

# CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

**Tuesday, 1 November 2016 at 1.30 pm in the Bridges Room - Civic Centre**

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From the Acting Chief Executive, Mike Barker

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Item Business

**1 Apologies for absence**

**2 Minutes of last meeting** (Pages 3 - 10)

The minutes of the last meeting held on 13 September 2016 are attached for information.

**3 Proposal to close Bede Branch Surgery** (Pages 11 - 22)

Report of St Alban's Medical Group

**4 Review of the Role of Housing in Improving Health and Wellbeing - First Evidence Gathering Session** (Pages 23 - 24)

Report of the Director of Public Health

**5 Gateshead Health and Wellbeing Board - Progress Update** (Pages 25 - 32)

Report of the Interim Strategic Director, Care, Wellbeing and Learning.

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## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 13 September 2016

- PRESENT:** Councillor N Weatherley (Chair)
- Councillor(s): C Bradley, D Davidson, K Ferdinand, B Goldsworthy, M Goldsworthy, M Hood, L Kirton, R Mullen, I Patterson, J Simpson, J Wallace and A Wheeler
- APOLOGIES:** Councillor(s): M Charlton, J Kielty and P McNally

#### **CHW10 MINUTES OF LAST MEETING**

RESOLVED - That the minutes of the last meeting held on 1 July 2016 were agreed as a correct record.

#### **CHW11 IMPROVEMENTS TO STROKE SERVICES IN GATESHEAD**

The Committee received a report and presentation from Dr Steve Kirk, Long Term Conditions Lead, Newcastle Gateshead CCG and Jane Mulholland, Director of Delivery and Transformation, Newcastle Gateshead CCG on the proposals for the future of the acute stroke services in Gateshead. Councillors were reminded that this was an engagement session and not a consultation session.

NHS Newcastle Gateshead Clinical Commissioning Group has been reviewing the current Gateshead model of acute stroke care to ensure it is compliant with evidence based best practice and national guidance. In addition there are capacity issues at the Queen Elizabeth Hospital (QEH) that reflect the national picture.

When a patient presents with suspected stroke they need rapid assessment, diagnosis and treatment by specialist staff. The team at the QE is depleted, carrying vacancies they have been unable to fill. Currently the team is supported by their colleagues in South Tyneside and Sunderland out of normal working hours. This support is delivered remotely using telemedicine, however, changes in treatments now mean that a face to face assessment is considered the gold standard for treatment and delivers the best outcomes for patients.

National policy is driving change in how stroke services are arranged locally. NHS England advocates a new model for stroke services which involves services being delivered through a Hyper-Acute Stroke Unit where patients are transferred for specialist rehabilitation, usually 2-3 days after their stroke following their initial treatment and stabilisation.

Along with the national recommendations the Local Stroke Network (North East and Cumbria) has produced a paper summarising how ideally we can meet these standards and recommends that there is a maximum of 6 Hyper Acute Stroke Units supported by acute stroke units. Importantly, there are not the numbers of stroke consultants

available to be able to provide the extended hour's emergency cover for acute stroke patients under the current configuration.

There has been a vacancy in one of the two stroke consultant posts at the QEH since April 2014 which the Trust has been unable to fill. There is also a stroke consultant vacancy in South Tyneside NHS Foundation Trust, which provide out of hours cover for Gateshead. This is causing an additional strain on the stroke service in Gateshead.

All of these factors have put pressure on the Stroke Service in Gateshead and in 2014 the QE approached the CCG to ask if we would consider a new stroke pathway moving the initial care of stroke patients to a larger unit based at the RVI.5

The Committee were advised that the current situation is no longer sustainable. The QE unit has 2 consultant posts, 1 of which has been vacant for over 12 months despite several attempts to recruit. The QEH clinical and management team have approached the CCG and suggested that they would like to work in collaboration with Newcastle Hospitals to update and improve the Stroke Services. With this in mind three options have been considered in order to meet national and regional guidance on stroke services:-

- 1) Gateshead Stroke Unit continues to receive hyper-acute strokes
- 2) HASU at City Hospitals Sunderland with acute stroke unit in QEH
- 3) HASU at RVI with Acute Stroke unit at QEH

The CCG and Foundation Trusts believe Option 3 described above would best meet the challenges that have been highlighted and improve the care for patients suffering a stroke. The RVI in Newcastle will assess and treat all patients suffering a stroke. The RVI in Newcastle will assess and treat all patients from Gateshead in the acute phase of their illness. For those patients who are well enough to go directly home from the RVI, they will be supported by Gateshead community teams. For those patients who require a longer stay in hospital, they will be transferred to the QEH acute unit and will be supported through their rehabilitation and re-ablement by the specialist team who are based there before being discharged home when they are well enough.

