



HEALTH AND WELLBEING BOARD AGENDA

Friday, 23 October 2015 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Jane Robinson

Item Business

1. **Apologies for Absence**

2. **Minutes** (Pages 3 - 16)

The minutes of the meeting held on 11 September 2015 and Action List are attached for approval.

3. **Declarations of Interest**

Members of the Board to declare an interest in any particular agenda item.

Items for Decision

4. **Learning Disability Transforming Care Programme: Regional Fast Track Plan** (Pages 17 - 82)

Report presented by Chris Piercy

5. **Children and Adolescent Mental Health Services (CAMHS) Transformation Plan** (Pages 83 - 156)

Report to be presented by Chris Piercy

Items for Discussion

6. **Children and Young People (0-19) Framework** (Pages 157 - 164)

Report to be presented by Carole Wood

7. **Development of Tobacco Control 10 Year Plan** (Pages 165 - 168)

Report to be presented by Carole Wood

8. **Consultation on Draft Statement of Licensing Policy (Alcohol)** (Pages 169 - 176)

Presentation by Tim Briton

Items for Assurance

9. **Health Protection Assurance Annual Report / Managing Ebola Threat in the North East** (Pages 177 - 194)

10. Adult Social Care Local Account 2014/15 (Pages 195 - 206)

Report to be presented by David Bunce

Performance Management Items

11. Performance Report for the Health and Care System (Pages 207 - 222)

Report to be presented by John Costello

Items for Information

12. Updates from Board Members

13. Any Other Business

Contact: Sonia Stewart; email; soniastewart@gateshead.gov.uk, Tel: 0191 433 3045,
Date: Thursday, 15 October 2015

GATESHEAD HEALTH AND WELLBEING BOARD

Friday 11 September 2015

Present: Councillor Helen Hughes (Vice-Chair) – Gateshead Council
Councillor Michael McNestry – Gateshead Council
Councillor Catherine Donovan – Gateshead Council
Councillor Mick Henry – Gateshead Council
Councillor Frank Hindle – Gateshead Council
Dr Bill Westwood – Gateshead Federation of GP Practices
Dr Mark Dornan – NHS Newcastle Gateshead CCG
Trevor Atkinson - GVOC
Mike Robson – South Tyneside Foundation Trust

In attendance:

Anne Moore – Northumberland, Tyne and Wear NHS Foundation Trust
Jane Mullholland – NHS Newcastle Gateshead CCG
Susan Watson – Gateshead Health NHS Foundation Trust
Andrew Moore – Healthwatch Gateshead
Margaret Barrett – Gateshead Council
John Costello – Gateshead Council
Pam Lee – Gateshead Council
Lisa Philliskirk – Gateshead Council
Gail Bravant – North of England Commissioning Support
Sonia Stewart – Gateshead Council

1. APOLOGIES FOR ABSENCE:

Apologies were received from Councillor L Caffrey, Councillor Malcolm Graham, David Bunce, Carole Wood, Mark Adams, Ian Renwick and James Duncan.

2. MINUTES

The minutes of the meeting held on 17 July were agreed as a correct record.

Matters Arising

There were no matters arising.

Action List

The Action List was noted.

3. **DECLARATIONS OF INTEREST**

The Chair asked for any declarations of Interest. None were submitted.

4. **VANGUARD – Community Beds and Home Based Care: Issues for Consideration**

The Board heard from Jane Mullholland on the current position with regards to the Vanguard Project.

NHS England invited organisations and partnerships to become a Vanguard site for the New Models of Care Programme. More than 260 individual organisations and health and social care partnerships expressed an interest.

Gateshead was chosen as one of only 6 enhanced health in care homes sites. The care home population is 206,000 in Gateshead with a 9% increase in people aged 85 years expected by 2030.

There has been a 14.5% reduction in non-elective admissions for nursing and residential home residents since the 2011/12 baseline year; Vanguard is looking at how this reduction can continue and be expedited further.

The project team in Gateshead will share learning with the 5 other areas who, in turn, will share their experiences and learning with Gateshead.

A 3 year plan has been submitted and to-date a project manager is in post and recruitment is underway for a patient engagement post. Stakeholder events have been taking place and another is to be held on 16 September. A mapping exercise of the 6 care home projects has taken place and support packages are being formalised. The NHS England Chief Executive is Gateshead's mentor.

Next steps will include finding out the outcome of the value proposition submitted, employing the team, inviting stakeholders to join workstreams and establishing task and finish groups. An evaluation framework will also be completed.

It was noted that alignment is key in terms of the wider integration agenda and governance arrangements. It was queried whether it was now timely to hold a whole system event on integration and, if so, what the focus of the workshop should be. This matter will need to be considered further.

RESOLVED - That the information in the presentation be noted.

5. PERSONAL HEALTH BUDGETS – UPDATE ON PROGRESS

The Board received a report updating progress in relation to the implementation of Personal Health Budgets in the Gateshead area. The requirement to have Personal Health Budgets available to patients has been in place for some time; the CCG is currently working on the design of a system concentrating mainly on the area of continuing health care. Support and advice is being provided by Council officers, including links with personal care budgets.

By 31 March 2016, the CCG will need to have developed a local offer. Another piece of work is ongoing with public health to scope services in order to ensure there is no double funding.

A working group has been set up, including representatives from the direct payments team, which is looked at past experiences and following a model which has been working well in South Tyneside.

The discussion by the Board on personal health budgets identified both challenges and opportunities and it will be important that the right balance is achieved in terms of our approach in Gateshead.

Challenges highlighted included:

- The inherent difficulties in ‘unpicking’ budget lines and contracts in order to provide personal budgets to patients – for some areas it is more difficult than others e.g. where people have multiple long term conditions. On the other hand, end of life care presents opportunities for the introduction of personal budgets;
- The significant task involved, not only in raising awareness of personal budgets amongst patients and staff, but in securing the cultural shift that is needed to gain the necessary momentum to take personal budgets forward;
- The significant staff time and resource commitment involved in setting up, overseeing and maintaining personal budgets for those who choose them. This also raises the issue of the ‘opportunity cost’ of helping potentially fewer individuals who are able to opt for a personal budget instead of using those resources in different ways to help more people who are less able to take-up a personal budgets;
- The significant level of support that needs to be provided to patients, their families and carers to ensure that personal budgets can meet peoples’ needs;
- The potential negative publicity that personal budgets can attract where they are used in unconventional ways, irrespective of the health and wellbeing benefits that they may secure for the individual.

Opportunities highlighted included:

- The scope to use personal budgets in a positive way as part of Gateshead’s personalisation agenda where we are seeking to provide maximum choice to people with health and care needs

within available resources and to remain independent for as long as possible;

- The freedom personal budgets can secure for patients to manage their care in a bespoke way that best meets their needs, including the scope to use alternative therapies and to secure care in different ways;
- The scope to link personal budgets with the social prescribing model being developed – this could be looked at as part of the forthcoming workshop on social prescribing where it will be important to define what we mean by social prescribing for Gateshead service users and patients;
- The scope to use learning from the introduction of personal care budgets in taking forward work on personal health budgets;
- The scope to align and bring together personal health and care budgets;
- The opportunity to use personal budgets as part of a broader agenda to redress the high dependency culture within Gateshead and the north east generally.

The PB team wants to make more progress, but arrangements are not yet in place and there is further work which needs to be done. There is a clear timescale for implementation and it is recommended that a further update report be brought back to the Board in April 2016.

- RESOLVED -
- (i) That points made by Board members during the discussion be noted.
 - (ii) That personal health budgets be examined in the context of social prescribing as part of a planned workshop due to take place in November.
 - (iii) That a further update report be brought back to the Board in April 2016.
 - (iv) That the CCG continues to work with the Council in making sure the best local offer for patients can be secured.

6. HOMELESS HEALTH – DEEP DIVE EXERCISE (JSNA FRAMEWORK)

A report was presented to the Board to seek approval of the next steps in identifying the health needs of the homeless community within Gateshead.

Reference was made to the presentation made by the North East Regional Homeless Group to the June Board meeting setting out the findings of an audit carried out across its 12 member authorities, including Gateshead. The audit of homeless health needs had generated a lot of discussion which led to a request by the Board for a 'deep-dive' exercise across Gateshead. The request sought clarification specifically on:

- What definition of homelessness had been applied?
- Whether the age/gender profile of the participants was representative of homelessness in Gateshead?
- Some specific aspects raised by the survey question regarding GP registration and A&E attendance, mental health etc.
- Whether significant groups were omitted from the survey due to the methodology e.g. sex workers, women?

It is proposed that further research be carried out to understand some of the messages in the baseline survey. The work will complement the health needs audit and seek to gather more in depth, qualitative information; it will also inform the Gateshead Joint Strategic Needs Assessment.

A collaborative approach has been adopted and partners include Gateshead Council Housing Services; Gateshead Public Health Team; Fulfilling Lives, Changing Lives, The GAP Project and Oasis Aquila Housing. It was requested that NTW also be involved in this work given the links between homelessness and mental health and issues around dual diagnosis.

It was queried how the street homeless will feature as part of the deep dive exercise and it was noted that one of the ambitions is to capture homeless people who are not in contact with services. It was also queried whether homeless people who are admitted to hospital would be captured by the further research to be undertaken – it was felt that this would likely be an outcome of the work.

The Health and Wellbeing Board welcomed the proposals and further update reports will be received by the Board as they become available.

- RESOLVED - That the approach and methodology as set out in the report be agreed.
- That NTW also be involved in this piece of work going forward.
 - The findings of the further research work to be brought back to the Board early in the New Year.

7. DRAFT COMMUNICATIONS STRATEGY FOR HEALTH AND WELLBEING BOARD

A report was presented to the Board to seek views on a draft Communications Strategy for the Board. The draft has been prepared in response to a need identified by the Board for a communications strategy to be developed to raise awareness of and promote the work of the Board.

An initial draft of the Communications Strategy was developed and circulated to the Board for comment in July. Feedback was positive and suggestions made to use the communications strategy to promote behaviour change relating to some of our major health and wellbeing

challenges has been incorporated into a second draft strategy circulated with the Board papers. The second draft also highlights the importance of social media as ways of engaging on issues linked to the work of the Board and the opportunity to develop more co-ordinated communications between partner organisations and closer working between communications teams.

Implementation of the communications strategy will need to be achieved within existing resources, having regard to existing capacity across partner organisations. However, it is also recognised that actions to join up communications activity across health and wellbeing partners will yield benefits around:

- consistent and timely messages on issues linked to the work of the Board;
- efficient ways of working across partner organisations.

The Board were asked for comments on the Strategy and it is proposed that communications leads meet to discuss arrangements for taking forward the strategy and to develop an initial communications plan for the Board for the six month period to 31 March 2016. This will also be brought back to the board for endorsement.

RESOLVED - (i) That the current draft Strategy be approved.
(ii) That the proposed next steps regarding the production of a communications plan be agreed.

8. SUBSTANCE MISUSE STRATEGY GROUP TERMS OF REFERENCE

A report was presented seeking the Board's endorsement of the revised Terms of Reference for the Substance Misuse Strategy Group and a Workplan for 2015/16 which has been produced.

The Terms of Reference for the Substance Misuse Strategy Group have been revised for 2015/16. The overarching purpose of the Group is to produce and deliver an aspirational and ambitious vision for addressing drug and alcohol related issues within Gateshead (on behalf of the Community Safety and Health and Wellbeing Boards).

The role of the group is to identify and address current and future substance misuse issues impacting on the Borough and, more specifically, is responsible for the development and implementation of the Substance Misuse Strategy in Gateshead.

A Workplan for 2015/16 has also been developed working with partners to ensure that a range of issues linked to drug and alcohol misuse are being proactively addressed.

The Board commented that there could be more specific reference to younger people, including issues around Fetal Alcohol Spectrum Disorders (FASDs), which could be incorporated within the action plan. It was noted that this had been discussed, including the implications for governance arrangements – linkages will also need to be made with the Local Safeguarding Children’s Board. NTW emphasised the importance of the children and young people’s dimension of work to address substance misuse.

The importance of rehabilitation was also raised and the need to reflect this explicitly within the scope of the work to be undertaken.

It was noted that the LMC would wish to be represented on the Substance Misuse Strategy Group.

- RESOLVED -
- (i) That the revised Terms of Reference and Annual Work Plan be endorsed by the Health and Wellbeing Board, having regard to the points made by the Board.
 - (ii) That the Local Medical Committee be invited to attend the Substance Misuse Strategy Group.
 - (ii) That the Board will receive the draft Substance Misuse Strategy at a future meeting.

9. HEALTHWATCH GATESHEAD REPORT FOR 2014/15 AND PRIORITIES FOR 2015/16

The Board received the annual report of Healthwatch Gateshead for 2014/15 and details of its priorities and plans for 2015/16.

In particular, it was noted that Healthwatch Gateshead had taken part in the Healthwatch England special inquiry on hospital discharge. A survey had also been developed by Healthwatch Gateshead around GP Access, the findings from which are being fed into the Care Health and Wellbeing OSC Review of GP Access.

In terms of priorities for 2014 – 2017, the following have been identified.

Strategic Development –

- To work proactively with the Clinical Commissioning Group, the Local Authority and all other health and social care providers and maintain strong working relationships.
- Widen access and involvement; and
- Create an organisation that is representative of and influenced by the local population.

Operational Development –

- The plan is to develop the volunteer programme to establish volunteers who will engage with a range of communities across Gateshead.
- Implement reporting mechanisms which enable us to gather views of a wide range of diverse communities.
- Build an effective evidence base so that local delivery of services can be influenced on behalf of local people.

Delivery –

- Develop engagement with hard to reach groups
- Develop a programme of innovative and creative engagement activities
- Develop our local ‘drop-in’ sessions so that we can have an effective presence across the borough.
- Widen access.

RESOLVED - That the Healthwatch Annual Report 2014/15 and Strategic Priorities be noted.

10. BCF QUARTER 1 RETURN for 2015/16 to NHS ENGLAND

A report was presented to the Board for the endorsement of the Better Care Fund (BCF) return to the Department of Health for the 1st Quarter of 2015/16.

The Board’s Forward Plan for 2015/16 includes a new Performance Management section of the agenda which is being used to update the Board on progress in relation to the BCF and other key indicators linked to its health and wellbeing agenda. It was agreed at the time that the performance update would, in turn, be used to inform future returns to the Department of Health.

It was noted that the Board considered a Performance Review update report at its meeting on 17 July, which included the BCF, and that it was agreed that this would be used to inform the Quarter 1 return for 2015/16 due for submission on 28 August as this deadline fell between Board meeting dates. The next BCF return is due in November and information relevant to this will be brought to the Board on 23 October as part of the next performance management update.

RESOLVED - That the Quarter 1 BCF submission for 2015/16 be endorsed by the Board.

11. UPDATES FROM BOARD MEMBERS

Public Health

Newcastle and Gateshead CCG and Newcastle and Gateshead local authorities have submitted an expression of interest to become a pilot area for the National Diabetes Prevention Programme.

Gateshead Council

The Council is required to review its Statement of Licensing Policy (alcohol). This is currently out for consultation and is available on the Council's consultation page on its website. A link to the consultation will be circulated to Board members.

Newcastle Gateshead CCG

The government has announced eight vanguard sites for developing new models of urgent and emergency care. One of the models is the North East Urgent Care Network, which covers the whole of the north east. The programme is intended to enable the network to transform urgent and emergency care.

12. DATE AND TIME OF NEXT MEETING

Friday 23 October 2015 at 10am.

This page is intentionally left blank

**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from 11th September 2015 meeting of the HWB			
Personal Health Budgets	<p>Personal health budgets to be examined in the context of social prescribing as part of a planned workshop due to take place in November.</p> <p>A further update report on Personal Health budgets to be brought back to the Board in April 2016.</p>	<p>Alice Wiseman/ Gail Bravant</p> <p>Julia Young/Gail Bravant</p>	To be progressed.
Homeless Health: Deep-dive exercise	<p>NTW also to be involved in this piece of work going forward.</p> <p>The findings of the further research work to be brought back to the Board early in the New Year.</p>	Lisa Philliskirk	To be progressed.
Communications Strategy	<p>Communications leads to meet to discuss arrangements for taking forward the strategy and to develop an initial communications plan for the Board for the six month period to 31 March 2016. Bring back the Plan to the board for endorsement.</p>	Lee Hansom	To be progressed.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Substance Misuse Strategy Group Terms of Reference and Workplan for 2015/16	<p>Invite the Local Medical Committee to attend meetings of the Substance Misuse Strategy Group.</p> <p>The Board to receive a draft Substance Misuse Strategy for Gateshead at a future meeting.</p>	Alice Wiseman	To be progressed.
Matters Arising from 17th July 2015 meeting of the HWB			
Action List	It was noted that it is planned to hold workshops in the Autumn around Social Prescribing and Tobacco Control.	Led by Public Health Team	Being progressed
HWB Forward Plan	Timings to be identified for outstanding items to come to the Board linked to the Forward Plan. This will be then be forwarded to Board members.	All Partners	Being progressed
Matters Arising from 5th June 2015 meeting of the HWB			
Homeless Health Needs Audit 2015	The findings of a 'deep dive' exercise relating to homelessness and health to be reported back to the Board at a future meeting.	Alice Wiseman	Included within 2015/16 Forward Plan of HWB
Older Peoples Wellbeing – Addressing Social Isolation	A scoping report setting out work that is already ongoing and identifying gaps to be brought back to a future meeting of the HWB	Alice Wiseman	Included within 2015/16 Forward Plan for HWB

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from 24th April 2015 meeting of the HWB			
Place shaping for health and wellbeing	That a Stakeholder workshop be arranged on place shaping for health and wellbeing, led by the Health and Wellbeing Board	Carole Wood/Paul Dowling	To be progressed
	A communications strategy to be developed for the Board	Carole Wood/John Costello	Communications Strategy considered by the Board on 11 September 2015
Matters Arising from 27th February 2015 meeting of the HWB			
Role of Housing Providers in Promoting Health and Wellbeing	Reports to be brought back to the Board on various aspects of this agenda.	Michael Laing / Lisa Philliskirk	Included within 2015/16 Forward Plan for HWB
Personal Health and Care Budgets	An update to be provided to the Board in 6 months' time	Julia Young/Margaret Barrett	Update considered by the Board on 11 September 2015
Matters Arising from 16th January 2015 meeting of the HWB			
Healthy Weight and Integrated Wellness	A wide ranging steering group to be established. Terms of Reference / format of committee and work programme to be worked up and brought back to a future Board meeting for agreement.	Carole Wood	Included within 2015/16 Forward Plan for HWB
Mental Health Employment Integration Trailblazer Pilot	Follow-up report to come back to the HWB when a model has been worked up (around June) Ensure discussions take place with the	Alan Jobling	The start of the Trailblazer Pilot was delayed. Included within 2015/16 Forward Plan for HWB

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	Voluntary and Community Sector in developing the model.		
Matters Arising from BCF Implementation Workshop on 5 December 2014			
Better Care Fund Implementation	Workshop on Whole System Health and Care to take place in 2015.	Health and Wellbeing Board	Workshop to be arranged



TITLE OF REPORT: North East and Cumbria Fast Track Learning Disability Transformation Plan

1. Purpose of the Report

To inform the Board and seek support and agreement for The North East and Cumbria Fast Track Learning Disability Transformation Plan.

Agree future governance and oversight arrangements for Gateshead progress on this.

2. Background

During the 1990's and 2000's there were many resettlement programmes for people with learning Disabilities, however there is still an over reliance on hospital settings for the care of people with learning disabilities and/or autism.

Following Winterbourne View and the Bubb Report the transformation programme developed. By improving our community infrastructure, supporting our workforce, avoiding crisis, earlier intervention and prevention we will be able to support people in the community so avoiding the need for hospital admission. This will result in the systematic closure of learning disability inpatient hospital beds over the next 5 years across the North East and Cumbria.

As highlighted in the North East and Cumbria's Fast Track Plan, the Transforming Care guidance emphasises the importance of local partnership working between commissioners from Local Government and the NHS, with an emphasis on the oversight and support of Health and Wellbeing Boards. The full document can be accessed through Council papers online for the HWB through the following link: https://myservice.gateshead.gov.uk/Committee/..lg/committeesearch.page?org.apache.shale.dialog.DIALOG_NAME=gfcommitteesearch&Param=lg.Committee

Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with Learning Disabilities and or Autism with a mental health problem or behaviour that challenges, to ensure that more services are provided in the community and closer to home rather in hospital settings. The North East and Cumbria is one of five fast track sites selected because of high numbers of people with Learning Disabilities in inpatient settings. Fast track areas have access to a £10 million transformation fund to accelerate service redesign and each locality has been asked to produce a local plan that will feed into the overall planning bid.

Across the North East and Cumbria there are a number of different commissioning arrangements that are being reviewed with the aim of establishing

further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.

3. **Proposal**

Gateshead has bid for £45,000 to be match funded by the CCG, this is to pump prime the transformation programme in Gateshead. Any funding will be used for the development of complex needs support with a particular emphasis on positive behaviour management.

A small cohort of providers will be identified and a framework will be developed. The funding will enable greater investment in skilling up these providers; this will range from specialist training in Positive Behaviour Support, Active Support principles, as well as working closely with providers so they fully understand their expectations and develop their services appropriately. This will cover aspects such as ongoing recruitment and retention, training requirements; support planning, managing risk, supervision and support, behavioural monitoring, access to specialist mentoring or supervision, systems for reflecting on and developing support strategies in a timely way. This process will involve significant engagement with providers to develop provision in this area and ensure services will be fit for purpose and be successful in preventing future hospital admission.

4. **Recommendations**

The Health and Wellbeing Board is asked to support and agree the plan and, in particular, the Gateshead Locality Plan (attached).

Contact: Mr Chris Piercy, Executive Director of Nursing, Patient Safety and Quality, Newcastle Gateshead CCG (0191 217 2617)

North East and Cumbria Fast Track Learning Disability Transformation Plan



Page 19

Contents

- 1. Executive Summary 4
 - 1.1 The Collective Ambition..... 4
 - 1.2 How the future will be different..... 4
 - 1.3 The collaborative approach 5
- 2. Mobilise the area 9
 - 2.1 Governance and planning arrangements 9
 - 2.1.1 The patient base / population we are commissioning for..... 10
 - 2.1.2 What is the provider base? 10
 - 2.1.3 What are the commissioning arrangements with providers? Are there collaborative commissioning arrangements that can support this work?..... 12
 - 2.1.4 How do flows work, and are there other complications / geographical / organisational considerations?..... 13
 - 2.1.5 Who are the key partners to this plan and do they endorse it?..... 14
- 3. Understanding where you are 15
 - 3.1 Baseline assessment of needs and services 15
 - 3.1.1 Population / demographics 15
 - 3.1.2. What is the case for change?..... 17
- 4. Develop your vision..... 19
 - 4.1 Vision, Strategy and outcomes 19
 - 4.1.1 What are your aspirations for Learning Disability services and outcomes?..... 20
 - 4.1.2 What principles are you adopting and how will you know if you have succeeded?..... 22
 - 4.1.3 What outcomes will change and what will the change be?..... 23
- 5. Define your model of care 26
 - 5.1 Proposed service changes 26
 - 5.1.1 What will your future system look like? 26
 - 5.1.2 How will this be different for people with a learning disability and their families 34
 - 5.1.3 How will this be different for staff and providers 36
 - 5.2 Strategic alignment 36
 - 5.2.1 How does this fit with other plans and models to form a collective system response?..... 36
 - 5.2.2 What will these changes depend on from other strategies / plans?..... 38
- 6 Plan for success 41

6.1 Workforce, Education and Training Considerations..... 41

 6.1.1 What are the programmes of change to deliver this new model? 41

 6.1.2 Who is leading the delivery of each of these programmes, and what is the supporting team and governance to deliver it? 43

 6.1.3 What are the risks, assumptions, issues and dependencies? 43

6.2 Workforce, Education and Training Considerations 46

 6.2.1 Question A..... 46

 6.2.2 Question B..... 48

 6.2.3 Question C..... 48

 6.2.4 Stakeholder Engagement..... 49

7 Financials..... 54

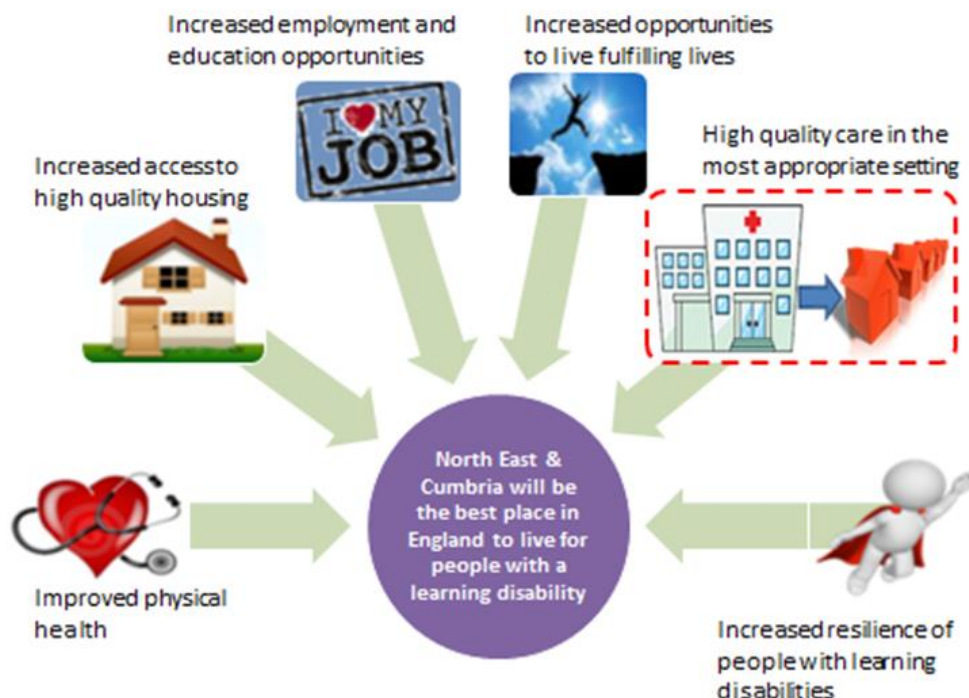
 7.1 What investment is required and what are the programme costs of delivery? 54

1. Executive Summary

1.1 The Collective Ambition

Our ambition is for the North East and Cumbria to be as good as anywhere in the world to live for people with a learning disability and / or autism and a mental illness or behaviour that challenges.

This vision was developed by all stakeholders, including people with a learning disability, before Winterbourne View, the Bubb report or Fast Track transformation programmes. However, we have not moved far enough or fast enough in achieving this vision.



The transformation programme aims include:

- Less reliance on in-patient admissions, delivering a 50% reduction in admissions to inpatient learning disability services by 2020
- Developing community support and alternatives to inpatient admission
- Prevention, early identification and early intervention
- Avoidance of crisis and better management of crisis when it happens
- Better more fulfilled lives.

1.2 How the future will be different

By developing our community infrastructure, supporting our workforce, avoiding crisis, earlier intervention and prevention we will be able to support people in the community so avoiding the need for hospital admission. This will result in the systematic closure of learning disability inpatient hospital beds over the next 5 years across the North East and Cumbria.

We will ensure that, everyone has a chance to live as a valuable member of their community; close to the important people in their lives and supported by those who understand and care for them. We will do this by meeting the agreed assessed needs of individuals and their carers through effective commissioning.

While the focus of our fast track plan is on reducing the number of unnecessary hospital admissions and ensuring that where these do occur they are for as short a time as possible, this should be seen in the context of our much broader system changes.

1.3 The collaborative approach

We will achieve this vision by continuing to work collaboratively with partners across health, social care and the third sector to significantly strengthen support in the community for individuals and their families. We will also develop a highly skilled, confident and values-driven workforce who support people with learning disabilities.

We will use the learning from successful resettlement programmes that supported people to move into a range of community based care options during the 1990's and 2000's. This learning and the commitment from all stakeholders and our understanding of what it takes to deliver large scale transformational change will help us to deliver this plan.

As a result of the changes described in this plan:

- choice and control will be at the heart of ALL service planning and provision
- people will be identified and supported much earlier to improve their quality of life and outcomes
- care and support services will always be well coordinated, planned jointly and appropriately resourced
- people will be supported to avoid crisis and if were to occur, crisis situations will be well managed
- people will be helped to stay out of trouble and receive appropriate support if they do enter the Criminal Justice System
- there will be a highly skilled, confident and value driven workforce who support people with learning disabilities
- people will always receive high quality, evidence based care in the most appropriate setting.

Throughout our transformation programme we are committed to robust evaluation and helping to develop the evidence base to inform future commissioning cycles and non-fast track areas.

Mobilise the area

Across the North East and Cumbria, it is estimated that the prevalence of learning disabilities is 0.6% but if we include those with mild disability the prevalence may be as high as 2.5% equating to around 65,000 people.

Our plan encompasses the complex provider landscape across the North East and Cumbria. Well-established and strong NHS, local authority and independent sector provider forums in localities enable social care and voluntary sector community providers to work collaboratively.

We have mapped the current system provision across the North East and Cumbria including the local variation of different configurations of care, the wide mix of rural and urban areas of affluence alongside deprived communities, the use of services from people outside of the area and the impact of and alignment to Vanguards and Integrated Care Pilots.

A North East and Cumbria Learning Disabilities Transformation Board was already established and has been used to develop the regional plan and guide the development and implementation of locality plans. The Board is accountable to the Northern CCG Forum, North East ADASS, NHS England, carers and people with a learning disability. Local Implementation Groups will lead delivery and the Transformation Board will receive any escalated risks and issues.

There are 10 task and finish groups which will take forward the key work needed to deliver the key priorities within the plan, these include pathway development, market engagement, communication and engagement and workforce development. An implementation plan will be used to oversee the programme and track progress over the next 5 years.

The key partners who have endorsed the plan and are represented at the North East and Cumbria Learning Disabilities Transformation Board are:

- 11 Clinical Commissioning Groups in the North East and Cumbria
- North East Association of Directors of Adult Social Services representing the 12 Local Authorities in the North East
- Cumbria County Council
- NHS England Specialised Commissioning
- Provider organisations (NTW, TEWV, Cumbria Partnership, Danshell Group, social care providers)
- North East and Cumbria Learning Disability Network
- Confirm and Challenge Group (supported by Sunderland People First)
- Inclusion North
- NHS Health Education North East

Understanding where you are

A baseline assessment of needs and services has been completed and we will conduct further analysis of the data with specific quantification of how many people are in various community settings.

The system is currently performing well against national outcome measures and has surpassed the Transforming Care Discharge Ambitions discharging 61.25% of Inpatients into community settings. The Care and Treatment Review target has also been achieved.

However, the case for change lies within the current health care experience for people with learning disabilities being varied and fragmented. This will be transformed and standardised through delivery of this plan, with the highest levels of care delivered and fragmentation in the system reduced. There are a number of challenges including a lack of robust outcome measures, the length of time required to develop sustainable community-based alternatives to admission and a lack of systems to identify people at risk of poor outcomes.

Develop your vision

We have worked with all partners and stakeholders across the North East and Cumbria to identify clear aspirations for learning disability services and better outcomes for people. The North East and Cumbria will ensure that people with learning disabilities have services and support to live in their own homes and stay within them in the long term if they choose to do so. Our plan details outcomes in the areas of clinical outcomes, patient experience and sustainability.

11 principles and core standards have been developed in conjunction with all partners across health and social care in the region. This work included people with learning disabilities, their families and carers. These principles are aligned to the national model of care and provide a helpful framework to help monitor progress against our objectives.

The North East and Cumbria Transformation Board has made a commitment that people with learning disabilities, their families and carers will be truly involved in helping to develop and achieve the transformational changes.

The main outcomes for change include enhanced community based support leading to a significant reduction of people needing to be in an in-patient hospital setting. Placement breakdown will be avoided increasing stability for the person living in the home of their choice. Quality of care will be dramatically improved and individual outcomes and quality of life improved.

Define your model of care

The proposed model is based on the principles described in the national service model and is developed across the life span taking into consideration the changing needs and requirements of people with learning disabilities.

The model of care focuses on 7 key strands:

- Choice and control at the heart of ALL service provision and planning
- Systematic, early identification and intervention
- Planned, proactive and coordinated care in the community
- Effective prevention and management of Crisis
- Helping people to stay out of trouble and supporting people who enter the Criminal Justice System

- A consistently highly skilled, confident and value driven workforce
- Equitable service provision and high quality evidence based care

Early intervention and effective crisis support delivered through enhanced home intensive support teams will be a fundamental part of the service offer within all localities across the North East and Cumbria. These integrated teams will include Specialist Learning Disability clinical capacity as part of comprehensive and well-integrated community support service.

Plan for success

A programme level implementation plan has been developed that is underpinned by locality implementation plans to ensure the agreed standards and principles are embedded throughout the North East and Cumbria. Planned changes will also be considered at a provider level, with clusters of commissioners working collaboratively to ensure optimal service configurations are achieved. Across the North East and Cumbria there are a number of different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.

A communication and engagement strategy has been developed to ensure all stakeholders are informed and engaged throughout the development of plans and the delivery of the programme. This includes establishing a platform for knowledge and information exchange and a social network to keep stakeholders engaged and share actions, learning and best practice. In North East and Cumbria, there are already strong relationships between stakeholders, including people with learning disabilities, their families and carers. This has resulted in meaningful engagements resulting in excellent examples of joint working across health and social care. We will build upon this, strengthening engagement with a wider range of stakeholders including the third sector and embracing our commitment to co-production.

Workforce development is identified as a major priority for the North East and Cumbria and will ensure we have the right people with the right skills and knowledge and behaviours to deliver personalised, preventative and safe support.

Transformation Funding for Learning Disability Services

The North East and Cumbria Fast Track project plan is predicated on key financial investment from the Transformation funding being in place. The funding being requested is at a level which the Chief Finance Officers from across the region believe is prudent and will support deliverable and cost effective approaches to successfully moving the project forward. Our submission has been produced with input from all local CCGs, local authorities and other key stakeholders across the area. The approach taken to compile the Funding Requirement has been assured through existing governance arrangements and as such has been approved by the North East and Cumbria Learning Disability Transformation Board. The Funding requirement reflects both Regional and Locality based priorities and has been scrutinised to ensure that duplication is minimised, cross working is encouraged and

that the overall plan results in resources being targeted in the most appropriate way to maximise impact and best support successful project delivery.

The approval of Transitional funding will be reported back to the Transformation Board and they will receive regular monitoring reports on progress, slippage and outcomes in relation to the funding on a regular basis once it is awarded.

Our ambition across the North East and Cumbria is to reduce current beds by 52% by the end of March 2020.

2. Mobilise the area

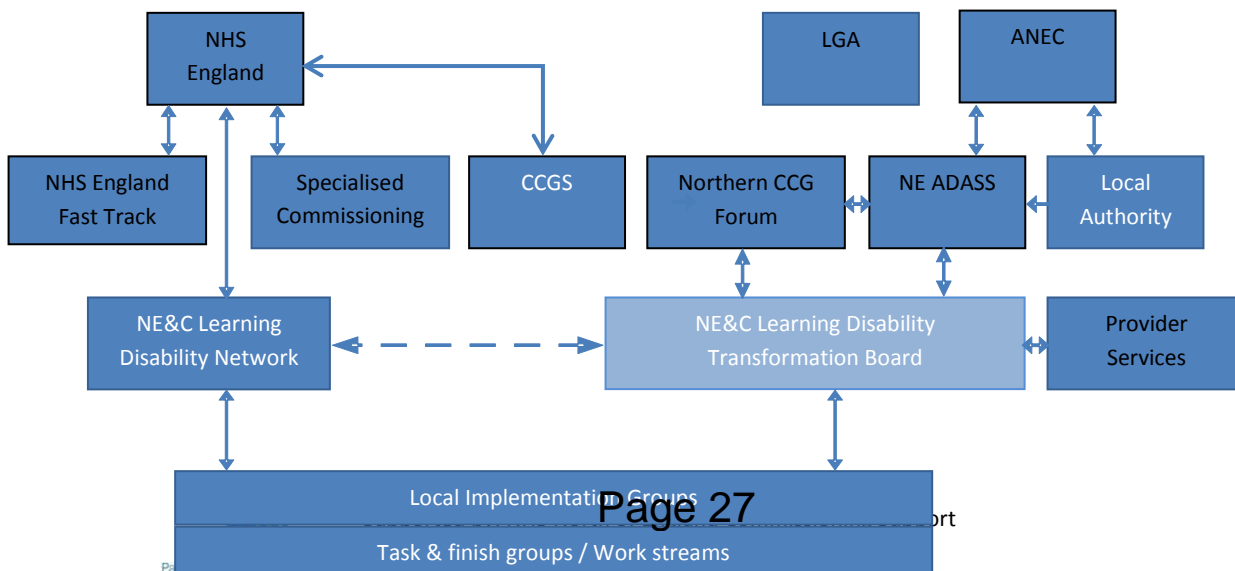
2.1 Governance and planning arrangements

The North East and Cumbria Learning Disabilities Transformation Board brings together the North east and Cumbria unit of planning and has been established to oversee and support transformation of Learning Disability services to help ensure the North East and Cumbria is the best place to live for people with a learning disability.

The Board is accountable to the Northern CCG Forum, North East Association of Directors of Adult Social Services, NHS England, carers and people with a learning disability. It develops and monitors compliance with a regional programme plan which incorporates a detailed transition plan in line with NHS England's fast track programme and provides appropriate links to other groups and organisations across the region.

The Board identifies and communicates any impacts of service changes to the health and social care economy such as the financial impact to a commissioner or provider organisation and also identifies and shares best practice across the North East & Cumbria and the wider system. The terms of reference for the Board further details regarding programme governance are embedded below. The diagram below shows the accountability structure and workload flow for the programme.

1. Learning Disability Transformation
2. Learning Disabilities Transform



2.1.1 The patient base / population we are commissioning for

The North East and Cumbria Fast Track is taking a population based approach to its transformation programme. We recognise that improving the lives and outcomes of people with learning disabilities requires a life course approach which supports the changing needs of individuals throughout their life. Stakeholders across the North East and Cumbria have agreed an ambitious and broad vision which requires focused improvement and transformation across the wider determinants of health. This transformation plan is focused on some specific areas within this broader portfolio of work which will contribute to ensuring people receive high quality, evidence based care in the most appropriate setting and increasing the number of people cared for in the community.

The North East and Cumbria has a good understanding of the current numbers of people with learning disabilities who are being supported by health or social care, including detailed information on the numbers of people currently receiving treatment and care in a learning disability inpatient setting.



3. Learning Disabilities Baseline Data

The specific services described within this transformation plan are to be commissioned for people with a learning disability and / or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging, or whose behaviour can lead to contact with the criminal justice system.

