Gateshead Council

Public Document Pack

HEALTH AND WELLBEING BOARD AGENDA

Friday, 19 January 2018 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 8)
2a	**Action List (Pages 9 - 12)** The Action List from the meeting held on 1 December is attached
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item
	Items for Discussion
4	**Fit 4 The Future and Community Linking Project** (Pages 13 - 16) Report attached to be presented by Mandy Cheetham and Sarah Gorman
5	**Gateshead Council's New Strategic Approach** (Pages 17 - 32) Discussion to be led by Alice Wiseman
6	**CAMHS Local Transformation Plan** (Pages 33 - 92) Report to be presented by Catherine Richardson
7	**Remit of Health and Wellbeing Board - Children's Agenda** (Pages 93 - 94) Report attached to be presented by John Costello
	Performance Management Items
8	**Better Care Fund Quarter 3 Return 2017/18** (Pages 95 - 110) Report attached to be presented by John Costello
9	**Updates from Board Members** (Pages 111 - 112) • How HWB Partners are implementing recommendations from the BME Needs Assessment: All Board Member Organisations • Other Partner Updates
10	**Any Other Business**

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 1 December 2017

PRESENT	Councillor Lynne Caffrey (Gateshead Council) (Chair)	
	Councillor Paul Foy	Gateshead Council
	Councillor Martin Gannon	Gateshead Council
	Councillor Malcolm Graham	Gateshead Council
	Caroline O'Neill	Care Wellbeing and Learning
	John Pratt	Tyne and Wear Fire Service
	Dr Mark Dornan	Newcastle Gateshead CCG
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
	Dr Bill Westwood	Federation of GP Practices
	Alice Wiseman	Gateshead Council
	Ian Renwick	Gateshead Health NHS Foundation Trust
IN ATTENDANCE:	Wendy Hodgson	Gateshead Healthwatch
	Sally Young	Gateshead Voluntary Sector
	John Costello	Gateshead Council
	Jane Mullholland	Newcastle Gateshead CCG
	Alison Dunn	Gateshead Citizens Advice Bureau
	Behnam Khazaeli	Gateshead Council
	Steph Downey	Gateshead Council
APOLOGIES:	Councillor Ron Beadle, Councillor Mary Foy and Councillor Michael McNestry Mark Adams, Susan Watson and Sir Paul Ennals	

HW1 APOLOGIES FOR ABSENCE

Apologies for absense were received from Cllr Ron Beadle, Cllr Mary Foy, Cllr Michael McNestry, Mark Adams and Sir Paul Ennals.

HW2 MINUTES AND ACTION LIST

It was noted that the independent clinical audit has highlighted that there continues to be variances in the provision of substance misuse services. Consistency and joined up working needs to be a priority to support patients, particularly those with complex needs. It was agreed that consultation dates would be recirculated to primary care providers.

It was highlighted that there was still no answer regarding the availability of subsidised/free flu jabs for those who work in the voluntary sector. It was noted that information has been circulated regarding flu jabs being available to those on low income or volunteers – it was agreed that this information will be circulated to members of the board following the meeting.

RESOLVED:

i) The minutes of the last meeting held on 20 October 2017 were approved as a correct record.
ii) The Board's Action List was noted.

HW3 DECLARATIONS OF INTEREST

There were no declarations of interest.

HW4 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Alice Wiseman presented her annual report to the Board: Inequalities – 'It never rains but it pours'.

The Three key strategic recommendations to come out of the report are:

- The Health and Wellbeing Strategy should be renewed, adopting a much longer term approach, with a strengthened vision to address inequalities. This needs to include measures to address the social determinants of health alongside prevention and early intervention at every level.
- Partners in Gateshead should shift the focus from managing the burden of ill health to promoting actions that create the right conditions for good health through the employment of a robust Health in all Policies approach.
- The Council and its partners should target resources to those individuals and communities most in need. Robust evaluation of reach and impact should be undertaken regularly using a Health Equity Audit approach.

Feedback on the report was positive from board members noting that the presentation lays down a real challenge for healthcare providers. It was said that there is an economic case to encourage local businesses to support work to implement the recommendations of the report.

The board were advised that a copy of the annual report has been given to the Shadow Health Secretary. It was agreed that a copy of the report and supplementary information would be circulated to board members following the meeting.