It is anticipated that the benefits of the proposed model would:-

- At least 3 fewer deaths from stroke each year in Gateshead
- Improvement in quality standards measured by the Sentinel Stroke National Audit Programme (SSNAP)
- Patients will be admitted to a unit that meets the recommended standards of both national and local stroke networks
- Patients will have access to the most up to date treatments
- The service will be sustainable and robust
- Patients will have access to new treatments such as thrombectomy
- Patients will benefit from access to research programmes which are trialling the latest advances in stroke medicine
- The new service will be a 24/7 service
- Average length of stay in hospital is expected to reduce by 2 days as a result of these changes.

With this in mind the CCG plans, with its partners, to engage with patients and the public to explain what these proposed changes mean for them, hear their concerns and understand issues affecting patients and their carers. The CCG will then ensure that these issues are addressed during implementation.

The Stroke Association have been represented on the project group and have helped with the pre-engagement with users of the current service. This pre-engagement has allowed understanding the experience of people from Gateshead. Healthwatch Gateshead have also been consulted.

A period of six week engagement to allow people the opportunity to have their say on improving stroke services within Gateshead. It will enable patients who have used stroke services to have their say about the current services, improvements that they feel need to be made and to comment on the proposed model.

It is proposed that the new model will take effect from the end of November 2016. The CCG is confident that this change in service model will result in improved care for patients from Gateshead.

Councillors reported that they would not argue against better services for the people of Gateshead but conversely were disappointed to see in their opinion (again) services moving away from Gateshead.

RESOLVED - that the information be noted.

## **CHW12 REVIEW OF GP ACCESS - FIRST PROGRESS UPDATE REPORT**

The Committee received the first update report on progress made against recommendations and actions identified from the review of GP Access in Gateshead.

Access to GP services continues to be a key issue for local communities across the borough as a whole, whether from urban or more rural areas. The Committee received a significant amount of evidence as part of the review and undertook a series of visits to GP practices and other sites across the borough in order to scrutinise current arrangements in place, gain a better understanding of both the challenges and opportunities relating to GP access and the quality of care provided.

In particular, the evidence gathering sessions and site visits focused on:

- Key issues relating to 'Access' to GP services, drawing on survey findings and other evidence on GP appointments, opening hours, out-of-hours etc;
- Issues relating to the quality and experience of care;
- GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic

Committee members acknowledged the input of GP practices to the review and expressed their thanks to their practice managers. The Committee also expressed its thanks to Newcastle Gateshead CCG, NHS England Cumbria and North East, Healthwatch Gateshead and Gateshead Community Based Care Ltd for their contributions to the review.

The Committee noted that a strong partnership approach is essential to ensure appropriate, timely and quality GP services can be accessed by Gateshead residents. Patients themselves also have a key role to play in providing feedback to their practice.

It was reported to Committee that Practice Action Plans are developed by all practices working with Newcastle Gateshead CCG and NHS England and are reviewed and updated annually. In continuing to develop these plans in the future, it was recommended that a specific focus is placed on ways individual practices can enhance

access to GP services for their patients and actions that can be taken in this area. It was also noted that practice facilitators will continue to support practices in taking these actions forward.

The headline findings of the review acknowledged the opportunity to build upon existing work and continue the direction of travel set by local NHS Partners and GP practices themselves to enhance access to GP services in Gateshead.

Six priorities and actions were identified and the Committee received an update on the progress to date:-

- 1) Access and Appointments
- 2) Addressing Variation in Quality
- 3) Estates
- 4) Workforce
- 5) IT
- 6) Patient Engagement

The Committee asked if in future any time limits could be shown on the report and if possible could a red, amber and green system be used in order to identify areas of success/concern more easily.

RESOLVED – that the information be noted and further updates be provided to committee as appropriate.

## **CHW13 HEALTHWATCH GATESHEAD PROGRESS REPORT**

The Committee received a report from Healthwatch Gateshead outlining the key activities undertaken over the last 12 months.

The Committee were advised that Healthwatch Gateshead have raised concerns with the North East Ambulance Service about the NHS 111 Service and examples of delays experienced by the residents. Concerns were also raised about booking patient transport from nursing homes in Gateshead.

The Committee requested that they be advised once a response had been received.

- RESOLVED -
- i) That the information be noted.
  - ii) That the response from the North East Ambulance Service be shared with members of the Committee.

## **CHW14 REVIEW OF THE ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING - PROGRESS UPDATE**

The Committee agreed that the focus of its review in 2016-2017 will be the role of housing in improving health and wellbeing.

The scoping report agreed by OSC on 1 July 2016 set out housing related issues that are known to have an influence upon health and wellbeing. It is proposed that the review considers how these housing and health issues are considered and reflected in local practice according to the three themes of Gateshead Council's Housing Strategy 2013-18. These are:-

- Housing Standards
- Housing Supply
- Housing Support

In addition to hearing evidence from Council and Gateshead Housing Company staff, it is proposed that further evidence will be provided by Gill Leng, Public Health England's National Home and Health Lead, and Peter Smith, Head of Policy and Research at National Energy Action, the national charity seeking to end fuel poverty.

