Gateshead Rehab in Gateshead & Elm House<br>Older People at St George's Park |
| <b>Quality of Clinical Care</b>   | Less consistent with best clinical practice   | Less consistent with best clinical practice  | Less consistent with best clinical practice  |
| <b>Quality of Accommodation</b>   | Acceptable – major conversions and improvements to existing accommodation   | New build of four wards and major conversion of existing accommodation. Acceptable, depending on ability to fund provision of en-suite facilities for older people | Acceptable – new build of four wards and improvements to existing accommodation                        |
| <b>Location and Travel<br/>A travel impact study is being commissioned and support will be provided</b> | All services, with the exception of the Older People's service located within Newcastle and Gateshead.                            | All services located within Newcastle and Gateshead.   | All services, with the exception of the Older People's service located within Newcastle and Gateshead. |
| <b>Potential for release of funding for investment in to community services</b>                         | £0 million  | - £2.1million  | - £2.0 million   |

# Get involved and have your say

**There are lots of ways to get involved. To make sure your voice is heard, you can share your views in the following ways.**

## Events

We have arranged a number of public events – please register your attendance so we can provide any additional support needs you may have, plan for catering and also so we can make sure we have enough staff to facilitate the table discussions.

### **Launch event:**

#### **Thursday 12 November**

**11am-1pm**

Centre for Life

Times Square,

Newcastle upon Tyne,

Tyne and Wear NE1 4EP

Registration from 10.30.

Presentation plus Question Time style event

A light lunch will be provided at the end of the event

Please register via our website

Or call 0191 217 2670

### **Consultation events:**

These events will involve a short presentation and table discussions around each of the potential scenarios.

#### **Wednesday 18th November 2015**

**1.30pm-4pm**

Brunswick Methodist Church

Brunswick Place,

Newcastle upon Tyne NE1 7BJ

Registration from 1pm

Please register via our website

Or call 0191 217 2670

#### **Thursday 3rd December 2015**

**6pm-8pm**

Newcastle City Library

Charles Avison Building, 33 New Bridge St

West

Registration from 5.30pm.

Please register via our website

Or call 0191 217 2670

#### **Wednesday 13th January 2016**

**10am-12pm**

Gateshead Civic Centre

Bewick Meeting Room

Registration from 9.30am

Please register via our website

Or call 0191 217 2670

#### **Saturday 6th February 2016**

Community Art space

St Edmund's Chapel, High St, Gateshead,

Tyne and Wear NE8 1EP

1pm to 3.30pm (registration from 12.30pm)

Please register via our website

Or call 0191 217 2670

## Online survey

You can access this via our website:

[www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

from Thursday 12th November.

A paper version is also available by calling  
0191 217 2670

## Other ways to give your views:

Community and voluntary sector organisations will be running events for service providers and holding focus groups for service users and carers. If you would like to get involved in these activities then please contact us.

### Write to us

Deciding Together public consultation  
NHS Newcastle Gateshead Clinical  
Commissioning Group  
Goldcrest Way  
Newburn Riverside (Business Park)  
Newcastle upon Tyne  
NE15 8NY

### Call us

0191 217 2670

### Email us

[ngccg.enquiries@nhs.net](mailto:ngccg.enquiries@nhs.net)



@NHSngccg



Deciding Together





## What will happen next?





THERE ARE LOTS  
OF WAYS TO GET  
INVOLVED,  
MAKE SURE YOUR  
VOICE IS HEARD.



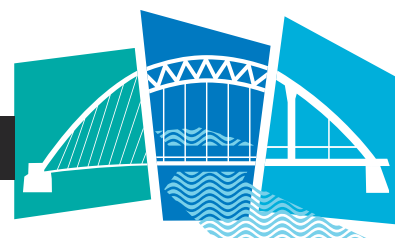
@NHSngccg



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Goldcrest Way  
Newburn Riverside (Business Park)  
Newcastle upon Tyne  
NE15 8NY.



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

**REPORT OF: Alison Elliott, Interim Strategic Director, Care, Wellbeing & Learning**

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## 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 third 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.

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## Background

1. The Committee agreed the scope of the review of GP Access at its meeting on 15<sup>th</sup> 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 3<sup>rd</sup> evidence gathering session of the review which is focusing on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.