RESOLVED:

i) The Board noted the contents of the presentation and report.

HW5 GATESHEAD NEWCASTLE DECIDING TOGETHER, DELIVERING TOGETHER

The Board were presented with an update on work to progress the implementation of 'Deciding Together, Delivering Together' (DTDT) regarding the design of inpatient and community adult mental health services by Ian Renwick. Clarification was also provided on the scope of services encompassed by DTDT in Gateshead.

It was highlighted from the report that in June 2016, the CCG governing body had considered findings of the Deciding Together process and its decision about the future of service stating: "While the decision will mean the closure of Gateshead's standalone Tranwell Unit, as well as the Hadrian Clinic in Newcastle, it provides the opportunity to make significant changes that will create new interlinking community and hospital mental health services that will reduce the reliance on hospital stays, shorten the time people spend in hospital and overall improve their experience of services, helping them to recover sooner, stay well and have fulfilling lives."
It was noted that following extensive desk top data analysis and preliminary stakeholder engagement earlier this year, four week-long design workshops were held in September /October and attended by more than 70 participants including service users and carers. It was also noted from the report that the workshops generated a comprehensive description of the Community Mental Health services to be created in Gateshead and Newcastle under the following headlines:

- Getting help when you need it
- Understanding need and planning support
- Delivering support
- Staying well

Ian Renwick advised the board that he wished to pass on his thanks to the team at Healthwatch for their involvement and support through a series of fringe events it organised during each of the four weeks the design workshops were taking place.

An overview of the proposed structure to ensure there are strong implementation arrangements in place was provided, to include a Steering Group, an inpatient/physical design group (anew sub-group of the Steering Group), the existing Finance and Resources group and a new Operational group.

It was noted that some of the earlier consultation that took place on Deciding Together was undertaken when the scope did not include older people's mental health services in Gateshead. It was said that the widened scope provides opportunities for Healthwatch to continue to contribute to the design of services and that there will be continued engagement with stakeholders until re-designed services are established.

A question was asked regarding the involvement of service users and carers as part of consultation arrangements. It was said that feedback from the community has been the driver of these proposed changes and that the point will be noted around continued service user and carer involvement.
A further question was asked around the closure of wards – it was stated that there

needs to be a rebalance of resources across the system and that judgements will need to be made that best meet the needs of service users and their carers

It was noted that outputs from the Deciding Together Work will need to be broken down into three categories of delivery over the short, medium and long term::

- Short term actions (by March 2018) – policies, processes, and anything immediate
- Medium term actions (by March 2019) – relating to the way in which services operate and are configured
- Long term actions – considering the elements of the new service that rely on larger scale changes being made (e.g. developing the physical Hubs).

RESOLVED:

i) The Board noted the proposed implementation arrangements and agreed to receive quarterly updates on the proposals from within the report.

HW6 STRATEGIC REVIEW OF CARERS SERVICES

The Board received the report on the Strategic Review of Carers Service. It was noted that the report aims to inform the Board on the current position of the strategic review of services in Gateshead for unpaid Carers.

From the report it was highlighted that the review provides an exciting opportunity for both Gateshead Council and Newcastle Gateshead Clinical Commissioning Group in taking an innovative approach to the integrated commissioning of carers services across Gateshead.

It was noted that on 17th October Gateshead Council's Cabinet gave approval for the Council to jointly procure, with Newcastle Gateshead CCG (NGCCG) an all age carers' service in Gateshead. This approval enables movement towards procurement activity and the production of relevant documentation for the future tender.

It was noted from the report that the preferred option is to go out to tender with one overarching contract for Carers with service requirements divided into 3 separate LOT's as follows:

- LOT 1 Young carers (aged 0 – 18 years)
- LOT 2 Adult Carers (aged 18 years and over)
- LOT 3 Carer Relief

The Board were advised that the LOT's will have their own service specification which will focus on the key objectives identified during engagement activity. This will include; keeping carers informed, supporting carers to look after their health and wellbeing, offering carers a break from caring and raising awareness of the role of carers. It was stated that current providers have been asked to submit details relating to staff that could be transferring under TUPE to the new service.