The Committee were advised that the evidence gathering sessions, based on the three themes as outlined above, will be delivered accordingly:-

1 November 2016 - Improving health through Housing Supply – the right homes in the right place

6 December 2016 – Health and Housing Standards

24 January 2017 – Health and Housing Support

Speakers will be drawn from Economic and Housing Growth, Development and Public Protection, Health and Social Care Commissioning and Quality Assurance.

At the meeting on 1 July 2016, members of the Committee requested that they themselves also provide evidence based upon their experience of dealing with housing and health related issues.

It is therefore proposed that members of the committee be invited to a focus group session, to be held subsequent to the evidence gathering sessions. Councillors unable to attend the focus group will be invited to provide written evidence by way of questionnaire.

It is also proposed that members of the committee be offered the opportunity to visit relevant housing developments. Details of these will be shared once confirmed.

RESOLVED – That the information be noted and that the approach, content and timescale as set out be agreed.

## **CHW15 ANNUAL REPORT ON ADULT SERVICES COMPLAINTS AND REPRESENTATIONS, APRIL 2015 - MARCH 2016**

The Committee received the annual report on Adult Services Complaints and Representations April 2015 – March 2016.

The Committee were advised on the following points of interest:-

- 53% (33) of complaints were around the quality of services received and remains the greatest cause for complaint
- Quality of service involves alleged failure of service delivery, for example:
  - Home carers not turning up;
  - Non return of telephone calls;
  - Late or missed social work visits;
  - Lack of timely response after a request for service
- 34% (10) of complaints were not upheld after investigation
- 41% (12) of complaints were partially upheld
- 20% (6) were fully upheld after investigation
- Complaints decreased by 3% compared to the number received during 2014/15, (64)
- There has been a 11% increase in formal recorded contacts since 2014/15
- However this increase is due to the number of compliments received regarding individual members of staff or services (1074)

Compliments continue to be received about the quality of the Adult Care Services provided by the Council. Some compliments are about individual members of staff or about whole teams and services. Compliments reflect the high regard in which our customers have for employees and the services provided to them. Information is always fed into operational services, including the Commissioning Team, to highlight good practice and possible improvements to services.

The Committee were advised of the following points of interest relating to compliments:-

- There has been a 17% increase in compliments compared to the amount received during 2014/15
- 32% (347) of compliments received in 2015/16 focused on the care provided by the Councils Promoting Independence Centres.
- 30% (327) were regarding Council provided Domiciliary Care
- 55% (181) of Council Domiciliary Care compliments were about the START service. The START Service is a short term reablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
- 14% (154) of compliments were regarding Services provided by Assessment and Personalisation
- 58% (89) of compliments about Assessment and Personalisation were about Physical Disability Teams
- 5% (56) of all compliments were regarding Health and Housing Support
- Compliments accounted for 85% of all representations made about Adult Social Care Services during 2015/16

RESOLVED – that the information be noted and the thanks of the committee be passed onto all the staff concerned for their hard work.

**Chair.....**



**TITLE OF REPORT:**           **Proposal to Close Bede Branch Surgery**

**REPORT OF:**               **Partners of St Albans Medical Group**

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**Summary**

The attached document provides the OSC with information regarding an application by the partners of St Albans Medical Group to close the branch surgery at the Bede Centre, Old Fold Road, Gateshead and details of the engagement process carried out so far with patients and stakeholders. The views of the OSC are sought on the information provided.

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**Proposal**

1. The Partners of St Albans Medical Group have made an application to close the branch surgery at Bede Centre, Old Fold, Gateshead, which is located one mile from the main health centre site in Felling, in order to safeguard the viability and sustainability of the practice in the long term.
2. Details of the proposals and the engagement process commenced in July 2016 with patients and stakeholders are set out in Appendix 1 to the report.
3. Representatives from St Albans Medical Group will attend the OSC meeting to outline their proposals. The Head of Primary Care at NHS England and the Director of Transformation at NewcastleGateshead CCG will also be in attendance.

**Recommendations**

3. The Committee is asked to:-
  - a) Give its views on the information provided.

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**Contact:**

**Extension:**

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# Application to Close Branch Surgery Premises

St Albans Medical Group (Bede Centre Branch)

October 2016

## 1. Applicant – St Alban’s Medical Group

This application is being made by Drs Georgina Butler, Emily Raine and James Taylor, partners of St Alban’s Medical Group delivering primary care services through a GMS contract. The reasoning behind this application is twofold:

- Safety & Quality – as a consequence of acute staffing shortages and inability to recruit permanent medical staff.
- Financial – as a consequence of increased operational costs and contractual funding reductions.

St Albans Medical Group operates in a largely deprived area covering the East of Gateshead. The practice has a list size of 8,466 patients, with a weighted list size of 10,290.

