



HEALTH AND WELLBEING BOARD AGENDA

Friday, 4 December 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 1 - 12) The Minutes of the Meeting held on 23 October 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 Discussion
4.	Mental Health Review - Deciding Together Consultation (Pages 13 - 172) Presentation by Chris Piercy, Newcastle Gateshead CCG.
5.	Gateshead Council Budget Proposals 2016 - 2018 - NHS Funding Gap and Funding Pressures (Pages 173 - 202) Presentation by Gateshead Council and Newcastle Gateshead CCG.
6.	Health and Wellbeing Strategy Refresh (Pages 203 - 256) Report presented by John Costello. Performance Management Items
7.	Better Care Fund Quarter 2 Return 2015/16 to NHS England (Pages 257 - 274) Report presented by John Costello. Items for Information
8.	Updates from Board Members Board members are invited to give any updates relating to their organisations.
9.	Health and Wellbeing Board Chairs Network Meeting 23 October 2015 Councillor Caffrey will update the Board on the Chairs Network Meeting held on 23 October 2015.

Contact: Sonia Stewart; email; soniastewart@gateshead.gov.uk, Tel: 0191 433 3045,
Date: Thursday, 26 November 2015

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Item 2a

GATESHEAD HEALTH AND WELLBEING BOARD

Friday 23 October 2015

Present: Councillor Lynne Caffrey (Chair) – Gateshead Council
Councillor Helen Hughes – Gateshead Council
Councillor Michael McNestry – Gateshead Council
Councillor Malcolm Graham – Gateshead Council
Councillor Mick Henry – Gateshead Council
Councillor Frank Hindle – Gateshead Council
Dr Mark Dornan – NHS Newcastle Gateshead CCG
David Bunce – Gateshead Council
Ian Renwick – Gateshead NHS Foundation Trust
Councillor Frank Hindle – Gateshead Council
Carole Wood – Gateshead Council
Mike Robson – South Tyneside Foundation Trust
James Duncan – Northumberland, Tyne & Wear NHS
Foundation Trust

In attendance:

Esther Ward – Healthwatch Gateshead
Councillor Stuart Green – Gateshead Council
Councillor M Hood – Gateshead Council
John Costello – Gateshead Council
Alice Wiseman – Gateshead Council
Chris Piercy – Newcastle Gateshead CCG
Tim Briton – Gateshead Council
Sonia Stewart – Gateshead Council

1. APOLOGIES FOR ABSENCE:

Apologies were received from Councillor Catherine Donovan, Dr. Bill Westwood and Trevor Atkinson.

2. MINUTES

The minutes of the meeting held on 11 September were agreed as a correct record subject to it being noted in relation to the presentation on the Vanguard project (care homes), that it is the Gateshead population which is approximately 200,000 and not the care home population.

Matters Arising

There were no matters arising.

Action List

The new items on the Action List were noted.

3. DECLARATIONS OF INTEREST

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

4. NORTH EAST AND CUMBRIA FAST TRACK LEARNING DISABILITY TRANSFORMATION PLAN

The Board received a report to seek support and agreement for the North East and Cumbria Fast Track Learning Disability Transformation Plan and to seek agreement for future governance and oversight arrangements for Gateshead.

Following Winterbourne View and the Bubb Report the transformation programme has developed and is a priority for NHS England. 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.

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 the delivery of this transformation plan.

Gateshead has bid for £45,000 which will be match funded by the CCG which is to be used 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.

The 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.

RESOLVED - (i) That the comments of the Board be noted.
(ii) That future reports are brought back to the Board on progress.

5. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TRANSFORMATION PLAN

The views and approval of the Health and Wellbeing Board is sought for the CAMHS Mental Health Services Transformation Plan.

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council have agreed to work together with our communities to plan what needs to be happening 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.

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 and may result in lower educational attainment, impact on the family and result in offending and antisocial behaviour.

The aim is to reduce waiting times for assessment and treatment. It is a very challenging plan and it is a significant area of scrutiny from NHS England.

The Board were advised that Families Overview and Scrutiny Committee did receive this information yesterday and felt that alternatives for young people have diminished over the years.

It was felt that clear milestones and timescales were very important and that the work needs to be aligned across the lifecourse.

There is still a listening exercise to complete; it is hoped that over the next six weeks there will be a more definite position.

RESOLVED - (i) That the plan be approved by the Board subject to receiving assurance reports on a regular schedule to update on progress.

6. CHILDREN AND YOUNG PEOPLE 0-19 FRAMEWORK

A report was submitted to the board to seek views on the approach proposed for the 0-19 delivery framework and to note progress to date.

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.

Currently, Public Health Commissions a number of contracts focussing on improving the health and wellbeing outcomes for children, young people and their families. From 1 October 2015 Public Health Gateshead became the responsible commissioner for 0-19 services, including the Health Child Programme (Health Visiting, Family Nurse Partnership and School Nursing). The change in commissioning arrangements provide a real opportunity for alternative delivery models and improved integration of children young people and family services.

At a regional level, DPHs in the North East have initiated a sector led improvement programme, looking at the 'Best start in life' for children, with the first 2 years being the most critical stage. The work is being carried out in a collaborative way with a range of partners included. Gateshead is now starting to define its delivery model.

A workshop was held and was very well attended by partners and the team shared their initial thinking and looked at what works now in the system and what doesn't work quite so well.

There is an appetite to develop high level measurable outcomes, around readiness for school, child poverty rates etc. A common set of high level indicators will be agreed.

A mapping exercise is underway on what we already have; there are challenges around the budget and efficiency proposals. It is anticipated that by March a specific model will be defined which will feed into a specification for the commissioning of services. A report will be brought back to the Board at that stage and a further event will be held for stakeholders.

Practitioners in the field are very keen on this way of working. There are processes already in place to flag children at risk. There has been extremely strong input from the voluntary sector and it is clear they play a very important part, offering a range of support and connection points.

- RESOLVED -
- (i) That the approach set out in the report be agreed.
 - (ii) That the current position be noted.

7. DEVELOPMENT OF THE TOBACCO CONTROL 10 YEAR PLAN

A report was submitted to the Board to update on the development of the 10 year plan for Tobacco Control in Gateshead and to seek the Board's continued support for the reduction of adult smoking prevalence in Gateshead to 5% or lower by 2025.

In July 2014 a Health and Wellbeing Board session considered the issue of tobacco. In response to this the Health and Wellbeing Board asked for a concerted effort to review and reinvigorate action to address tobacco in Gateshead.

Over the past 12 months work has been undertaken within the Gateshead Smoke Free Alliance to review activity. Attendance at this meeting has been low and in an attempt to increase engagement, a workshop to develop a 10 year strategy for tobacco control in Gateshead was planned for October.

Gateshead Youth Assembly indicated they would like to be involved and it was felt that this would be a positive step in reducing the numbers of people taking up smoking.

Although attendance at the workshop on 1 October was quite disappointing, there were some useful outputs, including the identification of some ambitious aims. The Health and Wellbeing Board were asked to agree the next steps which would be:

- To take the outputs from the workshop back to the Gateshead Smoke Free Alliance for discussion.
- To reconsider who is best placed to attend the Gateshead Smoke Free Alliance in order to identify and develop the most effective approach to reduce harm cause by tobacco.
- To discuss within the Alliance the opportunity for further refinement of the actions needed to re-galvanise Gateshead's approach to Tobacco Control.

RESOLVED - That the comments of the Board be noted and a developed plan to be brought back to the Board within the next 6 months.to

8. CONSULTATION ON DRAFT STATEMENT OF LICENSING POLICY

The board received a presentation from Tim Briton on the consultation on the Council's draft Statement of Licensing Policy. The Council is required to review its Statement of Licensing Policy every 3 years. In 2003 the Licensing Act transferred powers to the Local Authority to make decisions in regard to issuing licenses for licensable activities. Since 2011 there have been some significant changes to the framework and the Local Authority and the Director of Public Health are now the responsible authority.

The four Licensing Objectives remain the same which are Protection of Children from Harm, Prevention of Crime and Disorder, Public Safety and Prevention of Public Nuisance.

When an organisation wants to sell alcohol the application goes to responsible authorities, who as well as those mentioned include, the Police, the LSCB (Local Safeguarding Children Board) and Trading Standards. As well as being able to comment on new applications and object (as may be required) on the grounds of the four Licensing Objectives, responsible authorities can also request a review of a License.

If a review request or an objection to an application is received, a Licensing Sub Committee is set up to consider the views of all parties. The Sub Committee can make the decision to revoke a license, or add conditions to a licence if they feel that will enable the promotion of the licensing objectives. The Committee will also have the council's Statement of Licensing Policy to rely on whilst making its decision.

In terms of the refresh, the policy provides a strategic framework for responsible authorities; it includes local licensing guidance and includes the Local Government Declaration on Alcohol.

The refreshed policy will be taken to the Council's Cabinet in December, so there is an opportunity for partners to feed in any comments to Tim Briton.

RESOLVED - That the presentation be noted.

9. HEALTH PROTECTION ASSURANCE ANNUAL REPORT

The Board was presented with a draft of the Director of Public Health, Health Protection Assurance Report which would form part of the Director of Public Health Annual Report for 2014/15. The Board was asked to note that the uptake by Council staff eligible to receive the flu vaccination is only 57% and it is hoped that we can look at ways to increase this.

Any further comments could be fed to Carole Wood.

RESOLVED - That the information in the report be noted.

10. MANAGING THE EBOLA THREAT IN THE NORTH EAST

A report prepared by Public Health England for the Local Health Resilience Forum was submitted to the Board for information.

RESOLVED - That the information in the report be noted.

11. ADULT SOCIAL CARE LOCAL ACCOUNT

A report on the Adult Social Care Local Account was presented to the Board for information. The Board were advised that if they had any comments on the report they could be emailed to David Oates.

RESOLVED - That the information be noted.

12. PERFORMANCE REPORT FOR HEALTH AND CARE SYSTEM

An update on performance was provided to enable the Board to gain an overview of the current system and to provide appropriate scrutiny.

The Board were advised if they had any issues to raise or comments to make they could contact David Oates directly.

Further update reports will be brought to the Board on a regular basis for consideration.

RESOLVED - That the information be noted.

13. UPDATES FROM BOARD MEMBERS

Health Watch Gateshead,

Healthwatch Gateshead have appointed a new Chair, Douglas Ball.

Gateshead Health NHS Foundation Trust

The Trust had a routine inspection by the CQC at the end of September. Feedback received at the end of the inspection was positive.

South Tyneside Foundation Trust

South Tyneside NHS FT had a CQC inspection in May of this year - the formal feedback is scheduled for the week commencing 26 October. Steve Williamson was appointed as Chief Executive and it is his intention to attend a Board meeting in the future.

Newcastle Gateshead CCG

The CCG led Gateshead Integrated Health Programme Board is looking at the integration agenda, which is also the focus of much work taking place in the region.

Northumberland, Tyne and Wear NHS Foundation Trust

The consultation with staff on improving community services starts on 9 December.

Gateshead Council

Partners were advised that the Council's budget consultation process is going to Cabinet on 3 November. It was suggested that an item be brought to the December Health and Wellbeing Board meeting - it was suggested that this should be a substantive item on the agenda and that partner organisations should also outline their own budgetary pressures and the implications for their organisations and service users.

14. ANY OTHER BUSINESS

The Minister of State for Community and Social Care, Alistair Burt, has written to the Chief Executive to advise on the future direction of the Better Care Fund. The Fund will continue; however, the scale won't be known until after the spending review on 25 November. It may be that by the December meeting we may know more.

15. DATE AND TIME OF NEXT MEETING

Friday 4 December 2015 at 10am.

**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from 23rd October 2015 meeting of the HWB			
North East & Cumbria Fast Track Learning Disability Transformation Plan	Future reports to be brought back to the Board on progress.	Chris Piercy	To feed into the Board's Forward Plan
Child and Adolescent Mental Health Services (CAMHS) Transformation Plan	The Board to receive regular assurance reports.	Chris Piercy	To feed into the Board's Forward Plan
Children & Young People 0 – 19 Framework	The Board to receive a follow-up report when further modelling work is complete.	Carole Wood	To feed into the Board's Forward Plan
Tobacco Control 10 Year Plan	A plan to be brought to the Board within the next 6 months.	Alice Wiseman	To feed into the Board's Forward Plan
Matters Arising from 11th September 2015 meeting of the HWB			
Personal Health Budgets	Personal health budgets to be examined in the context of social prescribing as part of a planned workshop due to take place in November.	Alice Wiseman/ Gail Bravant	Workshop completed.
	A further update report on Personal Health budgets to be brought back to the Board in April 2016.	Julia Young/Gail Bravant	Included within 2015/16 Forward Plan of HWB

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
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	<p>To be progressed.</p> <p>Included within 2015/16 Forward Plan of HWB.</p>
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.
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	<p>To be progressed.</p> <p>Logged for inclusion within the Forward Plan of HWB</p>
Matters Arising from 17th July 2015 meeting of the HWB			
HWB Forward Plan	<p>Timings to be identified for outstanding items to come to the Board linked to the Forward Plan. This will be then</p>	All Partners	Being progressed

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	be forwarded to Board members.		
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
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 Boar	Carole Wood/Paul Dowling	Included within 2015/16 Forward Plan for HWB
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
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 /	Carole Wood	Included within 2015/16 Forward Plan for HWB

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	format of committee and work programme to be worked up and brought back to a future Board meeting for agreement.		
Mental Health Employment Integration Trailblazer Pilot	<p>Follow-up report to come back to the HWB when a model has been worked up (around June)</p> <p>Ensure discussions take place with the Voluntary and Community Sector in developing the model.</p>	Alan Jobling	<p>The start of the Trailblazer Pilot was delayed.</p> <p>Included within 2015/16 Forward Plan for HWB</p>

deciding together

DECIDING TOGETHER




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

CONSULTATION SUMMARY

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





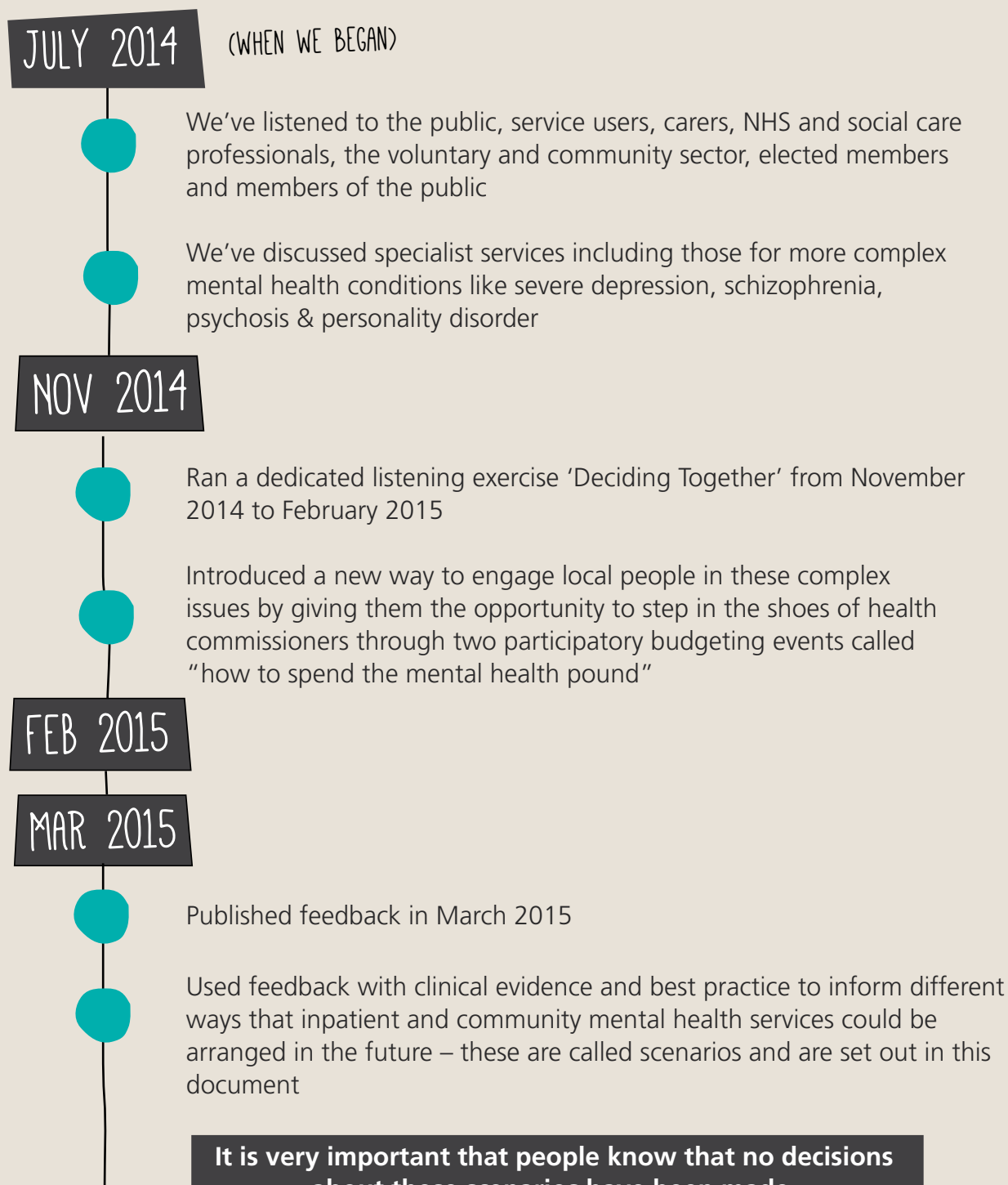
This document is a summary of public consultation document which is based upon our full Case for Change.

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

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The background to our Deciding Together process



What you said was important to you

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

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



Which services are involved in this consultation?

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

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

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

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

Why things need to change

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

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

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

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

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

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



What does this mean for specialist mental health services locally?

Our mental health commissioning agenda is focused on:

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

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

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

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

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

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

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

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

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



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

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

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

The patient pathway

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

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

Single point of access for NTW services

Accessible 24/7

Better assessment of need

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

Treatment

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

Discharge from NTW services

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

A discharge plan will include:

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

Community pathway for older people

The pathway will consist of the following key elements:

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

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

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

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

These are extra, re-designed or extended services.

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

A multi-agency initial response system

The system would:

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

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

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

Urgent response and care - residential crisis support

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

Urgent response and care - crisis support without beds

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

Community based Recovery College

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

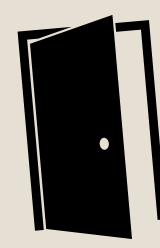
Community resilience and wellbeing hub, including increased access to vocational and social inclusion

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



ACCESS POINTS

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

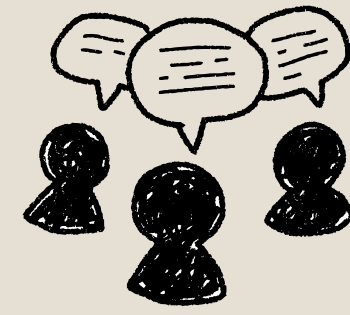


MANAGING THE CHANGE

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

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

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



NEW, RE-DESIGNED OR EXTENDED SERVICES



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

SERVICE CHARTER.

NAVIGATORS/ LINK WORKERS

CARERS SUPPORT AT EACH STEP

GOOD PHYSICAL HEALTH

SAFEGUARDING AND RISK

CITIZENSHIP, SOCIAL NETWORKS AND COMMUNITIES

CULTURALLY SENSITIVE CO-ORDINATION OF CARE AND BROKERAGE

PEER SUPPORT

ACCESS AT ALL STAGES: QUICK IN, QUICK OUT





The different ways we could arrange inpatient services

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

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

In Sunderland and South Tyneside:

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

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

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

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

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

How we developed and shortlisted scenarios



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

All the scenarios were based on the provision of:

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

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

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

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

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



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

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

Acute assessment and treatment and rehabilitation scenarios



NTW trust wide based scenario T:

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

Newcastle based scenario N:

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

Gateshead based scenario G:

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

INPATIENT CONSULTATION SCENARIOS

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

Newcastle scenario 1:

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

Morpeth scenario 2:

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

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

WHAT YOU NEED TO
CONSIDER ABOUT THE
DIFFERENT SCENARIOS

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

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

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

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

Quality of clinical care

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

The benefits of this are:

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

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

Quality of accommodation

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

Location and travel

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

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

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

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

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

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

Our promise:

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

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



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

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

Get involved and have your say

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

Events

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

Launch event:

Thursday 12 November

11am-1pm

Centre for Life

Times Square,

Newcastle upon Tyne,

Tyne and Wear NE1 4EP

Registration from 10.30.

Presentation plus Question Time style event

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

Please register via our website

Or call 0191 217 2670

Consultation events:

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

Wednesday 18th November 2015

1.30pm-4pm

Brunswick Methodist Church

Brunswick Place,

Newcastle upon Tyne NE1 7BJ

Registration from 1pm

Please register via our website

Or call 0191 217 2670

Thursday 3rd December 2015

6pm-8pm

Newcastle City Library

Charles Avison Building, 33 New Bridge St

West

Registration from 5.30pm.