Across the North East and Cumbria, it is estimated that the prevalence of learning disabilities is 0.6%, however this is likely to be a significant underestimate. Including those with mild disability the prevalence may be as high as 2.5% equating to around 65,000 people. Using the published Quality Outcome Framework prevalence (0.6%) applied to each local authority population; we can project the number of people with a learning disability for the next five years (assuming an increase of about 3% each year).

2.1.2 What is the provider base?

This table provides an overview of the provider landscape and the types of services provided across the North East and Cumbria:

Learning Disability Service Providers	
CCG commissioned inpatient learning disability services - Including acute assessment and treatment	Northumberland Tyne & Wear NHS Foundation Trust (NTW) Tees Esk & Wear Valleys NHS Foundation Trust (TEWV) Cumbria Partnership NHS Foundation Trust Independent sector: Danshell Group There are very few out of area placements

<p>Services commissioned by NHS England Specialised Commissioning</p> <ul style="list-style-type: none"> - Learning disability secure services - CAMHs Tier 4 - Forensic community outreach - Complex neurodevelopmental community service 	<p>NTW & TEWV NTW & TEWV - medium and low secure services for people with a learning disability. TEWV - forensic community outreach service & contract leads for prison health (includes prison health, custody diversion). Both organisations provide services as part of the Ministry of Justice (MOJ)/NHS partnership, offender personality disorder pathway. NTW Provide CAMHs into Kyoel House and Aycliffe secure children's home. NTW - provide CAMHs Tier 4 learning disability services (acute assessment unit, low and medium secure services, inpatient assessment & treatment service for children and young people with a mild to moderate learning disability and /or challenging behaviour and a complex neurodevelopmental community service CNDS).</p>
<p>Community Learning Disability Services</p>	<p>NTW (Sunderland & Newcastle) TEWV (Durham, Darlington, Hartlepool & Stockton) Integrated teams existing in Durham in partnership with LA Cumbria Partnership (Cumbria) South Tyneside NHS Foundation Trust (South Tyneside & Gateshead) Northumbria Healthcare NHS Foundation Trust (Northumberland & North Tyneside)</p>
<p>Social Care Providers</p>	
<p>A wide range of independent and 3rd sector providers are commissioned across the North East & Cumbria to provide supported living, accommodation, day care, respite and residential care.</p>	
<p>Mainstream Health Service Providers</p>	
<p>Primary Care Services</p>	<p>Approximately 470 GP practices Pharmacies Dental practices Optometrists</p>
<p>Community Services Secondary Care services Mental Health Services Acute Hospital Services Ambulance Services</p>	<p>NHS Acute Hospital services:</p> <ul style="list-style-type: none"> - City Hospitals Sunderland NHS Foundation Trust - County Durham and Darlington NHS Foundation Trust - Cumbria Partnership NHS Foundation Trust - Gateshead Health NHS Foundation Trust - Newcastle upon Tyne Hospitals NHS Foundation Trust - North Cumbria University Hospital Trust - North Tees and Hartlepool NHS Foundation Trust - Northumberland, Tyne and Wear NHS Foundation Trust - Northumbria Healthcare NHS Foundation Trust - South Tees Hospitals NHS Foundation Trust - South Tyneside NHS Foundation Trust <p>Acute Learning Disability Liaison Nurses are located within acute trusts across the region</p> <p>NHS Mental Health service providers:</p> <ul style="list-style-type: none"> - NTW - TEWV - Cumbria Partnership <p>NHS Ambulance services:</p> <ul style="list-style-type: none"> - North East Ambulance Service NHS Foundation Trust - North West Ambulance Service NHS Foundation Trust

2.1.3 What are the commissioning arrangements with providers? Are there collaborative commissioning arrangements that can support this work?

A wide range of service options are available across the North East and Cumbria. Many of these are currently based on single commissioner contracts (including block, cost per case and individualised budget arrangements) and there are a small number of localities with pooled budgets. Establishing further pooled budget arrangements, joint contracts and alternative commissioning models will be explored to support delivery of this transformation plan.

Clinical Commissioning Groups – The attached document provides some examples of the current commissioning arrangements in place across the North East and Cumbria and also describes some of the future plans that are in place.



4. Collaborative
arrangements.docx

NHS England Specialised Commissioning – Services such as Child and Adolescent Mental Health services (CAMHs) and Adults are commissioned for patients from England. These services meet the four factors for specialised services as described in the prescribed services manual. (NHSCB 2013). The services are commissioned and contracted for using the NHS standard contract. Services are contracted on a block basis with an all-inclusive price. Currency for payment is usually by occupied bed day for inpatient services and by activity for community services. CQUIN schemes are in place for all services and monthly contract monitoring meetings are held to manage performance against the contract. Continued close collaboration is required with partners in Health and Justice commissioning and providers of custody diversion schemes as well as prison in-reach teams, the commissioners and providers of the offender personality disorder pathway which is a joint initiative between the Ministry of Justice (MoJ) and NHS England and the five police authorities across North East and Cumbria.

Local Authorities – A range of local commissioning arrangements exist:

- All local authorities use Direct Payments and Individual or Virtual Budget arrangements to offer people personal choice and flexibility. In most authorities such options are supported by approved provider lists or a system for accrediting providers. Many of these are now featuring joint care and health budget elements.
- Regarding provision of supported living services, accommodation and day care, most authorities have a Framework or Approved Provider mechanism in place covering provisions for different levels or types of need. Provision of highly specialised services or tailored individual packages may involve traditional tenders outside of those arrangements.
- For respite provisions, authorities use a mixture of block and spot-purchase contracts.
- Residential care is usually on a block or spot-contract basis.

Increasingly, local authorities are looking to develop collaborative agreements or strategic partnerships with providers in order to achieve more enhanced partnership working. This includes flexible services with swifter response and better value for money. A number of providers are now able to offer capital for new developments as result of backing from social investors.

Provider geography, natural alignments and collaborative arrangements – There are natural clusters of CCGs / Local Authorities around providers and the detailed implementation plans will address the impact and plan service changes at a provider level.

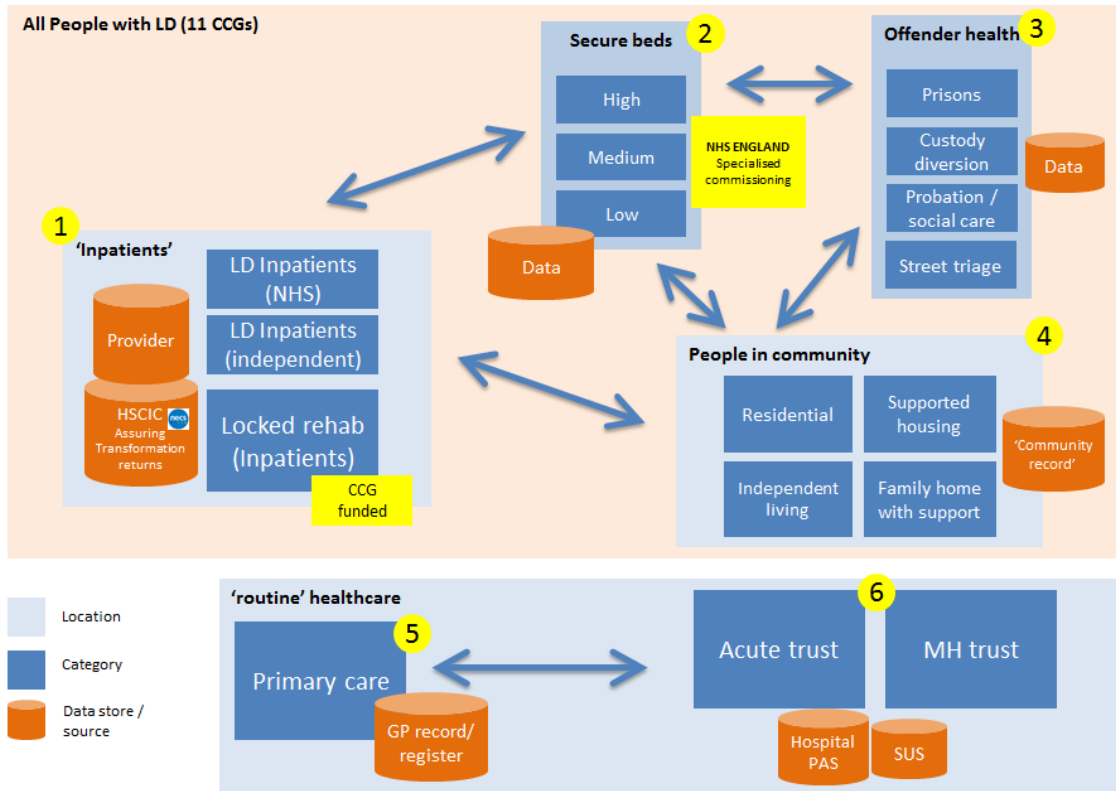
System and Market Engagement - Strong provider forums already exist within localities and these bring a range of social care and voluntary sector community providers together. In addition the North East and Cumbria Learning Disability Network have put the region in a strong position with well established relationships across commissioners, providers and other stakeholders. There are effective mechanisms to share best practice with strong collaborative approaches that deliver system wide change.

There are also opportunities to introduce new providers and new innovative ways of working to deliver improved outcomes for people with learning disabilities. A market review as part of a wider provider review would benefit the whole system approach as there are a high number of a wide range of services.

2.1.4 How do flows work, and are there other complications / geographical / organisational considerations?

The diagram below shows the flows across the system and how cohorts of people with learning disabilities move around the system.

Learning Disabilities – system model



Considerations

- Local variation
- Geography and deprivation
- Legacy of large institutional care facilities
- Determining ordinary residence
- People from out of area
- Commissioning of specialised services
- Distinct pathways
- Transition from children to adult services
- Data and information
- Contracts
- Vanguard and Integrated Care Pilots
- Fully considering the needs of all cohorts.

Further detail about these considerations is attached in the embedded document.



5.
Considerations.docx

2.1.5 Who are the key partners to this plan and do they endorse it?

There are strong partnerships in place across the North East and Cumbria and these have enabled many of the key partners to be brought together and engaged in the

development of this plan. NHS and Local Authority commissioners and a wide range of other stakeholders have committed to delivering the new models of care and support for people with learning disabilities. This will be achieved with people with learning disabilities, their families and advocates and will be provided through more detailed co-produced plans.

The North East and Cumbria Learning Disabilities Transformation Board was recently established to oversee the development and delivery of the transformation programme across the region. This Board has endorsed the plan and during September and October formal endorsement will be sought from Health and Wellbeing Boards across the fast track area. Partners represented at the North East and Cumbria Learning Disabilities Transformation Board include:

- 11 Clinical Commissioning Groups in the North East and Cumbria
- North East Association of Directors of Adult Social Services representing the 12 Local Authorities in the North East
- Cumbria County Council
- NHS England Specialised Commissioning
- Provider organisations (NTW, TEVV, Cumbria Partnership, Danshell Group, social care providers)
- North East and Cumbria Learning Disability Network
- Confirm and Challenge Group (supported by Sunderland People First)
- Inclusion North
- NHS Health Education North East

Representation is from senior leaders from each organisation who have the authority to deliver the transformation programme.

3. Understanding where you are

3.1 Baseline assessment of needs and services

Information from a wide range of sources has been analysed to gain a baseline assessment of needs and services. This includes Learning Disability Self-Assessment Framework returns, Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies, Transforming Care data and HSCIC data. A baseline assessment of needs is attached.




3. Learning Disabilities Baseline D:

3.1.1 Population / demographics

The *Draft Service Model for Commissioners* (NHS England and LGA, July 2015) identifies several cohorts of people that Fast Track plans should focus on. In order to understand these groups more fully further analysis of the North east and Cumbria data is underway. Initial analysis, as of end of June 2015, provides some insight and is displayed in the table below. The most robust data available is for inpatients (the

'Assuring transformation' data set). Further work needs to be done to quantify how many people are in the various community settings.

What is the cohort (setting)	How big?	Is this cohort changing?
North East & Cumbria population with a learning disability	~17,000	Likely to be an under-estimation. Likely to increase to over 20,000 by 2020.
People in inpatient settings (on 31.03.15) - acute admissions in learning disability units - forensic rehabilitation - others including beds for specialist neuropsychiatric conditions - acute admissions within generic mental health service - complex continuing care & rehabilitation - non secure - low secure	106 55 22 14 8 4 2 1	Over the last year over 50% of people with a learning disability have been discharged from inpatient settings. Plans are in place to support significant numbers of people to transfer to a community setting with appropriate support packages. Supported by the CTR process.
People in secure settings (specialised commissioning) - Medium secure - Low secure - CAMHs Tier 4	148 37 86 25	 6. What are the different cohorts- Sp
People with learning disability supported in the community - Residential care - Supported housing - Independent living - Family home with support - Those at risk of poor outcomes or admission	TBC	Further data collection/analysis is underway to gain a better understanding of people being supported in the community. To support people in a community setting and avoid unnecessary inpatient stays, preventative approaches and much earlier intervention are required. This requires systems to identify people most at risk of poor outcomes.

Further detail about inpatient cohorts can be found in the embedded baseline information and Transforming care summary.

How is the system currently performing against the national outcome measures?

The North East and Cumbria has surpassed the Transforming Care Discharge Ambitions discharging 61.25% of Inpatients into community settings. The Care and Treatment Review target has also been achieved.



7. Transforming Care Summary with all data

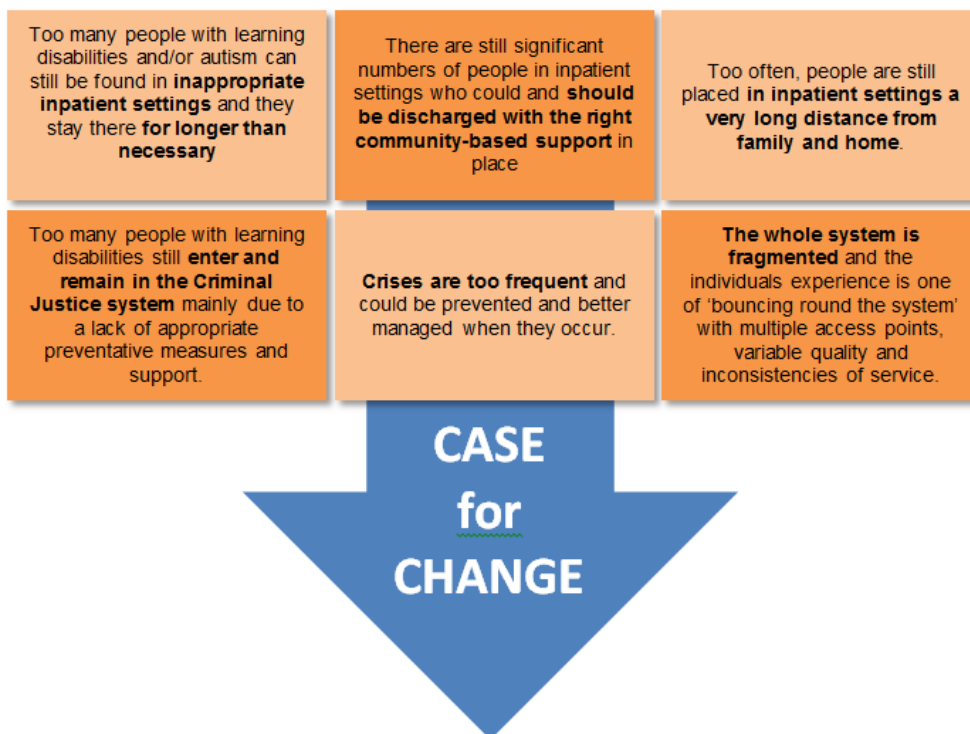
In terms of Adult Social Care, the Adult Social Care Outcomes Framework (ASCOF) measures two specific cohorts which relate directly related to people with Learning Disabilities:

- Proportion of Adults with Learning Disabilities living in stable accommodation. In 2013/14 the England average was 74.9% while the North East exceeded this at 80.6%.

- Working age people with Learning Disabilities in paid employment. The England average was 6.7% while the North East achieved 5.5% in 2013/14. It should be noted that across the region, there are numerous locally determined performance measures and frameworks that monitor quality of life outcomes.

3.1.2. What is the case for change?

The current experience for people with learning disabilities in the North East and Cumbria is very varied. This is, in part, apparent by looking at the data but also by listening to the stories of service users, families, providers and commissioners. However, there are also many challenges in understanding the true picture because of a lack of consistent data across the whole system. We understand pockets of activity such as patients located in-patient settings, but on the whole we have poor visibility of what these people’s needs are, how they are currently being met (or not), and what issues they are encountering.



- The available data (through the ‘Assuring transformation’ process) shows the people with a learning disability who are in in-patient settings. A proportion of these patients require inpatient specialist care, but many of them can be managed in the community and these individuals are being identified as part of these plans.
- We can also see from this data that there are people in these settings for very long periods of time (up to 25 years).
- There are few other clear messages directly from the data, but this is probably indicative of the immaturity of information systems to allow the monitoring of people with learning disabilities. This is a key strand of the ‘case for change’

borne out by the observation that systems are fragmented and quality is very variable.

- The overwhelming picture drawn from a wide range of qualitative analyses highlights the fragmentation of the system and the many 'hand-offs' that occur at many levels of care or support of people with learning disabilities.



8. Case for
change.docx

What are the current challenges within this baseline?

- A clear understanding of the baseline is challenging due to a lack of shared currency and shared data sources
- A lack of robust outcome measures (possibly a knock-on effect from poor information systems) means that progress had been hard to measure and is a key element that needs to change
- The length of time required to develop sustainable community-based alternatives to admission. Particularly housing, architectural based solutions
- Financial positions of many Local Authorities and their instability to financially support major change programmes.
- A lack of systems to identify people at risk of poor outcomes
- Commissioning for specialised services is done on a system wide basis rather than sub regional basis.
- We have no control over admissions directed by the courts
- The development of custody diversion schemes has increased throughput into secure services as people are diverted into hospital
- Lack of infrastructure in the wider community to assist in safe discharge of people with history of offending behaviours
- Availability of suitable premises and skilled providers
- The need to make sure that patients don't experience increased restrictions by being placed in community settings
- The impact of the North East and Cumbria Transformation plan on other areas of the country. The North east and Cumbria are major importers of patients requiring treatment from other areas in England
- Also see section 3.1.4.

How can the baseline be improved?

- Choice and control at the heart of ALL service provision and planning
- Systematic early identification and intervention for those people at risk of poor outcomes
- Planned, proactive and coordinated care in the community
- Effective Prevention and Management of Crisis
- Helping people to stay out of trouble and supporting people who enter the Criminal Justice System
- A Consistently Highly skilled, confident and value driven workforce
- Dedicated funding
- Equitable service provision and high quality evidence based care
- Specific focus areas:

- A standardised minimum data set across all providers to allow regular reporting of performance and activity
- An agreed set of outcome measures to allow benchmarking and tracking of performance
- Agreeing thresholds for admission and for those people that do require an inpatient stay improve the whole pathway from preadmission to post discharge
- Providing treatments tailored to individual need rather than a programmatic approach
- Implementing the *North East and Cumbria Service and Care Principles and Standards*
- Changing the approach to how and where treatments can be delivered
- Transferring prisoners back to prison on successful completion of treatment
- Enhancing the function and delivery of the forensic outreach model and rolling it out across the North East and Cumbria
- Developing a menu of skilled providers

4. Develop your vision

4.1 Vision, Strategy and outcomes

Our vision is for the North East and Cumbria to be the best place in England to live for a person with a learning disability and / or autism and a mental illness or behaviour that challenges.

Our vision is holistic, recognising the importance of a range of factors that encompass the wider determinants of health, on an individual's overall quality of life and outcomes. The vision requires system wide transformational change that cuts across traditional organisational boundaries and spans the entire life course.

This plan touches on all of the 'drivers' associated with achieving a good quality of life and outcomes, however it does not profess to include the strategic approach and delivery plans for all of these areas and must be seen as part of a broader set of strategies, approaches and plans that are in place across the North East and Cumbria to improve the lives of people with learning disabilities.

We will achieve our vision by working collaboratively with partners across health, social care and the third sector to strengthen support in the community for individuals and their families. We will develop a highly skilled, confident and value driven workforce who care and support people with learning disabilities. This will reduce reliance on the use of in-patient beds and/or breakdowns in someone's care setting and support people much earlier to improve their quality of life and outcomes.

4.1.1 What are your aspirations for Learning Disability services and outcomes?

The North East and Cumbria will lead the way in achieving positive health and social care outcomes for people with learning disabilities using an inclusive and collaborative approach to address barriers to inclusion. Building on person centred values, future pathways will focus on supporting people within their own community and reducing reliance on inpatient services.

Specialist services will help prevent problems from arising in the first place, help to support an individual to use mainstream services and or participate in their local community e.g. employment, education, housing, friendships, relationships, leisure etc. People with learning disabilities who only have a mental health need will use mainstream mental health services. We will ensure that we make the most appropriate help available in a timely manner.

As a result of the changes described in this plan:

- choice and control will be at the heart of ALL service provision and planning
- people will be identified and supported much earlier to improve their quality of life and outcomes
- care and support services will always be well coordinated, planned jointly and appropriately resourced
- people will be supported to avoid crisis and if they do occur, crisis situations will be well managed
- people will be helped to stay out of trouble and receive appropriate support if they do enter the Criminal Justice System
- there will be a highly skilled, confident and value driven workforce who support people with learning disabilities
- people will always receive high quality, evidence based care in the most appropriate setting.

Personal experience

People with learning disabilities will live in their own home, in their local community supported by people who know them well. If in a staff supported living arrangement their staff team will be the right people, with the right values, knowledge, skill and competence to support them. People with learning disabilities and their families will know what support is available to them, have advocacy and support when they need it and will always receive well-coordinated, planned care. Community based care and support will help support families of people with learning disabilities to maintain close relationships and links with their relatives and avoid people being supported a long way from home. This will provide greater opportunities for enriched relationships with family members. People with learning disabilities will also have increased opportunities to live fulfilled lives.

The regional ADASS learning disability work stream has informed local authority commissioning. A wide range of new accommodation options is being developed across the region, including individual service design, small-scale and bespoke developments, property refurbishments and larger scale core and cluster models.

Capital funding for housing delivery is being drawn in from the Homes and Community Agency, from social investors, private capital and from providers using their own assets to fund new developments. The preferred model of support is independent supported living, which offers the highest level of security of tenure appropriate for any tenant. Where there is a need for specialist residential care, for example where high levels of restrictive practice are required, local authorities are actively engaging with the provider market to ensure that high quality service options will be available locally.

To embed this work, across the region local authority housing strategies are being refreshed to reflect the requirements of the Transformation agenda, with a number of authorities establishing “complex needs” housing task groups within that work. Such partnership working and progress on housing strategy implementation is reported to local Health and Wellbeing Boards.

Health outcomes for individuals

The evidence shows that having a learning disability increases the likelihood of developing physical and mental health problems. We want to ensure that services support people and their families to:

1. Maintain good physical and mental health wellbeing
2. Know when mental health and behavioural issues are developing at the earliest point and get the right support
3. Reduce (50%) the in inappropriate use of psychotropic medication
4. Respond to and promote indicators of good physical health including obesity, immunisation, diabetes, dental health. We would be looking to support reduction in A&E attendance and increased uptake of NHS cancer screening.

Specialist Learning Disability services

While our ambition is for people to access mainstream services we also need to ensure that when a person needs specialist learning disability services these are clearly defined and provided by skilled and competent staff who are flexible and respond quickly to need. Care will be provided in a community setting by multidisciplinary teams the key components of this are described in the diagram below. We recognise that there is an ongoing need for access to specialist inpatient services for a small number of people with Learning Disability and/or Autism who have a mental health condition or display behaviour that challenges, however the admission would be part of the wider community pathway and the focus would be to return people to their home as soon as possible.

People Living and Supported to Live in the Community



- ✓ Holistic multi-disciplinary assessments.
- ✓ Individual person centred plans that support across the life course and inform ISDs
- ✓ Prevention and early intervention to increase people's quality of life and prevent the need for more intensive support in the future.
- ✓ Core services respond to meet people's needs.
- ✓ Specialist services respond quickly as required with the aim of maximising independence and quality of life.
- ✓ In reach and integrated approach.
- ✓ Care provided in or as close to the individuals home as possible. Home includes residential care, supported living and independent living.

Sustainability

This model will be sustained as a result of people living fulfilled lives and participating in their local community (a society that enables participation will inevitably have a healthier population reducing reliance on health and social care services). By ensuring people have their physical health care needs met fully there will likely be a reduction of behavioural issues that require significant intervention. We also know that having a learning disability increases the risk of developing ways of responding that others find challenging.

A key part of our aspiration is the need to invest in the skills of the local community to ensure that the people within it feel competent, confident and supported to meet the needs of complex people who present with challenging behaviour. This will be delivered through skills training and proactive prevention but also through timely access to support when needed. This will help to keep people within their communities and prevent unnecessary hospital admissions.

4.1.2 What principles are you adopting and how will you know if you have succeeded?

The North East and Cumbria Transformation Programme have agreed to adopt the principles outlined in the *National Service Model* but have also collectively developed

11 regional standards and principles. There has been multi organisational partner agreement to adopt these standards and principles, which are closely aligned to the standards outlined within the national model of care.



Principles and Care Standards.pdf



9. NEC Principles and care standards 28081

The embedded document demonstrates how each of the North East and Cumbria learning disability standards and principles aligns to those within the national model of care and demonstrates our metrics for measuring success.



10. NE&C Principles & Standards aligned t

4.1.3 What outcomes will change and what will the change be?

The outcomes that will change as a result of this transformation programme can be grouped into four broad categories:

- **Reduced reliance on inpatient care**
- **Improved quality of care**
- **Improved quality of life**
- **Improved service user experience**

We will see a significant reduction in people needing to be in an in-patient hospital setting and placement breakdowns, ensuring stability for a person living in their home of choice. In addition improvements will be seen across a wide range of other measures.

<i>What outcomes will change?</i>	<i>What will the change be? / comments</i>
Reduced reliance on inpatient care - Reduced admissions to inpatient learning disability services - Reduced learning disability inpatient beds - Reduction in Length of Stay - Increased use of individual budgets	50% reduction in admissions to inpatient learning disability services 28 days / in line with MHA for Mental health admission Year on year increase
Improved quality of care - <i>North East & Cumbria Care Principles and Standards</i> contain a variety of quality measures across key aspects of specialist and	See NE&C Care Principles and Standards

<p>mainstream care</p> <ul style="list-style-type: none"> - Improved individual clinical outcomes - Compliance with pre-admission and discharge best practice processes/CTRs - Frequency and quality of care reviews - Medicines optimisation - Compliance with NHS Improvement and CQC learning disability targets/standards <p>Primary care outcomes</p> <ul style="list-style-type: none"> - Continue year-on-year increase in % of people with health checks and health action plans - Increased uptake of screening and immunisations - Improved management of long term conditions (including diabetes and epilepsy management) - Improvements in healthy lifestyle indicators (e.g. smoking status, BMI, etc.) <p>Secondary/Acute care outcomes:</p> <ul style="list-style-type: none"> - Reduced A&E attendances - Reduced avoidable emergency admissions 	<p>Further work required to agree individual clinical outcome measures</p> <p>Regular review of current treatments / prescribing in line with best evidence</p> <p>Further work is being completed to establish all baselines and ensure trajectories are also broken down to CCG/LA level to ensure that quality of care is improved across all areas in the North East and Cumbria</p>
<p>Improved quality of life</p> <ul style="list-style-type: none"> - Reduction in avoidable and premature deaths - Increased placement stability - reduction in unplanned respite - Improved safeguarding outcomes - Number and % of people in settled and secure accommodation of their choice - Number and % of adults in employment - Individual measures of improved quality of life - Reduction in placement breakdown 	<p>NE&C Learning Disability Network working alongside the National Mortality Review Body to test processes</p> <p>Year on year improvement & equity across localities (ASCOF measures)</p> <p>Outcomes star / eHEF / Transforming Care: Quality of care measures</p>
<p>Improved service user experience</p> <ul style="list-style-type: none"> - SAF measures - Feedback from Patient forums - Individual provider surveys, exit questionnaires and feedback - Adherence to quality checker standards - Increase in reasonable adjustments: <ul style="list-style-type: none"> o Improved accessibility of information o Increased length of time for appointments o Flagging systems for people with additional needs 	<p><i>SAF – provides a highly inclusive mechanism to measure improvement/change</i></p> <p>Across health and social care</p>
<p>Other measures to show that the new system has been successfully implemented</p> <ul style="list-style-type: none"> - Workforce competence in PBS - Reduction in unplanned respite – development of respite options in the community - Access to Learning disability awareness training - Access to parenting programmes 	

A number of outcome measures have been trialled or are in development across the North East and Cumbria on a small scale:

- eHEF - while this framework measures outcome activity and improvement in service provision/lifestyle it does not identify other influencing factors, such as mental health on physical health outcomes. We would like to explore the options of developing this more widely to see if is sensitive to outcomes at an individual level. While we recognise that it is not intended to replace existing outcome tools for specific settings or for specific interventions; it does provide a clear and transparent overarching framework to look at planning around social, biological, behavioural, communication and service related factors and include those involved with an individual. This would be particularly helpful with commissioning and service provision and across health and social care settings.
- Joint work with Bangor University to look at Quality of Life measures linked to Positive Behavioural Support and workforce development
- Outcome Star - Work has already been undertaken with TEWV looking at this personalised outcome measurement tool. The use of such a tool supports integration with mainstream mental health services
- Education, Health and Care Plans for children and young people with Special Educational Needs- we need to ensure that we build on and enhance the information and outcomes contained in these plans as children and young people transition in to adulthood
- Assessment tools for service providers to ensure that they are providing quality services – this is an area that we need to work on collectively going forward and would link with the work around contracting and developing the provider market.

The North East and Cumbria has been actively involved in the Learning Disabilities Currency Development Project which aims to describe the needs of patients requiring input from NHS funded specialist health services traditionally labelled as "adult learning disability services". The first phase of data collection led to the development of nine learning disabilities-related needs groupings based on complexities in physical health, challenging behaviour, autism and level of learning disability. Approximately 25% of people with a learning disability were allocated to existing mental health and dementia needs groupings. The second phase of data collection and analysis will help understand how these needs groupings are used in practice (e.g. how service provision varies on the basis of need). There are also plans to use the data from the groupings to inform implementation of the national learning disabilities service model and workforce development (in collaboration with the Transforming Care Programme and Health Education England).

The North East and Cumbria Fast Track has linked with NHS England to consider further development of outcome measures around treatments in line with the developing evidence base. We are excited about the work being proposed by the Transforming Care: Quality of Care Measures and will be identifying key individuals from across North East and Cumbria who can will be involved and contribute to this work.

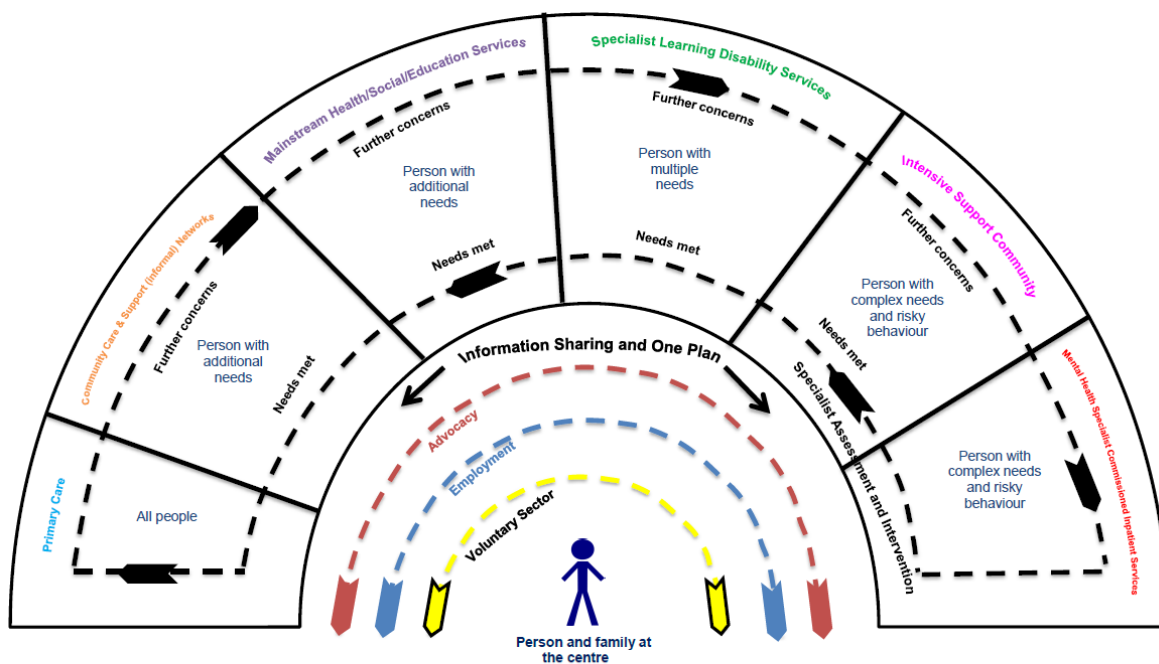
5. Define your model of care

5.1 Proposed service changes

5.1.1 What will your future system look like?

The proposed model is based on the principles described in the national service model and is developed across the life span taking into consideration the changing needs and requirements of people with learning disabilities. Key themes for implementing the Transformation Programme:

- **Choice and control at the heart of ALL service provision and planning**
- **Systematic Early Identification and Intervention**
- **Planned, proactive and coordinated care in the community**
- **Effective Prevention and Management of Crisis**
- **Helping people to stay out of trouble and supporting people who enter the Criminal Justice System**
- **A Consistently Highly skilled, confident and value driven workforce**
- **Equitable service provision and high quality evidence based care in the most appropriate setting**



North East & Cumbria Standards and Principles

National Service Model

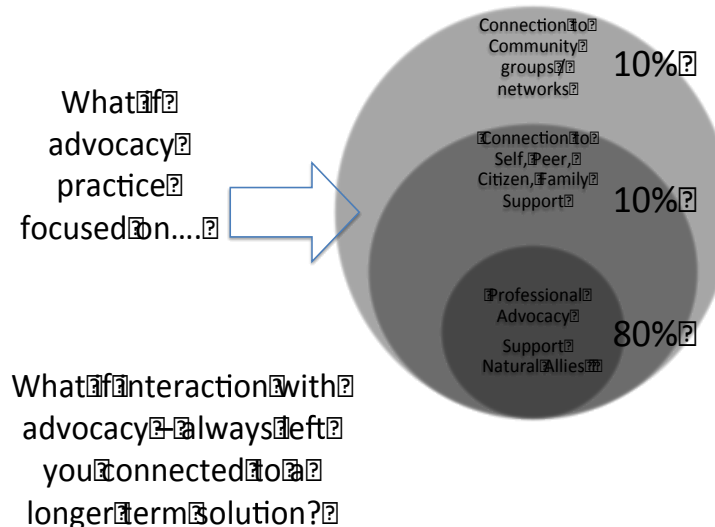
Choice and control at the heart of ALL service provision and planning

This includes a new model for the way advocacy support is commissioned and developed. Improved systems and mechanisms to enable choice and control such as personal budgets and access to accessible information.

Having worked with people with Learning Disabilities, family carers, commissioners and providers in health & social care and advocacy providers, we now have a model that changes the way advocacy support is commissioned and developed. The new model includes:

- **Rethinking Advocacy Commissioning** - to take into account preventative aspects of supporting local communities and the need to invest in people's capital to invest in a longer term vision of individual autonomy in all aspects of people's lives as well as fulfilling statutory advocacy requirements.
- **Rethinking the practice of Professional Advocates** - to rethink how professional advocates practice to ensure they contribute to building people's capital. There are various ways that we could do this including:
 - Developing and investing in natural allies
 - Standard and routine connection to long term preventative approaches
 - Building and investing in people's capital

For example, using funding allocated which would ordinarily fund a Professional Advocate whilst utilising that money differently i.e. to support 80% of a Professional Advocate model and the other 20 percent to support the development of self or citizen advocacy.



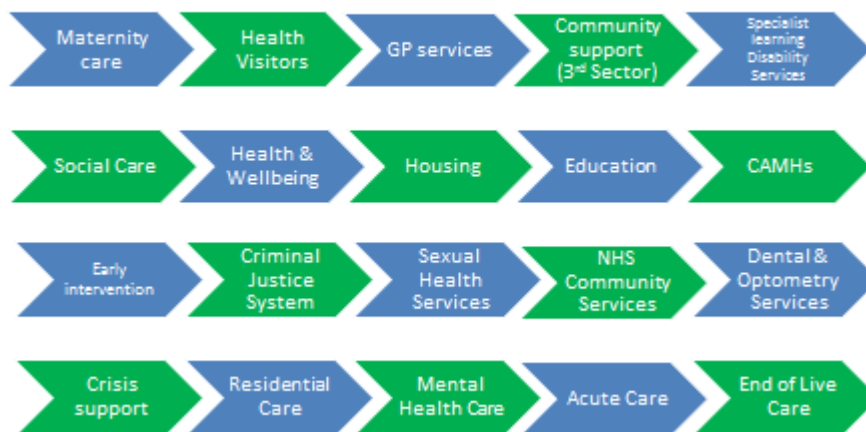
Personal budgets - By extending the use of personal health and social care budgets and supporting people to use and manage these effectively, people will have increased choice and control over all aspects of their life. To support the increased use of personal health budgets systems need to be easy to use and people need good information and will have access to independent advocacy and advice. Many of these support requirements are detailed in the 2014 Care Act.

Systematic Early Identification and Intervention

- New systems will be developed to use information from health (information from a wide range of sources, primary care, maternity services, community

- services, secondary care), social care, schools, criminal justice system) to systematically identify those people at risk of poor outcomes.
- A risk stratification tool will be part of the system to help community based multidisciplinary teams to prioritise the people who require targeted interventions.
 - Proactive, preventative, individualised care will be provided by multi-disciplinary teams. Holistic assessments will be undertaken which will result in a co-produced personalised plan. These holistic assessments and preventative plans will consider all of the wider determinants of health impacting upon the individual.
 - Families are part of the workforce development strategy to ensure that they are also upskilled in Positive Behaviour Support and opportunities for family leadership. This will also raise expectations and hold the system to account.
 - Personal budgets will be utilised to provide a wider range of short breaks to both people with a learning disability and families.

Life Span Approach



Planned, proactive and coordinated care in the community

- Everyone will have a co-produced person centred care and support plan (for children and young people with special education needs this will be an Education, Health and Care plan).
- Care coordinators will be assigned to every individual
- Multidisciplinary community teams will support people with learning disabilities of all ages in the community. These teams will support people on two pathways of care: Targeted early intervention and crisis avoidance and management
- Robust mechanisms will be in place to monitor adherence to the plan
- Pre-admission checks and CTRs are the norm for people as part of an appropriate escalating response which is mobilised to support the individual. In response to increasing complexity a multi-disciplinary CTR should be undertaken in the community. A physical and mental health assessment should be included to provide an holistic assessment for the individual to minimise the need for admission.