The practice operates from the main site in Felling Health Centre, Stephenson Terrace, Felling NE10 9QA and a branch surgery at the Bede Centre, Old Fold Road, Gateshead NE10 0DJ located one mile from the main health centre site in Felling.

The practice converted from a PMS contract to a GMS contract in 2015. This decision was taken to safeguard the viability and sustainability of the practice in the long-term. It was deemed that a GMS contract would provide greater security for the partners delivering the service.

The practice currently has no permanent Practice Manager and is being supported by a team of Managers from Gateshead Community Based Care (CBC) – the GP federation in Gateshead.

A recent CQC inspection report identified that the practice ‘Requires Improvement’. Areas of concern included infection control, quality and management. A remedial action plan is being worked through with intensive support from Gateshead CBC.

NHS England have also recognised the vulnerability of the practice and have supported the practice through the Vulnerable Practice Scheme (May 2016).

## 2. Branch Surgery Site

The Bede Centre was opened in 2007 and has operated as a branch surgery. The original case for additional funding to support the Bede Centre was made under the PMS contract. The PMS contract growth monies supported the on-going running of the Bede Centre.

At the time of the opening of Bede, there was an acute shortage of space within the main site, Felling Health Centre. The health centre has recently undergone major refurbishment and redevelopment and has provided additional clinical space.

## 3. Dispensing arrangements

The practice is not a dispensing practice therefore there are no issues to note.

## 4. Business Justification for Proposed Closure

### 4.1 Service Access & Usage

Audit of patient attendances has identified a cohort of 105 patients who regularly use the Bede Centre. This represents 1.2% of the total registered list. These patients were the primary focus of detailed patient consultation.

### 4.2 Contractual

The change from PMS contract to GMS contract effectively removed the inflated contractual payments per head of registered population. This funding was used to support the Bede service financially, clinically and administratively.

The increased service charges that practices face places a significant financial threat to the practice. This is summarised as follows:

- Felling Health Centre – £17,201 to £40,859
- Bede Centre - £4,935 to £32,123

### 4.3 List Size Growth

It was anticipated that the growth in practice list size as a consequence of the location of Bede as a branch site would increase significantly allowing this to be a more sustainable business proposition. However, this has not been realised and the list size growth has been nowhere near anticipated.

#### 4.4 Medical Staffing

Recruitment and retention of GPs – several factors are affecting the practice’s ability to deliver clinical services. There have been several changes in GP personnel including the resignation of one full-time partner and a reduction in clinical sessions from part-time salaried GPs. The current number of vacant clinical sessions is 12. Recruitment is in progress but there has been a locality shortage of GPs. Work is underway to remodel the clinical workforce in order to skill mix the team with the addition of pharmacists and nurse practitioners.

#### 4.5 Lone Working

As a consequence of staffing issues, members of staff are often lone working and therefore a risk assessment has deemed the site as high risk.

#### 4.6 Clinical Effectiveness

Economies of scale – rationalising the service to the main site will be more clinically effective leading to improved patient care, and also more cost effective securing the long-term viability of the practice.

#### 4.7 Training Practice Status

Maintaining training practice status – in order to maintain accreditation as a training practice, the consolidation within a single site will allow the clinical team to be more effective, reduce dilution of clinical staff over two sites and provide a clinically supportive environment conducive to training.

## 5. Summary of Patient Involvement

An engagement process has been running between June and October 2016.

The following stakeholders have been consulted and notified of this proposed branch closure:

<b>Stakeholder Group</b>	<b>Date of Engagement</b>
Patients - household letter	July 2016
Patients – face-to-face consultation meeting x2	19 July 2016 & 4 October 2016
Practice staff – regular team meetings	On-going
Newcastle Gateshead Clinical Commissioning Group	On-going
Overview & Scrutiny Committee	11 August 2016 (initial email contact) Meeting - 1 November 2016
Neighbouring Practices – Crowhall Medical Group	July 2016
Community Services	4 October 2016
Boots Pharmacy – Felling Health Centre & Bede Centre	4 October 2016
Health Watch	4 October 2016
Local Council (Councillor Weatherley)	10 August 2016

## 6. Summary of Patient Feedback

The feedback that has been received from the patient consultation events and from comments direct to the practice have been themed into the categories listed below. A total of 30 members of the public attended two public meetings (one lunchtime meeting, one evening meeting).

### 6.1 Ease of Access/Convenience

The location of the Bede Centre is convenient for residents in the immediate local area. These were particularly in relation to young and elderly patients. For people who live in the immediate area they felt the Bede Centre was accessible and convenient.

### 6.2 Transport

One theme that emerged (6 direct comments) related to transport facilities. There is a bus service that runs between the Bede Centre and Felling, however the location of the bus stop means that people had to walk up a hill to the health centre. This has been raised with Nexus who have agreed to conduct a site survey with a view to locating an additional bus stop at the top of the hill at Stephenson Crescent.

