

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

**Friday, 1 July 2016 at 11.00 am in the Bridges Room - Civic Centre**

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From the Chief Executive, Jane Robinson

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Item	Business
<b>1.</b>	<b>Apologies for absence</b>
<b>2.</b>	<b>Constitution (Pages 3 - 4)</b>  The constitution of the Committee and the appointment of the Chair and Vice Chair as approved by the Council for the current municipal year is attached.
<b>3.</b>	<b>Minutes of last meeting (Pages 5 - 10)</b>  The Committee are asked to approve the minutes of the last meeting.
<b>4.</b>	<b>Role and Remit (Pages 11 - 12)</b>  Joint report of the Chief Executive and Strategic Director, Corporate Services and Governance.
<b>5.</b>	<b>Review of Winter 2015-2016 (Pages 13 - 20)</b>  Report of Newcastle Gateshead Clinical Commissioning Group (CCG)
<b>6.</b>	<b>Safeguarding Adults Strategic Plan 2016/19 and Annual Business Plan 2016/17 (Pages 21 - 40)</b>  Report of the Interim Strategic Director, Care, Wellbeing and Learning.
<b>7.</b>	<b>Review of the Role of Housing in Improving Health and Wellbeing (Pages 41 - 44)</b>  Report of the Director of Public Health.
<b>8.</b>	<b>The Council Plan - Year End Assessment of Performance and Delivery 2015/2016 (Pages 45 - 88)</b>  Joint Report of the Chief Executive and the Interim Strategic Director, Care, Wellbeing and Learning.
<b>9.</b>	<b>Corporate Strategic Tracker and Target Indicator - 2020 (Pages 89 - 94)</b>  Joint report of the Chief Executive and Interim Strategic Director, Care, Wellbeing and Learning.

Contact: Helen Conway email [helenconway@gateshead.gov.uk](mailto:helenconway@gateshead.gov.uk), Tel: 0191 433 3993  
Date: Thursday, 23 June 2016



**CARE, HEALTH AND WELLBEING OSC**  
**1 JULY 2016**

**TITLE OF REPORT:**        **Constitution**

**REPORT OF:**                **Jane Robinson, Chief Executive**

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The constitution of the Committee and the appointment of the Chair and Vice Chair as approved by the Council for the 2016/17 municipal year is as follows:

**Chair**                        N Weatherley (C)  
**Vice Chair**                M Charlton (VC)

**Councillors**            C Bradley  
                                 D Davidson  
                                 W Dick  
                                 K Ferdinand  
                                 B Goldsworthy  
                                 M Goldsworthy  
                                 M Hood  
                                 J Kielty  
                                 L Kirton  
                                 P Maughan  
                                 P McNally  
                                 R Mullen  
                                 I Patterson  
                                 J Simpson  
                                 J Wallace  
                                 A Wheeler

**Recommendation**

The Committee is asked to note the information.

**Contact:** Helen Conway

**Extension:** 3993

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**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**  
**MEETING**

**Tuesday, 19 April 2016**

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

Councillors: M Hood, D Davidson, M Goldsworthy,  
C Bradley, M Charlton, W Dick, B Goldsworthy, F Hindle,  
D Robson, J Simpson and J Wallace

**APOLOGIES:** Councillors P McNally and P Ronan

**CHW36 MINUTES**

The minutes from the meeting held on 19 January 2016 were agreed as a correct record.

**CHW37 BLAYDON GP PROVISION UPDATE**

The Committee received an update from John Costello, as Matt Brown, NHS England was not able to attend the meeting.

The Committee were advised that the latest procurement exercise had failed to identify a provider although work is ongoing to try and find a solution by 30 June 2016.

All scenarios are currently being looked at including a review of the costs levied by the landlord (the council) to see if any savings/concessions can be made. As well as looking into the delivering of other services from the premises to help with the running costs.

The Committee expressed concern at the length of time the process had taken but acknowledged that all that could be done was being done.

The Committee requested that further updates be provided as soon as practicable and that all options identified should be considered. John Costello also will obtain a current update from NHS England.

The CCG also acknowledged that they were looking at every scenario possible and they were also in discussions with the QE Hospital, Metro Riverside and Blaydon to look at and consider all viable options.

The Committee were also assured that the Blaydon Walk in Centre was not affected in any way by the uncertainty surrounding Blaydon GP Practice; and walk in services

were continuing to be delivered from Blaydon and would also continue to do so.

RESOLVED -                    i)        that the information be noted.  
                                      ii)        that further updates be provided as soon as possible.

### **CHW38      HEALTHWATCH GATESHEAD**

The Committee received a report and presentation from the Chair of Healthwatch Gateshead in relation to work/achievements during the past year.

The Committee thanked Healthwatch for their continuing work and looked forward to more closer working in the future. The Committee acknowledged that Healthwatch had been very helpful during the consultation exercise into the Deciding Together Consultation and recognised the valuable work already undertaken.

RESOLVED -                    that the information be noted

### **CHW39      DECIDING TOGETHER CONSULTATION - UPDATE**

The Committee received a report outlining the next steps which Gateshead's Care, Health and Wellbeing OSC may now take following a meeting of a Joint Health OSC (Gateshead and Newcastle) on 31 March 2016 to consider the proposals for mental health services across Gateshead and Newcastle outlined in the Deciding Together Consultation.

At the conclusion of the meeting on 31 March 2016, members of the Joint Health OSC were of the view that, whilst there were some good elements to the consultation process, there were also a number of flaws in the content/process. There was also agreement that the trust wide scenario T (Hopewood Park and St George's) was not in the interests of the local area and that a central option was preferred. However, the Joint OSC was not able to indicate whether this should be option G or option N because there had been insufficient and conflicting information about those specific options.

The Joint OSC was advised that Gateshead retained its right to make a referral to the Secretary of State and indicated that Gateshead's Care, Health and Wellbeing OSC would make a decision on whether it should make a referral at its meeting on 19 April 2016.

In examining whether a referral to the Secretary of State might be an appropriate course of action the OSC considered the following:

- The benefits of making such a referral
- Any alternative action which can be progressed

When considering the benefits or otherwise of making such a referral the OSC noted that there were no guarantees that any referral would be successful, however, a potential outcome of a referral in relation to inadequate consultation might be that the CCG is asked to carry out the consultation again.

The OSC noted that a referral to the Secretary of State would delay a decision on the future of mental health provision across Newcastle/Gateshead for patients/carers and families after an already lengthy engagement/public consultation exercise.

The OSC acknowledged that a referral to the Secretary of State may have an impact on the resources of the CCG and the CCG was asked to conduct the consultation exercise again and this may lead to a reduction in resources available for other health provision for residents as a result.

The CCG have indicated that there has been no decision taken on any of the options outlined in the consultation and the CCG Board will make this decision on 24 May 2016. The CCG may therefore decide to progress the option of a central location for acute inpatient mental health services which the Joint Health OSC has indicated as its preferred option. In arriving at its decision, the CCG Board will take into account the outcome of the public consultation exercise, the views of the Joint Health OSC and the views of the Clinical Senate amongst other factors.

The Committee were advised as an alternative, the OSC could draft a formal letter to the CCG providing an overview of its concerns regarding the consultation, identifying areas requiring written clarification and assurances. This would have the benefit of providing the OSC with written confirmation as to how their concerns will be managed and would also minimise any delay in securing improved mental health provision for residents across Gateshead and Newcastle.

- RESOLVED -
- i) the OSC unanimously decided not to support the trust wide solution and agreed to exercise their right to make a referral to the Secretary of State on 27 May 2016, if the CCG Board's decision on 24 May 2016 is to support a Trust Wide solution, on the basis that this options would not be in the interests if the local health service.
  - ii) the OSC unanimously decided that a letter should be sent on behalf of the OSC to Dr Mark Dornan (the new Chair of the CCG) setting out its concerns in relation to the consultation exercise and a formal response is requested

#### **CHW40 REVIEW OF MENTAL HEALTH & WELLBEING - MONITORING REPORT**

The OSC received a report providing a progress update on the Mental Health Review, which was the review topic of the Committee for 2014-15. The final report, which analysed the issues identified during the review and made recommendations for future action, was discussed and agreed at the committee on 21 April 2015. A six month update was given on 15 September 2015 identifying progress made against each of the six identified recommendations.

Committee were reminded that, in Gateshead, the percentages of those diagnosed with mental health conditions are higher than regional and national averages. This could be due to a number of local factors, including higher detection and diagnosis

of these illnesses. However local partnership work has also suggested that austerity and welfare reform is impacting negatively on the mental health and wellbeing of affected residents.

The rates of hospital admission for self-harm and unintentional injury for both under 18's and adults are higher than national averages. The figures point towards a very clear difference in admission rates per 100,000 population for self-harm with the North east of England recording triple the rate of admissions according to population size than London.

The recovery rate for those people being treated by the Improving Access to Psychological Therapies (IAPT) Service is higher than the national average. The national average recovery rate is around 40% and Gateshead is regularly performing at 50% or above. The service is also above average for access rates. Figures for Quarter 4 2014/2015 show:-

- 56.2% completed treatment i.e. 880 of 1565
- 53.4% hit recovery and 52.3% hit reliable recovery
- 72.7% hit "Reliable improvement" i.e. 640 out of 880. This is those who may not have hit recovery but made significant enough progress to be classed as a reliable improvement

The Gateshead suicide rate is below the national average, but small numbers annually means that looking at the rate for a single year must be viewed with caution. A suicide audit was completed in 2015 and this will be repeated in June 2016 for the two year data 2014 & 2015.

The suicide rate as calculated by the Office of National Statistics is among the lowest in the North East region, there on average 12 deaths per annum in Gateshead. The rate does not appear to be changing significantly over time although for half year figures in 2014 there appeared to be an upward trend.

The use of anti-depressant medication is quite high in the North East in comparison to England as a whole, averaging 1.7 against an England average of 1.3 in 2014/2015. Newcastle Gateshead CCG area has the second highest spend in the North East and Cumbria area, only North Durham spending more on anti-depressants. Both these have increased since the last reporting period of 2013/2014 (PHE Community Mental Health Profiles website).

- RESOLVED -
- i) that the Committee noted the progress made against each recommendation as contained in the report
  - ii) that the work done so far be acknowledged and further updates be provided to Committee in due course.

#### **CHW41 HEALTH AND WELLBEING BOARD - PROGRESS UPDATE**

The Committee received a report providing a progress update on the work of the Gateshead Health and Wellbeing Board from October 2015 – March 2016.



The Committee were advised that the following Strategic and Operational plans and their delivery arrangements were considered by the Board during October 2015 to March 2016:-

- Children and Adolescent Mental Health Services (CAMHS) Transformation Plan
- Children and Young People (0 to 19) delivery framework
- 'Deciding Together' mental health consultation
- Learning Disability Transforming Care Programme Fast Track Plan
- Health & Wellbeing Strategy Refresh
- 10 Year Plan for Tobacco Control in Gateshead
- Older Peoples Strategy

The Committee were advised that the Director of Public Health's Annual Report was considered at the Board's meeting in January 2016 which focused on health inequalities and the wider determinants of health, health in childhood and, in particular, the role of services and schools in child health improvement. The report's main theme, childhood health, was chosen to highlight the significance that achieving the best start in life has in reducing health inequalities in subsequent years. Details were also provided of action taken in response to the previous Director of Public Health Annual Report which focused on alcohol.

The Committee also received an update on work with the Integration Agenda, Assurance Agenda the Performance Management Framework and other issues to be considered.

The Committee also were advised that as the Health and Wellbeing Board commences its fourth year as a statutory committee of the Council, the health and care landscape continues to undergo change both in response to financial and other pressures facing the system and opportunities to work in new ways to better meet the needs of local people. The Board will need to be clear on the key strategic issues for Gateshead and how it can best influence this agenda for the benefit of local people.

Building upon the progress made in 2015/16, the Board will need to develop a revised Forward Plan and work programme for the year ahead.

RESOLVED - that the information be noted

## **CHW42 ANNUAL WORK PROGRAMME 2016-2017**

The Committee received a report setting out the provisional work programme for the municipal year 2016-17. As well as the draft work programme the Committee agreed that the proposed review topic would be the 'Review of the role of Housing in Promoting Health and Wellbeing' and the proposed case study would be 'Delayed Transfers of Care and Hospital Discharges'

The Committee also requested that the treatment into eating disorders be investigated also.

- RESOLVED -
- i) that the review topic and case study for 2016-17 be agreed.
  - ii) that the provisional work programme for 2016-17 be endorsed and be referred to Council on 26 May 2016 for agreement.
  - iii) that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

#### **CHW43 REVIEW OF GP ACCESS - FINAL REPORT**

The Committee received the final report into the Review of GP Access.

The Committee has considered a significant amount of evidence as part of the review of GP Access in order to scrutinise the current position across the Borough, to review challenges faced locally and nationally and to identify opportunities to build upon existing work to enhance access for the benefit of local people.

Following a series of evidence gathering sessions and site visits, the final report analyses the issues presented throughout the review and suggests headline recommendations.

The Committee were advised on the headline findings and the recommended actions on each of the priorities.

- RESOLVED -
- i) that the final report of the review of GP Access be approved
  - ii) that the priorities arising from the review be agreed
  - iii) that the recommendations be put forward to Cabinet and Council for approval and implementation

**Chair.....**



**CARE, HEALTH AND WELL-BEING  
OVERVIEW AND SCRUTINY  
COMMITTEE  
1 July 2016**

**TITLE OF REPORT:**        **Role and Remit**

**REPORT OF:**            **Jane Robinson, Chief Executive  
Mike Barker, Strategic Director,  
Corporate Services and Governance**

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**Summary**

The report sets out the remit and terms of reference of the Committee as previously agreed by the Cabinet and the Council.

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**Background**

1. Article 6 of the Council's Constitution sets out the aims and objectives of the scrutiny function in Gateshead Council. In particular it should be an integral part of the Council's framework and a constructive process which works alongside other parts of the Council's structure, contributing towards policy development. Importantly it will enhance rather than duplicate activity and it will look to broader issues affecting local people rather than just internal Council issues.

**Remit/ Terms of Reference**

2. Within the above principles, all Overview and Scrutiny Committees will
  - Review decisions, holding decision makers to account
  - Call - in executive decisions in accordance with the procedure set out in the Overview and Scrutiny Committee rules
  - Contribute to the policy making process
  - consider Councillor Calls for Action in line with the Council's protocol

⇒ carry out Policy reviews agreed as part of the service planning cycle

⇒ Advise Cabinet as part of the Council's performance management system

⇒ have a role in scrutinising and developing the Council's Improvement Programme

⇒ Examining the Schedule of Decisions

  - Ensure other agencies, public and private, play their part in achieving a better quality of life for Gateshead residents.

3. To perform the Overview and Scrutiny role in relation to:
  1. all the functions of the Council as a social services authority except those services provided to children and young people;
  2. health service for adults and an Overview of health services for children and young people and an
  3. An overview of functions discharged under the Health and Social Care Act 2012 or any other enactment in relation to the planning, provision and operation of the health service in the area.

Membership: Eighteen members of the Council.

### **Recommendation**

4. The Committee is asked to note its remit and terms of reference.

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**Contact:** Angela Frisby

**Ext:** 2138

<b>TITLE OF REPORT:</b>	<b>Review of Winter 2015-16</b>
<b>REPORT OF:</b>	<b>Newcastle Gateshead Clinical Commissioning Group (CCG)</b>

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### **Summary**

This report summarises the impact of the 2015/16 winter period on the Gateshead health economy.

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### **Background**

1. There is national recognition of increased demand for urgent and emergency services across the winter months, which officially runs from November to March – although pressures are now regularly being experienced across the whole of the year. During this time, demand is largely unpredictable, mostly because it is impossible to predict the severity of winter weather or of any flu outbreak. As a result of this, the healthcare system must have adequate capacity and plan appropriately to be sufficiently robust to react to these necessarily variable demands
2. Winter pressures are caused by the seasonal increases in morbidity and demand being placed upon and within the healthcare system. An increase in winter mortality and morbidity does not just occur during extremely cold weather but also on relatively mild days which are more frequent. The cold weather mainly affects the health of the elderly, the very young and the chronically ill. This, combined with the dangers associated with snow and ice and the sheer scale of seasonal influenza, leads to increased pressures on the health service during the winter season.
3. The case mix of patients now presenting to urgent and emergency care services has also changed recently with more frail and/or acutely ill patients requiring an admission and an extended length of stay.
4. These demands impact significantly on emergency departments and ambulance services, which are already among the most pressured services, leading to problems elsewhere across the system; reduced bed access and the potential for 'congestive hospital failure' as well as the reduced ability of social care teams to assist in discharging patients from hospital.
5. The surge in morbidity during the winter months also has a major impact on primary care. The general practice system has seen an unprecedented increase in demand in recent years. Combined, the demand places the whole of healthcare system under huge strain, reducing its robustness to absorb spikes in demand during the winter months.

## **2015/16 Winter Resilience Planning**

6. Newcastle Gateshead CCG, on behalf of the health and social care economy, were required to provide assurance to NHS England by the end of July 2015 that adequate planning had been undertaken to ensure system resilience across Gateshead from November up until the end of the financial year (the traditional winter period) as well as submit a detailed System Resilience Plan. This submission was assessed and was extremely well received by NHS England Team who indicated they felt 'Assured' with the 2015/16 winter planning arrangements and planned resilience within the system.
7. This System Resilience Plan also provided detail as to how the non-recurrent winter funding, made available by the Department of Health, had been allocated by the Gateshead System Resilience Group (an NHS England mandated group which oversees and co-ordinates operational delivery and resilience planning) to providers/services to ensure additional capacity; a total of £1.5 million was allocated to Gateshead in 2015/16.
8. This funding was intended to be used to minimise A&E attendances and hospital admissions; Improve the flow of patients through 7 day working across hospital community, primary and social care; offer innovative solutions to tackle delayed discharges; and support high risk groups.
9. The funding was distributed to local services and was used for additional:
  - Bed capacity(including step down beds)
  - Nursing provision (in and out of hospital);
  - Senior medical support;
  - Social care cover;
  - Mental Health Crisis Liaison Services for A&E;
  - Ambulance Service resilience.
10. Additionally, early in December 2015, NHS England provided the CCG with additional funding to enhance primary care provision over the winter period up until March 2016. This funding was used to provide resilience in the following areas:
  - Additional GP's in the Emergency Care Centre and Blaydon Walk in Centres
  - Standby GPs for the Out of Hours Provider
  - GP support for patients 'stepped down' into community beds
  - GP Practices which included:
    - Offering telephone consultations, walk in appointments as well as urgent bookable appointments;
    - Focusing on responding to requests for home visits as soon as possible to enable a greater opportunity to plan an alternative to a hospital admission, for example staggering surgeries to enable doctors to visit across the day;
    - Providing same day access for children to prevent parents attending A&E because of anxieties and doubt they will get an appointment;
    - Special arrangements to retain good access during the 3 day week between Christmas and New Year and over the Easter period.

## **Impact of Winter 2015/16**

11. Whilst winter 2015/16 can be described as being 'mild' due to the minimal disruptive weather (such as snow and ice) and without the level of norovirus outbreaks that have

been experienced in previous years, all providers, in all settings and services experienced sustained pressures throughout the whole of the winter period

12. This caused the whole system to be less operationally resilient than planned, particularly in the Emergency Care Centre (ECC) at the Queen Elizabeth Hospital, due to a number of determinants which impacted on the whole systems ability to effectively manage the level of demand placed upon it. This included patients' lack of rapid access to GPs, emergency beds, community and social care capacities; delayed discharges and demand for ambulances (with the North East Ambulance Service capacity and response significantly affected by handover delays at various hospitals across the region).
13. Whilst it must be acknowledged that there was a significant increase in the number of locally registered patients presenting to the ECC and Blaydon Walk in Centre which placed a strain on these services, increased and sustained pressures were also created by other Foundation Trusts across the region that were simply unable to effectively manage their own patient flow and therefore became reliant on Gateshead Health NHS Foundation Trust to assist them in meeting their demand for urgent care.
14. Several of these Foundation Trusts frequently had cause to divert patients away from their own hospital sites to Gateshead who despite being under significant, sustained pressure still provided mutual aid to these 'out of area patients'.
15. In the interest of patient safety, NEAS often also felt it clinically necessary to transport patients away from their local or nearest hospital because of delays in handing over patients from ambulance crews to A&E staff. This caused not only increased demand on the Queen Elizabeth Hospital but then created repatriation problems when patients were later medically fit for discharge as NEAS struggled to provide a transfer or their local hospital was not able to provide a bed.
16. The number of Delayed Transfers of Care, that is adult inpatients in the Queen Elizabeth Hospital (children are excluded from this definition) who are ready to go home or move to a less acute stage of care but are prevented from doing so, also increased during this time for both Gateshead and out of area patients due to the volume of patients needing support and complexity. Sometimes referred to in the media as 'bed-blocking', delayed transfers of care are a problem for the NHS as they reduce the number of beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients

## **Performance**

17. Within the NHS there are three main indicators which are used to measure performance of the urgent and emergency healthcare system. These are;

1. The 4 hour A&E Standard

This standard is part of the NHS Constitution and is considered a crucial indicator of the overall success in the delivery of high quality health services to NHS patients. It is a requirement that 95% of all patients who present to the Accident and Emergency Department /Walk in Centres are seen, treated and discharged or admitted within 4 hours of arrival.

18. Gateshead Health NHS Foundation Trust struggled to achieve this target during the winter months in 2015/16. Analysis of annual activity has indicated that whilst there was a decrease in the overall number of ambulance arrivals in 2015/16 (although there was some increase in patients being conveyed from County Durham and Northumberland) there was a 7.6% increase in patients self-presenting to Gateshead urgent and emergency care services in 2015/16(6,397 patients). Whilst two thirds of this growth was Gateshead residents (4098), there was a marked increase in patients presenting from South Tyneside (43%).

**Gateshead Health NHS Foundation Trust performance against the 4 Hour target, 2015/16.**

<b>Year</b>	<b>Month</b>	<b>Total Attendances</b>	<b>% Treated 4 Hours or less</b>
<b>2015-16</b>	April	10,086	94.66%
	May	9,594	95.04%
	June	9,387	96.22%
	July	9,654	96.59%
	August	9,307	95.67%
	September	9,339	95.03%
	October	9,767	93.57%
	November	9,326	92.12%
	December	9,499	94.05%
	January	9,695	91.11%
	February	9,383	89.49%
	March	10,358	90.96%
	<b>YEAR</b>	<b>115,395</b>	<b>93.69%</b>

**2. Ambulance Service – Category A Calls**

19. The number of Category A calls - life threatening - resulting in an emergency response arriving at the scene of the incident within 8 minutes. There is a national target of 75% for ambulance services.
20. North East Ambulance Service (NEAS) managed to respond to 68% of these calls in 2015/16 within the specified timeframe. The table below shows the breakdown for Gateshead residents only.