- If on discussion within the MDT it is agreed that it is in the individuals best interests that an admission is appropriate then the MDT are responsible for setting goals for admission and discharge. The person will be at the heart of the decision making process alongside input from families and carers as appropriate.
- People with learning disabilities will be living in their local community in housing of their choosing and with people they want to live with
- Physical health needs will be robustly met through reasonably adjusted health and social care services. We will continue to increase year on year uptake of annual health checks for all people aged 14 years and above
- Early indications of deteriorating mental health or behaviour labelled as challenging will be identified very quickly and specialist health learning disability providers will scaffold social care providers to appropriately support people until stability is achieved.
- Joint health and social care commissioning arrangements will be used, pooling of budgets and joint personal budgets will ensure the system can provide flexibility to respond during times of instability in the person's mental/physical health enabling them to remain in their own home as far as possible.
- Resettlement plans for long stay patients (forensic or health based). Care packages will be person centred and delivered in line with the agreed service standards.

Effective Prevention and Management of Crisis

The intensive response to crisis and alternative to admission pathway is a relatively new model in some areas across the North East and Cumbria Fast Track and further work is required to test out, evaluate and refine it. Our model builds upon the Mental Health Crisis Care Concordat.

People will have access to intensive 24/7 multi-disciplinary health and social care support to help prevent family or support package breakdown. It is suggested that as an alternative to admission there are broadly 4 types of 'crisis' response required for those people known to services in addition to the support they would be receiving from the local community teams.

1. The social care placement is breaking down due to staffing issues/burnout etc. previously this has often resulted in an admission as a place of respite/safety. In this situation we would be advocating the release of unqualified but PBS trained staff to support short term while the provider resolves the staffing situation. May be additional 12 or 24 hour support required for 7 days max. A co-produced crisis contingency plan will be agreed with the provider when the service is commissioned.
2. The person's behaviour is deteriorating and staff are struggling to manage the situation. Under direction of qualified staff, unqualified experienced PBS trained staff would be deployed to check that the care plan/behaviour support plan was being adhered to and would provide advice/ guidance and modelling as per the behaviour support plan. This may last up to 4 weeks 24/7 similar to crisis home treatment teams. Further support and training may be provided by the wider multi-disciplinary team as required.
3. The individual's presentation has changed significantly and they are at risk of harming themselves or others e.g. physical health decline/ change to environment. An assessment is required in situ where qualified staff are deployed to carry out observations and assessments within the patient's own environment (assuming that is possible in multi-occupancy tenancies and they are safe). This may last up to 4 weeks 24/7 similar to crisis home treatment teams. Clinical leadership and decision making are key and daily review by senior staff will take place with senior staff contactable 8-8 or 24/7 to provide support guidance and direction. The agreed treatment plan would be overseen by person who is agreed as the most suitable to lead the assessment process (for example Consultant Psychiatrist and psychologist oversight where appropriate).
4. As in 3 but the risk is too high to the person, health staff and /or the person's staff in their home environment and this cannot be safely managed in any community setting and therefore requires access to specific intervention in an inpatient setting
 - a. There are safeguarding issues that cannot be safely managed. This could be around other residents who may be vulnerable adults or it could be that there are children or other vulnerable family members in the household
 - b. There are specific historical risks in the community that mean that it is unsafe to treat them at home

- c. It is not possible to implement assessment/treatment without causing significant distress/disruption/intrusion to others who share the home with the patient
- d. There are legal implications that prevent treatment of this kind being quickly implemented within the home.

For scenarios 1 & 2 the team working with the individual need to put in place positive behaviour and crisis response plans, including detailed challenging behaviour escalation response and emergency management plans that do not focus solely on moving the person elsewhere. The plans will also need to support access when times get hard, and staying in the community setting is not possible, to short term flexible extra practical assistance and a wider spectrum of support resources (with pathways that reduce the length of time people spend in in-patient settings and better manage crises).

Helping people to stay out of trouble and supporting people who enter the Criminal Justice System



11. Specialised Commissioning Fast Track

This strand of the model focuses on:

- The need for brief admissions in the early stages of treatment
- Reduced in-patient beds
- Reduced in-patient length of stay
- Better service level discharge planning
- Working with a different community client group
- Enhanced Community Services offering new community treatment and care packages delivered by an enhanced forensic community outreach team who provide:
 - Comprehensive and rapid assessment (given risks managing in the community), encompassing:
 - Offending and criminogenic need
 - Mental disorder / comorbidity
 - Risk assessment
 - Active community offender treatment
 - Offender treatment programmes
 - Mental disorder / comorbidity
 - Trauma support
 - Addressing social, educational and vocational needs
 - Direct input to support crisis
 - Support and training of adult learning disability and/or AMH teams
 - Primary and secondary prevention
 - Intense home support e.g. if sudden increase in risk and/or reduced ability of home staff to support the service user
 - Promoting resilience in service users and/or carers (family or paid)
 - Complex case management
- CTO recall

- Flexible range of providers of housing and social care support in the community
- More robust transfer pathways
- Prevention:
 - Secondary prevention – identifying those near to offending / reoffending and doing intensive support work.
 - Primary prevention – for example working in to schools etc. alongside CAMHs identifying those at particular risk. Access to a range mainstream preventative services such as drug and alcohol services.

A Consistently Highly skilled, confident and value driven workforce

Positive Behavioural Support will underpin all care and support services - The health and social care workforce will demonstrate competence in positive behavioural support at all levels of organisations measured through the use of the PBS competency framework and contractual arrangements.

PBS training will also be offered to families as part of the early intervention approach. The model will be delivered through the workforce proposals which are described in more detailed on the attached document.



12. Workforce
Development Plan.do

Equitable service provision and high quality evidence based care in the most appropriate setting

All organisations and will adopt the 11 North East and Cumbria principles and care standards which describe the standards and the metrics that will be developed to ensure delivery & measure success. These standards are aligned to the national model and will ensure that care and support is delivered and monitored consistently to the highest levels of quality. Medicines optimisation is also included in the North East and Cumbria care principles and standards and is described in more detail in the enablers section below.




9. NEC Principles and
care standards 28081

The table in the attached document begins to describe how care will be different and what we will measure in relation to each standard.

Key components of our model to ensure that people with learning disabilities can access reasonably adjusted mainstream NHS services:

- Every Acute Hospital Trust has a learning disability liaison nurse that delivers strategic and direct support
- Learning disability primary care liaison is available across the region and will be further enhanced
- Health ‘Quality Checkers’ have also been trained in all localities and this will continue to be strengthened
- Mainstream and green light toolkit

What enablers need to be in place for this system to operate?

<p>Estates</p>	<p>Community based facilities need to be identified and commissioned for assessment, support and development of individual treatment plans.</p> <p>Quality of housing that is flexible to meet individual requirements. Recognising that buildings need to have the potential to be adapted based on the changing need of individuals.</p> <p>They need to be positioned in the community in a place that the individual can access local facilities and become part of the community.</p>
<p>IT</p>	<p>Information Sharing protocols in place and being followed, to allow the sharing of information between organisations providing the different Tiers of service, to support service delivery to individuals and future service planning.</p> <p>New information system / database.</p>
<p>Finances and Commissioning Arrangements</p>	<p>Processes in place to enable joint CCG and Local Authority commissioning, including pooled budgets and risk share arrangements to facilitate commissioning of joint care packages. Financial and Resource agreements in place to facilitate the transition of clients from inpatient to community support. A high quality of information is needed to enable commissioning decisions to be made.</p>
<p>Workforce</p>	<p>See specific workforce section.</p>
<p>System to systematically identify and stratify at risk population</p>	<p>System in place to use data from multiple health and social care records to identify and risk stratify those people most at risk of poor outcomes.</p>
<p>Outcomes framework</p>	<p>A shared outcomes framework will be adopted to measure system and individual outcomes.</p>
<p>Agreed areas for improvement for the use of medicines in people with learning disabilities</p>	<p>The Local Professional Pharmacy Networks (Northumberland, Tyne and Wear LPN, Durham, Darlington and Tees LPN and Cumbria LPN) have agreed to work collaboratively to undertake analysis and identify areas for improvement (recommendation 3 of NHS Improving Quality Winterbourne Medicines programme) in relation to use of medication by people with learning disabilities and behaviour that challenges.</p> <p style="text-align: center;">  13. Use of medicines.docx </p>

<p>Reasonable Adjustments to mainstream services</p>	<p>All people who have learning disability will receive the majority of their care from universal services, with reasonable adjustments. To this end all providers of mainstream health and social care services must understand the variable and varying needs of this group, to communicate well with this population and their carers, and to provide care that is co-ordinated with other agencies.</p>
<p>Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks</p>	<p>Work with CQC to ensure the new models of care and provision will meet the required inspection frameworks. People will be supported in safe places that enable them to thrive and maximise opportunities through flexible and resilient models supported by relevant CQC regulations.</p>

5.1.2 How will this be different for people with a learning disability and their families

North East & Cumbria will be the best place in England for people with learning disabilities to live- individual/family perspective

Current State

- Limited resources across the board
- Left feeling like they are holding and co-ordinating things
- Poor access and support out of 9-5 hours- want somebody there
- No alternatives to admission- hospital or out of area
- Leads to placement breakdown
- Limited access to training and support
- Multiple care plans and meetings
- Not very responsive so things become crises- arranged too late
- Variable intervention

Early intervention future state

The new model of service delivery ensures that the whole system works to support the individual and their family. To ensure this there is a specific focus on early intervention in a child or young person's life. Offering individualised interventions and a response at the earliest opportunity when a person has an emerging need relating to their health and wellbeing.

Early intervention requires:

- Timely/ access 24/7
- 'Hands on' response if required
- Skilled and experienced workforce
- Clarity of what will happen and what people will do and the anticipated outcomes
- Positive partnerships with people families and paid carers
- Collaborative working with all partners
- Positive alternatives to hospital

Peter's Story

Peter is 28 years old and has significant learning disabilities and some physical health problems. He had a difficult upbringing with a number of failed school placements due to challenging behaviours and a series of support workers with no continuity. Since leaving college at 23 he has had limited daily activities and stays at home with his mum. He is on a lot of medication from the GP which he has always been on but mum is not sure what it is for. Mum and Peter have recently moved into the area and have not been known to services locally.

Mum has started to see her GP quite regularly as she is finding it increasingly difficult to cope with Peter and is finding his behaviours more challenging and limiting what she can do as she is socially isolated and has minimal support. Peter has not been to the GP, he has just received repeat prescriptions since the move. He has always struggled to go to the GP.

Peter's mum really loves him and has always cared for him however she is at the end of her tether and worries about what will happen to Peter. She worries that he will hurt her or himself and end up in hospital and not come home. She is desperate for advice and information and to be told how she can help. She wants to be included and to be heard.

Request for help

Assessment

Plan

Managing crisis

Mum is given advice and support while Peter is at school. She has a named person that she can contact who knows her and Peter well. If they are not there she knows she can ring a number for help **24/7**. Peter and his mum are offered a range of services and choose ones that seem to meet their needs best. Mum is also offered some training so she can understand why Peter is behaving the way he is. It also looks at general strategies to help manage Peter's behavior. Peter finds these meetings very hard so his mum will meet with his nurse or social worker and try and get Peter's views or ideas. An advocate is not needed at the moment.

It is not always appropriate for mum and Peter to go out together and Peter needs his own space. Some support is identified for Peter via social care and he is involved in selecting & choosing the staff who will work with him. Peter is prone to periods when he feels very unwell and will 'lash' out when mum asks him to do things. Previously he has had a medication increase to help but the team would like to work with mum and Peter to see if there is anything else they can do. This forms part of the co-produced care plan, which includes funding and was agreed by all, including Peter.

Peter will receive treatment in line with NICE guidance or good practice guidance to support his behavior and also for his moods. He is supported to go to his GP and 'well man' clinics. He receives a treatment package tailored to his needs including support from the local pharmacist to look at all his medication. Peter and his mum will have access to social care to help them with social issues. Peter or his Mum can request a **Review** at any point.

As part of the care plan all have agreed what is best to help Peter **'stay well'**. The crisis contingency plan has been used once. Mum phoned out of hours and while the person on the phone did not know Peter they had all the information to hand so could get some additional support from the social care provider which allowed mum to stay at a new friend's house giving Peter and his staff some space which allowed things to calm down. Previously Peter might have had to go in to hospital. Peter's **GP** will also receive a copy of this plan along with any early warning signs and initial management plan. Copies will also be made available to relevant people in Peter's care plan with his agreement if possible.

5.1.3 How will this be different for staff and providers

- Joint planning, decision making and allocation of resources
- Ease of access to a range of professionals and specialist support when they need it 24/7
- Being part of a multi-disciplinary team focused around the needs of individuals
- Clarity on roles and responsibilities
- Shared values and philosophy with the multi-disciplinary team supporting an individual
- Effective signposting
- Long term commitment to support people safely in their own homes
- Supporting from a range of sources
- Skilled, supported, and resilient workforce

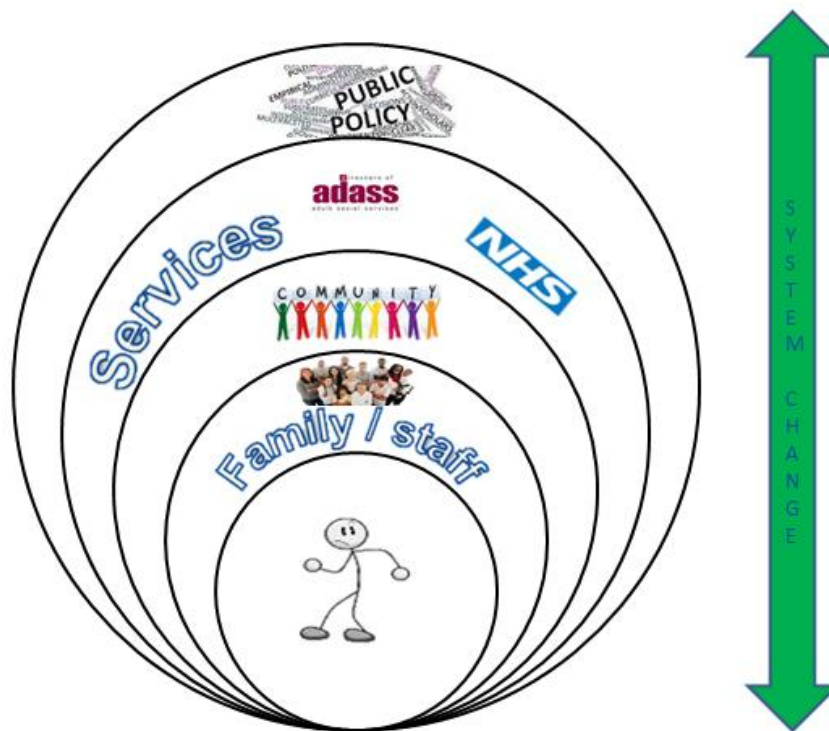
North East & Cumbria will be the best place in England for people with learning disabilities to live- Social care provider perspective

Current State	Future State
<ul style="list-style-type: none"> - Crisis/ Duty team not knowing the person they are dealing with. - No out of hours MDT access - Need one plan not multiples - Limited long term involvement - Poor decision making – someone needs to take the lead. - Limited access to training and support - Not knowing where to go for help when things - Not being listened too, thinking the provider wants extra hours just to increase business and not for the needs of the individual. 	<p>The change in model will ensure the following for social care providers:</p> <ul style="list-style-type: none"> • Crisis contingency plans available to crisis teams (Plan on a page) • Ease of access to flexible specialist support when they need it 24/7 • Effective signposting • Long term commitment to support people safely in their own homes • Support from a range of sources • Skilled and supported/ resilient workforce • Shared values and philosophy within community services • Joint decision making and Trust in the allocation of resources

5.2 Strategic alignment

5.2.1 How does this fit with other plans and models to form a collective system response?

This plan has been developed based on the regional vision and local strategies in line with national guidance.



The North East and Cumbria principles and standards have a focus on early intervention and this is embedded throughout our plans. These address the recommendations made within the “Winterbourne View: Time for Change”, recommendations by Sir Stephen Bubb in “Winterbourne View-Time is Running Out” and other published national guidance.

We have worked with our locality Clinical Commissioning Groups and Local Authorities to develop targeted local plans. This ensures alignment with our regional model of care and the service recommendations outlined within the NHS England National Service Model.

Crisis support is another main focus within our plan. We have developed a regional principle to improve this area of health care to ensure every locality in the North East and Cumbria has a 24/7 community based admission avoidance and crisis intervention service. This aligns with the standard within the NHS England National Service Model of access to specialist Health and Social Care support in the community. There is also alignment to the Mental Health Crisis Care Concordat.

Our regional plan specifies commissioning intentions that will deliver enhanced development of the workforce. This will provide improved support for people with learning disabilities, which aligns to guidance published by NHS England – Ensuring Quality Services regarding the provision of accredited training that is up to date with best practice.

An important aspect of our regional plan and commissioning intentions is that of joint NHS and social care planning is to be undertaken for every individual with joint funding mechanisms in place. This is to commission individualised packages of care

and support. This addresses recommendations in the Sir Bubb report and the Transforming Care Concordat.

Our plan addresses recommendations in the Sir Bubb report relating to advocacy, wherein we will ensure the provision of advocacy services for people and their families in their community and within services.

We will continue to align our plans with the development of joint health and wellbeing strategies, housing strategies, development of vanguard models of care and local mental health strategies. We will utilise joint strategic needs assessments and local and national tools to inform future plan developments.



14. Key policy and guidance references.

5.2.2 What will these changes depend on from other strategies / plans?

Strategies / Plans	Dependencies
<p><i>Transforming Care</i></p> <ul style="list-style-type: none"> • Empowering individuals • Right care in the right place • Regulation and inspection • Workforce • Data and information 	<p>Changes will depend on continue to ensure that the appropriate steps are in place to deliver transforming care.</p> <p>Embedding of the new approach to Care and Treatment reviews as standard will support ensuring that we develop services in the right place at the right time. This will ensure that patients who are admitted to hospital are there for only the time required before returning home.</p> <p>Upskilling and improvement in training for providers of care to people who have a learning disability so high quality care in the NE&C is the standard.</p> <p>Ensuring that there is effective and secure multi agency data sharing arrangements and that these are in place.</p>

<p>NE&C CCG 5 year Plans – Common Characteristics</p> <ul style="list-style-type: none"> • People directing elements of their care • Primary care at the centre • Deliver the needs of our population in an integrated way • Access to services 7 days per week • Closer working with providers • Winterbourne View • New models of care 	<p>People directing elements of their care - People will be involved as much as they want to be in every decision about their care, what care they want and how and where they want it delivered. Patient choice will direct how we continue to commission services in the future.</p> <p>Primary Care at the centre - Primary care will be at the heart of the community, coordinating peoples care. Every contact will count.</p> <p>Deliver the needs of our population in an integrated way - Deliver the needs of the population in an integrated way with a credible alternative to hospital care, with a focus on wrap around support. Requirement for proactive and flexible community provision.</p> <p>Access to services 7 days per week –Access seven days a week to the most appropriate urgent and emergency care, with Primary Care at the centre. Matching capacity to demand.</p> <p>Closer working with providers - Work with providers closely to innovate and develop new ways of working to ensure the adoption of seven day clinical quality standards and the development of efficient and productive services.</p> <p>Winterbourne View – Time is Running Out, Sir BUBB report (6 month independent review of the Transforming Care and Commissioning Steering Group</p> <p>Vanguards & Integrated Care Pilots - Proposed changes to the way health and social care will operate will have an impact on the commissioning of services for people with a learning disability. As the locality plans for transforming learning disability services are further developed alignment to Vanguards and Integrated Care Pilots will be included and learning shared.</p>
<p>Better Care Fund</p>	<p>By April 2020, it is expected that after 5 years of investment from the BCF there is to be improvements in care and outcomes and these will be felt by users across the health and social care community. Impact on funds being transferred to local authorities to manage budgets, especially with schemes and projects which are under way with BCF funding and to ensure they continue and are sustainable.</p>
<p>Joint Health and Social Care</p>	<p>Actions and improvements as directed from the self-</p>

<p>Self- Assessment Framework (JHASC SAF)</p>	<p>assessment to support and enable people who have a learning disability to:</p> <ul style="list-style-type: none"> • Stay healthy • Keep safe and • Live well <p>A key element of the self-assessment identified was the need to improve access to general practice and update of annual health checks.</p>
<p>Draft Service Model for Commissioners</p>	<p>The guidance will be seen as the go to guidance as will incorporate all NICE guidance going forward and this will need to be factored into changes we will make in the NE&C.</p> <p>The 9 standards of ‘what good services look like’. The NE&C regional standards are aligned to these so we can work towards ‘what good looks like’.</p> <p>The development and implementation of joint commissioning teams and arrangements (e.g. through S75 pooled fund arrangements) to pool skills and resources to develop high quality coordinated services.</p>
<p>Mencap - Death by Indifference</p>	<p>Ensuring that all sections of the health and social care services have awareness of learning disabilities especially:</p> <ul style="list-style-type: none"> • Capacity and ability to consent • Key role of carers in interpreting distress cues • Consult and involve families throughout • To be more suspicious when investigating potential health problems to ensure the person receives the correct care and treatment <p>This needs to be at the centre of the patients care and adjustments made to ensure that the person who has a learning disability receives the same high standard of care.</p>
<p>NICE Guidelines</p> <p>Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NG11)</p> <p>Challenging Behaviour and Learning Disabilities Overview (Pathway)</p>	<p>Current guidelines focus on general principles to which NE&C plans are aligned and depend on key steps occurring:</p> <ul style="list-style-type: none"> • Partnership working • Understanding the individual and their specific needs • Organise • Deliver • Promotion of annual health checks • Support for families and carers • Training for staff

<p><u>Proposed Guidelines</u></p> <p><i>Challenging Behaviour and Learning Disabilities (October 2015)</i></p> <p><i>Mental Health in people who have a Learning Disability (September 2016)</i></p>	<p>There are several guidelines being prepared which will need to be reviewed when published in the future to ensure the NE&C continue to provide effective services to continue to meet the needs of our population.</p>
--	---

6 Plan for success

6.1 Workforce, Education and Training Considerations

6.1.1 What are the programmes of change to deliver this new model?

The system-wide transformational change described in this plan requires a robust programme approach to support delivery. The implementation plans are working documents and are being further developed and refined. The following task and finish groups have been identified to take forward the key areas of change:

- IT (Data sharing agreements between health and social care, summary plan for people developed (systems in place to flag and share summary information about individuals between services) and create a system to systematically identify and stratify at risk population)
- Finances and Contracting Arrangements (agreed decision making and specifications)
- Workforce Development (competence framework, Workforce Hub)
- Medicines Optimisation - agreed areas for improvement for the use of medicines in people with learning disabilities
- Market engagement
- Outcomes framework (implementation of standards)
- Pathway development:
 - Early intervention (assessment and care planning)
 - Crisis response (assessment and care planning)
 - Preventing admission (and re-admission)
 - Facilitating timely discharge
 - Children and Young people including transition services
- Rethinking advocacy
- Reasonable Adjustments to mainstream services
- Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks.

Some of the high level milestones are described in the attached documents.



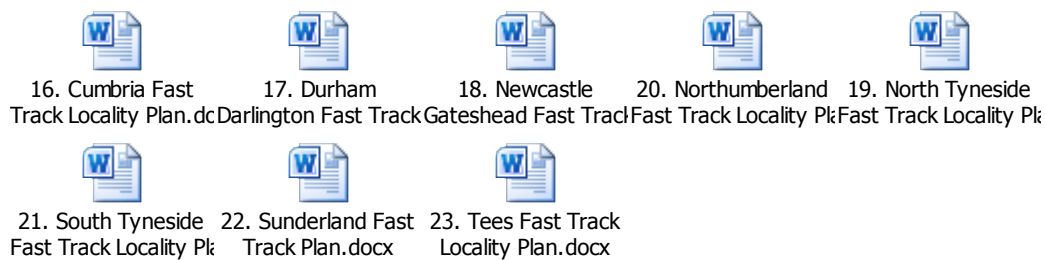
15. Implementation plan Learning Disability



15a. Route Map - Fast Track C and NE.

Each Clinical Commissioning Group and Local Authority in the North East and Cumbria have developed locality implementation plans identifying key actions required to deliver the vision and embed the care principles and standards. Each locality plan closely aligns to the collective principles and standards of the programme and sets out the following:

- What needs to be in place in the locality to deliver the model of care and ensure the North East and Cumbria service and care principles and standards are achieved
- Identification of risks and issues with mitigation plans
- Details of any assumptions and dependencies
- Stakeholder engagement plans
- Proposals for investment



Planned changes will also be considered at a provider level, with clusters of commissioners working collaboratively to ensure optimal service configurations are achieved.

New services will be designed as part of the shift of services to a community setting. The stage of development of these services varies across the region depending on historical commissioning of services. Areas are sharing best practice and learning across the region and adopting best practice seen nationally. Community based service will see the greatest change as set out in the local implementation plans.

New capacity will be required within the community setting; a high level of this is expected to come from existing capacity within the inpatient services shifted to community based settings. Delivery of local plans will need to be supported by robust HR processes to identify staffing requirements and ensure appropriate staff engagement to realign resources. Cultural change needs to be managed with staff within the provider organisations. Capability changes will be needed to reskill and retrain staff and support them taking on new roles as necessary. See the workforce section (7.2) for further details.

Process changes (e.g. pathways) will need to be undertaken to ensure services are designed with the individual at the heart of the pathways. Lean methodology will be one of the tools used to facilitate this. Pathways will be standard where possible providing a single, transparent pathway between all providers. All providers, individuals and their families will understand the pathway and be involved in the design process. The pathways identified for development are as set out above.

System and IT changes will be needed to support the implementation of the new services. Data sharing agreements between health and social care will be developed to ensure key elements of the individuals care are appropriately captured and shared to improve the delivery of their care and outcomes for them as individuals. A summary plan will be created and agreed to share information within the whole system so that staff can proactively manage the care for the patient using accurate and timely information from other partners.

As part of the initial scoping work for the Transformation programme a Driver Diagram was created to help understand the current system and how it needs to be developed to deliver the vision. The diagram is attached below for reference.



24. Driver diagram
scoping work.pptx

6.1.2 Who is leading the delivery of each of these programmes, and what is the supporting team and governance to deliver it?

Key leads / accountabilities, Resourcing and Programme governance

Key accountable leads (as detailed in the locality plans) have been identified for each locality, CCG and Local Authority to provide the main point of contact for their organisation throughout the development and implementation of the programme. The document below sets out the Programme organisation and Structure that includes the key leads roles and responsibilities. The Programme Governance structure and Transformation Programme Board Terms of Reference are presented in section 3.1.

NHS North of England Commissioning Support Unit has provided support to the North East and Cumbria Fast Track throughout the development of their transformation plan. This has included support on:

- Data analysis, intelligence and modelling
- Establishing robust programme structures and establishing a Programme Management Office
- Supporting the North East and Cumbria Learning Disabilities Transformation Board
- Communication and stakeholder engagement
- Sharing best practice and lessons learned
- Supporting development of Service and Care Standards
- Developing funding and commissioning options

6.1.3 What are the risks, assumptions, issues and dependencies?

Are there any material assumptions not already captured elsewhere?

The attached document provides a list of assumptions that underpin the plan and delivery.

25.
Assumptions.docx25a.Trajectory
Rationale_v2.0(23.05)

6.1.3.a Key Dependencies

Organisations that are not part of this unit of planning?

There are other partner agencies that need to be more involved in discussions and they will be included within the stakeholder engagement plan:

- Criminal justice system as we recognise that they will need to be involved in the transfer of people being placed in the community. Need to be aware that there will be some people living in the community that may need additional support and resource.
- Primary care as there will be individuals being supported in the community accessing mainstream services. Raise awareness of the individuals and their circumstances. They may need more intensive support and care management.
- Police so that we raise awareness of the individuals living in the community and provide additional education to the workforce. Police could potential be involved in MDT discussions.
- Council services to raise awareness with them that include housing and leisure providers to ensure people are supported to access services.

External policies / external changes?

Interdependences have been described throughout this plan. The Transformation Board are sighted on these and actions to ensure these are factored into local developments.

The shift of responsibilities from NHS England to CCGs needs to be understood and factored into commissioning arrangements. NHS England and all CCGs are represented within the governance structures for the programme of work.

Education and Health Care plans need to be considered as they are created for individuals and the links with the teams managing people from children to adult services.

6.1.3.b Key Risks

All local plans include the risks and issues that have been identified to date. These and Programme level risks and issues are included within the attached log below. A key risk and concern is that an individual that has been supported in an inpatient setting and moved to a community setting may become more vulnerable. There is a potential higher risk to the individual and people in the community if they are not supported and care for effectively. The mitigation to this is to ensure the individuals do have robust care plans and that they have access to early intervention and a responsive crisis service within the community.

A risk that has been identified is that current providers of inpatient facilities may not be viable with the reduction of beds that are being planned for. There will be a shift of people who step down from specialist commissioned services into mainstream inpatient facilities and community based services. This additional demand will create additional pressures on services that will need to be considered and managed as part of the change programme.

Having high quality service providers that meet the standards and expectations of what a good service looks is a challenge/risk that a number of organisations have identified. The planned market engagement and provider development will address this but the pace of change needs to be timely enough to respond to the demands on community based services.

The attached risk and issues log has the following sections identified within in to ensure all of these elements have been considered and mitigating actions detailed to address these:

- Reputational
- Legal
- Safety
- Financial
- Programme Delivery



26. Learning
Disabilities Risks and I

6.1.3.c Key Enablers for Success

As set out in section 6.1.1 there are a number of enablers that need to be in place for the system to deliver high quality services:

- Estates
- IT
- Finances and Commissioning Arrangements
- Workforce
- System to systematically identify and stratify at risk population
- Outcomes framework
- Agreed areas for improvement for the use of medicines in people with learning disabilities
- Reasonable Adjustments to mainstream services
- Work with Care Quality Commission (CQC) to develop flexible care options that provide bespoke solutions for individual Inspection frameworks

Requirements for procurement of new services?

Some services will be commissioned by existing providers. There will be some elements of the service that will need to be procured.

Individual Service Designs will need to be responsive to meet the individual packages of care within tight timeframes. The plan is to commission with a range of high quality providers so that they can be utilised as individual plans identify the services of specific provider services are required.

There needs to be reasonable adjustments to mainstream services so that individuals are supported to live successfully in the community.

Workforce development and organisational development?

The workforce needs to be fit for practice and purpose with integrated care models understood by all grades of staff across the disciplines. Local plans also include elements of the developments needed for the local workforce.

6.2 Workforce, Education and Training Considerations

6.2.1 Question A

Does the plan require reconfiguration of existing workforce where provider(s) are remaining the same?

The workforce development plan recognises the need for reconfiguration of services and the development of new and existing staff within existing provider organisations. Workforce development is identified as a major priority and key theme for the north east and Cumbria. The learning disability sector across the region is in agreement about the need to develop capacity and competence in local services. Workforce development within the Transformation Programme will ensure we have the right people with the right skills and knowledge and behaviours to deliver personalised, preventative and safe support.

Which providers will need to reconfigure the existing workforce:

The main commissioned NHS providers and others that are locally commissioned will be reconfiguring their workforce:

- Northumberland, Tyne and Wear NHS FT
- Tees Esk and Wear Valley NHS FT
- Cumbria Partnership NHS Trust
- South Tyneside NHS FT
- Northumbria Healthcare NHS FT
- Social Care providers in the community (independent and voluntary)

As part of the market development we will engage with wider provider organisations such as those within the independent, voluntary and private sectors.

Does the implementation plan specify competency frameworks to be deployed in support of workforce reconfiguration? Please Identify.

See embedded Workforce Development Plan.

Health and social care workforce commissioning will influence and shape the labour market including co-producing commissioning plans that are clear about financial investment and disinvestment, take into account the needs of different providers and are rooted in Positive Behavioural Support as a central thread. Developing innovative joint commissioning practice will be required to encourage providers to pool resources, work collaboratively and find creative solutions to learning and competency development.

Commissioners are key in articulating the workforce requirements within service specifications, and including metrics and specific funding for workforce development within contracts. The North East and Cumbria will ensure robust contract management to support providers deliver a workforce with the right people with the right skills, values, culture and knowledge and behaviours to deliver personalised, preventative and safe support.

Does the implementation plan address Positive Behaviour Support/positive and safe related education and training needs?

Across health and social care, statutory and the independent sector the workforce plan specifies: the use of the Positive Behavioural Support Competency Framework that will underpin the development of the North East and Cumbria Positive Behavioural Support Hub; The North East and Cumbria PBS Hub will be co-ordinated, planned, network for the development and delivery of accredited training and bring together local expertise to develop full range of training, supervision and coaching for front line staff, their supervisors, managers and families. The plan states that initial scoping work will be carried out by a local university to undertake action research approach to scope, develop, test, implement and analyse the results of a mapping exercise of workforce development against regionally agreed PBS knowledge, skill and competencies required for all levels of staff.

The scoping work will identify the needs of the existing a future workforce including different roles not currently available. There will be a requirement to develop new education and training across the health and social care workforce. Health Education North East has agreed to lead this workforce development steering group supported by key stakeholders from across the system.

Does the implementation plan identify how Training Needs Analysis will be undertaken and how results will be employed to support effective education and training commissioning?

The initial scoping work will identify needs. This will be undertaken by a local University.

Does the implementation plan identify employment of apprenticeships, assistant practitioners, advanced practitioners and/or physician associates?

Once the scoping work has been completed this will identify the workforce requirements and the skill mix of staff needed to deliver the plans.

Does the implementation plan require the development of any new roles to support the new delivery model?

Once the scoping work has been completed this will identify the workforce requirements and the skill mix of staff needed to deliver the plans.

Is there a requirement to develop new education and training to support deployment of new roles? Please specify.

Please refer to the following Workforce Development Plan for details of the above:



12. Workforce
Development Plan.do

6.2.2 Question B

Please refer to the Workforce Development Plan as above.

It is to be expected that workforce commissioning will need to influence and shape the labour market including co-producing commissioning plans that are clear about financial investment and disinvestment, take into account the needs of different providers and are rooted in Positive Behavioural Support as a central thread.

Developing innovative joint commissioning practice will be required to encourage providers to pool resources, work collaboratively and find creative solutions to learning and competency development. Commissioners are key in articulating the workforce requirements within service specifications, and including metrics and specific funding for workforce development within contracts. The scoping work to be undertaken will provide the capacity and capability across all providers to identify workforce, education and training needs. The nationally agreed Positive Behaviour Support Competency Framework will be deployed in our workforce development plans. We are investigating the advantages using the PBS competency framework to enable expansion of initiatives to incorporate broader workforce development programme similar to the same developed by Health Education West Midlands.

Learning disability leadership programme: The North East and Cumbria will proactively develop leaders who have both the skills and ambition to lead today and in the future across the health and social care systems especially with a focus on transforming services to redress the poor outcomes that continue to occur for many people with a learning disability.

The aim of the programme is to identify as a minimum, learning opportunities for 15 senior leaders and provide a comprehensive leadership joint health and social care development programme. An additional aim is to identify learning opportunities for at least 5 family carers within the cohort. Nominations will be encouraged from senior commissioners from a range of backgrounds across Local Government and the NHS who have experience and passion about learning disability.

6.2.3 Question C

- What is the estimate of costs for workforce, education and training elements within answers to Question A?

- What is the estimate of costs for workforce, education and training elements within answers to Question B?
- What is the estimate of total costs for workforce, education and training elements within answers to Question A and B?

£188,938 is sought from Transformation Programme budget to resource the following:

- PBS Training delivery team £101,500
- Workforce development in dentistry £17,438
- Learning disability leadership programme £70,000

Match funding arrangements are in place with Health Education North East who are fully supportive of the proposals and have agreed to lead the workforce development task and finish group. HENE has committed £100,000 initially to provide resource for the scoping work (£30,000) and a contribution (£70,000) to the Learning Disability Leadership Programme.

The leadership Programme will cost £200,000 in total so discussions are underway to source funding from Health Education England, North East Leadership Academy and Academic Health Science Network for the outstanding resource required for the Leadership Programme which is £60,000.

6.2.4 Stakeholder Engagement

Who has a stake in this plan?

The key stakeholders that have been identified and we are actively working with include: the 13 Local Authorities across the North East and Cumbria, 11 Clinical Commissioning Groups across the North East and Cumbria, the North East and Cumbria Learning Disability Network, NHS England Specialised Commissioning, the NHS service providers including primary care, community services, acute care, specialist learning disability service providers, North of England Commissioning Support (NECS), people with learning disabilities, carers and their families, the voluntary and community sector, NHS England Learning Disability Transformation Team, wider stakeholders such as public health and the criminal justice system, private providers of services for people with learning disabilities and regulators.

The embedded diagram shows all stakeholders involved in the development and delivery of the programme at a high level.



27. Stakeholders
with key roles and res

People, Families & allies will contribute to the development of the Transforming Care plans, actions & changes including the integration of the broader issues for people with learning disabilities in the North East & Cumbria.

As in section 7.1.3a there are some stakeholders we need to further engage with such as the criminal justice system, children's services, primary care and wider council services to ensure they are involved in developing services and/or aware of the impact they will have on individuals.

A Confirm and Challenge Group has been established to enable people with learning disabilities, their families and representatives to link with the regional Winterbourne View Group to offer solutions, ideas and questions. The group will also identify those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A representative from the Confirm and Challenge Group attends the Transformation Programme Board, supported by Inclusion North. The role of the group is to make sure stakeholders have a way of working with local people on plans, decisions and checking, share the easy to understand information and make sure there are local updates and base their work on what people and families say is important.

This will be achieved by working with a small group of self-advocates & families with an interest in or experience of the issues to:

- Provide a confirm & challenge function to the regional group – offering solutions, ideas & questions
- Get to grips with the issues – understanding it and preparing for work with colleagues at the regional groups
- Identifying those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support.
- Agreeing one or two outcome measures from the regional groups' priorities that the group can create information on to help local leaders
- Linking to local & national ideas or debates
- Follow up actions agreed with the group between meeting
- Support the members to design (& then implement) a way of sharing their learning & work with other self-advocate & family leaders

We are in the process of establishing a working group relating to specialist services to begin this work programme and there is a well-established secure services forum to which representatives of all the key stakeholders are invited.

To make the plan work, the involvement of service users and carers will be essential. We already have good links with the national service user group and the service user group at TEWV have been leading on a number of national service user led initiatives like 'My shared pathway' which is a collaborative approach to care planning incorporating the implementation of service user audits of CPA processes. We would wish to continue with this relationship and would do this via the vehicle of the national recovery and outcomes group.

Please see embedded the communication and engagement plan. The easy read summary of the plan has been uploaded separately.