During the consultation process it was also discovered that there is a local service that offers transport (telephone booking) to elderly patients. This service will be publicised by the practice for those patients who may be eligible.

### 6.3 Pharmacy

Boots Pharmacy has an outlet located in the Bede Centre and patients find this convenient. The Practice is able to send prescriptions electronically to the pharmacy which will continue if the application to close is approved.

### 6.4 Parking

Two comments were received in relation to parking facilities at Felling Health Centre. There are a range of parking options around the health centre. There is a main car park which is used by staff and patients. There are also short-term parking spaces at the side of the road which is accessible for patients visiting the health centre.

## 7. Other Issues for Consideration

### 7.1 Bede Centre Lease

There is no signed lease in place for the practice's occupation of the Bede Centre. The centre is owned by Gateshead Council and managed by NHS Estates. It is not known what notice period would be required on the Bede Centre. This information has been requested and we await receipt.

### 7.2 Capacity at Felling Health Centre

A review of the accommodation at Felling Health Centre has concluded that there the accommodation and rescheduling of the appointment system is adequate to meet patient demand.

A review of the accommodation at Felling Health Centre was undertaken in February 2016 as a consequence of the flooding at the Bede Centre. At this point clinical sessions delivered at Bede were incorporated into the Felling schedule.

### 7.3 Availability of Appointments/Improved Access

The introduction of a revised appointment system and effective utilisation of skill mix in the practice will improve access for patients.

Improved access – consolidating service and clinical delivery into one site will allow us to improve the current appointment system utilising skills across the primary healthcare team, providing greater patient access. The introduction of telephone appointments will improve access to patients unable to attend in person at the surgery.

### 7.4 Additional and Enhanced Services

In addition to the core contract the Practices provides the following additional services:

#### Direct Enhanced Services

Learning Disabilities  
Avoiding Unplanned Admissions  
Child Immunisation  
Drug Misuse  
Extended Hours  
Minor Surgery

#### Local Service Level Agreements

Androgen Injection - PSA  
Anti-coagulation  
Care Home Retainer  
Care Home Reviews



Denesomab  
Diabetic Initiation of Injection  
Osteoporosis  
Near Patient Testing

#### 7.5 Opening Hours

The Practice is contracted to provide services between 8.00am and 6.30pm.

#### 7.6 Extended Hours

Through a Direct Enhanced Service (DES) the Practice provides 5.3 hours of additional clinical sessions.

##### 7.7.1 Staffing

There are no staff redundancies planned. There are no TUPE transfer issues to consider. Administrative staff who were based at the Bede Centre will be incorporated into the wider team based at Felling Health Centre. Consolidation of staff into a single site will make more efficient use of clinical resources and provide the opportunity to develop the skill mix from a broader range of staff (e.g. nurse practitioners and clinical pharmacists).

#### 7.8 IT Requirements

No discussions or costs have been agreed to decommission or relocate IT. This will be conducted in partnership with NECS pending the outcome of the proposed closure.

#### 7.9 Quality & Outcomes Framework

There are no issues identified relating to QoF performance. If patients choose to leave and register elsewhere the overall prevalence of chronic diseases may reduce. We wouldn't anticipate this would be to an extent that would adversely affect the financial viability and financial position of the practice.

#### 7.10 Home Visit Policy

The Practice has a policy for home visiting the housebound or people who are too ill to attend the surgery. This policy will not change. However, patients are encouraged to attend the surgery wherever possible as the GPs have access to a greater range of equipment at the health centre.

#### 7.10 CQC

Consolidating the service and delivery of services from a single site will support the improvements identified by CQC.

#### 7.11 Primary Care Web Tool

No detrimental issues have been identified.

#### 7.12 Active breaches

There are no active contractual breaches that have been served from NHS England.

## 8. Proposed Closure Date

The Bede Centre flooded in February 2016 which resulted in the practice withdrawing all services. Due to the staffing shortages the service has not resumed. No complaints have been received and patients have accessed services at Felling Health Centre from February 2016.

## 9. Patient Registration & Choice of Practice

Patients have choice about the GP practice that they register with. The following local practices operate within the vicinity of the Bede Centre:

<b>Practice</b>	<b>Distance from Bede Centre</b>
Crowhall Medical Practice Felling Health Centre	1.0 miles (4 minutes) drive 16 minute bus journey (every 12 minutes)
Bridges Medical Practice Trinity Health Centre 24 West Street Trinity Square Gateshead NE8 1AD	1.4 miles (6 minutes) drive 15 minute bus journey (every 12 minutes)
Millennium Family Practice Trinity Health Centre 24 West Street Trinity Square Gateshead NE8 1AD	1.4 miles (6 minutes) drive 15 minute bus journey (every 12 minutes)
Central Gateshead Medical Group Prince Consort Road Gateshead NE8 1NB	1.4 miles (5 minutes) drive
Longrigg Medical Centre Leam Lane Estate Gateshead NE10 8PH	2.2 miles (7 minutes) drive