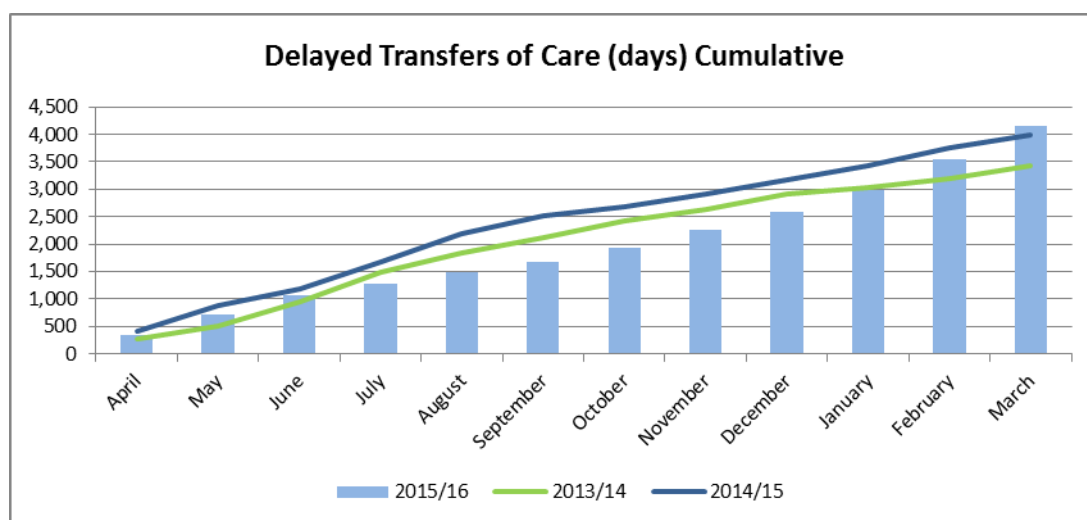


### NEAS Performance against the Category A target (Gateshead Patients only) - 2015/16.

Year	Month	Number of Calls	% calls responded to within 8 minutes
2015-16	April	1151	76.89%
	May	1158	78.50%
	June	1152	75.78%
	July	1172	74.23%
	August	1158	74.35%
	September	1163	73.69%
	October	1244	66.80%
	November	1307	64.73%
	December	1419	63.99%
	January	1433	57.99%
	February	1342	64.75%
	March	1426	76.89%
	<b>YEAR</b>	<b>15,125</b>	<b>69.02%</b>

### 3. Delayed Transfers of Care (DToC)

21. The number of days delayed involving Gateshead patients during 2015/16 was 24.5% above the trajectory of 3,330 days and 4% higher than 2014/15. The number of days delayed increased sharply in the second half of the year.



### Evaluation of Schemes

22. In order to review the impact of the schemes which were funded and implemented during the winter period 2015/16 as well as how services managed in general, an evaluation event (winter 'wash up') was held by the SRG early in April 2016.
23. This process was undertaken to ensure an evidenced based, robust Risk and Resilience Plan could be developed to ensure adequate year round capacity is available to effectively manage surge/pressures; the significant challenge is that local

providers are now experiencing regular pressures across the system, rather than predicted surges during winter.

24. On the whole there was positive feedback on the schemes and ways of working, feeling that all had worked fairly well and were deemed to have made a material positive contribution to managing and assisting with pressures.
25. However due to the intense and sustained periods of significant pressures experienced during the last few months, providers agreed that the extent of the challenge had made them revisit and improve organisational plans and schemes on more than one occasion.
26. Also, as a result of the scale of this challenge, a number of issues were highlighted which significantly impacted on the system. These include:
  - Higher proportion of elderly attendances than in previous years.
  - Acuity of patients severely impacted patient flows.
  - Increased attendances added more pressure to the system not just A&E.
  - Bed capacity, availability and access.
  - Patient Transport Service capacity, delays and availability – due to high demand impacted on discharge flow.
  - Out of area patients - issues with diverts to A&E and repatriation to other Foundation Trusts once medically fit for discharge caused delays and capacity issues.
  - Access to step down beds caused significant flow problems.
  - Patient expectation impacted on flow - particularly the choice agenda.
  - Delays with complex discharges impacted on patient flow.
27. The outcomes of this evaluation process will influence the planning process as well as the reform programme for Urgent Care during 2016/17 which is currently being discussed with providers and the Gateshead System Resilience Group.

## **Summary**

28. The Operational Resilience and Capacity Planning process and funding was aimed at securing consistent delivery of safe, effective and timely healthcare between November until the end of March 2016.
29. Despite this additional planning and resource, the unprecedented sustained operational challenges faced by the local Urgent and Emergency Care system resulted in a decline in the overall performance of Gateshead Health NHS Foundation Trust, the North East Ambulance Service and other key providers such as Gateshead Council Social Work teams to support patients who were medically fit for discharge.
30. However had it not been for the dedicated working of staff and the additional capacity provided through non-recurring funding, the Gateshead Urgent Care and Emergency System would have been even less operationally resilient during the recent winter period.
31. The safety of all patients is paramount at all times.

## **Recommendations**

- a) The Committee is asked to give its views on the information outlined in the report.

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**TITLE OF REPORT:** Safeguarding Adults Strategic Plan 2016/19 and Annual Business Plan 2016/17

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

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### **EXECUTIVE SUMMARY**

The Safeguarding Adults Board has a statutory requirement to publish a Strategic Plan and Annual Report. The three year Strategic Plan 2016/19 is supported by Annual Business Plans to enable the Board to prioritise and focus activity over the three year period.

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### **Background**

1. The Care Act 2014 enshrined in law the principles of Safeguarding Adults, which will not only ensure that the most vulnerable members of society are afforded appropriate support and protection, but will also help them to live as independently as possible, for as long as possible.
2. Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. This was updated in March 2016 by the Department for Health.
3. The Care Act places a duty upon Local Authorities to establish Safeguarding Adults Boards and stipulates that Safeguarding Adult Boards must produce a Strategic Plan and Annual Report. The Statutory Guidance encourages the Safeguarding Adults Board to link with other partnerships in the locality and share relevant information and work plans.
4. The Safeguarding Adults Board held a development day in May 2016 to reflect upon progress during 2015/16 for the Annual Report and to ensure that the Annual Business Plan for 2016/17 would enable the Board to focus activity and assist in meeting the challenges identified within the Strategic Plan.

## **Safeguarding Adults Board Strategic Plan 2016/2019 and Annual Business Plan 2016/17**

5. This is the first Strategic Plan for the now statutory Safeguarding Adults Board (Appendix 1). The Safeguarding Adults Board is committed to making Safeguarding in Gateshead person-led and outcome focused by adopting and implementing a preventing model.
6. The Gateshead Safeguarding Adults Board has established five strategic priorities for 2016/19:
  - Quality Assurance
  - Prevention
  - Community Engagement and Communication
  - Improved Operational Practice
  - Implementing Mental Capacity Act / Deprivation of Liberty Safeguards
7. These strategic priorities will be underpinned by the six Principles of Safeguarding identified within the Care Act:
  - **Empowerment** – people being supported and encouraged to make their own decisions and give informed consent
  - **Prevention** – it is better to take action before harm occurs
  - **Proportionality** – the least intrusive response appropriate to the risk presented
  - **Protection** – support and representation to those in greatest need
  - **Partnership** – local solutions through services working with their communities
  - **Accountability** – accountability and transparency in safeguarding practice
8. The three year Strategic Plan is supported by an Annual Business Plan to enable the Board to prioritise and focus activity over the three year period (Appendix 2). To enable the Safeguarding Adults Board to fulfil its statutory obligations and the key principles of partnership and accountability, and additional priority of 'Strategic Governance' has been added.

## **Safeguarding Adults Board Annual Report 2015/16**

9. The Safeguarding Adults Board Annual Report 2015/16 will be considered at the Safeguarding Adults Board in July 2016. Partners within the Board were asked to complete a summary of achievements, progress and performance throughout the year and these summaries will form a core part of the annual report.
10. Key successes for the Board during 2015/16 were:
  - Implementation of revised Care Act compliant Multi-Agency Policy and Procedures
  - Publication of Practice Guidance on Self Neglect, Safeguarding Adult Reviews and Financial Abuse

- Embedding a personalised approach to Safeguarding – referred to nationally as Making Safeguarding Personal
  - Publishing updated publicity information, including easy read Safeguarding Adult leaflets
  - Producing guidance for partner organisations on the development of single agency policy and procedures
  - Development and implementation of Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedures
  - Maintaining compliance with Deprivation of Liberty Safeguards despite a significant increase in the number of applications
  - The development of closer working relationships with the Local Safeguarding Children's Board (LSCB), for example the establishment of a joint Strategic Exploitation sub-group which focuses on sexual exploitation, modern slavery and trafficking
  - Facilitating a Safeguarding and Housing conference which aimed to encourage greater involvement and engagement of housing providers and housing services within Safeguarding Adults processes
  - The delivery of bespoke workshops focussed upon the new category of abuse of Self Neglect for front line practitioners
  - Taking part in SAFE Week (Safeguarding Adults For Everyone) – working with providers to raise awareness of Safeguarding Adults
  - The delivery of workshops for our commissioned providers to raise awareness about the new Multi-Agency Policy and Procedures
11. In 2015/16 there were 2034 Safeguarding Adult Concerns which led to 1638 Section 42 Safeguarding Enquiries. For a Concern to progress to a Section 42 Enquiry it must meet the statutory criteria. The Safeguarding duties apply to an adult who:
- Has needs for care and support (whether or not the local authority is meeting any of those needs)
  - Is experiencing, or at risk of, abuse or neglect
  - As a result of those care and support need is unable to protect themselves from either the risk of, or the experience of abuse or neglect
12. This was the first year of the implementation of the Care Act so it is not possible to directly compare to previous years. It is helpful to note however that in 2014/15 there were 1844 Safeguarding initial alerts which does demonstrate that there has been an increase in Safeguarding Adult activity.

### **Recommendation**

13. It is recommended that the Care, Health and Wellbeing OSC note and endorse the Strategic Plan and Annual Business Plan.

**CONTACT:** Carole Paz-Uceira

Extension: 2378

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# Gateshead Safeguarding Adults Board

Strategic Plan 2016-2019

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# Introduction

This is the first Strategic Plan for the now statutory Gateshead Safeguarding Adults Board post implementation of the Care Act (2014) on April 1st 2015.

This three year Strategic Plan will be supported by annual Business Plans to enable the Board to prioritise and focus activity over the three year period. Of course, the national and local policy landscape is constantly changing and it will be important to review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead.

The Gateshead Safeguarding Adults Board is committed to make Safeguarding in Gateshead person-led and outcome focussed by adopting and implementing a preventative model. The Board have worked hard to ensure that within Gateshead we are Care Act compliant and have demonstrated via internal and independent scrutiny that we deliver quality services.

We face new challenges however ranging from the inclusion of new categories of abuse, the removal of thresholds, an important emphasis upon the empowerment of those Adults at risk of or experiencing abuse and neglect and unprecedented organisational changes for many of our partner organisations as a result of continual austerity.

The Gateshead Safeguarding Adults Board also continues to provide strategic leadership for our approach to responding to statutory duties detailed within the Mental Capacity Act, including the Deprivation of Liberty Safeguards.

The Gateshead Safeguarding Adults Board has a strong commitment from its members to implement the Strategic Priorities identified within this plan. Some of these we can address and deliver quickly. Others will need commitment and further development throughout the three year period.

# Policy Context

The Care Act 2014 has enshrined in law the principles of Safeguarding Adults, which will not only ensure that the most vulnerable members of society are afforded appropriate support and protection, but will also help them to live as independently as possible, for as long as possible.

Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. This was updated in March 2016 by the Department of Health.

The Care Act sets out the Safeguarding Adult responsibilities for Local Authorities and their partners. It places a duty upon Local Authorities to establish Safeguarding Adults Boards.

A corner stone of the Care Act is the general responsibility placed on all local authorities to promote wellbeing. Significantly, the Care Act emphasises the importance of beginning with the assumption that the individual is best placed to judge their own wellbeing. Under the definition of wellbeing, it is made clear that protection from abuse and neglect plays a fundamental role.

The Care Act identifies six key principles which underpin all adult safeguarding work and, which apply equally to all sectors and settings:

- **Empowerment** – people being supported and encouraged to make their own decisions and give informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** – support and representation to those in greatest need
- **Partnership** – local solutions through services working with their communities
- **Accountability** – accountability and transparency in safeguarding practice

Schedule 2 of the Care Act (2014) stipulates that Safeguarding Adults Boards must publish a Strategic Plan each financial year, which identifies how the Boards and their members will protect adults in their respective areas from abuse and neglect.

# Gateshead Safeguarding Adults Board

## Our vision

Our vision for adult safeguarding in Gateshead is:

***‘Everybody in Gateshead has the right to lead a fulfilling life and should be able to live safely, free from abuse and neglect – and to contribute to their own and other people’s health and wellbeing’***

In Gateshead we believe that safeguarding is everyone’s business. This means, whoever you are, wherever you are and whatever position you have - you have a responsibility to take action to help protect our local residents when you hear about allegations of abuse or neglect.

We believe that our vision is shared and practiced by all our partner organisations. Safeguarding cannot be fully delivered by agencies acting in isolation – and can only be achieved by working together in partnership to help protect and support adults at risk of, or experiencing, abuse or neglect.

## Governance arrangements

The Gateshead Safeguarding Adults Board became a statutory body in April 2015. The Board is responsible for assuming the strategic lead and overseeing the work of Adult Safeguarding and Mental Capacity Act/Deprivation of Liberty Safeguards arrangements in Gateshead.

Within Gateshead we have commissioned an Independent Chair to enhance scrutiny and challenge. The Board has a comprehensive Memorandum of Understanding which provides the framework for identifying roles and responsibilities and demonstrating accountability.

The Safeguarding Adults Board has developed strong links with the Local Safeguarding Children’s Board, Health and Wellbeing Board and the Community Safety Board.

In law, the statutory members of a Safeguarding Adults Board are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of March 2016):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group
- Lay Members
- Gateshead NHS Foundation Trust
- South Tyneside Foundation Trust;
- Northumberland Tyne and Wear NHS Foundation Trust
- Gateshead College
- The Gateshead Housing Company
- Tyne and Wear Fire and Rescue Service
- Healthwatch
- Northumbria Community Rehabilitation Company
- National Probation Service
- Oasis Aquila Housing

# The Safeguarding Adults Board is supported by four sub-groups:

- **Practice Delivery Group** (Chaired by Local Authority)

The role of the Practice Delivery Group is to ensure that the Multi-Agency Safeguarding Adults policy and procedures and the Mental Capacity Act / Deprivation of Liberty Safeguards policy and procedures continue to be fit for purpose.

The Group has responsibility for the production of the Strategic Plan, annual Business Plans and keeping up to date with national policy changes that may impact upon the work of the Safeguarding Adults Board. The Group also has responsibility for the development and implementation of the engagement strategy and implementation of the Dignity Strategy.

- **Quality and Assurance Group** (Chaired by Clinical Commissioning Group)

The primary role of this group is to develop an oversight of all activity that is undertaken by Board member agencies and relevant services or organisations in order to safeguard those adults in Gateshead who are subject to the Safeguarding duties as stated in Section 42 of the Care Act 2014. Core activities include co-ordinating Safeguarding Adult Reviews and monitoring performance.

The group monitors and scrutinises the quality of activities to ensure that the interventions offered were and continue to be person-centred, proportionate and appropriate. As well as retaining a strategic oversight of all safeguarding activity across Gateshead, the Quality and Assurance Group is responsible for considering any lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review, Serious Case Review or any other review process relevant to the Safeguarding Adults agenda.

- **Training Group** (Chaired by Local Authority)

The role of the Training Group is to coordinate and develop Safeguarding Adults training and Mental Capacity Act / Deprivation of Liberty Safeguards training that is accessible for practitioners and managers in a multi-agency setting.

For the purposes of quality assurance data is monitored regarding attendance, cancellation as well as evaluation of training courses. The group develop and implement ad-hoc bespoke training courses to meet evidenced demand in addition to core training courses.

- **Strategic Exploitation Group** (Chaired by Police)

The Strategic Exploitation Group is a new sub-group of both the Safeguarding Adults Board and the Local Safeguarding Children's Board. The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery and trafficking in Gateshead.

The Board and the four sub-groups regularly commission time limited task and finish groups to undertake specific pieces of project work.

# Developing the Strategic Plan

The Gateshead Safeguarding Adults Strategic Plan has been developed in consultation with a variety of stakeholders, and underpinned by performance information and feedback from members of the general public, safeguarding adult service users, advocates and professionals from a range of service users.

## **Stakeholder consultation included:**

- Safeguarding Adults Board partner organisations
- Practice Delivery Group
- Health Partners Network
- Healthwatch – via inviting members to a consultation event
- General public – via eight events during the Safeguarding Adults For Everyone (SAFE) week in November 2015
- Commissioned providers – via two workshops
- Practitioner feedback – via training courses, self neglect workshops, housing conference

## **Information gathered:**

- Performance information
- Independent case file audits
- Partner inspection processes

# Strategic Priorities

The Gateshead Safeguarding Adults Board has established five strategic priorities for 2016/19:

- Quality assurance
- Prevention
- Community Engagement and Communication
- Improved Operational Practice
- Implementing Mental Capacity Act/Deprivation of Liberty Safeguards

These will all be underpinned by the six Principles of Safeguarding identified within the Care Act (see page 4).

## Quality Assurance

The Safeguarding Adults Board would like to continue to prioritise Quality Assurance in its widest sense. This will enable the Board to demonstrate quality and effectiveness at both strategic and operational levels. It aims to support a better understanding of how safe adults are locally and how well local services are carrying out their safeguarding responsibilities in accordance with the Care Act and the Gateshead Multi-Agency Policy and Procedures.

### **Key challenges include:**

#### **Short term** (within year one)

- Improve data collection from all partner organisations reflecting the revised Policy and Procedures post Care Act implementation.
- Devise enhanced comprehensive performance management framework.
- Revise Safeguarding Adults Review Practice Guidance Note to introduce greater flexibility of approach.
- Improve efficiency of Safeguarding Adults Review process.
- Continue to learn from, and respond to, best practice/inspections/audits and reviews.

#### **Longer term** (by year three)

- Develop and implement a self assessment process to monitor effectiveness of the Board and partner organisations.
- Develop and implement programme of peer reviews at strategic and operational levels.
- Revise the Quality Assurance Framework, with a focus upon effectiveness and recognising and responding to risk.
- Improve reporting mechanisms from partner organisations to the Board. To include single agency safeguarding governance arrangements, inspections, safeguarding performance, workforce development and training strategies, complaints and compliments.



# Prevention

Prevention is one of the six Principles of Safeguarding. Within Gateshead we have prioritised preventative work and have produced a range of practice guidance notes and bespoke training courses to support our front line practitioners.

Challenge has also been encouraged at Board level to develop services that are preventative and proactive rather than reactive. Nonetheless the policy landscape is changing, along with operational practice, and it is important that the Safeguarding Adults Board continue to focus on the prevention agenda.

## Key challenges include:

### Short term (within year one)

- **Self Neglect** – Revise the Self Neglect Practice Guidance Note to reflect updated Care Act statutory guidance and deliver updated practitioner training.
- **Exploitation** – Work with the LSCB to develop action plan for the Strategic Exploitation Group which focuses upon sexual exploitation, trafficking and modern slavery.
- **Female Genital Mutilation (FGM)** – Work with LSCB to produce Practice Guidance in relation to FGM.
- **Housing** – Complete the ongoing project work to understand and embed the role of housing practitioners within the Safeguarding process.

### Longer term (by year three)

- **Financial Abuse** - Revise the Self Neglect Practice Guidance Note to reflect updated Care Act statutory guidance and deliver practitioner training.
- **Develop an understanding of the safeguarding implications for integration of health and social care.**
- **Enhance operational response to the Prevent agenda** – work with Community Safety Board to improve operational response to Prevent Cases.

# Community Engagement and Communication

The Safeguarding Adults Board have prioritised empowerment, personalisation and making safeguarding personal to ensure that those adults involved within the safeguarding process have their wellbeing promoted and, where appropriate, that regard is given to their views, wishes, feelings and beliefs in deciding on any action.

Everyday practice however has demonstrated that there is a lack of understanding about safeguarding adults with the wider community which can impact upon the effectiveness of safeguarding adults as a whole.

## Key challenges include:

### Short term (within year one)

- Develop a comprehensive Community Engagement and Communication Strategy.
- Develop and disseminate key Safeguarding Adult messages to the wider community.
- Deliver focussed engagement activity ie expand activities during SAFE week and Dignity week.

### Longer term (by year three)

- Harness partner/community resources to support with community engagement activities
- Continue to develop Safeguarding Adults Board identity.
- Work with the community and Healthwatch to develop a rolling programme of consultation.
- Develop and implement a Safeguarding Adults Champion scheme to raise awareness about the safeguarding adults agenda.

# Improved Operational Practice

While this is a strategic plan, the Safeguarding Adults Board must ensure that operational practice is fit for purpose and delivering person-centred outcomes.

Following implementation of the Care Act on 1 April 2015 and the subsequent implementation of revised Multi-Agency Policy and Procedures in Gateshead feedback from adults who have been through the safeguarding process and from practitioners has identified a number of key challenges that the Board must ensure are addressed.

## Key challenges include:

### Short term (within year one)

- Ensure feedback is provided, where appropriate, to those who raised the safeguarding concern at the beginning/end of safeguarding process.
- Work with partners and providers to encourage swifter responses from single agency investigations.

- Focus on consent
  - Raise awareness about importance of seeking consent prior to concern being raised
  - Clearly document why, in certain circumstances, consent is over-ridden and explain to the adult and/or their advocate the reason why.
- Enhance quality of concerns – develop practice guidance for raising a concern.

#### **Longer term** (by year three)

- Improved user engagement mechanisms utilising recommendations from the national Making Safeguarding Personal programme.
- Improve the implementation of Mental Capacity Act assessments and Best Interest Decisions within the safeguarding process.

## **Implementing Mental Capacity Act/Deprivation of Liberty Safeguards**

The Mental Capacity Act, including Deprivation of Liberty Safeguards, has been subject to significant legislative changes resulting in an unprecedented increase in resource demands nationally and locally.

The agenda will continue to evolve as new ways of working and case law is embedded into practice. There is an increasing need to improve the knowledge base of the MCA and DoLS agenda and to further enhance engagement with partner agencies and service users in relation to the MCA to enable the successful incorporation into everyday assessment and care provision.

### **Key challenges include:**

#### **Short term** (within year one)

- Raise awareness and improve understanding of MCA across partner agencies
- Agree an approach to manage the increase in DoLS applications
- Understand and respond to impact of Domestic DoLS

#### **Longer term** (by year three)

- Focused awareness raising with professionals with respect to 16/17 year olds and the MCA
- Community engagement with respect to MCA and DoLS
- Develop a targeted approach to MCA and finances
- Practitioner training with respect to court processes
- Continue to raise awareness of full DoLS process



Produced by Gateshead Adults Safeguarding Board, April 2016

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## **Gateshead Safeguarding Adults Board**

### **Annual Business Plan 2016/2017**

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This Annual Business Plan supports the Gateshead Safeguarding Adults Board to deliver the vision articulated within the three year Strategic Plan 2016/2019. The Business Plan is therefore focussed upon the five Strategic Plan 2016/19 priorities:

- Quality Assurance
- Prevention
- Community Engagement and Communication
- Improved Operational Practice
- Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

To enable the Gateshead Safeguarding Adults Board to fulfil its statutory obligations and the key principles of partnership and accountability, an additional priority of 'Strategic Governance' has been added.