Please register via our website

Or call 0191 217 2670

Wednesday 13th January 2016

10am-12pm

Gateshead Civic Centre

Bewick Meeting Room

Registration from 9.30am

Please register via our website

Or call 0191 217 2670

Saturday 6th February 2016

Community Art space

St Edmund's Chapel, High St, Gateshead,

Tyne and Wear NE8 1EP

1pm to 3.30pm (registration from 12.30pm)

Please register via our website

Or call 0191 217 2670

Online survey

You can access this via our website:

www.newcastlegatesheadccg.nhs.uk

from Thursday 12th November.

A paper version is also available by calling
0191 217 2670

Other ways to give your views:

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

Write to us

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

Call us

0191 217 2670

Email us

ngccg.enquiries@nhs.net



@NHSngccg



Deciding Together



What will happen next?



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



@NHSngccg



Deciding Together

www.newcastlegatesheadccg.nhs.uk

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Newcastle upon Tyne
NE15 8NY.



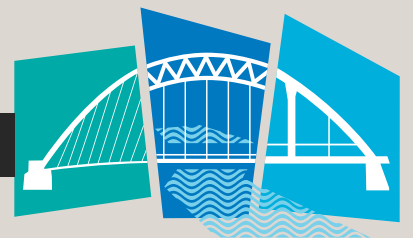
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deciding together

DECIDING TOGETHER

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

CONSULTATION
SURVEY



Section A: Introduction

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

www.newcastlegatesheadccg.nhs.uk

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

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

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

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

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

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

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

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

Email: ngccg.enquiries@nhs.net.

Twitter: @NHSngccg #decidingtogether

Facebook: www.facebook.com/decidingtogether

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

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

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

Section B: About You

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

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

Please complete Q1a if you have made more than one choice

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

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

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

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

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

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

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

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

- Yes
- No
- Rather not say

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

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

Please tick all that apply

- Self
- Person I care for
- Rather not say

Q3b What service did you use?

Hospital Inpatient Treatment

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

Older People’s Services:

Castleside Day Hospital Community
Dementia Service (Newcastle)

The Tranwell Unit (Gateshead)
Lamesley Ward (women)

Newcastle Challenging Behaviour Team
Older people (Newcastle)

The Hadrian Clinic (Newcastle)
Gainsborough Ward (men)

Memory Assessment Service (Newcastle)

The Hadrian Clinic (Newcastle)
Collingwood Ward (men)

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

The Hadrian Clinic (Newcastle)
Lowry Ward (women)

Rehabilitation services:

St. Nicholas Hospital (Newcastle)

Willow View Ward (men and women).

Elm House (Gateshead)
(men and women)

Q3b What service did you use?

Services in the Community

Adult Services Newcastle

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

Community Mental Health Services West Community Team (Newcastle)

Hadrian Clinic Acute Day Service Intensive Treatment Service (Newcastle)

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

Intermediate Care - Community Rehabilitation Service (Newcastle)

Newcastle East Team Community Mental Health Team (Newcastle)

Newcastle North Team Community Mental Health Team (Newcastle)

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

Newcastle West Team Community Mental Health Team (Newcastle)

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

Adult Services Gateshead

Assertive Outreach Team - Tranwell Unit, QE (Gateshead)

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

Community Treatment Team, Psychosis, Tranwell Unit (Gateshead)

Early Intervention in Psychosis Service Intensive Intervention - Gateshead

Lobley Hill Clinic Psychology Outpatients Service (Gateshead)

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

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

Initial Response Team – Gateshead

Section C. Community Mental Health Services

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

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



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

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

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

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

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

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

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

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

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

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

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

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

4a Multi-agency initial response system:

4b Redesigned community mental health teams and specialist teams:

4c Community based residential rehabilitation:

4d Urgent response and care - residential crisis support:

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

4f Community based recovery college:

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

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

Section D: Service Delivery Scenarios

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

D1 Scenario T: NTW Trust Wide

This is a Northumberland, Tyne and Wear (NTW) trust wide based scenario where:
 Acute inpatient services would be provided at St George’s Park in Morpeth and Hopewood Park Sunderland
 The rehabilitation service currently at St. Nicholas Hospital, Newcastle, would be provided from St. George’s Park; Elm House in Gateshead would be retained as a moving on rehabilitation unit.
 Potential for release of funding for investment in to community services is £1.1 million to £1.4 million

Q7 Do you feel that this scenario would meet your needs or the needs of people you care for or those of the group or organisation you represent?
 Please remember you are answering this in the role you told us was most important to you. If you would like to respond with another role in mind feel free to repeat the survey using a separate questionnaire.

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

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

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

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

D2 Scenario N: Newcastle based

This is a Newcastle based scenario where:

Acute inpatient services would be provided from St. Nicholas Hospital, Newcastle

The rehabilitation ward at St. Nicholas Hospital, Newcastle would provide complex care and Elm House in Gateshead would be retained as a moving on rehabilitation unit

There would be no release of funding for community services as this scenario would require additional investment of up to £0.2million.

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

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

I feel this scenario will fail to meet needs

I feel this scenario will slightly meet needs

I feel this scenario will slightly fails to meet needs

I feel this scenario will fully meet needs

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

Don't Know

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

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

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

D3 Scenario G: Gateshead based

This is a Gateshead based scenario where:

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

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

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

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

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

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

I feel this scenario will fail to meet needs

I feel this scenario will slightly meet needs

I feel this scenario will slightly fails to meet needs

I feel this scenario will fully meet needs

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

Don't Know

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

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

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

D4 Overall Preference

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

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

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

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

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

Section E: Older People’s Services in Newcastle

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

E1 Scenario 1

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

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

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

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

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

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

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

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

D2 Scenario 2

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

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

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

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

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

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

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

D3. Overall Choice (Newcastle Older Persons' Service)

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

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

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

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

Section F: Reducing the need for inpatient care

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

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

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

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

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

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

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

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

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

Section G. Investing in Community Services

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

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

- | | | | |
|-----------------------------------|--------------------------|-----------------------|--------------------------|
| Strongly Disagree | <input type="checkbox"/> | Agree | <input type="checkbox"/> |
| Disagree | <input type="checkbox"/> | Strongly Agree | <input type="checkbox"/> |
| Neither agree nor disagree | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |

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

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

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

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

Section H: Demographics

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

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

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

Q33 Which of these age groups do you belong to?

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

Q34 What is your gender?

- Male
- Female
- Transgender
- Rather not say

Q36 Do you consider yourself to have a disability?

- Yes
- No
- Rather not say

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

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

Q37 Please choose one option that best describes your sexuality

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

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

Post Code

Rather not say

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

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

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

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

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

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

By email

By post

By phone

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

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

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

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



@NHSngccg



Deciding Together

www.newcastlegatesheadccg.nhs.uk

©2015 NHS Newcastle Gateshead Clinical Commissioning Group
Goldcrest Way
Newburn Riverside (Business Park)
Newcastle upon Tyne
NE15 8NY.



deciding together

DECIDING TOGETHER



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

PUBLIC CONSULTATION

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





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

About us

NHS Newcastle Gateshead Clinical Commissioning Group

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

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

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

What does this mean for patients?

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

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Further reading and resources



1

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

by Dr Guy Pilkington

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

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

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

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

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

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

I believe we need to invest more in mental

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

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

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

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

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

With your help we can do better.

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

Together, we can think differently about mental health.

Dr Guy Pilkington

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

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

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



2

The background to our Deciding Together process

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



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

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

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

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

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



SUMMARY OF WORK DONE SO FAR

JULY 2014

(WHEN WE BEGAN)



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



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

NOV 2014



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



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

FEB 2015

MAR 2015



Published feedback in March 2015

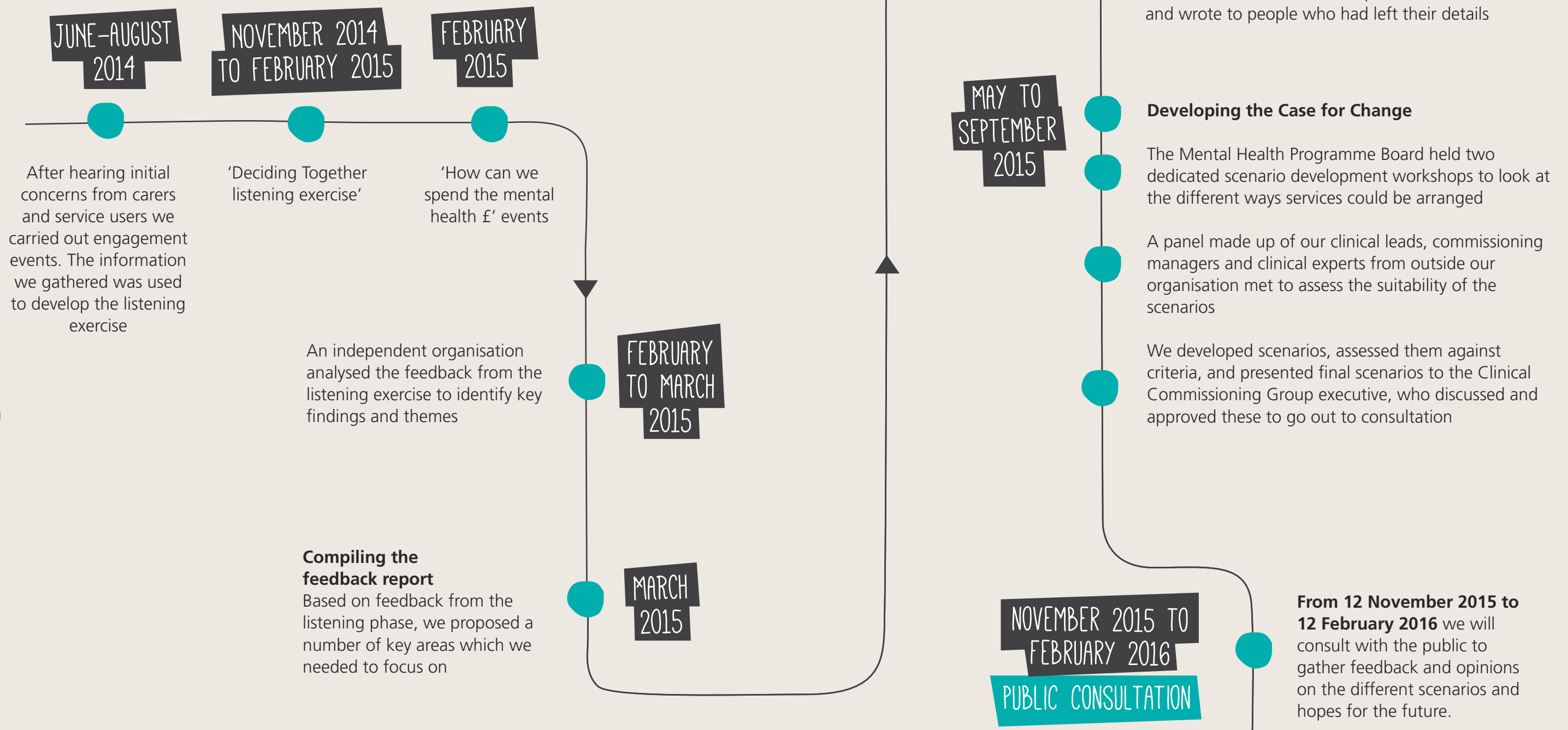


Used feedback with clinical evidence and best practice to inform different ways that inpatient and community mental health services could be arranged in the future – these are called scenarios and are set out in this document.

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

How we have developed the plans together

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





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



3

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

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



You will find documents mentioned in this section alongside a range of new and previously published information relating to Deciding Together on our website www.newcastlegatesheadccg.nhs.uk

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

National context

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

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

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

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



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

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

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

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

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

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

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

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





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

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

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

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

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

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

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

Our mental health commissioning agenda is focussed on:

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

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

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

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

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

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



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



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

Northumberland, Tyne and Wear NHS Foundation Trust

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

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

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

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

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

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



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

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

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

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

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

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


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

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

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

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

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



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

4

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

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



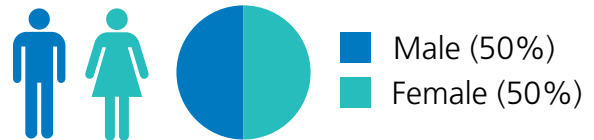
There is detailed public health information as well as the impact this has on equalities in the full Case for Change document appendix three which you can find at www.newcastlegatesheadccg.nhs.uk

POPULATION

484,000

residents across Newcastle and Gateshead

Population by gender



Population spread by age

Under 25



Over 65

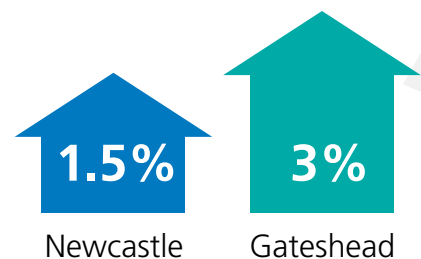


BME population



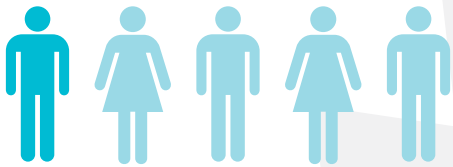
Projected population increase

Largest increases:
Males;
over 65's;
0-19's



MENTAL HEALTH

Common mental health conditions



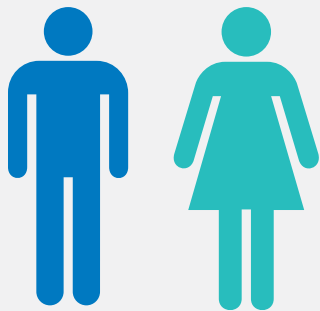
1 in 5 of the population are estimated to experience a common mental health problem (including anxiety, depression, phobias etc.).

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

70,000 in Newcastle
48,678 in Gateshead

26,627

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



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



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



75%

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

Serious mental illness

4,814

OR	UK
0.96%	0.86%

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

1,897

OR
0.48%

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

MORBIDITY AND MORTALITY

Life expectancy



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

Excess mortality (premature deaths)



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

5

Which services are involved in this consultation?

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

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

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

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

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

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



6

What you said was
important to you



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

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

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



You can read in detail what people said during our listening period on our website www.newcastlegatesheadccg.nhs.uk

7

How current services are arranged

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



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

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

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

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

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

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

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

Morpeth ● ←..... St George's Park

NORTH SEA

NORTHUMBERLAND

NORTH TYNESIDE

St Nicholas Hospital

Centre for Ageing and Vitality

Ravenswood

Silverdale

NEWCASTLE

Molineux St

SOUTH TYNESIDE

Lobley Hill Clinic

Dryden Rd Clinic

Tranwell Unit, QE

Elm House

GATESHEAD

Hopewood Park

CO. DURHAM

SUNDERLAND

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

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

These include community treatment services include:

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

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

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

Other findings were:

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

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

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

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

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

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

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

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



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



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

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

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

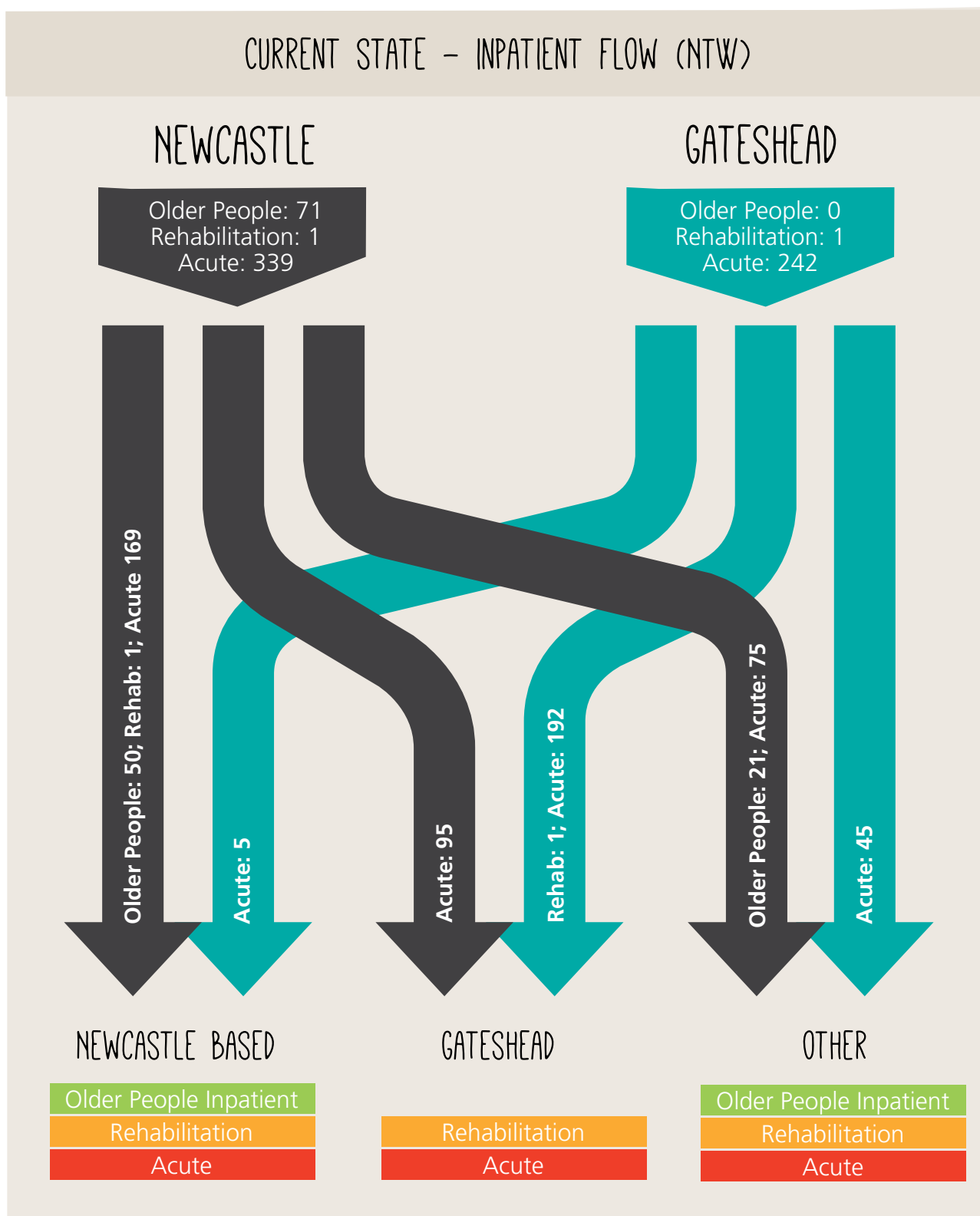
	NEWCASTLE	GATESHEAD
Acute Assessment and Treatment	339	242
Rehabilitation*	1	1
Older People's services**	71	0

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

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



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



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

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

Acute assessment and treatment service

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

The Tranwell Unit

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

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

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

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

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

Environmental issues include:

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

The Hadrian Clinic

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

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

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

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

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

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

Environmental issues include:

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

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

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

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

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

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

Rehabilitation services

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

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

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

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

Older people’s mental health services – in Newcastle only

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

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

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

Both have AIMS accreditation with excellence.

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

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

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



8

Agreed improvements for NTW Trust community services

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



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

The patient pathway

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

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

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

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

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

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

Single point of access for NTW services

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

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

This single point of contact will:

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

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



Assessment of need

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

Treatment

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

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

Discharge from NTW services

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

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

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



Community pathway for older people

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

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

9

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

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



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



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

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

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

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

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

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

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

These could include:

A multi-agency initial response system

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

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

The system would:

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

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

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



ACCESS POINTS

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

Page 113

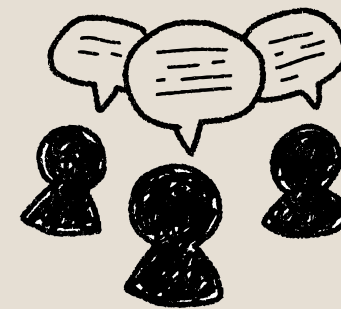


MANAGING THE CHANGE

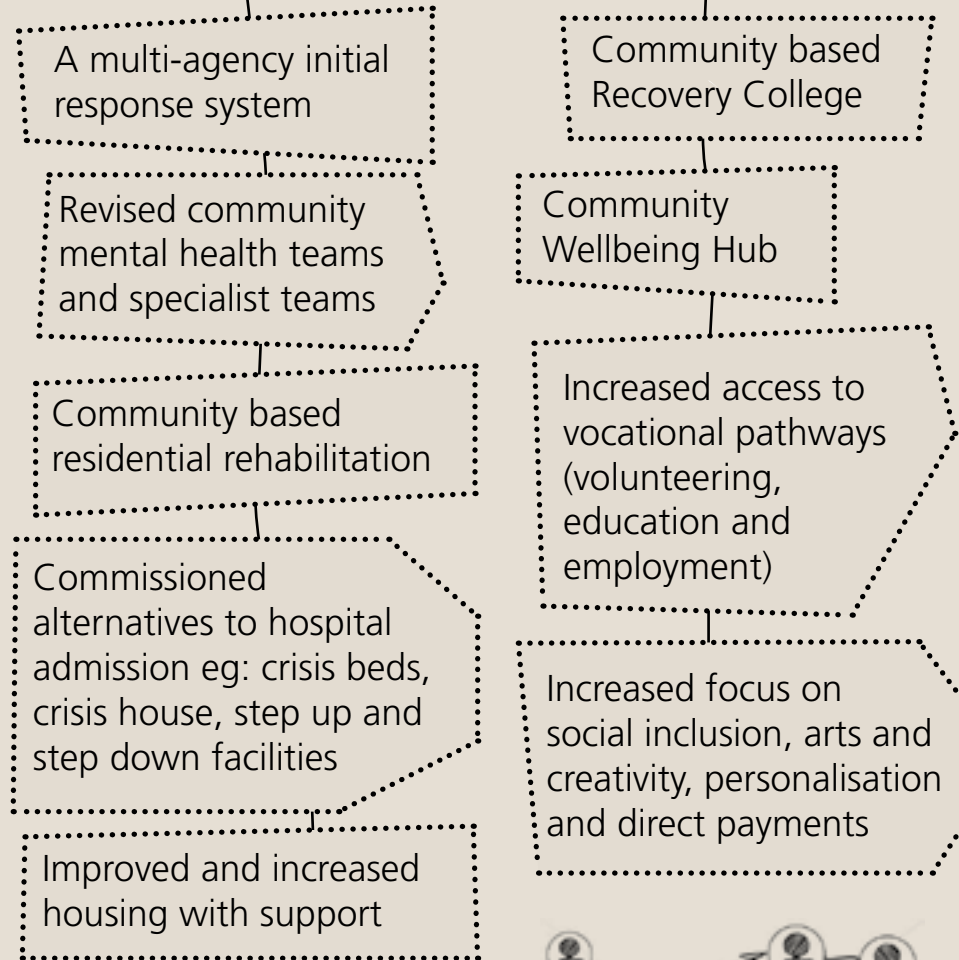
We will continue to re-design community support at the same time as re-modelling inpatient services.