## 10. Practice Declaration

### St Albans Medical Group – GP Partners

Partner	Signature	Date
Dr Georgina Butler		
Dr Emily Raine		
Dr James Taylor		

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**TITLE OF REPORT:**            **Review of the Role of Housing in Improving Health and Wellbeing – First Evidence Gathering Session**

**REPORT OF:**                    **Alice Wiseman, Director of Public Health**

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## **Summary**

This report gives details of the evidence gathering session that will take place on 1<sup>st</sup> November 2016 and outlines the framework for future sessions. The views of the Committee are being sought on the evidence presented and the future plans outlined.

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## **Background**

1. Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2016-17 will be the role of housing in improving health and wellbeing.

## **Purpose of this session**

2. This is the first in a series of evidence gathering sessions being undertaken for this review. The purpose of this session is to examine the role of the supply of housing in Gateshead in terms of issues regarding:
  - the current supply of housing, with a particular focus on stock managed by The Gateshead Housing Company, and
  - anticipating the demand for and supply of housing in the future.

The aim is to highlight particular issues regarding the supply of housing that are relevant to health and wellbeing, and activity that will address these issues in both the existing stock and through the supply of housing in the future.

3. The first evidence session will comprise of the following presentations, each of which will be of 10 minutes duration, followed by questioning from the Committee:-
  - Working with the existing stock – Anneliese Hutchinson, Service Director for Development and Public Protection, Gateshead Council

and Jon Mallen-Beadle, Managing Director, The Gateshead Housing Company

- Planning for future housing need – Anneliese Hutchinson, Service Director for Development and Public Protection, Gateshead Council and Neil Wilkinson, Spatial Planning and Environment Manager, Gateshead Council

### **Issues to Consider**

4. When considering the evidence outlined above the Committee may wish to consider the following:

- What are the key local issues?
- What is currently being done?
- Are there areas of good practice which Gateshead can learn from or develop further?
- Are there any gaps, or areas for improvement that need to be developed?

### **Future evidence gathering sessions**

5. It is proposed that future evidence gathering sessions cover the following:

#### **December**

- Provide an overview of the relationship between health and housing standards (ie. condition, management and energy efficiency)
- Particular focus on fuel poverty
- Consider the role of housing and place

#### **January**

- How housing support and advice services maintain and improve health and wellbeing

### **Recommendation**

6. It is recommended that the Committee:

- Gives its views on the evidence presented.
- Agrees the proposals outlined at section 5 of the report as the focus for future evidence gathering sessions.



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

**REPORT OF: Sheila Lock, Interim Strategic Director, Care, Wellbeing and Learning**

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**Summary**

To update and seek the views of the Care, Health & Wellbeing OSC on the work of the Gateshead Health & Wellbeing Board for the six month period April to September 2016.

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**Background**

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2016/17 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the work of the HWB.
3. This report provides an update on the work of the HWB for the period 1 April 2016 to 30 September 2016. A second progress update covering the period 1 October 2016 to 31 March 2017 will be brought to OSC on 25 April 2017.

**Gateshead Health & Wellbeing Board – Progress Update April to September 2016**

4. The following update highlights key issues considered by the HWB and progress made since the previous update to Care, Health & Wellbeing OSC on 19th April 2016.

**Health & Wellbeing Board Forward Plan 2016/17**

5. A Forward Plan was developed for the Health & Wellbeing Board for 2016/17 to steer its work and areas of focus during the course of the year. The Forward Plan is structured under five key areas of work:

- Strategy / policy development and commissioning intentions
- Transformation agenda: Integration and ways of working
- Health and care service developments/reviews
- Performance management framework
- Assurance agenda

6. A copy of the Forward Plan for 2016/17 is attached as an appendix to this report. This has shaped the Board's agenda to-date in the current year.

### **Needs Assessment**

7. The Board confirmed the strategic priorities for Gateshead identified through the Joint Strategic Needs Assessment (JSNA):

#### **Best start in life**

- Education and skills
- Emotional health and wellbeing
- Starting and staying healthy and safe

#### **Living well for longer**

- Economic factors
- Mental health and wellbeing
- Tobacco control and smoking
- Alcohol misuse
- Healthy weight and physical activity

#### **Older people**

- Frailty
- Long term conditions
- Mental health and wellbeing

8. Work is underway to further develop the JSNA intelligence offer e.g. through Health Needs Assessments (HNAs) for Homeless (looking at multiple and complex needs through the lens of homelessness) and Black and Minority Ethnic Communities. A piece of work on Carers is also being carried out to feed into the Carers review. Work is also taking place with the voluntary and community sector to develop qualitative 'life story' information to feed into the JSNA process and the JSNA web pages have been redesigned to improve access.