The Gateshead Safeguarding Adults Board Sub-Groups will have a fundamental role in supporting the Board to achieve this Annual Business Plan:

- Quality and Assurance Group (QAG)
- Practice Delivery Group (PDG)
- Training Group (TG)
- Strategic Exploitation Group (SEG)

Priority	Challenge	Accountability	Board deadline
<b>Strategic Governance</b>	Update Memorandum of Understanding	Board	May 2016
	Approve Annual Business Plan	Board	May 2016
	Finalise Annual Report	Board	July 2016
	Appoint Independent Chair	Board	September 2016
	Develop Induction pack for Board members	Board	November 2016
	Develop Self-Assessment Tool	Board	January 2017
	Review Strategic Plan	Board	March 2017
	Develop Safeguarding Adults Board Newsletter	PDG	March 2017
<b>Quality Assurance</b>	Improve Data Collection from all partner organisations	QAG	November 2016
	Develop enhanced comprehensive performance management framework	QAG	November 2016
	Revise Safeguarding Adults Review Practice Guidance Note	QAG	January 2017
	Improve efficiency of Safeguarding Adults Review process	QAG	January 2017
	Evidence learning from, and responses to, best practice / inspections / audits and reviews	QAG	March 2017

<b>Prevention</b>	Work with the LSCB to produce Practice Guidance in relation to Female Genital Mutilation	SEG	September 2016
	Revise the Self Neglect Practice Guidance Note to reflect updated Care Act Statutory guidance	PDG	November 2016
	Deliver updated practitioner training with respect to Self-Neglect	PDG	March 2017
	Embed role of housing practitioners within the Safeguarding process	PDG	March 2017
<b>Community Engagement and Communication</b>	Develop a comprehensive Community Engagement and Communication Strategy	PDG	September 2016
	Develop and disseminate key Safeguarding Adult messages to wider community	PDG	March 2017
	Deliver focussed engagement activity	PDG	March 2017
<b>Improved Operational Practice</b>	Revise Multi-Agency Policy and Procedures to reflect quality assurance findings and manage volume of Safeguarding Concerns	PDG	September 2017
	Ensure feedback is provided, where appropriate, to those who raised the safeguarding concern at the beginning / end of the safeguarding process	Local Authority Operational Teams	July 2016
	Work with partners and providers to encourage swifter responses from single agency investigations	PDG Health Partners Network	January 2017
	Enhance quality of concerns – - Revise Raising Concerns training course - Develop Practice Guidance for Raising a Concern	TG PDG	May 2016 September 2016

	- Focus on quality of concerns during quality assurance process	QAG	March 2017
	Focus on Consent -Raise awareness about importance of seeking consent prior to concern being raised -Clearly document why, in certain circumstances, consent is over-ridden and explain to adult and /or their advocate the reason why	TG  Local Authority Operational Teams	May 2016  May 2016
<b>Implementing Mental Capacity Act / Deprivation of Liberty Safeguards</b>	Raise awareness and improve understanding of MCA across partner agencies	TG / PDG	March 2017
	Agree approach to manage increase in DoLS applications	Local Authority DASS	March 2017
	Understand and respond to impact of Domestic DoLS	PDG	March 2017



**TITLE OF REPORT:** Review of the role of housing in improving health and wellbeing

**REPORT OF:** Director of Public Health

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### SUMMARY

Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2016-17 will be the role of housing in improving health and wellbeing. During the course of the review it is proposed that the Committee will consider evidence of the relationship between housing, health and wellbeing in the context of current and projected local needs and activity on both housing and health, with the aim of recommending key housing actions that will have the greatest impact on improving health and wellbeing.

This report sets out the proposed scope of the review and the process for taking it forward.

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### Background

Vision 2030 sets out the 6 Big Ideas for Gateshead. Of these, “Sustainable Gateshead” commits to improving living conditions, and “Active Gateshead” resolves to provide support to encourage people to improve their health and lifestyle. The five year Council Plan sets out how Gateshead will be a healthy, inclusive and nurturing place for all, and a destination of choice for families with excellent, affordable housing.

The Council’s Housing Strategy 2013-18 sets out the objectives and priorities for addressing key housing challenges covering three themes:

- Housing standards
- Housing supply
- Housing support

### Scope of the Review

Housing is a basic human need and good quality homes are essential to ensuring the best physical and mental health possible. A warm, affordable and dry home, that is safe, and has sufficient space, is a positive contributor to health and wellbeing.

The relationship between poor housing and ill health is very clear, and acknowledged. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease, as well as mental health problems such as anxiety and depression. Problems such as damp, excess cold, disrepair and structural defects, can present serious hazards to health.

The location of one's home, its environment and the amenity that both provide also contribute to individual and population level health. An individual or household's ability to exercise choice over where they live, and control over the condition of the property they live in, is largely determined by social and economic circumstances. The location and tenure of one's home provides the household with differing sets of circumstances - social, economic, environmental, infrastructural etc.

Some of these circumstances will be advantageous, others will be disadvantageous. People's personal, social and economic attributes provide them with varying degrees of ability to flourish or languish within these places. The Council has a significant role as a "place shaper" - creatively using the full scope of its influence to make places where people can flourish.

The suggested scope of this review includes a consideration of factors influencing the ability of individuals and households to access and sustain a good quality home, suitable to their needs, and factors that impact upon the quality and suitability of homes. These factors include:

- availability, affordability and choice
- security of tenure
- property maintenance and management
- energy efficiency of properties (linked also to fuel poverty)
- design that helps meet the requirements of those with specialist needs
- the location and infrastructure of the neighbourhood
- the provision of supported accommodation and/or housing support services

The review would consider existing service activity and Council interventions aimed at: improving housing standards; increasing the supply of good quality homes that will meet the Borough's changing needs; and providing support to residents to enable them to access and sustain a safe and healthy home that meets their needs.

It is proposed that the above is considered in the context of:

- reaffirming the relationship between housing, health and health inequalities
- existing and anticipated demand for housing
- existing and anticipated demand for health and social care services
- demographic changes (especially the proportional increase in numbers of older people)
- national and local housing, health and social care policies

## **The Process**

The process and timescale for the review in this paragraph is set out in Appendix 1. It is proposed that the review will take place over an eleven month period from 21 June 2016 to 25 April 2017. It will involve the presentation of expert evidence, research and site visits.

### **Who will be involved?**

It is proposed that the first evidence gathering session will provide an overview of the relationship between health, housing and wellbeing and further refine an understanding of the issues to be addressed. Subsequent evidence gathering sessions will include presentations from internal services, external organisations and experts in their respective disciplines.

Evidence will be sought from Economic and Housing Growth, Development and Public Protection, Commissioning and Quality Assurance, Gateshead Public Health Team, Public Health England, NEA (National Energy Action) and leading academics. There will also be a number of site visits, including extra care housing, supported accommodation for people with learning disabilities, Dunston Staiths and other local housing developments.

### **Recommendation**

Overview and Scrutiny Committee is recommended to agree:

- The scope, process and timescale as set out in this report

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**Contact:     Alice Wiseman     Ext: 2777**

**Progress of the Review**

This appendix sets out the standard framework for Overview and Scrutiny Committees to agree and conduct policy reviews and includes proposals specific for this review.

**Stage 1**

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

**Proposal**

- 1st July 2016 - Scoping report to Scrutiny Committee

**Stage 2**

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

**Proposal**

- 13 September, 1 November, 6 December 2016 - To have evidence-gathering events that will involve research, presentations by relevant officers, outside organisations and site visits if appropriate (details to be confirmed).

**Stage 3**

The Overview and Scrutiny Committee will then meet (as many times as is necessary) to analyse the information gathered and prepare its conclusions.

**Proposal**

- 7 March 2017 - Committees to consider an interim report, prepared by the Lead Officers, and to analyse the evidence presented.

**Stage 4**

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

**Proposal**

- 25 April 2017 - Draft final report to be considered by the Committee.

**Stage 5**

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

**TITLE OF REPORT:** The Council Plan – Year End Assessment of Performance and Delivery 2015/2016

**REPORT OF:** Jane Robinson, Chief Executive  
Alison Elliott, Interim Strategic Director, Care, Wellbeing and Learning

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### **SUMMARY**

This report provides the year end assessment of performance for 2015/2016. It provides an update on the performance and delivery of the Council Plan 2015-2020.

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### **Background**

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).
2. The year end performance report monitors progress against the Council Plan 2015-2020.
3. Following significant changes in the national policy landscape and the challenging financial climate the Council has, and is still facing, a new approach to the Council Plan was developed as part of the strategic planning framework.
4. The new Council Plan 2015-2020, which was approved by Cabinet on the 14 July 2015, will enable the Council, along with partners to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030 over the next 5 years.
5. Gateshead's Sustainable Community Strategy Vision 2030 was also refreshed and approved by Cabinet on 3 November 2015.

### **Five Year Target Setting 2015/16 – 2019/2020**

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

### **Delivery and Performance**

7. The year end 2015/2016 assessment of performance report relates to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and focuses on achievements, areas identified for improvement and future actions.
8. Progress as to how well the Council is performing in relation to the 2015/16 targets set where information is available at the year end stage is also reported in this report.
9. Progress as to how well the Council is performing in relation to the equalities objectives where information is available at the year end stage is also reported in this report.

**Recommendation**

5. It is recommended that the Care, Health and Wellbeing Overview and Scrutiny Committee:

- (i) consider whether the activities undertaken at year end 2015/16 are achieving the desired outcomes in the Council Plan 2015-2020;
- (ii) agree that the report be referred to Cabinet on 12 July 2016, with the recommendations from the Care, Health and Wellbeing Overview and Scrutiny Committee for their consideration.

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**Contact: Marisa Jobling**

**Ext: 2099**

**Care, Health and Wellbeing Overview and Scrutiny Committee  
Council Plan – Year End Assessment of Delivery and Performance 2015/16  
1 July 2016**

Portfolio	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care – Councillor Michael McNestry Health and Wellbeing – Councillor Catherine Donovan
Lead Officer	Alison Elliott, Interim Strategic Director, Care, Wellbeing and Learning
Support Officer	Alice Wiseman, Director of Public Health

**This committee undertakes scrutiny in relation to:**

- All the functions of the Council as a social services authority except those services provided to children and young people;
- The provision of health services in the Borough, including the function of reviewing and scrutinising matters relating to the health service to adults as set out in the Health and Social Care Act 2001 and associated regulations;
- The provision of health services to children and young people in the borough;
- The health functions discharged by the Health and Wellbeing Board and the Director of Public Health under the Health and Social Care Act 2012 and the National Health Service Act 2006 (as amended) and any related enactment.

**Summary**

This report sets out the year end 2015/16 assessment of delivery and performance in line with the Performance Management Framework. The report gives an update on performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the new Council Plan 2015-2020 outcome Live Well Gateshead.

**Our Achievements**

- Gateshead Access to Employment Service (GATES) won the ‘Organisations supporting disabled people into employment’ award in the 2015 North East Care Awards.
- Special Olympics Gateshead won 2 regional awards in November 2015. They were the ‘Groups who have made a difference’ award at the North East Equality Awards and the ‘Putting People First / Personalisation’ award at the North East Care Awards. 34 Special Olympics Gateshead athletes have been selected to represent the Northern region at the 2017 Summer National Games in Sheffield.
- 4000 digital events were held across sheltered accommodation to teach older people about android tablets, iPads and phones.
- The Safeguarding Adults Board approved the first Strategic Plan. The three year plan identified five Strategic Priorities for the now Statutory Board, Quality Assurance, Prevention, Community Engagement and

Communication, Improved Operational Practice and Implementing the Mental Capacity Act/Deprivation of Liberty Safeguards.

- Through the Older Peoples Assembly four Postural Stability Classes which are part of evidence based falls prevention programme commenced for the first time in Gateshead.
- Naloxone and Nalmefene were made available as treatment options via referral to Gateshead Evolve. Treatment pathways have been developed and are to be signed off by the Medicines Management Committee.
- Developed a Liver Strategy with Primary and Secondary Care.
- Implemented the HIV home sampling service.
- As part of the Deciding Together Process to understand serious mental health needs across Gateshead and Newcastle a Health Needs Assessment in relation to Suicide Prevention and an audit of suicides between 2011-2013 has been carried out.
- Funding was successfully secured via the Community Capacity Building fund to develop and establish Food Nation in Gateshead.
- Successfully defended an appeal made by the recipient of an enforcement notice served to prevent land being used as a hot food takeaway. The Planning Inspector found the use of information in the Supplementary Planning Document relating to obesity and proliferation of hot food takeaways to be robust.
- Completed the NHS Health Check + cancer pilot.

#### **Key Actions over the next 6 months**

- Work with the Clinical Commissioning Group to further develop Carer's services in Gateshead.
- Establish a serious concerns process and procedure for social care providers in Gateshead.
- Develop a programme of activities in the library garden specifically for adults or children who are either living with dementia or a learning disability.
- Implement the Summer of Cycling Campaign incorporating the 'Every Body Active Every Day' Public Health England campaign.
- Develop a ten year plan for tobacco.
- Develop a Sexual Health Strategy.
- Develop a Social Prescribing Framework for Gateshead.
- Implement the Mental Health Trailblazer Pilot to provide on to one support to an estimated 100 unemployed residents annually who are restricted from the labour market due to ongoing mental health problems.
- Implement the NHS Health Check Plus Families pilot.

#### **Future Actions - Areas for Improvement**

##### **Enhancing Lives**

- Continue to upgrade Telecare equipment from the Housing Revenue Account (HRA) capital programme for 2016/17.



**Quality of Life**

- Retain annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).

**Positive Lives**

- Build on the success of the Musical Memories Sessions to develop the group into a wider Friendship café open to all, to address the problems of social isolation. This work will be in partnership with The Friends of Gateshead Central Library.

**Protecting Lives**

- Continue to implement a bespoke system to strengthen data collection for Deprivation of Liberty Safeguards.

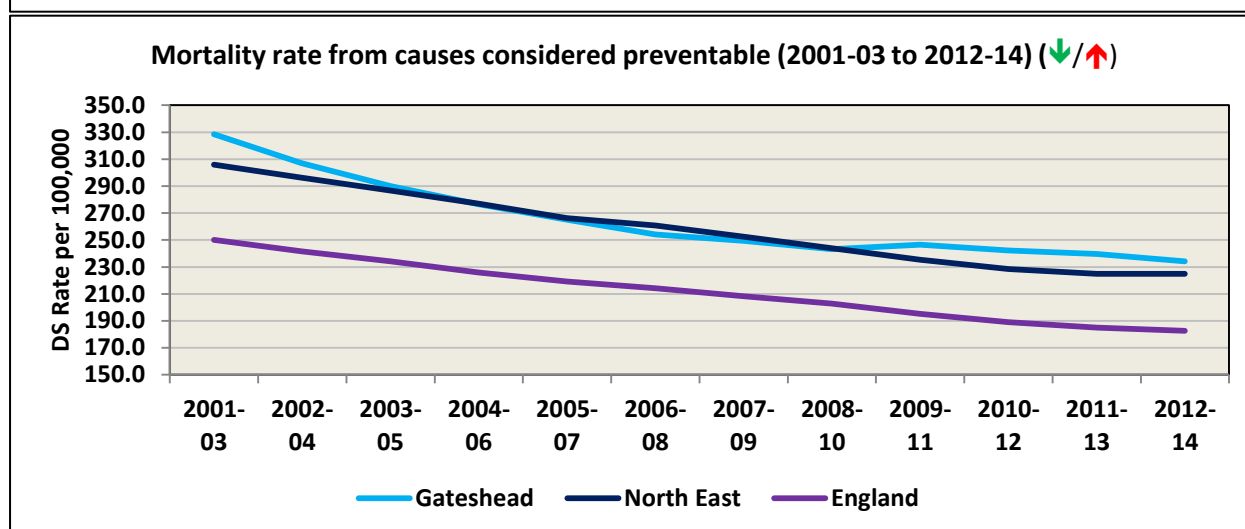
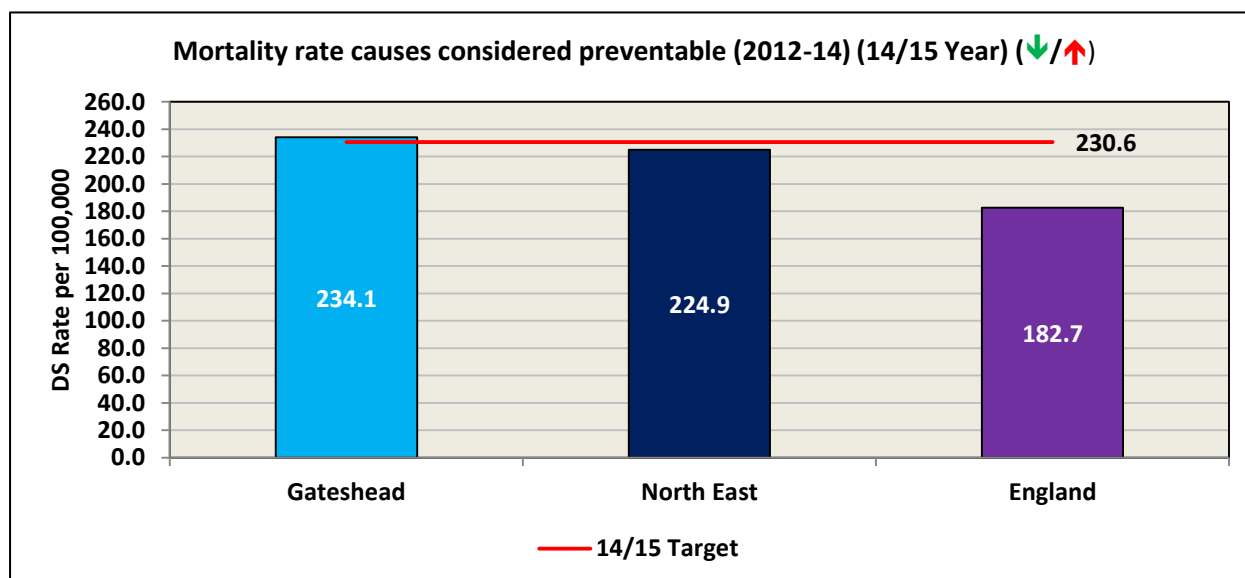
**Health and Wellbeing**

- Monitor take up of the Autism Information Hub in its early stages and trial an evening session of it.
- Develop the Joint Strategic Needs Assessment (JSNA) and its evidence base to inform commissioning arrangements and intentions across the health and care sector, building upon work undertaken during 2015/16.
- Develop a response linked to the Regional campaign on sugar which in turn is linked to the development of an Obesity Strategy for Gateshead.

## Section 2 – Delivery of the Council Plan 2015-2020

### Strategic Outcome Indicators - Summary of Performance

#### CHW01 – Reduce Mortality from Causes Considered Preventable (PHOF 4.03)



**Key message:** At this stage the year-end data for 2015/16 is not currently available. It is due to be published around November/December 2016.

The data currently available is for the 14/15 year (2012-14 data). This strategic outcome indicator currently shows there has been a reduction in the mortality rate from causes considered preventable (per 100,000) from 239.6 (2011-13 Data) to 234.1 (2012-14 Data) deaths.

However, while there has been a reduction in the mortality rates when comparing the 2011-13 data to 2012-14 data, the target set for 2014/15 at 230.6 (per 100,000) was not met. However the decrease between periods 2011-13 and 2012-14 was a total of 2.3% which is the largest single decrease shown since the 2008-10 period (10/11 year).

**Data shows that whilst the gap between the Gateshead and the England rate has been gradually narrowing since 2001-03 this narrowing had recently reversed with a slight increase between 2008-10 and 2009-11. The 2012-14 data has shown a continuation in the downward trend shown by the data since that point.**

**Overall between 2001-03 and the most recently released data for 2012-14 the mortality rate for Gateshead from causes considered preventable has reduced by 28.76% which is a higher percentage decrease than the England rate which dropped by 26.92%.**

The basic concept of preventable mortality for all ages is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases. All Public Health programmes and the work of the Health and Well-being Board contribute to a reduction in premature mortality.

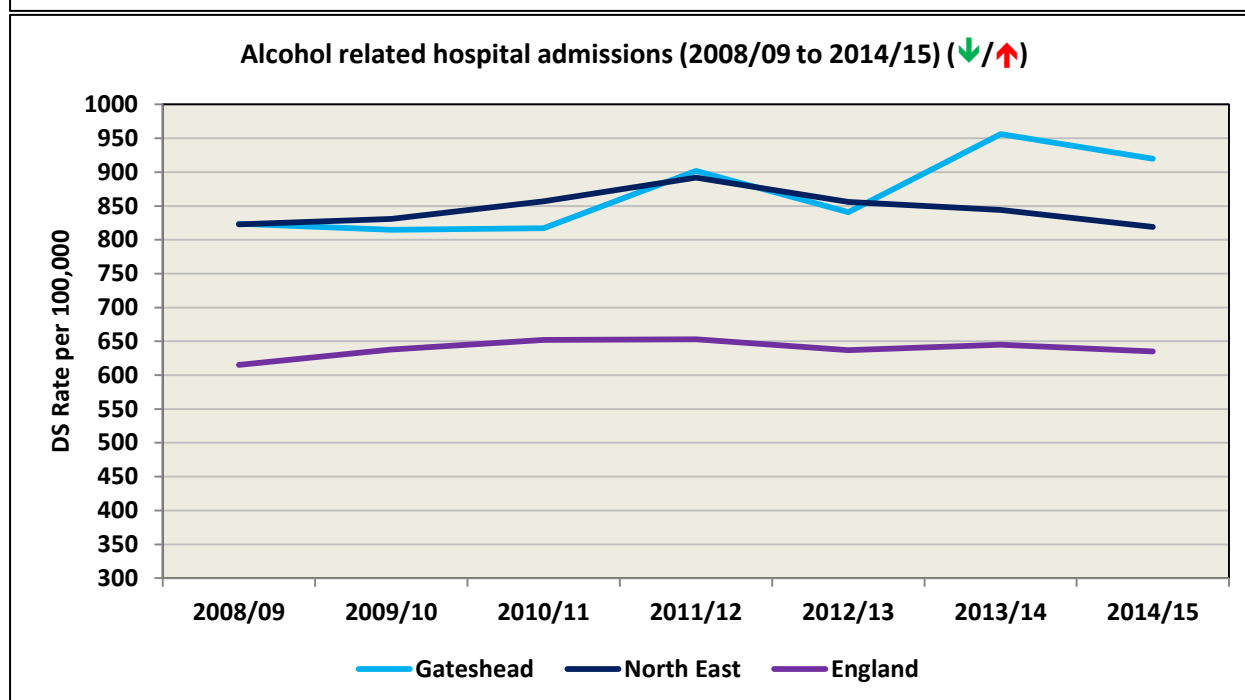
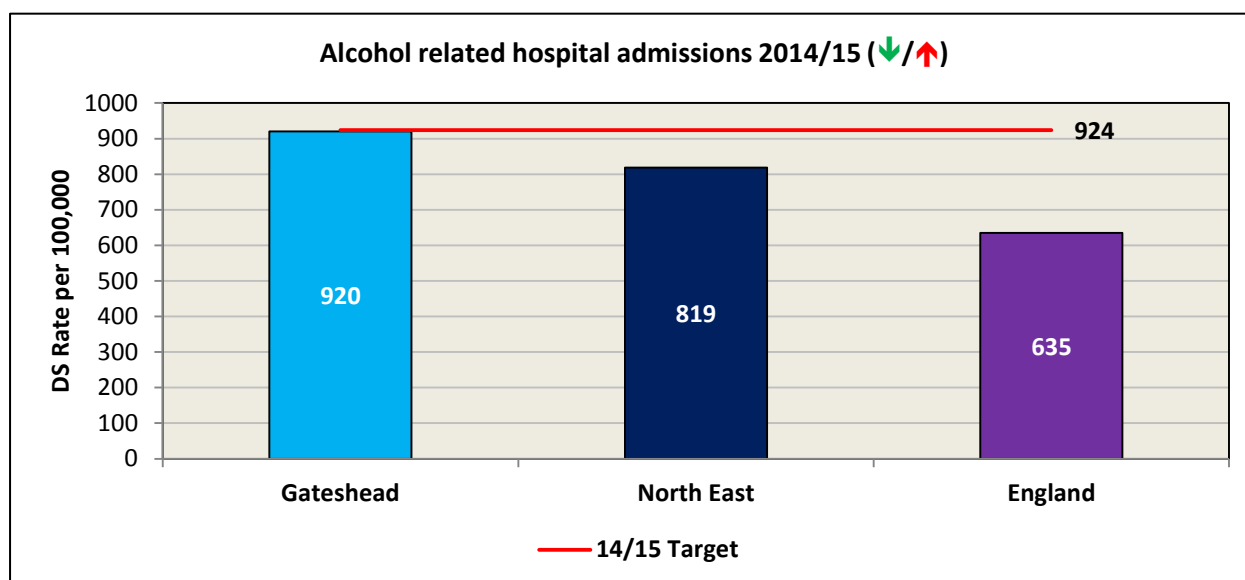
Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

In line with the concept, the Gateshead mortality rate from causes considered preventable (per 100,000) in 2012-14 was 234.1 deaths. The long term trend since 2001-03 has been down for Gateshead, the North East and England and this has continued with the new figures for 2012-14. This data represents the actual rates after the Population data and the European Standard Population calculation method were revised.