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

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



NEW, RE-DESIGNED OR EXTENDED SERVICES



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

SERVICE CHARTER.



NAVIGATORS/ LINK WORKERS

CARERS SUPPORT AT EACH STEP

GOOD PHYSICAL HEALTH

USING LOCAL INTELLIGENCE EARLY INTERVENTION

STIGMA-FREE SAFEGUARDING AND RISK

CITIZENSHIP, SOCIAL NETWORKS AND COMMUNITIES

CULTURALLY SENSITIVE CO-ORDINATION OF CARE AND BROKERAGE

PEER SUPPORT

ACCESS AT ALL STAGES: QUICK IN, QUICK OUT

PROPERLY PERSON AND FAMILY CENTRED



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

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

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

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

Urgent response and care - residential crisis support

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

Urgent response and care - crisis support without beds

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

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

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

Community based recovery college

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

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

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

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

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

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

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

The different ways we could arrange inpatient services

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

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

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

In Sunderland and South Tyneside,

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

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



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

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

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

How we developed and shortlisted scenarios

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

All the scenarios were based on the provision of:

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

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

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

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

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

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



You can find detailed information about all the scenarios and shortlisting process in our full Case for Change document appendix 9 www.newcastlegatesheadccg.nhs.uk





10

The inpatient scenarios for change

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

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

Acute assessment and treatment and rehabilitation scenarios



NTW trust wide based scenario T:

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

Newcastle based scenario N:

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

Gateshead based scenario G:

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

INPATIENT CONSULTATION SCENARIOS

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

Newcastle scenario 1:

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

Morpeth scenario 2:

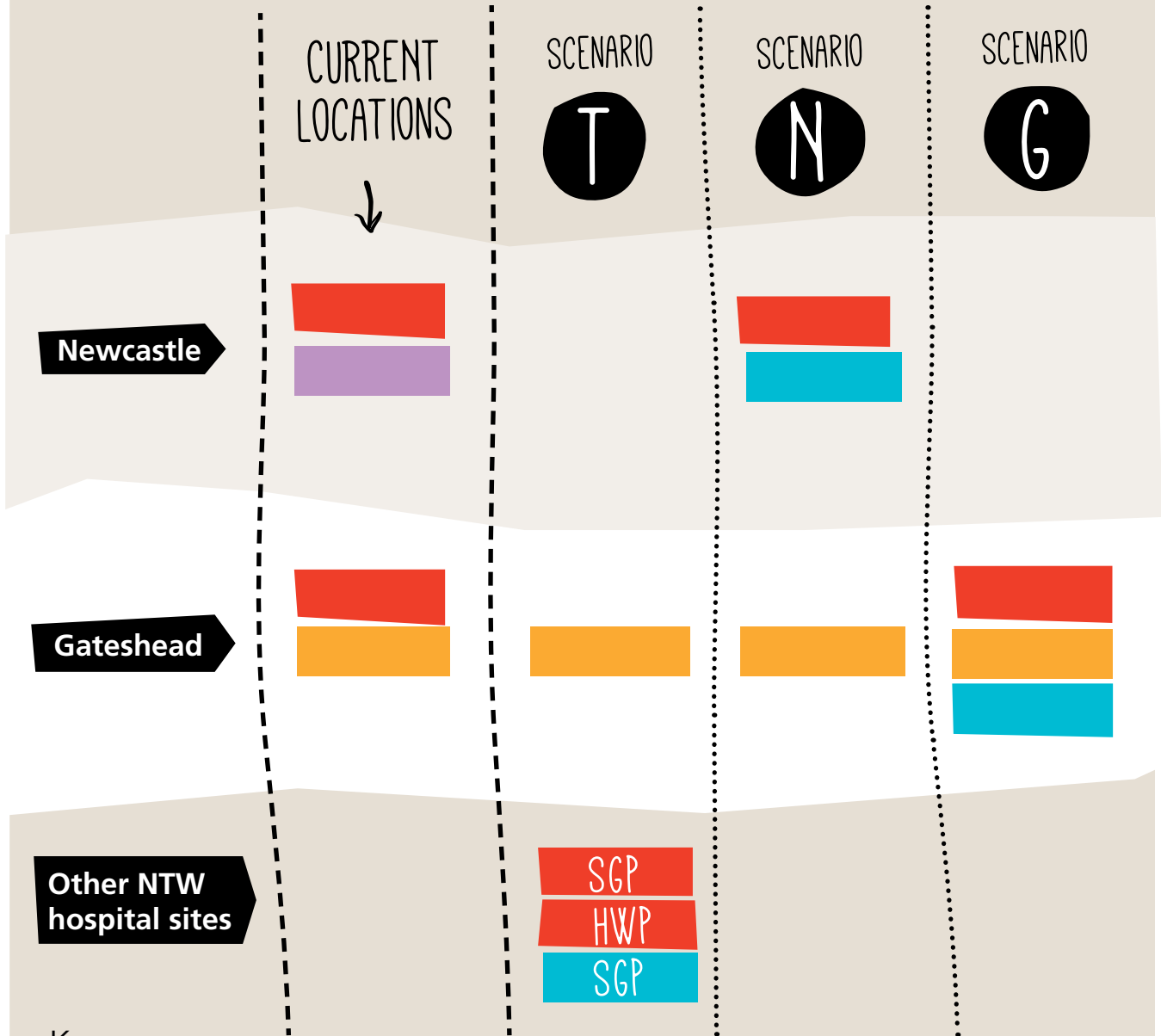
- The older people's service being provided from St George's Park, Morpeth

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

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

Proposed inpatient locations

(Adult Acute and Rehabilitation Services)



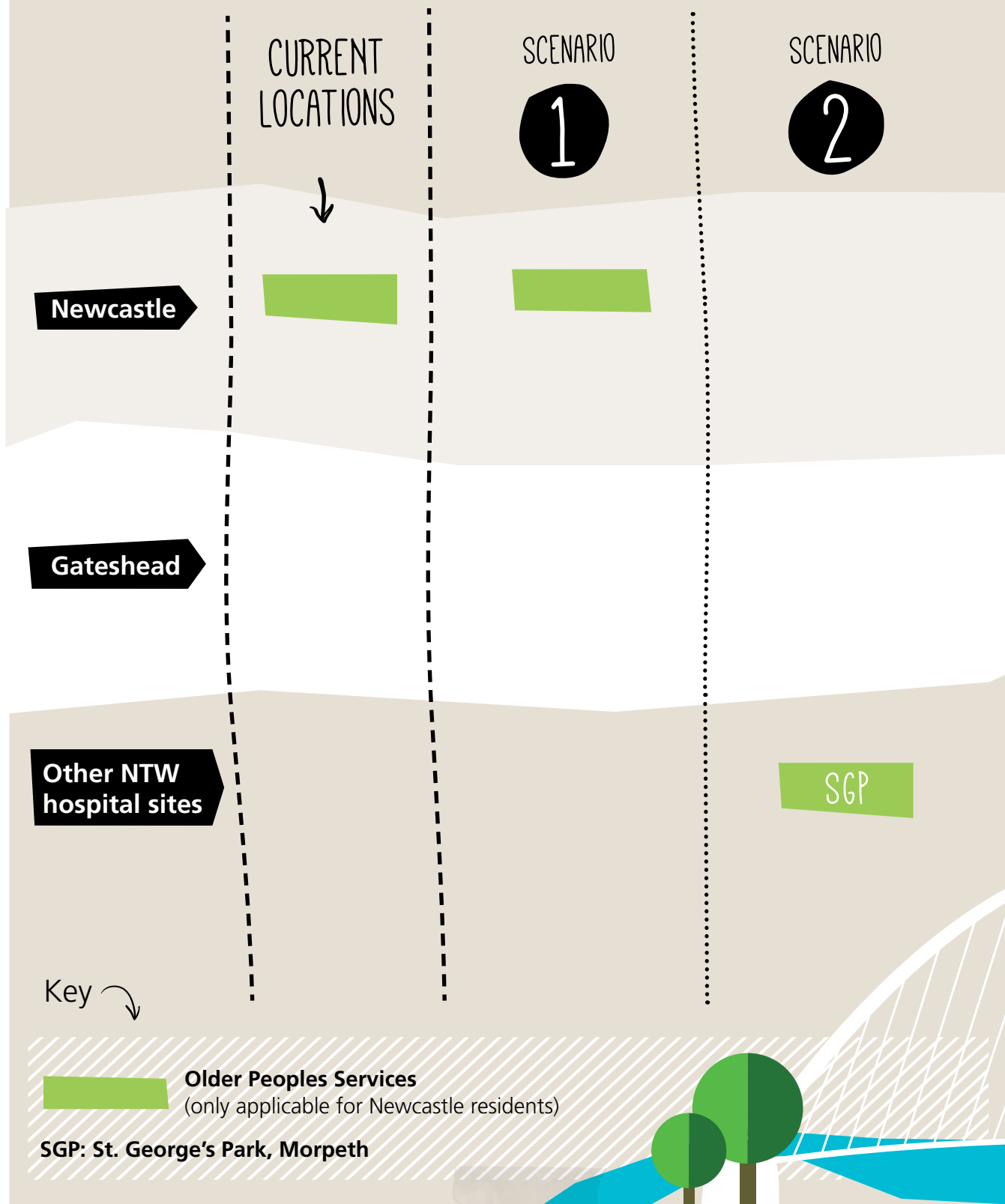
Key ↘

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

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

Proposed inpatient locations

(Older Peoples Services)





11

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

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

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

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

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

Quality of clinical care

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

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

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

Quality of accommodation

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

Location and travel

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

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

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

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

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

This will include access to taxis and mini bus transport.

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

Scope to develop community services

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

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



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

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

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



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

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



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

12

How to get involved

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

Events

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

Launch event:

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

Centre for Life

Times Square,

Newcastle upon Tyne,

Tyne and Wear NE1 4EP

Registration from 10.30.

Presentation plus Question Time style event

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

Please register via our website

Or call 0191 217 2670

Consultation events:

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

Wednesday 18th November 2015

1.30pm-4pm

Brunswick Methodist Church

Brunswick Place,

Newcastle upon Tyne NE1 7BJ

Registration from 1pm

Please register via our website

Or call 0191 217 2670

Thursday 3rd December 2015

6pm-8pm

Newcastle City Library

Charles Avison Building, 33 New Bridge St
West

Registration from 5.30pm.

Please register via our website

Or call 0191 217 2670

Wednesday 13th January 2016

10am-12pm

Gateshead Civic Centre

Bewick Meeting Room

Registration from 9.30am

Please register via our website

Or call 0191 217 2670

Saturday 6th February 2016

Community Art space

St Edmund's Chapel, High St, Gateshead,

Tyne and Wear NE8 1EP

1pm to 3.30pm (registration from 12.30pm)

Please register via our website

Or call 0191 217 2670

Online survey

You can access this via our website:

www.newcastlegatesheadccg.nhs.uk

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

Other ways to give your views:

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

Write to us

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

Call us

0191 217 2670

Email us

ngccg.enquiries@nhs.net



@NHSngccg



Deciding Together





13

What happens next?

WHAT HAPPENS NEXT?

12TH FEBRUARY 2016

Consultation period ends (13 weeks)

15TH FEBRUARY 2016

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

21ST MARCH 2016
TO
11TH APRIL 2016

Publication of the feedback report from the consultation to public on the website www.newcastlegatesheadccg.nhs.uk
Two public feedback sessions to be arranged and promoted to the public

9TH MAY 2016

Complete full Case for Change document

24TH MAY 2016

CCG Governing Body Meeting held in public – decision made

24TH MAY 2016

Decision communicated to stakeholders and the public

14

Further reading
and resources



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



We have also placed them on our website where you can download them or find links to them at: www.newcastlegatesheadccg.nhs.uk

Full Case for Change

(published October 2015)

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

NHS Five Year Forward View (NHS England)

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

No health without mental health

(H.M. Government 2011)

Closing the Gap: priorities for essential change in mental health

DoH, January 2014.

Deciding Together – developing a new vision for mental health

Listening document

Feedback report

(published March 2015)

Deciding Together – listening phase feedback report

Early listening

(published September 2014)

Your notes

Your notes

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



@NHSngccg



Deciding Together

www.newcastlegatesheadccg.nhs.uk

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



deciding together

DECIDING TOGETHER



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

NHS
Newcastle Gateshead
Clinical Commissioning Group

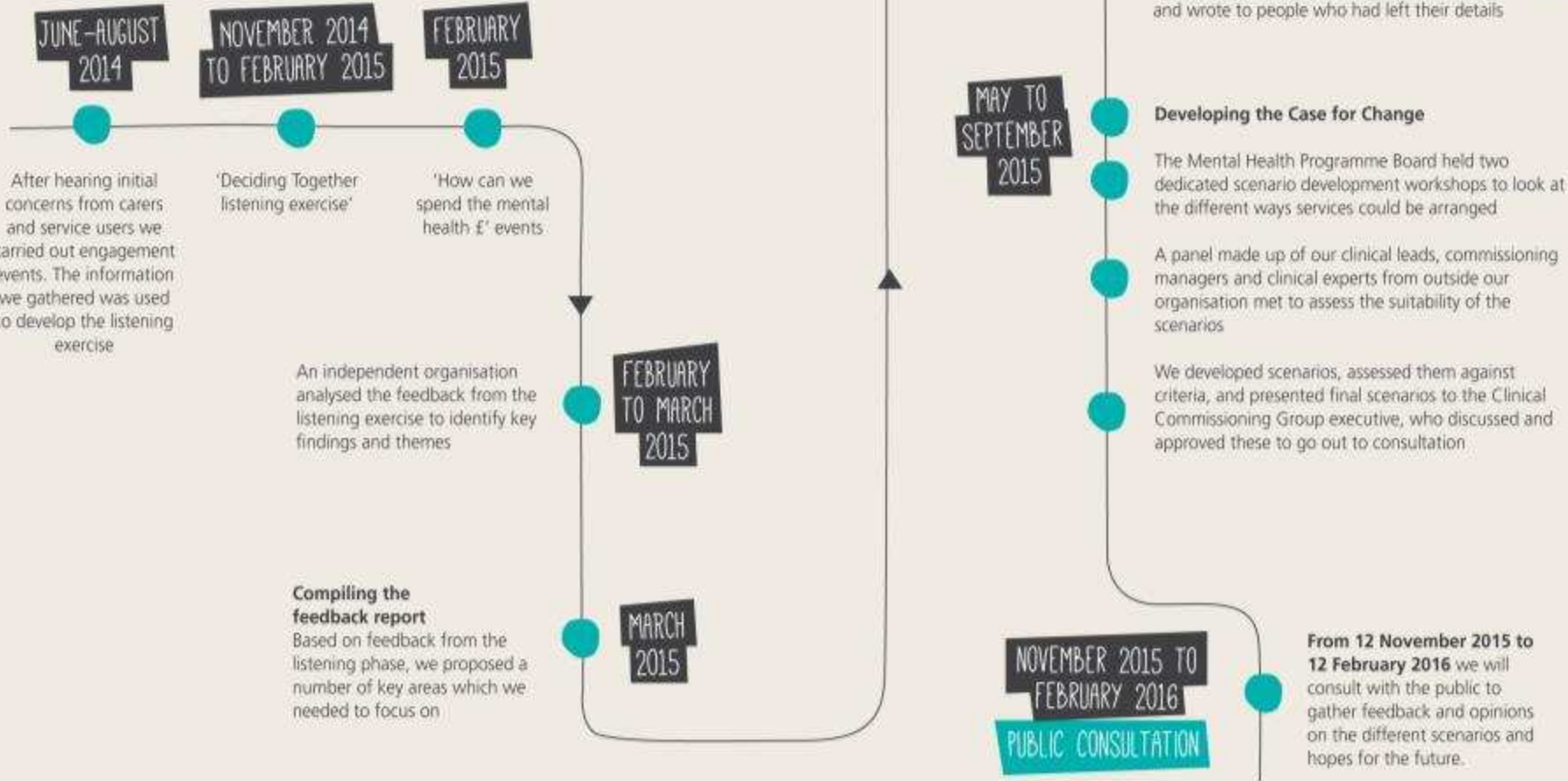
12 November 2015
to 12 February 2015



How we have developed the plans together

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

Page 144



What people said was important

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



deciding together

What services are involved in this consultation

Services included

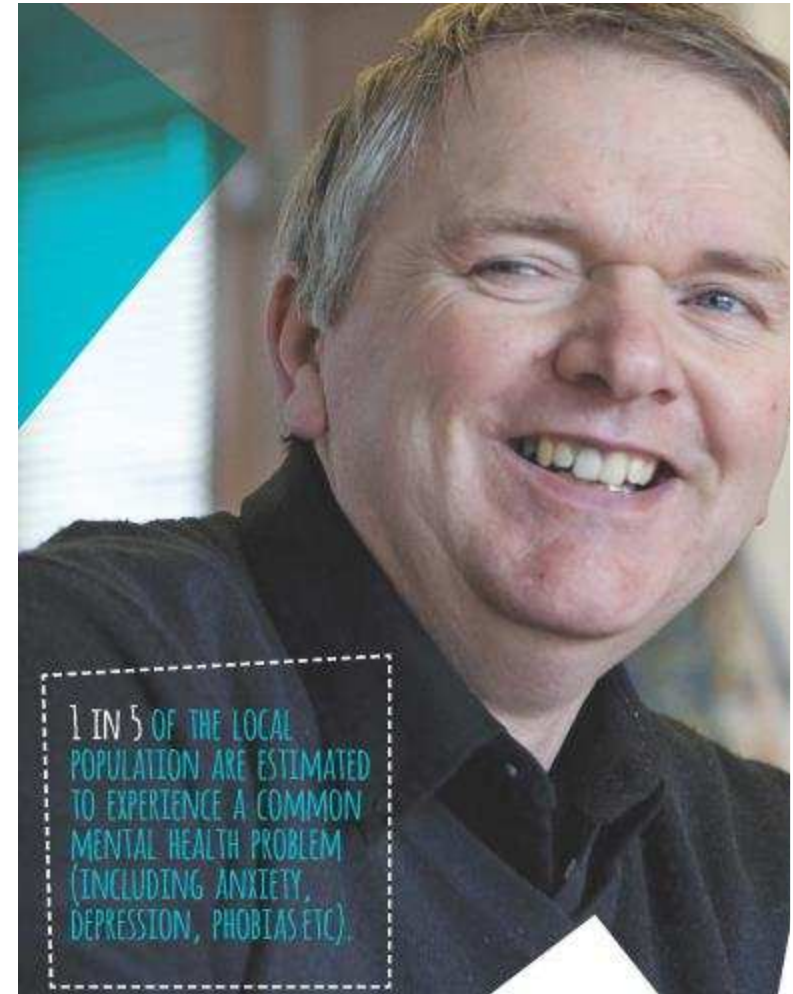
- **Community and inpatient** mental health services for **adults of working age** living in Newcastle and Gateshead provided by NTW
- **Community and inpatient** mental health services for **older people** living in Newcastle provided by NTW
- Opportunities to invest in new and enhanced mental health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

Services NOT included

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

Why things need to change

- People with serious mental health problems are more likely to die earlier than the general population
- We want 'parity of esteem' to ensure mental health is valued equally to physical health by 2020
- Change the way that current services are delivered so as to improve quality and reduce costs



We must

- Focus on promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental ill health arises
- Tackle the wider social determinants and consequences of mental health problems
- Avoid hospital admissions through better joined-up community care, more effective hospital inpatient care and stop unnecessary admissions

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

What does this mean for specialist mental health services locally?