## Third Evidence Gathering Session

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

**Presentation by Jane Mulholland, Director of Delivery & Transformation, Newcastle Gateshead CCG and Helen Lumley, Chief Executive of Community Based Care**

The presentation will set out the national context arising from the Forward View and recent NHS Planning Guidance as well as the local context from the CCG's Primary Care Strategy for High Quality and Sustainable General Practice 2016-19. Consideration will then be given to the following issues and how they impact on access to GP services and the quality of care:

- IT
- Workforce
- Estates

- 7 Day Services
- Prime Ministers Challenge Fund
- Inter-practice referrals and other initiatives being taken forward through Gateshead Community Based Care Ltd.

### **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. Following on from the two site visits already undertaken to Trinity Square Health Centre and Oxford Terrace practices, arrangements are being made for the two remaining site visits to:
  - 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.
  - A GP practice to observe a patient engagement forum meeting.
5. Dates for the sites visits will be circulated to Members when they have been arranged.

### **Healthwatch Gateshead Report – GP Access and Out of Hours Provision Survey 2015**

6. The Committee has already had a presentation from Healthwatch Gateshead on the findings of its own survey on GP Access and Out of Hours Provision at the first evidence gathering session on 20<sup>th</sup> October 2015. At the meeting, Healthwatch agreed to provide Members with a copy of its report when this became available. The report is attached at appendix 2 and will be added to the evidence base of the review.

### **Recommendations**

7. Overview and Scrutiny Committee is asked to:
  - (i) Note the information set out in this report.
  - (ii) Consider the evidence and issues raised.

---

**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

- 15<sup>th</sup> 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

- 20<sup>th</sup> 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.
- 1<sup>st</sup> December 2015 – this will focus on issues relating to the quality and experience of care.
- 19<sup>th</sup> 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 1<sup>st</sup> 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**

- 1<sup>st</sup> 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**

- 19<sup>th</sup> 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)



**TITLE OF REPORT:** Multi-Agency Safeguarding Hub (MASH) – Update

**REPORT OF:** Alison Elliott, Interim Strategic Director – Care, Wellbeing and Learning

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## Summary

This report provides a comprehensive update in relation to Multi Agency Safeguarding Hub (MASH) that has been established by Gateshead Council, in collaboration with a range of partner agencies, in order to support and protect vulnerable adults within the Borough. The report also includes a brief update in relation to Operation Encompass as well as a detailed case study of a recent case in order to demonstrate the type of positive work that is being carried out by agencies involved within the MASH.

---

## 1 Background

- 1.1 As a reminder, at the last Overview and Scrutiny Committee in October 2015, members requested information relating to the Multi Agency Safeguarding Hub that has been established in Gateshead.
- 1.2 The overarching vision of the MASH 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”.
- 1.3 The MASH provides a regular opportunity for partner agencies and Council services to come together and discuss vulnerable residents in Gateshead to ensure that appropriate, co-ordinated, proportionate and timely interventions can be implemented to safeguarding and protect individuals. It provides a platform to devise referral pathways, mechanisms for sharing information and a shared understanding of partner roles and responsibilities.

## 2 Update

- 2.1 The initial phase of the MASH commenced in November 2014 with the secondment of two Police Officers onto the Safer Communities team – and was enhanced further in January 2015 (with the commissioning of support services).
- 2.2 The MASH has been extended until March 2017, as a result of the successful Home Office Innovation Fund Bid, and will include a greater focus on the identification and support offered to protect serial victims of domestic abuse. As a result, MASH is comprised of: a dedicated MASH Business Manager and Partnership Support Officer as well as 2 Police Officers. A range of specialist staff have also been commissioned including: 3 x Support Workers (from Oasis Aquila, Victim Support and Northumbria Community Rehabilitation Company), 2 Serial Victims Domestic Abuse Workers (from Oasis Aquila and Barnardos) and

1 x Mental Health Worker (from NTW); whilst discussions have also been undertaken with STFT and Evolve.

2.3 The MASH continues to meet twice-weekly and is now receiving all 'lower-level' concerns from Northumbria Police and the North East Ambulance Service. All referrals are inputted into CareFirst, so we can ensure information is captured, and monitored, using a standardised and consistent format. This also enables the MASH to identify in a timelier manner, if individuals are already and/or were previously known to services within Gateshead Council.