For the 2012-14 year there was a change in the calculation for preventable mortality. Due to changes in the International Classification of Disease Version 10 (ICD10) Coding (the code that defines the reason for admission to hospital) the data series have been revised and updated. This does not affect any year on year comparisons for Gateshead as the data on the Public Health Outcomes Framework (PHOF) tool has been revised right back to the start (2001-03). It has however resulted in an increase in the rates of preventable mortality for Gateshead. Following guidance from Public Health England they have advised that the definition of preventable mortality has not changed and that any increases are due to the change in the coding that classifies what is a preventable death.

This definition for this new strategic outcome indicator which was identified for inclusion in the suite of strategic outcome indicators is one of the key indicators included in the Public Health and NHS Outcome Framework. Since the strategic outcome indicator was introduced, the calculation methodology for this indicator has been revised. The 5 year target for 2019/20 has been agreed with the intention of continuing the solid downward trend shown above.

## CHW02 - Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow) (PHOF 2.18)



**Key message:** The data currently available is for the year end 2014/15; this shows we have had a decrease in the number of alcohol related hospital admissions from 956 (per 100,000) in 2013/14 to 920 in 2014/15. This data is still currently provisional as it is based on the Local Alcohol Profiles for England (LAPE) quarterly flow data for 2014/15 and is the third amendment to this end of year figure. Despite this change in the data Gateshead has still successfully surpassed the target for this indicator that was set for 2014/15 of 924 (per 100,000). The current date for publication of the 14/15 final figures is still unknown.

This change in the rate represents a 3.77% decrease on the previous year. Based

**on the provisional data the rate in Gateshead is still significantly higher than the North East average (2<sup>nd</sup> highest rate in the North East) and remains significantly higher than the England rate.**

The narrow measure of alcohol harm is a lot less sensitive to the changes that have occurred in NHS coding over the years. This indicator provides a much fairer comparison between the levels of harm in different areas and over time. It is also far more responsive to changes that result from any local action around alcohol which will enable Gateshead to more accurately see the results work targeted in this area.

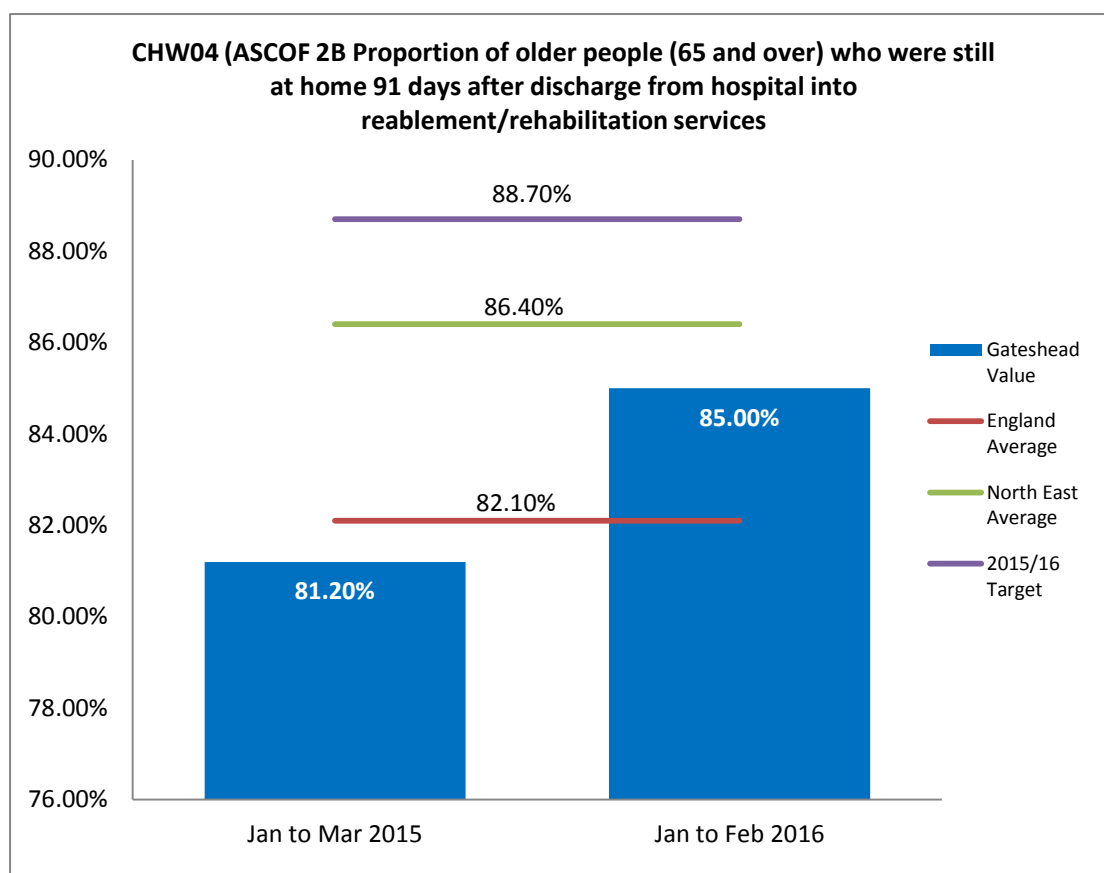
The current methodology for collection for this strategic outcome indicator includes a wide range of diseases and injuries in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Details of the conditions and associated proportions can be found in the report Jones et al. (2008) Alcohol-attributable fractions for England: Alcohol-attributable mortality and hospital admissions <http://www.lape.org.uk/downloads/AlcoholAttributableFractions.pdf>.

The new five year target setting exercise has established a target for 2019/20 based around a year on year 3% reduction with the intention of reducing Gateshead's rate of alcohol related admissions to hospital to below both the current and predicted (19/20) North East rate.

### **CHW03 – Repeat Safeguarding Adult Referrals**

Safeguarding Enquiries came into effect from April 2015 following implementation of the Care Act 2014. Safeguarding Enquiries cannot be compared to previous Safeguarding Referrals as the statutory definition is very different. 2015/16 will provide base data and 2016/17 will be the first year in which repeat enquiries can be measured.

## CHW04 – Helping Older People to Live Independently

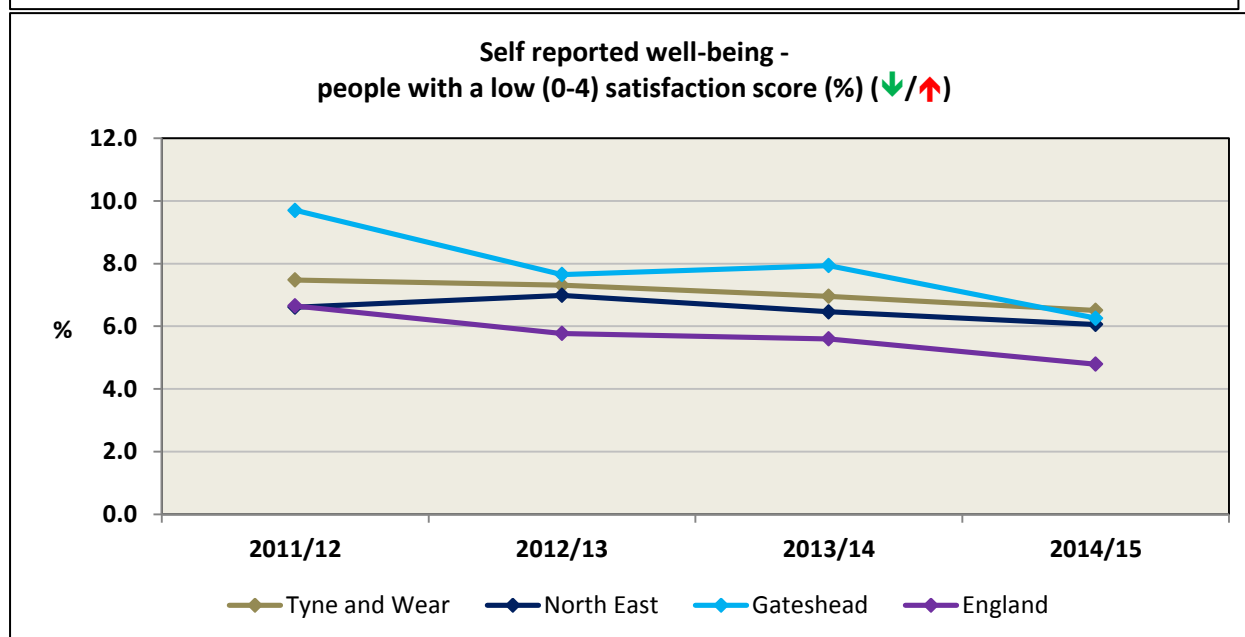
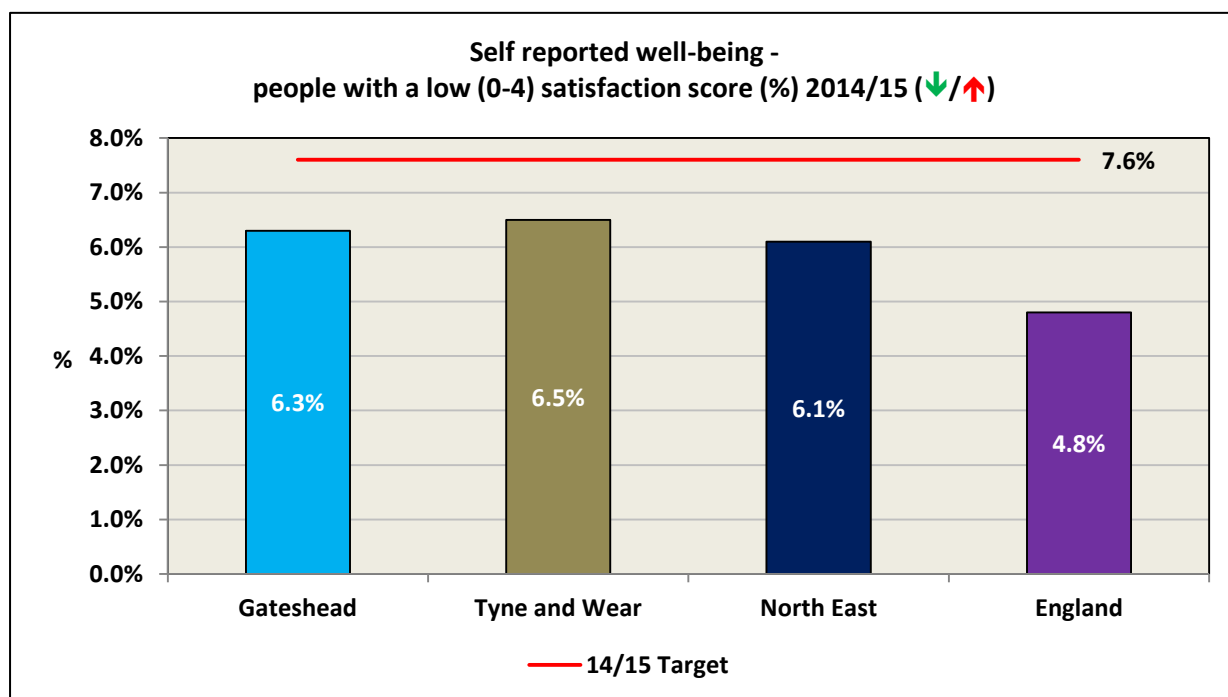


**Key message:** The performance data that is available for year end 2015/16 is based solely on those that were discharged from hospital between October and 31 December 2015 where the intention is for the person to return home after receipt of reablement, rehabilitation or intermediate care services, however at the time of writing information is only available for discharges in October and November 2015.

This strategic outcome indicator measures the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into a rehabilitation or reablement service. This indicator is part of the Department of Health's Adult Social Care Outcomes Framework (ASCOF 2B) and is also a metric used in the monitoring of the Better Care Fund.

The indicator value stands at **85%** (113 out of 133) for those that were discharged from hospital to a reablement service in October and November 2015, and followed up 91 days later during January and February 2016 and remained at home. This represents an improvement in performance, with a +4.5% variance compared to the year-end performance for 2015/16. The outturn is less than the 2015/16 target of 87.5%, however, is still above the England average for 2014/15 (82.1%).

## CHW05 - Wellbeing – Decrease the Percentage of People who are Dissatisfied with Life (PHOF 2.23i)



**Key message:** At this stage the year-end data for 2015/16 is not currently available. It is due to be published at the end of September 2016.

The data currently available is for the year end 2014/15; this shows we have had a reduction in the percentage of people in Gateshead reporting a low satisfaction score. This has dropped from 7.9% in 2013/14 to 6.3% in 2014/15. As a result of this decrease Gateshead has successfully surpassed the target for this indicator that was set for 2014/15 of 7.6% (per 100,000). This reduction is in line with the drops shown by the figures for England, the North East and the Tyne and Wear area.

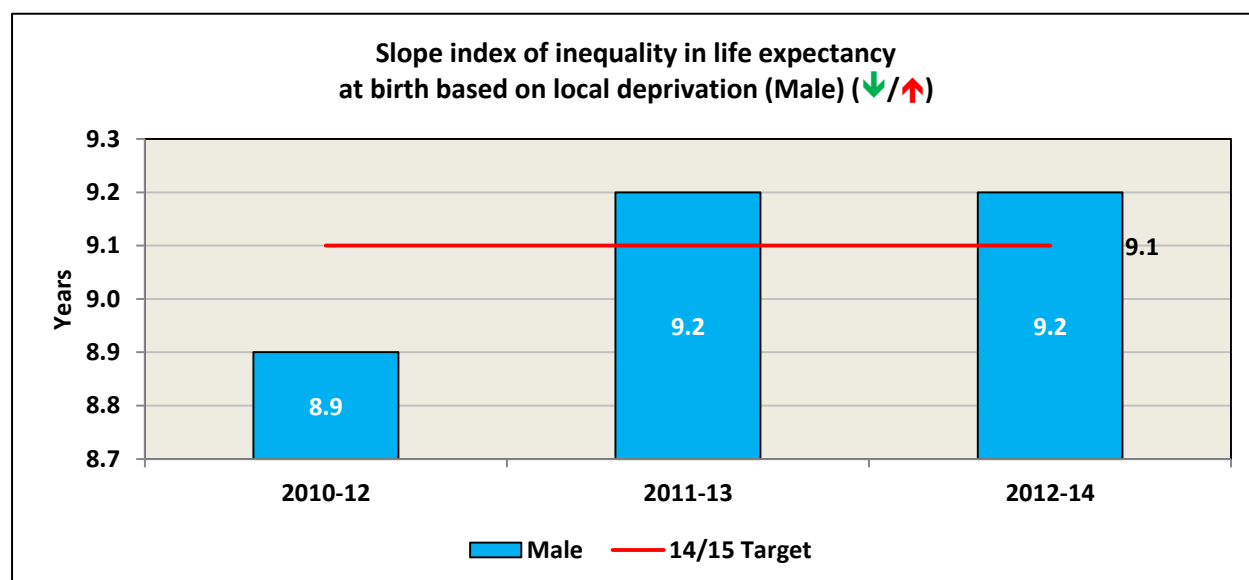
This strategic outcome indicator was included in the suite of strategic outcome indicators and originates from the Public Health Outcomes Framework for 2013-16. It is one of a series of four indicators intended to provide insight into levels of mental well-being and its determinants as opposed to levels of mental illness. The Office for National Statistics (ONS) advises that this statistic remains experimental in nature. Since introduction into the suite of strategic outcome indicators, there has been a revision in the calculation methodology of the indicator since reporting at year end 2012/13. Previously a low satisfaction score was defined as 6 or less. However, the indicator calculation has been revised to consider low satisfaction as a score of 4 or less. Data for the revised definition was made available for 2011/12 and 2012/13 and these years are comparable with each other.

The data is collected from the ONS Annual Population Survey. Dissatisfaction with life is interpreted as those respondents providing a score of 4 or less (out of a possible 10) to the question "Overall, how satisfied are you with your life nowadays?"

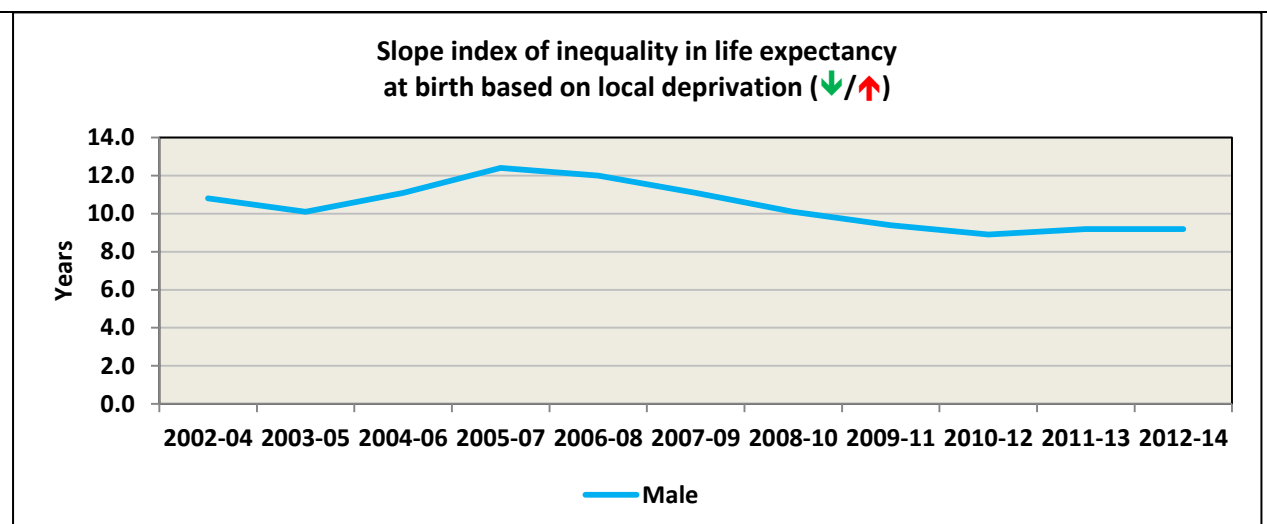
Wellbeing is seen as a key issue for the Government as people with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

The five year target setting exercise has established a target for 2019/20. The intention of the new target is to reduce Gateshead's percentage of people reporting a low life satisfaction score to the current (14/15) England rate. This is a challenging target and gives us the aim of being the best in the North East for wellbeing.

#### CHW06a - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male) (PHOF 0.2iii)







**Key message:** At this stage the data for the 2015/16 year is currently unavailable. It is anticipated the final version will be released by the Public Health Frameworks tool in February 2017.

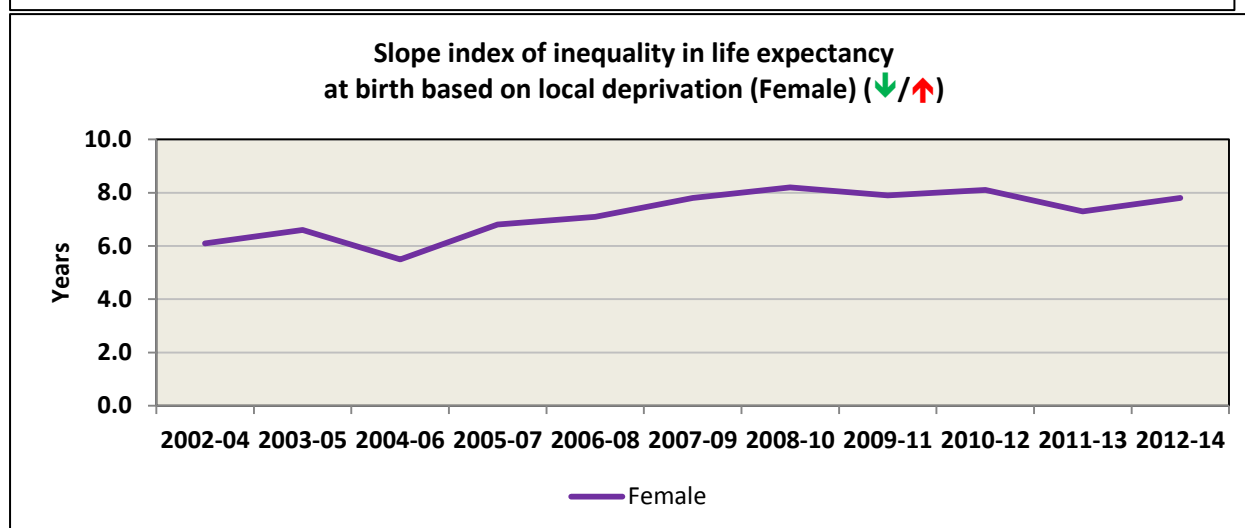
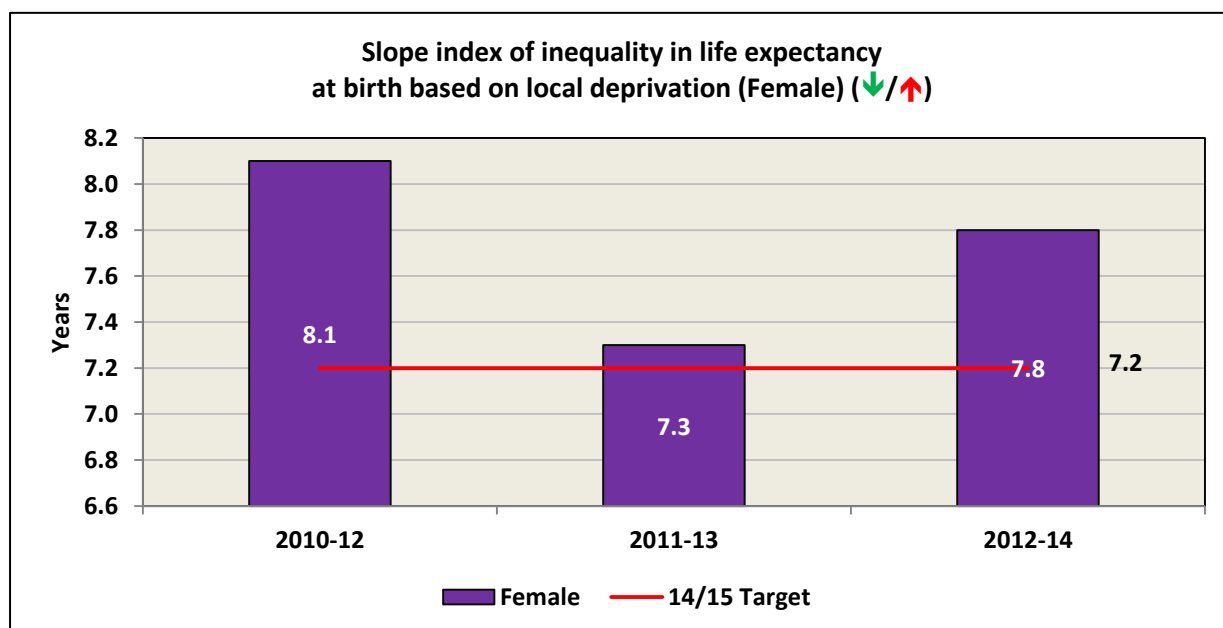
The data currently available is for the year end 2014/15 (period 2012-14); this shows that inequality in life expectancy for males has not changed since the 2011-13 period remaining at 9.2 years. This means that Gateshead missed the target set for 2014/15 of reducing inequality to 9.1 years. Overall inequality in the life expectancy gap for males has reduced by 14.8% since 2002-04.