9. The following next steps have been endorsed by the HWB:

- To review and update the list of 'expert authors' list who provide the narrative for key topic areas.
- To build on the qualitative work undertaken by a range of voluntary sector providers, in order to bring additional richness to the JSNA.
- To consider how to integrate intelligence on Gateshead's assets into the JSNA in line with "Achieving More Together".
- To keep the topic areas covered by the JSNA under review.



## **Strategic & Operational Plans**

10. The Board considered the following strategic and operational plans during the period April to September 2016:

- *Newcastle Gateshead CCG Commissioning Plan 2016/17*: The CCG's commissioning intentions outlined its key priorities for the year linked to its major areas of transformation, including mental health services, care homes and urgent care vanguards, re-procurement of community services and implementation of its General Practice Strategy.
- *Sustainability & Transformation Plan (STP)*: The Board received an initial presentation from Newcastle Gateshead CCG on an emerging Sustainability & Transformation Plan (STP) for Northumberland and Tyne & Wear. As provided for under NHS Planning guidance, STPs are required to accelerate the implementation of the NHS Five Year Forward View (a vision for the future of the NHS based around sustainable new models of care), be place-based, multi-year plans that are built around the needs of local populations. In particular, the plan is required to address the health and wellbeing gap, the care and quality gap and the funding and efficiency gap across the local health economy.

It was reported that the aim is to work towards a shared understanding of where we are now, our ambitions for the period to 2020/21 and to develop a plan to get there.

- *Substance Misuse Strategy for Gateshead*: an initial draft strategy addressing both alcohol and substance misuse. This joint approach is highlighted by a focus on prevention across the lifecycle; promoting responsible retailing by the trade to support a reduction in substance misuse-related harm; and ensuring an evidence based 'health and wellbeing' focused approach to address the needs of service users and their families.

## **Better Care Fund Plan 2016/17**

11. The Better Care Fund (BCF) Plan for 2016/17 was agreed by the HWB. It was developed in line with government guidance and has been approved in full by NHS England. It seeks to provide a platform for more care to be provided in out-of-hospital settings and closer to peoples' homes.

12. 2016/17 is seen as a transition year whereby BCF schemes are aligned with emerging models of care such as the care homes vanguard, the redesign of community health services, primary care, out-of-hospital care, as well as prevention, early intervention and enablement services.

## **Performance Management Framework**

13. The Board received an update on progress in relation to key indicators linked to its health and wellbeing agenda drawn from:

- The Public Health Performance Management Framework
- Gateshead Better Care Fund Plan

- Newcastle Gateshead CCG Strategic Indicators
- Children's and Adult Social Care Strategic Outcome Indicators

14. The Board also endorsed quarterly returns to NHS England relating to the Better Care Fund Plan – quarter 4 (2015/16) and quarter 1 (2016/17). The returns focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators.

### **Assurance Agenda**

15. As part of the Board's assurance agenda, the Board considered the:
- Safeguarding Children Board Annual Report 2015-2016 and 2016-2017 Action Plan
  - Safeguarding Adults Strategic Plan 2016-2019 and Annual Business Plan 2016/17
  - Healthwatch Gateshead Annual Report 2015/16 and Priorities for 2016/17
  - Drug-related Deaths Annual Report for 2015 and an overview of drug related deaths in 2016 to-date
  - Learning Disability Joint Health & Social Care Self-Assessment Framework

### **Other Issues**

16. Other issues considered by the Board included:

- *Social Prescribing in Gateshead* – a report out from a workshop to examine a social prescribing approach in Gateshead which is being developed within the context of the 'Achieving More Together' agenda.
- *Personal Health Budgets* – a progress update report from Newcastle Gateshead CCG on the development of the local offer for Personal Health Budgets during 2016/17 to provide residents with more direct control over the care they receive through the NHS.
- *Smoking Still Kills: Smoke Free Vision 2025* – progress on the development of a 10 Year Tobacco Control delivery plan for Gateshead was considered by the Board and the next steps in taking this work forward were agreed.
- *Child & Adolescent Mental Health Services (CAMHS)* – an update was provided by Newcastle Gateshead CCG on the review of children and young people's mental health services aimed at designing an integrated early response to the emotional and psychological needs of children, young people and their families.
- *Live Well Gateshead Evaluation* – the findings from the evaluation of Live Well Gateshead were considered by the Board.
- *Primary Care Co-commissioning* – the Board considered proposals by Newcastle Gateshead CCG to apply to take on delegated

commissioning arrangements for primary care medical services from 1<sup>st</sup> April 2017.

- *National Review of the Voluntary and Community Sector in improving health, wellbeing and care outcomes* – the Board considered the findings of a national review of partnerships and investment in voluntary and community and social enterprise organisations in the health and social care sector which will feed into work on the role of the voluntary and community sector in Gateshead.

## **Recommendations**

17. The views of OSC are sought on:

- (i) the progress update on the work of Gateshead's Health & Wellbeing Board for the first six months of 2016/17 set out in this report.