We must focus on:

- Health outcomes ensuring patients stay well, move to recovery quickly and are supported to manage their condition
- Quality of life, enabling more people to live their lives to their full potential
- A fully integrated model of mental healthcare
- Robust whole population emotional health and wellbeing strategies
- Comprehensive primary care services
- Redesigned specialist services with re -provided inpatient services
- Implementation of the national dementia strategy

National requirement for NTW

National requirement for NTW to deliver services for the population of Newcastle and Gateshead within a reduction in funding of around 20% over five years (4% each year)

This represents a reduction of £9m in real terms

The CCG will ensure parity of esteem so mental health will have a share of NHS growth funding to offset

Mental Health Programme Board

The CCG, the Mental Health Programme Board, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and the mental health Voluntary and Community Sector agree we need to improve and extend community mental health services, providing alternatives to inpatient admission and reducing the reliance on inpatient beds

Current situation

- We have a relatively high number of beds compared with other areas of the country. Analysis by NTW indicated that 30 - 40% of inpatients were in hospital because of a lack of community health and social support
- Existing inpatient accommodation in Newcastle and Gateshead does not meet the standards which the CCG and NTW wish to provide
- The Care Quality Commission and Mental Health Act inspections have consistently reported shortcomings in these facilities

Current situation

- To reduce the number of beds required and make sure that hospital based services are able to support people with very complex needs in safe and therapeutic environments, we need to consider where these inpatient services should be provided
- We have listened to your views about current services and improvements that you would like to see – we want to take action to respond to these



Current situation

If we do not implement changes in the way these services are provided, in view of the national requirement for providers of NHS services to make savings, there would still have to be a significant reduction in the current funding of existing services, both community and inpatient services

We think it is important that community services are not reduced to make savings, for the reasons set out in our strategic objectives

Therefore there is a very strong case to improve community services and reduce the reliance on hospital admissions

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

- These are extra, redesigned or extended services
- These present ideal opportunities for the community and voluntary sector, as well as peer and service user led models of service delivery



Improving our Community Mental Health Support Framework



The different ways we could arrange inpatient services

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

In Sunderland and South Tyneside

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

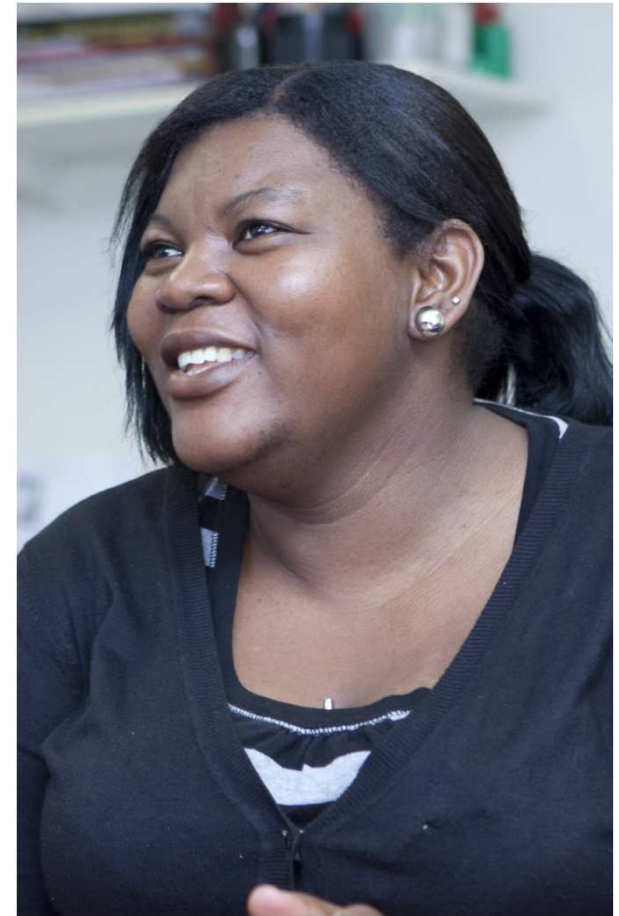
What we have learnt

- We have thought about a range of future possible changes to rates of admission and lengths of stay to help identify the number of wards needed for Newcastle and Gateshead residents in the future
- We think that although admissions should decrease, they may not decrease at the same level that was experienced in Sunderland and South Tyneside, as Newcastle and Gateshead already has a lower admission rate
- There appears to be significant opportunity to achieve a reduction in average lengths of stay for Newcastle and Gateshead residents

The inpatient scenarios for change

The shortlisted scenarios for consultation are presented in two parts:

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



The Inpatient scenarios for change

The shortlisted scenarios for consultation are presented in two parts:

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

For acute assessment and treatment and rehabilitation services they are:

NTW trust wide based scenario T:

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

Newcastle based scenario N:

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

Gateshead based scenario G:

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

For older people's mental health services, for Newcastle residents, the two scenarios are:-

Older people services in Newcastle scenario 1:

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

Older people services in Morpeth scenario 2:

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

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

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

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

We are asking the public to consider and balance all these along with their own thoughts and opinions of the advantages and disadvantages of each scenario

Location and travel

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

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

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

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

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

Our promise

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

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

Scope to develop community services

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



What happens next?

- Events taking place
- VCS events for service users, carers and voluntary sector
- Focus groups
- On-line and paper survey
- See consultation document or website for details



What happens next?

12TH FEBRUARY 2016

Consultation period ends (13 weeks)

15TH FEBRUARY 2016

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

21ST MARCH 2016
TO
11TH APRIL 2016

Publication of the feedback report from the consultation to public on the website www.newcastlegatesheadccg.nhs.uk
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Decision communicated to stakeholders and the public

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HEALTH AND WELLBEING BOARD 4 December 2015

TITLE OF REPORT: Budget Position – Gateshead Council Budget Proposals and NHS Budgetary Position

Purpose of the Report

1. To set out the background, context and supporting papers relating to the Council's budgetary position and that of the NHS to complement the presentations that will be given to the Board on this item at the 4 December meeting.

Background to Gateshead Council's Budgetary Proposals

2. Gateshead is seeing demographic changes with an increasing population and a growing number of our most vulnerable residents requiring complex health and social care support.
3. Although we have seen an improved ranking in the Index of Multiple Deprivation 2015 - from 43 (IMD 2014) to 73 (IMD 2015), there are still areas of high deprivation with issues of health inequalities and child poverty. For the health and disability domain, Gateshead is ranked 23 in the country (where 1 is the most deprived).
4. The Council recognises the importance of increasing Gateshead's prosperity; encouraging housing and business growth, as well as revitalising our economy and job opportunities, so that ultimately people's standards of living will improve.
5. The Council has faced unprecedented reductions in government funding since the 2010 Comprehensive Spending Review. By the end of 2015/16 the Council's grant funding will have reduced by approximately 45% from 2010. This equates to over a £300 per head reduction in government funding over the period.
6. Since 2010, the Council has reduced its expenditure by £110m and there are now 2,085 fewer people working for the organisation. This has taken place against a context of significant policy and organisational changes impacting upon the Council, its partners and local people.

7. Further government funding reductions were announced in the Chancellor's budget in July 2015, to cover the period 2015/21 and in the Queen's speech on 27 May 2015. The Government has continued to focus on cutting the public sector debt within the Spending Review announced on 25th November.

Gateshead Council Funding Gap and Budget Planning

8. The Council's Medium Term Financial Strategy (MTFS) 2016 to 2021 was reviewed on 16 July 2015 and presented indicative budget forecasts showing an estimated funding gap of £50.6m for the two year period 2016/17 and 2017/18. The financial projections will be revisited following the Local Government Finance Settlement in December for 2016/17 to assess any changes to the Council's overall financial position.
9. In order to manage resources effectively, the Council has an established two-year rolling programme for budget planning to provide greater flexibility and resilience. A key element of this approach is to engage with and consult residents, businesses, partners and employees.
10. The Council has approached the budget consultation for 2016-18 based on the Council Plan for 2015-2020 to:
 - Meet the needs of Gateshead based on a Strategic Needs Assessment
 - Sustain Vision 2030 and uphold the Council's values
 - Reach decisions and manage change in a principled way
11. There is also a focus on four inter-related areas: economic growth and revenue generation, managing demand, increasing collective responsibility and continuing to drive efficiencies in different ways of working.
12. The Council is seeking to adopt a balanced approach to meeting the financial challenges it faces. This means understanding when an issue needs longer term action that will reap rewards over a number of years, rather than making a decision that will achieve a quick solution. The Council also aims to minimise the impact of funding cuts for local people. However, further reductions in Government funding combined with growing demands make this increasingly difficult.

Gateshead Council Budget Proposals

13. The Council has looked at the services it needs to provide to fulfil its duties. In addition, the Council is still working towards achieving sustainable economic growth and wellbeing for the borough and its residents, whilst supporting vulnerable people and building capacity within communities.
14. Draft proposals have been identified to help bridge the estimated funding gap of around £50.6m over the next two years, but in particular for the financial year 2016/17. They are grouped under the following areas:
 - Adult Social Care
 - Children's Services
 - Communities and Volunteers

- Economic Growth
 - Environment
 - Public Health
 - Governance and Resources
 - Efficiency and Effectiveness projects
15. The presentation on the Council's proposals will largely focus on adult social care, children's services and public health. However, the full set of proposals can be accessed through the following link:
<http://www.gateshead.gov.uk/Council%20and%20Democracy/consultation/Budget/BudgetConsultation.aspx>
16. The Council welcomes views on these draft proposals. The public consultation will run from 3rd November 2015 through to 30th December 2015.

NHS Funding Gap and Newcastle Gateshead CCG Funding Position

17. The NHS Five Year Forward View, which was published in October 2014, predicted a £30bn funding gap would emerge in the NHS by 2020/21. One scenario based on securing productivity improvements of 2-3% a year estimated that £22bn could be saved, leaving an £8bn funding requirement. Newcastle Gateshead CCG's capitation share of the £22bn productivity requirement is £193m.
18. Newcastle Gateshead CCG's funding position (2015/16) shows an actual baseline allocation of £664.6m against a target allocation of £640.7m. This means that the CCG's actual allocation is £23.9m greater than its target allocation i.e. 3.73% over target. Minimal growth is expected in the allocations for over-target CCGs such as Newcastle Gateshead CCG, which are expected to be announced on 21st December. At least three year firm allocations and two year indicative allocations are anticipated through to 2020/21.

Pressures on NHS Commissioning Budgets and NHS Response

19. Pressures on NHS commissioning budgets include:

Prescribing Costs: Newcastle Gateshead CCG experienced an 11.6% growth in high cost drugs from 2014/15 to 2015/16.

Changes to Commissioning Responsibilities: e.g. specialised commissioning transfers.

Tariff Changes: including tariff efficiency and uplift.

Continuing Healthcare: the cost growth between 2014/15 and 2015/16 is around 8%.

Acute Pressures: e.g. National Institute for Health & Care Excellence (NICE) guidelines relating to cancer treatment, increased endoscopies etc.

20. The NHS response to addressing the funding gap includes initiatives such as the Vanguard Programmes (Gateshead Care Homes Vanguard and Regional Urgent Care Vanguard), Better Care Fund schemes and new models of care including work towards more integrated care.

Autumn Statement & Spending Review 2015

21. The Chancellor of the Exchequer presented a joint Autumn Statement and Spending Review 2015 to Parliament on 25 November 2015. It has significant implications for the Council and its partners, residents, businesses and local communities.
22. In relation to health and adult social care, announcements made include:
- The NHS will receive £10 billion more in real terms by 2020-21 than in 2014-15, with £6 billion available by the first year of the Spending Review so that the government funds the NHS's own Five Year Forward View.
 - There will be an additional £600 million investment in mental health services. NHS England's Mental Health Taskforce will report in early 2016 and the government will work with them to set out plans for perinatal mental health and coverage of crisis care.
 - The ring-fence on public health spending will be maintained in 2016-17 and 2017-18.
 - A social care precept may be introduced by local authorities who are responsible for social care. The precept will work by giving local authorities the flexibility to raise council tax in their area by up to 2% above the existing threshold for spend on adult social care. This is intended to raise £2 billion a year by 2019-20.
 - Increase in the Better Care Fund, rising to an extra £1.5 billion by 2019-20.
 - £500 million by 2019-20 for the Disabled Facilities Grant.
23. Other announcement include:
- Changes to tax credit taper rates and thresholds announced in the July Budget will not go ahead. The introduction of universal credit will phase out working tax credits as planned. The income rise disregard for tax credits will decrease from £5,000 to £2,500 as announced in the July Budget
 - Housing benefit will be capped at the relevant local housing allowance rate – for new tenancies only.
 - Protection for the core schools budget in real terms, enabling the per pupil rate for the Dedicated Schools Grant to be protected in cash terms, including £390 million of additional funding given to the least fairly funded areas in 2015-16. The pupil premium will also be protected at current rates.
 - Introduction of a national funding formula for schools and early years. A detailed consultation will be launched in 2016 and the new formula will be

implemented from 2017-18. There will be a transitional period to help smooth the implementation of the new formula.

- Investment of £23 billion in school buildings.
- The government will maintain current levels of funding for community integration programmes.

24. The Department for Communities and Local Government will shortly consult on changes to the local government finance system to pave the way for the implementation of 100% business rate retention by the end of the Parliament. As part of these reforms, the main local government grant will be phased out and additional responsibilities devolved to local authorities. The government will consult on these and other additional responsibilities in 2016.

Proposal

25. It is proposed that the Health and Wellbeing Board considers the Council's budget proposals for the period 2016-2018 and the budgetary position of the NHS.

Recommendations

26. The Health and Wellbeing Board is asked to:
- (i) note the background and context to the budgetary position of the Council and NHS set out in this report.
 - (ii) consider the content of the presentations to be given on this item.

Contact: John Costello (4332065)

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Council Budget Proposals 2016 - 2018

Overview

Since 2010:

- Over £110 million in savings.
- £300 per person less to spend.
- Over 2,000 fewer people work for the organisation.
- Estimated funding gap of £50.6 million over the next 2 years.
- Increasing population and growing number of vulnerable residents requiring complex health and social care support.
- New Council Plan 2015-2020 – focus on working with partners and others to deliver positive outcomes for people of Gateshead.

PEOPLE at the heart of everything we do

VISION 2030 - our shared **ambition** for Gateshead

"Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead."

COUNCIL PLAN 2015-20 - our **role** in realising the vision

Prosperous Gateshead - a thriving economy **for all**

Live Love Gateshead - a sense of pride and ownership **by all**

Live Well Gateshead - a healthy, inclusive and nurturing place **for all**

STRATEGY - our overall **approach**

Maximise growth - through jobs, investment and income generation

Reduce costs - managing demand, increasing efficiency

Increase collective responsibility - encouraging everyone to play a more active role

POLICY - our **framework** to take us in the right direction

Increasing community, individual and Council resilience

Promoting early help and intervention

Targeting with our partners the people and areas where we can make the most difference

Working differently

VALUES - our guiding **principles** that sum up our approach. We will

Work with **Integrity**

Be **Inclusive**

Be **Inspirational**

SHARED RESPONSIBILITY

Everyone working together to support our vision to make Gateshead a great place to live, work, invest and visit.

Council Budget Approach 2016-2018

- Focus on shared outcomes of Council Plan.
- Two year budget proposals within five year Medium Term Financial Strategy.
- Our approach:
 - Maximising growth
 - Reducing costs
 - Increasing collective responsibility

Council Budget Context

- Increasing demand/expectations.
- Significant policy/statutory changes e.g. Care Act 2014.
- Autumn Statement & Spending Review 2015 – social care precept (raise Council Tax by up to 2%), increase in BCF, ring-fence on public health spending (2016-18) etc.

Budget Consultation

66 Proposals being consulted upon.

Proposals themed under the following groupings:

- Adult Social Care*
- Children's Services*
- Communities and Volunteers
- Economic Growth
- Environment
- Public Health*
- Governance and Resources
- Efficiency and Effectiveness

Adult Social Care

The Council has a role in supporting adults and their carers, keeping people healthy, safe, equal and feeling good about living in Gateshead, this includes our most vulnerable adults.

We aim to meet the needs of our residents in the most efficient way and keep vulnerable people as independent as possible.

Adult Social Care

Draft proposals 2016 - 2018

- Recommission Independent Supported Living Schemes (Ref 1)
- Increase income to Care Call (Ref 2)
- Recommission Learning Disability Care Packages (Ref 3)
- Review of support for people to live independently (Ref 4)
- Reduce Domiciliary Care Packages by enhanced early intervention (Ref 5)
- Reduce Residential Care Admissions (Ref 6)
- Reduce Housing Adaptations work (Ref 7)
- Reprovide Extra Care Schemes (Ref 8)
- Recommission Day Services (Ref 9)
- Revise demand management model for Adult Social Care (Ref 10)

Children's Services

The Council has a role in supporting children and young people in Gateshead to be safe from neglect and harm, receive the best possible education, get the right support when they need it, achieve their full potential and be as independent as possible when they become adults, and support parents to create loving, stable and supporting families.

Children's Services

Draft proposals 2016 - 2018

- Increase use of technology to improve efficiencies within children's social work (Ref 11)
- Recommission of Contact Service and review of administrative support (Ref 12)
- Review our approach to Adoption Services and consolidation of marketing activities between adoption and fostering (Ref 13)
- Recommission Looked After Children's Residential Placements and closure of in-house provision (Ref 14)
- Reprovide respite care for disabled children (Ref 15)
- Reshape and revise our approach to Home to School Transport (Ref 16)
- Learning Skills Review (Ref 17)
- Increase School Improvement service income and efficiencies (Ref 18)
- Reconfigure Children and Families Service (Ref 19)
- Reconfigure Early Help Services (Ref 20)

Public Health

In Gateshead we want residents to live longer and have healthier lives by:

- reducing health inequalities;
- focusing on prevention and high quality treatment;
- enabling communities to improve their own health and wellbeing.

The Health and Social Care Act 2012 extended the Council's role in protecting and improving health and providing public health services for Gateshead.

Public Health

- Reduce elements of the Drug and Alcohol programme (Ref 43)
- Stop funding provision for Balance It Programme - Children's weight management programme (Ref 44)
- Withdraw funding contribution to Gateshead NHS Trust – Breastfeeding Nurse post (Ref 45)
- Move to a charging approach with schools for the Healthy Schools Programme (Ref 46)
- Withdraw funding for the Labruit Healthy Living Centre (Ref 47)
- Reduce funding for the Live Well Gateshead programme (Ref 48)
- Reduce funding for NHS Health Checks (Ref 49)

Public Health (continued)

- Withdraw funding to NHS Trust for Public Health Midwife post (Ref 50)
- Efficiencies in the Public Health Function (Ref 51)
- Reduce access to stop smoking services (Ref 52)
- Withdraw funding for the Whoops! Child Safety Project (Ref 53)
- Remodel 0-5 (Early Years) and 5-19 Children's Public Health Services (Ref 54)
- Reduce sexual health funding – MESMAC and Emergency Hormonal Contraception (Ref 55)

Consultation

Consultation is ongoing with:

- Public
- Partners and stakeholders
- Councillors
- Employees
- Trade Unions

Summary

- Council is facing unprecedented financial challenges and the pace of change is increasing.
- We have delivered much since 2010 and will need to continue to work together to meet the challenges ahead.
- There is uncertainty, but we will be open and honest with the public and our partners.
- We have a clear plan and need to focus on delivery over the next 5 years.

Information and Timetable

Information

- Full details of budget are available on website www.gateshead.gov.uk/budget (link provided within covering report to HWB).
- Email comments to:
BudgetConsultation@gateshead.gov.uk
- Different formats available – contact Jane Bench on 4332058.

Timeline

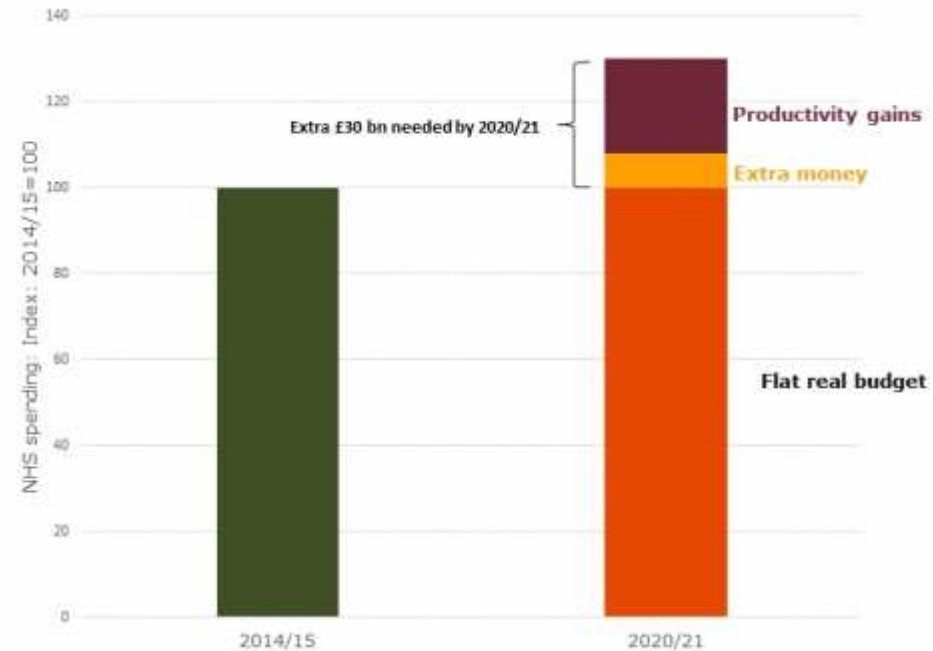
- Public consultation:
3 November to 30 December 2015
- Cabinet / Council budget setting
23 and 25 February 2016

NHS Budget Position

NHS Funding Gap

The NHS Five Year Forward View, published in Oct 2014, predicted a £30bn funding gap would emerge in the NHS by 20/21.