Data for 2011-13 to 2012-14 has shown no change in the life expectancy gap between the most deprived and most affluent communities for males remaining at 9.2 years. This data is the first time since the availability of the data in 2002-04 that there has been neither an increase nor a decrease in the gap in inequalities for males. It is not known at this stage if after the increase the previous year this represents stagnation in the previously shown decreasing trend or if this represents the beginning of a clear change in the gap in inequality between the lowest and highest deprived communities in the Gateshead area for males.

This is one of the few indicators in the Public Health Outcomes Framework (PHOF) set that is explicitly an inequalities indicator. It shows inequalities within local areas, enabling a focus on small areas of deprivation that exist everywhere as well as areas where the whole local authority area has poor health status. The indicator was included into the suite of strategic outcome indicators and is a key high-level health inequalities outcome and is core to the aims of Public Health.

The target setting exercise for this indicator has established the 5 year target for 2019/20. The target intention for this indicator is not just to go for a standard to try to continue with the previously shown downward trend and look for a year on year reduction in the rate of inequality. The baseline year for this data has been set as the data published as of Feb 2015 (2011-13 periods).

## CHW06b - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Female) (PHOF 0.2iii)



**Key message:** At this stage the data for the 2015/16 year is currently unavailable. It is anticipated the final version will be released by the Public Health Frameworks tool in February 2017.

The data currently available is for the year end 2014/15 (period 2012-14); this shows that inequality in life expectancy for females has increased from 7.3 years in 2013/14 (2011-13 period) to 7.8 years in 2014/15 (2012-14 period). This means that Gateshead missed the target set for 2014/15 of reducing inequality to 7.2 years. Overall inequality in the life expectancy gap for females has increased by 27.9% since 2002-04.

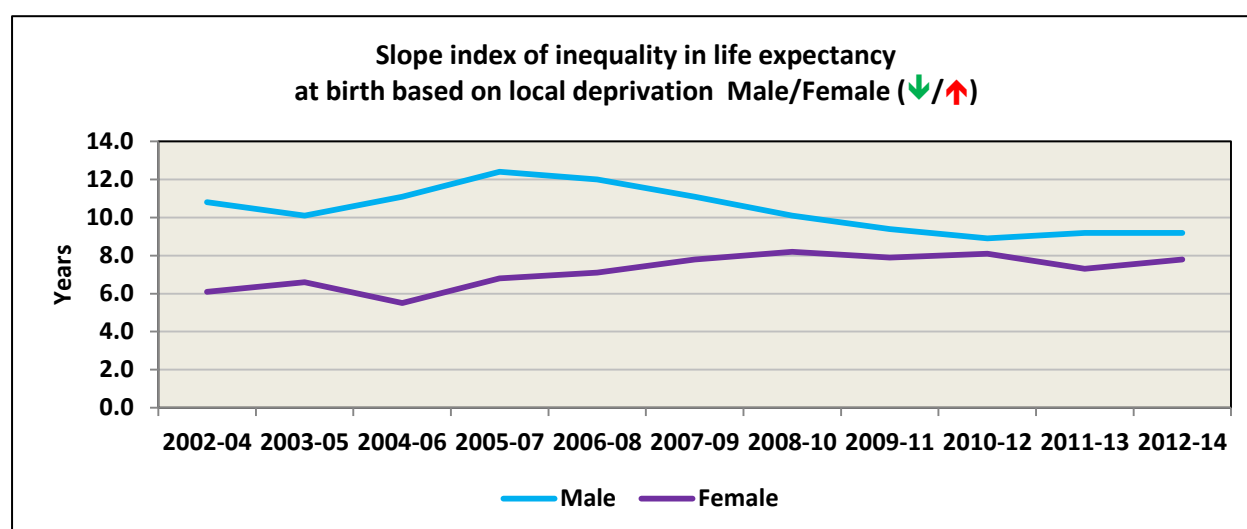
For women, from its lowest point in 2004-06 at 5.5 years the gap in inequality between the least and most deprived communities in the Gateshead areas for females has been gradually rising year on year. The 2012-14 data represents an increase of 6.8% on the previous period and an increase of 41.8% since the lowest

point in 2004-06. This increase suggests that the previous periods decrease in inequalities may have been an anomaly and the increasing trend that had previously been seen is set to continue.

The target setting exercise for this indicator has set the new 5 year target plan and established a target for 2019/20. The intention is to try and halt the increasing trend in inequalities for females and to bring this growing gap back down again.

### Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male/Female)

Given the way that these two indicators have been split up it was felt that it would be beneficial to provide some context to the two sets of data using a third graph with the male and female inequality rates over-laid so that it is possible to see change in rate compared to each other.



**Key Message:** As indicated by the above graph the gap between male and female inequality has narrowed considerably since its largest gap in 2005-07. Despite there being no change in the rate for males for 2012-14 the increase in the rate for females has seen the gap between the two data sets begin to narrow again. Unless this proves to be a reversal of the previously seen trends it is expected that at some point within the next 5 year period (possibly even within the next 2 periods) the gap between the lowest and highest areas of inequality in life expectancy in Gateshead will be largest between those of female gender.

**CHW07 – Equalities Objective – Deliver targeted support to carers, LGBT carers, young people who are carers within the Jewish Community**

#### CHW07a – Equalities Objective – Delivered Targeted Support to BME Carers

16 BME Carers out of a total of 1947 Carers have accessed a carer's assessment during April to February 2015 (0.8%). This has declined by one BME Carer from the figures reported in the 2014/15 year-end report (17 out of 1945 – 0.9%) and is below the 2015/16 target of 1%. Please note that small numbers affect this indicator – if a further

three BME Carers had been assessed; the target would have been met.

The above figures have been collated from Gateshead Council's Social Care database.

#### **CHW07b – Equalities Objective – Young Carers**

The number of new young carers identified during April to March 2015/16 was 180 (new referrals to Crossroads Young Carers Service). This is above the target for the whole year (65). 166 coordinated assessments and/or support plans were also completed during the period.

#### **CHW07c – Equalities Objective – Delivered Targeted Support to LGBT and Jewish Carers**

4 out of 1947 carers were assessed jointly or separately during April to February 2015/16 were Jewish (0.2%). This shows an increase compared to last year, where 2 Jewish Carers were assessed in the period.

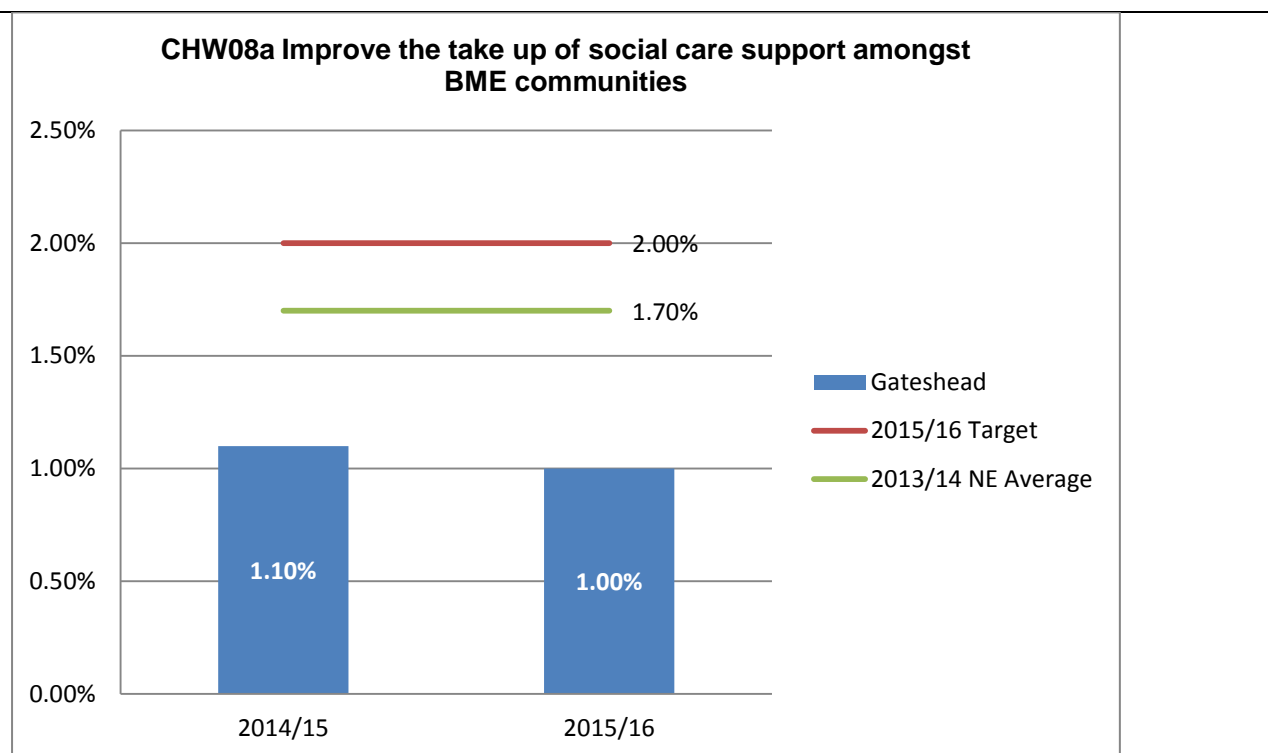
Please note: LGBT status is not recorded within Gateshead Council's Social Care database.

#### **CHW08 – Equalities Objective – Improve the take up of social care and health support amongst BME communities**

##### **CHW08a – Equalities Objective – Social Care**

4207 people were helped with Long Term Social Care funded services during the period of April to February 2015/16. Of these, 42 are from a BME background (1.0% of the total number of people).

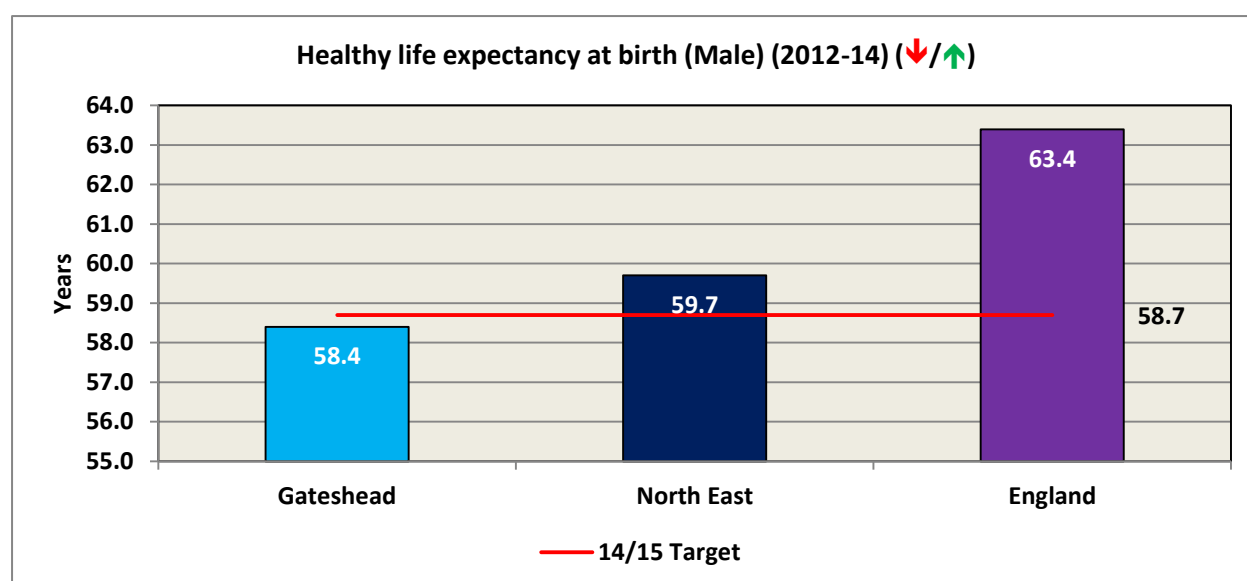
This strategic outcome indicator has a year end 2015/16 target of 2.0% which has not been achieved. In order to meet this target, based on the same number of people receiving services, a total of 83 people of BME background would need to have been in receipt of Long Term Social Care funded services.

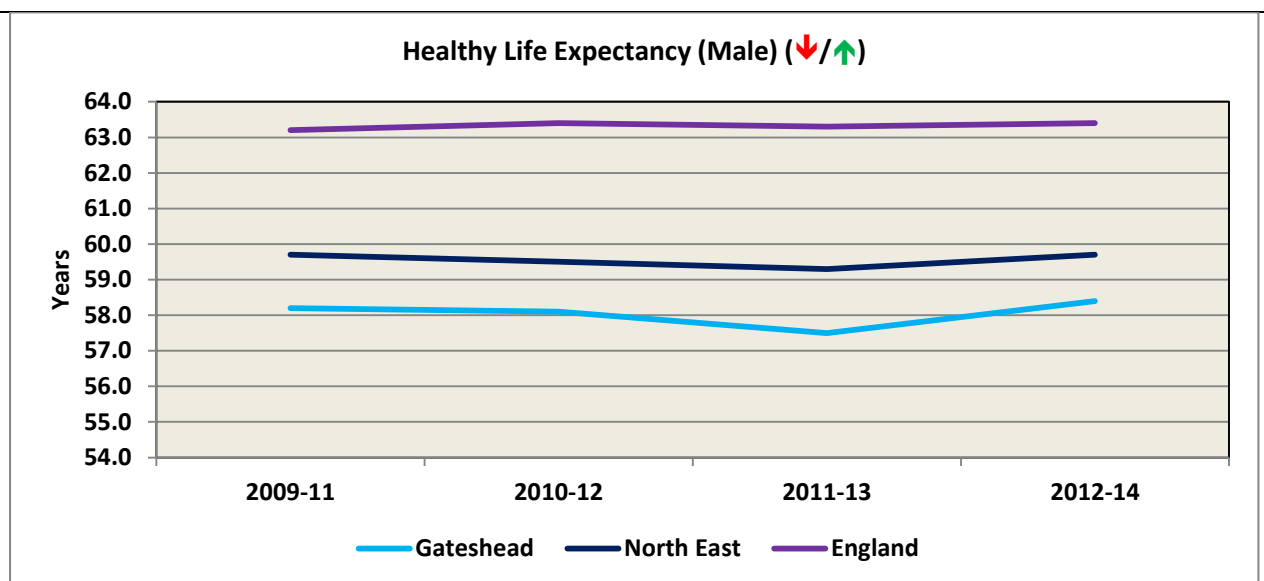


### HC08b – Equalities Objective – Health Support

It has been provisionally agreed that the initial focus for this indicator would be the service users of the new Live Well Gateshead (LWG) service. The intention is for this indicator to be used as a method of monitoring the use of the LWG service and to see if this is meeting the equalities needs of the Gateshead population by gender, age and ethnicity. Discussions are currently ongoing with colleagues in Care, Wellbeing and Learning (Public Health) to agree the nature of data collection necessary to be able to meet this requirement. Depending on the information provided by this indicator it may well be expanded in the future to encompass other delivered health services.

### CHW09a – Healthy Life Expectancy at Birth (Male) (PHOF 0.1i)





**Key message:** At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in March 2017.

The data currently available is for the 14/15 year (2012-14 data); This shows there has been an increase in the Healthy Life expectancy of males in Gateshead from 57.5 years to 58.4 years. This is the first increase in male healthy life expectancy for Gateshead since the data was first made available (2009-11 period).

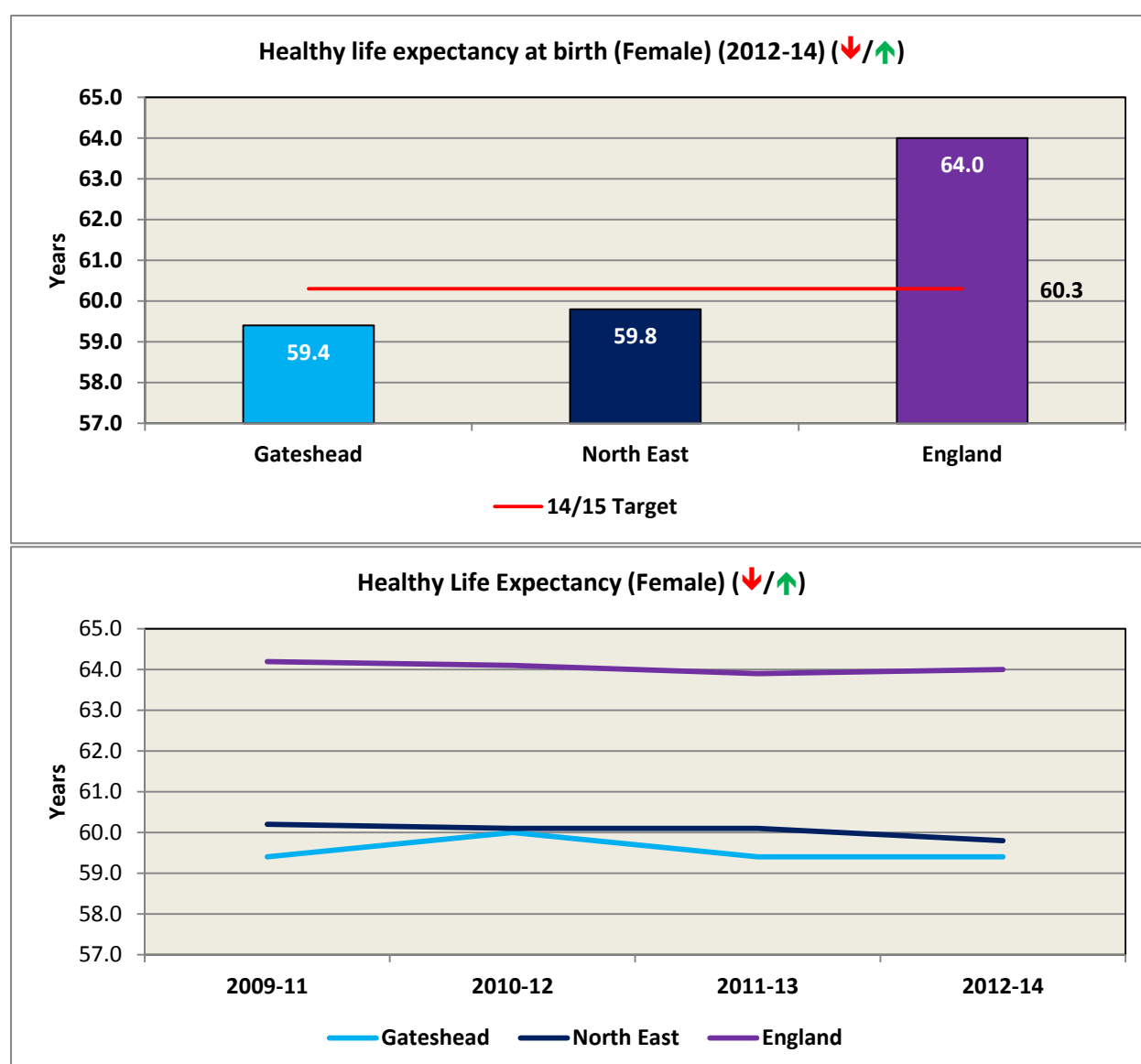
The target set for 2014/15 was 58.7 years which was a required increase of 2.1% on the 2013/14 data. Gateshead missed its 14/15 target by only 0.3 years.

Currently Gateshead is considered significantly worse than the England average of 63.4 years but can be considered similar to the North East average of 59.7 years; however Gateshead currently has the third lowest rate of healthy life expectancy for males in the North East.

The healthy life expectancy indicators are considered to be an extremely important summary measure of both mortality and morbidity and are able to set a context with which Gateshead is able to assess other indicators both at health and economic levels to identify drivers of healthy life expectancy. It is a measure of the average number of years a person would expect to live based on contemporary mortality rates and prevalence of self-reported good health.

The target setting exercise for this indicator has established the target for 2019/20 and set a challenging goal to be similar to the predicted England healthy life expectancy in 5 years' time of around 63.7 years which would start to put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with Vision 2030.

## CHW09b – Healthy Life Expectancy at Birth (Female) (PHOF 0.1i)



**Key message:** At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in March 2017.

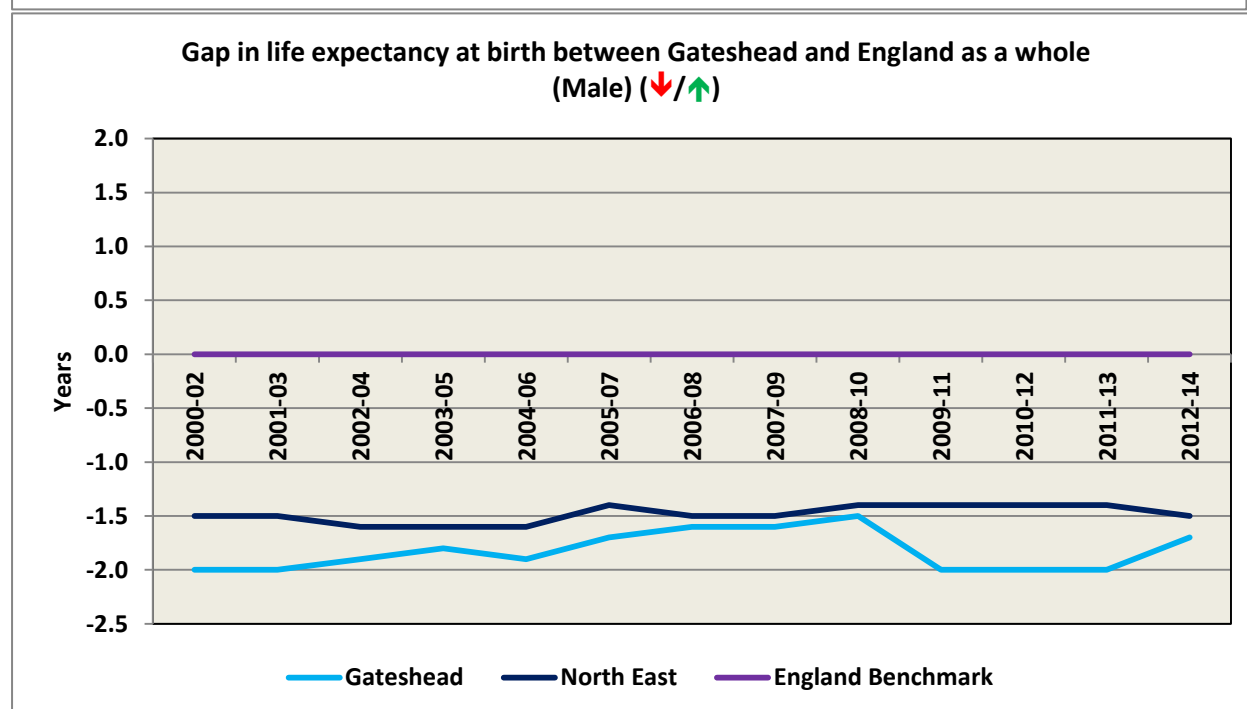
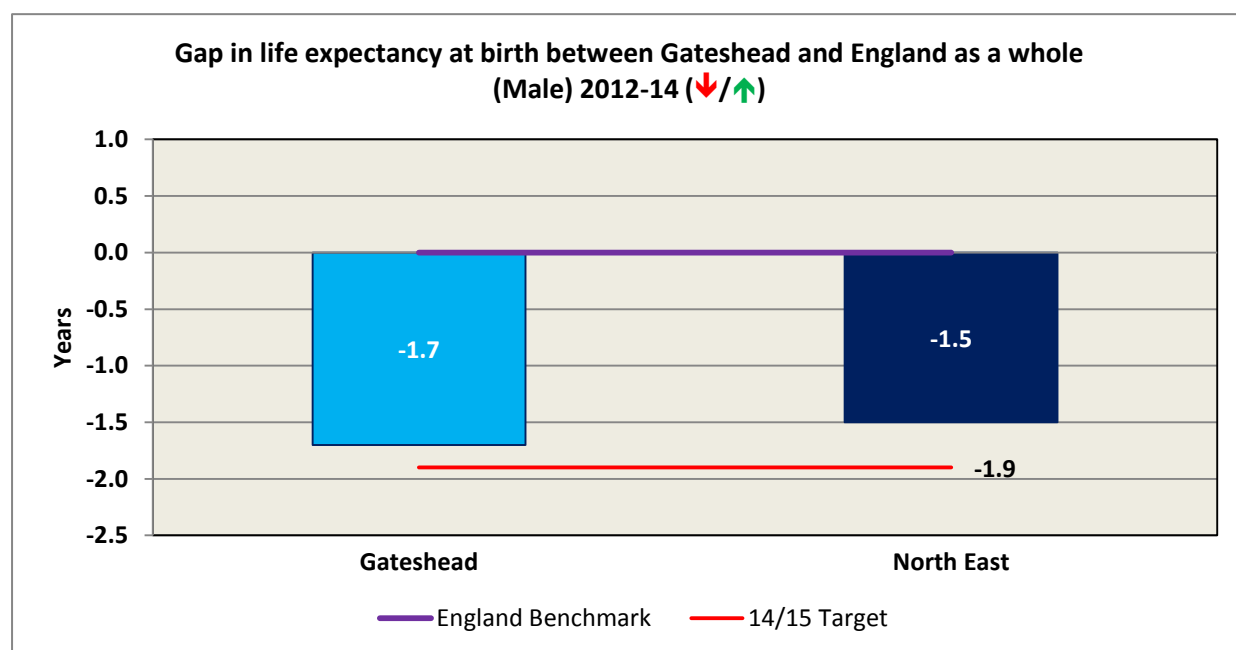
The data currently available is for the 14/15 year (2012-14 data); This shows there has been no change in the rate of Healthy Life expectancy of females in Gateshead with the rate remaining at 59.4 years.