2.4 Since April 2015, there have been a total of 333 separate referrals received into the MASH. As expected, Northumbria Police continue to submit a higher proportion of referrals followed by the North East Ambulance Service.

| <b>Agency</b>                                 | <b>Referrals</b> |
|---|------------------|
| Northumbria Police – Adult Concerns           | 136              |
| North East Ambulance Service – Adult Concerns | 49               |
| Northumbria Police Referrals                  | 44               |
| Safeguarding Adults Referrals                 | 26               |
| The Gateshead Housing Company                 | 13               |
| Independent Domestic Violence Adviser Service | 10               |
| <b>Total</b>                                  | <b>333</b>       |

2.5 On average, the MASH receives approximately 30 to 40 referrals per calendar month, with most referrals received in November 2015 at 65 – and is due to the change in referral process (i.e. referrals of all lower level concerns).

### **3 Case Study**

3.1 The case study provides an overview of the actions that were put in place as part of the MASH to safeguard and protect the vulnerable individual. The case study refers to a female living in a Gateshead Housing Company property in the Blaydon area of Gateshead.

#### Background:

- Since July 2015, TGHC received numerous complaints regarding shouting and arguing coming from the property in the early hours of the morning.
- Complaints were also received in relation to the condition and untidiness on the outside of the property.
- As a result of these complaints, CM's tenancy was at risk.
- CM did not attend any appointments with services and/partner agencies.
- She was known to have had previous mental health involvement and would refuse to contact her GP for support.

#### Referral

- A home visit was carried out by TGHC in October 2015, where CM was found to be erratic and argumentative, stating she had been assaulted by a relative and that they were taking money from her.
- As a result of CM's vulnerabilities, she was referred into the MASH.
- All partner agencies confirmed that they had no current and/or previous involvement with CM.

#### Actions:

- Initial checks were made with Safeguarding Adults – but CM did not meet necessary threshold criteria (unless she agreed to financial abuse in relation to her relative taking money, however she refused to comply).
- A joint visit took place November 2015 with MASH Social Worker and The Gateshead Housing Company officer, which resulted in further disclosures about CM's mental health, and potential options to help support. As a result, the following actions were identified:
  - Contact being made with CM's GP to arrange an appointment/visit
  - Support in clearing/tidying the outside of CM's property
  - Support to be provided in relation to rent/payment methods
  - Provided assistance with housing application (as it was disclosed that CM wished to move properties) and arranged for CM to view property
  - Arranged for CM to have a CPN
  - Referral made to Creative Support

#### Next Steps

- There have been no further incidents and/or referrals relating to CM
- CM has actively engaged with GP and CPN, as necessary.
- CM is currently in the process of moving properties – which should provide her with further support, away from her the relatives causing CM distress.
- The referring agency continues to monitor the situation and will refer back into the MASH for further action, if necessary.

## **4 Operation Encompass – Performance**

4.1 As a reminder for members, Operation Encompass is the initiative that has been established to share information with schools to be able to support children who are affected following a domestic abuse incident. Since the inception of Operation Encompass in April 2015 to 4 January 2016, the following referrals have been received:

- 529 separate domestic abuse incidents reported – of which, a total of 1,185 children were involved
- Average age of the child involved, 9yrs
- 172 Incidents were open / opened to Children Services
- 132 Repeat incidents recorded
- 58 Incidents were both repeat incidents and open to Children Services
- 73% of incidents involved households where two children reside

## **5 Serial Victims Project**

5.1 The Serial Victims Project is funded through the Home Office Innovation Fund until March 2017. The project is currently developing with the Serial Victims Domestic Abuse workers in post from Oasis Aquila and Barnardos.

5.2 The analyst for the MASH creates a list based upon Northumbria Police data which is refreshed on a monthly basis, ensuring that those clients with the most serial victims will receive support at the earliest stage. To date 21 serial victims have been allocated to workers.

5.3 A draft process and toolkit is currently being developed by the Domestic Abuse Workers to highlight what services can be delivered to each client, although each client will receive a tailored service depending on their needs.

## **6 Recommendation**

6.1 Members are asked to:

- (i) Discuss the report;
- (ii) Comment on the Case Study outlined in section 3;
- (iii) Agree to receive a regular updates in relation to MASH;

---

**Contact:** Val Hall

**Ext:** 2782