- One scenario based on productivity improvements of 2-3 per cent a year estimated that £22bn could be saved.
- Remaining £8bn funding requirement.
- Newcastle Gateshead CCG capitation share of the £22bn productivity requirement is £193m



Newcastle Gateshead CCG

Funding Position 2015/16 – Programme Budget

	£m
Actual Baseline Allocation	664.6
Target Allocation	640.7
Distance from Target	<u>23.9</u>
% Over target	3.73%

- NHSE Committed to bringing all CCGs to within 5% of their target
- Minimal growth expected for any over-target CCGs



Newcastle Gateshead CCG Funding Position for Future Years – Programme Budget

- Comprehensive Spending Review announcement 25th November
- Five year settlement anticipated from spending review
- CCG Allocations expected to be published 21st December
- At least 3 year firm allocations and 2 year indicative allocations anticipated through to 2020/21.



Newcastle Gateshead CCG

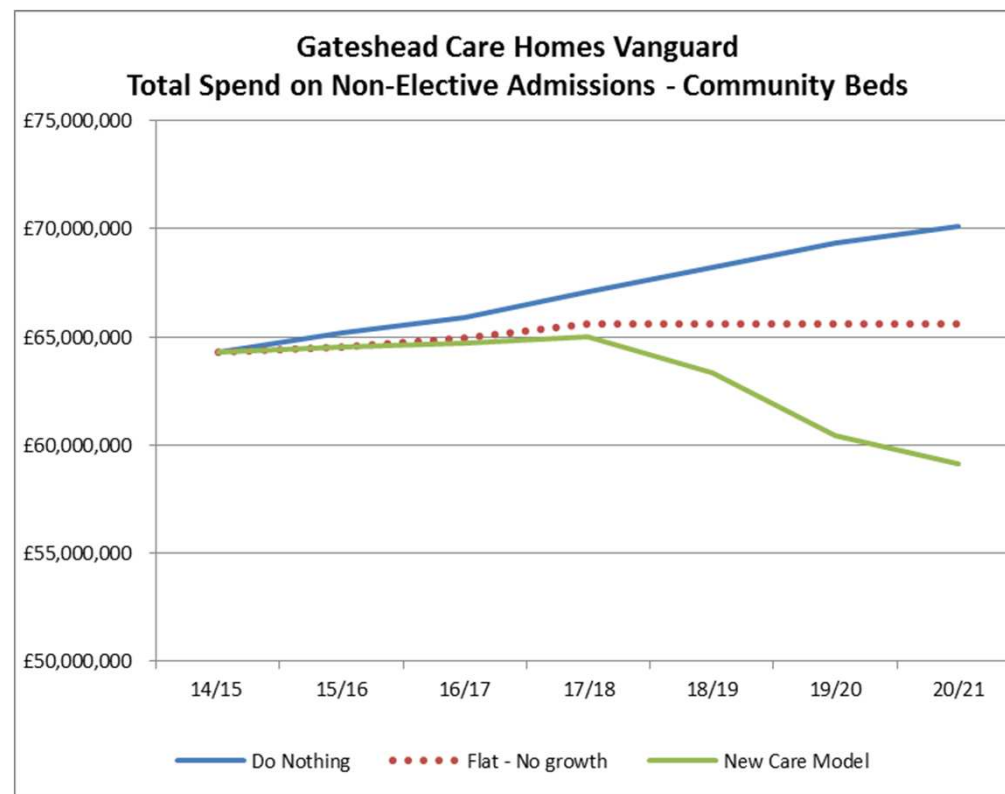
Pressures on Commissioning Budgets

- Prescribing Costs
 - Newcastle Gateshead CCG experienced an 11.6% growth in High Cost Drugs from 14/15 to 15/16
 - Category M Drugs likely to drive costs up further in GP Prescribing
- Changes to Commissioning Responsibilities
 - E.g. Specialised Commissioning Transfers
- Tariff Changes
 - HRG4+
 - Tariff Efficiency and uplift
- Continuing Healthcare
 - Cost growth between 14/15 and 15/16 circa 8%
- Acute Pressures
 - NICE guidelines re Cancer, increased endoscopies



NHS response to funding gap

- Vanguard programmes
 - Gateshead Care Homes Vanguard
 - Regional Urgent Care Vanguard
- Better Care Fund
- New Models of Care
- Integrated Care



Questions?



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HEALTH AND WELLBEING BOARD 4 December 2015

TITLE OF REPORT: Health & Wellbeing Strategy Refresh – Scoping Report

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on a scoping report to refresh Gateshead's Health & Wellbeing Strategy for the Board.

Background

2. Health & Wellbeing Boards were established as statutory boards from 1st April 2013 as part of a range of health reforms introduced at that time. They were identified by the Department of Health as having a key role to play to modernise the NHS to:
 - ensure stronger democratic legitimacy and involvement
 - strengthen working relationships between health and social care, and
 - encourage the development of more integrated commissioning of services
3. HWBs were required to develop local Health and Wellbeing Strategies to address the health and wellbeing needs of local people and to steer the work of the Board. Gateshead developed its strategy 'Active, Healthy & Well Gateshead' for the period 2013/14 to 2015/16 which was agreed by the Board on 8 February 2013 (attached at Appendix 2).
4. The Gateshead Health & Wellbeing Strategy sought to build upon the foundations of partnership working already in place and identified a small number of key system improvement priorities and thematic priorities linked to our health and wellbeing agenda:

System Improvement Priorities:

- Secure joined-up, person centred services across health and social care – address 'service fragmentation'.
- Make the most of available resources to secure better, higher quality services – shift more investment from expensive hospital care towards prevention, early intervention and community provision.
- Strengthen engagement and build capacity within communities, especially those with the poorest health. Make the most of community assets.

- Make the most of new working opportunities, including those across new geographies.
- Make the most of 'place shaping' opportunities to promote active and healthy lifestyles.

Thematic Priorities:

- Ensure children have the best start in life and lead active, happy and healthy lives.
 - Tackle the major causes of ill health and early death, ensuring a focus on prevention and high quality treatment.
 - Promote choice and empower local people to have more control over their health and social care and remain independent for as long as possible.
 - Improve mental health and wellbeing for all members of our community.
5. In addressing these priorities, the Board recognised that it would need to consider how it can best steer and join up existing and future work underpinned by a robust assessment of needs. An annual Forward Plan was developed to help shape the work of the Board and, more recently, a performance management section to the Board's agenda in order to regularly consider progress against key health and wellbeing indicators.

Refresh of our Health & Wellbeing Strategy

6. It is now timely to refresh our health and wellbeing strategy for Gateshead. Whilst the key health and wellbeing challenges which underpinned our existing strategy are still relevant today, the context in which we address those challenges has changed – organisational changes, changes to functional responsibilities, national policy context – as well as continuing financial pressures facing the local health and care economy as a whole.
7. The attached scoping report identifies points that will need to be considered in shaping our approach to the refresh of our health and wellbeing strategy.

Proposals and Next Steps

8. The Board is asked to consider the scope of the strategy refresh set out in appendix 1 attached.
9. It is proposed that further work is then undertaken to translate the scoping paper into a framework document and to identify a draft timeline for its development.

Recommendations

10. The Health and Wellbeing Board is asked to:

- (i) consider the scope for the refresh of Gateshead's Health & Wellbeing Strategy set out in appendix 1 of this report.
- (ii) agree to the next steps set out in paragraph 9 above.

Contact: John Costello (4332065)

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Gateshead Health & Wellbeing Strategy Refresh – Scope

Overarching Issues

We need to take a view on/confirm the following:

- The Strategy should continue to have a dual aim of improving the health and wellbeing of local residents and to reduce the health inequality gap across Gateshead.
- The Strategy should continue to have a dual focus on System Priorities linked to the health and wellbeing transformation agenda and Thematic Priorities linked to health and wellbeing needs. Clearly, System and Thematic Priorities are linked and support one another and underpin integrated working.
- Strategy priorities should reflect the health needs of Gateshead people based on hard and soft intelligence from the JSNA and other needs assessments.
- The JSNA refresh indicates that the key health and wellbeing challenges for Gateshead have not changed significantly and therefore they still need to be the cornerstone of the strategy's Thematic Priorities.
- Do we incorporate a Health Inequalities Framework within the strategy refresh or refer to its development but keep separate?
- How should the place shaping agenda and wider determinants of health be reflected within the strategy?
- How should the 'achieving more together' agenda to increase community resilience and capacity within communities be reflected within the strategy.
- The extent of engagement required in refreshing the strategy, having regard to engagement activity already undertaken in relation to the JSNA, Vision 2030 refresh, Council Plan, key strategy documents of partner organisations (such as the CCG led 5 Year Strategic Plan).
- Confirm arrangements for stakeholder engagement - how do partner organisations wish to input to the refresh of the strategy?
- Agree key milestones to steer the refresh of the Strategy,

Gateshead Profile

Gateshead profile information to be updated, reflecting latest population projections, health profile data, life expectancy gap etc.

Vision

Confirm Vision, with reference to refreshed Vision 2030 Big Idea (Active & Healthy Gateshead), revised Council Plan 2015-2020, updated CCG and other partner vision statements.

Vision 2030 Refresh – Active & Healthy Big Idea:

Although Vision 2030 has been refreshed, the core vision remains the same -

‘Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead’

The Active and Healthy Gateshead big idea wants to ‘Create healthy communities by providing the support to encourage people to improve their health and lifestyle.’

Council Plan 2015-2020

The revised Council Plan has identified a number of ‘shared outcomes’ that will shape the focus of its work over the next 5 years to have the most impact and address inequalities. They include:

- A place where children have the best start in life
- A place where older people are independent and are able to make a valuable contribution to the community
- A place where people choose to lead healthy lifestyles, with more and more people across Gateshead living longer and without life-limiting illnesses
- A place where those who need help have access to appropriate joined up services that make a difference to the quality of their life

CCG 5 Year Strategic Plan:

The CCG’s vision for the Gateshead is ‘An affordable, locality-based, wider care system that delivers responsive, needs-based, personalised and empowering care’.

The vision will support key actions aimed at tackling health inequalities within Gateshead. The outcome ambitions identified for patients and the public are:

- The population of Newcastle and Gateshead will be healthier and live longer.
- Patients with a long term condition will benefit from a coordinated approach to their care allowing them to fulfil their potential.
- Delivery of care will be provided as close as possible to the patient’s home.
- Integrated teams will support older people through the provision of coordinated care to maximise the opportunity for people to remain in their own home.
- High quality, effective and efficient hospital care will be provided for those people requiring a secondary care intervention.
- High quality, effective and efficient primary and community care will be provided to our patients and the public in the community.
- We will reduce the number of avoidable deaths by for example eradicating hospital acquired infection and medication errors.

Changing Context

A section is needed on the changing context of our health and wellbeing agenda – this will provide an opportunity to highlight/signal new issues that will need to be picked up as part of the refresh (or issues to be strengthened/given greater focus) as well as recognising continuing trends – e.g. financial pressures on the system etc.

Refer to:

- organisational developments since the Strategy was approved by the HWB in February 2013 – transfer and integration of public health within the Council and current re-modelling work within care, wellbeing and learning; Newcastle Gateshead CCG merger and joint commissioning responsibility for primary

- care (GP Services), NHS England local boundary changes, Healthwatch Gateshead development, VCS landscape etc.
- changing policy context - national and local (NHS Forward View, Care Act, BCF, Vanguard, PM's Challenge etc.).
- local service developments – Livewell Gateshead, Mental Health 'Deciding Together', Community Services Review, Urgent Care, Primary Care etc.
- NECA devolution agenda including proposed health and social care commission for integration.
- changes to HWB membership which have been introduced to include provider representation on the Board.

Needs Analysis

The existing Strategy pulled out intelligence from the JSNA under the sections on individual strategic priorities. These references will need to be updated.

It may also be useful to include a stand-alone section on Needs Analysis/JSNA after the Gateshead profile section that draws out the key health and wellbeing needs and challenges of local people. This section could also reference work being undertaken to develop the intelligence encompassed by the JSNA and to develop JSNA working arrangements/engagement (inc. the JSNA website to make it more user friendly).

System Improvement Priorities (Working Better Together)

Confirm the continued relevance of the 4 existing system improvement priorities:

- Secure joined-up, person centred services across health and social care – address 'service fragmentation'.
- Make the most of available resources to secure better, higher quality services – shift more investment from expensive hospital care towards prevention, early intervention and community provision.
- Strengthen engagement and build capacity within communities, especially those with the poorest health. Make the most of community assets.
- Make the most of new working opportunities, including those across new geographies.
- Make the most of 'place shaping' opportunities to promote active and healthy lifestyles.

Consider adjustments to the focus of our system improvement priorities and the next steps e.g.

System Improvement Priority – 'Secure joined-up, person centred services across health and social care – address 'service fragmentation'.

Consideration to be given to the next steps around integrated commissioning of health and social care and whole-system working.

System Improvement Priority – Make the most of available resources to secure better, higher quality services – shift more investment from expensive hospital care towards prevention, early intervention and community provision.

The next steps to be identified in the light of such initiatives as the BCF, Vanguard and new ways of working. We may also wish to develop this priority further to incorporate 'social value' commitments, building upon the requirements of the Social Value Act 2012.

System Improvement Priority – ‘Strengthen engagement and build capacity within communities, especially those with the poorest health. Make the most of community assets.’

This is currently being addressed through the 'achieving more together' agenda to increase resilience within communities and people's capacity to 'self-help' and will need to be reflected here.

System Improvement Priority – ‘Make the most of new working opportunities, including those across new geographies’.

This can be developed further in the context of the North East Combined Authority agenda on the one hand and the scope for closer working on more local footprints on the other e.g. Gateshead Newcastle.

System Improvement Priority – ‘Make the most of ‘place shaping’ opportunities to promote active and healthy lifestyles’.

This could be extended to more fully reflect the wider determinants of health and the cumulative impact of an integrated approach to place shaping. This also links to the NECA devolution agenda.

Thematic Priorities

Confirm the continued relevance of the 4 existing thematic priorities:

- Ensure children have the best start in life and lead active, happy and healthy lives.
- Tackle the major causes of ill health and early death, ensuring a focus on prevention and high quality treatment.
- Promote choice and empower local people to have more control over their health and social care and remain independent for as long as possible.
- Improve mental health and wellbeing for all members of our community.

Consider adjustments to the focus of the thematic priorities and the next steps e.g.

Thematic Priority – Ensure children have the best start in life and lead active, happy and healthy lives.

This will need to reflect such developments as the transfer of public health commissioning responsibilities to the Council for children 0 to 5, the next steps in taking this work forward and in developing our 0 to 19 framework.

Thematic Priority – Tackle the major causes of ill health and early death, ensuring a focus on prevention and high quality treatment.

The homeless health agenda has been considered by the HWB during the current year and work in ongoing to add to existing intelligence regarding the health and wellbeing needs of homeless people. This will need to be reflected more explicitly within the refreshed strategy document.

Thematic Priority – Promote choice and empower local people to have more control over their health and social care and remain independent for as long as possible.

This will need to reflect responsibilities arising from the Care Act 2014. The opportunity can also be taken to expand/strengthen this thematic priority around the self-help agenda. This links to the financial pressures experienced across the local health and care economy and the need to support local people to self-care where appropriate. It also links to the system improvement priority around building capacity within communities, especially those with the poorest health.

Thematic Priority – Improve mental health and wellbeing for all members of our community

The cumulative impact of the financial climate in recent years, welfare reforms introduced etc. continues to impact upon the wellbeing of local people, linking to the wider determinants of health. At the same time the mental health review 'Deciding Together' will shape the mental health service offer for Gateshead residents and how services are accessed. Considerations such as these will need to feed through to the refreshed strategy.

Action Plan

To be updated and revised to reflect the strategy's priorities. Any gaps to be identified and addressed.

Monitoring Arrangements

Consider the arrangements for monitoring progress against the strategy and, in particular, against a basket of key outcome measures. This will need to be aligned with the reporting arrangements for strategic indicators included in the performance management update to the HWB.

JC

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**‘Active, Healthy and Well
Gateshead’**

**A Health & Wellbeing Strategy for Gateshead
(2013/14 to 2015/16)**

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Foreword

I'm pleased to introduce you to our Health and Wellbeing Strategy: 'Active, Healthy and Well Gateshead', which sets out our aspirations and priorities to improve the health and wellbeing of all communities across Gateshead.

We are in a period of much change, both nationally and locally. We're seeing significant changes in the way services are organised and delivered. At the same time, we need to ensure we get the most from our limited resources in a context of new and increasing financial pressures.

Against this background, we need to redouble our efforts to address new and existing health and wellbeing challenges. We also need to reduce the unacceptable gap in healthy life expectancy within our own communities and between Gateshead and the rest of the country. Only in this way can we deliver our vision for Gateshead, set out in 'Vision2030'.

Our priorities have been shaped by what the evidence is telling us about the health challenges we face in Gateshead. We're having an ongoing conversation with local groups and communities about how we can take these priorities forward so that we can work together to improve the health and wellbeing of local people.

We know that the agenda we've set ourselves is not an easy one, but it's an agenda we must address head-on if we are to make the step-changes needed to achieve our health and wellbeing aspirations.

We also know that there is much more we can do to 'work better together' so that local people get the right package of advice, support and services they need, when they need them, delivered in a joined-up way. We also need to help people to help themselves, to improve their own health and wellbeing and remain independent for as long as possible.

I have no doubt that we can build upon the fine tradition of working in partnership in Gateshead, to take on the agenda for change set out in our strategy document. I look forward to working with you, and colleagues on our Health and Wellbeing Board, to achieve our health and wellbeing aspirations for the people of Gateshead.



Councillor Mick Henry

Chair of Gateshead's Health & Wellbeing Board and
Leader of Gateshead Council

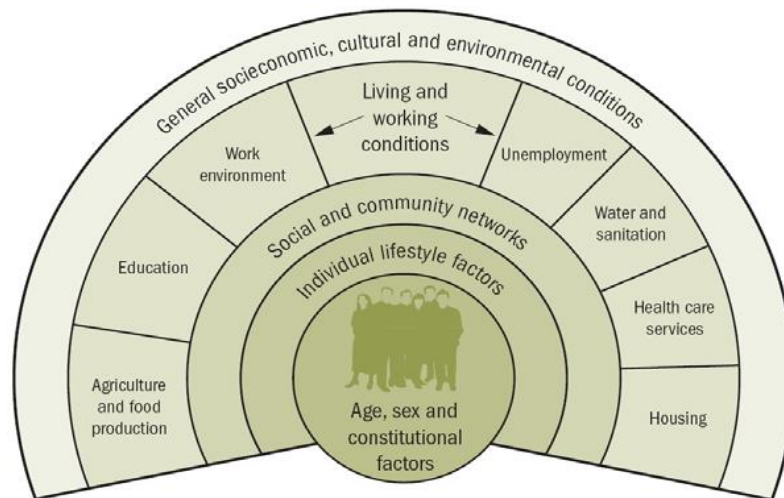
Health and Wellbeing – What is it and why does it matter?

We all have heard the old saying “Your health is your wealth”, which remains as true today as it ever did.

The word "**health**" comes from the old English word *hale*, meaning "wholeness, a being whole, sound or well." Although it has been defined and redefined many times over the years, it is clear that health is more than the ‘physical’ aspects of health - good body health from regular physical activity, good nutrition and lifestyle etc. Health is as much about our ‘emotional wellbeing’ - realising one’s potential, coping with the normal stresses of life, working productively and making a contribution to one’s community.

Together, ‘physical’ and ‘emotional health’ combine to provide a rounded view of health, as was intended by the original meaning of the word. It follows that health and wellbeing underpins every aspect of our lives, as individuals and in our relationships with one another.

Our health and wellbeing strategy ‘*Active, Healthy and Well*’ recognises this diversity of health and wellbeing and the factors which influence and underpin it. The following diagram illustrates the range of factors which determine good health, starting with the individual and moving outwards to include the wider influences of society – from people’s age and hereditary factors, to their social networks and position within society such as their income, employment, education and skills level, social class; their local environment such as housing conditions, crime levels, access to services; and their ability to have control over their life and to lead a life they value (i.e. the social or wider determinants of health).



Dahlgren G and Whitehead M 1992 Policies and Strategies to Promote Equity in Health

Health and Wellbeing in Gateshead – A Snapshot

Gateshead has a population of 200,300 which is forecast to increase by around 5% over the next 20 years. We have a higher proportion of older people in comparison with England as a whole. It is also predicted that the number of people aged 85 years and over will nearly double over the next 20 years.

While there have been improvements, far more people in Gateshead continue to suffer illness and early death than the national average. The life expectancy gap between England and Gateshead for men is 1.9 years and 1.7 years for women, although the trend over recent years is for life expectancy to be improving faster than the national average.