The target set for 2014/15 was 60.3 years which was a required increase of 1.5% on the 2013/14 data. Gateshead missed its 14/15 target by 0.9 years.

Gateshead is considered significantly worse than the England average of 64.0 years but can be considered similar to the North East average of 59.7 years; however Gateshead currently has the seventh highest rate of healthy life expectancy for females in the North East. With rate remaining the same for 2014/15

The target setting exercise for this indicator has established the new 5 year target for 2019/20 Given that the current England rate of health life expectancy for females has decreased for the past 3 periods in a row, and it is possibly going to continue to decrease for the upcoming periods, we have set ourselves a challenging goal to reach the current (64.0) England healthy life expectancy. Like the targets for male healthy life expectancy this would put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with the Vision 2030 plan.

### CHW10a Gap in life expectancy at birth between each local authority and England as a whole (Male) (PHOF 0.2iv)





**Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in November 2016.**

**The data that is currently available is for the 14/15 year (2012-14 period). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has reduced from -2.0 years in 13/14 (2011-13 period) to -1.7 years.**

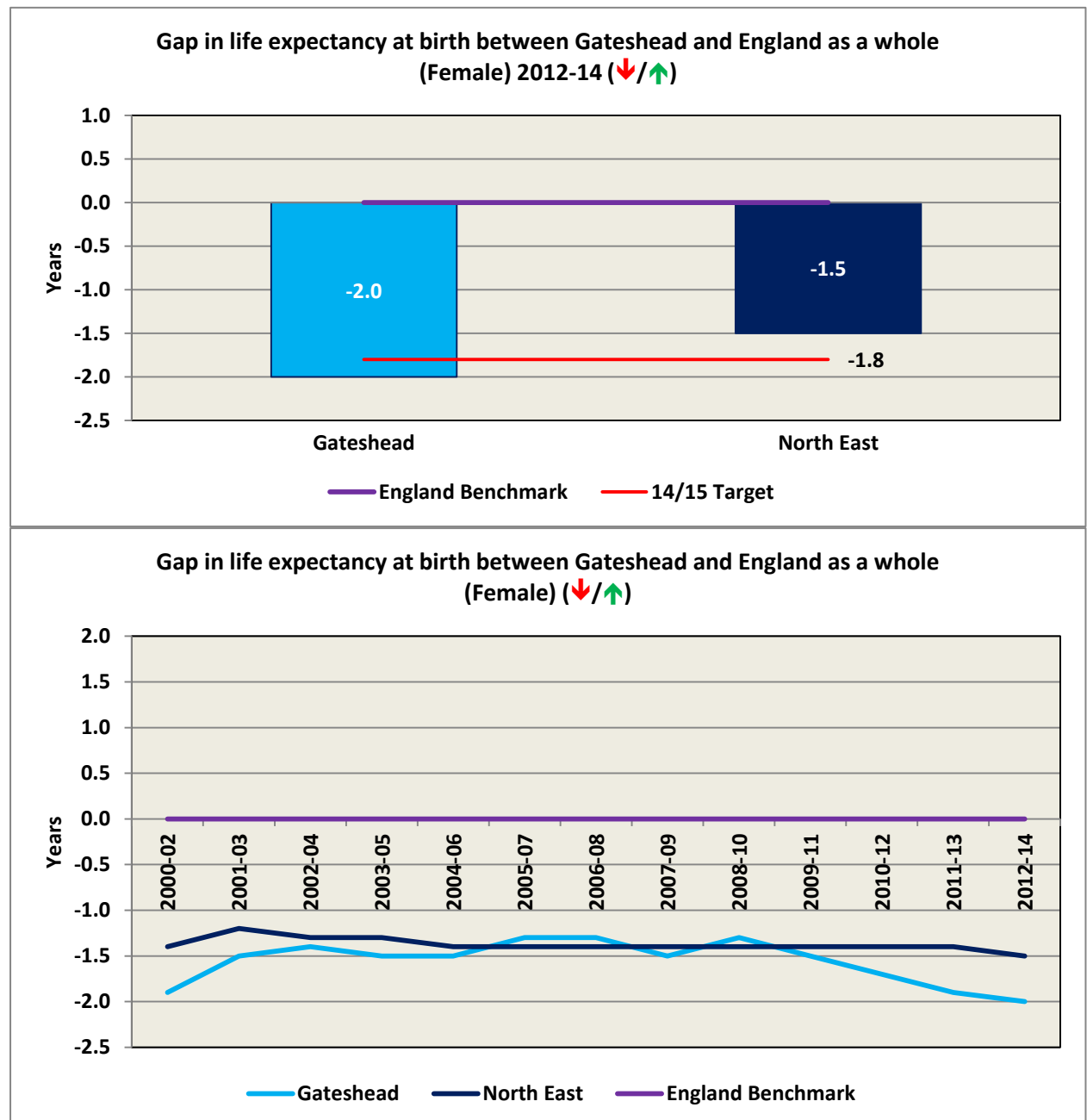
**The target that was set for 2014/15 was to reduce the gap in life expectancy down to -1.9 years Gateshead has achieved this target.**

**Gateshead is considered similar to the North East average of -1.5 years but it has the sixth highest gap in life expectancy for males compared to the England rate in the region.**

This indicator measures inequalities in life expectancy between each local authority area and that of England as a whole. It shows the absolute difference in years in life expectancy between the two areas for the given time period a negative figure means that the life expectancy of the area is lower than England, and a positive figure shows that the area has a higher life expectancy than England. This outcome focuses attention on the difference between life expectancy in local authorities and the overall England value and the need to improve the health of the whole area in relation to England. Gap in life expectancy at birth is considered to be one of the overarching outcomes for the nationally defined Public Health Outcomes Framework

The target setting exercise for this indicator has established the target for 2019/20 with the intention of continuing to reduce the gap between Gateshead and England in terms of life expectancy, and maintain the desired goal of the Public Health Frameworks tool to show a reduction in the size of the negative figure.

**CHW10b Gap in life expectancy at birth between each local authority and England as a whole (Female) (PHOF 0.2iv)**



**Key message:** At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in November 2016.

The data that is currently available is for the 14/15 year (2012-14 period). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has increased from -1.9 years in 13/14 (2011-13 period) to -2.0 years.

The target that was set for 2014/15 was to reduce the gap in life expectancy down

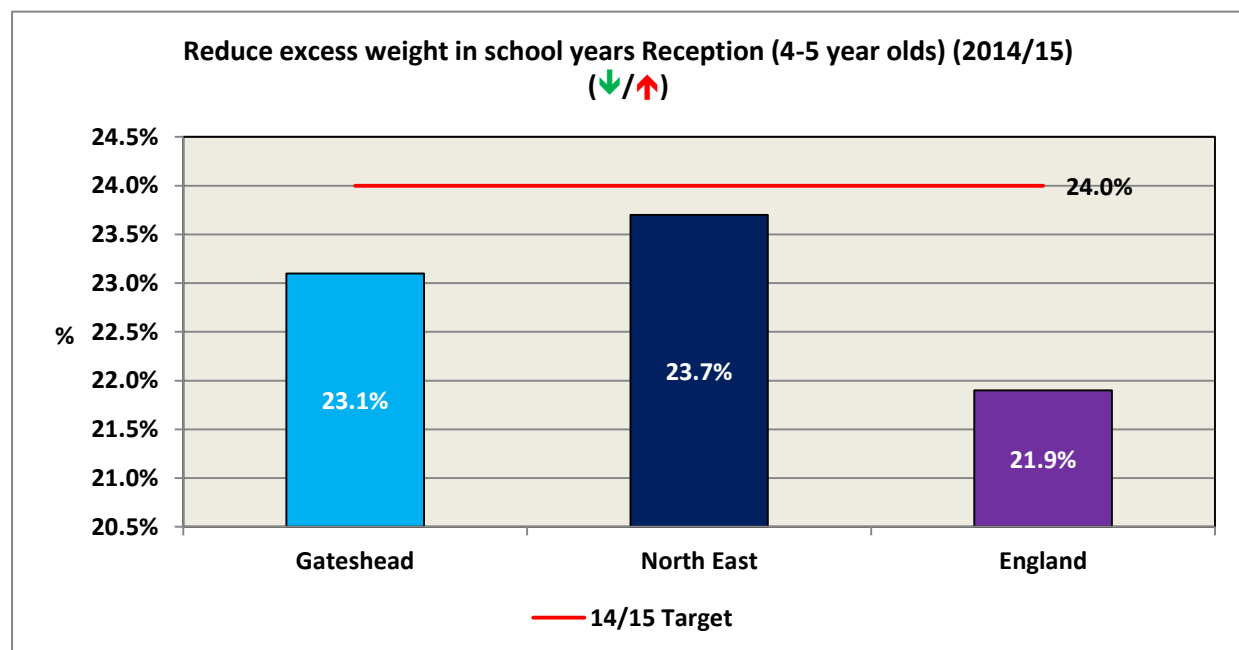
to -1.8 years Gateshead has not achieved this target.

Gateshead is considered significantly worse than the North East average of -1.5 years and it has the third highest gap in life expectancy for females compared to the England rate in the region.

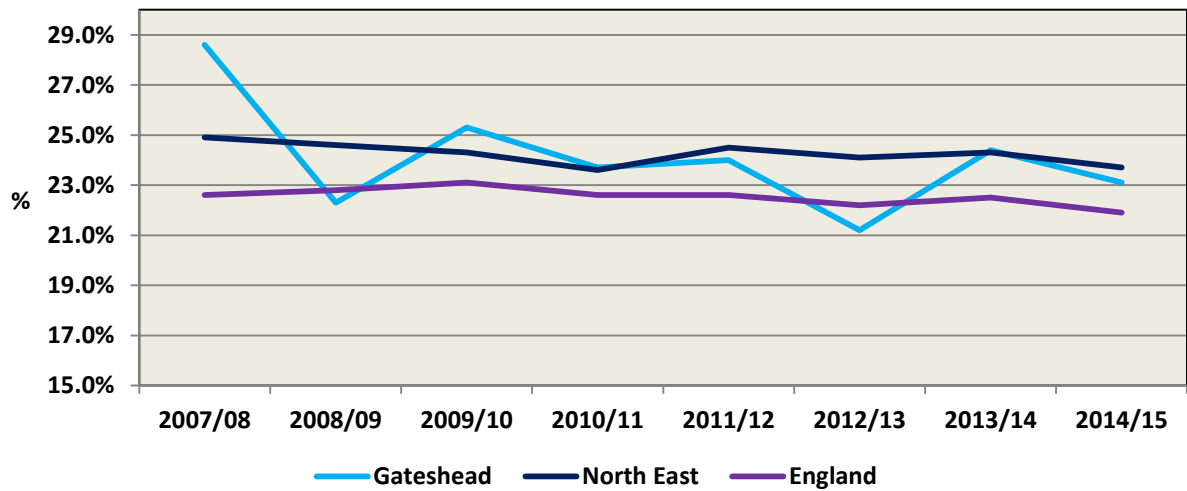
The gap in life expectancy between females in Gateshead and the overall England rate has been steadily increasing for the last 3 periods of data and the 2014/15 data has only continued this trend. 2014/15 is the first time that females have had a larger gap in life expectancy compared to England than males since the availability of this data and the current trends suggest that this may only be likely to increase.

As with the gap in life expectancy for males the target setting exercise for this indicator has established the target for 2019/20 with the intention of controlling the steadily increasing gap in life expectancy for females and then bringing this negative figure back down again.

**CHW11 Reduce excess weight in school years Reception & Year 6 (Excess weight defined as a combination of 'Overweight' and 'Obese') (PHOF 2.06i and 2.06ii)**

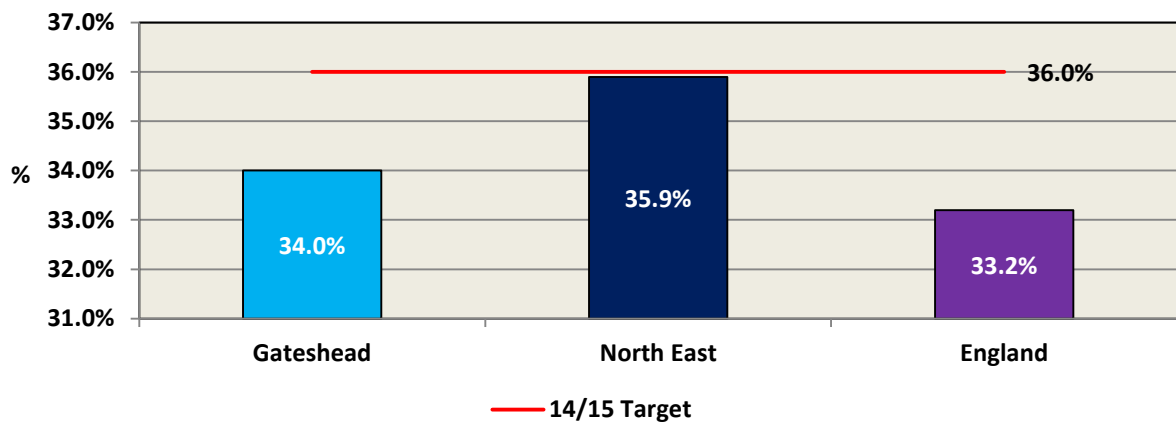


Reduce excess weight in school years Reception (4-5 year olds) (↓/↑)

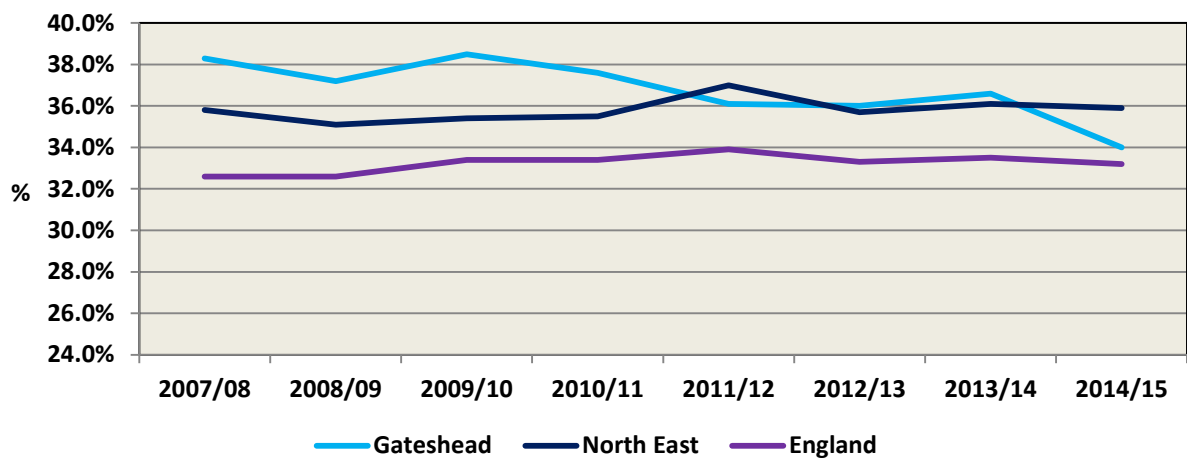


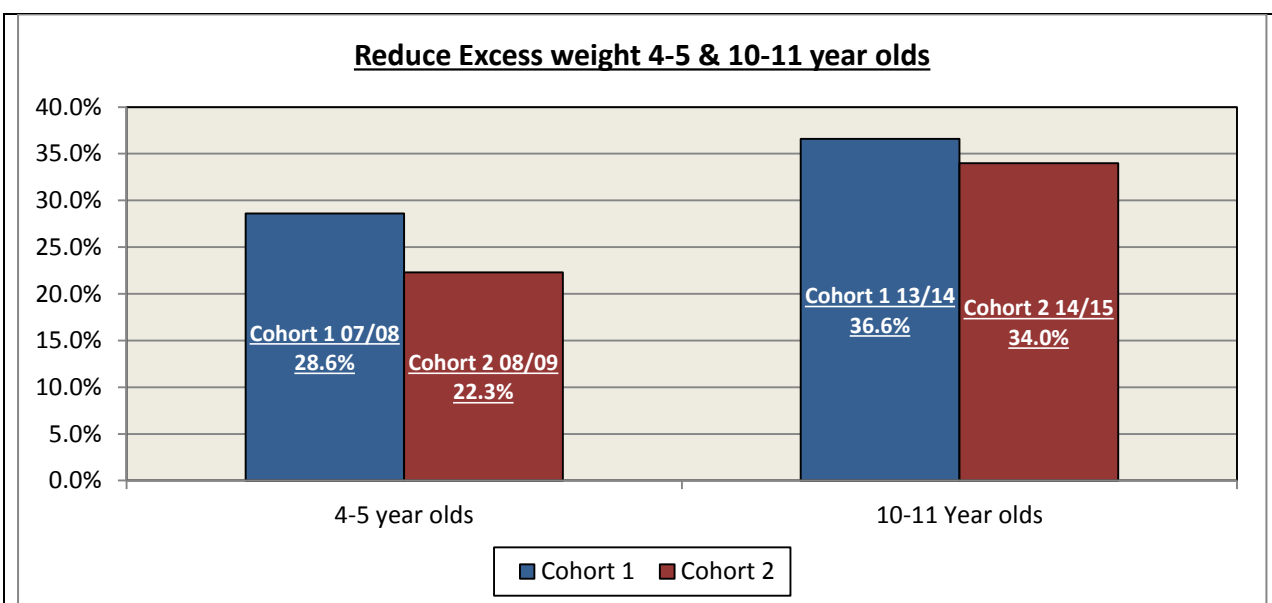
Reduce excess weight in school years - Year 6 (10-11 year olds) (2014/15)

(↓/↑)



Reduce excess weight in school years - Year 6 (10-11 year olds) (↓/↑)





**Key message:** At this stage the year-end data for 2015/16 is currently unavailable and is due to be published around November/December 2016 through National Child Monitoring Programme.

In February 2016 Public Health England revised the definition of this indicator to use pupil residence based on postcode rather than school location. This change has resulted in all data for the indicator being revised to take into account the new definition and the Gateshead data for 2006/07 being removed due to data quality issues.

The data currently available is for the 14/15 year. For children in reception (ages 4-5) 23.1% were considered to be of excess weight which was a decrease on the figure in 2013/14 of 24.4%. For children in year 6 (ages 10-11) 34.0% were considered to be of excess weight which was also a decrease on the figure from 2013/14 of 36.6%. In both age groups Gateshead is now considered to be statistically similar to both the England average and the North East average. In the 4-5 year old age group Gateshead now has the 5<sup>th</sup> lowest rate of excess weight in the North East and for 10-11 years olds Gateshead now has the 3<sup>rd</sup> lowest rate.

**The target for 2014/15 for 4-5 year olds was 24.0% this target was achieved.**

**The target for 2014/15 for 10-11 year olds was 36.0% this target was achieved.**

The two sets of excess weight data have been combined to enable us to monitor the difference between particular cohort groups at the two different measurement stages. Due to the changes made to the definition for these indicators we still only have 2 years' worth of children who were measured at the 4-5 year old stage and have now progressed to being measured at the 10-11 year old point. 4-5 year old Children measured in 2007/08 and 2008/09 have now been measured again in the 2013/14 and 2014/15 years respectively. In both these cohort years we have seen a marked increase in the percentage of children classified as excess weight.

For the cohort measured in 2007/08 and then again in 2013/14 there was a 28.0%

increase in the percentage of children classified as excess weight (increasing from 28.6% to 36.6%). In the cohort measured in 2008/09 and then in 2014/15 there was a 52.5% increase in those children classified as excess weight (increasing from 22.3% to 34.0%). However despite the large increases in excess weight between the two measurement periods in both cohorts where the levels of excess weight have reduced at 4-5 years they have also reduced at 10-11 years. Unfortunately having only 2 cohorts of data at this time we are not in a position to suggest that by focusing on bringing excess weight down at 4-5 years we can also affect a positive change in those at 10-11 years.

The current long term trend for children at 10-11 years old is now starting to show a very gradual decrease since the first available set of data in 2007/08. Since that point the percentage of excess weight children in this age group has come down by 11.2% and we are now at our current lowest level for this part of the indicator. This is in contrast to both the North East and England rates which are now showing a 0.3% and 1.8% increase overall.

This indicator will hopefully be able to tell us whether there is a connection in the work with children at the 4-5 age categories around excess weight and whether this is having an effect on the numbers of children who are then reporting as excess weight by the ages 10-11.

The UK is experiencing an epidemic of obesity affecting both adults and children and there is currently a huge concern around the rise of childhood obesity and the implications of such obesity persisting into adulthood. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

By choosing to ignore this problem Gateshead would effectively be saying that we as a local authority are comfortable with having around a third of our 10-11 and nearly a quarter of our 4-5 year olds being of excess weight. The 5 year targets up to 2019-20 that have been set for this reflect a commitment to reducing excess weight in both age categories and establishing children with a healthier childhood and consequently a healthier progression into adult life.