28. Fast track
learning disabilities tr:

How have they been involved?

There have been many stakeholder involved in the production of this plan. Preceding the Fast-Track work, for over 3-years, the regional Learning Disabilities Network, Local Authorities and Clinical Commissioning Groups with partners have been active in the North east and Cumbria. There have been a number of working groups including the Learning Disability Clinical Leads Forum that includes Local Authority and senior health colleagues working together on a wide range of service issues including post-Winterbourne / Transformation activity.

This work has fed directly into the regional ADASS learning disability work stream, chaired by Lesley Jeavons (Deputy SRO for the Fast track area), which features identified representatives from each Local Authority. Consequently, Local Authority representation and participation has been significant in a number of planning workshops and seminars which have informed the Fast Track plan, playing a key role in relation to provider engagement and market management.

A number of engagement events have taken place as the vision and plan have been developed. A wide range of stakeholders were involved in a region-wide event in April which set the vision for transforming learning disabilities across the North East and Cumbria.

At the event and subsequently, stakeholder representatives have considered the evidence of key issues identified by people and families about local services to inform their transformation work. This includes work on advocacy in the North East and nationally (as previously stated). This work is informing locality plans in each area. This includes:

- issues identified by the North East Partnership between 2012 to date;
- themes of feedback around rights of people and their families connected to housing, choice and security of tenure in the Bubb report;
- the key points raised at the national event hosted by Change In the North East (a joint consultation event with people and families on the Green Paper);
- feedback from local groups and providers' involvement of groups in their localities;
- the kind of support, models and rights people expect being fed back through local reference groups linked to providers in and across the localities.

There has also been feedback from some people in the North east on Finding Common Purpose. <http://www.local.gov.uk/web/lq-procurement/health-and-social-care>.

The Confirm and Challenge Group has set principles they believe all stakeholders should adopt as part of the Transformation Programme and also recommended ways of working in a report to the Transformation Board as embedded in the next section.

The development of this plan has required a range of experience, expertise and skills including a breadth of clinical and social care expertise from across the system, to challenge and refine the model of care and pathways. Even wider engagement and involvement is required to develop the detailed plans that support this transformation programme and the involvement of service users and carers will be essential. Particular areas of focus for further engagement activity include, the Criminal Justice System, housing, children and young people’s commissioners and providers, Healthwatch, public health and education.

How will they be involved in the future?

A wide range of stakeholders are represented on the Transformation Board. Further work is currently being undertaken to complete the detailed mapping of stakeholders for each area as part of the region-wide strategy for communications and engagement and a specific recommendation from the Confirm and Challenge Group.

Further work is needed to clarify future governance arrangements with all stakeholders to ensure they all know what the approach is going to be to oversee the delivery of the Transformation Programme. The processes for decision making regionally and locally need to be explicitly understood and embedded.

There needs to be engagement of wider commissioning and provider teams not just the stakeholders who have already been working to produce the current plans. The clear rationale for service change needs to be communicated and the ‘What’s In It For Me’ framework will be a good tool to build on the process of further engaging with stakeholders.

Co-production of the plans is important to all key stakeholders. A group of people with learning disabilities and family representatives supporting the transformation board work will provide ‘confirm and challenge’ support (the Confirm and Challenge Group who will report to the Transformation Board). They have recommended that detailed stakeholder mapping is shared for each of the localities and the Confirm and Challenge Group will, in turn, connect with other groups across the region (see embedded document ‘working with people recommendations’).

The North East and Cumbria are committed to engaging with people with Learning Disabilities and their families as detailed in the attached document that the Transformation Board are fully supportive of:



30. Working with
people recommendati

The communication and engagement strategy and plan is being developed at a North East and Cumbria-wide level and will be aligned to each locality, and to national communications.

The communications lead will be part of the national communications group. These activities will make sure that the Transformation Programme Board can continue to

gain the commitment for change and transformation. It is designed to sustain the commitment of key stakeholders and to drive the transformation of the care for local people, their carers and families with experience of learning disabilities. It will be tested with the Confirm and Challenge Group, which underpins the co-production approach.

A cascade communications approach will be used to align key messages through existing communications channels through each stakeholder organisation in accessible and easy read formats and align these with local engagement plans. There will be a regular process of review through a transformation programme communications and engagement 'virtual' sub group and the Confirm and Challenge Group led by the project manager and the communications and engagement support.

We will plan, and track, all communication and engagement to make sure that it is supportive and timely, avoiding information overload for stakeholders, at the same time continually/ regularly reviewing the level of engagement.

An iterative process will be used undertaken by a communications and engagement sub- group of the transformation board. Plans and delivery will be monitored to gauge the effectiveness of messages with the Transformation Board and the Confirm and Challenge Group, as well in each locality with key stakeholders. The general approach will be to gather input, develop the strategy and plan and execute it with the co-production of people with learning disabilities, through North East and Cumbria representatives supported by Inclusion North and through each of the localities.

We have already started to consider what works best for each of the localities as part of the stakeholder mapping and will build on this feedback. As part of the stakeholder mapping we are currently in an inquiry phase the "inquiry phase" to develop a community of practice; alongside what we already know. Through this we will be able to identify our audience, purpose, goals, and vision for this community and our strategy for communicating with it. Key stakeholders on the Transformation Board and wider are being asked about gaps (is everyone involved who should be) and key issues (learning and best practice, tasks, gaps, specific and recommended communications channels).

This community of practice will provide the shared context and support key messages, enable dialogue, stimulate learning between stakeholders as part of the Transformation Programme, capture and diffuse existing knowledge to help people improve their practice, introduce collaborative processes to groups and organisations, generally helping people organise around purposeful actions that deliver tangible results to transform local services.

A confirm and challenge group has been established to enable people with learning disabilities, their families and representatives to link with the regional Winterbourne View Group to offer solutions, ideas and questions. The group will also identify those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A confirm and

challenge checklist as below has been developed to help support the development and delivery of the Fast Track plan and this will be used throughout implementation by all partners in the programme.



31. Confirm and challenge checklist.doc

7 Financials

7.1 What investment is required and what are the programme costs of delivery?

The North East and Cumbria Region are requesting Transformation funding of £2,710,900. The funding requirement is made up of a revenue requirement of £2,240,900 and a capital requirement of £470,000.

In summary the Transformation funding will be used as follows:

Key area of Required Funding	Required Revenue £	Required Capital £	Total £
Strengthening and Developing Community Support	1,031,500		1,031,500
Workforce Development	256,400		256,400
Market Development and stimulation	44,500		44,500
Transitional placements/ emergency capacity and support for partial closures	623,500		623,500
Modifications, Refurbishments/ Capital works/ and provision of specialist Equipment		470,000	470,000
Project support and Development	135,000		135,000
Support to VCS and Community Groups	50,000		50,000
Rethinking Advocacy	100,000		100,000
Totals	2,240,900	470,000	2,710,900

Match Funding – Our Local Buy In - £2.711m

The North East and Cumbria Clinical Commissioning Groups and key stakeholders can demonstrate a serious commitment to transforming Learning Disability services

having committed to investing over £2.711m between them in new or improved Learning Disability services in the 2015/16 financial year.

Key elements of this investment include

- £1.4m investment in a new service to support ADHD and ASD across Northumberland and Tyne and Wear commissioned from Northumberland Tyne and Wear Mental Healthcare Trust
- £800k investment in community services to improve provision for Learning disabilities across Teesside and Durham areas
- £150k investment in Advocacy, Co-production of plans and Carers support
- HENE have also committed £160k of funding to support and match fund workforce development included within the Transitional bid.

The region believes that if funding is approved for the bid it will:-

- Be deliverable in the timescales
- Support the development of a sustainable model to drive forward the Transformation of Learning Difficulty services
- Allow the shift in service delivery to become a reality
- Ultimately support the ambition and aims of the Region

Further detailed analysis and modelling is underway to develop the underpinning financial model, complete the NHS England finance template and further describe the planning assumptions. A summary of the initial working assumptions is included in Section 6.1.3.



32. Bid Summary
Transformation Fund.



33. Key areas within
NE&C Bid.docx



34. Transformation
Funding 170915.docx



35. NE&C Proposed
Trajectories.docx

This page is intentionally left blank

The Gateshead Plan

Locality Area(s): Gateshead Council/ Newcastle Gateshead CCG

What needs to be in place in your locality to deliver the model of care and ensure the NE&C service and care principles and standards are achieved?

To ensure that the standards are met and that community support is always the first choice the following approach is proposed: A person centred approach to assessment and care planning, which means looking at the whole person rather than a set of actions to meet 'assessed need' which is largely based around particular medical diagnosis or individual tasks which do not look at the bigger picture. To look at support needs more proactively and allow greater choice and control, this all starts with the allocation of a budget. Once an indicative amount is allocated, person centred support planning can begin; to allow greater choice and control people involved in the process must be supported to take a positive approach to risk and allow the person to make informed decisions – this will require a re-think of how effectively we communicate with people who have a learning disability and their families and how this impacts on their ability to be true decision makers. To facilitate these changes the following will need to happen:

- Training of current workforce in health, social care and provider settings in relation to person centred practice, positive risk taking, effective communication and supporting decision making.
- A re-think on how personal budgets are allocated so individuals have an indicative amount that they can use to plan their support to meet their needs
- A change to the assessment and review process so it looks at the person as a whole and their own unique circumstances.
- A programme of engagement and consultation with people who have a learning disability and their carers to determine what would makes things work better or them.

- Greater provider engagement and market shaping to enable providers to develop new offers and have a greater emphasis on outcomes. There is a need to attract new providers to the locality.
- Health and social care to work together to ensure that services are complimentary and also that specialist services are there when people need them to avoid unnecessary hospital admission, such as extended working times for behavioural support teams.
- Build on the success of the learning disability Accommodation and Support Group to ensure that there are different types of accommodation available, and where people share they are appropriately matched.
 - Steps have already been taken to improve things for people; housing socials take place whereby people who have chosen to share accommodation have the opportunity to meet others and explore the potential to live together.
 - For low needs a concierge service is already in development.
 - Discussions are taking place with RSL's to look at the potential for the development of 'Core and Cluster' type schemes and/or flexible accommodation in the community which adapts as needs change, but keeps maximising independence at the core with the use of assistive technology solutions.
 - A project is underway to look at learning disability residential care and the potential for this to be changed to shared accommodation.
 - Terminology and the current set up of ISL's are being looked at to see how they can be better configured and better organised around the person rather than the needs of a staff rota.
 - Complex and forensic services need to be developed; this will factor as part of a commissioning project which is currently underway to set up a framework for support provision; this also creates an opportunity to reshape expectations of providers and also introduce more flexible contracting models so choice and control is not hindered by bureaucracy.
 - Further dialogue needs to take place to look at step up/down provision in the locality.

RISKS, ISSUES & MITIGATIONS

Risk that...	Caused by...	Impact (H/M/L)	Likelihood (H/M/L)	Mitigation	Owner
Change does not happen at a fast enough pace	<ul style="list-style-type: none"> ➤ Potential changes to staff terms and conditions, such as working hours. ➤ People resist shifts in power and control. 			Staff are engaged in any change process to maximise the potential for them to come on board and be accepting of any changes.	
Lack of funding/financial barriers prevents progress	<ul style="list-style-type: none"> ➤ Reduction in staff necessary to make change and deliver services. ➤ Lack of investment in infrastructure to make necessary changes. ➤ Lack of investment in the training needed to create a culture change. ➤ Parties are too protective over budgets 			<p>Ensure key enablers are on board with the process, including Councillors and Senior Personnel.</p> <p>Look at what existing knowledge and skills are available within the key stakeholder organisations to support the process.</p> <p>Bid for funding from the transformation fund to assist in culture change.</p> <p>Consider what changes to infrastructure are necessary, explore more efficient alternatives e.g. role of providers, third sector and community.</p> <p>Explore alternative funding solutions such as aligned or pooled budget arrangements.</p>	
Reluctance to change how personal budget is allocated.	Fear that this will result in greater expenditure.			<p>Cost benefit analysis to be undertaken</p> <p>Case studies to be developed</p> <p>Experienced person centred support planners and brokers in place (may be existing personnel or externally commissioned)</p> <p>Incentivise outcomes in contracting model.</p>	
Local Authority and CCG reputation will be damaged	<p>Not complying with national guidance and legislation – Care Act, Human Rights Act, Mental Capacity Act.</p> <p>Failure to work in accordance with principles of best practice.</p>			<p>There is a commitment to the transformation programme from both parties.</p> <p>There are internal processes to check compliance with the law.</p>	

ASSUMPTIONS AND DEPENDENCIES

There are currently 4 Gateshead residents in Northgate hospital and 1 person part of the CAHMS service.

We know the people who are in hospital, but a better understanding of why people are admitted is needed so this can inform what exactly needs to be put in place to prevent re-admissions and support the bed closures programme over the next 5 years.

An improved understanding of future need is required to inform thinking about robust models which will be flexible enough to respond to changing needs of people moving through services.

The success of the project is dependent on all of the key leaders taking responsibility for themselves and their organisations to engage with the programme, complete identified actions and attend meetings when scheduled.

PROPOSALS FOR BIDS

What funding is required to deliver? Please provide robust costings

How could they be financed in the short and longer term – Central £10 million pot (including match funding), CCG funding, redirection of funds from hospital to community care, dowries

To pump prime the transformation programme in Gateshead any funding will be used for the development of complex needs support with a particular emphasis on positive behaviour management. A small cohort of providers will be identified and a framework will be developed. The funding will enable greater investment in skilling up these providers; this will range from specialist training in Positive Behaviour Support, Active Support principles, as well as working closely with providers so they fully understand their expectations and develop their services appropriately. This will cover aspects such as ongoing recruitment and retention, training requirements; support planning, managing risk, supervision and support, behavioural monitoring, access to specialist mentoring or supervision, systems for reflecting on and developing support strategies in a timely way. This process will involve significant engagement with providers to develop provision in this area and ensure services will be fit for purpose and be successful in preventing future hospital admission. To support this, the following funding will be required:

Funding Requirements	Oct	Nov	Dec	Jan	Feb	March	Potential Cost LA*
Training of current workforce in person centred practice, positive behaviour support.							Training cost £15k
Revisit how personal budgets are allocated in order to maximise choice and control for individuals.							Resource cost
To further develop an integrated person centred reviewing and assessment process so it looks at the person as a whole and takes into account health their own unique circumstances.							£15k
A programme of engagement and consultation with people who have a learning disability and their carers to determine what would makes things work better or them.							£2.5k
Greater provider engagement and market shaping to enable providers to develop new offers and have a greater emphasis on outcomes. There is a need to attract new providers to the locality.							£2.5k
Health and social care to work together to ensure that services are community based and specialist services are there when people need them to avoid unnecessary hospital admission – 8am to 8pm provision from Community Teams.							£10k

***CCG have agreed match funding of £45,000**

This page is intentionally left blank



TITLE OF REPORT: Child and Adolescent Mental Health Services (CAMHS) Transformation Plan

1. Purpose of the Report

To seek the views and approval of the Health & Wellbeing Board for the CAMHS Mental Health Services Transformation Plan.

2. Background

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead City Council ("the Partners") have agreed to work together with our communities to plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead. Nationally, regionally and locally there is recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met.

NHS England guidance for local NHS teams sets out ambitions for CCGs working closely with their health and wellbeing boards and partners on the development of Local Transformational Plans to support improvements in children and young people's mental health and mental health and wellbeing

The impact of not meeting the mental health needs can be significant for the child or young person, their family and our communities with strong evidence supporting the importance of positive emotional and psychological well-being in children and young people. Mental health problems in children may result in lower educational attainment, impact on the family and result in offending and antisocial behaviour.

The negative consequences of not acting early or offering the right support at the right time often place preventable costs and demands on health, social care services, schools and the youth justice system.

Currently there is a fragmented system for supporting children and families, within challenging financial circumstances and there is a need to focus on an integrated, early response service. By working together we will develop a new way of working that ensures a joined up approach in the commissioning and delivery of children and young people's mental health services with no duplication of provision and a single

pathway to the right support at the right time. We want emotional wellbeing and mental health is everybody's business across universal, targeted and specialist provision.

3. Proposal

The CAMHS Transformation Plan accompanying this report sets out the current position of mental health services for children, self-assessment and proposed areas for development in the future. NHS Newcastle Gateshead CCG have been allocated £287,830 to deliver/improve Eating Disorder Services across the Newcastle Gateshead area and a further £720,466 to improve the mental health and wellbeing of children during 2015/16. Further funds are expected in 2016/2017 and beyond if plans are assured. A high level summary of the plan is also attached. The full suite of documents relating to the CAMHS Transformation Plan can be accessed through Council papers online for the HWB through the following link:

https://myservice.gateshead.gov.uk/Committee/..lg/committeesearch.page?org.apache.shale.dialog.DIALOG_NAME=gfcommitteesearch&Param=lg.Committee

4. Recommendations

The HWB is asked to sign-off and support the CAMHS Transformation Plan.

Contact: Mr Chris Piercy, Executive Director of Nursing, Patient Safety and Quality, Newcastle Gateshead CCG Tel: (0191) 217 2617

Annex 1: Local Transformation Plans for Children and Young People’s Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people’s mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people’s mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

The lead accountable commissioning body for children and young people’s mental health at local level.

NHS Newcastle Gateshead CCG working in partnership with Newcastle City Council and Gateshead Council through the CAMHS Collaborative Commissioning Board, which feeds up into the Newcastle Gateshead Mental Health Programme Board and vertically to each of the LAs Children’s Trusts.

- Dr Guy Pilkington, Chair of NHS Newcastle Gateshead CCG - guypilkington@nhs.net
- Chris Piercy - Director of Nursing, Patient Safety and Quality - c.piercy@nhs.net
- Dr Dawn Scott Principal Public Health Consultant, Newcastle City Council (on behalf of both councils and the CCG) - dawn.scott@newcastle.gov.uk
- Sophie Stallworthy – Project Manager - Sophie.stallworthy@newcastle.gov.uk

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people’s mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

We have embarked on a 2-3 year redesign of our child and adolescent mental health provision from prevention to intervention, with young people and families at the heart of this redesign. We will collaboratively design and recommission where appropriate a whole system approach to family mental health including mental health promotion and early support underpinned by evidence based practice.

With a focus on helping all families in which there is a child or young person (0-25) and in which one family member (child or adult) has a mental health problem.

The approach will have the following priority areas of action:

- Eating Disorders
- CYP IAPT
- Learning Difficulty
- Crisis response
- Vulnerable groups
- School intervention
- Early intervention
- Personality Disorders
- Workforce development

Our model will be underpinned by the Thrive Model - The AFC–Tavistock Model for CAMHS.

We seek to shift investment over a specified period from reactive interventions to early intervention. As such we will ensure our specialist services are fit for purpose, only those who need to be there will be referred, and where access is deemed appropriate our services will be 'easy in and easy out'. In order to do this we will ensure our universal staff are competent and able to assess and intervene as soon as possible, to refer to a wider range of programmes of support, suitably qualified staff and evidence based programmes.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

We have

1. A project manager and a PH consultant leading the day to day work across the organisations in developing the transformational work, alongside colleagues from the CCG, the local authorities and specialist commissioning.
2. Established a clear and robust project plan and governance framework, and a timeline demonstrating our planned activity.
3. Completed the baselining stage so we better understand the money we are spending on different parts of the whole system, and the prevalence and incidence of mental health in our area, the waiting times and other key performance indicators to better understand access and quality of care issues – including some intense additional work with the present provider to address waiting times.
4. Tendered and successfully appointed an organisation to train and support young people as commissioners

5. Helped secure additional funds through a local VCS bid for engagement and involvement work with children and young people (service users) to explore their experiences using the Arts (Paul Hamlyn Foundation).
6. An Engagement Strategy has been developed.
7. The new CAMHS Collaborative Commissioning Board and the Advisory group are operational.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

We will have

- A collective understanding of the scope of the work, and our shared spend based on the 'Case for Change' document.
- Shared our intentions with our public – children, young people and family's via public facing communications and a range of consultation events.
- Populated the CAMHS modelling tool, and have started to contribute to the evaluation of its use.
- Started to update and / or created clearer pathways to different parts of the whole system.
- Established a clearer understanding of the needs of our most vulnerable young people and their families. Additional work needs to be done to ensure a fair and targeted offer to the following:
 - Care Leavers,
 - LAC,
 - Adopted children,
 - Those with Learning Difficulties,
 - Those in the youth justice system
 - And those young people not in education, employment and training.

Any in year variations to present contracts will have been agreed.

Our performance management will be enhanced.

We will re-examine and start to improve our present Community Eating Disorder services for children and young people, ensure it is evidence based, and extend it into Gateshead.

<5 CYP IAPT – further develop evidence based parenting programmes will be in place, rolling training out to a range of suitable practitioners to build capability and capacity. This additional work can start as soon as funding becomes available.

We will have commenced the work to enhance the smooth transition from children to adult services where required, or out in to community or universal support systems.

We will have started to develop early intervention and crisis response pathways.

We will have established the level of parental (particularly maternal) mental health to help us better understand the perinatal care required through our work with maternity and health visiting services.

We will have commenced our new consultation work with children, young people, families, providers and professionals, and will have our initial findings to influence future service design.

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

An understanding of Eating disorder models of care in other areas.

Workforce development guidance.

National / regional working group to support progress against the transformation plans.

Ongoing support from NHS Specialised commissioning.

Recurrent funding.

If any further formal sign off is required we need a good level of advanced notice as working collaboratively across two LAs and the CCG is complex.

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list



CHILD AND ADOLESCENT MENTAL HEALTH TRANSFORMATION PLAN 2015-2020

Our Joint Vision, Principles and Plan

“Expanding Minds, Improving Lives” – motivating and working together to transform children and young people’s mental health



Acknowledgements

To our children, young people and parents who have already engaged at this early stage.

To all the commissioners, project managers, leaders and frontline staff across Newcastle and Gateshead who have already focused their attention and resources on helping us kick start this transformational change.

To all members of our new Collaborative Commissioning Project Board, Project Team, Advisory Group and sub groups who have moved this work forward with passion and commitment.

To NHS England for the Collaborative Commissioning financial support to help us put the right process in place.

The Local Transformation Plan has been led by the Principal Consultant for Public Health and the Expanding Minds, Improving Lives Project Manager and has been jointly written by the Collaborative Commissioning Project Team (with representatives from NHS Newcastle Gateshead CCG, Newcastle City Council, and Gateshead Council, and North East Commissioning Support Unit). The work has been further supported by the expertise and knowledge of the NHS England Specialist Commissioning Service.

Contents Page

Introduction.....	1
Our Action Plan.....	3
Action Plan Summary 2015-2020.....	11
Appendix 1 – Our Collaborative Journey.....	14
1. Introduction	
2. Expanding Minds, Improving Lives	
3. The Thrive Model	
4. Our Communities at the Heart of the Transformation	
5. Working with Our Partners	
6. Understanding our Communities	
7. Present Configuration of Services	
8. Children and Young People’s Improving Access to Psychological Therapies	
9. Finance	
Appendices	
Appendix 1 – Expanding Minds, Improving Lives Governance Arrangements	
Appendix 2 – Collaborative Commissioning Project Board Terms of Reference	
Appendix 3 – Advisory Group Terms of Reference	
Appendix 4 – Young Commissioners Role Description	
Appendix 5 – Advisory Group Key Messages October	
Appendix 6 – Updates from the Chair of the CCP Board	
Appendix 7 – Call for Evidence summary	
Appendix 8 – Infant Mental Health Consultation Report	
Appendix 9 – Draft Case for Change	

1. Introduction

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

Nationally, regionally and locally there is a recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met.

The impact of not meeting the mental health needs can be significant for the child or young person, their family and our communities:

- There is strong evidence supporting the importance of positive emotional and psychological well-being in children and young people.
- Mental health problems in children may result in lower educational attainment, impact on the family and result in offending and antisocial behaviour.
- The negative consequences of not acting early or offering the right support at the right time often place preventable costs and demands on health, social care services, schools and the youth justice system.

Currently there is a fragmented system for supporting children and families, within challenging financial circumstances and there is a need to focus on an integrated, early response service.

By working together we will develop a new way of working that ensures a joined up approach in the commissioning and delivery of children and young people's mental health services with no duplication of provision and a single pathway to the right support at the right time. We want emotional wellbeing and mental health is everybody's business across universal, targeted and specialist provision.

This Local Transformation Plan, which will be published in November 2015, has been produced collaboratively with partners, and reflects the increasingly close relationships between the CCG and the local authorities. Recent legislation (the Care Act 2013, Children and Families Act 2014) is driving joint commissioning, and there is a recognition by all that by working together we have more opportunities to improve outcomes for our communities.

We are committed to ensuring that children and young people and their families are at the heart of the transformation. We will ensure the views and

experiences of those who have, are or may use services are listened to and respected.

Against this context it is also important that we maximise cost effectiveness, including shifting some of our funds upstream into a stronger prevention and early intervention model. The CCG and local authorities all face financial challenges. Over the last 5 years local authorities have been significantly reduced - Newcastle has faced cuts of £150m over 2010/15 with a further £90m anticipated for 2015/18, whilst Gateshead has faced cuts of £90m since 2010. A further £46m is anticipated for 2015/17. Across the NHS a funding gap of £30bn by 2020/21 has been identified to maintain high quality services. Newcastle Gateshead CCG's finance plan for 2015/16 includes efficiency plans totalling £23m

We are guided by the Future in Mind aspirations to improve services by 2020 and our own local plan hopes to accelerate this work through a three year plan of improvement using the 10 key priorities from the Executive Summary, but adapting them to ensure they are locally relevant. In this plan we set out how we intend to do this over the course of our 2-3 year journey, and our key priorities for continuous improvement.

[Expanding Minds, Improving Lives](#)

“Expanding Minds, Improving Lives” is a time-limited project which has been established to drive the transformational change in Newcastle and Gateshead. The purpose of the project is to radically transform how the emotional wellbeing and mental health needs are support, through a collaborative and co-productive model of service design.

“Expanding Minds, Improving Lives” is led by a Principal Public Health Consultant and benefits from a dedicated Project Manager. A small project team, made up from representatives from each of the three collaborative partners drives the day to day work of the project. The project is also supported by an Advisory Group made up of key stakeholders from across Newcastle and Gateshead and a group of Young Commissioners.

In order to understand our collaborative journey so far and how the “Expanding Minds, Improving Lives” project will support the Transformation Plan from understanding our communities, the present configuration of services and our engagement and involvement plans please see [Appendix 1](#).

2. Our Action Plan

We are still at the early stages of our transformation journey led by “Expanding Minds, Improving Lives”. As we are highly committed to engaging children, young people and families alongside professionals in the development of any new or redesigned provision we are not able to produce a detailed action plan for implementation. By spring 2016 the project should identify how we will reshape our provision.

However NHS England has announced new additional funding which requires the CCG to outline specific deliverables for 2015 /16. Whilst these areas of additional funding will fall within the scope of “Expanding Minds, Improving Lives” the CCG have identified interim deliverables whilst the new whole-system approach is developed. These interim deliverables will be developed using the principles set out by “Expanding Minds, Improving Lives”.

<i>Transforming the way we think</i>	emotional wellbeing is everybody’s business
<i>Co-production</i>	engaging, listening to and involving our communities in designing their services
<i>Focusing on evidence and best practice</i>	Understanding the needs of our communities and the best practices to meet those needs
<i>Collaborative commissioning</i>	NHS Newcastle Gateshead CCG, Gateshead Council, Newcastle City Council agree to collectively commission services to deliver key priorities that support the vision
<i>Prevention and early intervention</i>	shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences
<i>Thriving</i>	the emotional state we want our children and young people to attain.
<i>Best value and efficiency</i>	provision must be high quality, affordable and produce successful outcomes

The implementation of the Local Transformation Plan will be managed and overseen by the Collaborative Commissioning Project Board. This Board will monitor delivery, resolve issues and manage risks.

Overarching Priorities

Workforce Development

If we are to be successful in transforming mental health services for the children and young people of Newcastle and Gateshead, we cannot focus only on transforming services and how these are accessed. We must also consider

on how are going to develop the workforce that delivers these services. *Future in Mind* sets out the national vision for everyone that works with children, young people and their families. We must ensure that this vision; and identified qualities and behaviours to support the same, are embedded in the services we deliver. In order to do this and ensure we have a workforce with the right mix of skills, competencies and experience, we are proposing the development of a robust workforce development strategy.

The strategy will ensure that the professionals across education, social care and health are confident in promoting good mental health and wellbeing and able to identify problems early. The strategy will:

- Ensure that there is data captured about the staffing of the current provision of services in Newcastle and Gateshead; this includes numbers and skill mix details.
- Include a needs analysis of what is needed in order to transform the services as per the action plan and to meet the needs of the local population. This will ensure there is the capacity and skills to meet the challenge of transformation
- Outline the training needs for those working with children, young people and families in order to develop the skills needed (this will be informed by a training audit)
- Set out how these training needs will be met as part of the five year plan and how they will be resourced
- Identify areas of the workforce where there are issues with capacity and propose recruitment and retentions strategies
- Show how digital or IT solutions can augment the current workforce and services offered
- Include areas for development for commissioners to ensure they too are able to meet the challenge of commissioning and monitoring transformed services

Our transformation plan demonstrates the intentions for developing CYP IAPT, which we see as key to building a children and young people's mental wellbeing workforce across different sectors and professions.

Services Closer to Home

We want young people to be treated as close to home as is possible. We will support young people to stay in the community when it is safe and appropriate but also ensure access to specialist inpatient care when required.

Equity of Access

Services across Newcastle and Gateshead Local Authority/CCG areas are varied. Through this transformation plan we will address the issue of inequity and ensure that the services are being developed to allow equitable access for residents of both Newcastle and Gateshead.

Parity of Esteem

Valuing mental health equally with physical health or “Parity of Esteem” is at the cornerstone of this work. Not only do we want to ensure that mental health provision is on an equal footing with physical health, we want to ensure that those who work in specialist and universal services are trained to understand the needs of the whole person not just the presenting condition.

We therefore want to ensure our specialist workforce and our universal workforce are suitably trained to identify emerging issues as soon as possible and have the capacity and capability to undertake suitable and timely assessment and find our children, young people and their families the right support, in the right place at the right time.

Meeting the Needs of our Communities

To commission effective and fit for purpose services it is important that we understand the needs of our diverse communities. In developing our plan we have utilised our comprehensive Case for Change document, which provides more detailed information on children and young people’s mental health than the Newcastle Future Needs Assessment and the Gateshead Joint Strategic Needs Assessment. The Case for Change is a ‘living’ document which will be updated throughout the “Expanding Minds, Improving Lives” project.

We are committed to ensuring that our communities are at the heart of this transformation, and that we work effectively across our organisations to support them to do so. In [Appendix 1](#) we outline the extensive work we have undertaken to involve children and young people, families and our communities in our transformation work.

Key priorities for development 2015/16 and beyond

Eating Disorders

We already have a community based Eating Disorder service to prevent in-patient admissions which requires review. We will review this service with CCG partners to assure ourselves of compliance with the national model. This will

involve a review of workforce, capacity, pathways and funding. We also wish to enhance the collaborative approach between this service and the routine community based CAMHS service who currently provide a lower level intervention. We will therefore fund a dedicated eating disorders post within the CAMHS team to facilitate seamless collaborative working.

We aim to ensure any new development better meets the needs of both our Gateshead and Newcastle residents providing equity in access and improvement in waiting times.

We will create pathways which support effective early identification and appropriate referrals to ensure positive outcomes for those requiring this additional support. In this way we would reduce the need for in-patient admissions, reserving this for those most in need.

We believe a more advanced and intensive local community (possibly home based) offer will ensure the active involvement of the whole family, which we know can improve outcomes. Establishing a local offer will also help enhance support after discharge with local services more connected.

We will use some of the present funds available to explore best practice including visiting Leeds Young People's Intensive Treatment Service for Eating Disorders and other areas of best practice.

We will work with those families, children and young people who have experienced eating disorder services in the past, and ask them how we could improve provision and therefore experience and outcomes.

We will also engage professionals from statutory and non-statutory provision to help us to better understand the impact on families and what the new redesigned provision should look like. This will therefore be a key line of enquiry within the "Expanding Minds, Improving Lives", pre consultation phase.

In 2015/16 we will:

- Commence the review of the existing provision
- Allocate short-term project management capacity to lead the review
- Consult with children and young people and their families about how the provision should be improved
- Explore best practice developments

- Allocate additional resources where appropriate to the existing provision to support improved access in the interim whilst developing a new model.
- Align and work more closely with community and voluntary sector provision to ensure early identification
- Begin to upskill relevant universal service providers via the development of a workforce training plan
- Establish a more robust data performance monitoring set around eating disorders including exploring IT systems.

CYP IAPT

We are committed to CYP IAPT and its ongoing development to build capacity and capability through the training and supervision of staff in existing services. We believe that CYP IAPT is central to transforming mental health services across the whole system.

We have two very different models of delivery in Newcastle and Gateshead. Newcastle is a multi-agency partnership model and Gateshead is a single agency delivery model. Gateshead may in time be able to enhance their delivery across a broader range of agencies to mirror the very successful Newcastle model.

In 2015/16 we will:

- increase our delivery of CYP IAPT to meet the needs of under 5's by introducing a robust evidence based training programme for the delivery of 'Incredible Years' across Newcastle and Gateshead.
- Ensure all CYP IAPT providers have fair access to supervision, specifically CS organisations.
- Ensure our non-statutory CYPS IAPT providers are able to provide the data required in reporting outcomes and ensure there and IT infrastructure to support this work.
- Support the capacity of the CYP IAPT project management function

Improve Perinatal Care

Given the strong link between parental mental health and children's mental health it is essential that we are able to effectively identify existing and emerging mental health issues and provide appropriate support.

Following our local Infant Mental Health consultation we will review the 33 recommendations contained within the consultation report, and review

current arrangements to ensure they are strengthening families, supporting early attachment, avoid early trauma and are building resilience within families.

In 2015/16 we will:

- Review and respond to the 33 recommendations contained within the Infant Mental Health consultation
- Link our perinatal care developments to our existing developments such as evidence based programmes (e.g. PIP) in order to reduce inappropriate referrals to the perinatal unit
- Review the pending Perinatal Care National Guidance

Early Intervention and Prevention

Through “Expanding Minds, Improving Lives” we will explore how we can best shift our approach across the whole system in order to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences.

A clear objective of the Partners has been to shift the funding of mental health services upstream to support this approach and also reduce demand on specialist Tier 3 services where appropriate. Shifting resources cannot happen overnight, and as such we need to resource additional upstream services during the process of change, whilst maintaining safe and accessible provision.

In 2015/2016 we will:

- review, expand and develop the use of primary mental health workers to enable early access to support for mild to moderate mental health problems and to support the development of arrange of professionals within universal and targeted services e.g. health visitors, school nurses, social workers, GPs.
- Explore the further development of a schools model of support for mild to moderate mental health problems building upon the local learning from Targeted Schools Mental Health programme (Newcastle) and the Emotional Wellbeing and Mental Health team (Gateshead).
- In partnership with NHS England Specialised Commissioning service we will develop pathways to enable services to be provided closer to home

Crisis

Ensuring children and young people in crisis receive appropriate support is essential in developing a multi-faceted and responsive mental health system. We want to ensure that where a crisis situation occurs children and young people receive the right support in the right place, particularly to avoid unnecessary hospital admission.

In Newcastle and Gateshead we have a strong multi-agency response to supporting children and young people in crisis to prevent inappropriate detention. Our Crisis Care Concordant supports these established processes and s136 situations are reported on through the Crisis Care Concordant arrangements.

In 2015/16 we will:

- Explore an integrated crisis team model - e.g. the Leeds model of crisis care and the use of short term crisis accommodation.
- Link to a new model of crisis response presently being developed locally for adults, and we will review this again once the first phase for adults has been implemented. We will explore the development to see if children and young people can be added to an amended all-age model.
- We will consider one access point for all people in crisis, with staff suitably trained to meet the age and maturity of those in crisis.
- Develop clarity around how data related to crisis for children and young people is reported and acted upon through the Crisis Care Concordant arrangements.

Reducing Inequalities

We know that certain vulnerable groups of young people are disproportionately represented in the mental health system.

In 2015/16 we will

- explore ways to provide more effective support to vulnerable young people, by adopting models of integrated working (as used in local youth offending teams) within targeted services such as 16+ / care leavers services.
- Consider further strengthening/ increasing capacity of the integrated model of delivery within the youth justice system.

- Identify areas of improvement for vulnerable groups such as specific cultural and ethnic groups, and groups at particular risk (i.e. those at risk of sexual exploitation).

Learning Disabilities

The North East & Cumbria Learning Disability Fast Track Plan includes an intention to ensure early intervention and proactive work with families that starts at the earliest possible stage in childhood.

In 2015/16 we will:

- review the skill mix in community teams to ensure that learning disability specialists are part of the team and that teams have the training and expertise to work with children and young people with
- work with the Behavioural Assessment and Intervention Team to ensure that they have the capacity to develop a Positive Behavioural Support Training Plan that will support professionals working with children and young people with behaviours that challenge.
- Consider strengthening the CYP IAPT providers to ensure that they have the skills and capacity to work with children and young people with Learning Disabilities
- Ensure that parenting programmes are suitable for families caring for children with learning disabilities

Young people at risk of developing personality disorder

We want to prevent avoidable admissions to hospital for young people at the risk of developing personality disorder. This group of young people in particular pose a significant challenge in regards to hospital admissions and we need to explore how we can support them to get the right support at the right time.

In 2015/16 we will:

- Review how services can be developed for those young people who are at risk of developing personality disorder and present with challenging behaviours, where hospital admission is not recommended.
- Prepare a workforce development plan to support a range of professionals to become skilled, competent, and confident in working with young people at risk of developing personality disorders to support early intervention and prevention of avoidable hospital admissions.

Action Plan Outline 2015-2020				
Transformation Priority	2015/16	2016/17	2017/2018	2018/19
Expanding Minds, Improving Lives	Launch transformation project	Complete transformation project, formal consultation and commence implementation	Implementation of new whole system approach	
Workforce Development Plan	Review existing workforce including FTEs and skill mix and setting out training needs.	Begin implementation of workforce development plan – aligning Expanding Minds, Improving Lives	Continue implementation of workforce development plan.	Fully trained workforce within transformed new whole system approach.
Eating Disorders	Review existing provision, consult with existing service users and providers, explore best practice, and develop an interim improvement plan.	Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.	Able to demonstrate improvements to early intervention and avoidable hospital admissions. Continue implementation of improvement plan.	Fully implemented improved model of care.
CYP IAPT	Gateshead review partnership model of delivery. Newcastle review arrangements for clinical supervision and reporting infrastructure. Training to support under 5s CYP IAPT	Gateshead develop arrangements for clinical supervision and reporting infrastructure. Develop under 5 CYP IAPT	CYP IAPT is compliant with national guidelines and fit for purpose locally.	