There are also big differences between different areas within Gateshead. Life expectancy is 8.9 years lower for men and 9.4 years lower for women in the poorest areas of Gateshead, compared to the most affluent areas. People who live in the more affluent areas of the borough can also expect to live much longer without getting a limiting, long term illness or disability than people from more deprived areas. In Gateshead, the difference in 'disability free life expectancy' for men is 14.8 years and for women it is 11.5 years. Worklessness, family poverty and deprivation play a major part in creating these inequalities in health outcomes, across the whole lifecourse from 'early life' to 'end of life'.

In Gateshead, people feel that they have poorer health and wellbeing than the rest of England, and are admitted to hospital more often. The major causes of premature deaths are cardiovascular disease and cancer, and these avoidable deaths are linked with lifestyle issues such as smoking, alcohol and obesity.

Gateshead has also seen significant increases in the number of older people most at risk of needing care and support e.g. people with dementia, people living alone, and those with long term illnesses. In recent years, the demand for social care services has increased which has placed extra demands on adult social care.

Gateshead has higher than England average proportions of families in low-rise social housing with high levels of benefit need.

In terms of overall deprivation, Gateshead is ranked 43rd out of 326 local authorities (where 1 is most deprived). It is particularly disadvantaged in relation to employment and also disadvantaged in relation to income and education, skills and training. Higher than average proportions of children are living in poverty or in low income families.

The current economic climate and welfare reforms have the potential to result in worsening health for our population. It is all the more important therefore that we

have clear aspirations for the health and wellbeing of local people and how we are going to deliver them by working with local communities and our partners. For more information on Gateshead's health profile, use the following link:

http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50316

Our Vision for Health and Wellbeing

Gateshead's Vision 2030 sets out an ambitious and aspirational vision, that:

"Local people will realise their full potential and enjoy the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead."

Much of the success of the council and local partners in recent years has been rooted in a clear sense of the importance of people and place to regenerate the borough, to attract investment and to ensure local people and local businesses are well placed to make the most of those opportunities.

Our vision is underpinned by our aspirations for an active and healthy Gateshead:

- Gateshead residents are amongst those with the longest, happiest and healthiest lives in England
- Gateshead is recognised as a healthy and happy community in which to live
- All people across Gateshead have the opportunity to make positive lifestyle choices to improve their physical and mental health and wellbeing
- All residents have a positive attitude to physical activity and incorporate it into their daily lives
- Vulnerable and older residents lead fulfilling lives with support of their choice
- The unacceptable health and inequality gaps across the Borough and with England have been eradicated, particularly in relation to life expectancy

Our Health and Wellbeing Strategy - 'Active, Healthy and Well Gateshead'

Our Health and Wellbeing Strategy 'Active, Healthy and Well Gateshead' sets out a route map on how we can work towards our ambitious vision for health and wellbeing based on evidence of local needs and evidence of what works.

Our Strategy has been informed by a wide range of information on local needs brought together by the Gateshead Strategic Needs Assessment (which incorporates our Joint Strategic Needs Assessment). This information was also used as a basis for engagement with partners and local communities on our emerging priorities.

Our Strategy sets out our response to the key health and wellbeing challenges facing present and future generations and what success would look like - where we need to be in 2, 5 and 10 years time in addressing these challenges.

Our Strategy recognises the financial constraints faced by the public sector as a whole as well as the potential impact of the Government's welfare reform measures on peoples' health and wellbeing. Against this backdrop, it sets out our priorities to transform the way we work together and allocate available resources to achieve our goals.

Our Strategy recognises the importance of the 'wider determinants' of health, both in securing the sustained health improvement of local people and addressing health inequality gaps within and between Gateshead communities. It recognises that there is a strong association between worklessness and poor health – leading to higher mortality rates, poorer general health and mental health. This means looking at how we live, how we can build active and healthy lifestyles into our lives, how we can make the most of peoples skills, community assets and diversity, and how we can help people to improve their life chances by learning new skills and securing employment to ensure a prosperous, attractive, healthy and safe Gateshead for all to enjoy.

Our Health and Wellbeing Board for Gateshead

The NHS is changing significantly from 1st April 2013 as GPs take on a bigger role in deciding how health services are provided locally. Gateshead Council will also have a bigger role to play through its new public health responsibilities. Healthwatch Gateshead, the new local consumer champion for health and social care, will have a key role to play in ensuring the views of local people are heard and inform decision making.

Each of these organisations will also have a joint leadership role to drive forward the health and wellbeing agenda through their membership of the Gateshead Health and Wellbeing Board. As part of the Government's health reforms, local areas are required to establish Health and Wellbeing Boards to lead on the health and wellbeing agenda locally. Gateshead was an 'early implementer' and established a shadow Health and Wellbeing Board in October 2011, building upon its successful track record of partnership working with local NHS and partner organisations. From the 1st April, 2013, the Board formally became a committee of the Council.

A Health and Wellbeing Board for Gateshead provides an important new opportunity to consider public health, health care and social care services in the

round (i.e. as a 'whole system') and how they link to the wider determinants of health.

The Board will work collectively to:

- Transform health, social care and wellbeing outcomes for the better;
- Significantly reduce health inequalities;
- Enable people and communities to improve their own health and wellbeing and to influence the delivery of services;
- Provide greater accountability to local people.

A 'Who's Who' on Gateshead's Health & Wellbeing Board is included with the supporting information section at the end of this document.

Our Health and Wellbeing Priorities – Overview

In working towards our ambitious aspirations for the health and wellbeing of local people in Gateshead, the Health and Wellbeing Board has developed:

- a set of '**working better together**' (**system improvement**) **priorities** that focus on changing the way we work together, the way we organise and deliver various activities and services that will support better health and wellbeing.
- a set of '**thematic priorities**' to help focus action on particular health and wellbeing topics, which our evidence base tells us will secure the biggest health improvements for the people of Gateshead and reduce health inequalities. As the factors which influence health are very much interrelated, our key themes are cross-cutting and span the life course of the individual, from early life to end of life.

Working Better Together – Our ‘System Improvement’ Priorities

The Gateshead health and social care system is undergoing significant change arising from the health reforms and the overall policy direction of Government. This presents both challenges and opportunities. We need to recognise these so that we are well placed to respond to the challenges and make the most of opportunities to tailor the new system to help us achieve our health and wellbeing priorities for local people.

We also need to recognise the external pressures on the ‘system’ as a whole, not least the financial constraints on health and social care which will impact on how we do business, how we make the most of available resources (whether financial, human or technological) and ultimately, how we can work together to enhance the health and wellbeing of our communities.

The NHS Institute for Innovation and Improvement worked with our shadow Health & Wellbeing Board to help us identify the key issues to be addressed across Gateshead. The key system improvement priorities which have been identified are:

- **Secure joined-up, person centred services across health and social care – address ‘service fragmentation’.**
- **Make the most of available resources to secure better, higher quality services – shift more investment from expensive hospital care towards prevention, early intervention and community provision.**
- **Strengthen engagement and build capacity within communities, especially those with the poorest health. Make the most of community assets.**
- **Make the most of new working opportunities, including those across new geographies.**
- **Make the most of ‘place shaping’ opportunities to promote active and healthy lifestyles.**

Working Better Together:

Secure joined-up, person centred services across health and social care – address ‘service fragmentation’.

Why is this a priority?

We want the focus of services to be on the individual across the life course (from ‘early life’ to ‘end of life’) so that peoples needs can be met in a joined-up and seamless way throughout their lives i.e. care that is not restricted by either organisational or professional boundaries. This will require local agencies and professionals working together ever more closely.

The health reforms will see significant changes in the way services are commissioned and delivered. We need to ensure that we use opportunities presented by the changes to address service fragmentation across health and social care and avoid duplication. Fragmented services do not make the most of clinical and professional resources and can lead to unscheduled care instead of proactive planned care. This, in turn, impacts on the quality and value of care provided and ultimately, on patient outcomes and experience.

Working towards integrated commissioning and integrated provision of services will be the focal point of our approach. We will align service delivery arrangements into an integrated model that provides excellence across the whole system, especially at the interfaces between services and the transition of care. A culture shift is also required to embed an ethos of collaborative working across organisations and workforces.

Focus for action (2013 – 16):

- Develop a route map for integrated commissioning of health and social care - from alignment of commissioning intentions to working towards a single integrated commissioning plan.
- Work towards an integrated commissioning model across health and social care (adults and children). Share learning from the integrated commissioning pilots around services to children (0 to 5) and older people with long term conditions.
- Address fragmentation around the way services are delivered across agencies so that they respond to the needs of the individual in a holistic way – secure integrated provision of services shaped by our commissioning intentions/plans.

- As part of this, develop a locality model for the delivery of services – identify appropriate population level(s) to deliver services and match with service provision arrangements.
- Secure the necessary culture shift required to support and embed collaborative working and service re-design.
- Ensure continuity of existing services as new working arrangements are implemented.

Working Better Together:

Make the most of available resources to secure better, higher quality services – shift more investment from expensive hospital care towards prevention, early intervention and community provision

Why is this a priority?

Currently, there are significant resource constraints upon health and social care, pressures that will continue in the future. We will need to work in new ways to get the most from available resources, while maintaining and improving service quality. It is not just our financial resources that need to be maximised, but our staffing, technological and other resources as well.

This will mean working together to reduce our reliance on acute services (hospital admissions and readmissions) and investing more in prevention, early intervention and community provision. In doing so, we will need to ensure that we sustain the viability of key local services and that local people have easy access to quality primary care and other services.

We will need a particular focus on urgent care where much of our hospital spend is focused on. We need to help services to work more effectively and efficiently in this setting and to link better with intermediate care, including reablement.

We also need to reduce unwarranted variations in the way services are delivered across primary and secondary care, whilst enabling individuals and communities to shape and tailor services to best meet their needs.

We need to lead by example and help employers in Gateshead to maintain and improve the health and wellbeing of their employees and become 'health improving' organisations. A happier, healthier workforce will also be more productive, more efficient and cost effective.

Ultimately, we need to change hearts and minds about how we use our resources. At a time when resources are limited, we need to focus on key common goals, in areas that will make the biggest difference - targeting our most vulnerable groups and specific areas of our community. This approach is central to tackling health inequalities, to closing the gap between our most advantaged and most disadvantaged communities.

We need to mitigate the impact of the current economic climate on those who are most disadvantaged and vulnerable. In particular, we need to mitigate the impact of the welfare reforms on these groups.

Focus for action (2013 – 16):

- Secure a greater shift in investment from acute services towards prevention, early intervention and community provision where appropriate.
- Ensure local people have easy access to quality primary care services.
- Review urgent care and links with intermediate care and reablement to secure better, higher quality services.
- Tackle unwarranted variations in service delivery (clinical and other variations) and seek to 'bring the worst up to the level of the best'.
- Ensure commissioning is evidence based and clinically led as appropriate.
- Develop 'health improving' organisations across Gateshead, including the Council itself, making the most of our human and financial resources and promoting a health improving culture amongst employees.
- Minimise the impact of social care and health funding pressures, as well as the current economic climate generally, on the health and wellbeing of our most vulnerable communities. As part of this, address the impact of the government's welfare reforms on these communities.

Working Better Together:

Strengthen engagement and build capacity within communities, especially those with the poorest health. Make the most of community assets.

Why is this a priority?

Gateshead has a strong sense of community where local people have a clear sense of belonging to their neighbourhood and want to live in a community with a sense of pride. We want our communities to be sustainable and cohesive – places where people share values and aspirations for the future and work together to achieve them, making the most of community assets.

In May 2012, Gateshead Strategic Partnership agreed the Gateshead Communities Together Strategy which sets out how partners will work together to ensure that local communities are engaged and empowered to be involved in decisions that affect their lives, where everyone feels valued and understood and share a sense of belonging.

The strategy identifies five key priority areas, each of which will shape how we work with local communities in taking forward our joint health and wellbeing agenda:

- *Community engagement and participation* – promoting positive and effective relationships, identifying issues that concern our diverse communities and responding appropriately, and ensuring hard to reach and other groups are not disadvantaged.
- *Community capacity building and making the most of community assets* – supporting the development of new skills within communities and the development of new and existing voluntary and community sector groups and social enterprises to help build community assets. Also, building community resilience to withstand the current economic climate, helping communities to make the most of their assets and to harness local resources and expertise to help themselves in an emergency (in ways which complement council and emergency service responses).

This will also support the ‘co-production’ of solutions (for example, design of services) by people who may use them alongside those who have traditionally provided or arranged them.

- *Information and communication* – ensure that local people have access to up-to-date information in suitable formats on activities, planned developments and support available within their communities.

- *Involving children, young people and schools* – encouraging the development of children’s and youth forums that provide a platform for all young people in Gateshead; promoting community cohesion, equality and diversity and citizenship in schools, out of school activities, youth and sports clubs and uniformed organisations.
- *Supporting positive community relationships* – supporting people within communities to live, work and learn together and to respect the diversity of communities within Gateshead.

Gateshead Council’s Volunteers Plan will support this work and, in particular, will link to community capacity building and making the most of peoples skills. It encompasses all volunteering activity across the borough and will provide strategic direction for work to build on current volunteering activity within areas and neighbourhoods, making the most of new opportunities. It will also focus on areas where volunteer activity is currently low and support work with communities to improve their health and wellbeing.

Gateshead Healthwatch will be the new consumer champion for both publicly funded health and social care. It will gather people’s views on, and experiences of, health and social care which will be used to influence those who commission and provide services for local people. This will enable commissioners to be more responsive to what matters to service users and the public, and to design services around their needs.

Through its membership of our health and wellbeing board, Gateshead Healthwatch will contribute to the preparation of our Joint Strategic Needs Assessment and Health and Wellbeing Strategy action plans on which local commissioning decisions will be based. This will help to hardwire public engagement into the strategic planning of health and care services.

Gateshead Healthwatch will also support individuals by providing information and advice about access to services (e.g. signposting) and promoting choice. This will help to empower and enable people to take more control of their own health, treatment and care, and understand and use the increased choices available to them.

Focus for action (2013 – 16):

- Continue to identify the issues that concern local people, particularly those with the poorest health, through an on-going conversation with local communities.
- Work in a collaborative and supportive way with local people and groups to develop ideas and solutions to address their health and wellbeing needs.
- Ensure local people have access to up-to-date information on activities and support available within their communities, including advocacy support.
- Build community resilience to withstand the current economic climate and help communities to make the most of their assets, resources and skills to help themselves.
- Through the Volunteers Plan, make the most of new opportunities to build on volunteering activity within areas and neighbourhoods across Gateshead and support communities in improving their health and wellbeing.
- Develop a communications and engagement plan for the Health & Wellbeing Board to help secure a more joined-up and cohesive approach to communications and engagement around our health and wellbeing agenda.

Working Better Together:

Make the most of new working opportunities, including those across new geographies

Why is this a priority?

The health reforms will see significant changes in the way health services are commissioned and organised. Clinical Commissioning Groups will become the main commissioners of health care, local authorities will take on new public health responsibilities and a new footprint will emerge for the Gateshead health system. We need to be well placed to make the most of opportunities arising from these changes to work across new geographies where appropriate to achieve our health and wellbeing priorities for local communities.

Social care is also seeing significant changes in the way services are commissioned and delivered through the impact of 'personalisation' (enabling people to tailor and to be more in control of the services they receive). There is also scope for a broader range of services to be delivered by a greater variety of organisations. We need to make sure that we build upon what works locally, develop and make the most of new relationships and new ways of working for the benefit of local people.

Focus for action (2013 – 16):

- Examine the scope for collaboration on a footprint beyond Gateshead (both north and south of the river) to deliver our priorities. Also, make the most of opportunities to collaborate at a regional level where appropriate e.g. to address health inequalities across the north east.
- Make the most of collaborative working opportunities to secure economies of scale and value for money e.g. around the support infrastructure to Gateshead's health and social care system (*this is linked to the priority on making the most of available resources*).
- Ensure peoples' needs can be met through a diversity of quality provision.
- Ensure maximum available choice for Gateshead residents when accessing health and social care, having regard to patient/service user flows and a move towards greater personalisation.

Working Better Together:

Make the most of 'Place Shaping' opportunities to promote active and healthy lifestyles

Why is this a priority?

'Place shaping' describes the ways in which local authorities and local partners can collectively use their influence, powers and creativity to create attractive, prosperous, healthy and safe communities – places where people want to live, work, enjoy leisure activities and do business.

Place shaping brings together a number of components that are central to sustainable and healthy communities:

- active, inclusive and safe – fair, tolerant, cohesive
- well run – effective and inclusive participation
- environmentally sensitive – caring for environment and resources
- well designed and built – quality environment
- well connected – good services, access and links
- thriving – flourishing and diverse economy and jobs
- well served – good public, private and voluntary services
- fair for everyone – just and equitable

It is clear that place shaping is central to delivering our vision and aspirations for Gateshead in the long term, in promoting active and healthy lifestyles, improving peoples life chances (including developing skills and employment opportunities) and securing sustainable health and wellbeing. It also lies at the heart of the approach we are taking to regenerate and develop our borough for the long term benefit of local people.

Our investment in place shaping aligns very closely with investment in prevention, as a key aspect of our approach is the creation of the necessary conditions to facilitate community wellbeing.

We need to make the most of opportunities to connect our place shaping and health and wellbeing agendas in everything we do. We need to join up the social elements of wellbeing (such as self esteem, social networks, mental health etc.) with the physical elements that promote active lifestyles and wellbeing (such as health enabling environments, sustainable transport, housing, employment and local amenities etc.).

Gateshead's Local Economic Assessment states that there is a need to tackle worklessness, improve skills levels of local people:

- There is a need to provide innovative approaches to help unemployed young people aged 18-24 to find suitable work and training opportunities.

- Promoting financial inclusion will improve economic wellbeing and will enhance life chances. Reducing illegal money lending, improving financial education and addressing issues such as child poverty will help create sustainable communities.
- Welfare reforms impact on people in work and out of work, affecting over half of Gateshead's households. This will reduce spend in the economy and impact widely on businesses.

Housing is a basic human need and good quality homes are essential to ensuring that local residents have good physical and mental health. The security of a warm, dry home, free from hazards and harrassment and with sufficient space is a positive contributor to health and wellbeing.

Our cultural and countryside offer to Gateshead residents **also** presents significant opportunities to join-up the social and physical infrastructure that supports health and wellbeing.

Focus for action (2013 – 16):

- Use the community leadership role of the Council and Health and Wellbeing Board to champion our 'place shaping for better health and wellbeing' agenda.
- Take forward opportunities arising from the Joint Gateshead and Newcastle 'One Core Strategy' and other planning and development initiatives to secure health enabling environments (*this also links to the priority on making the most of collaborative working opportunities*).
- Join-up work across partners which address the wider determinants of health, such as education and skills development, employment, economy, housing, transport, environment and amenities etc.
- Develop Gateshead's cultural and countryside offer and other assets in ways which support our health and wellbeing aspirations for local people.
- Develop our approach to Health Impact Assessment as a tool to inform our local planning framework and decision making.

Our Thematic Priorities – Securing the Biggest Health and Wellbeing Improvements for the People of Gateshead and Reducing Health Inequalities

In order to give focus to our work to address the key health and wellbeing needs of local people across the life course (from early life to end of life), we have identified the following thematic priorities:

- **Ensure children have the best start in life and lead active, happy and healthy lives.**
- **Tackle the major causes of ill health and early death, ensuring a focus on prevention and high quality treatment.**
- **Promote choice and empower local people to have more control over their health and social care and remain independent for as long as possible.**
- **Improve mental health and wellbeing for all members of our community.**

We believe they will secure the greatest health and wellbeing improvements for the people of Gateshead.

For each thematic priority, we have described why it is a priority, drawing on evidence of peoples needs. We have then set out the key outcomes we are seeking to achieve and how we will measure progress. Finally, we have identified the main focus of action for the period 2013-16.

Overarching Outcomes

There are two overarching outcomes which underpin our ‘Active, Healthy and Well Gateshead’ strategy as they cut across all our priority areas and draw on our vision for Gateshead. They are:

1. Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life. (Public Health Outcomes Framework 0.1)
2. Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities). (PHOF 0.2)

Priority - Ensure children have the best start in life and lead active, happy and healthy lives

Why is this a priority?

The Marmot Review into health inequalities (*'Fair Society, Healthy Lives'*) identified 'Giving every child the best start in life' as its most important recommendation.

Gateshead Children's Trust has as its aspiration "all children and young people are empowered and supported to develop to their full potential and have the life skills and opportunities to play an active part in society." This aspiration is supported by strategic objectives around safeguarding children and young people, supporting families and vulnerable children and young people, tackling poverty, starting and staying healthy and safe, and giving all children and young people the best chance of success, as outlined within our 'Children Gateshead Plan'.

What our children experience during their early years lays down a foundation for the whole of their lives. A child's physical, social, and cognitive development during their early years strongly influences their school-readiness and educational attainment, economic participation, lifestyle and health. Development begins before birth when the health of a baby is crucially affected by the health and wellbeing of their mother. Low birth weight in particular, is associated with poorer long-term health and educational outcomes (Marmot 2011).

The development of good speech, language and communication skills in early years is crucial to improving long term outcomes for children and young people. Research has shown that children who have normal non-verbal skills but a poor vocabulary at age five are one-and-a-half times more likely to have literacy difficulties or mental health problems later in life. This same group was more than twice as likely to be unemployed as those who had normally developing language at age five. Vocabulary levels at age five has been found to be a very strong predictor of the qualifications achieved at school leaving age and beyond.