The following project plan and timescales were noted:

Tender advertised on NEPO portal - 4 January 2018
Intended contract award date - 3 April 2018
Service commencement - July 2018

A concern that procurement decisions can have a big impact on care providers was raised. It was said that there is potential for organisations to become unstable if funding levels becomes reduced or unavailable.

A comment was made that over the years there has been duplication of services and with current and future budgetary constraints it in important that service levels are maintained and that the right services are being provided to those who need them.

RESOLVED:

i) The Board noted the contents of the report.

HW7 PERFORMANCE MANAGEMENT REPORT FOR THE HEALTH & CARE SYSTEM

The Board were provided with an overview of the Performance Report for the Health & Care System.

It was noted that the report was presented for the Board to gain an overview of the current system and to provide appropriate scrutiny. The Board were advised that there has been strong progress on performance within health and social care, although significant health inequalities remain. It was noted that the report focuses on metrics and does not consider financial performance or monitoring of action plans as these are addressed via other processes.

The Board were advised that parapraph 40 from the report is to be ignored – this information refers to previous years data and will be deleted. It was said that this report provides a snapshot of current performance and whilst it is clear that progress is being made in many areas, some challenges remain to be addressed if we are to improve outcomes.

A question was asked around assessments for those who provide care – it was said that this is a crucial in understanding carer's needs. In response, it was stated that there has been a lot of work done with Healthwatch around carer's assessments.

RESOLVED:

i) The Board agreed the report.

HW8 BCF QUARTERLY RETURN TO NHS ENGLAND

The Board received an overview of the Better Care Fund: 2nd Quarterly Return

(2017/18) to NHS England report.

It was noted that the report was to seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to NHS England for the 2nd Quarter of 2017/18.

RESOLVED:

i) The Board endorsed the Better Care Fund: 2nd Quarterly return for 2017/18

HW9 UPDATES FROM BOARD MEMBERS

Cllr Gannon provided an overview of the Council's 'Making Gateshead a place where everyone thrives' new strategic approach. The Board were advised that in the current and future financial climate the Council must invest to grow and identify other ways it can grow its budget. This will enable it to minimise cuts to vital services. It was noted that in seeking to reduce inequalities within Gateshead, services will be prioritised to those most in need and that early intervention and prevention work will be a key focus.

It was agreed that further information would be circulated to Board members following the meeting.

RESOLVED:

i) The Board noted the information from the report.

HW10 ANY OTHER BUSINESS

There was no other business discussed.