Action Plan Outline 2015-2020

Transformation Priority	2015/16	2016/17	2017/2018	2018/19
Early Intervention and Prevention	Review, develop and expand the use of primary mental health workers. Review integrated working arrangements. Review schools model for increased early intervention and prevention. Develop interim improvement plan	Implement interim improvement plan – aligning to Expanding Minds, Improving Lives.	Implement improved early intervention and prevention arrangements.	New whole system approach in place.
The Right Coordinated Response to Crisis	Explore integrated crisis team model linking to other local developments, and one access point for all. Develop interim improvement plan Review data collected related to crisis to inform an improved data system to support the Crisis Care Concordant.	Begin to implement interim improvement plan – aligning to Expanding minds, Improving Lives. Begin to implement new ways of working, and improved data collection.	Continue to implement interim improvement plan	New whole system approach in place
Reducing Inequalities	Identify priority areas for improvement linked to the NFNA and the GHD JSNA, and the Expanding Minds, Improving Lives	Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.	Monitor new arrangements and continue improvement activities.	Monitor new arrangements and continue improvement activities.

Action Plan Outline 2015-2020				
Transformation Priority	2015/16	2016/17	2017/2018	2018/19
	<p>Case for Change.</p> <p>Explore ways to provide more effective support to vulnerable groups.</p> <p>Develop interim improvement plan.</p>			
Learning Disabilities	<p>Review the skill mix and capacity in the community team and the Behavioural Assessment Team</p> <p>Review the skills of the CYP IAPT provides to work with CYP with learning disabilities.</p> <p>Review parenting programmes to ensure they are fit for this group of children and young people.</p>	<p>Begin to implement interim improvement plan – aligning to Expanding minds, Improving Lives</p>	<p>Monitor and review new arrangements.</p>	
Young People at Risk of Developing Personality Disorders	<p>Review services available for young people at risk of developing personality disorders.</p>	<p>Begin to implement interim improvement plan – aligning to Expanding Minds, Improving Lives.</p>	<p>Monitor and review new arrangements.</p>	

Local Transformation Plan

Appendix 1

Our Collaborative Journey

1. Introduction

In January 2015 the Partners agreed to adopt a collaborative commissioning approach to improving mental health provision for children and young people and their families across Newcastle and Gateshead. To support our new collaborative approach to transform the mental health system a successful bid for funding from NHS England (“NHSE”) was made. Our transformational work and the process and model of change we have adopted is supported through this additional funding.

We agreed that in transforming mental health provision, we would:

- Establish a joint project to design a whole system approach to family mental health including mental health promotion and early support, which would be underpinned by the best possible evidence based practice.
- Focus on helping all families in which there is a child or young person (0-25), and in which one family member (child or adult) has a mental health problem.

We want our new approach to:

- place children, young people and their families at the heart of the transformation
- determine what level of specialist mental health provision is required locally – ensuring we find the right balance between good targeted clinical care but not over medicalising our work
- establish evidence based and effective therapeutic services
- Develop a children’s services workforce in which mental health is everyone’s business.
- have clear and strong links to other developing initiatives

1.1 Collaborative Commissioning Arrangements

To ensure the best working arrangements across the three organisations a robust governance structure has been established that allows for involvement from stakeholders (see [Appendix 1](#)).

A Collaborative Commissioning Project Board (“the Board”) has been established made up of senior representatives from the Collaborative Partners and representatives from NHS England and Northumbria University (which is

responsible for CYP IAPT). The terms of reference for the Collaborative Commissioning Board is available at [Appendix 2](#)

The Board is ultimately responsible for driving the transformation of mental health provision. To deliver the transformation the Collaborative Commissioning Board has established a dedicated project, “Expanding Minds, Improving Lives” to develop and implement the transformational vision.

Through the Board and the senior representation on it we will ensure we have joint performance monitoring arrangements in place that allows us to identify emerging and changing needs of our populations and any concerns or issues as they arise.

Joint commissioning also requires more robust data sharing and monitoring arrangements. We have committed to working with NHS Central Southern Commissioning Support Unit to assist in the continued development of the CAMHs modelling data tool.

2. “Expanding Minds, Improving Lives”

“Expanding Minds, Improving Lives” is a time-limited project which has been established to drive the transformational change in Newcastle and Gateshead.

“Expanding Minds, Improving Lives” is led by a Principal Public Health Consultant and benefits from a dedicated Project Manager. A small project team, made up from representatives from each of the three collaborative partners drives the day to day work of the project. The project is also supported by an Advisory Group made up of key stakeholders from across Newcastle and Gateshead and a group of Young Commissioners.

As well as the Collaborative Commissioning Board, the project also reports to the Newcastle and Gateshead Mental Health Programme Board, and the Children’s Trust Boards and CAMHs Partnerships across the two areas to ensure wider accountability.

Our Vision:

‘Our communities are enabled to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time.’

The “Expanding Minds, Improving Lives” Approach

- We will focus on children and young people aged 0-25 and their families.
- We will work together with our communities to design an effective whole system model of support that values the strengths within families.
- We will ensure everyone understands their own roles and responsibilities for creating and sustaining emotional wellbeing.
- We will enable our children and young people and their families to be resilient.
- We will collaboratively commission services across health, social care and education and where appropriate across geographical areas.

Our principles

<i>Transforming the way we think</i>	emotional wellbeing is everybody's business
<i>Co-production</i>	engaging, listening to and involving our communities in designing their services
<i>Focusing on evidence and best practice</i>	Understanding the needs of our communities and the best practices to meet those needs
<i>Collaborative commissioning</i>	NHS Newcastle Gateshead CCG, Gateshead Council, Newcastle City Council agree to collectively commission services to deliver key priorities that support the vision
<i>Prevention and early intervention</i>	shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences
<i>Thriving</i>	the emotional state we want our children and young people to attain.
<i>Best value and efficiency</i>	provision must be high quality, affordable and produce successful outcomes

Outcome

If successful “Expanding Minds, Improving Lives” will deliver an integrated, early response to the emotional and psychological needs of children, young people and families will improve outcomes, reduce inequalities and reduce the impact of poor mental health on the economy and individuals.

Expanding Minds, Improving Lives Budget

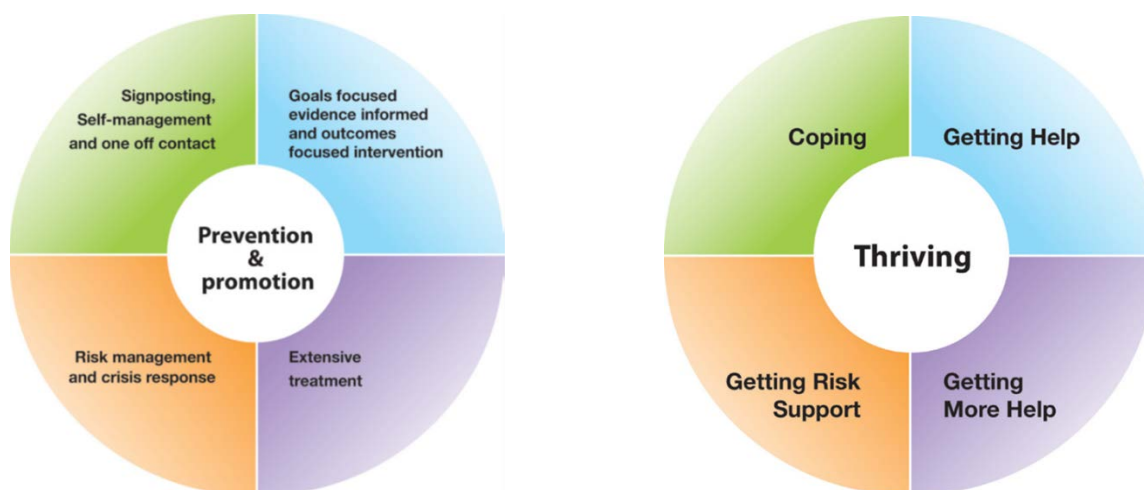
NHS Newcastle Gateshead CCG was one of only 8 CCGs nationally to receive funding from NHS England to support CAMHS collaborative commissioning. The £75,000 funding award (“the project budget”) is being used to deliver Expanding Minds, Improving Lives.

3. The Thrive Model

Our work will be underpinned by and aligned to the Thrive Model (The AFC–Tavistock Model for CAMHS) which removes the emphasis from services and re-focuses support to the needs of the child or young person.

The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach.

This approach has been supported in our early discussions with partners and stakeholders with a clear recognition of the need of services to be flexible across any model. It is acknowledged that thresholds and criteria are useful to determine the right support at the right time but can also create barriers in the present system. This has led us to understand that we need further development of our pathways in and out of care.



4. Our Communities at the heart of the Transformation

We are committed to ensuring that our communities are at the heart of this transformation, and that we work effectively across our organisations to support them to do so.

4.1 “Expanding Minds, Improving Lives”

“Expanding Minds, Improving Lives” is a dedicated project which will work with our communities to identify how to best transform services and meet the needs of children and young people and their families.

To ensure involvement from our diverse communities throughout “Expanding Minds, Improving Lives” we have put in place a number of mechanisms / forums:

- **The Advisory Group**

The Advisory Group is a means for “Expanding Minds, Improving Lives” to share early thinking with key stakeholders, who have knowledge and experience of working with children and young people and mental health services, so that they may guide and influence the development of the project.

Membership of the group is broad and includes parent/carer representatives, school leaders, community and voluntary sector representatives, Healthwatch and universal, targeted, and specialist providers.

The terms of reference for the Advisory Group are attached at [Appendix 3](#)

- **Young Commissioners**

We are also using the project budget to commission Youth Focus, a voluntary organisation based in Gateshead, to recruit, develop and support a group of young people aged 13 to 19 (or up to 25 if the young person has learning difficulties or disabilities) to become co-commissioners who will help to shape future mental health services for children and young people and their families across Newcastle and Gateshead.

Once the Young Commissioners are trained (Autumn 2015) they will act in a challenge and scrutiny role, encourage wider involvement of young people, and will have a role in decision making throughout this process.

The role description for the Young Commissioners is at [Appendix 4](#)

- **Action!:Story**

Action: Story! delivered by Helix Arts, aims to empower young people aged 9 to 14 who access CAMHS to have a voice in the commissioning process for this service. By taking part in a film project, the young people will be given an opportunity to express how they feel about their journey within the service and how they would like to see it change. They are working with professional filmmakers and designers in workshop settings to explore and voice their experiences. The filmmakers and designers will also work separately with commissioners to explore the issues raised and feedback to the young people as an iterative process throughout the project.

A younger age range was selected for this targeted piece of work, to ensure representation from younger children outside of the scope of the Young Commissioners role.

Action: Story! has been funded by the Paul Hamlyn Foundations following Helix Art's successful bid supported by the Partners.

- **Engagement Strategy**

We have worked with a senior communications and engagement specialist in the North East Commissioning Unit, to develop a robust engagement and involvement plan that will ensure we engage with all our broad stakeholders, using appropriate methods and forums (for example making use of social media to reach children and young people), and targeting those who find services hard to reach.

We are also keeping our stakeholders up to date with progress through a range of methods. The Advisory Group develops "Key Messages" at its regular meetings and these are circulated to the group by email for wider dissemination to their organisations and networks. The October Key Messages are at [Appendix 5](#). The chair of the NHS Newcastle Gateshead CCG also provides updates to wider stakeholders on a three monthly basis. The updates produced to date are at [Appendix 6](#).

- **Moving from the "Collaborative Commissioning Project" to "Expanding Minds, Improving Lives"**

To make the transformation project more meaningful to children and young people and their families, we held a workshop with young people to name the project. Through this workshop the name "Expanding Minds, Improving Lives" was developed, with the strapline "Motivating and working together to transform children and young people's mental health". This step was taken as we recognise the importance of using language in a



A distinctive brand has been developed for the "Expanding Minds, Improving Lives" to ensure it clearly identifiable from other transformation initiatives.

way meaningful to our communities and we will continue to ask children and young people and their families to challenge us throughout this process.

- **Advisory Group call of evidence**

So that the project does not lose sight of previous engagement and involvement activity around mental health needs a call for evidence was made to the Advisory Group. The call for evidence asked for summaries of existing work that has been completed so that it can be included in our “Case for Change” document. 22 submissions were received and a high level summary of this information is contained in [Appendix 7](#).

4.2 Other involvement activities

“Expanding Minds, Improving Lives” will drive the overarching transformation of commissioned specialist mental health services. However we will also involve children and young people, parents and carers and the wider community in other initiatives:

- **Improve Perinatal Care**

Although we await the confirmed funding and commissioning guidance to improve perinatal care NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and Newcastle City Council have undertaken a review of infant emotional health services currently being provided by Sure Start, Health Visiting and Northumberland, Tyne and Wear NHS Foundation Trust (NTW). The overall aim of the project was to understand parents’ experience of the current infant emotional health services to identify gaps in current provision and what further support or services would be useful for parents. This consultation was carried out by Involve North East a registered charity, specialising in innovative and practical involvement that aims to improve health and wellbeing services,

A consultation report has been produced by Involve North East, which contains 33 recommendations. The consultation report, see [Appendix 8](#), and will help to inform future commissioning alongside formal guidance.

- **Involving young people in the Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) process**

In Newcastle we are developing a part time post for a young person to work alongside commissioners of the CYP IAPT partnership. The young person will help the CYP IAPT partnership to:

- develop young people service user friendly websites;
- Support CYP IAPT Partnership organisations to identify ways to engage young people in their services, helping them to identify ideas and plan their participation strategy;
- Work directly with young people and obtain the views of service users to explore user experience and ideas for improvement of services;
- Ensure young people have access to appropriate and relevant advice and information, which enables them to make informed choices and decisions about their lives.

We will also link this participation worker to the Young Commissioners offering the opportunity for the successful candidate to train alongside them if they so wish. The Participation Worker will be based within Children North East, a local charity that is a member of the CYP IAPT Board and the Advisory Group.

In Gateshead there has been small pockets of participation work with young people since the start of the programme. A part time post for a 'participation worker' to work alongside the CYP IAPT partnership is currently being developed. The worker will help the CYP IAPT partnership to: develop services across Gateshead and ensure the service is meeting the needs of young people.

- **Deciding Together**

NHS Newcastle Gateshead CCG are working to redesign inpatient Adult specialist mental health services across Newcastle Gateshead through their "Deciding Together" project, which launched in 2014.

As "Deciding Together" commenced before "Expanding Minds, Improving Lives" we have been able to learn from their model of engaging communities. NHS Newcastle Gateshead CCG have undertaken an extensive pre-consultation to help develop their case for change and we have replicated this model in "Expanding Minds, Improving Lives" albeit over a shorter period of time.

5. Working with Our Partners

Through our robust Governance arrangements we have a strong partnership model to ensure that all parts of the system can connect. We understand that to transform how the emotional wellbeing and mental health needs of children and young people and their families are met it is essential that we understand all facets of support. In this way we will be able to deliver a joined up approach that links services so that pathways are easier to navigate for all children and young people, including the most vulnerable.

NHS England

NHS England Specialised Commissioners are active on the Board to ensure a good connection between the work they do, and the CCG / LA commissioned services.

Local Authority Services

Public Health

In order that we can improve health and address inequalities public health engagement has been essential. A principal public health consultant leads the project, strongly supported by a project manager, and Public Health specialists from both areas sit on the Board. Involving Public Health has helped in the facilitation of conversations between health providers and health commissioners and local authority services.

Services

Targeted Services are key to supporting a whole system transformation of mental health services, particularly in relation to vulnerable groups. Local authority commissioning managers from both areas are members of the Board, and service managers from targeted services (Youth offending Team, Children's Social Care, Educational Psychology) are members of the Advisory Group.

Community and Voluntary Services

Community and voluntary services across Newcastle and Gateshead deliver a range of mental health services. Representatives from this sector from Newcastle and Gateshead have been invited to join the Advisory Group, including Healthwatch.

In Newcastle, community and voluntary sector organisations are also members of the CYP IAPT partnership and this multi-agency approach is being considered in Gateshead.

Schools and Colleges

Schools and colleges are often one of the first places outside of the family that identify emerging mental health needs. School representatives from both areas are members of the Advisory Group, however we recognise we need greater representation from colleges and universities.

We have held targeted workshops with school staff as part of our “pre-consultation and listening” to hear their experiences and views, and a wider range of opportunities to engage with schools, colleges and universities will be delivered throughout the project.

Supporting Partnership Working

Kaizen Planning Event

To begin the transformation journey in February 2015 a two day workshop was held for those involved in the commissioning process to start to understand the current system and funding arrangements. This helped the Partners to shape our vision and understand what is presently commissioned across the whole system

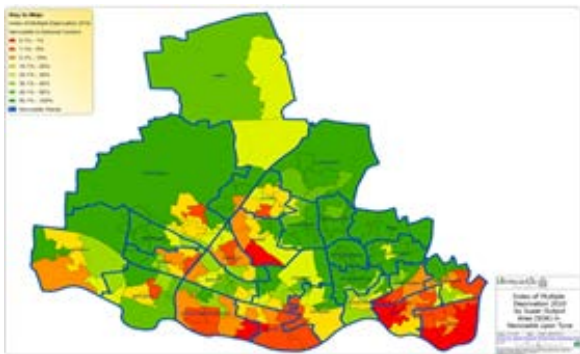
Local Transformation Planning Workshop

In September 2015 senior representatives from the CCG, public health, LA commissioning, specialist mental health providers, youth offending teams, NHS England came together to discuss the statutory commissioned system across Newcastle and Gateshead and priorities areas for review.

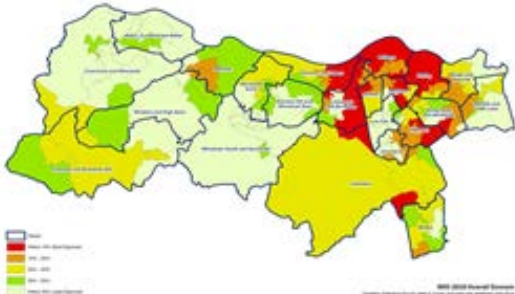
6. Understanding our Communities

6.1 Overview

To commission effective and fit for purpose services it is important that we understand the needs of our diverse communities.

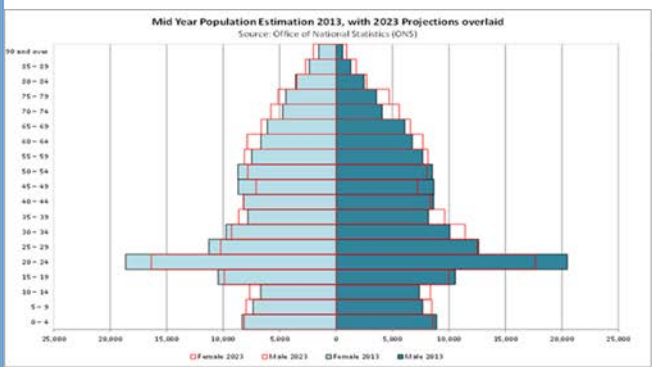


Newcastle IMD Map



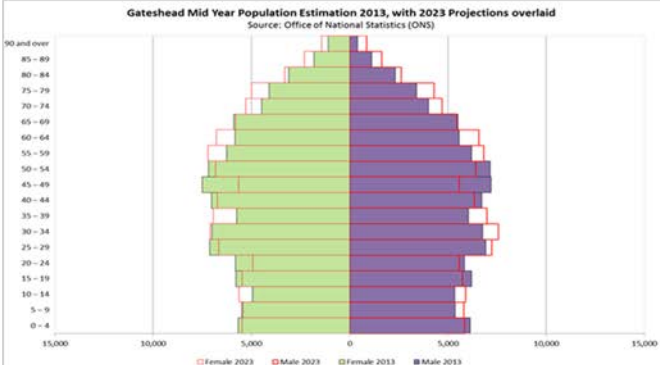
Gateshead IMD Map

- The level of child poverty in both areas is higher than England average 27% in Newcastle and 22% in Gateshead.
- 60% of NCL and 44.3% of GHD children live in the 30% most deprived areas nationally
- The health and wellbeing of children in Gateshead and Newcastle is generally worse than the England average.



Newcastle

- Overall Population: 284,000
- Live births 2013: 3406
- % aged 0-4 years: 6%
- % aged 0-19 years: 23%
- % aged 0-25 years: 37%
- Projected 2023: 1.5% increase
- Projected 0-19: 2.5% increase



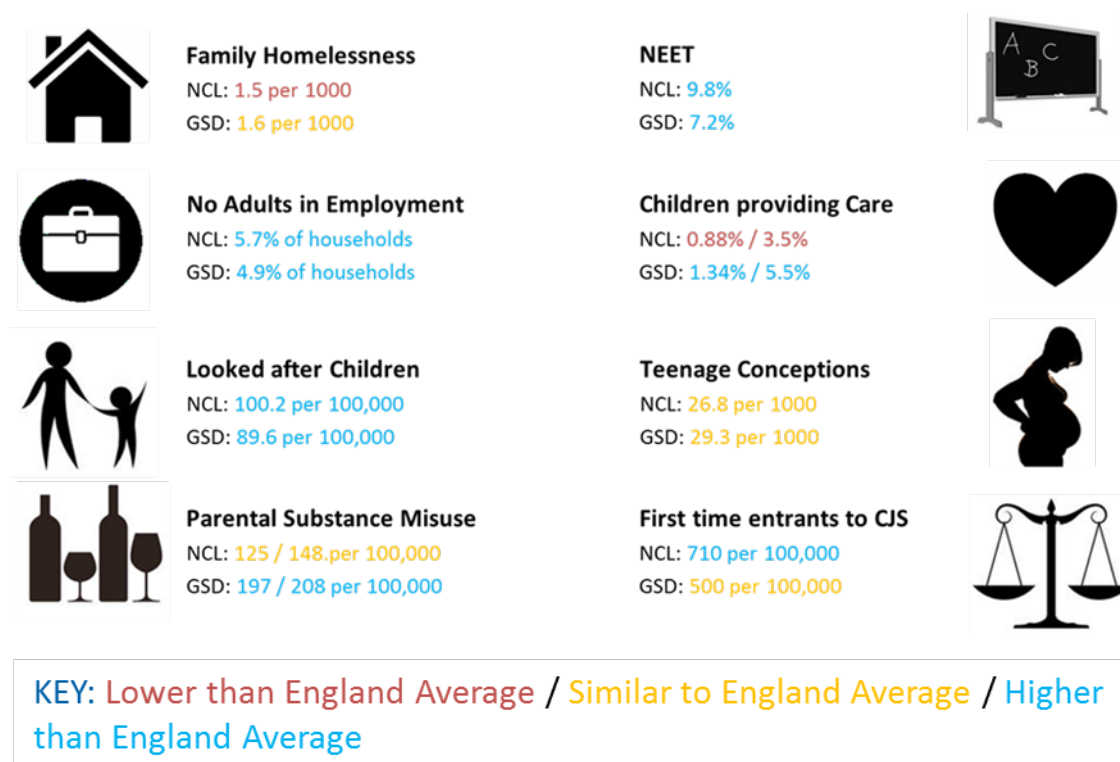
Gateshead

- Overall Population: 200,000
- Live births 2013: 2297
- % aged 0-4 years: 6%
- % aged 0-19 years: 22%
- % aged 0-25 years: 28%
- Projected 2023: 3% increase
- Projected 0-19: 1.1% increase

6.2 Vulnerable Groups

Mental health problems in children and young people are the result of complex interactions between constitutional factors (including genetic factors) and environmental factors with the relative contributions varying by disorder and by individual. Although any child or young person can develop a mental health problem there are individual and family/social factors and experiences which can increase vulnerability to developing mental health problems.

Although children and young people in these groups may be at higher risk, this does not mean that as individuals they are all equally vulnerable to mental health problems. A range of protective factors in the individual, in the family, and in the community influence whether a child or young person will experience problems. In particular, receiving consistent support from a trusted adult is a strong protective factor.



6.3 Cultural and Ethnic Diversity

In general, rates of mental health problems are thought to be higher in minority ethnic groups in the UK than in the white population, but they are less likely to have their mental health problems detected by a GP. Depression in ethnic minority groups has been found to be up to 60% higher than in the white population.

Newcastle

In the 2011 Census 81.7% of Newcastle's population was white British and 14.7% comprised other ethnic groups (2011 Census: ONS). However the proportion of BME children is much higher than the adult population. Currently BME children account for 26% of the school population.

In the 2011 Census, 13.4% (37,600 people) of people in Newcastle were born outside of the UK compared with 6.8% in 2001. The largest proportion of the non-UK born population is from South Asian commonwealth countries – India (9% of the non-UK born population), Pakistan (7%) and Bangladesh (6%). A further 9% of Newcastle residents were born in China.

Wards in the west of the city (Elswick, Westgate, Wingrove) are the most diverse in terms of black and minority ethnic backgrounds.

Gateshead

In the 2011 Census 96% of Gateshead's population was White British. In a 2015 population analysis this updated to 94.1%, with 5.9% comprised other ethnic groups. In Gateshead 8% of its school children are from a minority ethnic group..

Gateshead is the home to a sizable community of orthodox Jews, acclaimed for its higher educational institutions. Talmudic students from many countries come to Gateshead to attend its yeshivas and kollels. Young Jewish women come to study at the Teacher Training College and Beis Chaya Rochel. Based in the Bensham area, the community includes a few hundred families.

6.4 Mental Health Prevalence

Nationally we know that mental health problems in children and young people are common.

Estimate of mental health problems in children and young people:

- 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder
- 7.7% or nearly 340,000 children aged 5-10 years have a mental disorder
- 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder

This means in an average class of 30 school children, 3 will suffer from a diagnosable mental health disorder

Our local data

Some of our key local data is included below. For our complete review of available local data see our draft “Case for Change” document at [Appendix 10](#).

Newcastle	Gateshead	North East	England
Estimated prevalence of any mental health disorder (5-16 years)			
10.1 %	10.0 %	10.1 %	9.6 %
Estimated prevalence of emotional disorders (5-16 years)			
4.0 %	3.9 %	3.9 %	3.7 %
Estimated prevalence of conduct disorders (5-16 years)			
6.2 %	6.1 %	6.2 %	5.8 %
Estimated prevalence of hyperkinetic disorders (5-16 years)			
1.7 %	1.6 %	1.6 %	1.5 %
Estimated prevalence of potential eating disorders (16-24 years)			
7404	2795	-	-
Estimated prevalence of ADHD (16-24 years)			
7833	2952	-	-

Public Health Data

Newcastle	Gateshead	North East	England
Child Admissions for Mental Health: per 100,000 aged 0-17 years			
53.2	74.3	81.9	87.6
Young People Hospital Admissions for Self Harm: per 100,000 aged 10-24 years			
334.9	517.6	532.2	352.3
Child admissions due to alcohol: per 100,000 aged under 18			
45.0	70.5	71.1	42.7
Child admissions due to substance misuse: per 100,000 aged 15-24 years			
73.8	114.5	116.8	75.2
Child admissions due to unintentional & deliberate injury: per 10,000 aged 0-4			
159.7	144.2	158.6	112.2
Child admissions due to unintentional & deliberate injury: per 10,000 aged 15-24			
123.3	194.1	173.4	136.7

Public Health Data

KEY: Lower than England Average / Similar to England Average / Higher than England Average

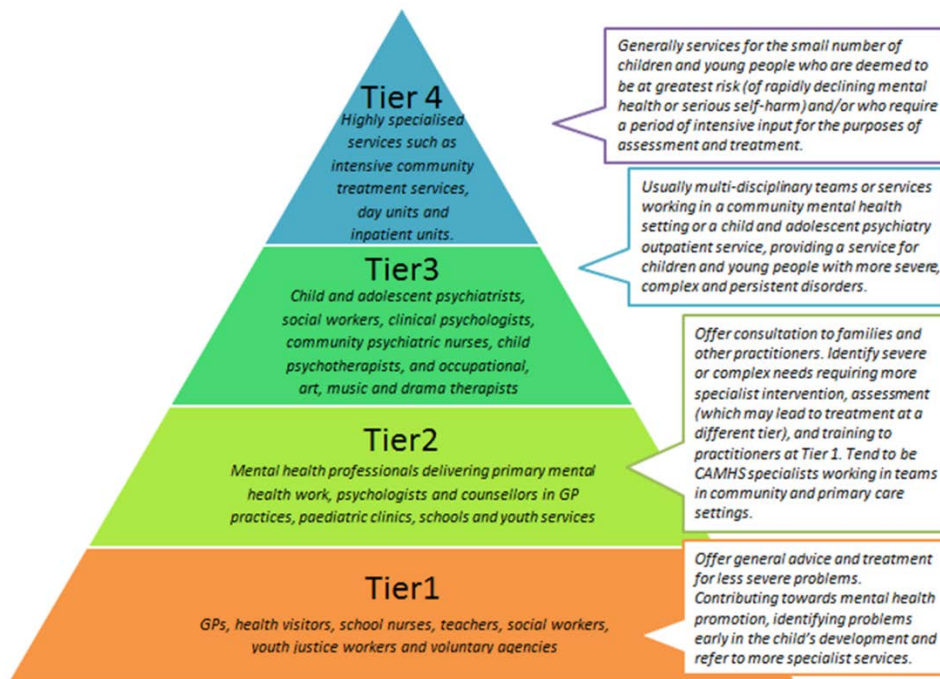
This data and our “Case for Change” (see [Appendix 10](#)) tells us that:

- Estimated local mental ill health prevalence is either similar to or slightly above the national average.
- Local mental health indicators – actual admissions to hospitals – have some areas of greater concern. Namely there are a significantly higher level of admissions for mental health reasons in Gateshead compared to the England average.
- Of those in contact with specialist mental health services, there are a greater proportion of males (55%) and older age young people (19-25 years).
- There are lower numbers of 0-4 year olds accessing services, although parenting interventions may be in place.
- Our school aged children are telling us they are worried about exams and tests.
- Mental health is a common concern factor (both child and parent) for families involved with our social care services reflecting national prevalence statistics
- Mental health is a common issue for young people involved with our youth offending teams reflecting national prevalence statistics

7. Present Configuration of Services

In this section we describe the services which children and young people currently access to support their emotional wellbeing and mental health needs.

Whilst we are moving away from a tiered model in order to describe the current provision we have used tier descriptions. However as we transform our provision we will structure descriptions around the Thrive model. For clarity the diagram below sets out the services within each tier.



7.1 Specialist Tier 4 Services

NHS England is responsible for the commissioning of tier 4 services. However the Collaborative Partners have a key role in ensuring that tier 4 referral pathways are clear, referrals are appropriate and the transfer of a child or young person's between tier 3 community services and tier 4 tertiary services is smooth.

We will be working closely with specialised commissioning to review these arrangements. This includes particular focus on the development of tier 3+ Intensive Community Treatment Service (ICTS), Eating Disorders Intensive Community Team (EDICT) and Early Intervention in Psychosis (EIP), ensuring all safeguards are in place and that the transfer of care causes the minimum of distress to the child, young person and their family.

The CCG contributes funding to regional Tier 4 services, however the commissioning of these services remains the responsibility of NHS England.

7.2 Commissioned Specialist Mental Health Services

The Children and Young People's Service (CYPs) – Newcastle and Gateshead

CYPS, operated by the Northumberland, Tyne and Wear NHS Foundation Trust (“NTW”) provides a single service to all children and young people aged 0-18 years who present with mental health difficulties.

CYPs is commissioned by the CCG and operates in both Newcastle and Gateshead. Referral rates to Tier 3 CAMHS have increased greatly in recent years, with the number of cases rising by more than 40% between 2003 and 2009/10.

The models of care for CYPs in Newcastle and Gateshead are different

In Newcastle CYPs provides:

- Tier 3 Community Provision (e.g. emotional and anxiety disorders, separation, phobias, depression, conduct, eating disorders, autism, ADHD).
- Specialist Tier 3+ Community Eating Disorders (EDICT)
- Tier 2 primary mental health worker role providing interface between tiers 1 and 2, consultation for staff, training and education, some clinical input in support of multi-agency role. 50% direct patient care and 50% training / awareness raising
- Tier 3 Children in special circumstances (Looked after children, child protection plan, learning disability, life limiting, refugee, asylum, young carer).

In Gateshead CYPs provides:

- Tier 3 Community Provision (e.g. emotional and anxiety disorders, separation, phobias, depression, conduct, eating disorders, autism, ADHD).
- Intensive support (Tier 3+) services for children and young people with acute mental health needs.
- Targeted and specialist (Tiers 2 and 3) services for children and young people with moderate to severe learning disabilities.
- Targeted and specialist (tiers 2 and 3) services for children and young special circumstances (Looked after children, child protection plan, learning disability, life limiting, refugee, asylum, young carers).

CYPs Tier 3

Learning Disability

Services for children and young people with a learning disability are provided through collaboration between the Children and Young People's Services and Community Learning Disability Team in Newcastle.

In Gateshead there is a specialist provision for children and young people with learning difficulties and disabilities including specialist schools, education and social care services to provide integrated packages of care.

CYPs and specialist learning disability clinicians work flexibly to ensure that the needs of children and young people across the spectrum of ability, learning difficulty and disabilities are met including access to a broad range of appropriate therapies.

NTW provide enhanced packages of care to all children and young people with complex and severe mental health needs, including children and young people with learning disabilities, to prevent unnecessary in-patient admission and also support earlier discharge from in-patient services.

Psychosis

Services for children and young people experiencing psychosis are provided through collaboration between CYPs and the Early Intervention in Psychosis Team in Newcastle.

In Gateshead specialist services including Early Intervention in Psychosis Service and Forensic services are provided as part of the CYPs. Young people with first episode psychosis will be seen by the Early Intervention in Psychosis Service.

Eating Disorders Intensive Community Treatment (EDICT) Newcastle

The EDICT service is a specialist service delivering Tier 3+ eating disorder services into the community and which offers an enhanced community based alternative to centralised and clinic/hospital based day and outpatient services. The service provides enhanced support and capacity to locality focused Community CAMHS Teams in support of early intervention and preventative best practice eating disorder approaches that will support an ongoing reduction in the numbers of children, young people and families who reach crisis.

The service is intended to be flexible and responsive to the needs of children and young people that are at 'increased or significant risk' of requiring inpatient admission. This service will also pro-actively monitor the status of children and young people admitted to inpatient facilities to allow for step down care back into the community to be safely facilitated and at the earliest opportunity.

Eating Disorders Team - Gateshead

The eating disorder team works intensively with those with complex and high risk eating disorders and is part of the Tier 3+ service.

The Eating Disorders Team offer specialist partnerships and a time limited, intensive community treatment for children and young people referred to the team. There is an expectation that the Care Co-ordinator from the wider team will remain involved throughout the child or young person's treatment to ensure continuity of care and to ease the transition for the child or young person out of the Eating Disorders Team once progress has been made. Children and young people who continue to deteriorate despite intensive community treatment will be referred directly to a Specialist Eating Disorder Inpatient Unit by the ED team.

The service has developed a paediatric liaison service across South of Tyne and Wear. The team deliver a group programme with parents/carers on the impact of an eating disorder on the family and separately are developing a group for young people on eating disorder issues.

The Eating Disorders Team works closely with the adult eating disorder team to facilitate transfer of cases where someone requires ongoing care beyond 18 years.

Intensive Community Treatment Service (ICTS)

Newcastle

Previously in North of Tyne a Tier 3+ ICTS was commissioned to allow day and outpatient services for children and young people with mental health needs. It has been designed on a best practice community focused model working in partnership with community CAMHS teams and multi-agency partners to allow care to be provided closer to home.

The service is meant to be preventative in that it will provide an alternative to bed based care, retaining children and young people within their local community wherever possible.

The CCGs in the North of Tyne area are continuing to commission this service currently.

Gateshead

The service meets the needs of those at highest risk and with complex needs through a range of interventions. ICTS currently responds to all urgent and emergency referrals to the service.

ICTS provide ongoing assessment and intensive community treatment for children, young people and their carers who are both known to CYPs and have an allocated key worker/care coordinator.

ICTS also work with those children and young people who have not previously been known to the service but have presented with an acute mental health difficulty

Tier 2

CYPs and Youth Offending Team (“YOT”) Integrated Working

Newcastle’s YOT has a co-located CYPS nurse who liaises with existing CYPS staff and provides a swift CYPS response (both assessment and intervention) when this is needed. The co-location also allows for CYPS to become knowledgeable about YOT processes and aids interaction between agencies in pursuit of improved mental health / emotional wellbeing of young people in the criminal justice system.

In Gateshead, CYPS provides a part time worker into the Gateshead YOT who provides assessment and intervention where appropriate and signposts young people to other services. The integrated worker provides advice and training on identifying children and young people with mental health needs, direct support to young people, consultancy advice (including contribution to risk plan), continuity of provision, transition planning for young people entering and leaving custody.

Emotional Health and Wellbeing Team – Gateshead (Tier 2)

Services for children and young people and families in Gateshead with moderately severe mental health needs that cannot be met by universal or early intervention services. This service is delivered by the NHS South Tyneside Foundation Trust commissioned by the CCG and Gateshead Council.

- **Direct services** include : group work, brief intervention, talking therapies and counselling.

- **Indirect services** include : training, consultation and joint work and increasing the capacity of universal service providers to meet the mental health needs of children, young people and their families
- **Referral criteria** -Children, young people aged 4-18 years (and their families and carers) living in Gateshead with moderate levels of mental health need.
The child/young person is aware of and willing to access EWT
Primary intervention has already been made and this has not created significant change/ improved the emotional resilience of the child/young person.
- **Exclusion criteria** - Children and young people with mild to moderate mental health needs that can be met by universal or early intervention services
Children and young people, in special circumstances with moderate levels of mental health needs whose needs can be met by the specialist Children and Young People's Service (please see detailed CYPs service information further on)

Other Provision

The CCG also commissions additional specialist support for children and young people.

Barnado's is commissioned to provide:

- bereavement care for children and young people (0-18yrs)
- support to improve the health and well-being of young people (aged 16 – 25) at risk of suffering mental illness or becoming homeless or in housing need and facilitate their transition into parenthood, adulthood and independence.

Performance Management of Current Specialist Services

The CCG contracts with a range of providers of mental health services. Contract management arrangements are supported by the North of England Commissioning Support Service who are responsible for undertaking regular formal contract review meetings with the CCG's providers. For more significant contracts CCG officers are also present at the contract review meetings.

The CCG is developing closer links with NHS England specialised commissioning team in the context of the joint commissioning agenda, in order to ensure visibility on commissioning issues which span the specialist and non specialist elements of care pathways.

As the main provider of specialist services, NTW, covers a large geographical area the CCG works with neighbouring CCGs to monitor performance across the region.

7.3 Targeted Services

Across Newcastle and Gateshead there are a number of targeted services and programmes that support a range of needs of children and young people and their families. To transform how the emotional wellbeing and mental health needs of children and young people and their families are met it is essential that we understand all facets of support so that we can deliver a joined up approach that links services.