<b>Section 3 – Delivery of the Council Plan 2015-2020</b> <b>Progress made against the Live Well Gateshead outcome in the Council Plan and targeted action</b>
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## **Live Well Gateshead – a healthy, inclusive and nurturing place for all**

### **Our Achievements**

#### **Adult Social Care**

##### **Enhancing lives**

During October 2015 to 31 March 2016 we have:-

- The Council working with GATES Employment service won the 'Organisations supporting disabled people into employment' in the 2015 North East Care Awards.
- Via GATES an internship programme with IKEA three people with disabilities, commenced a placement with IKEA in April 2016. Also through GATES eight individuals also continued to develop their personal confidence and work skills competencies through an internship programme with Intu Metro centre.
- Won two regional awards with Special Olympics Gateshead in November 2015. These awards were 'Groups who have made a difference' award at the North East Equality Awards and the 'Putting People First / Personalisation' award at the North East Care Awards. Along with this 34 Special Olympics Gateshead athletes have been selected to represent the Northern region at the 2017 Summer National Games in Sheffield.
- Income from the Newcastle Gateshead Involvement and Innovation Fund was successfully achieved for the Community Links service to operate an April to May 2016 project in line with the Gateshead Care Homes Vanguard programme.
- Embodied a myriad of interventions into the day service provision at Marquisway Centre to meet the needs and aspirations of people with complex needs. An iMuse room has been installed within the centre combining sounds, motion, vibration and visual elements into a unique and effective experience for people with complex needs, serving to promote the artistic expression of individuals as well as enhancing motor skills and reducing anxiety. Furthermore, Marquisway staff have been trained in wheelchair dance and Rebound Therapy to maximise the sensory ability and physical capabilities of individuals.
- Commenced a new user led enterprise entitled 'Allsortz'. The enterprise focuses on upgrading furniture as a means to sell such furniture on to re-invest into the enterprise. This enterprise seeks to develop the work based competencies and overall confidence of people with learning disabilities, providing them with a 'stepping stone' into paid employment.
- Agreed funding to continue to upgrade Telecare equipment from the HRA capital programme for 2016/17.
- Over 4000 digital events were held across sheltered accommodation to teach older people about android tablets, iPads and phones.

## **.Quality of Life**

During October 2015 to 31 March 2016 we have:-

- Completed a three year full inspection and accreditation was retained for Telecare Services Association (TSA) and Centre for Housing Support (CHS) with lots of areas of best practice identified by the inspector.
- Successfully retained full compliance with CQC's 'Essential standards of quality and safety' in 2016 for all eight Adult Social Care Provider Services.
- Through the Rapid Response Domiciliary Care service provided support to 427 individuals in 2015-2016. With a response time of 53 minutes, 97 people have received support which prevented them requiring an inappropriate hospital admission.
- Achieved a total of 822 compliments for Adult Social Care Provider Services in 2015/16 – a level of 73 compliments to every 1 complaint.

## **Positive Lives**

During October 2015 to 31 March 2016 we have:-

- Reviewed the Learning Disabilities Partnership Board and concluded that the Board should continue and is instrumental to supporting the Transforming Care agenda in Gateshead. A new set of priorities has been developed, governance arrangements are in place and a permanent Chair has been recruited.
- Reviewed the Physical Disabilities and Sensory Impairment Partnership Board and concluded that the partnership should continue; a new Chair is to be recruited, a set of priorities is to be developed and agreed and a governance structure put in place.
- Proposed a new commissioning model for Carers services in Gateshead. It has been agreed between the Council and the CCG to explore this further. At this stage, work is commencing with providers to look at the viability of reconfiguration and the impact, both positively and negatively on Carers, service providers and wider community.
- Used specialist book collections at musical memories sessions to encourage participation and conversation from adults living with dementia and those people living with a learning disability. Books have also been well used by carers for adults with learning disabilities. In addition, we have improved the reach of these collections by purchasing additional copies for the area libraries and the Mobile library.
- Worked in partnership with The Friends of Gateshead Central Library to create a monthly group for people living with dementia and their carers. Following the success of the meetings we have expanded the group to include adults living with a learning disability.
- Expanded the children's gardening group to include more families. One child with autism has benefitted greatly from the activity and is a regular attender. Equipment has been purchased to encourage the growing of herbs/vegetables and flowers. A visit to Bill Quay farm is planned and to a community allotment.
- From January at Gateshead Central Library began to host monthly face-to-face information sessions, led by the Council's Special Education Team – SENIT for



people with autism, their families/carers and practitioners. The sessions provide an opportunity to speak with a professionally trained autism specialist, look at a selection of library books and share their queries or concerns. The Central Library has a quiet study space and a collection of books suggested by practitioners covering a range of topics such as diagnosis, sensory differences, anxiety, sleep and social skills etc. that are available to reserve free of charge from any of our libraries. All staff have received general autism awareness information and a dozen library staff have received Autism Supporter training from SENIT, which means they have a good awareness of autism and are happy to support people with autism during their visit to the library. The sessions are moving from Central's reception area into a community room to provide more privacy and a relaxed atmosphere to encourage parents to share information and support each other. An evening session is being planned for over the summer along with a parents' support group on social media.

- Achieved a 'good status' with the Shared Lives Gateshead service in their January 2016 inspection by the Care Quality Commission (CQC). The CQC Inspector expressed that "People, their relatives and external professionals all told us the service was effective. They told us the service had changed people's lives for the better and the skills and attitudes of the carers had ensured positive outcomes for people". It was noted that "care plans were personalised and detailed what people's routines and habits". Significantly, CQC confirmed that "all shared lives carers were taken through a rigorous assessment process before being recommended for approval".
- At Eastwood Promoting Independence Centre alongside a health and social multi-disciplinary team has achieved a 73% rate of discharging people home from intermediate care beds in the last 6 months. Eastwood support staff have further enhanced their professional capabilities by being trained in core competencies by the Clinical Educator within the Centre.
- Have provided weekly 'sporting memories' sessions to older people with dementia at Blaydon Resource Centre. The activity has served to evoke the sporting recollections of older people and precipitated meaningful discussion on these treasured memories, potentially, before such memories may be lost forever, due to a destabilising dementia condition. The sessions benefits in reigniting connections between generations and combating depression and loneliness in communities has been immeasurable.

## **Protecting Lives**

During October 2015 to 31 March 2016 we have:-

- Worked in partnership with Tyne and Wear Fire and Rescue Service on home safety, of which 1603 Home Safety Checks were completed.
- The Safeguarding Adults Board approved the first Strategic Plan for the now statutory Safeguarding Adults Board. The three year Strategic Plan identified five Strategic Priorities for the Safeguarding Adults Board: Quality Assurance, Prevention, Community Engagement and Communication, Improved Operational Practice and Implementing the Mental Capacity Act / Deprivation of Liberty

Safeguards. The Strategic Plan notes that the Safeguarding Adults Board in Gateshead is person-led and outcome focused by adopting and implementing a preventative model. The Annual Report will be taken to the July 2016 Board as it needs to reflect upon the achievements and challenges for the Board in 2015/16 and incorporate financial year data from all partners.

- Commenced work on a series of multi-agency practice guidance notes. A new Strategic Exploitation Group has been established which feeds into both the Safeguarding Adults Board and Local Safeguarding Children's Board. This Group, Chaired by Northumbria Police, is leading on work in relation to sexual exploitation, modern slavery and trafficking and will be leading on practice guidance in relation to those subject areas. Draft practice guidance has been produced on Suicide and this is scheduled to go to the May 2016 Safeguarding Adults Board. Practice guidance on Domestic Abuse has been delayed due to a Council wide review of Domestic Abuse services. Practice guidance on female genital mutilation is being developed alongside the Local Safeguarding Children's Board and is being led by the Designated Lead Safeguarding Nurse from Newcastle Gateshead Clinical Commissioning Group.
- Conducted a peer case file audit by officers from Darlington County Council in Gateshead in January 2016. This forms part of a reciprocal peer case audit arrangement between Gateshead and Darlington Councils. Ten Safeguarding cases were randomly selected for the audit. The findings were largely positive but where areas of improvements were identified these have been discussed at the Quality and Assurance Sub Group of the Safeguarding Adults Board and will be incorporated within the work plan for the Group for future development.
- Purchased a bespoke system to strengthen data collection processes for the recording of Deprivation of Liberty Safeguards. Work is ongoing to ensure it fits in with Gateshead processes.
- Continued to review Deprivation of Liberty Safeguard processes to enable the streamlining of some parts.
- Commissioned externally provided Level 2 Mental Capacity Act training until December 2016. Once these sessions have been completed, an evaluation will be carried out to consider the needs of the respective services. A small non-recurrent grant has allowed us to purchase extra sessions with regards to consent and capacity.

### Falls Prevention Strategy

During October 2015 to 31 March 2016 we have:-

- Conducted a mapping exercise to explore the falls prevention programmes available in Gateshead which was presented to Strategy Group. Work will continue with 'Our Gateshead' to publish the data.
- Held the April Falls Day campaign at the QE hospital and an information stall in Trinity Square.
- Trained 16 frontline staff in Otago (evidence based strength and balance exercise programme) ranging from Occupational Therapists, Physiotherapists, and Reablement workers. This is an evidence based falls prevention training qualification.
- Reached agreement on the Seamless Falls Pathway from the Falls Strategy Group.

- Relaunched the Falls Prevention Scheme in Councils News in March 2016 targeting those 65(+) and those identified at high risk of falls.
- Through the Older Peoples Assembly commenced four Postural Stability Classes for the first time in Gateshead. This is an evidenced based falls prevention programme.
- Through the Falls Educator/Co-ordinator trained front line staff in falls prevention and falls screening.

## **Health and Wellbeing**

### Substance Misuse (Including Alcohol)

During October 2015 to 31 March 2016 we have:-

- Implemented a revised Quality Assessment Framework to facilitate contract monitoring meetings. This is a more qualitative approach and facilitates a greater understanding of the treatment outcomes of the service, highlighting areas for improvement and development.
- Made Naloxone and Nalmefene available as treatment options via referral to Gateshead Evolve. Treatment pathways have been developed and are to be signed off by Medicines Management Committee.
- Held a launch event for Gateshead Evolve, inviting all partners to attend, with sessions on all aspects of Evolves work including Foundations of Recovery, Drug and Alcohol Pathways, family support, mutual aid etc. This event was well attended and a great celebration including a graduation event for peer mentors.
- Engaged with the community via both Alcohol Awareness Week and Dry January.
- Appointed a new Chair for the Drug Related Deaths Group and revised the remit of the group to incorporate suicides.
- Evaluated the Accident and Emergency pilot and partners have met to discuss how to further develop the project. A new Accident and Emergency champion has been appointed at the hospital; the data collection form has been revised and regular training and feedback sessions have been arranged with staff at Accident and Emergency.
- Delivered training sessions, with specific sessions for Deputy Head Teachers, Pastoral Leads and Social Workers. Handouts were created for staff and parents to provide information and advice about Noval Psychoactive Substances (NPS) including, what NPS is, what the effects of NPS are, and where to go to get help or treatment. Reports were submitted to the Local Safeguarding Children's Board and Overview and Scrutiny Committee to further raise awareness of this issue.
- Drafted the Substance Misuse Strategy and circulated to partners for consultation. Following the consultation, further work on the strategy will be undertaken.
- Seen Gateshead become a pilot site for the Public Health England's 'Health as a Licensing Objective Pilot'. This involves the development of an analytical support package/health harms data maps to support licensing reviews/applications and the exploration of the benefits of Public Health as 5th Licensing Objective.
- Increased participation in the Licensing Responsible Authorities Group and had several successful outcomes at Licence Reviews and Applications.

- Developed a Liver Strategy with Primary and Secondary Care.

### Reducing Smoking

During October 2015 to 31 March 2016 we have:-

- Given a presentation to the CCG respiratory group to promote the success of the Active Intervention Programme and encourage GPs and Pharmacies to engage. Ongoing monitoring of activity and performance is taking place by the Live Well Gateshead Hub and mentors to maximise promotion of services and effectiveness of activity. Promotion of Stoptober, No Smoking Day.
- Clarified the pathway of care for pregnant smokers including the offer of risk perception training to midwives and sonographers to ensure continuation of the babyClear programme along with exit strategy discussions as the contract for the Public Health midwife comes to an end.
- Supported the launch of Northumberland Tyne and Wear Trust (NTW) as Smokefree in March. Referral pathways have been developed with Pharmacies and local community based MH services and training has been offered to services to support any who wish to continue to remain smoke free on discharge from NTW inpatient services.
- Undertaken training on e-cigarettes and incorporated their use into the Stop Smoking Service (although they are not available on prescription).

### Sexual Health

During October 2015 to 31 March 2016 we have:-

- Initiated an integrated tariff financial impact assessment project, six months of data will be collected in order to make an accurate assessment of the project.
- Implemented the HIV home sampling service which is pending evaluation of clinical and cost effectiveness.
- Reviewed the terms of reference for the Sexual Health Partnership and commenced the development of a Sexual Health Strategy.
- Continued to review the Emergency Hormone Contraceptive Patient Group Direction.
- Implemented performance monitoring process with new providers, determining clear roles and responsibilities of officers throughout the process, with a clear accountable reporting structure to support the quarterly strategic contract monitoring process.
- Presented teenage conception data to the Children's Trust Board, resulting in training offer links established between relevant Council teams and the Integrated Sexual Health Service.
- Commenced the transition of Sexual Health primary care contracts over to a new contracting process through the North East Procurement Organisation (NEPO) portal.
- Provided funding to enhance chlamydia screening, improve access to C-card and new provision of group counselling for survivors of sexual assault.

## Mental Health and Wellbeing

During October 2015 to 31 March 2016 we have:-

- Finalised the development of the Mental Health and Wellbeing Strategy to be presented at the Mental Health and Wellbeing Partnership April 2016.
- Carried out a Health Needs Assessment in relation to Suicide Prevention and an audit of suicides between 2011-2013 as part of the Deciding Together Process to understand serious mental health needs across Gateshead and Newcastle.
- Worked with the North East Combined Authority who has collaborated with the Government, Department of Communities and Local Government, to jointly design and develop a mental health and employment integration trailblazer which will provide support for 1,500 (100 in Gateshead) unemployed residents with mental health barriers to employment over its two year lifetime across the North East. Key outcomes identified include improved job entry rates for people with mental health conditions, better job sustainability rates, benefit off-flows, and improved clinical recovery rates. Service integration is a key principle of the model which will test the effectiveness of employment support integrated into psychological well-being services to help more people into work. Employment coaches will be fully integrated into the teams delivering IAPT (Improving Access to Psychological Therapies) services. The model fits within the wider context of better integrating public services for residents who need a range of support from different agencies.
- Participated in the Deciding Together Consultation events between November 2015 and February 2016 which sought views on the restructuring of mental health services.
- Incorporated the Suicide Prevention Action Plan as part of the Gateshead Public Mental Health Strategy.
- Facilitated a workshop in November 2015 to complete the feasibility study and consider the implications of social prescribing for Gateshead. A working group was established between Council staff, Clinical Commissioning Group and the Voluntary and Community Sector. The group has been considering the definition and approach for Gateshead, members of this group are also attending and linking into a national forum on social prescribing.
- Expanded Books on Prescription collections to include the Mobile Library.
- Added Books on prescription dementia collections in libraries, this is Books On Prescription for teens and young adults, providing a comprehensive collection of 35 books covering a wide variety of topics in the Central library and two in the area libraries. Developed with young people and leading health organisations including; British Association of Behavioural and Cognitive Psychotherapies, The Psychological Society, Mental Health Foundation, Mind, Public Health England and the Royal College of GPs. The programme is being delivered by The Reading Agency in partnership with public libraries and is funded by The Arts Council and the Wellcome Trust.
- Developed the new Autism Information Hub at the Central Library offering a combination of resources about autism and monthly face to face information and signposting sessions for people with autism, their families/carers and practitioners. People will be able to speak to a professionally trained autism specialist look at a selection of library books and talk about their queries or concerns.

- Launched Books on Prescription – Reading Well for young people. Three collections of 35 titles covering topics such as body-image, self-harm, self-esteem have been purchased, 1 is in the Central Library and 2 are in area libraries. This initiative is part of the Society of Chief Librarian's Public Library Health Offer and the Association of Senior Children's and Education Librarians Children's Promise.

### NHS Health Checks Programme

During October 2015 to 31 March 2016 we have:-

- Introduced quality improvements resulting in an increase in the number of eligible people invited for health checks and ensuring 100% of risk scores communicated. Some specific promotional materials were developed for pharmacies as part of the NHS Health Check plus cancer pilot, and a briefing pack was produced for the workplace pilot.
- Developed an additional NHS Health Check Plus+ Families pilot with a GP practice, work is ongoing to finalise the project. Some detailed analysis has been undertaken of the characteristics of people who have attended for health checks and those that haven't.
- Improved data quality as a result of working with the North East Commissioning Support (NECS). There are several additional reporting items which are now received quarterly and some others which are still being finalised. These are helping to build a picture of some of the outcomes from the NHS Health Checks.
- Completed the NHS Health Check Plus Cancer pilot with two pharmacies at Wrekenton and Lobley Hill and by Occupational Health in Gateshead Council. Training was provided to staff delivering the pilot, and supporting materials were made available. Evaluation of the pilot is currently being completed and recommendations will be made to the national programme.
- Commenced a workplace NHS Health Check Pilot and included a mini check as a tool to engage with people. Two workplace events have taken place so far and have been well attended.
- Experienced a really high uptake for training NHS Health Check providers.
- Commenced the development of an infographic to illustrate the impact of the NHS Health Check Programme in Gateshead.
- Incorporated NHS Health Check data into GP Practice profiles on heart disease and diabetes to reinforce the use of the NHS Health Check for prevention and early identification of disease.
- Worked with a Gateshead School to take part in the NHS Health Check Community Incentive Scheme.

### Health and Wellbeing Strategy

During October 2015 to 31 March 2016 we have:-

- Updated the JSNA website to capture new information on the health and wellbeing needs of local people.
- Considered the 'Deciding Together' consultation on the review of adult mental health services for Gateshead residents at the Health and Wellbeing Board. In

particular, the consultation set out options on how in-patient adult mental health services could be provided in the future.

- Worked together with Health and social care partners in developing their commissioning intentions within the context of financial and other challenges facing the local health and care economy. As part of this, the Council's budget proposals, the NHS funding gap and Newcastle Gateshead CCG's funding position were considered by the Health & Wellbeing Board and informed commissioning intentions for 2016/17.
- Developed the Children and Adolescent Mental Health Services (CAMHS) Transformation Plan covering Gateshead and Newcastle which set out proposed areas for development. This included proposals to redesign our child and adolescent mental health provision from prevention to intervention. The Learning Disability Transforming Care Programme Fast Track Plan for people with learning disabilities and/or autism in the north east and Cumbria was also completed. The Plan is aimed at improving our community infrastructure, earlier intervention and prevention to better support people in the community, thereby avoiding the need for hospital admission.
- Considered the Health Protection Assurance Annual Report at the Health and Wellbeing Board and published as a chapter of the Annual Report of the Director of Public Health. It set out details of health protection issues and arrangements put in place over the previous twelve months in line with the council's health protection assurance role.
- Considered the impact of housing conditions on promoting health and wellbeing at the Health and Wellbeing Board and identified as the review topic of the Care, Health and Wellbeing OSC for 2016/17.
- Worked to promote and support integrated working across health and social care, this continues to be a key focus of the Health and Wellbeing Board. The Board endorsed the 2nd and 3rd quarterly return to NHS England for 2015/16. The returns focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators. The Board also received performance updates on the Better Care Fund as part of the performance management framework introduced for the Board. These updates informed the quarterly returns submitted to NHS England. The Board also considered an update on the Gateshead Vanguard project (community beds and home based care). Details were provided of the Vanguard work streams on care pathways, commissioning and contract arrangements, outcomes framework development, and monitoring and evaluation arrangements.
- Held a Health and Wellbeing Board sponsored workshop in October 2015, with the aim of bringing together local partners to identify the key aspirations for Gateshead's approach to tobacco control. The outputs from the workshop are being used to inform the development of a 10 year plan for Tobacco Control in Gateshead. The Board also sponsored a workshop to examine a social prescribing approach in Gateshead and this work is being developed within the context of the Achieving More Together approach to increase community resilience and make the most of community assets.
- From 01 October 2015 become the responsible commissioner for public health services for children aged 0 to 5 years. The Health and Wellbeing Board considered a Children and Young People (0 to 19) delivery framework which seeks to use a whole system approach to improve services and outcomes,

underpinned by a set of principles for delivery. A workshop was held with key stakeholders in October 2015 to develop the delivery framework.

- Considered at the Health and Wellbeing Board the evaluation findings of the 'Fulfilling Lives' programme to better support people with multiple and complex needs.
- Considered at the Health and Wellbeing Board arrangements for the refresh of the council's statement of licensing policy (alcohol).

#### Improve population health and wellbeing, reduce mortality and tackle inequality

During October 2015 to 31 March 2016 we have:-

- Completed a Health Needs Assessment of people who are homeless or vulnerably housed, findings are due September 2016.
- Held a number of street promotions and sessions to promote Movember via Live Well Gateshead (LWG) including a 3 day 'FREE Photobooth Competition' at Trinity Square with prizes from Vue Cinema and Tesco Vouchers. Support was also received from Newcastle Eagles with players promoting a before and after Movember photo with team members and an article on their website about Live Well Gateshead and Movember. LWG engaged with over 300 people who used the 'FREE Movember Photobooth' in Trinity Square and nearly 15000 were reached online and through social media.
- Held a number of street promotions and sessions to promote Stoptober via LWG and their stop smoking service, 12 on-street promotions, 35 'Sign-up to quit' Community Wellness Sessions, 2 workplace sessions, 2 GP surgery sessions and 3 sessions at other venues. LWG was able to engage with 368 people about their stop-smoking needs.
- Promoted the 'Year of Walking' (Feb 2015 – Feb 2016) and developed proposals to showcase a Gateshead Borough 'Summer of Cycling' (SoC) in 2016. SoC activities, promotions and events will aim to engage Gateshead residents, workplaces, schools, Health and Activity Centres and relevant organisations/charities aligned to health and fitness improvement. The planning for SoC will be informed by the review and evaluation of Gateshead Year of Walking. There will be a focus on reviewing already established cycling promotion happening regularly throughout the Borough and seeking to achieve greater levels of awareness and involvement in these activities by means of a concerted and branded promotional campaign.
- Developed plans to take part in a regional Public Health England campaign Everybody Active Every Day. Everybody Active North East is a collaborative project between all twelve north east councils. It aims to increase levels of physical activity by showcasing a different physical activity in the region each month. Each month, a different Council will be focusing on a physical activity, encouraging people to get involved and helping to educate them on how they can live longer, healthier lives by being more active. It is hoped that the project will support increased activity across the population especially amongst the 1 in 5 people who currently do less than 30 minutes of physical activity per week. Gateshead will be highlighted and showcased in August and has chosen to highlight cycling. This will link into the proposed Summer of Cycling and will highlight community based grass root projects linked to cycling.



- Appointed a researcher-in-residence to evaluate LWG, to inform the service design and delivery of LWG and to support the use of research evidence in the Council. A post-doctoral Fuse researcher, employed by Teesside University is embedded (three days per week) in the Public Health Team from July 2015-June 2016. The full evaluation report will be complete and disseminated in May 2016 and will be used to inform the redesign in an effort to ensure the most effective elements are retained and enhanced.
- Hosted via the Friends of Gateshead Central Library a Ramp up the Red morning to raise awareness of Heart Disease. The successful event raised money for the British Heart Foundation. Whickham Library similarly hosted a coffee morning to raise awareness and raise money. As part of promotions for Stoptober appointments were held at the Central Library with wellness coaches. For World Mental Health Day in October a sporting reminiscence session was held. There were promotions in libraries for Movember, Dry January, and No Smoking Day. .
- Enabled the Live Well team to hold weekly drop in sessions at the Central Library and will offer free health checks, during Men's Health Week, 13-19 June. The Live Well Team also work in the other libraries but a regular pattern has not yet been established.