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 1st December 2017			
Gateshead Newcastle Deciding Together, Delivering Together	Progress reports to be brought to the Board on a quarterly basis.	Ian Renwick	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 20th October 2017			
Gateshead Pharmaceutical Needs Assessment: Consultation Draft	A final Pharmaceutical Needs Assessment to be brought to the Board for approval by March 2018.	Alice Wiseman/Gerald Tompkins	To feed into the Board's Forward Plan.
Development of a Whole System Healthy Weight Strategy for Gateshead	A progress report to be brought back to the Board.	Emma Gibson	To feed into the Board's Forward Plan.
Excess Winter Mortality in Gateshead	Board Members to encourage the update of the flu vaccine this winter amongst eligible groups.	Board members	Ongoing.
Matters Arising from HWB meeting on 8th September 2017			
Joint Strategic Needs Assessment Update	An update report on the JSNA to be received by the Board in September 2018. Consideration to be given to the relationship between poverty and peoples' mental health.	Alice Wiseman	To feed into the Board's Forward Plan.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Integrating Health and Care in Gateshead	Further proposals to be brought back to the Board over the coming months for consideration. Colleagues from the VCS to be advised as to how they can best input to the process.	All	To feed into the Board's Forward Plan. Completed.
Feedback from Joint Members Seminar	Six monthly meeting arrangements to be set up in order to continue the NHS and Local Authority leadership conversations.	CCG/ Council	Ongoing.
Matters Arising from HWB meeting on 21st July 2017			
Action List	Update on CAHMS waiting list and plans to address this to be brought to the Board.	Chris Piercy	To feed into the Board's Forward Plan.
Contribution of the VCS to Improving Health & Wellbeing in Gateshead	That a half-day session be organised to look at and re-define relationships with the VCS, including the Gateshead Compact	Partner organisations / VCS	Ongoing.
BME Needs Assessment	Partner organisations represented on the Board to provide a progress update on implementing the recommendations in approximately 3 months.	All partner organisations	Due to be considered by the Board at its meeting on 19th January 2018.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 23rd June 2017			
Gateshead Health & Care Workforce: Challenges and Opportunities	A report to be brought to a future Board meeting on an Organisation Development plan currently being developed for the local health and care system. Workforce agenda to be a regular agenda item for future Board meetings. This should include contributions to regional work through the Local Workforce Action Board/Group.	Jackie Cairns All	To feed into the Board's Forward Plan.
Gateshead Homelessness and Multiple and Complex Needs: Health Needs Assessment	That the findings and recommendations arising from the health needs assessment be rolled out across the local health and care system and that a workshop is held to progress this work. The report's findings should be presented to The Gateshead Housing Company. The findings of the report to be brought to the attention of central government. An update to be given to the Board within the next six months on progress in implementing key	All	To feed into the Board's Forward Plan. A Council leadership session has been held on the report. The report has also been presented to The Gateshead Housing Company. A letter has been drafted to local MPs seeking their assistance in raising the matter with Government.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	recommendations within the document.		
Matters Arising from HWB meeting on 28th April 2017			
Final Gateshead Substance Misuse Strategy & Action Plan	That future reports be received by the Board so that it can scrutinise and provide challenge against progress made.	Joy Evans/Alice Wiseman	To feed into the Board's Forward Plan.
Deciding Together, Delivering Together: Update	That further updates be brought to the Board as they become available. That a report on CAMHS waiting times for Gateshead residents be brought to a future Board meeting.	Julie Ross/Ian Renwick NHS Newcastle Gateshead CCG	An update was provided to the 1st December Board meeting. To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 20th January 2017			
Strategic Review of Carers Services	A further report to be brought to the Board on completion of the review.	Director of Commissioning & Quality Assurance	Completed.
Matters Arising from HWB meeting on 2nd December 2016			
Gateshead Sexual Health Strategy	An update on progress to be brought to the Board in a year's time.	Alice Wiseman/ Gerald Tompkins	To feed into the Board's Forward Plan.

Gateshead Council

HEALTH AND WELLBEING BOARD
19 January 2018

TITLE OF REPORT: 'Fit 4 The Future' and Community Linking Project

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Purpose of the Report

1. The purpose of this briefing is to highlight the findings from an embedded research project, *Fit 4 The Future*, commissioned by Public Health.

Background

2. Place based, collaborative approaches are an effective way to tackle health inequalities in partnership with voluntary and community sector organisations.

3. Gateshead Council's Public Health team commissioned an embedded researcher to work alongside local communities in collaboration with Pattinson House, a local voluntary organisation in East Gateshead, to explore collaborative approaches to promote health and wellbeing and prevent childhood obesity. Some areas, including Felling, have higher rates of childhood obesity than the average in England. There is a need to involve communities in those areas in developing solutions together.

4. Using a small amount of public health funding, steering group members identified activities which they thought would make a difference, including street dance for children and young people, a primary school engagement project, promotion of the Daily Mile, provision of a family-based healthy eating course delivered by Food Nation, work with Gateshead Stadium, and promotion of adult physical activities, such as pilates and yoga.

Methods

5. As part of an embedded research project undertaken from September 2016-October 2017, Mandy Cheetham, a researcher from Teesside University spent time (approximately 250 hours) in Pattinson House talking to staff (number=12) and community members (number=27) about life on the estate and the approach taken by Pattinson House.

6. Group discussions were held with teachers, teaching assistants (number=12) and children in years 4, 5 and 6 (23 children aged 8-11 years) in three local primary schools and young people aged 12-15 years (number=7) who lived locally.

Main Findings

7. The effects of austerity, welfare reform, the introduction of the benefit cap and sanctions have had devastating consequences in areas facing health inequalities. They have increased levels of stress and anxiety, financial exclusion and exacerbated the effects of unemployment and discrimination facing families.

8. High levels of concern were reported about community safety, crime, traffic, environmental hazards, lack of safe spaces for children to play out, and poor access to local leisure facilities.

9. The importance of a safe, welcoming place where people can come together, support one another, socialise, laugh, eat, make things, plan trips and activities in the local community.