In both areas there are established statutory services (Children's Social Care, Youth Offending Teams, and troubled families) that work with children and young people and families that have complex needs. In some of these services there are specific arrangements in place to mental health needs.

There are also a range of targeted parenting programmes, some of which have a strong evidence base, to support vulnerable groups. Examples include the Parent Infant Partnership (PIP), Parents under Pressure (PUP), Incredible Years, Parenting Factor in ADHD.

7.4 Universal Services (Tier 1 CAMHS)

Universal services provide the first opportunity to support the emotional wellbeing and mental health needs of children and young people and their families. In most instances it is the first place that mental health needs are identified beyond the family and in the Q1 performance information into CYPs in both Newcastle and Gateshead GPs and schools were the main referrers into the service.

Whilst universal services are not directly within the remit of this transformation plan they are within the sphere of influence to support the transformation of specialist provision.

GPs

There are 34 GP practices in Newcastle and 31 GP Practices in Gateshead. GPs deliver assessment of need, advice and support, referral and signposting.

Ensuring the earliest possible assessment of need by GPs will help them ensure the right support at the right time. Any increase in Tier 2 provision will ensure they have a variety of services to refer to beyond specialist services.

Schools

There are 94 schools in Newcastle and 84 schools in Gateshead. In both areas there has been a commitment to continue a local version of the previously national Healthy Schools programme. We have exceptional local engagement into this programme.

65 of Newcastle's schools are members of the Targeted Mental Health in Schools programme, which provides Newcastle schools with a therapeutic service for counselling and peer group work. Schools that join the programme receive 1 session a week and are able to purchase additional sessions as required by the needs of their students. Schools within the programme are also required to nominate an individual to act as the TAMHs Champion within their school, who provides a robust link between schools and counselling services and are kept up to date by a primary mental health worker from CYPs.

In Gateshead within the Healthy Schools team there is a seconded mental health worker from the Emotional Wellbeing and Mental Health Team, who provides additional support to schools around emotional health and mental health issues including delivering training courses and in-depth support where required.

Both Newcastle and Gateshead are committed to the continued use of the Health Related Behaviours Questionnaire as a means to capture a self-reported view of children and young people's health including their emotional wellbeing and mental health.

Midwives, Health Visitors and School Nursing

From the 1st November local authorities are responsible for commissioning Health Visitors and the Family Nurse Partnership. As part of the transfer the key health provision programme for children under five is 'The Healthy Child Programme – Pregnancy and the First Five Years of Life'.

Transition to parenthood and maternal mental health are absolutely key to improving outcomes for the next generation of babies and children, and health visitors are key in improving parent and infant mental health.

The transfer of the 0-5 Healthy child Programme will enable commissioning to be joined up across the age spectrum of 0 to 19 (and up to 25 years for young people with special educational needs and disabilities). School nurses deliver

the child health programme from 5-19 years, as part of an interdisciplinary team, this presents a unique opportunity for local authorities and local partners to improve continuity and outcomes for children and their families by transforming and integrating health, education, social care and wider council-led services.

Mental health disorders during pregnancy and the postnatal period can have serious consequences for the health and wellbeing of a mother and her baby, and also for her partner and other family members, NICE 2007. Midwives are key professionals in assessing mothers at risk of perinatal mental health disorders, therefore reducing the effects on the mother, foetus and family.

8. Children & Young People's IAPT

The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered through NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community. The programme works to transform services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. It is different to Adult IAPT as it does not create standalone services.

Newcastle and Gateshead are in different 'waves' of the national CYP IAPT programme. With Newcastle in Wave 3 and Gateshead in Wave 4. This means that Newcastle's CYP IAPT arrangements are more developed.

Governance arrangements and membership

Newcastle has adopted a multi-agency partnership model for the delivery of CYP IAPT. The partnership is made up of the CCG, Newcastle City Council, NTW, Streetwise, Your Homes Newcastle, Children North East, Barnado's.

Gateshead has a collaborative 2014-2015 which includes the Emotional Wellbeing Team (South Tyneside Foundation Trust) and CYPs (NTW). There is currently no third sector organisations within the partnership although this may change in the future.

Northumbria University are the main training provider for evidence based and NICE approved CYP IAPT course. However, in Newcastle we have also provided Incredible Years training and the training is a group of UK based trainers and mentors.

Collaboration and Participation

Newcastle has improved collaboration and participation with children, young people and families in the following ways:

- The imminent appointment of a CYP IAPT participation worker (awaiting the funds from Northumbria University). This post will be hosted by Children North East at the West End Youth enquiry service (WEYES).
- We have a strong track record of CYP and family's engagement and participation an issue we discuss at our monthly meetings at the CYP IAPT and TAMHs joint Board. Agenda items allow for ongoing discussions and the sharing of information generated through individual organisations.
- Within the past year we have developed Self-Assessment Action Sheets which are assessed through a peer mentorship system. The model allows organisations to demonstrate how CYP and families have been engaged against the nine CYP IAPT participation Priorities.

In Gateshead a part time post for a participation worker to work alongside the CYP IAPT partnership is being developed. The worker will help the CYP IAPT partnership to develop services across Gateshead.

Demand Management

Newcastle is developing a 'distribution model' to help us with demand management. This model requires clarity in terms of data and information governance and consent but will help us address and manage demand, counsellor gender preference, and inappropriate referrals. It will also help us ensure trainees have access to cases so they can meet their training requirements.

Evidence Based Interventions

As Newcastle a multi- agency model access to a choice of evidence based interventions is enhanced to include:

- Incredible Years and strengthening Families Programmes
- The triple P programme
Triple P gives parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems developing and build strong, healthy relationships. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

- Cognitive Behaviour Therapy
- Systemic Family Practice
- Interpersonal Therapy

Newcastle also has locally evidenced good practice through Skype Counselling (Streetwise). We will learn from the adult model of Internet Delivered Therapy to enhance this model and consider it's roll out to other partners.

Gateshead has been able to choose from a range of therapeutic interventions, CBT (cognitive behaviour therapy), parenting intervention for children with Conduct Disorder, Systemic family Practice and recently added to the curriculum is IPT-A (Interpersonal Psychotherapy or Adolescents).

Ongoing / Future Developments

With the onset of the HSCIC Mental Health Service dataset for statutory organisations, as a multi-agency model the Newcastle partnership needs to consider how it will collect data, what that data will look like and how we will roll out of routine outcome monitoring.

In Newcastle there is huge concern regarding the ongoing supervision of staff trained within the VCS organisations who are members of the partnership. During the training the supervision is paid for through the University. Small VCS organisations are at a disadvantage as they will have to find these costs for the supervision out of their charitable funds, often through independent supervisors who charge a premium rate. In comparison specialist mental health providers have robust supervision in place in their infrastructure through the very nature of their work.

We need to consider a financial package to support this supervision need. This is against a backdrop of huge financial cuts, where contracts are not secure, or only funded short term, and this leaves Newcastle with immense concern regarding the future ability of VCS organisations to sustain the model and excellent work they are undertaking.

Newcastle presently have a well-attended CYP IAPT / TAMHS Board providing a governance and action planning arena. It needs to put in place a more formal reporting to the CCG as we develop local indicators and data reporting systems.

The Gateshead partnership will be exploring how their partnership model may expand to include other non-statutorily commissioned providers.

9. Finance

Transparency around resources

We are committed to having an open and honest conversation with our communities about the services we commission and what these cost. In this section we set out the cost of the existing specialist services commissioned by the CCG and the local authorities as outlined in 7.2.

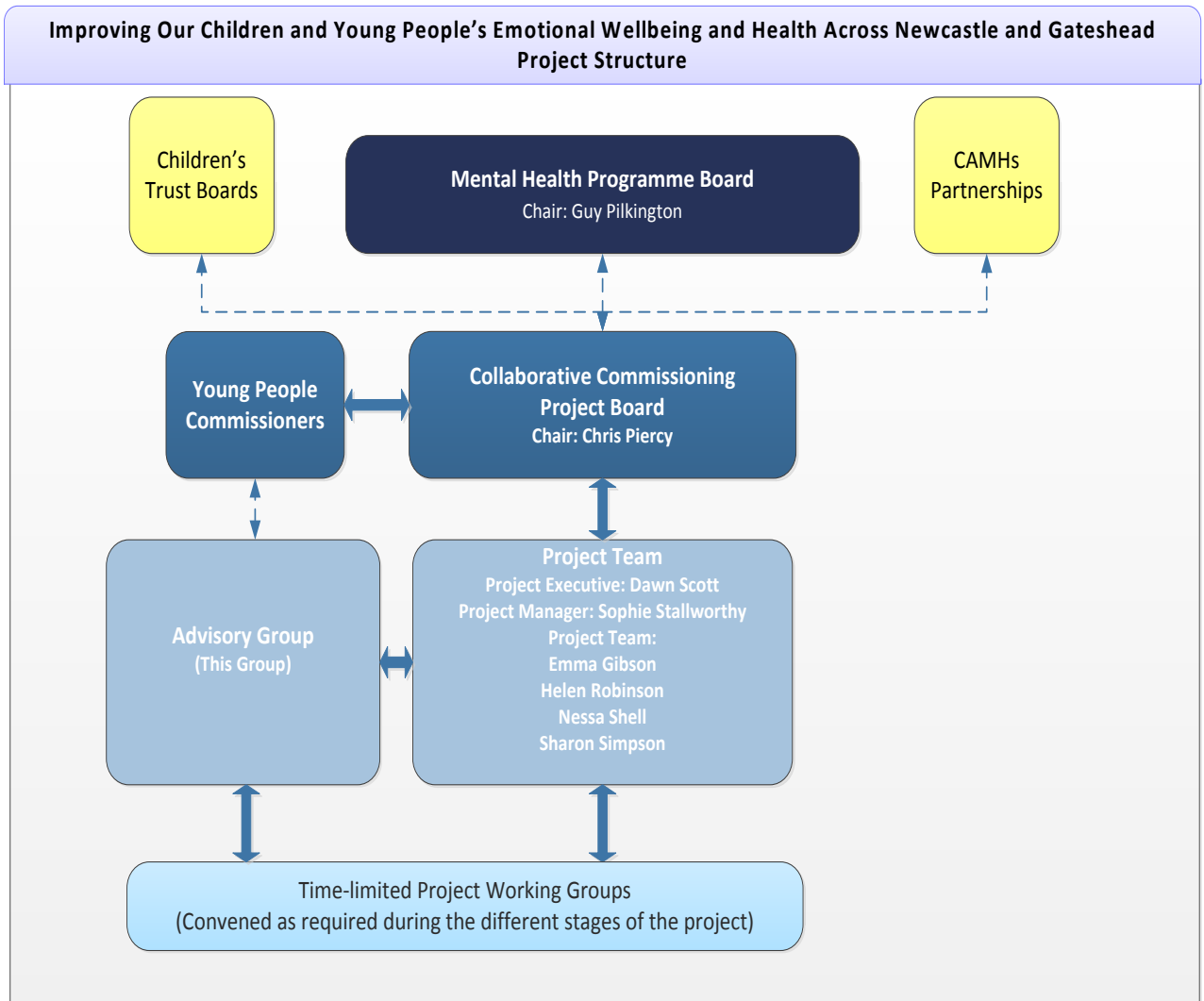
Service description	Contract Value
CCG Spend	
Adolescent Eating Disorders (EDICT)	£127,523
CAMHS Tier 4 Community Service	£277,285
NoT CYPS (Newcastle/Ghd)	£3,202,607
OP Comm Forensic CYPS	£58,936
Under 10's Looked after Children	£341,009
CAMHS Tier 4 Community Service	£289,778
Court Diversion/Liaison	£3,386
OP Comm Forensic CYPS	£51,944
NoT CYPS (NInd)	£44,344
South of Tyne CYPS (SInd/ST)	£1,848,443
Barnado's - YP Support	£74,925
Barnado's Bereavement Counselling	£17,665
Total existing CAMHS related spend from Newcastle Gateshead CCG 2015/16 Budget	£6,337,845
Local Authority Spend	
Gateshead - Emotional Health and Wellbeing Team	£190,149
Newcastle - Looked after children	£250,000
Newcastle - Targeted Mental Health Services	£137,000
Total LA spend 2015/16 Budget	£577,149
CCG Additional Funds Linked to the Local Transformation Plan	
Eating Disorders	£287,830
Other transformational priorities	£720,466
Total transformation funds	£1,008,296
Total funds available in 2015/16	£7,923,290

The funding required for transformation in 2015/16 is detailed in the tracker. Some of the transformation plans will take several years to be fully implemented. The initial funding will be required to support the Local Transformation Plan, including initial planning, commissioning and support to existing services.

Appendices - Our Collaborative Journey

Appendix 1 – Governance arrangements and high level project plan

Governance Arrangements



High Level Project Plan

Stage	Description	Dates
Project initiation and set-up	Setting out what we want to do and how we are going to do it	16 Feb 2015 - 10 April 2015
Establishing the baseline	Getting the detail about the current mental health system - marking out what we want to change and what we don't, and why the system should transform	13 April 2015 - 31 July (16 weeks)
Pre-consultation and listening	Taking the baseline to the community - service users, children and young people, parents and carers, families, providers and commissioners- and listening to what we hear	3 Aug 2015 - 13 November 2015 (15 weeks)
Co-producing a new model of emotional wellbeing care and support	Working together to design a new system that enables people to thrive through prevention and early intervention, and when necessary specialist support	16 November 2015- 5 February 2016 (12 weeks)
Formal Consultation	Formally consulting on the proposed new system	8 February 2016- 28 April 2016 (12 weeks)
Implementing	Putting our new system in place	May 2016 - 28 April 2017

Appendix 2 – Terms of Reference Collaborative Commissioning Project Board

COLLABORATIVE COMMISSIONING OF EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES FOR FAMILIES PILOT

1. Purpose

1.1 To improve emotional wellbeing and mental health outcomes of families in Newcastle and Gateshead.

2. Function

2.1 The Collaborative Commissioning Pilot (CCP) is a commissioner led partnership and will improve emotional wellbeing and mental health outcomes of families by working with and through those who access and provide services.

2.2 It will bring together NHS (CCG's/NHSE), Local Authority (LA) and Schools commissioners to act as a single forum to inform the strategic development and commissioning of emotional wellbeing and mental health services.

2.3 The Collaborative Commissioning Pilot will create and agree a Programme Plan to design and collaboratively commission a radically different whole system, whole family response to the psychological and emotional needs of children and young people and families in Newcastle and Gateshead. (See Draft Programme Plan).

3. Partnership Membership

3.1 The following will be members of the Collaborative Commissioning Pilot Partnership:

- | | |
|--|------------------------|
| • Gateshead CCG | Chris Piercy (Chair) |
| • Newcastle West CCG | Guy Pilkington |
| • Newcastle North and East CCG | David Jones |
| • Gateshead LA | Martin Gray |
| • Newcastle LA | Rachel Bailie |
| • Gateshead Public Health | Paula Philips |
| • Newcastle Public Health | Dawn Scott |
| • Gateshead Schools | TBA |
| • Newcastle Schools | TBA |
| • North of England Commissioning Support | Rebecca Eadie |
| • NHS England | Caris Vardy or nominee |
| • Northumbria University | Tony Machin |

3.2 Members will represent their agencies and will also bring experience and knowledge about other sectors and organisations. However their primary duty is to act in the interest of children and young people and families.

3.3 Members will ensure that children, young people, parents and carers have been involved in the design and commissioning of services. It is the role of this group to challenge work streams in this respect.

3.4 Members should have the authority to delegate resources on behalf of their organisation.

3.5 Members are committed to ensuring key messages are cascaded from the CCP across their respective organisations and partnerships to ensure executive teams and front line staff are appropriately informed.

3.6 Members will have a named deputy

3.7 The CCP will review attendance rates regularly.

4. Quorum

4.1 Commissioning decisions can only be made when the relevant commissioner is present.

4.2 The CCP will be quorate when there is a Chair/Vice Chair, a representative from each CCG and each LA.

4.3 The CCP will make recommendations about key commissioning decisions to the individual agencies responsible for the decision.

4.4 Monthly meetings will be scheduled on the last Tuesday each month at 9:30am.

5. Chair

5.1 The chair of the CCP will be provided by the CCG. The CCP will review the chair and vice chair positions when they review the terms of reference.

6. Budget

6.1 Because financial management is a key part of good governance, decisions and recommendations should not be made in the absence of budget information.

6.2 The CCP must advise relevant agencies of the need to realign resources and the risks and benefits where there is evidence that services are not contributing to the improvement of outcomes for children, families and young people, and the risks of not doing so.

7. Expectations of the Chair and Board members

7.1 The Chair and Board will:

- Represent the views of their agency as appropriate;
- Report back to their agency, sector or stakeholder group as appropriate;
- Provide factual information about the role of their agency and its work;
- Work with other partnership members to implement the Programme Plan
- Accept that all partners have an equal status and that our main concerns is improving outcomes for children, young people and their families;
- Demonstrate commitment to the participation of parents carer, children and young people;
- Demonstrate commitment to joint working, and to act as a champion of it within their agency or sector;
- Work collaboratively to respect diversity;
- Scrutinise and challenge information received;
- Prepare for meetings by reading papers, attending promptly, regularly and for the

8. Decision Making

8.1 If after a full debate the CCP feel that they cannot resolve an issue or manage a risk, the matter will be referred for decision to the Newcastle and Gateshead Mental Health programme Board. The Children's Trust Boards in Newcastle and Gateshead will be consulted about these issues / risks.

8.2 Agenda items to be submitted a week prior to the meeting.

9. Key Relationships and Accountabilities

9.1 The CCP will work within the Newcastle Wellbeing for Life and Gateshead Health and Wellbeing Boards arrangements, The CCP is accountable to the Newcastle and Gateshead Mental Health programme Board and each agencies internal governances arrangements.

9.2 The CCP will report to the Newcastle and Gateshead Mental Health Programme Board, and both Children's Trust Boards every quarter.

9.3 There are several groups / partnerships contributing to the emotional wellbeing and mental health outcomes of families and therefore the CCP need to work with and through them.

10. Delegation

10.1 The CCP will devolve responsibility for ensuring the delivery of the Programme Plan to work stream leads when appropriate.

11. Review

11.1 The work of the CCP will be subject to regular review taking into account stakeholder experience. Terms of reference will be reviewed annually.

Appendix Three – Terms of Reference Advisory Group

Collaborative Commissioning: Improving our children and young people's emotional wellbeing and health across Newcastle and Gateshead

Advisory group

Terms of Reference

1. Background to the Advisory Group

The NHS Newcastle Gateshead CCG and local authorities have agreed to work together to commission a radically different whole family response to the psychological and emotional needs of children and young people.

To deliver the collaborative vision there will be an open and honest conversation about how the new system should support the emotional wellbeing and mental health needs of our children and young people and families to enable them to be resilient and thrive. Through early and timely response to mental health concerns we want to enable children and young people to achieve their aspirations and support educational attainment.

Children and young people and their families will be at the heart of the transformation with a commitment to involve young people and their families in the development of the new approach.

Schools and the wider community are integral to the development of any new system and we need to ensure we involve schools, the community and voluntary sector, service providers and other stakeholders throughout the process.

To ensure that the system transformation is undertaken in a co-productive and inclusive manner an Advisory Group, made up of key stakeholders, will be established to inform and contribute to the project.

2. Purpose of the group

The Advisory Group is a means for the Project to share early thinking with key stakeholders to the commissioning process, who have knowledge and experience of working with children and young people and mental health services, so that they may guide and influence the development of the project.

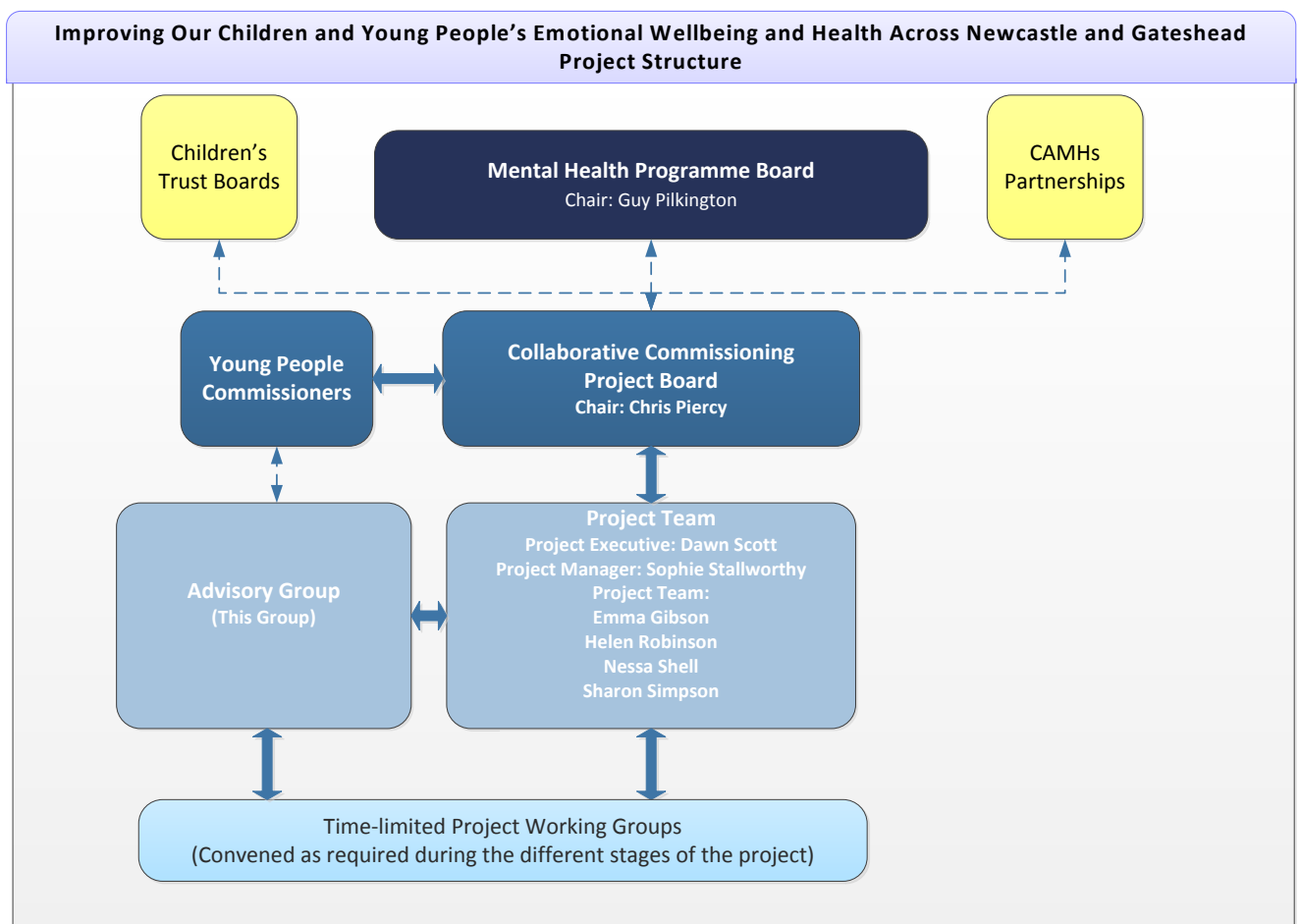
The primary focus of the Advisory Group will be the development and coordination of communications and engagement activity around all stages of the Project's public engagement consultation process.

The Advisory Group's main objective is to ensure a bottom-up co-productive consultation process and provide a forum which allows two way communications and discussions between commissioners, key third sector and scrutiny partners.

In particular to ensure the process is carried out in a positive and non-stigmatising way which reflects the social model of disability. It should also ensure that views expressed outside of the Project are captured and fed into appropriate organisations for quality and general service improvement purpose.

The Advisory Group will also support the Project to reflect the cultural diversity across Newcastle and Gateshead in the development of engagement strategies, communications and activities.

3. Governance arrangements and key relationships



The Advisory Group provides advice, guidance and intelligence on the Collaborative Commissioning process and insights gained to the Collaborative Commissioning Project Team, the Young Commissioners and the Project Board.

A non-provider member of the Advisory group will also sit on the Project Board.

The Advisory Group will ensure the vision, approach and principles of the Collaborative Commissioning project board are at the heart of this process:

Our Vision for Newcastle and Gateshead

Our communities are enabled to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time.

How we will deliver our vision

- We will focus on children and young people aged 0-25 and their families
- We will work together with our communities to design an effective whole system model of support that values the strengths within families
- We will ensure everyone understands their own roles and responsibilities for creating and sustaining emotional wellbeing
- We will enable our children and young people and their families to be resilient.
- We will collaboratively commission services across health, social care and education and where appropriate across geographical areas.

Our principles

- *Transforming the way we think:* emotional wellbeing is everybody's business
- *Co-production:* engaging, listening to and involving our communities in designing their services
- *Focusing on evidence and best practice:* understanding the needs of our communities and the best practices to meet those needs
- *Collaborative commissioning:* NHS Newcastle Gateshead CCG, Gateshead Council, Newcastle City Council agree to collectively commission services to deliver key priorities that support the vision.
- *Prevention and early intervention:* shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences
- *Best value and efficiency:* provision must be high quality, affordable and produce successful outcomes.
- *Thriving:* the emotional state we want our children and young people to attain.

4. Key related documents

- CCG's communications and public engagement strategy
- Section 242 NHS Act 2006 – the legal duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services.
- Equality Act 2010 – that all protected groups are considered and that the Equality Delivery System is used appropriately in the context of communications and engagement.
- Domain 2 of the CCG authorisation process – “meaningful engagement with patients, carers and communities”. This means showing how the CCG ensures inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities and how the views of individual patients and practice populations are translated into commissioning intelligence and shared decision-making.

- Children and Families Act 2014 – joint commissioning of services and ensuring provision in our cities meets the needs of children and young people.
- The CCG's Constitution
- The NHS constitution
- The CCG's commissioning intentions
- Procuring and Commissioning for a Fair and Sustainable City – Newcastle City Council Procuring and Commissioning Plan
- Newcastle City Council Plan
- Newcastle Children and Young People's Plan
- Gateshead Council Plan
- Gateshead Children and Young People's Plan

Membership

- Communication and engagement specialist (Chair)
 - Collaborative Commissioning Project Manager
 - Community Voluntary Sector Rep Newcastle x 2
 - Community Voluntary Sector Rep Gateshead x 2
 - Schools representatives – Newcastle x2
 - Schools representatives – Gateshead x 2
 - Parent & Carer Representative – Newcastle
 - Parent & Carer Representative – Gateshead
 - Public Health representative
 - Gateshead Council Representative
 - Newcastle City Council Representative
 - NHS Newcastle Gateshead CCG Representative
 - Healthwatch - Newcastle
 - Healthwatch - Gateshead
 - Northumberland Tyne and Wear NHS Foundation Trust
 - Newcastle upon Tyne Hospitals NHS Foundation Trust
 - South Tyneside NHS Foundation Trust
 - Helix Arts
 - Young Commissioners Organisation
- Other key partners will be invited to join the group as indicated by the group's work.

Members of the Advisory Group are expected to be active participants in the Project, which may mean additional support outside of the monthly meetings.

Frequency of meetings

Every month.

Secretariat

The Project team will organise meeting notes and arrangements.

Notes will be taken of each meeting, highlighting key actions and by whom. These notes will be reviewed at each meeting for accuracy and for actions to be taken. An agenda will be published in advance of meetings, and members are able to put forward items for discussion at the discretion of the chair.

Declarations of interest are made at the beginning of every meeting, and any member who declares an interest against a specific agenda item may be asked to leave the meeting whilst that item is being discussed. Such an occurrence will be noted in the meeting notes.

Review date for terms of reference

6 months

Appendix Four – Young Commissioners Role Description

About the Project

Expanding Minds, Improving Lives is a joint project between NHS Newcastle Gateshead Clinical Commissioning Group (CCG), Newcastle City Council and Gateshead Council.

The project will research how current mental health services for children, young people and families are delivered, and examine ways of redesigning services to make them more accessible and fit for purpose.

We are looking for a team of Young Commissioners to be a part of this exciting project, to work alongside statutory commissioners to decide on how mental health services should be redesigned to better suit the needs of children, young people and families.

Interested?

You need to:

- Be aged 13 – 19 (or up to 25 if you have a learning difficulty or disability)
- Live in Newcastle or Gateshead local authority area
- Passionate about changing services for children and young people
- Able to commit to one or two meetings per month

This is an 18 month project, and ideally you will be able to commit to the full 18 months, however we recognise that your circumstances might change, and we are flexible to suit your life.

You don't need to have accessed mental health services to be involved.

What's in it for you?

- Full training will be given, so that you feel comfortable in your role.
- You will have the opportunity to gain a vInspired Award (50hr or 100hr) and an ASDAN Leadership award
- A great opportunity to gain experience and learn new skills for your CV
- Be part of a unique, important and exciting project
- An incentives budget for you to decide what to spend it on e.g. trips
- All of your travel expenses will be reimbursed, and we will provide refreshments at meetings

What next?

To apply, please fill in the expression of interest form, and tell us a little bit about yourself and why you'd like to become a Young Commissioner. E-mail your completed form to Louise@youthfocusne.org.uk by noon on 23 October 2015, or post it to:

Louise Patterson, Youth Focus: North East,


Suite 6, New Century House,

West Street, Gateshead, NE8 1HR

If you have any questions about the project please contact Steve Watson or Jack Wilson by telephone on 0191 477 9966 or via the e-mail address above.

Two days training will be held on **Thursday 29 & Friday 30 October 2015** in Gateshead from 10am – 4pm. Further details will be sent to you about the location closer to the dates.

Appendix 5 – Key Messages October



**Expanding minds,
improving lives:**

Key messages
update

Motivating and working together to transform children and young people's mental health

Issue 1

We have a new name!

It was agreed by the Collaborative Commissioning Project Board and the Advisory Group that we should work with young people to develop a new name for the collaborative commissioning project which was more meaningful for young people and their families. A workshop was held in August with young people to do this which was extremely positive, and the young people who attended were very engaged with and supportive of what we are trying to do. In the short period of time we had the young people developed the following name for the project:

Expanding minds, improving lives: Motivating and working together to transform children and young people's mental health.

The reaction we have had so far from colleagues and professionals has been very positive – the name and the strapline will serve as reminders as to the purpose of the work – and indeed it 'does what it says on the tin'.

We will now use this name and the creative style on all our correspondence.

Young commissioners update

We are very pleased to announce that we have appointed Youth Focus North East to run our Young Commissioners project.

This involves recruiting, training and supporting young people to become co-commissioners with the statutory commissioners, with the aim of transforming mental health services for children and young people and their families across Newcastle and Gateshead.

Based in Gateshead, Youth Focus: North East, is an independent charity which works across the region to improve the lives of young people. For over 25 years they have delivered projects which have been developed and co-delivered alongside young people. They have extensive experience of developing programmes on health issues with young people, and have been a regional hub for the development of funding and commissioning initiatives involving young people.

Can you help with young commissioners?

The plan is to recruit and train 20 young people aged 13 - 19 (or up to 25 with learning disability) to play an active role in the re-commissioning of mental health services for children and young people and their families across Newcastle and Gateshead. The project will last for 18 months from September 2015. The Young Commissioners will be fully supported for the life of the project to work in collaboration with the Expanding Minds, Improving Lives Project Team and Project Board, as active participants and decision makers in the co-production and design of the new whole system, whole family approach

to emotional wellbeing and health services for children and young people and their families across Newcastle and Gateshead.

If you or your organisation is interested in getting involved with this work please contact: Claire Troman on claire@youthfocusne.org.uk, 0191 4779966.

Helix Arts - Action: Story!

What is Action: Story!?

Action: Story! aims to empower young people who access CAMHS to have a voice in the commissioning process for this service. By taking part in a film project, the young people will be given an opportunity to express how they feel about their journey within the service and how they would like to see it change. The young people will be instrumental in helping us to determine which services they look at. They will work with professional filmmakers and designers in workshop settings to explore and voice their experiences.

The filmmakers and designers will also work separately with commissioners to explore the issues raised and feedback to the young people as an iterative process throughout the project. The young people will also have a chance to meet with these commissioners at an event in December to showcase the work produced and discuss issues raised collectively.

We would like to work with young people who are:

- Aged 9 - 14 years
- Accessing tier 2 & 3 CAMHS services
- Living in the Newcastle or Gateshead areas
- Willing and available to commit to attending 8 workshops in September / October
- Willing and available to attend an event in December
- Interested in making a film
- At a point in their lives where they are able to articulate how they feel about their experiences of services

Time line of activity:

- July/August: Young people recruitment
- September/October: Action: Story! Workshops
- November: Film created
- January: Young people and commissioner event
- February: Commissioner pledges published
-

Case for change

To make any changes to the way services are arranged, there is a requirement to have a 'case for change'. This is an iterative document and services as the main repository for what we already know about the issues of children and young people's emotional and mental health and wellbeing.

We have started to draft this document using public health needs assessment information from a range of local and national sources.

The call for evidence we did earlier in the summer was also very helpful in starting to build this case for change.

As we progress through this process, we will continually add to the case for change. In particular we will include the insights we gain from the professional and public involvement activity.

We've received many helpful comments from the groups that we have presented what we have found so far too – we will circulate it shortly. It's very important that we all recognise this is a working draft document only at this stage.

Engagement strategy

We are currently formulating our engagement strategy – bringing together the work being carried out with children and young people (as highlighted above with Helix Arts and the Young commissioner's project).

We want to ensure we are hearing from a full range of professional groups and organisations, we well as young people themselves and their parents, carers, and siblings.

We will be calling for groups to help us with our engagement approaches – so please look out for more information coming soon.



ngccg.enquiries@nhs.net

Appendix Six – Updates from the Chair of the Collaborative Commissioning Project Board



Information for providers and stakeholders

2 April 2015

Dear Colleague

Collaborative commissioning of emotional wellbeing and mental health services for families in Newcastle and Gateshead

I am writing to you as Chair of the Mental Health Programme Board to update you on the Board's project to help redesign Child and Adolescent Mental health provision.

Following from discussions with stakeholders, Newcastle and Gateshead CCGs and local authorities agreed to initiate a collaborative commissioning project (CPP). This project aims to design and commission a radically different whole system, whole family response to the psychological and emotional needs of children and young people. It will particularly focus on jointly designing delivery within the current tiers 3 and 4 of the system; both areas have undertaken to develop their tier 1 and tier 2 responses locally, within the spirit of the overarching project.

By commissioning collaboratively we believe we will be able to develop innovative ideas to improve outcomes by supporting the emotional wellbeing and mental health of children and young people and their families across Newcastle and Gateshead.

All stakeholders recognised that making this change will require long term commitment, and the project is therefore expected to last for up to three years. To enable delivery of this complex project the CCG has also been successful in securing some NHS England resources for project support.

Since January 2015 a working group has been developing a draft vision and project plan.

To deliver our collaborative vision we want to have an open and honest conversation about how the new system should support the emotional wellbeing and mental health needs of our children and young people and families to enable them to be resilient and thrive.

We want our communities to be at the heart of the transformation and we will be engaging with children and young people, parents and carers, families, service providers and other stakeholders throughout the process, as we design our new approach. Our engagement approach will build upon and learn from the on-going



engagement and listening the Mental Health Programme Board's Deciding Together consultation has adopted around specialist adult mental health services.

The Mental Health Programme Board will oversee our work, and we will reflect their principles in the delivery of the project, together with our overarching project principles. We will also be reporting regularly to the Newcastle and Gateshead CAMHs Partnerships and Children's Trust Boards.

The project will soon begin in earnest and attached to this letter we have included our draft vision and high level plan, to provide more clarity about how this project will progress and timescales we expect to work to. We hope this will enable you to be fully engaged in the next stages.

This is an exciting and ambitious project and we look forward to involving you throughout.

Sincerely

A handwritten signature in black ink, appearing to read 'Guy Pilkington', with a long horizontal flourish extending to the right.

Dr Guy Pilkington
Chair of the Gateshead
and Newcastle Mental
Health Programme Board

Distribution: current service providers (statutory and non-statutory), NCVS, GVOC, VOLSAG, CAMHs Partnerships, Children's Trust Board, broader community and voluntary groups, health, social care, education



Information for providers and stakeholders

27 July 2015

Dear Colleague,

In April 2015 I wrote to inform you about the launch of the collaborative commissioning project (CPP) which is seeking to improve the emotional health and wellbeing of children, young people and families across Newcastle and Gateshead. The aim of the CCP is to design and commission a radically different whole system, whole family response to psychological and emotional needs of children and young people.

I wanted to provide you with an update on the progress of the CCP and make you aware of upcoming opportunities to get involved.

Progress against the project plan

Over the last few months the project team has been working hard to pull together a baseline position of emotional wellbeing and health provision across our two areas. This baseline position statement is important as we need to understand how the current mental health system is performing before we can identify opportunities for change. It is also important for us all to understand what is within the scope of our work. The baseline position statement will be completed in August, and will be shared through 'listening' events commencing in September 2015.

Our baselining work has taken us longer than anticipated to complete due to the challenges with unpicking and analysing the contract and performance information from each of the partner organisations. Given this delay and following feedback from partners we have reviewed our project plan and extended the timings of the engagement, design and consultation phases. Whilst we have extended the project timescale we are still working to an ambitious timescale as we aim to be in a position to describe our new approach in May 2016. The revised timescales for each stage of the project are attached in appendix 1.

Establishing an Advisory Group

An Advisory Group of stakeholders to help inform and develop the project has been established, and has now met twice. The Advisory Group is made up of a range of representatives including parent and carer representatives, schools, the community and voluntary sector, Healthwatch, service providers and statutory commissioners. The Advisory Group is a means for the Project to share early thinking with key stakeholders to the commissioning process, who have knowledge and experience of working with children and young people and mental health services, so that they may guide and influence the development of the project. We are very pleased indeed with the involvement of different organisations in this group and their support is critical to this process.

The terms of reference for the group are attached in appendix 2.

Children and Young People at the heart of the transformation

We want children and young people to be at the heart of the transformation of our mental health services. To support this approach we have set aside part of the project budget to support the development and coordination of a group of Young Commissioners who will become co-commissioners of the new whole system approach. We are seeking an organisation to recruit, develop and support the Young Commissioners, and a specification setting out the requirements of this contract has been launched on the North East Procurement Organisation portal:

https://www.qtegov.com/procontract/supplier.nsf/frm_home?ReadForm.

The project team is also working closely with Helix Arts to provide younger children with a voice in the commissioning process. Through Action: Story! Helix Arts will be working with young people aged 9-14 years, who are already accessing mental health services, in a film project about their journey within services and how they would like to see it change. A brief summary of Action: Story! is provided in appendix 3.