Similarly, lifestyle choices at an early age are a good predictor of lifestyle choices later in life. It is all the more important therefore that young children are encouraged and supported to lead active lifestyles, built into their daily lives, and that this continues across the lifecourse. The needs of our most vulnerable children and young people warrant particular attention.

Each year, around 2,300 babies are born in Gateshead, offering an opportunity for every child to be supported to have the best health outcomes possible and to realise their full potential. Additional support is needed for children who are more vulnerable so that all children are born healthy, develop healthily and stay healthy.

In order to do the best for every child in Gateshead, we will ensure we have integrated commissioning arrangements in place and that roles are clear and focus on the needs of children and families.

We will ensure that we have universal children and family services in place that can identify vulnerable children early and assess their needs quickly. This will include:

- a family focused approach which builds on strengths as well as needs;
- high quality early education which is flexible and run by well trained staff and includes high levels of parent participation and an ethos of partnership with families
- sharing of information on assessment, including the 2 to 2.5 year check

We will ensure that we have effective targeted interventions to help children and their families. These will include:

- home visiting services coordinated by health visitors and midwives and the family nurse partnership as an intensive service
- access to additional family support services such as parenting support
- agreed integrated working between health and early years practitioners
- special educational needs (SEN) support in early years settings

We will also ensure that we have effective and clear routes into more specialist services for those children and families with multiple needs. These will include the new education, health and care plans for 0-25 for children with complex special educational needs and disabilities (SEND).

Issues from Gateshead Strategic Needs Assessment (includes JSNA) –

- 53% of children in Gateshead achieve a good level of development at age 5, which is lower than the England average.
- The proportion of women smoking during pregnancy is higher than the England average.
- Teenage conceptions in Gateshead are higher than the England Average.
- There are 190 low birth weight births in Gateshead each year (below 2,500g) - this represents 7.8% of all births.
- Breast feeding rates are increasing but remain significantly lower than the England average.
- Over 20% of 10 and 11 year olds in Gateshead are obese.

Issues from Gateshead Strategic Needs Assessment (includes JSNA) –

- The proportion of children undertaking 3 hours of PE and out of school sport each week (2009/10) is only 47%, which is much lower than the England average.
- Gateshead had 365 Looked after Children in 2011 - the rate per 10,000 children is significantly higher than the England average.
- Rates of immunisation for first dose against measles, mumps and rubella are higher than the England average. However, the percentage of children receiving their second dose of MMR immunisation is lower than the England average.
- Admissions to hospital due to injury, self harm and alcohol are high for children and young people

The Children's Trust Board has a major role to play to ensure children have the best start in life and lead active and healthy lives. It will work with the Health and Wellbeing Board to deliver priority actions to improve health and wellbeing outcomes for all children and, in particular, those who are most vulnerable through an integrated commissioning model.

The outcome measures and indicators to track progress (below) should be seen alongside the Children's Trust Board outcomes. So, for example, educational attainment and those related to safeguarding and child protection are covered there. Monitoring of immunisation and screening will also be done separately, working with Public Health England and the NHS England. There are some areas, recently flagged up in the Government's Children and Young People's Health Outcomes report, which we hope to be able to measure in future including wellbeing, physical activity and diet, and better measures of risk taking behaviour relating to drugs, alcohol, tobacco and sexually transmitted infections.

Headline Outcome Measure

1. Children in Poverty (PHOF 1.01).

Indicators

- Smoking status at time of delivery (PHOF 2.03)
- Low birth weight of term babies (PHOF 2.01)
- Breastfeeding initiation (PHOF 2.02i)
- School readiness (PHOF 1.2 *placeholder*)
- Excess weight in 4-5 year olds and 10-11 year olds (PHOF 2.06i 2.06ii)
- Risk taking behaviour: first time entrants to the youth justice system (PHOF 1.04i)
- Risk taking behaviour: smoking at age 15 (PHOF 2.9 *placeholder*)

- Hospital admissions as a result of self harm (PHOF 2.10 *under 18s when available*)
- Under 18 conceptions (PHOF 2.04)
- 16-18 years olds not in education, employment or training (PHOF 1.05)

Focus for action (2013 – 16):

- Ensure high quality maternity care across the antenatal and postnatal period and reduce risk taking behaviours during pregnancy.
- Promote breastfeeding, good nutrition and play.
- Provide parenting and family support proportionate to family needs, recognising the particular needs of looked after children and other vulnerable children.
- Ensure effective and clear routes into specialist services are in place for those children and families with multiple and complex needs.
- Continue to improve immunisation uptake rates.
- Encourage and enable children to lead active lives, building physical activity into their daily lives.
- Raise aspirations and improve attainment levels of all children.
- Reduce risk taking behaviours amongst children and young people e.g. smoking, drug and alcohol misuse, preventing hospital admissions and improving outcomes and life chances.
- Ensure children stay healthy and safe e.g. promoting a healthy weight, sexual health and emotional health and wellbeing (*this links to the priorities on tackling the major causes of ill health and early death, and improving emotional health and wellbeing*).
- Tackle child poverty, focusing upon the needs of the family as a whole.
- Ensure sufficient focus on transition from childhood to adulthood.

Priority - Tackle the major causes of ill health and early death, ensuring a focus on prevention and high quality treatment

Why is this a priority?

The health of the people of Gateshead is generally worse than the England average. Life expectancy is 76.7 in men (compared to an England average of 78.6 and England best of 85.1) and 80.9 in women (compared to an England average of 82.6 and England best of 89.8). As well as dying earlier, people have fewer years without health problems and overall wellbeing is worse than the national average.

There are also marked inequalities. Life expectancy is 8.9 years lower for men and 9.4 years lower for women in the most deprived areas of Gateshead than in the least deprived areas.

Overall, health is improving in Gateshead although the gap with England has not changed significantly.

Cancers and circulatory disease both have complex and multiple causes. Some of these cannot be changed: age, sex and family history for example. Others can, particularly if related to lifestyle.

The most important causes of cancer that can be changed are: smoking tobacco, excess alcohol, being overweight, physical inactivity and poor diet (including low consumption of fruit, vegetables and fibre rich foods and high intake of red meat and salt).

The causes of circulatory disease include: smoking tobacco, excess alcohol, being overweight and poor diet (particularly high salt intake).

In Gateshead, we have particularly high rates of obesity, many people have a poor diet with low levels of physical activity and consume too much alcohol. We have had very high rates of smoking, although these are now down to below the national average. While this is still too high (about 1 adult in 5 smokes), it shows that lifestyle factors which affect peoples health can be improved.

A significant proportion of health and social care resources are devoted to these conditions: in prevention, diagnosis, treatment and care. Many people will have these conditions for many years and need long term support and care. Commissioners of services aim to get the best outcomes for the people of Gateshead in all these areas within the resources available.

There is an important role for services to detect conditions early (e.g. screening for cancers) so that they can be treated earlier and to prevent progression of the condition once it is recognised ('secondary prevention'). This is particularly so for

circulatory disease where the management of high blood pressure, high cholesterol, and diabetes are a key part of reducing the burden of disease.

Issues from Gateshead Strategic Needs Assessment (includes JSNA) -

- Two groups of conditions account for half of the life expectancy gap: cancers and circulatory disease (sometimes known as cardiovascular disease - CVD).
- The death rate for Lung Cancer in Gateshead is 60% higher than for England. Smoking is a key risk factor for lung cancer and wide disparities in rates of smoking across Gateshead will contribute to the high lung cancer mortality rate in some communities.
- For men, 30% of the life expectancy gap with England is due to cancer (notably lung cancer) and 20% to circulatory disease. For women, 25% is due to cancers (lung cancer again predominating) and 27% to circulatory disease.
- Every year around 2,000 people die in Gateshead: of these about 670 deaths are from circulatory diseases, 600 from Cancer, 300 from respiratory diseases and 430 from all other causes.
- The most recent Health Profiles suggest that 22% of Gateshead residents are drinking at increasing or higher risk and 31% are obese. Moreover only 8% are taking sufficiently physical activity and 20% have a healthy diet. With the exception of alcohol consumption, these are all much worse than the average for England. Alcohol misuse, nevertheless, remains a key public health issue for Gateshead.
- The rate of diagnosis of genital herpes in Gateshead is slightly higher than both the England and regional average. The rate of gonorrhoea is higher than the regional average, but slightly lower than the national average. STI's are rising in new groups in the population, notably those over the age of 55 years. An estimated 169 people in Gateshead are HIV infected, this is a rising trend.

Headline Outcome Measures

1. Potential Years of Life lost from causes amenable to healthcare (NHS Outcomes Framework 1a)
2. Life expectancy at 75 (NHSOF 1b)

Indicators

- Smoking prevalence (Public Health Outcomes Framework 2.14)
- Alcohol related hospital admissions (PHOF 2.18)
- Proportion of physically active adults (PHOF 2.13)
- Excess weight in adults (PHOF 2.12)

- Cancer screening coverage (PHOF 2.20)
- Take up of NHS health check programme (PHOF 2.22)
- Emergency admissions for acute conditions that should not usually require hospital admission (NHSOF 3a)
- Emergency readmissions within 30 days of discharge from hospital (NHSOF 3b and PHOF 4.11)
- Reducing time spent in hospital by people with long-term conditions (NHSOF 2.3)
- Gateshead CCG Quality Premium indicators

Focus for action (2013 – 16):

Prevention:

- Maintain momentum on actions to reduce smoking prevalence.
- Address the harm caused by substance misuse and promote sensible drinking.
- Promote healthy eating, build exercise into peoples' daily lives (especially walking and cycling) and ensure people have access to leisure opportunities that help them remain active and healthy.
- Promote positive sexual health messages across the life course and support individuals to access high quality services.

Early identification, treatment and condition management:

- Better awareness of early signs and symptoms of cancer.
- Promote the uptake of Health Checks, cancer and other screening programmes.
- Ensure high quality clinical management of long term conditions.
- Promote self care and support individuals to manage their long term conditions.

Priority – Promote choice and empower local people to have more control over their health and social care and remain independent for as long as possible.

Why is this a priority?

The numbers of older people in the population will increase significantly over the next 20 years. In particular, there will be large increases in the numbers of people aged 80 and over. This is the age group that needs most support e.g. people with dementia, people living alone and those with a limiting long term illness. A key part of our commissioning plans will be to invest in services that aim to reduce people's needs for care and support whilst also delivering better outcomes.

We are also reviewing provision to the most vulnerable older adults so that services in care homes and to those who are housebound better meet their needs.

People's expectations are changing, they want more say in how they are supported through 'personalisation'. We need to support and empower people to have as much choice and control over their care and support as possible, whether they have short term needs or long term conditions. This is consistent with our vision for social care.

A key theme of our Housing Strategy is the provision of support to residents to find and maintain a home of their own which enables them to live independently and which promotes their wellbeing.

Living a life that is free from harm and abuse is a fundamental right of every person. We need to ensure that people at risk from abuse or neglect are effectively safeguarded, with the person at risk staying as much in control of decision making as possible.

Carers are the first line of prevention. Their support often stops problems from escalating to the point where more intensive packages of support become necessary. We need to provide the right support to carers so that they can fulfil their caring roles whilst also feeling fulfilled and valued themselves. Similarly, we need to maximise the contribution of housing packages and solutions to our preventative work.

Under the Equality Act 2010, public bodies are required to eliminate unlawful discrimination, harassment and victimisation and promote equality of opportunity. We will champion equality of opportunity in all aspects of health and social care and, in particular, our work to promote choice and to empower local people to have more control over their care and to remain independent for as long as possible.

Issues from Gateshead Strategic Needs Assessment (includes JSNA) -

- The proportion of over 65s is projected to rise by 25% between 2008 and 2025 (to 42,000 people). Even more dramatic is the expected rise in population aged 85+, increasing to 4,600 by 2015, then to 6,600 by 2025 (74% increase from 2008).
- Isolation and loneliness in older people may lead to malnutrition and health problems, including depression and dementia. Contact with health and social care systems can be delayed until a crisis is reached.
- There are over 1,100 admissions a year to hospital due to falls among people aged 65 and over (significantly higher rate than that of England).
- There are around 90 Excess Winter Deaths in Gateshead each year (i.e. extra deaths from all causes that occur in the winter months), most of which are considered preventable.
- 62% of terminally ill patients died in hospital, rather than at home in Gateshead during 2009-10, above the national average.
- Approximately 1.2% of children in Gateshead are severely disabled and an estimated 0.5% of children have a severe learning disability. As many as 7% of all children may have some form of disability. This has particular implications for transition from child to adult services e.g. identifying the needs of young people returning to Gateshead from out of borough placements.
- It is estimated that 12,000 people aged 18 – 64 in Gateshead (10.2% of the population) have a moderate or severe physical disability. This will grow as a result of overall population growth. Whilst the number of younger people with a disability is set to remain constant, the number of all people with a sensory impairment will increase significantly as a consequence of an aging population.
- It is estimated that 2,874 people aged 18 – 64 in Gateshead (2.4% of the population) have a learning disability. People with learning disabilities are living longer and the number of older people with a disability will increase significantly.
- 6.1% of Gateshead's adults with learning disabilities were in employment at their latest review, which is higher than the regional average.
- Carers who are unable to take advantage of educational or job opportunities suffer poorer health associated with low incomes.

Headline Outcome Measures

1. Social care related quality of life (Adult Social Care Outcomes Framework 1A)
2. Health related quality of life for people with long term conditions (NHSOF 2)

Indicators

- Proportion of people who use services who have control over their daily life (ASCOF 1B)
- Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C)
- Proportion of adults with a learning disability who live in their own home or with their family (ASCOF 1G and PHOF 1.6)
- Proportion of adults in contact with secondary mental health services living independently (ASCOF 1H and PHOF 1.6)
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcomes Framework 2.3 i)
- Proportion of older people who were still at home 91 days after discharge from hospital (ASCOF 2B and NHSOF 3.6)
- Falls and injuries in the over 65s (Public Health Outcomes Framework 2.24)
- Proportion of people who use services who feel safe (ASCOF 4A)
- Patient experience of primary care (NHSOF 4a), secondary care (NHSOF4b) and satisfaction of service users with care and support (ASCOF 3A)
- Carer-reported quality of life (ASCOF 1D)

Focus for action (2013 – 16):

- Ensure individuals are supported and empowered to maintain and regain their health and independence e.g. through reablement, housing solutions.
- Invest in services that prevent or delay people reaching the point where they need health and/or social care e.g. falls prevention, telecare etc.
- Support people to have as much choice and control as possible through personalisation.
- Ensure seamless transition from child to adult services where care and support is tailored to meet individual needs. Ensure individuals, their families and carers have a positive experience of care and support.
- Ensure people are protected from abuse and avoidable harm and that their wellbeing is safeguarded, in particular those who are most vulnerable.
- Support people and their carers to take part in their communities, to have opportunities for work and leisure and to feel fulfilled and valued. As part of this, ensure people with physical and/or learning disabilities have the same rights and opportunities as everyone else.

Priority - Improve mental health and wellbeing for all members of our community

Why is this a priority?

Good mental health and wellbeing are essential prerequisites for an individual's ability to live to their full potential. While the terms mental health, mental wellbeing, and emotional wellbeing are often used interchangeably, mental health refers to a positive state, not just an absence of mental disease or illness. Mental health is described by the World Health Organization as:

“... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Work is underway locally and nationally to more accurately capture local information on peoples' mental health and wellbeing. Mental illnesses such as anxiety and depression are very common and can exacerbate long term conditions experienced by people. Nationally, among people under 65, nearly half of all ill health is mental illness. There are inequalities in the incidence of mental illness, with higher levels of mental illness in particular sections of the community, including socioeconomically disadvantaged communities, the unemployed and people with poor educational achievement.

Mental illness often increases the scale of physical illness. It can make existing physical illness worse, with complex relationships between mental health problems, smoking, obesity and physical activity. Good mental health therefore underpins any attempt to improve population health and reduce health inequalities – ‘no health without mental health’.

The Welfare Reform Act came into force in March 2012, the main aims being to move more people off benefits and into employment, to simplify the benefits system and to tackle administrative complexity. The Act will have a significant impact on local people, with many having to deal with changes that they are ill equipped to deal with. GP practices are already seeing an increase in the numbers of patients experiencing stress and anxiety associated with financial difficulties, impacting on family wellbeing. There could also be an increase in levels of homelessness. The Council and partner organisations will need to work together and provide advice and support to those affected.

Issues from Gateshead Strategic Needs Assessment (includes JSNA) –

- There are around 90 emergency hospital admissions each year due to self-harm among children and young people under 19 years of age in Gateshead, significantly higher than the rate across England.
- In Gateshead, 31,000 adults – nearly 19% of the adult population – have been diagnosed with depression (significantly different from England's 11%).
- As at February 2012, there were about 4,700 people claiming benefits due to mental and behavioural problems in Gateshead (a rate of 38 per 1,000 working population, higher than the England rate of 27 per 1,000).
- Between 2007 and 2011, the number of people diagnosed with dementia in Gateshead has risen from 1,000 to 1,200. Gateshead's prevalence of dementia, 0.60%, is significantly higher than that of England (0.48%). Increasing life expectancy will mean that the number of people with dementia living in Gateshead will rise.
- Initial analysis of data from a local survey shows that in adults, mental wellbeing dips between the ages of 35 to 54. It rallies between the ages of 55 to 74, then decreases again for those aged 75 and over.

Headline Outcome Measure

Self reported wellbeing (Public Health Outcomes Framework 2.23)

Indicators

- Suicide (PHOF 4.10)
- Employment of people with mental illness (Adult Social Care Outcomes Framework 1F, NHS Outcomes Framework 2.5, PHOF 1.8)
- Enhancing quality of life for people with dementia (NHSOF 2.6)
- Social connectedness (PHOF 1.18)
- Statutory homelessness (PHOF 1.15)
- Patient experience of community mental health services (NHSOF 4.7)
- Percentage of the population affected by noise (PHOF 1.14)
- Utilisation of green space for exercise/ health (PHOF 1.16)
- Air pollution (PHOF 3.1)
- Excess winter deaths (PHOF 4.15)

Focus for action (2013 – 16):

- Raise the aspirations of local people to achieve their full potential.
- Improve provision for children and adults with anxiety and/or depression by developing the range of services available.
- In implementing the Dementia Strategy for Gateshead, ensure emphasis on enablement and intermediate care access, accommodation solutions, end of life support and health and social care workforce development.
- Improve outcomes for patients by ensuring that all mental health treatment and care services sign post and refer patients to the full range of advice, advocacy and support services (e.g. debt counselling, employment services, housing, physical health improvement).
- Address the impact of the welfare reforms on local communities, particularly those who are most vulnerable.
- Support action to tackle loneliness, reduce social isolation and homelessness.
- Support the development of vibrant, safe and cohesive neighbourhoods e.g. through multi-agency safer neighbourhoods arrangements.
- Wider actions to tackle social and economic wellbeing.

‘Active, Healthy and Well Gateshead’ - How we will Deliver

Our health and wellbeing strategy **‘Active, Healthy and Well Gateshead’** sets out challenging aspirations for the health and wellbeing of local people, in line with ‘Vision 2030’, our vision for Gateshead.

We will work to deliver these aspirations through the priority areas and actions set out in this document.

Our strategy sets out a number of headline outcomes measures to track progress in working towards these aspirations. Trajectories will be set for these measures so that we can see where we are now, where we want to be in the future to achieve our health and wellbeing aspirations and the progress that will be need to be made along the way to get there.

These measures will be supported by indicators to track progress on particular aspects of our health and wellbeing agenda.

During our engagement work with partnerships, local groups and communities, a number of big ideas were suggested to take forward our health and wellbeing agenda. These fell under the following themes:

- ‘Do the best for every child born in Gateshead / Make a commitment to every child’
- ‘Think ‘families’ in everything we do’
- ‘Get every child ready for school’
- ‘Make the most of intergenerational work to support health and wellbeing’
- ‘Make sure health is everyone’s business’
- ‘Get the most from our natural assets and use to promote active lifestyles’
- ‘Introduce car free areas ‘(e.g. a car-free central Gateshead on Sundays) to bring streets back into community use, to promote cycling, walking, family and community interaction/activities’
- ‘Lead by example to send out clear messages e.g. around alcohol’
- ‘Restrict hot food take-aways e.g. around schools’
- ‘A local food economy for Gateshead’
- ‘Gateshead communities coming together / Bring health close to communities’
- ‘Increase community access to local facilities and amenities’
- ‘Focus on hard to reach and vulnerable groups’

Through our ongoing conversation with local communities, we will consider how we can take these ideas forward as part of our health and wellbeing agenda. In particular, we will work to ensure that we do the very best for every child in Gateshead in order to give them the best start in life.

We will also work with local commissioners, local providers and the voluntary and community sector to turn our health and wellbeing aspirations into reality and secure an active, healthy and well Gateshead.