### Hearty Lives

During October 2015 to 31 March 2016 we have:-

- Worked alongside Food Nation Social Enterprise based in Newcastle, to provide an innovative cookery course, providing cookery skills and techniques to homeless men through the House on the Hill Project. Each week the men were taught how to cook recipes from scratch and given enough food to take home for two servings at the end of the class.
- Completed an evaluation of the Hearty Lives Programme with the British Heart Foundation highlighting learning from the programme.
- Successfully secured funding via the Community Capacity Building fund to develop and establish Food Nation in Gateshead.

### Place Shaping

During September 2015 to 31 March 2016 we have:-

- Successfully defended an appeal made by the recipient of an enforcement notice served to prevent land being used as a hot food takeaway. The Planning Inspector found the use of information in the Supplementary Planning Document relating to obesity and proliferation of hot food takeaways to be robust.
- Signed up to a national Community of Learning network.

### Cancer

During October 2015 to 31 March 2016 we have:-

- Visited 60% of GP practices to provide profiles and routes to diagnosis.

- Completed the NHS Health Check + cancer pilot.
- Implemented a Safety Netting Card for GP practices.

### Healthy Weight

During October 2015 to 31 March 2016 we have:-

- Following discussions regionally with Directors of Public Health and Local Authority obesity leads proposed priorities for action across the North East to maximise opportunities for sugar reduction in families through health visiting/early years services and across local authority children's services and to adopt, implement and monitor the government buying standards for food and catering services (GBSF) across the Health and Wellbeing board partners.

### Clinical Commissioning Group Locality Working

During October 2015 to 31 March 2016 we have:-

- Supported practices to improve the uptake of bowel cancer screening and reduce smoking amongst people with serious mental illness.
- Delivered Public Health updates to CCG training sessions.
- Commenced the development of diabetes practice profiles.
- Updated Chronic Obstructive Pulmonary Disease (COPD) practice profiles to support the Practice Engagement Programme (PEP) 16/17.
- Updated Coronary Heart Disease (CHD) practice profiles to support House of Care training to take place in May 2016.

### Better Health at Work Award

During October 2015 to 31 March 2016 we have:-

- Engaged new organisations with the award including Tyneside Women's Health Project and INTU Metrocentre.

## **Key Actions over the Next Six Months**

**The following key actions have been prioritised for action over the next six months to support delivery against the shared outcome Live Well Gateshead – a healthy, inclusive and nurturing place for all.**

### **Adult Social Care**

#### **Enhancing lives**

- Continue to upgrade Telecare equipment from the HRA capital programme for 2016/17.
- Work closely with commissioners and housing to develop innovative schemes for people with Learning Disabilities to live in the community.
- Further develop strategic commissioning partnerships with our CCG colleagues to deliver integrated models of care around intermediate care and reablement and to jointly commission services for Mental Health and Learning Disabilities.
- To continue taking forward work within the Better Care Fund to mitigate demand upon acute services and facilitate community alternatives wherever possible.
- Look at opportunities with the CCG to shape the market within a whole system way of working to ensure that strategic objectives are jointly agreed and investment and outcomes reflects the priorities set out by the partners.
- Shape the market to reflect the outcomes sought to be achieved within Living Well Gateshead initiative and the new model for Adult Social Care and its focus upon asset based ways of working.
- Through GATES support three people with disabilities with their employment internship programme at IKEA.
- To support and monitor the Community Links Service project in line with the Gateshead Homes Vanguard Programme.
- To continue to develop interventions in day service provision at Marquisway Centre to meet the needs and aspirations of people with complex needs.
- To support and develop the Allsortz user led enterprise.

#### **Quality of Life**

- Retain annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).
- Continue to work in partnership with the CCG to develop the two health outcomes for the Quality Excellence Framework for Medicine Management and Infection Control.
- Develop a risk based approach to the management of contracts for the provision of adult social care services due to a reduction in staffing levels for the contract management function. Create risk tools and frameworks to complete contract management tasks.
- Integrate children, adults and public health contract management, including systems and processes.
- Establish a social care provider serious concerns process and procedure for Gateshead.

- Formalise working arrangements with the Clinical Commissioning Group and Care Quality Commission, including responsibilities and roles.
- Work with the CCG to further develop personal budgets and direct payments including personal health care budgets to give people greater choice and autonomy around services they receive.

### **Positive Lives**

- Recruit a Chair and develop priorities and governance arrangements for the Physical Disabilities and Sensory Impairment Partnership Board.
- Work with the Clinical Commissioning Group to further develop Carer's services in Gateshead.
- Focus services upon an asset based approach which supports community resilience and self-determination.
- Fully embed the new model of Adult Social Care to focus on reablement, maximising independence and managing demand.
- Build on the success of the Musical Memories Sessions to develop the group into a wider Friendship café open to all, to address the problems of social isolation. This work will be in partnership with The Friends of Gateshead Central Library.
- Develop a programme of activities in the library garden specifically for adults or children living with dementia or a learning disability.
- Launch the Reading Hack programme which offers young people the opportunity to volunteer and gain valuable experience in planning, organising and running events and activities for young people.

### **Protecting Lives**

- Continue to develop the Adult Safeguarding Board and sub-groups and appoint a permanent chair to lead the development and meet the requirements of the Care Act.
- Work in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally.
- Continue to implement a bespoke system to strengthen data collection for Deprivation of Liberty Safeguards.

### **Falls Prevention Strategy**

- Commence Postural Stability Classes at four locations across Gateshead.
- In cooperation with Adult Social Care commence an Otago class (evidence based strength and balance exercise programme) in Blaydon.
- Present a paper to the Health and Wellbeing Board to outline the situation in Gateshead in relation to falls.
- Work in partnership with Newcastle Council to look at examples of best practice.
- Work with the Vanguard Project to influence Falls Prevention in care homes.

## **Health and Wellbeing**

### Substance Misuse (Including Alcohol)

- Continue the work around developing the joint Substance Misuse Strategy for Gateshead in conjunction with colleagues in Community Safety and Public Protection.
- Review the Shared Care Contract with GPs to ensure the best care is available to Gateshead residents.
- Work with the Gateshead Youth Assembly to raise the profile of Alcohol related harm to young people and how Young People are targeted by the alcohol industry.

### Reducing Smoking

- Present the draft 10 year Tobacco Control plan for Gateshead "Smoking Still Kills, Smoke Free Vision 2025" to the Gateshead Health and Wellbeing Board at their meeting of 10 June 2016 for discussion and request that the Board adopt the vision and work towards 5% smoking prevalence in the population by 2025. The national Tobacco Control strategy is due to be released summer 2016 so the Tobacco Control plan is an aspirational outline of the vision.
- Evaluate the 'No Butts' pilot programme with Citizens Advice Bureau and explore ways to further develop this work across other community and voluntary organisations.
- Participate in the discussions around the remodelling of the LiveWell Gateshead service to ensure 'Active Intervention' remains a priority.
- Undertake a Health Promotion Campaign to increase awareness of the harms caused by smoking in pregnancy in partnership with Public Health England and Fresh.
- Disseminate the findings of the babyClear evaluation.

### Sexual Health

- Develop a Sexual Health Strategy.
- Negotiate and implement new Emergency Hormone Contraceptive Patient Group directive.
- Complete a full review of the 2015-16 data (combining locally set KPI's and national datasets).
- Complete integrated financial impact assessment project.

### Mental Health and Wellbeing

- Conduct an Audit of Suicides in June 2016 to look at data from 2014 and 2015.
- Implement the Mental Health Trailblazer Pilot in May/June 2016, to provide one to one support for an estimated 100 unemployed Gateshead residents annually who are restricted from the labour market due to ongoing mental health problems. This pilot will see the co-location of dedicated employment coaches within Talking Therapies (South Tyneside and Gateshead NHS Improving Access to Personal Therapies (IAPT) provider) to test out new ways of working

together with existing IAPT staff to achieve better clinical and employment outcomes for individuals taking part in the pilot.

- Launch 'Reading Well for Young People' in April 2016.
- Raise awareness of specialist book collections by active promotion of these areas of stock with special focus on regular library groups e.g. Reading groups
- Work with The Reading Agency to help develop a Reading Outcomes Framework for measuring the benefits of Reading for Pleasure.
- Survey adult reading groups to demonstrate positive impact on health and well-being using generic learning outcomes (GLO's) and generic social outcomes (GSO's).
- Monitor take up of the Autism Information Hub in its early stages and trial an evening session of it.

### NHS Health Checks Programme

- Implement the NHS Health Check Plus Families pilot.
- Produce new NHS Health Check Service Specifications for 2017/18.
- Develop case studies from the Gateshead NHS Health Check Programme to share good practice.
- Implement new national best practice guidance into the NHS Health Check Programme in Gateshead.
- Finalise the NHS Health Check Infographic to illustrate the performance and outcomes of the programme.

### Health and Wellbeing Strategy

- Develop a Forward Plan for the Health and Wellbeing Board for 2016/17.
- Develop the JSNA and its evidence base to inform commissioning arrangements and intentions across the health and care sector, building upon work undertaken during 2015/16.
- Progress the refresh of our Health and Wellbeing Strategy for Gateshead.
- Develop a health inequalities framework to address health inequalities within Gateshead.
- Develop a 10 Year Tobacco Control Plan for Gateshead.
- Oversee implementation of the Better Care Fund for 2016/17 as part of broader integration work across our health and care economy.
- Continue to monitor performance against key health and wellbeing outcomes through the Health & Wellbeing Board.
- Provide assurance to the Health and Wellbeing Board in relation to safeguarding children and adult's annual reports and business plans.

### Improve population health and wellbeing, reduce mortality and tackle inequality

- Disseminate the findings from the Live Well Gateshead Evaluation at the end of May.
- Implement the summer of cycling campaign between April and August incorporating the 'Every Body Active Every Day' Public Health England campaign. A high profile launch is planned at the Millennium Bridge and other events will take place throughout the summer with an action plan detailing

planned activity across the summer. The programme of events will involve many different parts of the Council, cycling groups, volunteers, Council Members, cycling organisations and interest groups - all working together to celebrate and promote cycling in Gateshead.

- Develop the draft frame work for social prescribing

#### Hearty Lives

- Following the completion of the Hearty Lives Programme utilise the learning via Live Well Gateshead to continue to engage men.

#### Healthy Weight

- Develop a response linked to the Regional campaign on sugar which in turn is linked to the development of an Obesity Strategy for Gateshead.
- Re-examine the Healthy Weight Pilot Project with partners and devise an action plan to support the approach.

#### Place Shaping

- Further develop the Healthy Weight Framework to look at obesity both across adults and children, in line with the National Obesity and Childhood Obesity Strategy which is due to be released.

#### Cancer

- Evaluate the Safety Netting Card process in GP practices.
- Review the Gateshead Cancer Strategy at a workshop in June 2016.

#### Clinical Commissioning Group Locality Working

- Roll out the diabetes profiles with secondary care input.
- Roll out the Chronic Obstructive Pulmonary Disease (COPD) profiles to support the Practice Engagement Programme (PEP) 16/17.
- Support the delivery of the House of Care Training in May 2016.

#### Better Health at Work Award

- Visit businesses involved in the award and support/advise on the development of a portfolio of evidence prior to assessment.

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**TITLE OF REPORT:** Corporate Strategic Tracker and Target Indicator - 2020

**REPORT OF:** Jane Robinson, Chief Executive  
Alison Elliott, Interim Strategic Director, Care, Wellbeing & Learning

### **SUMMARY**

1. This report outlines the proposed service targets to be agreed for the period up to 2020.
2. The targets set express the planned level of performance and are based on a sound understanding of current and past performance and the likely influences over future performance. They will be used as a tool for driving continuous improvement and stretching performance against a particular measure over a given period of time and help to set out what needs to be done to achieve improvement within an appropriate timescale. Committee is asked to consider these targets so that the Council's performance continually improves and contributes to the delivery of Vision 2030 and the Council Plan.

### **Background**

3. The Council Plan 2015-2020 was approved by Cabinet in July 2015, with Gateshead's Sustainable Community Strategy - Vision 2030 - also refreshed and agreed by Cabinet on the 3rd November 2015. Both documents endorse shared desired outcomes for Gateshead, which are:
  - Prosperous Gateshead – a thriving economy for all -;
  - Live Love Gateshead – a sense of pride and ownership by all; and
  - Live Well Gateshead – a healthy, inclusive and nurturing place for all.
4. As a result of the development of a Council Plan for 2015-2020, evaluation took place, which identified the need to amend the Corporate Performance Management Framework to support decision making and ensure the Council continues to be effective, fit for purpose and sustainable. This report forms part of the Council's performance management framework and sets out the Strategic Indicators (SIs) targets for the period to 2020, for consideration by the Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).

### **Target Setting 2020**

4. On the 19 April 2016, Cabinet approved the revision of the corporate strategic indicator set including the identification of 'Tracker' and 'Target' indicators. Cabinet also agreed the replacement of the the current model of reporting rolling five-year performance targets with a single fixed 2020 target, where appropriate.
5. A revised list of strategic performance indicators has been identified to support the monitoring of progress in delivering the outcomes of the Council Plan and Vision 2030. This has involved both the identification of new indicators and the removal of others. To ensure strategic indicators match the outcomes it is proposed to:
  - Continue to report to both Care, Health & Wellbeing Overview & Scrutiny Committee and to Cabinet every six months on progress (with, where appropriate, additional performance data included).

- Replace the gathering and reporting of five year rolling targets and instead categorise strategic indicators as either a "Tracker" or a "Target" indicator. Key performance indicator progress will be reported against these two indicator types. Target and tracker indicators are defined as:
    - Target indicators - targets are realistically able to be set for these indicators where improvements can be measured regularly and can be actively influenced by the Council and its partners. A fixed 2020 target will be set and progress towards this target will be reported; and
    - Tracker indicators – where possible a target will be fixed. However, this may not be realistic, so performance will be tracked, benchmarked and reported with a 2020 target not necessarily set. Instead, the longer term trend will be monitored, as the Council and partners may only be able to partially influence the outcome.
6. The Council's framework includes national frameworks that have been introduced including the Public Health Outcomes Framework (PHOF); NHS Outcomes Framework (NHSOF); Adult Social Care Outcomes Framework (ASCOF); and Children and Young Peoples Outcome Framework (CYPOF). The strategic nature of this framework allows a robust examination and assessment of performance. To ensure that it continues to deliver appropriate information and drive improvement the Framework will be assessed in line with the new Council Plan 2015-2020. Any amendments to the performance framework arising from the new Council Plan will be reported through the appropriate channels.
  7. Cabinet previously agreed, on 15 July 2014, that future target setting would be received on an exception report basis highlighting areas where:
    - there is a material deviation between actual performance and expected performance;
    - there are inspection and internal audit recommendations;
    - there have been amended national and local priorities, including changes in legislation; and
    - benchmarking and comparison of targets and performance information.
  8. The establishment of 2020 targets enables performance reports to track and monitor progress against the targets for service performance to ensure performance is continually improving and contributing to the successful delivery of Vision 2030 and the Council Plan.
  9. Information available to date on the performance of each SI target for the period 2015/16 is subject to a separate report on this agenda.
  10. The table in Appendix 1 sets out the targets for SIs relating to the remit of Care Health and Wellbeing OSC for the period to 2020. Where possible, newly available baseline information, clarification of national definitions and six-monthly performance has been taken into consideration. There remains a number of SIs where target information is yet to be published. It should be noted that where target definitions have been changed or varied and no baseline is currently set, that performance reporting will continue in the interim period until a suitable baseline is established.
  11. Some points to be aware of include:
    - **LW12** – Repeat safeguarding adult's enquiries came into effect in April 2015 following the implementation of the Care Act 2014. Therefore a full year base data for enquiries is required to allow it to be used. A 2020 target can't be set till after 2016-17, as this is the first year when the indicator can be calculated and compared with the base data for 2015-16

**Recommendation**

12. It is recommended that the Care Health and Wellbeing Overview and Scrutiny Committee:

- (i) Comment on the proposed 2020 targets set for the corporate strategic indicators and the available benchmarked performance to ensure the Council's performance is continuously improving to contribute to the delivery of Vision 2030 and the Council Plan and agree they be referred to Cabinet for approval.
- (ii) Agree that this report is submitted to Cabinet for approval.

**Care Health and Wellbeing OSC**  
**PERFORMANCE MANAGEMENT STRATEGIC INDICATORS**  
**TO MONITOR DELIVERY OF THE COUNCIL PLAN 2015-2020**

 = Equality Objectives

Live Love Gateshead		Indicator: Existing/ New/ Equality	Desired Direction	Reporting Officer	Year End 2014/15 (RAG/ TREND)	Target 2015/16	Year End 2015/16 (RAG)	North East (RAG)	National (RAG)	Target 2020
Confident and more aspirational population acting as Gateshead's strongest advocates										
Residents survey responses										
LL4	Decrease the % of people who are dissatisfied with life	Existing (Target)	Lower is better	Alice Wiseman	7.9% 2013/14	7.30%	6.30% 2014/15	6.10%	4.80%	4.8%

Live Well Gateshead		Indicator: Existing/ New/ Equality	Desired Direction	Reporting Officer	Year End 2014/15 (RAG/ TREND)	Target 2015/16	Year End 2015/16 (RAG)	North East (RAG)	National (RAG)	Target 2020
LW10a	Reduce excess weight 4-5yr olds (excess weight=Obese/ Overweight)	Existing (Tracker)	Lower is better	Alice Wiseman	23.1% 2014/15	22.1%	Published Dec 16	23.7% 2014/15	21.9% 2014/15	18.1%
LW11b	Reduce excess weight 10-11yr olds (excess weight=Obese/Overweight)				34.0% 2014/15	32.2%		35.9% 2014/15	33.2% 2014/15	25.0%
A place where older people are independent and are able to make a valuable contribution to the community:										
LW10	Delayed transfers of care from hospital in days per 100,000	New (Target)	Lower is better	Paul Grubic	New	New	213.1 days	170.5 days	348 days	165 days
LW11	Helping Older people to live at independently at home 91 days after discharge from hospital	Existing (Target)	Higher is better	Paul Grubic	81.2%	88.7%	85.6%	86.4% (2014/15)	82.1% (2014/15)	86%
LW12	Repeat safeguarding adult enquiries	Existing (Target)	Lower is better	Val Hall	26%	Baseline – new definition following Care Act 2014				TBC
A place where those who need help have access to appropriate joined-up services that make a difference to the quality of their life:										
LW13	Stabilise hospital admissions per 100,000 for alcohol related harm	Existing (Tracker)	Lower is better	Alice Wiseman	956 per 100,000 2013/14	896 per 100,000	927 per 100,000 2014/15	830 per 100,000	641 per 100,000	789 per 100,000
Equality Objectives: Promote healthy and inclusive communities										
LW14a	Support for young carers	Equality (Target)	Higher is better	Ann Day	93 new	65 new	180 new	Awaiting data from service	Awaiting data from service	85 new

<b>Live Well Gateshead</b>		<b>Indicator: Existing/ New/ Equality</b>	<b>Desired Direction</b>	<b>Reporting Officer</b>	<b>Year End 2014/15 (RAG/ TREND)</b>	<b>Target 2015/16</b>	<b>Year End 2015/16 (RAG)</b>	<b>North East (RAG)</b>	<b>National (RAG)</b>	<b>Target 2020</b>
LW14b	Support for carers in BME communities	Equality ( <i>Target</i> )	Higher is better	Paul Grubic	0.9%	1%	0.8%	Awaiting data	Awaiting data	2%
<b>Equality Objectives: To increase the level of ambition and aspiration of vulnerable groups across Gateshead</b>										
LW15	Gap in employment rate between those with a learning disability & the overall employment rate (% gap)	Equality ( <i>Tracker</i> )	Lower is better	Alice Wiseman	62.8 % points	63.4%	64.60% 2014/15	64.00% 2014/15	66.90% 2014/15	58.60%
LW16	Promote positive emotional mental health amongst the school age population–hospital admissions for self-harm per 100,000 (aged 10-24)	Equality ( <i>Tracker</i> )	Lower is better	Alice Wiseman	626.5 per 100,000 (only 3 data sets available)	491.7 per 100,000	531.3 per 100,000 2014/15	477.7 per 100,000 2014/2015	398.8 per 100,000 2014/2015	To reduce
LW17	Gap in employment rate for those in contact with secondary mental health services and employment rate (% point gap) (Persons)	Equality ( <i>Tracker</i> )	Lower is better	Alice Wiseman	64.2 % points	66.7 % points	68.5 % points 2014/15	63.6 % points 2014/15	66.1 % points 2014/15	59.4 % points
<b>Equality Objective: Promote healthy and inclusive communities</b>										
LW18	Excess under 75 mortality - rate in adults with serious mental illness compared to general age related mortality rates (Indirectly standardised ratio)	Equality ( <i>Tracker</i> )	Lower is better	Alice Wiseman	408.2 2013/14	396.9	Not yet available	428.7	351.8	351.8
<b>Place where people choose to lead healthy lifestyles with more and more people across Gateshead living longer and without life-limiting illnesses:</b>										
LW19	Reduce mortality from causes considered to be preventable - per 100,000 population	New ( <i>Tracker</i> )	Lower is better	Alice Wiseman	234.1 2012-14	223.8	Published Nov 2016	224.9	182.7	182.7
<b>Equality Objectives: Promote healthy and inclusive communities</b>										
LW20	Healthy life expectancy at birth - Male	Equality ( <i>Tracker</i> )	Higher is better	Alice Wiseman	57.5 Years 2011-13	59.9 Years 2012-14	Not available	59.3 Years 2011-13	63.3 Years 2011-13	63.7 Years
LW21	Healthy life expectancy at birth – Female	Equality ( <i>Tracker</i> )	Higher is better	Alice Wiseman	59.4 Years 2011-13	60.3 Years 2012-14	Not available	60.1 Years 2011-13	63.9 Years 2011-13	64.0 Years
LW22	Gap in life expectancy between England and Gateshead – Male	Equality ( <i>Tracker</i> )	Lower is better	Alice Wiseman	-1.7 Years 2012-14	-1.6 Years 2013-15	Not available 2013-15	-1.5 Years 2012-14	Not applicable	-1.2 Years
LW23	Gap in life expectancy between England and Gateshead – Female	Equality ( <i>Tracker</i> )	Lower is better	Alice Wiseman	- 2.0 Years 2012-14	-1.9 Years 2013-15	Not available 2013-15	-1.5 Years 2012-14	Not applicable	-1.5 Years

<b>Live Well Gateshead</b>		Indicator: <i>Existing/ New/ Equality</i>	Desired Direction	Reporting Officer	Year End 2014/15 (RAG/ TREND)	Target 2015/16	Year End 2015/16 (RAG)	North East (RAG)	National (RAG)	Target 2020
<b>Equality Objectives: Promote healthy and inclusive communities</b>										
LW24	Health Inequalities reduce the inequalities in life expectancy across Gateshead (Male)'	Equality (Tracker)	Lower is better	Alice Wiseman	9.2 Years 2012-14	9.0 Years 2013-15	Not available (2013-15)	Not applicable	Not applicable	8.2 Years
LW25	Health Inequalities reduce the inequalities in life expectancy across Gateshead (Female)'	Equality (Tracker)	Lower is better	Alice Wiseman	7.8 Years 2012-14	7.7 Years 2013-15	Not available 2013-15	Not applicable	Not applicable	7.3 Years
LW26	No. of people undertaking sport and activity recreation in those aged 16+ (3x 30 mins per week)	Existing (Tracker)	Higher is better	Lindsay Murray	25.7%	25%	23.1% Oct 2013- Sept 2015	23.6%	17.6%	37.00%