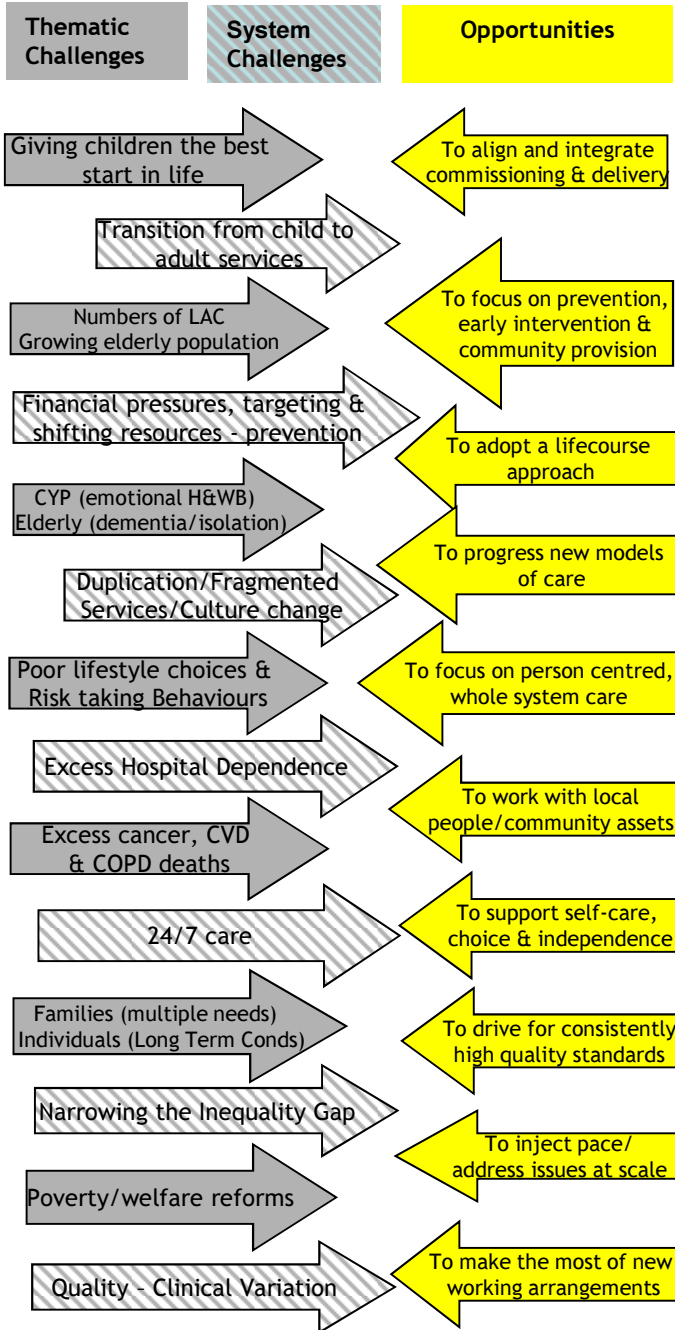
John Costello (Ext 2065)
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**Aspirations for the Future**

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

A healthy, inclusive and nurturing place for all where children have the best start in life; where older people are independent and part of community life; where people lead healthy lifestyles, with more people living longer; and where those who need help can get it easily with agencies working together.



**Areas of Focus of HWB during 2016/17**

<b>Strategy, Policy &amp; Commissioning Intentions</b>	Development of JSNA, including needs assessment of homeless, BME and refugees & asylum seekers Health & Wellbeing Strategy Refresh Development of a Health Inequalities Framework Commissioning Intentions for health & care (all age) Health & Care Strategic/STP and Operational Plans Tobacco Control 10 Year Plan, Substance Misuse Strategy, Sexual Health Strategy
<b>Transformation Agenda: Integration &amp; Ways of Working</b>	Responding to key challenges over next 5 years: Financial and demand pressures (STP, LA MFS etc.) New Models of Care BCF Transition Transformation Enablers - workforce, technology, estates, involvement & engagement, system architecture (collaborative planning and working arrangements etc.)
<b>Service Developments &amp; Reviews</b>	Community health, Mental health (CAMHS & Adults), Primary care, Urgent care services Children & Young People: prevention & early support Older Peoples Wellbeing / Management of LTCs Drug related deaths Place shaping and health / Licensing objectives Social Prescribing / AMT, Live Well Gateshead Carers Review
<b>Performance Management Framework</b>	A Performance Management Framework encompassing: - Key health & wellbeing system Indicators - BCF monitoring - Inspections etc.
<b>Assurance</b>	DPH Annual Report Health Protection Assurance Annual Report HealthWatch Gateshead Annual Report & Priorities Safeguarding Annual Reports (Children & Adults) Learning Disability Joint Self-Assessment

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