Supporting Information

- **'Who's Who' on Gateshead Health & Wellbeing Board**
- **Our Joint Statement on Commissioning for Health and Wellbeing**
- **Explanation of Terms Used**

'Who's Who' on Gateshead's Health & Wellbeing Board

The membership of Gateshead's Health & Wellbeing Board from 1 April 2013 is:

Cllr Mick Henry (Leader of Gateshead Council),
Cllr Martin Gannon (Deputy Leader of Gateshead Council),
Cllr Mary Foy (Cabinet Member for Healthier Communities),
Cllr Michael McNestry (Cabinet Member for Adult Social Care),
Cllr Gary Haley,
Cllr Frank Hindle,
David Bunce (Group Director, Community Based Services),
Margaret Whellans (Group Director, Learning & Children),
Carole Wood (Director of Public Health),
Dr. Mark Dornan, (Chair of NHS Gateshead Clinical Commissioning Group),
Mark Adams or Jane Mulholland (NHS Gateshead Clinical Commissioning Group),
Alison Slater, (Director of Operations & Delivery, Cumbria, Northumberland, Tyne & Wear Area Team, NHS England)
Robert Buckley (Healthwatch Gateshead representative),
Gev Pringle (Chief Executive, GVOC) and

Additional representatives of partner organisations can be invited to take part in Board discussions on particular issues. These may include:

- Clinical leads on particular issues
- Gateshead NHS Foundation Trust, Northumbria, Tyne & Wear Mental Health Trust and other Providers
- NHS England
- Public Health England
- The Gateshead Housing Company
- Northumbria Police
- Northumbria Probation Service
- Tyne & Wear Fire and Rescue Service
- Gateshead College
- Nexus
- Business sector
- Gateshead Community Network

- Other Council Members & Officers

The Board will also work with the Children's Trust Board and other thematic partnerships of Gateshead Strategic Partnership, the Local Safeguarding Children's Board and Safeguarding Adults Partnership Board in taking forward its health and wellbeing agenda.

Our Joint Statement on Commissioning for Health and Wellbeing

Gateshead Health and Wellbeing Board has a duty to promote and encourage integrated commissioning of services for the health and wellbeing benefit of local people across the lifecourse (including health care, public health and social care).

A Strategic Commissioning Group has been established to provide strategic leadership and to support the Health and Wellbeing Board to fulfil this responsibility. It will also have a reporting relationship to the Children's Trust Board and other partnership boards as required.

Areas of Focus

- Provide strategic leadership on developing integrated commissioning arrangements to enhance the health and wellbeing of Gateshead residents across the lifecourse (from prenatal care to end of life care).
- Develop our understanding of the total level of resources available across the system i.e. the resource base as a whole and how this can best be matched and targeted to meet identified needs (to maximise returns from resources, secure value for money etc.).
- Scope out existing arrangements for the commissioning of services and where opportunities exist to work towards greater alignment /integration of commissioning arrangements.
- For those service areas, identify where they currently lie on a continuum from 'working towards alignment' to 'working towards full integration' of commissioning plans/intentions.
- Consider what the pace of change/timescales should be in moving towards a more integrated commissioning approach i.e. acknowledging that:
 - some service areas may be better placed to move along the continuum at a faster pace than others and/or
 - the progression of key priorities of our Health & Wellbeing Strategy (HWB) will likely require more integrated commissioning arrangements to be in place for particular service areas.
- Oversee the integrated commissioning pilots for older people with long term conditions and services for children (0 to 5), sharing learning to inform further pilot work across Gateshead.
- Look at new and innovative ways to deliver the priorities of Gateshead's HWB strategy through integrated commissioning arrangements.
- Oversee the integrated commissioning cycle and look to align the commissioning cycles of key partner organisations – in particular, needs assessment, development of commissioning intentions, engagement with providers and performance review.
- Develop and link with existing joint working arrangements in place e.g. the Joint Commissioning Business Group.

- Liaise with NHS England and Public Health England to support integrated commissioning arrangements.
- Link our commissioning arrangements with the wider determinants of health.
- Lay the foundations for the alignment and integration of service delivery arrangements, especially at the interfaces between services and the transition of care.

Relationship with Provider Organisations/Forums

The Strategic Commissioning Group will utilise and build upon existing provider forums to facilitate engagement with providers on Gateshead's health and wellbeing agenda. This will include moving towards integrated commissioning arrangements and enabling provider organisations to input to this work.

Explanation of Terms Used

Capacity Building – the ability of communities to perform functions, solve problems and set and achieve objectives in a sustainable manner. It is about increasing the skills, infrastructure and resources of individuals, communities and organisations.

Clinical Commissioning Group (CCG) – Under the health reforms, CCGs will be the main commissioners of NHS services from 1st April 2013. This means that Gateshead CCG will become the main commissioner of NHS hospital, community and mental health services for the local population of Gateshead.

Commissioner – a manager in the NHS or a council who oversees the day-to-day process of **commissioning** services.

Commissioning – the process of ensuring that health and care services are provided so that they meet the needs of the population; it includes a number of stages including assessing population needs, prioritising outcomes, procuring products and services, and overseeing service providers.

Community Resilience – the ability of a community to withstand and recover from adversity.

Co-production – production of solutions (for example, design of services) by the people who may use them alongside those who have traditionally provided or arranged them. The concept of co-production assumes that people have assets to contribute rather than simply needs which must be met.

Health and Wellbeing Board (HWB) – from 1st April 2013, a statutory committee of a local authority which will lead and advise on work to improve health and reduce health inequalities among the local population. Members will include councillors, GPs, health and social care officers and representatives of patients and the public, including local HealthWatch.

Health and Wellbeing Strategy – **Health and Wellbeing Boards** will be required to produce a Health & Wellbeing Strategy for the local area, based on the needs identified by the **JSNA**

Health Improving Organisation – An organisation which seeks to have health improvement as a core element and which, in turn, influences all aspects of the organisation's activity.

Health Inequalities – differences in the health (and increasingly wellbeing) experienced by different groups in a community which are avoidable and therefore considered to be unacceptable.

HealthWatch – effective from April 2013, local HealthWatch will be patient and public engagement bodies, taking over from Local Involvement Networks (LINKs). They will be supported by a national organisation, HealthWatch England.

Integration – bringing together the work of partners so that their efforts can be combined. Most commonly applied to the NHS and the social care part of the local authority and now including public health, integration offers a joined-up experience to service users, and can be both more effective and efficient in its use of limited resources. Integration can be applied at different points – for example, in needs assessment, commissioning, or in service provision.

Joint Strategic Needs Assessment (JSNA) – the process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive local picture of health and wellbeing needs. The development of JSNAs will be the responsibility of **Health and Wellbeing Boards**. **CCGs** and **NHS England** will be required to “have regard to” JSNAs when developing their commissioning plans.

Lifecourse – a lifecourse approach to health emphasises the accumulated effects of an individual’s experience across their life span in understanding peoples’ health and the prevention of illness. Poor economic and social conditions in the very early years of life have been shown to affect adversely individuals’ growth and development, their risk of disease and ill health in later life and their life expectancy. Professor **Marmot’s 2010 review of health inequalities**, ‘*Fair Society, Healthy Lives*’, strongly advocates a lifecourse approach to population health, health improvement and tackling health inequalities, with the first five years of life being the highest priority.

Marmot Review of Health Inequalities – a review of the causes and the “causes of the causes” (i.e. the social and economic determinants) of **health inequalities** in England, carried out by Professor Sir Michael Marmot in 2010. It identifies a number of key areas for action to reduce health inequalities, the most important of which is “giving every child the best start in life”. The review, *Fair Society, Healthy Lives*, can be accessed through the following link:
<http://www.marmotreview.org/english-review-of-hi/key-messages.aspx>

Mental Health – is described by the World Health Organisation as “... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Needs Assessment – reviewing the characteristics of a population (for example their health status, the number with long-term conditions, numbers in different age groups) and their needs, leading to agreed priorities and resource allocation decisions to improve health and wellbeing and reduce inequalities. A **Joint Strategic Needs Assessment** is a statutory requirement for each area.

NHS England – a national body created by the Health and Social Care Act 2012, whose role includes supporting, developing and holding to account the **clinical commissioning groups**, as well as being directly responsible for some specialist commissioning. There are 27 Area Teams across the country, including the Cumbria, Northumberland, Tyne & Wear Area Team.

Outcomes Framework – a national framework which sets out the outcomes and corresponding indicators against which achievements in health and social care will be measured. There are three outcome frameworks – for the NHS, for adult social care and for public health.

Personalisation – the principle behind the current transformation of adult social care services, and also relates to health services. It is about providing individualised, flexible care intended to promote the independence of those who need care.

Place Shaping – describes the ways in which local authorities and local partners can collectively use their influence, powers and creativity to create attractive, prosperous, healthy and safe communities – places where people want to live, work, enjoy leisure activities and do business.

Public Health – “The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.” (UK Faculty of Public Health, 2010). The three domains of public health are: health improvement; health protection; and health services. Under the Health and Social Care Act 2012, responsibility for public health is transferring from the NHS to local government. A national public health service, Public Health England is also being established.

Reablement – is a range of services focused on helping a person maximise their independence by learning or re-learning the skills necessary for daily living.

Social (or Wider) determinants of health – the social and economic conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for **health inequalities**.

Wellbeing – used by the World Health Organisation (1946) in its definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. More recently the concept was described as “feeling good and functioning well” (New Economics Foundation, 2008).

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HEALTH AND WELLBEING BOARD 4 December 2015

TITLE OF REPORT: Better Care Fund: 2nd Quarterly Return (2015/16) to the Department of Health

Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to the Department of Health for the 2nd Quarter of 2015/16.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission for Gateshead at its meeting on 19 September 2014, which in turn was approved by NHS England in December 2014.
3. NHS England has introduced quarterly monitoring arrangements for the BCF which requires a template return to be submitted in respect of each BCF Plan.
4. The Board endorsed the Quarter 4 return for 2014/2015 at its meeting on 5th June 2015 and the Quarter 1 return for 2015/16 at its meeting on 11th September 2015. The returns focused on the budget arrangements and national conditions relating to the BCF and included a narrative section to provide a progress update.
5. The Board's Forward Plan for 2015/16 includes a 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 our health and wellbeing agenda. It has previously been agreed that this, in turn, will be used to inform future returns to NHS England/ Department of Health.

Quarter 2 Template Return for 2015/16

6. The Board considered a Performance Review Update report at its last meeting on 23rd October, which included the BCF. It was noted that this would be used for inform the Quarter 2 return - due for submission on 27th November.
7. A return has been submitted to the Department of Health in line with the deadline set which reflects the data trends reported to the Board at its October meeting. The return provides a progress update and sets out the current

position in relation to funding arrangements, national BCF conditions, metrics and potential support from NHS England in preparing for BCF 2016/17.

Future BCF Quarter Returns for 2015/16

8. The deadlines for the completion of future quarterly returns for 2015/16 are as follows:

Q3 2015/16: 26/02/2016

Q4 2015/16: 27/05/2016

9. As per the Forward Plan, the Board will consider a performance update (including the BCF) at its meeting on 15th January which will then inform the Q3 quarter return to the Department of Health. As part of this, any issues likely to impact upon the return will be brought to the attention of the Board for consideration. Similar arrangements will apply for subsequent returns as required.

Proposal

10. It is proposed that the Board endorse the 2nd Quarter BCF return for 2015/16.

Recommendations

11. The Health and Wellbeing Board is asked to endorse the Better Care Fund 2nd Quarter return for 2015/16 (attached as an excel document) to the Department of Health in line with the arrangements previously agreed for the submission of returns.

Contact: John Costello (4332065)

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 27th November 2015.

The BCF Q2 Data Collection

This Excel data collection template for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics. It also presents an opportunity for Health and Wellbeing Boards to feedback on their preparations for the BCF in 16/17 and register an interest in planning support.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

Collecting Data for New Integration Metrics

In addition, as part of this data collection we are also asking for information to support the development of new metrics for integration. These relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care. This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements.

We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

Cell Colour Key

Data needs inputting in the cell

Pre populated cells

Question not relevant to you

Content

The data collection template consists of 9 sheets:

Validations - This contains a matrix of responses to questions within the data collection template.

- 1) Cover Sheet** - this includes basic details and tracks question completion.
- 2) Budget arrangements** - this tracks whether Section 75 agreements are in place for pooling funds.
- 3) National Conditions** - checklist against the national conditions as set out in the Spending Review.
- 4) Non-Elective and Payment for Performance** - this tracks performance against NEL ambitions and associated P4P payments.
- 5) Income and Expenditure** - this tracks income into, and expenditure from, pooled budgets over the course of the year.
- 6) Metrics** - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
- 7) Preparations for the BCF 16-17** - this assesses your current level of planning for next year
- 8) New Integration metrics** - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care
- 9) Narrative** - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Validations

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 8 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 2015-16 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.

If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of your plan (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q1. Two figures are required and one question needs to be answered:

Input actual Q2 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell M12

Input actual value of P4P payment agreed locally - Cell E23

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box

Please confirm the Q4 15/16 plan figure that should be used either by re-entering the figure given or providing a revised one - Cell E46

5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual income into the pooled fund in Q1 and Q2

Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual expenditure into the pooled fund in Q1 and Q2

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

6) Metrics

This tab tracks performance against the two national, the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the four metrics for Q2 2015-16

Commentary on progress against the metric

Should a local and/or a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Preparations for BCF 16-17

Following the announcement that the BCF will continue in 2016-17 this section assesses where you are at in terms of the level of preparation so far. There is also an opportunity to advise if you would like any support with preparation of your BCF plan and in what format you would like this to take.

8) New Integration Metrics

This tab requests information as part of the development of a new set of metrics to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.

This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.

The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.

1. The development and use of integrated care records.

There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

Proposed metric: Integrated Digital Records. To be assessed via the following questions:

- In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
- In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
- Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

2. Risk stratification

The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

Proposed metric: Use of Risk Stratification. To be assessed via the following questions:

- Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
- If yes: Please provide details of how risk stratification modelling is being used to allocate resources
- Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)
- What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

3. Personal Health Budgets

Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

Proposed metric: Personal Health Budgets. To be assessed via the following questions:

- Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
- How many local residents have been identified as eligible for PHBs, per 100,000 population?
- How many local residents have been offered a PHB, per 100,000 population?
- How many local residents are currently using a PHB, per 100,000 population?
- What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?

9) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q1 2015/16

Data collection Question Completion Validations

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

\$.75 pooled budget in the Q4 data collection? and all dates needed
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	4) Is the NHS Number being used as the primary identifier for health and care services?	5) Are you pursuing open APIs (i.e. systems that speak to each other)?	6) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	7) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	8) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non-Elective and P4P

Actual Q1 15/16	Actual payment locally agreed	Any unreleased funds were used for: Q2 15/16	Q4 2015-16 confirmed NEA plan figures
Yes	Yes	Yes	Yes

5. I&E (2 parts)

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes
Expenditure From	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes	Yes	Yes	Yes
	Commentary	Yes	Yes	Yes	Yes

6. Metrics

	Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential Care	Yes	Yes
Reablement	Yes	Yes
Local performance metric	If no metric, please specify	Commentary on progress
	Yes	Yes
Patient experience metric	If no metric, please specify	Commentary on progress
	Yes	Yes

7. Preparations for BCF 16-17

Have you begun planning for 2016/17?	Yes
Confidence in developing BCF plan?	Yes
Pool more, less, or the same amount of funding?	Yes
Support in developing plan?	Yes

If yes, support area?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Yes	Yes
Building partnership working	Yes	Yes	Yes
Governance development	Yes	Yes	Yes
Data interpretation and analytics	Yes	Yes	Yes
Evidence based planning	Yes	Yes	Yes
Financial planning	Yes	Yes	Yes
Benefits management	Yes	Yes	Yes
Other	Yes	Yes	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS number being used as the primary identifier?	Yes	Yes	Yes	Yes	Yes	Yes
Open APIs in place?	Yes	Yes	Yes	Yes	Yes	Yes
Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	Yes	Yes
Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes	Yes	Yes	Yes	Yes	Yes
If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	Yes	Yes	Yes	Yes	Yes	Yes
How many local residents have been identified as in need of preventative care during the quarter?	Yes	Yes	Yes	Yes	Yes	Yes
What proportion of local residents identified as in need of preventative care have been offered a care plan during the quarter?	Yes	Yes	Yes	Yes	Yes	Yes

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	Yes
How many local residents have been identified as eligible for PHBs during the quarter?	Yes
How many local residents have been offered a PHB during the quarter?	Yes
How many local residents are currently using a PHB during the quarter?	Yes
What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter?	Yes

9. Narrative

Brief Narrative
Yes

Cover and Basic Details

Q2 2015/16

Health and Well Being Board

Gateshead

completed by:

Hilary Bellwood

E-Mail:

hilarybellwood@nhs.net

Contact Number:

0191 217 2960

Who has signed off the report on behalf of the Health and Well Being Board:

Councillor Lynne Caffrey Chair Gateshead Health and Wellbeing

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	4
5. I&E	15
6. Metrics	10
7. Preparations for BCF 16-17	28
8. New Integration Metrics	25
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Gateshead

Data Submission Period:

Q2 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?

Yes

If it has not been previously stated that the funds had been pooled can you now confirm that they have?

If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

Gateshead

Data Submission Period:

Q2 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.

Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include a date and a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	Yes	Yes		
4) In respect of data sharing - confirm that:					
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes		
iii) Are there appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	Yes	Yes		
6) Is a joint agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes		

National Conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:

Source: For each of the condition questions which are pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:

Gateshead

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	£17,214,000
	Forecast	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	
	Actual*	£4,017,583					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	£17,214,000
	Forecast	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	
	Actual*	£4,017,583	£4,009,766				

Please comment if there is a difference between either annual total and the pooled fund

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	£17,214,000
	Forecast	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	
	Actual*	£4,017,583					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	£17,214,000
	Forecast	£4,303,500	£4,303,500	£4,303,500	£4,303,500	£17,214,000	
	Actual*	£4,017,583	£4,009,766				

Please comment if there is a difference between either annual total and the pooled fund

Commentary on progress against financial plan: Actual expenditure figures show full expenditure against schemes less the value of the Performance fund for Q2, which was not released to the BCF pool due to the levels of Non Elective overperformance experienced year to date.

Footnote:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q1 collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board:

Gateshead

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	admissions per 100,000. At the same point last year there were 155 admissions which would equate to 409.67 per 100,000. The target for 2015/16 was 314 admissions (817.2 per 100,000). Given winter pressures, this target will be challenging.
Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	83.6% of those that were discharged from hospital in January to June, and followed up 91 days later during April to September 2015 remained at home. This is slightly better than the 2014/15 position (81.2%), but below the target of 88.7% for 2015/16.
Local performance metric as described in your approved BCF plan / Q1 return	Estimated diagnosis rate for people with dementia
If no local performance metric has been specified, please give details of the local performance metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	This was achieved in 2014/15. Current performance in 2015/16 is at 68.6% compared to the 69% target by the end of 2015/16.
Local defined patient experience metric as described in your approved BCF plan / Q1 return	Patient/Service User Experience metric
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Improve the percentage of patients who responded "Yes Definitely" to the following question from the GP patient survey: "For respondents with a long-standing health condition: In the last 6 months, have you had enough support from Data for Q1 2015/16 (43%) shows an improvement of the 2014/15 level where performance had decreased to (40%). Target is 46%, next survey results due in December. LTCs and Mental health programme boards have a number of work streams that are tackling the care for people with LTCs with both physical and mental health components: in particular work around LTC prevalence across General Practice, Disease specific programmes of

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Preparations for the BCF 16-17

Selected Health and Well Being Board:

Gateshead

Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	Moderate Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	More funding

Would you welcome support in developing your BCF plan for 2016-17?	Yes
--	-----

If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Case studies or examples of good practice	
Building partnership working	Yes	Peers to peer learning / challenge opportunities	
Governance development	Yes	Central guidance or tools	
Data interpretation and analytics	Yes	Central guidance or tools	
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	Yes	Access to technical expertise to troubleshoot issues	
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	Yes	Access to technical expertise to troubleshoot issues	

New Integration Metrics

Selected Health and Well Being Board:

Gateshead

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	Yes	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	Yes	Yes	No	Yes	Yes	Yes

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?
Yes

Comments: Social care is investigating an integration engine with suppliers that will enable open APIs.
GP - Can access some health records being used by community services, have electronic feeds of information into from hospital (e.g. e-referral, pathology, GP Handover forms), soon to be able to see Mental Health records. Social care reliant on paper, phone and email

Narrative

Selected Health and Well Being Board:

Gateshead

Data Submission Period:

Q2 2015/16

Narrative

Remaining Characters

30,978

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).

BCF is part of the transformational ongoing work in Newcastle Gateshead CCG healthcare economy around New Models of Care delivery and integrated Health and Social Care commissioning. We see BCF as a component part of this wider strategic work and planning for the next 5 years (implementation of the SYFV). The future local planning footprint will be considered closely over the next 6 months (as part of the planning guidance). Work within the BCF will be closely aligned to the system transformation, especially around 'older people services' and care pathways where coordinated person-centred care and integration are crucial and challenging. The BCF has been an enabler to help with relationships and culture change - core 'actions' to any transformational change programme.

NGCCG have articulated our vision for aligning 'care pathways' with new 'care settings', that help close the '3 gaps' and support the triple integration agenda within the SYFV. Much of this work will start by bringing together 'strategies' and transformational programmes (e.g. Urgent Care Vanguard, Mental Health + LD transformation, Wellbeing, Care Home Vanguard and 'Proof of Concept in Newcastle) of work, where BCF has laid the foundations to system change.

Non elective admissions are still above plan year to date, however an improved position for Q2 15/16 has brought the level of overperformance against plan down significantly, which paired with accurate recording of Ambulatory Care activity is expected to bring activity in line with plan by the end of the year.