Listening and Pre-Consultation

We are now in the process of planning engagement events as part of our Listening and Pre-Consultation stage of the project. We are developing a range of events and forums that will enable us to understand the experiences and views of the broad range of stakeholders which is so vital to the transformation of our services. Some of these events will be targeted at certain stakeholders, for example schools and young people, but other events will have a broader multi agency focus. We are also exploring opportunities to make use of other engagement methods including social media.

The project team will circulate shortly more information about events and engagement opportunities as dates and mechanisms are finalised.

In the meantime if you have any queries about the project please contact Sophie Stallworthy, Project Manager at sophie.stallworthy@newcastle.gov.uk.

Sincerely,



Dr Guy Pilkington
Chair of the Gateshead
and Newcastle Mental
Health Programme Board

Distribution: current service providers (statutory and non-statutory), NCVS, GVOC, VOLSAG, CAMHs Partnerships, Children's Trust Board, broader community and voluntary groups, health, social care, education

Appendix Seven – Call for Evidence Summary

Summary of information received

Overall there were 22 responses received which included national surveys as well as local surveys undertaken and individual organisations. (See attached appendix)

Many of the responses were evaluations of services of one to one support or interventions with children and young people.

The main issues identified from responses were

- Exam stress – pressure to do well at school
- Lack of confidence/ anxiety
- Bullying
- Isolation
- Relationships – peers, family and other adults
- Body image
- Problems in immediate family, e.g. violence, abuse

Although issues such as depression and self harm were mentioned it was apparent from the information received that children and young people were identifying issues at an early stage and therefore this highlights the importance of intervening early

Not all the responses received showed the feedback from children and young people and their parents. However the following points were identified

- The importance of having someone to listen to them
- Consistency and continuity in approach
- Role models
- Accessibility and flexibility in service delivery
- Not having to wait long to see someone
- Professionals who were approachable and non-judgmental
- Getting help at the right time.

The responses received provide a good baseline in terms of what we already know as well as giving a good starting point for areas which will need to be developed further in the ongoing engagement and consultation with young people

Appendix Eight – Infant Mental Health Report

Appendix Nine – Draft Case for Change

TITLE OF REPORT: Children and Young People 0-19 Framework

Purpose of the Report

- 1.0 To seek the views of the Health and Wellbeing Board on the approach proposed for the 0-19 delivery framework and to note progress to date.

Background

- 2.0 A report was presented to the Health and Wellbeing board in April 2015 to outline the governance arrangements for Gateshead Children's Strategic Commissioning Group, including an overview of the functions and membership of the group. The Health and Wellbeing Board approved the proposed approach for the 0-19 framework.
- 2.1 This paper sets out a shared vision for the Children and Young People Strategic Commissioning Group in Gateshead. The principles for delivery and services in scope are outlined in Appendix A. It is proposed that organisations will work collaboratively with children, young people and their families using a whole system approach to improve services and outcomes. The approach links and builds upon the initial work carried out by 'Peopletoo' to inform the future transformation of Children's Services and Adult Social Care.

Current Progress

- 3.0 Gateshead's current children's commissioning arrangements across the system since NHS reorganisation are fragmented. Gateshead has chosen to address this by working together with relevant commissioners and service leads to look at opportunities for integration and effective and efficient delivery.
- 3.1 Currently Public Health commissions a number of contracts focussing on improving the health and wellbeing outcomes for children, young people and their families. From 1st October 2015, Public Health Gateshead Council became the responsible commissioner for 0-19 services, including the Healthy Child Programme (Health Visiting, Family Nurse Partnership and School Nursing). The change in commissioning arrangements provides a real opportunity for alternative delivery models and improved integration of children, young people and family services.
- 3.2 The approach for a 0-19 framework in Gateshead is based on a clear strategic vision endorsed by key organisations. The following principles for working have been agreed by Gateshead Children's Strategic Commissioning Group:

1. The development of a shared information and intelligence base which is outcomes focused, from which to understand the needs of children and young people, which incorporates the perspectives of young people themselves.
2. Synchronise the commissioning cycle of needs assessment, priority setting, development of commissioning plans and service delivery and the monitoring of impacts and performance
3. Develop a shared approach to engagement of children, young people and families in the planning, design and delivery of services.
4. Using evidence based interventions to adopt a strategy of 'early Intervention or early help' tackling problems at the earliest point, preventing escalation and the need for high cost and intensive service response at point of crisis.
5. Ensure the Local Safeguarding Children Board requirements for safeguarding children are fully met through all commissioning activities overseen by the group.
6. A commitment to achieve shared high level outcomes for children, young people and families in Gateshead e.g school readiness.

3.3 Prevention and Early Intervention Approach

- 3.4 The approach links to the regional work initiated by the Regional Directors of Public Health on 'Sector Led Improvement' for the best start in life, which is in its initial planning stage. The 1001 critical daysⁱ manifesto published in February 2015, makes reference to primary prevention and the opportunity to build on the troubled families work with a pre-troubled families programme. The Healthy Child pathway is the golden thread that runs through the 0-19 agenda and provides a real opportunity for further integration for the system in Gateshead.
- 3.5 The approach for the 0-19 framework supports the Gateshead Prevention and Early Intervention Strategy (2013-2016) which highlights that Gateshead has prioritised early intervention and prevention as a key 'system improvement'. The strategy includes priorities for prevention and early intervention, which includes co design and engaging young people and communities; early years and the best start in life; risk identification and integrated approaches.

4.0 A Framework for Delivery

- 4.1 A defined delivery model is required; using a co-production approach to ensure strategic support is achieved. Initial thinking has been discussed with strategic leads and the strategic commissioning group regarding potential models that could be created, adapted or rejected.
- 4.2 The early development of a community and borough based model to support the 0-19 delivery framework, provides the basis for tracking of delivery, management, performance and outcomes is based on an extended 'Families Gateshead' approach. The potential scope of services included in the 0-19 service model are

noted in Appendix B. An outline of early thinking around the potential model including a community and borough based model is outlined below.

4.3 **Community Model** - Locality working which seeks to integrate the activities of a range of diverse teams. The focus will be on universal prevention, early interventions and targeted intervention when additional needs are identified for children, young people or families but a specialist service is not required. Locality teams would usually be the lead practitioner, carrying out a common assessment framework (CAF) and implementing a team around the family, multi disciplinary input.

4.4 **Borough based services** – Community locality teams, will be supported by Borough specialist services, The specialist services would provide specialist input for complex decision making and supporting universal services to support families with complex needs. Borough based services would often not be the lead practitioner but would support the 'Team around the Family' to deliver the relevant intervention to achieve the outcomes necessary to enable the family to return to universal service provision.

4.5 **Outcomes**

The work is to be underpinned by key high level measurable outcomes, to help determine and shape the future direction of travel. The outcomes link to the Public Health Outcomes Framework, Guide To Early Years Profile and the NHS Outcomes Framework, examples include school readiness, including ready to learn at two and ready for school at 5 and child poverty. A number of primary outcome indicators within the 0-19 framework will underpin the strategic outcomes e.g. breast feeding rates, excess weight.

4.6 **0-19 Workshop**

A consultation workshop was organised by Gateshead's Children and Young People's Strategic Commissioning Group, in October 2015 with key stakeholders for children, young people and families to:

- Share initial thinking and ideas around the future development of 0-19 services in Gateshead.
- Stimulate discussion and invite comment on the current and future state of the 0-19 framework.
- Ensure plans developed following the workshop; reflect the views and discussions of partners and stakeholders.

4.7 The workshop provided feedback on some initial key themes:

- A review of existing models is needed, to reflect what has worked, what hasn't worked, what has not been tried before in Gateshead and new models being implemented elsewhere.
- Ensure services respond to changing needs and demand. The model should enable fluidity and resource flexing into areas that have increased need and demand for services.

- Locality models may not involve one building, one management structure or one IT system, but a range of services working within local community venues, sharing resources and working in partnership to deliver a service. Therefore premises, professional boundaries and identity, and management structures should not act as a barrier for change.
- The service locality model could be based on geographical location, population need, structures such as schools or GP practice.
- Use of existing services for integrated working with children's services – using Team Around the Family and Common Assessment Framework – Families Gateshead model – lead practitioner
- There are a number of options to consider in relation to locality/community working arrangements. It is important to have a system that meets the needs of children, young people and their families, which ensure resources are flexed to work in a more co-ordinated way across the whole system.
- Need to acknowledge depleting resources and finances, how we can work more effectively in an integrated way.
- Family must be at heart of what we do and central to all interventions as part of the model.
- If we require transformational change then contracts must be for longer to enable providers to ensure this.
- The locality model should enable the workforce to network across a smaller geographical area, working with key partners and services providing clear points of contact within those communities.
- The 0-19 delivery framework will need to ensure appropriate levels of support are provided at the right time, in the right place by a properly planned and educated workforce

5.0 **Next Steps**

- 5.1 The Gateshead Children and Young People's Commissioning Group need to continue to progress detailed planning around the new model following the workshop event with stakeholders. This will be informed by key themes emerging from discussions on the future 0-19 framework.
- 5.2 To help facilitate locality/community working, mapping of current provision is required to inform further planning and development. Key services and stakeholders will be involved in the mapping to capture services available across Gateshead serving families with children aged 0-19.
- 5.3 An engagement strategy and communication plan is required to engage with providers, key partners as well as families, children and young people across Gateshead regarding future delivery models.
- 5.4 There have been significant reductions in funding across the public sector, including the Council and CCG. The Council are about to consult on savings proposals for the next 5 years and this may impact upon the 0-19 area and needs to be considered in the scope of the work. In moving forward there is great emphasis in partners working together to ensure our resources are being spent in the best way to improve outcomes.

5.5 A procurement timescale has been developed by Gateshead Council for the 0-19 public health commissioned services (school nursing, health visiting and family nurse partnership), with the new service start date, commencing in April 2017. A number of key tasks need to be progressed as part of the procurement planning.

6.0 **Recommendations**

The Health and Wellbeing Board is asked to note the work underway on the 0-19 framework by The Children and Young People's Strategic Group and to comment on progress.

Contact: Emma Gibson, Children and Young Peoples Lead, Public Health ext 2845

Proposal for Service Delivery System for Children 0-19

The vision will be achieved by implementing an integrated approach to the design and delivery of services for children, young people and families for the 0-19 agenda, which include the following principles:

- a. Enables children, young people and families to have a voice in the services they need.
- b. Promote a pro-active early intervention
- c. Gets the right support to the right people at the right time
- d. Reduces the need for more specialist interventions
- e. Promotes whole family approaches, avoiding a referral culture
- f. Prevents fragmentation of services
- g. Prevents duplication of work and increases efficiency
- h. Provides for best use of resources and achieves value for money
- i. Provides greater accountability
- j. Reduces health inequalities
- k. Based on evidence base and good practice.

0-19 Framework- Potential service areas in the scope

<p>Public Health</p> <ul style="list-style-type: none"> • Health visiting • Family nurse partnership • Public health midwife • Infant feeding co-ordinator • Child safety/accident prevention • School nursing • Childhood obesity service • Healthy Schools Provision • Integrated Sexual Health Service • Young People’s drug and alcohol service. • CAMHS Tier 2 	<p>Clinical Commissioning Group</p> <ul style="list-style-type: none"> • Community Midwives • CAMHS • Therapies (Physio, OT, SALT). • Children’s Community Nursing • Dietetics • Community Paediatricians • Abortion Services • Maternity Services • Acute Paediatrics • Safeguarding • Looked After Children
<p>Children’s Services</p> <ul style="list-style-type: none"> • Children centre staff • Family support • Youth and community • Social Workers • Youth Offending Team • SEND • Parenting offer • LSCB arrangements 	<p>NHS England</p> <ul style="list-style-type: none"> • Vaccinations and immunisations • Child Health Information Systems • GP Contract

ⁱ DfE (2013) Conception to age 2 –the age of opportunity, Wave Trust

This page is intentionally left blank



TITLE OF REPORT: **Development of the Tobacco Control Ten Year Plan**

Purpose of the Report

1. To provide an update to the Health & Wellbeing Board on the development of the 10 year Plan for Tobacco Control in Gateshead.
2. To seek the Board's continued support for the reduction of adult smoking prevalence in Gateshead to 5% or lower by 2025.

Background

3. In July 2014 a Health and wellbeing Board session considered the issue of tobacco. In response to this session the Health and Wellbeing Board asked for a concerted effort to review and reinvigorate action to address tobacco in Gateshead.
4. Over the past 12 months work has been undertaken within the Gateshead Smoke-free Alliance to review activity. Over the year attendance at this meeting has been low, and so in an attempt to increase engagement, a workshop to develop a ten year strategy for tobacco control in Gateshead was planned for October.
5. The overall aim of the strategy is to reduce smoking prevalence to 5%, or lower, by 2025 with a view to ultimately creating a tobacco-free society.
6. Key areas of focus have included:
 - a. Fewer people starting to smoke
 - b. More smokers quitting
 - c. Protecting people from second hand smoke
7. The previous action plan comprised seven sections:
 - a. Developing infrastructure
 - b. Reducing exposure to second-hand smoke
 - c. Supporting Smokers to Stop
 - d. Media Communications and social marketing
 - e. Reducing Supply
 - f. Tobacco Regulation / Reducing tobacco promotion
 - g. Prevention and reduction of smoking prevalence amongst children and young people.

8. In early 2014 Gateshead Youth Assembly (GYA) contacted the Smoke-free Alliance to ask how they could support the Tobacco Control agenda. The GYA have had an interest in smoking related issues since 2010 and have regularly supported local campaign activity.
9. The young people were specifically interested in local issues such as tobacco related litter, smoking education and young people starting smoking as well as influencing local and national policy through lobbying and campaign work.
10. In September 2014 there was a conference that brought together members of the GYA with key policy makers across Gateshead. A number of key issues were raised and research was presented on young people's views of tobacco education in schools.

Current position

11. Across the North East the news is good with the proportion of North East smokers falling from 22.3% of people smoking in 2013 to 19.9% in 2014. The figures are from the Integrated Household Survey published by the Office for National Statistics.
12. There are now 165,000 fewer smokers in the North East than there were in 2005, when 29% of people smoked. (Currently awaiting the further breakdown of figures to Gateshead level data.)
13. There has been a significant culture shift in the last decade with regards to smoking, introduction of new laws and changes in public opinion to reduce smoking and protect children.
14. Smoke-free legislation has been linked to improved early outcomes. Evidence published in March 2015¹ estimated that in the first four years following smoke-free legislation, 991 stillbirths, 5,470 cases of low birth weight and 430 neonatal deaths were prevented across England.
15. However, smoking remains the single biggest preventable cause of premature death in the UK and major contributing factor to health and social inequalities in Gateshead.
16. Gateshead has provided robust leadership over last few years, together with the North East region it has led the way nationally and can continue to do so with a strong vision to 2025.
17. The North East Tobacco Control Office conducted research with the public that showed that the North East public is largely supportive of regulatory measures to address the harm tobacco causes with only 12% thinking the government has gone too far.

¹ Been, J. et al (2015) 'Impact of smoke-free legislation on perinatal and infant mortality: a national quasi-experimental study' accessed at www.nature.com/scientificreports 15th October 2015

Progress

18. As outlined above, a workshop was held on October 1st 2015, bringing together partners from across the Gateshead system, to identify some key aspirations for Gateshead's approach to tobacco control. Attendance at the workshop was disappointing and not all organisations were fully represented.
19. However, despite low attendance, the outputs from the workshop are being used to inform the development of an ambitious 10 year Plan for Tobacco Control in Gateshead. During the event a number of overarching, deliberately ambitious aims to be achieved by 2025 were identified including:
 - a. Ban on all burning tobacco products
 - b. No young people start smoking
 - c. Law introduced making it illegal to smoke during pregnancy.

For each action a timeline of activity and outcomes has been written tracking back to what needs to be done in the years leading up to this point.

20. It was recognized that these ambitions will require considerable work across crosscutting areas with specific activities identified to take each piece of work forward including political lobbying. This long term activity will require work in alliances to create the pool of evidence to support the adoption of the change, and to create a wide enough coalition of supporters to influence the government.
21. During the workshop colleagues discussed the potential contribution of e-cigarettes to the tobacco control agenda. As evidence is currently limited it was acknowledged that e-cigarettes may have both positive and negative impacts. As a consequence the group decided that further evidence was required before agreeing a position.

Next steps

22. The next stage of development is to take the outputs from the workshop back to the Gateshead Smoke Free Alliance for discussion alongside a review of what is already included in the current strategy.
23. Discussion within the Alliance will provide the opportunity for further refinement of the actions needed to re-galvanise Gateshead's approach to Tobacco Control.
24. In order to identify and develop the most effective approach, to reducing harm caused by tobacco, it is essential that there is a fully engaged system across all organisations in Gateshead. Consequently the membership of the Alliance needs a radical overhaul to ensure all organisations are appropriately represented.

Recommendations

25. The Health and Wellbeing Board is asked to consider the continued support for the development of this plan. This includes:
 - a. Comments on the priority aims identified so far.

- b. Agreement for the Gateshead Smoke Free Alliance to lead on the next stage of development of the 10 year Tobacco Control Plan. This includes the alliance focusing initially on the aims outlined above but with a view to the inclusion of others aims, such as measures to address illicit tobacco, as the plan gains momentum.
 - c. Continue to raise awareness and build support around a longer term aspiration for the North East around tobacco which also feeds into rapidly evolving national discussions.
 - d. Agreement that a key aspect for future development is the further engagement of children and young people with this agenda, as highlighted by the Gateshead Youth Parliament's report.
26. Health and Wellbeing Board members are asked to reconsider who is best placed to represent their organisation at the Gateshead Smoke-free Alliance. Members will be contacted outside the board for nominations.
27. The Health and Wellbeing Board is asked to receive a developed plan within the next six months.

Contact: Joy Evans, Public Health Programme Lead, 433 2421

Refreshing the Statement of Licensing Policy

Tim Briton
Gateshead Council
Health & Wellbeing Board
23 October 2015

Statement of Licensing Policy

- What is it?
 - Licensing Act 2003
 - Statutory duty to have a Policy
 - Statutory duty to refresh it regularly
- What does it do?
 - Sets out how – in respect of licensable activities in the Borough - Gateshead Council will promote the Licensing Objectives, which are –
 - Prevention of crime and disorder
 - Public safety
 - Prevention of public nuisance; and
 - Protecting children from harm

Statement of Licensing Policy

- Where does it fit in?

When we consider any application, we have regard to -

- The legislation
- The National Guidance (Home Office)
- Gateshead Council's Statement of Licensing Policy;
and
- The individual facts

Statement of Licensing Policy

- What does it do?
 - Sets out how Gateshead Council will promote the Licensing Objectives
- How does it do it?
 - Provides a strategic framework for Responsible Authorities and Interested Parties to make representations and trigger reviews
 - By setting out in the Policy that ‘Gateshead Council will generally expect responsible licensees to do x...’, applicants who do not demonstrate how they will do x should expect their application to be opposed

Statement of Licensing Policy

- Example – alcohol delivery

“It is expected that applicants who intend to sell or supply alcohol by delivery will include provision in their operating schedules to set out how they will ensure that they do not –

- serve alcohol to a person who appears to be drunk
- serve alcohol to a person who it is believed will pass it on to persons under 18 years old
- take payment for the alcohol at the place where it is served – sales should be pre-paid only

It is also expected that applicants will –

- operate an age verification policy of at least a Challenge 25 standard
- only deliver to residential addresses
- only stock delivery vehicles with alcohol that has been pre-ordered
- verify that the person that the alcohol is served to is the person who has ordered it
- only make sales where the purchase price is at least £25 and/or the minimum unit price of the alcohol is not less than £1 per unit”

Refresh – what has changed?

- It's 10,000 words shorter!
- Less guidance, more strategy
- Minimum unit pricing
- Local Licensing Guidance
- Local Government Declaration on Alcohol

Any questions?

Tim Briton, Solicitor – Gateshead Council

- National Lead Officer for Litigation & Licensing
Special Area of Activity - *Lawyers In Local Government*
- Vice Chair – *North East Strategic Licensing Group*
- Regional Officer – *Institute of Licensing*

timbriton@gateshead.gov.uk

Direct Dial : 0191 4332460

This page is intentionally left blank



TITLE OF REPORT: Health Protection Assurance Annual Report 2014/15

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the 2014/15 Health Protection Assurance Report of the Director of Public Health (DPH).

Background

2. The Health and Wellbeing Board previously agreed that the 2014/15 Health Protection Assurance Report of the Director of Public Health will be published as a chapter in the DPH Annual Report.

Proposal

3. It is proposed that draft chapter attached be finalised to include more up to date data (awaited) and published as part of the 2014/15 DPH Annual Report.

Recommendations

4. The Health and Wellbeing Board is asked to consider the contents of the Health Protection Chapter of the Director of Public Health Annual Report for 2014/15.

Contact: Carole Wood, (0191) 4333066

This page is intentionally left blank

Health Protection Assurance 2014-2015 Annual Report of Director of Public Health

Introduction and purpose of the report

This chapter of the DPH Annual Report is an update about relevant health protection activity from April 2014 to March 2015. The report does not describe roles and responsibilities or the assurance arrangements for health protection as they were described in detail last year and have not changed.

The Health Protection Assurance Working Group continues to oversee health protection arrangements and performance as the key mechanism for ensuring robust health protection arrangements.

Performance against all relevant targets is included in the performance report attached.

Issues to note in 2014/15 are:

Seasonal influenza vaccination 2014/15

Flu immunisation was offered to everyone at risk (under Chief Medical Officer guidance) so that:

- An uptake of 75% was reached or exceeded for people aged 65 and over
- For patients aged 6 months to under 65 in clinical risk groups no numerical target was given.

In 14/15, Gateshead achieved an uptake of 74.9% amongst people aged 65 and over which was a slight increase of 0.1% on the figure for 2013/14 but is now the second year in succession that Gateshead has been below the 75% target. For people in the at risk category groups the uptake was 55.1% (down from 57.1% in 2013/14). However, despite the drop, Gateshead is still considered significantly better than the England (50.3%) and North East (51.0%) coverage rates.

Primary school aged children pilots

This school-based programme engaged with primary school age children in reception to year 6 across the borough. Children in at risk groups were excluded from the pilot and referred to their GP to receive their vaccination.

In total, 74 schools in Gateshead (including two special schools and four Jewish schools) held vaccination sessions. A total of 8,776 children were vaccinated, an uptake rate of 58.2%. The uptake rate in special schools was around 47%, and in Jewish schools was around 53%.

Frontline health and social care workers

The seasonal influenza immunisation campaign for Gateshead council employees working in social care (with direct service user contact) identified 3303 eligible employees.

The overall percentage of eligible employees vaccinated, 57.2%, was down from 62.9% in 2013/14.

Sexual health

Sexually Transmitted Infections (STIs)

The importance of improving sexual health is acknowledged by the inclusion of three indicators in the Public Health Outcomes Framework (PHOF). These indicators are:

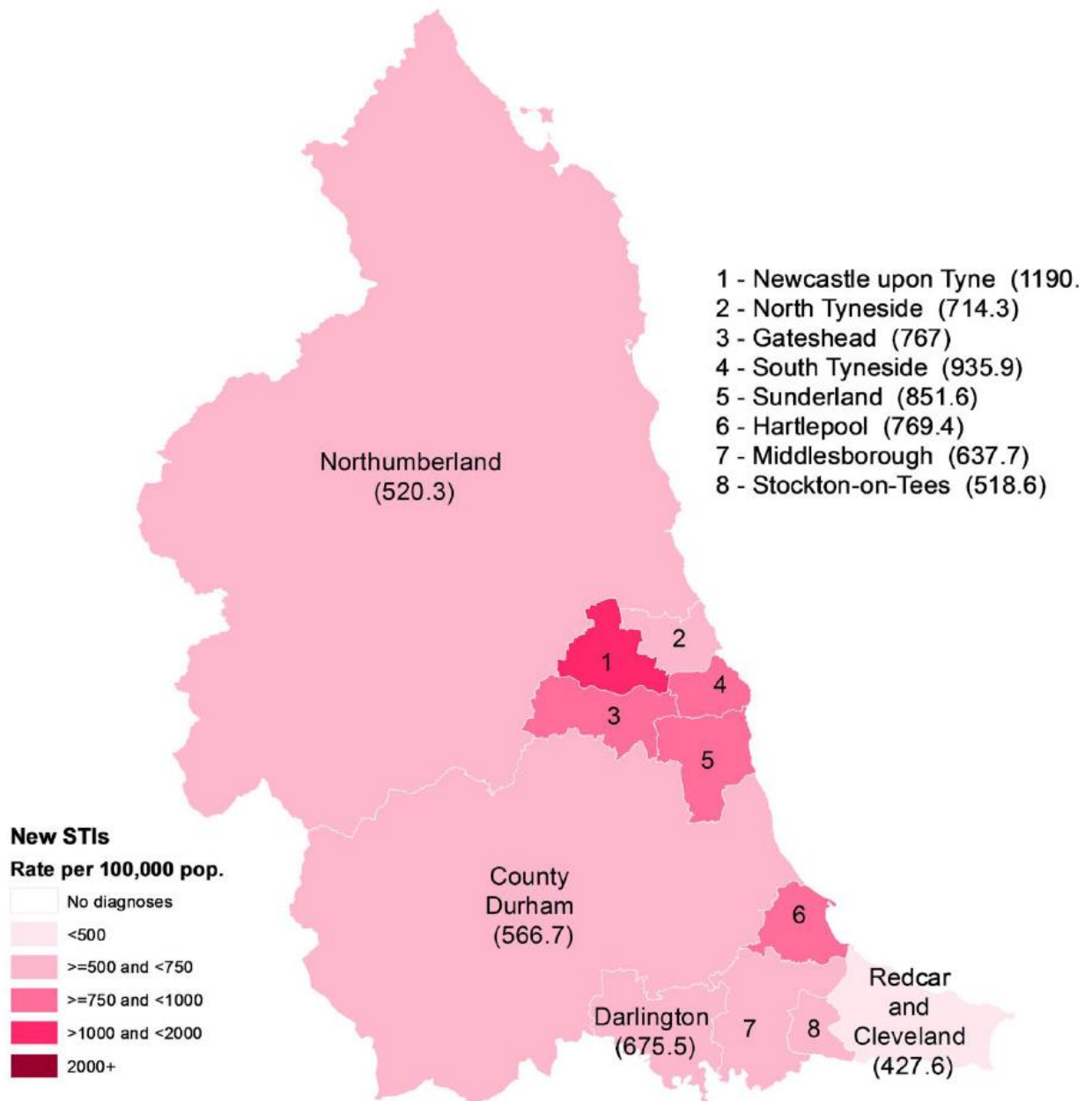
- Under 18 conceptions
- Chlamydia diagnoses (15-24 year olds); and
- People presenting with HIV at a late stage of infection.

The 'Local Authority Sexual Health Epidemiology Report' LASER for Gateshead 2014 is due to be published mid October 2015. Details of this will be made available within the final version of this report.

The most recent published data is at regional level (North East Annual Report 2014):

- The number of new STIs diagnosed in North East residents **decreased** by 12% between 2013 and 2014.
- Numbers of three of the five major STIs **increased**: syphilis increased by 13%, gonorrhoea by 11% and genital herpes by 1%.
- Numbers of chlamydia **decreased** by 21% (though still most prevalent disease) and genital warts by 5%.
- Men and women have **similar rates** of new STIs
- Where gender and sexual orientation are known, **men who have sex with men** (MSM) account for 7% of North East residents diagnosed with a new STI in a GUM clinic (67% of those diagnosed with syphilis and 23% of those diagnosed with gonorrhoea).
- STIs **disproportionately affect young people**. North East residents aged between 15 and 24 years accounted for **78% of all new STI diagnoses in 2014**.
- Black ethnic groups are more affected by STIs than other ethnic groups. **Black Caribbeans have the highest rate of new STIs**: 1,341 per 100,000. This is 2.3 times the rate seen in the white ethnic group.

Map of new STI rates per 100,000 residents by upper tier local authority in the NE: 2014



Contains Ordnance Survey data © Crown copyright and database right 2014. Contains National Statistics data © Crown copyright and database right 2014.
 Map produced using PHEGIS. Contact GIS Team, ERD/MRA, Porton Down. 01980-616937 or gis@phe.gov.uk

Health Care Acquired Infections

Information on infection rates at NHS England Local Area Team level show trends across the Cumbria, Northumberland and Tyne and Wear geography:

Rate of infection per 100 000	2009/10	2010/11	2011/12	2012/13	2013/14
MRSA	3.4	2.5	1.5	2	1.2
MSSA	N/A	N/A	17.8	18.4	20
E. coli	N/A	N/A	N/A	75.4	74.5
C. difficile	75.9	48.8	39.1	35.2	31.3

The Clinical Commissioning Group (CCG) has responsibility for health care acquired infections which are reported to the CCG Governing Body as part of the performance management framework. The DPH is a member of the CCG Governing Body

Air Quality

Air quality, and particular contaminants, may have a profound impact upon health. The Environment Act 1995 requires the Council to review and assess the air quality in Gateshead, looking specifically at seven air pollutants that are detailed in the Government's National Air Quality Strategy. These are:

- Nitrogen Dioxide (NO₂)
- Fine Particles (PM₁₀)
- Carbon Monoxide (CO)
- Sulphur Dioxide (SO₂)
- Benzene
- 1,3 Butadiene
- Lead

The assessments form part of the Local Air Quality Management guidance which works towards achieving National Air Quality objectives.

The levels of these pollutants must be assessed to determine whether they exceed specific Air Quality Objectives (AQO). Where pollutant levels exceed the AQO the Council is required to take steps to improve air quality by declaring an Air Quality Management Area (AQMA) and producing an Air Quality Action Plan.

The Council operates an extensive air quality monitoring network in locations where there is a risk of the air quality standards being exceeded and where there is relevant exposure in the form of housing, offices, schools or hospitals.

As a result of measured levels of Nitrogen Dioxide (NO₂) exceeding the annual objective level, Gateshead Council declared an Air Quality Management Area (AQMA) in April 2005 within Gateshead Town Centre. This was extended in April 2008.

The review of 2013 monitoring data has shown that NO₂ levels have again fallen below the annual mean objective level within the AQMA (40µg/m³) and that there are no exceedences of the annual mean objective level outside of the AQMA. The current AQMA boundary remains appropriate for now but will be subject to review.

Concentrations of NO₂ outside of the AQMA are all below the objectives at relevant locations, therefore there is no need to proceed to a Detailed Assessment.

The Council switched from monitoring PM₁₀ to PM_{2.5} at two locations in 2011 in response to the growing body of evidence on the impact that PM_{2.5} has on health and particularly cardiovascular disease. Although the measured concentrations of PM_{2.5} suggest compliance with the National Air Quality Objectives the levels measured on the A1 Dunston are at the limit of the World Health Organisation's guideline annual mean for the second year in succession.

Emergency preparedness, resilience and response

The main aims of the Northumbria Local Resilience Forum and the Local Health Resilience Partnership Groups continue to ensure that there is an appropriate level of preparedness to enable effective multi-agency response to emergencies, and that there are robust reporting and monitoring arrangements.

The Gateshead Multi-Agency Resilience and Emergency Planning (MAREP) Group plays a key role in bringing these different responder organisations together to discuss these multi-agency emergency preparedness, response and resilience issues. The group ensures that Gateshead is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations. The Group has continued to receive regular health updates and items throughout the last year. The main focus has been in relation to the threat of the Ebola virus with regular national situation report updates provided and involvement in the development of local plans and preparations in the event of an outbreak in the north east area. Subsequently a Northumbria Local Resilience Forum Protocol for decontamination and the disposal of waste was developed; an Extraordinary Meeting was held to discuss control and coordination arrangements in the event of an outbreak and a joint Public Health England/Local Resilience Forum exercise was held to prepare for a possible confirmed Ebola Case.

Locally within Gateshead an exercise took place within the Health Protection Group in relation to providing that assurance of the local health protection arrangements for responding to incidents and outbreaks.

Training and Exercising

Co-ordinated by the Council's Resilience Team, the Multi-Agency Local Resilience Forum (LRF) Norland Series Exercise took place in November 2014 which tested our generic emergency planning arrangements. The exercise was designed to give delegates the opportunity to focus on tactical and operational elements of the response to a scenario to an aircraft specifically a helicopter crash. This scenario is identified within both the Northumbria and Gateshead Community Risk Registers as a medium risk. The session allowed participants to liaise with officers from partner organisations whilst operating under

joint communication and command principles. Positive feedback from the exercise has been received with all aims and objectives on the day achieved.

The Northumbria Local Resilience Forum in conjunction with Public Health England undertook an exercise to prepare for a possible confirmed Ebola case in the UK. The exercises had the aim of reviewing local preparedness and response arrangements to a suspected/confirmed Ebola case in their area, with a focus on the multi-agency response; including command, control and co-ordination arrangements, media handling, and community impacts. Local health preparedness and response arrangements were also reviewed during the exercises, covering advice and guidance, notification of a suspected case, patient management and transport, and personal protective equipment (PPE). Decontamination (including public spaces) was covered by the majority of local resilience forums. All lessons identified were brought together in joint Department for Communities and Local Government / Department of Health reports from the exercises that were undertaken.

Other highlights during this year include:

- Hosted by Public Health England in conjunction with the Local Resilience Forum a North East Chemical Fatality Workshop took place. The aim was improving the awareness of the response to and recovery from Deliberate Individual Chemical Exposure (DICE) incidents and highlighted the potential health issues of an incident.
- A Government Decontamination Service (GDS) briefing has also been held. This session provided Local Authorities and responders with the information needed to be able to understand the GDS roles and responsibilities; reduce recovery timeliness and how to access the GDS framework in relation to CBRN (Chemical, Biological, Radiological and Nuclear) incidents.

Major issues in 2014/15

Major issues to note include:

Ebola

An outbreak of Ebola Virus Disease (EVD), a rare viral haemorrhagic fever, started in December 2013 in Guinea and spread to other countries in west Africa. The most affected were Guinea, Liberia and Sierra Leone. The virus is spread through contact with blood and fluids from infected individuals and has a high fatality rate. To date there is no vaccine and no cure.

As the disease spread within west Africa, greater numbers of healthcare professionals volunteered their time to treat the infected in those countries. A handful of healthcare workers became infected during their stay in Africa. Some were repatriated for treatment while others did not develop symptoms until their return to their home country. The perceived risk of Ebola to the general public in the UK rose, due in part to the nature of press coverage of the disease, and as the disease continued to spread in west Africa. The actual risk to the general public in the UK remained at all times very low.

By October 2014, the worsening of the outbreak led to increased public concern. Perceived risk had increased to the point that the LRF held an extraordinary meeting. Public Health England (PHE) led on preparedness in response to the outbreak including

the establishment of a number of working groups. Gateshead Council nominated the DPH as lead officer. All internal and external communications regarding Ebola were shared amongst a number of members of the Gateshead Multi-Agency Resilience and Emergency Planning Group. The Council received a small number of enquiries about Ebola which were handled by liaison between the Resilience Team, Public Health and Public Health England.

- A number of incidents occurred within screening programmes during 2014/15, these were managed by NHS England, working with providers and the Director of Public Health was notified in every case as part of the assurance framework.

Infectious disease outbreaks

There was a sudden increase in cases of salmonella during September 2014 linked to two premises in Gateshead. In both cases, Environmental Health Officers provided rigorous investigations and instigated follow-up actions to correct poor hygiene practices.

There was a high exceedance of Salmonella cases across the region at the beginning of September 2014. There were a total of 26 cases identified, 13 of which were positive for Salmonella Enteritidis PT56. Investigation of the cases revealed a link to a restaurant in the Gateshead area. Officers visited the premises and took food and environmental samples. The inspection found a number of issues and poor practices that the owner was required to resolve. All of the food samples were satisfactory, but the environmental swabs were positive for bacteria, which indicated poor hygiene practices. Officers continued to visit the restaurant and work with the owner until all issues were resolved.

Whilst reviewing the investigations into the Salmonella cases Environmental Health Officers identified a second outbreak linked to a local children's nursery. Initially two cases of Salmonella were identified in children who attended the nursery. Investigations at the nursery identified a third case of Salmonella from earlier in the month. Investigation showed there to have been a high level of absence due to diarrhoea amongst both children and staff. This high level had not been reported to PHE as required by current standards. No issues were identified within the kitchen and it was not thought to be the source of infection. Environmental Health Officers and PHE staff carried out joint visits and found cross contamination issues around nappy changing and toilet facilities. Advice and training were given to staff and a letter sent out to parents. Practices at the nursery were changed and the nursery monitored until absences returned to normal levels.

Scarlet Fever

Public Health England (PHE) has reported a continued substantial increase in scarlet fever notifications across England for 2014/2015. This is the second year in a row of exceptional activity. A total of 754 new cases were reported in England last week (2 to 8 March 2014) and 5746 since the season began in September 2014 (week 37 in 2014 to week 10 2015). This compares to 2833 cases for the same period last season 2013/2014.

Scarlet fever is mainly a childhood disease and is most common between the ages of 2 and 8 years. It was once a very dangerous infection, but although much less serious now, complications can arise, particularly in those who remain untreated. There is currently no vaccine for scarlet fever

The screening programmes which are commissioned by NHS England and for which the DPH has an assurance role are:

- Diabetic Retinopathy
- Abdominal Aortic Aneurysm
- Cancer screening programmes (breast, bowel and cervical)
- Antenatal and new born screening

NHS England has established programme boards for each programme, DsPH are informed of any specific issues as they arise, see example below.

Diabetic Eye Screening

A serious incident was identified where a patient was diagnosed with high grade retinopathy, but had not been referred to the Diabetic Eye Screening Programme by their GP practice. Sight loss due to retinopathy is avoidable, if picked up early through screening and so it is important that all patients with diabetes are referred to the screening programme and are given the opportunity to be screened. As a further failsafe measure, NHS England has introduced a regular data extraction from GP systems to find diabetic patients who are not known to the screening programme and so their records can be checked to make sure they are invited for screening, if eligible.

Work plan for 2015-16

The major themes the Public Health Protection Assurance Working Group will consider in 15/16 are:

- Screening programmes, to increase uptake and ensure quality
- Flu immunisation, to increase uptake
- Sexual health, to improve outcomes and reduce health inequalities

Reporting

This report will be presented to Cabinet, the Gateshead Health and Wellbeing Board and to the Newcastle/Gateshead Clinical Commissioning Group, to ensure that NHS partners are aware of the Council's Health Protection Assurance role and facilitate and reinforce multiagency cooperation.

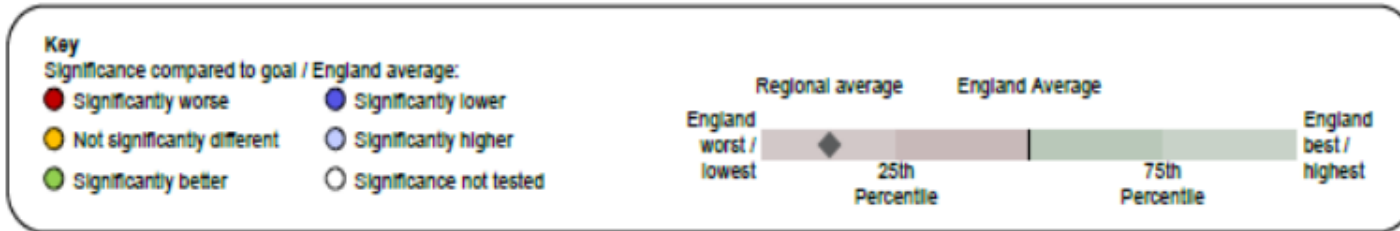
Conclusion

The arrangements established in April 2013 are working well and have been effective in dealing with all aspects of health protection.

As the changes across the health and social care economy are embedded, it is important to keep the arrangements in Gateshead under review.

Carole Wood
Director of Public Health

Appendix 1 – Performance tables



Page 188

Indicator	Period	Gateshead		Region	England	Worst/ Lowest	England	
		Count	Value	Value	Value		Range	Best/ Highest
Syphilis diagnosis rate / 100,000	2014	19	9.5	5.7	7.8	132.1		0.7
Gonorrhoea diagnosis rate / 100,000	2014	157	78.5	54.1	63.3	633.9		8.7
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02)	2014	517	2,186	2,025	2,012	945		4,270
		<1,900 1,900 to 2,300 ≥2,300						
Chlamydia proportion aged 15-24 screened	2014	5,749	24.3%	25.8%	24.3%	10.9%		48.7%
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2014	1,004	773	669	829	3,190		383
HIV testing coverage, total (%)	2014	3,896	69.3%	65.0%	68.9%	20.8%		86.1%
HIV late diagnosis (%) (PHOF indicator 3.04)	2011 - 13	7	25.9%	37.7%	45.0%	77.3%		25.9%
		<25% 25% to 50% ≥50%						
HIV diagnosed prevalence rate / 1,000 aged 15-59	2013	154	1.30	0.90	2.14	0.37		14.70
		<1 1 to 2 ≥2						
Population vaccination coverage - HPV (%) (PHOF indicator 3.03xii)	2013/14	910	93.5%	91.3%	86.7%	51.1%		96.6%
		<previous year's England value						
		≥previous year's England value						

HIV & STI

Indicator	Period	Gateshead		Region	England	Worst/ Lowest	England		
		Count	Value	Value	Value		Range	Best/ Highest	
Syphilis diagnosis rate / 100,000	2014	19	9.5	5.7	7.8	132.1		0.7	
Gonorrhoea diagnosis rate / 100,000	2014	157	78.5	54.1	63.3	633.9		8.7	
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02)	2014	517	2,186	2,025	2,012	945		4,270	
		<1,900 1,900 to 2,300 ≥2,300							
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) (Male)	2014	193	1,604	1,422	1,355	599		3,016	
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) (Female)	2014	324	2,790	2,655	2,664	1,114		5,539	
Chlamydia proportion aged 15-24 screened	2014	5,749	24.3%	25.8%	24.3%	10.9%		48.7%	
Chlamydia diagnostic rate / 100,000	2014	743	372	363	375	162		1,224	
Chlamydia diagnostic rate / 100,000 aged 25+	2014	222	155	128	173	67		1,003	
Genital warts diagnosis rate / 100,000	2014	291	145.5	140.9	128.4	283.2		75.5	
Genital herpes diagnosis rate / 100,000	2014	137	68.5	54.1	57.8	187.7		13.9	
New STI diagnosis rate / 100,000	2014	1,534	767	712	797	392		2,921	
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2014	1,004	773	669	829	3,190		383	
STI testing rate (exc Chlamydia aged < 25) / 100,000	2014	21,385	16,461	13,683	15,366	7,922		58,803	
STI testing positivity (exc Chlamydia aged <25) %	2014	1,004	4.7%	4.9%	5.4%	3.4%		13.5%	
HIV testing uptake, total (%)	2014	4,577	79.0%	81.8%	77.5%	22.0%		94.2%	
HIV testing uptake, MSM (%)	2014	420	95.2%	95.7%	94.5%	81.6%		99.0%	
HIV testing uptake, women (%)	2014	2,456	75.0%	78.6%	71.5%	15.5%		92.2%	
HIV testing uptake, men (%)	2014	2,121	84.1%	86.0%	84.8%	48.3%		96.4%	

HIV & STI

HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2011 - 13	7	25.9%	37.7%	45.0%	77.3%		25.9%
HIV diagnosed prevalence rate / 1,000 aged 15-59 <1 1 to 2 ≥2	2013	154	1.30	0.90	2.14	0.37		14.70
Proportion of TB cases offered an HIV test (TB Strategy Monitoring Indicators) <50th-percentile of UTLAs ≥50th to <90th ≥90th	2013	-	-	55.2%	83.3%	-	-	-
Antenatal infectious disease screening – HIV coverage (PHOF indicator 2.21i) Region only	2013/14	-	-	99.5%	98.9%	-	-	-
Population vaccination coverage - HPV (%) (PHOF indicator 3.03xii) <previous year's England value ≥previous year's England value	2013/14	910	93.5%	91.3%	86.7%	51.1%		96.6%

Health protection

Indicator	Period	Gateshead		Region	England	Worst/ Lowest	England	
		Count	Value	Value	Value		Range	Best/ Highest
3.01 - Fraction of mortality attributable to particulate air pollution	2012	-	4.2%	4.1%	5.1%	3.0%		7.7%
3.02 - Chlamydia detection rate (15-24 year olds)	2014	517	2,186	2,025	2,012	945		4,270
			<1,900 1,900 to 2,300 ≥2,300					
3.02 - Chlamydia detection rate (15-24 year olds) (Male)	2014	193	1,604	1,422	1,355	599		3,016
3.02 - Chlamydia detection rate (15-24 year olds) (Female)	2014	324	2,790	2,655	2,664	1,114		5,539
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2013/14	0	*	-	-	-	-	-
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2013/14	0	*	-	-	-	-	-
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2013/14	2,177	96.2%*	96.4%	94.3%	78.6%		98.4%
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2013/14	2,264	97.9%*	97.9%	96.1%	81.6%		99.1%
			<90% ≥90%					
3.03iv - Population vaccination coverage - MenC	2012/13	2,233	96.1%*	96.0%	93.9%	75.9%		98.8%
			<90% ≥90%					
3.03v - Population vaccination coverage - PCV	2013/14	2,162	95.6%*	96.4%	94.1%	78.2%		98.3%
			<90% ≥90%					
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	2013/14	2,171	93.9%*	96.0%	92.5%	76.6%		98.1%
			<90% ≥90%					
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years)	2013/14	2,159	90.8%*	95.2%	91.9%	72.7%		98.1%
			<90% ≥90%					
3.03vii - Population vaccination coverage - PCV booster	2013/14	2,189	94.7%*	95.7%	92.4%	76.4%		98.5%
			<90% ≥90%					

Health protection

3.03viii - Population vaccination coverage - MMR for one dose (2 years old) <90% ≥90%	2013/14	2,186	94.6%*	95.5%	92.7%	78.3%		98.3%
3.03ix - Population vaccination coverage - MMR for one dose (5 years old) <90% ≥90%	2013/14	2,323	97.7%*	96.7%	94.1%	74.8%		98.6%
3.03x - Population vaccination coverage - MMR for two doses (5 years old) <90% ≥90%	2013/14	2,175	91.5%*	92.9%	88.3%	63.8%		97.4%
3.03xii - Population vaccination coverage - HPV <previous year's England value ≥previous year's England value	2013/14	910	93.5%	91.3%	86.7%	51.1%		96.6%
3.03xiii - Population vaccination coverage - PPV <previous year's England value ≥previous year's England value	2013/14	22,540	73.8%	71.1%	68.9%	52.8%		77.6%
3.03xiv - Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2014/15	29,367	74.9%	74.6%	72.7%	61.7%		80.1%
3.03xv - Population vaccination coverage - Flu (at risk individuals)	2014/15	13,818	55.1%	51.0%	50.3%	38.4%		63.6%
3.04 - People presenting with HIV at a late stage of infection <25% 25% to 50% ≥50%	2011 - 13	7	25.9%	37.7%	45.0%	77.3%		25.9%
3.05i - Treatment completion for TB	2012	-	*	-	83.3%	-		-
3.05ii - Incidence of TB	2011 - 13	20	3.3	5.3	14.8	113.7		0.5
3.06 - NHS organisations with a board approved sustainable development management plan	2013/14	2	33.3%	32.8%	41.6%	0.0%		83.3%
3.07 - Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies	2014/15	-	100%	100%	95.2%	0.0%		100%

TITLE OF REPORT: Managing the Ebola Threat in the North East

Purpose of the Report

1. To inform the Health & Wellbeing Board of the local position and response to the Ebola outbreak.

Background

2. The Health and Wellbeing Board has previously been briefed regarding the outbreak of Ebola. The attached report has been prepared by Public Health England for the Local Health Resilience Forum and it is recommended that Health and Wellbeing Boards receive the report for information.

Proposal

3. It is proposed that the Health and Wellbeing Board notes the contents of the report.

Recommendations

4. The Health and Wellbeing Board is asked to receive the report.

Contact: Carole Wood, (0191) 4333066

This page is intentionally left blank



TITLE OF REPORT: Adult Social Care Local Account

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the 2014/15 Adult Social Care Local Account.

Background

2. As a result of changes to the inspection and assessment regime for Adult Social Care, every Council in England is recommended to produce an annual report called the Local Account.
3. Councils are no longer required to produce a report for Central Government. To support local transparency, the Local Account describes the delivery of adult social care services in Gateshead between April 2014 and March 2015, and outlines priorities and plans for the future.
4. This is the fourth year that a Local Account has been produced. The third Local Account was considered by the Health and Wellbeing Board on 19 September 2014.
5. This year's draft Local Account is attached as Appendix one. It has also been considered by the Care, Health and Wellbeing Overview and Scrutiny Committee on 20 October 2015. Draft copies have also been shared with Healthwatch and the voluntary sector via GVOC.
6. Following feedback from the Health and Wellbeing Board and other sources listed earlier, the Local Account will be published in November 2015. It will be made available via the Council's website and in a variety of formats to meet the communication needs of service users.

Proposal

7. It is proposed that the Health & Wellbeing Board consider and comment on the content of the draft Local Account.

Recommendations

8. The Health and Wellbeing Board is asked to consider the draft Local Account and provide any comments that may improve this publication.

Contact: David Oates - 4333874

This page is intentionally left blank



Adult Social Care in Gateshead How are we doing?

Local Account 2014/15

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



Foreword

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

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

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

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

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



Councillor Michael McNestry
Cabinet Member, Adult Social Care

A view from Healthwatch Gateshead:

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

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

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

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

About Gateshead

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

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

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



What is adult social care?

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

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

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

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

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

The range of support provided includes:

Universal and preventative services

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

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

Short term support

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

Long term support

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

Am I eligible for care and support?

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

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

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

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

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



How are we doing?

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

In Gateshead last year:

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

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

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



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

How do we spend your money?

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

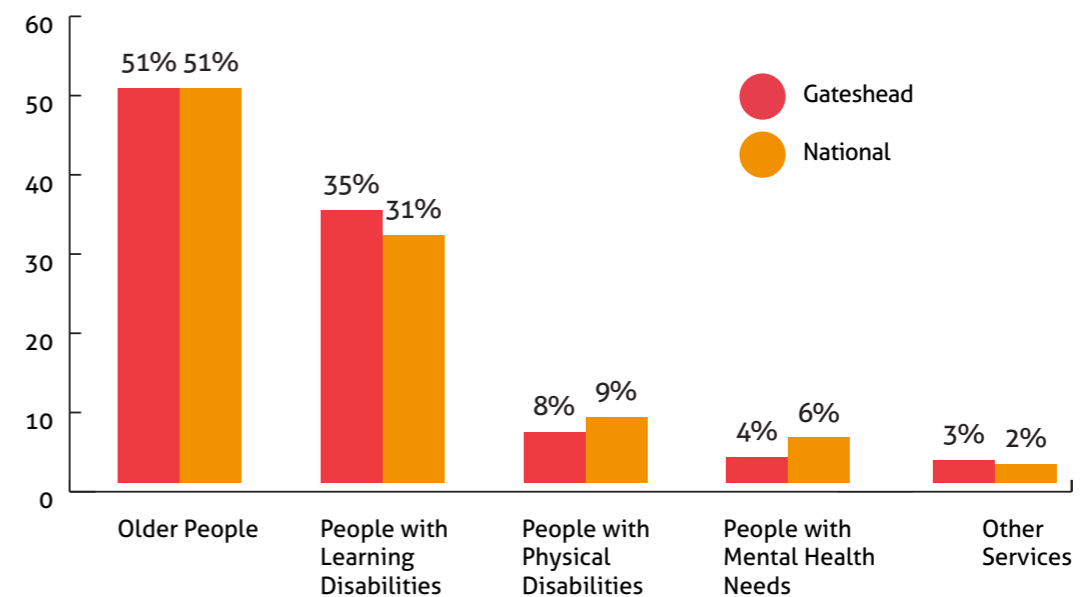
In order to continue to maintain our current services levels, Gateshead Council is reliant on income from charges for services to help pay for them.

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

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



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



Our success so far

In the last year, we have:

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

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

Services Users' views

Adult Social Services User Experience Surveys show that:

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

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

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

Leadership in adult social care

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

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

Finding the right service for you

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

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

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



Listening to you

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

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

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

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

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

Who we work with

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

Groups and organisations we work with include:

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

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

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

Enhancing Lives

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

Aim

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

We help individuals to:

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

How?

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

Aim

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

We help individuals to:

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

How?

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

Aim

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

We help individuals to:

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

How?

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

Aim

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

We help individuals to:

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

How?

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

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

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

54%
of carers are very or extremely satisfied with social services (carers' survey)

A tenant who supports the Hen Project won a national award from David Cameron for his volunteering work on the project

Delivering on our plans

Last year, we said we would:

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

How we are going to improve

We want to:

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

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

- daughter of person with physical disabilities

Your experiences

Marquisway Centre

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

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

Gateshead Access to Employment Service (GATES)

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

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

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

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

Quality of life

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

Aim

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

We help individuals to:

- Live independently at home

How?

We have developed alternative approaches to residential and nursing care.

Aim

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

We help individuals to:

- Be discharged from hospital in a timely manner

How?

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

Aim

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

We help individuals to:

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

How?

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

Aim

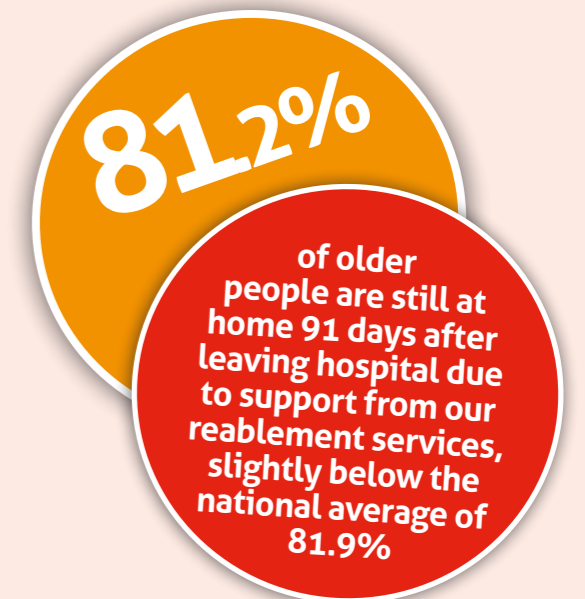
To ensure earlier diagnosis of health issues, earlier intervention and reablement so that individuals and their carers are less dependent on intensive services.

We help individuals to:

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

How?

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



Delivering on our plans

Last year, we said we would:

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

How we are going to improve

We want to:

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

FACT:

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

Your experiences

National Award for Gateshead Sheltered Housing Scheme

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

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

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

FACT:

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

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

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

Positive Lives

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

We have the following key aims:

Aim

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

We help individuals to:

- Have overall satisfaction with the care and support they receive

How?

We collect user and carer feedback to improve our services.

Aim

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

We help individuals to:

- Feel included in discussions about the person they care for

How?

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

Aim

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

We help individuals to:

- Easily find information about support available to them

How?

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

Aim

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

We help individuals to:

- Receive support that is sensitive to their own circumstances

How?

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

Delivering on our plans

Last year, we said we would:

- Ensure that services that we offer are right for our customers – we have created a Quality Excellence Framework Policy for residential and nursing care homes, plus a Quality Assessment Framework for Learning Disabilities, Mental Health, Physical Disabilities and Sensory Impairment, Home Care, and Commissioned Services.
- Use customer feedback to improve our services – many improvements have been made as a result of feedback. A summary can be found in our annual report on representations on the Council website. We have also launched service improvement groups involving service users and carers.
- Consider carers' needs – We conducted a survey to find out whether services received by carers are helping them in their caring role. 81% of carers report that they have been included or consulted in discussions about the person they care for.
- Develop a plan for the engagement and involvement of people with autism and their families – we have consulted on the draft All Age Autism Strategy and invited people with autism and their carers to validate the Gateshead self-assessment.
- Develop the Young Carers Action Plan to support Young Carers – we identified 93 new young carers during 2014/15.

How we are going to improve

We want to:

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

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

- day service user

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

-relative's view



Your experiences

The Generation Game

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

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

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

Have your say about social care services by text

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

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

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



Protecting Lives

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

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

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

How?

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

Delivering on our plans

Last year, we said we would:

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

How we are going to improve

We want to:

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

Case Study

Help to return home

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

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

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

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

A carer's view

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

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



HEALTH AND WELLBEING BOARD

23 October 2015

TITLE OF REPORT: Performance Report for the Health & Care System

Purpose of the Report

1. This paper provides an update on performance within health and social care to enable the Health and Wellbeing Board to gain an overview of the current system and to provide appropriate scrutiny.

Background

2. An initial Performance Report was considered by the Board on 17 July 2015. That report proposed a suite of indicators to form the basis for a Performance Management Framework for consideration by the Health and Wellbeing Board on a regular basis.
3. The report focused on metrics and did not consider other aspects such as financial performance or monitoring of action plans as these are addressed through other processes. The Health and Wellbeing Board considered the suggested indicators to be appropriate but requested a Task and Finish Group should be established to refine the set of measures and agree the frequency of reporting.

Update

4. Nominations for the Task and Finish Group were sought from the Council, Newcastle Gateshead Clinical Care Group, North East Commissioning Service and voluntary sector via the Voluntary Sector Health & Wellbeing Advisory Group.
5. The Task and Finish Group suggested some amendments to the suite of indicators to better monitor key issues in year. It was felt that a report should be provided to alternate meetings to enable issues to be identified early but enable trends to be visible. The next report would therefore be produced for the 15th January meeting.
6. Because of the diverse range of indicators included in the Framework, the frequency with which metrics are updated varies. The latest available data for each indicator will be reported.
7. The Task and Finish Group also agreed that agency performance leads would highlight any metrics that are worth further consideration by the Board. This could be because

they represent a cross cutting issue or have been identified as an area of significant improvement or key risk.

Overview of Current performance

8. Tables providing fuller details of performance are provided as appendix 1. Indicators highlighted for this report by Task and Finish Group are:

Public Health

9. For most of the Public Health Strategic Indicators, Gateshead is currently considered to be significantly worse than the England averages. Some improvements have been achieved. Gateshead's rate of alcohol admissions per 100,000 has reduced from 956.0 per 100,000 to 918.0 - better than the target of 924 per 100,000 that was set for 2014/15.
10. The percentage of people who are dissatisfied with life surpassed the target for 2014/15 of 7.6%. It reduced from 7.9% in 2013/14 to 6.3% in 2014/15. Gateshead is considered not to be significantly different to the England average.
11. Hospital Admissions for self-harm (per 100,000) (10-24 year olds) has increased on the previous year - going up from 491.7 per 100,000 to 626.5 per 100,000. Both the North East and England averages also increased for this period with Gateshead remaining significantly worse than the England average.
12. Indicators CHW01, CHW09a/b, CHW10a/b and CHW11a/b have not changed since the previous report. Data for these for 2014/15 year is expected between November and December 2015.

Gateshead Better Care Fund Plan:

13. Challenging targets were set and performance is mixed so far.
14. Particular issues include permanent admissions of older people to residential or nursing care. Using the Better Care Fund definition, there were 154 permanent admissions during April to August 2015 - this represents 407.03 admissions per 100,000. During the same period last year, there were 133 permanent admissions which makes achievement of the year end target a risk.
15. Older people still at home 91 days after hospital discharge. This indicator has improved from the quarter 1 position previously reported (81.2%) but is still below the target of 87.7%.
16. Non-elective admissions – current activity pressures have been the subject of a deep dive which has been shared with the provider and will form the basis of discussions going forward. Improvements are anticipated given the impact of ambulatory care activity where revised reporting arrangements are being implemented to reflect the changes in the clinical pathway.

17. For delayed transfers of care, there was a substantial increase in delays during the period April to July 2014 which made achievement of the final target challenging. This increase largely took place at hospitals out of area (Newcastle hospitals and NTW). Further work has been implemented following this to enable close monitoring of delays in this area.
18. The locally selected Patient Experience Measure which measures the patients with a long term condition (LTC) answering 'yes definitely' to the question who have had enough support from local services or organisations has shown a reduction in the recent GP survey. Particular focus is ongoing to tackle the care for people with LTCs with both physical and mental health components, with the aim of improving the score in Gateshead.

Newcastle Gateshead CCG Strategic Indicators

19. "Everyone Counts Planning for Patients 2014/15 to 2018/19" sets out the outcomes which NHS England wants to deliver for its patients.
20. These outcomes have been translated into the 7 specific measureable Outcome Ambitions (OA) by NHSE, as detailed in appendix 1 and a defined set of national indicators used to track progress against these outcomes are mapped against each ambition.
21. Progress against the national indicators is detailed in appendix 1. Key areas which are currently off track and the associated mitigating actions are as follows:
 - Securing additional years of life for the people of England with treatable mental and physical health conditions (OA1) - The priority diseases areas to close the life expectancy gap in Gateshead include Cancer, CVD, Gastrointestinal mortality and Respiratory conditions. The CCG continue to work with Public Health and the LA to embed early identification and intervention with a specific focus on those at increased risk including Health checks programmes, cancer profiles for practices and targeting work, case finding atrial fibrillation and the practice engagement plan (PEP) programmes for disease prevalence, as well as a review of the diagnostic pathways.
 - Particular focus is ongoing to tackle the care for people with LTCs with both physical and mental health components, with the aim of improving the score from the GP patient survey in this area which showed a decrease in 2013/14 (OA 2).
 - Work continues in reducing the time people spend in hospital avoidably (OA 3) by further implementation of the Better Care Fund (BCF) programmes of work which include 11 BCF schemes.
 - OA 4 is linked to the BCF work programme and national metric to support older people to live independently (see BCF section).
 - On-going work pathway redesign to encourage care closer to home and promote a positive experience with care provision by our providers of community services and General Practice continues to improve OA 6
 - The Healthcare Acquired Infection Partnership across Newcastle, Gateshead and Northumberland continues to closely monitor trends and to develop action plans in conjunction with commissioner and provider organisations which links to OA7.

Newcastle Gateshead CCG Quality Premium 2015/16

22. The quality premium (QP) is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.
23. The 2015/16 quality premium will be based on a set of measures that cover a combination of national and local priorities as detailed in appendix 1. Areas which are currently at risk are as follows:
- Reducing potential years of life lost through causes considered amendable to healthcare – also OA1 as detailed above
 - Reduction in the number of people with severe mental illness who are currently smokers. This is embedded within the CCG practice engagement plan (PEP)
 - Improved antibiotic prescribing in primary and secondary care – work is ongoing with practices with Medicines Optimisation through the Prescribing Incentive Scheme.
 - Delivery of the Quality Premium indicators is linked to achievement of key NHS constitution standards. A summary of performance against a number of the key constitution standards is outlined below.

NHS Constitution

24. The NHS constitution establishes the principles and values of the NHS and sets out the rights for patients and the public including the rights patients have to access services.
- Key constitution indicators have been outlined in appendix 1 and the key current risk is waiting times for diagnostic tests at Gateshead Health NHS FT, with recent pressures in echocardiography and non-obstetric ultrasound. A recovery plan is currently in place with the FT, and the CCG have assurance the waits will be back within the 6 weeks required standard by the end of October 2015.

Children's Strategic Outcome Indicators

25. Performance overall is positive with this year's figures demonstrating continued improvement in F02 Children achieving a good level of development at age 5. The educational attainment of children in Gateshead remains strong although to be noted that the data provided in this report is provisional only.
26. The rate of referrals into children's social care fell during 2014/15 in line with the regional picture; however the current figures show an overall increase over the past 12 months to August 2015. The number of children subject to child protection plans has decreased during the period April to August 2015 and we continue to perform well in relation to children becoming subject to a child protection plan for a second or subsequent time. While there will always be changes in circumstances that make it appropriate for a child to become subject to a CP plan for a second or subsequent time a low rate is an indication that CP plans are effective at providing support to families so that once ended they result in a safe stable situation for the child.
27. Since April there has been a marked increase in the number of children becoming looked after, up by 8% on the end of year position. However, the proportion of Looked After Children living continuously in the same placement continues to improve (83.3%) and is well above the England average (67%).

Adult Social Care Outcome Indicators

28. Please also see the Better Care Fund section.
29. Performance is variable. Whilst targets for service users and carers receiving self-directed support have been met, the proportion of service users receiving direct payments has improved but missed the target slightly. Gateshead remains below national and regional averages for direct payments.
30. Targets were achieved for the number of adults with learning disabilities in paid employment and also for those adults with learning disabilities living in their own home or with family. However, the proportion of adults with secondary mental health services in paid employment and living independently has not met target and remains below national and regional averages. Work has been initiated to share information between Gateshead Council and NTW Mental Health Trust which should enable a more joined up approach in this area.

Recommendations

31. The Health and Wellbeing Board is asked to consider current performance and comment on any amendments required for future reports.

Contact: David Oates, Gateshead Council

Tel: 433 3874

Gateshead Local Authority Public Health Strategic Indicators (Compared to England Value)

Significantly better than the England Average ●

Not significantly different to the England Average ●

Significantly worse than the England Average ●

North East Average ◆

Page 212

Indicator	Data Period	Count	Gateshead Value	N/E Average	England Average	England Worst	England Range	England Best
CHW01. Reduce Mortality from Causes considered preventable (per 100,000)	2011-13	1347	237.8	223.4	183.9	319.7		130.3
CHW02. Stabilise rate of Hospital Admissions, per 100,000 for Alcohol related Harm	2014/15	1798	918.0	820.0	638.0	1202.0		378.0
CHW05. Decrease the % of people who are Dissatisfied with life	2014/15	-	6.3	6.1	4.8	8.7		2.8
CHW09a. Healthy Life Expectancy at birth (Male) (Years)	2011-13	-	57.5	59.3	63.3	53.6		71.4
CHW09b. Healthy Life Expectancy at birth (Female) (Years)	2011-13	-	59.4	60.1	63.9	55.5		71.3
CHW10a. Gap in life expectancy between each LA and England as a whole (Male) (Years)	2011-13	-	-2.0	-1.4	0.0	-5.1		3.2
CHW10b. Gap in life expectancy between each LA and England as a whole (Female) (Years)	2011-13	-	-1.9	-1.4	0.0	-3.1		3.1
CHW11a. Reduce Excess weight in 4-5 and 10-11 year olds (4-5 yo) (%)	2013/14	546	25.0	24.4	22.5	29.5		15.9
CHW11b. Reduce Excess weight in 4-5 and 10-11 year olds (10-11 yo) (%)	2013/14	668	37.2	36.1	33.5	43.8		24.4
F01. Prevention of Ill Health: (% of Mothers Smoking at time of Delivery)	2014/15	344	15.1	18.0	11.4	27.2		2.1
F12. Proportion of Children in Child poverty: Reduce Child Poverty Rate (%)	2013	8195	20.5	22.20	18.0	35.5		5.9
F13. Equalities Objective: Hospital Admissions for self-harm (per 100,000) (10-24 yo)	2013/14	214	626.5	507.20	412.1	1246.6		119.1

Gateshead Better Care Fund National Metrics

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2015/16 Target	Risk to Year End
Permanent admissions of older people (65+) to residential and nursing care homes, per 100,000 population	Gateshead Local Authority	2015/16 Q1	407.03	407.03	817.2	817.2	Risk
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Gateshead Local Authority	2015/16 Q1	85.3%	85.3%	88.7%	88.7%	Risk
Estimated diagnosis rate for people with dementia	NHS Gateshead CCG	Q1 2015/16	68.6%	68.6%	67.0%	67.0%	No current risk
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) NHS and Social Care Attributed delays	Gateshead Local Authority	Q1 2015/16	198	1063	1201		No current risk
Non-Elective Admissions (average per month)	Gateshead	2015/16 Q1	6772	6772	6204	25,693	Risk
Patient Experience Measure: Patients with a LTC who have had enough support from local services or organisations answering yes definitely		Jan - Sept 14	43.0%	43.0%	46.0%	46.0%	Risk

Newcastle Gateshead CCG Quality Premium 2015/16

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2015/16 Target	Risk to Year End
Potential years of life lost through causes considered amenable to healthcare and including addressing locally agreed priorities for decreased premature mortality	NHS Gateshead CCG	2014		2606.9		2151.3	Risk
Delayed transfers of Care - NHS attributed	NHS Newcastle Gateshead CCG	Jul-15	260	1927		Reduction compared to 2014/15	No current risk
Reduction of SMI patients who smoke	NHS Newcastle Gateshead CCG	Aug-15	42.3%	42.3%	42.0%	42.0%	Risk
Childhood Asthma - increase in the proportion of annual reviews which result in a management plan	NHS Newcastle Gateshead CCG	Aug-15		12.3%		10%	No current risk
Young Carers	NHS Newcastle Gateshead CCG	Aug-15		151		68	No current risk
Antibiotic prescribing in Primary and Secondary Care	NHS Newcastle Gateshead CCG	Q1 2015/16	Part A 0.28 Part B 8.44	Part A 0.28 Part B 8.44			Risk

Newcastle Gateshead CCG Strategic Indicators- Outcome Ambitions

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2015/16 Target	Risk to Year End
OA1: Potential years of life lost through causes considered amenable to healthcare and including addressing locally agreed priorities for decreased premature mortality	NHS Gateshead CCG	2014		2606.9		2151.3	Risk
OA2: Improving the health related quality of life for people with one or more long term conditions. Average score (in the GP patient Survey) for people with Long Term Condition.	NHS Newcastle Gateshead CCG	Jul 14 to Mar 15		0.711		0.718	Risk
Reducing avoidable emergency admissions	NHS Gateshead CCG	Apr 2014 to Mar 2015		1888.7			
	NHS Newcastle West CCG	Apr 2014 to Mar 2015		1747.6			
	NHS Newcastle North and East CCG	Apr 2014 to Mar 2015		1579.4			
% people who access psychological therapies (IAPT)		Jun-15	2.2%	4.2%	3.8%	15.0%	No current risk
People accessing IAPT moving to recovery		Jun-15	51.1%	51.5%	50.0%	50.0%	No current risk
Estimated diagnosis rate for people with dementia	NHS Gateshead CCG	Mar-15	68.5%	67.0%	67.0%	67.0%	No current risk
Unplanned hospitalisation for chronic ambulatory care sensitive conditions		Jun-15	60.2	236.4			
Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s)		Jun-15	21.7	97.2			

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2015/16 Target	Risk to Year End
Unplanned admissions for conditions not usually requiring hospital admission		Jun-15	167.8	685.4			
Emergency admissions for children with lower respiratory tract infections (LRTI)		Jun-15	9.9	54.7			
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Gateshead Local Authority	2015/16 Q1	81.5%	81.5%	88.7%	88.7%	Risk
	Newcastle upon Tyne Local Authority	2015/16 Q1	78.8%	78.8%	85.5%	85.5%	Risk
OA3: Avoidable Emergency Admissions	NHS Newcastle Gateshead CCG	Jul-15	167.1	911.1	Reduction compared to 2014/15		Risk
OA4 Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Gateshead Local Authority	2015/16 Q1	81.5%	81.5%	88.7%	88.7%	Risk
OA5: Patient experience of hospital care		Mar-13		81.50 %		0.5% annual improvement from 78.7% baseline	No current risk
OA6: Patient experience of GP out-of-hours services	NHS Newcastle Gateshead CCG	Jul 14 to Mar 15	66.9	66.9	67.1	67.1	Risk

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2015/16 Target	Risk to Year End
OA7: Health Care Associated Infections - C.Difficile	NHS Newcastle Gateshead CCG	Aug-15	17	89	60	142	Risk
	GHNT	Aug-15	1	19	10	19	Risk
	NuTH	Aug-15	10	33	35	77	Risk
MRSA NGCCG	NHS Newcastle Gateshead CCG	Jul-15	0	0	0	0	No current risk
MRSA GHFT	GHNT	Jul-15	0	0	0	0	No current risk
MRSA NUTH	NuTH	Jul-15	0	2	0	0	Risk
Improved reporting of medication related safety incidents	NHS Newcastle Gateshead CCG	Aug-15	43	197			
Care Home admissions	Gateshead	2013/14 Q4		6846.6			
Flu vaccination uptake 65 years and over		Sept 14-Jan 15	75.9%	75.9%	75.0%	75.0%	No current risk
Flu vaccination uptake under 65 years at risk groups, including pregnant women		Sept 14-Jan 15	53.9%	53.9%			

NHS Constitution

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2015/16 Target	Risk to Year End
18 Week Referral to Treatment (Incomplete Pathways)	NHS Newcastle Gateshead CCG	Jul-15	94.0%	94.0%	92.0%	92.0%	No current risk
18 Week Referral to Treatment (Incomplete Pathways)	GHNT	Jul-15	93.3%	93.3%	92.0%	92.0%	No current risk
	NuTH	Jul-15	94.4%	94.4%	92.0%	92.0%	No current risk
RTT 52 weeks for treatment	NHS Newcastle Gateshead CCG	Jul-15	0	0	0	0	No current risk
>52 weeks for treatment	GHNT	Jul-15	0	0	0	0	No current risk
	NuTH	Jul-15	0	0	0	0	No current risk
A&E Under 4 Hour Waits	NHS Newcastle Gateshead CCG	Jul-15	95.3%	95.3%	95.0%	95.0%	No current risk
A&E Under 4 Hour Waits	GHNT	Jul-15	95.6%	95.6%	95.0%	95.0%	No current risk
	NuTH	Jul-15	95.1%	95.1%	95.0%	95.0%	No current risk

Indicator	CCG / Provider / LA	Latest Data Period	Month Actual	Actual to Date	Target to Date	2015/16 Target	Risk to Year End
Over 12 hour trolley waits	GHNT	Jul-15	0	0	0	0	No current risk
	NuTH	Jul-15	0	0	0	0	No current risk
Urgent Suspected Cancer GP Referrals seen within 2 Weeks of Referral	NHS Newcastle Gateshead CCG	Jul-15	93.6%	93.6%	93.0%	93.0%	No current risk
Red Category 1 Ambulance Calls with < 8 Minute Response Time	NHS Newcastle Gateshead CCG	Aug-15	84.7%	84.7%	75.0%	75.0%	No current risk
< 6 weeks for the 15 diagnostics tests	NHS Newcastle Gateshead CCG	Jul-15	4.6%	4.6%	1.0%	1.0%	Risk
	GHNT	Jul-15	10.6%	10.6%	1.0%	1.0%	Risk
	NuTH	Jul-15	0.8%	0.8%	1.0%	1.0%	No current risk

Children's Strategic Outcome Indicators

Indicator Description	Year End 2013/14	Target 2014/15	Previous year end Performance 2014/15	Performance end August 2015	Target 2015-16	Traffic Light
F02 - Readiness for school: Children achieving a good level of development at age 5 (Early Year Foundation Stage scores) – New Definition	34%	42%	57%	63.8% (not validated)	59%	
F04 -Educational attainment primary (% pupils achieving level 4 in Reading, Writing and Maths at Key Stage 2) – Slight amend on definition.	80% (academic year 2012/13)	81%	80%	82% (not validated)	82%	
F05 -Achievement of 5 or more A*- C grades at GCSE or equivalent including English and Maths	61.70%	63%	58.50%	56.1% (not validated)	59%	
Rate of children's services referrals per 10,000 (cumulative indicator)	602.5	587.6	436.9	185.32	450	
F08 - Number of Children with a Child Protection Plan per 10,000	68.5 per 10,000 (276 CYP)	64 per 10,000	64.2 per 10,000 (234 CYP)	56.9 per 10,000 (229 CYP)	62 per 10,000	
Children who are subject to a second or subsequent child protection plan	10.2%	Less than 15%	11.3%	8.7%	Less than 15%	
Number of looked after children per 10,000	88.6 per 10,000 (358 cyp)	Less than 85 per 10,000	84.8 per 10,000 (341cyp)	92 per 10,000 (370 CYP)	Less than 84.9 per 10,000	
F10 - % of Looked After Children living continuously in the same placement for 2 years	75.60%	75%	78.8%	83.3%	78%	

Adult Social Care Strategic Outcome Indicators

Indicator Description	Previous Year End 2014/15	Current Month Previous Year	Performance end August 2015	Monthly pro-rata target/ Year End target	Year End Target	Traffic Light (based on monthly target)	Trend (Compared to same period last year)
ASCOF 1C (part 1A) Proportion of Clients receiving self-directed support	82.3%	83.7%	88.8%	86.0%	86.0%	Met Target	↑
ASCOF 1C (part 1B) Carers receiving self directed support	86.3%	83.4%	98.9%	90.0%	90.0%	Met Target	↑
ASCOF 1C (part 2A) Proportion of clients receiving direct payments	19.1%	16.6%	19.7%	20.0%	20.0%	Not Met Target	↑
ASCOF 1C (part 2B) Proportion of carers receiving direct payments	12.1%	8.5%	34.7%	16.0%	16.0%	Met Target	↑
ASCOF 1F Proportion of adults with secondary mental health services in paid employment	3.8%	3.9%	3.3%	4.0%	4.0%	Not Met Target	↓

Indicator Description	Previous Year End 2014/15	Current Month Previous Year	Performance end August 2015	Monthly pro-rata target/ Year End target	Year End Target	Traffic Light (based on monthly target)	Trend (Compared to same period last year)
ASCOF 1H Proportion of adults with secondary mental health services living independently	38.6%	44.1%	31.1%	45.0%	45.0%	Not Met Target	↓
CP06a (ASCOF 1E) Proportion of adults with learning disabilities in paid employment	7.7%	3.5%	4.1%	3.6%	8.0%	Met Target	↑
CP06b (ASCOF 1G) Proportion of adults with learning disabilities living in their own home or family	73.0%	37.1%	44.0%	38.9%	76.5%	Met Target	↑