10. Non-judgmental, friendly staff and volunteers helped bring people in and make friends. Participants, including children and young people, welcomed opportunities to be involved in decision making about changes they would like to see locally.

11. The holistic approach of Pattinson House, building and maintaining long term, positive, responsive, social relationships with and between local people, enabled public health messages to be embedded in enjoyable everyday activities. Teachers and other workers with positive, supportive attitudes were valued.

12. Food is a great connector; community lunch, afternoon tea, family cooking, baking and Pizza night all provide opportunities for people to get out of the house, come together, increasing confidence, skills, social support, community spirit, creating a sense of belonging, and reducing social isolation.

13. Effective partnerships between public health, schools, voluntary organisations and local communities can improve health and wellbeing, with visionary leadership and sustainable infrastructure funding. They offer a promising way of affecting changes in the social and physical environment, promoting health and wellbeing.

14. Children's activities, including sport, art and craft-based activities, offer a route to engage children and for parents to access trusted advice and support.

15. Children and young people report concerns about bullying and its effects, including on mental health. Social pressures and expectations about body size, weight and appearance have a significant impact on children and young people, their wellbeing and confidence. Gendered expectations can limit possible options for physical activity.

16. Improving mental health and wellbeing and confidence is at the heart of efforts to address childhood obesity, in ways that involve children, young people, adults and parents.

17. The Stadium is underused by local people, but with sustained efforts, engagement levels increased slowly with support from staff and community members to address the financial, social, psychological and attitudinal barriers to access.

18. Schools were seen as important places to promote physical activity, encourage healthy eating and engage parents. Some schools have started to run the Daily Mile. Children had mixed views about running every day. Teachers and parents had lots of creative ideas about getting children active. Some teachers saw promoting health and wellbeing as an integral part of their job.

19. Volunteering has social and relational benefits, but does rely on small numbers of regulars who are willing and able to give their time. Dedicated volunteers, working with committed, non-judgemental staff, with robust support systems in place, can drive efforts to make a difference locally.

20. The Council has an important role in supporting community centred approaches and responding to local concerns, which affect health and wellbeing, for example

traffic near primary schools. The Council has an important and changing role in promoting inclusive, collaborative partnerships with VCS organisations in areas with health inequalities, challenging stigma and discrimination.

21. Collaborative, targeted, place-based approaches require sustainable, long term responses to tackle deep-rooted inequalities in health. They need to take account of the everyday reality of people's lives, building on local assets and widen opportunities.

Proposal

22. It is proposed that the views of the Health & Wellbeing Board are considered alongside a presentation and film about the Community Linking Project, a social prescribing project in Gateshead.

Recommendations

23. The Health and Wellbeing Board is asked to consider the implications of the presentation and research findings for Gateshead.

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Making Gateshead a place where everyone thrives

Gateshead Council

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Foreword by the Leader of the Council

Gateshead is a fantastic place with amazing people and I'm very proud to say that Gateshead is my home.

Gateshead is a vibrant place and residents have a strong sense of community and local pride. Gateshead people are compassionate, warm and generous. They are willing to share and there is a great sense of belonging. **It's a place where people really care for each other.**

The Council wants the best possible outcomes for the people of Gateshead. We want to make sure we listen and understand what matters most to local people whilst **always standing up for the most vulnerable and those in need.**

The Council has always been ambitious and the borough has a reputation for innovation and vision with economic regeneration, culture and art firmly putting Gateshead on the map.

However, these **achievements sit alongside significant levels of poverty and inequality**. I have seen the vast government cuts and radical changes in government policies making negative and disproportionate impacts on the people of Gateshead.

Tackling inequality is not new, this Council has always focused on fairness and social justice. **We know that if we can narrow the inequality gap people will live longer, healthier and happier lives.**

We want Gateshead to be a place where everyone thrives.

If we are to achieve this a **radical rethink is needed about the way we work as a council,** the way we spend the money, the way we work with partner organisations, businesses and how we work with our local people and communities. **Big change is needed and fast.**

We want everyone in Gateshead to be involved in this transformation. We know we can do it, but only if we do it together. We need to know what matters most to you and what you think you can do to make sure Gateshead is a place where everyone thrives.

This is the start of a new era for Gateshead, we've made our pledges for a fairer Gateshead, we want to hear yours

For our part **we have developed FIVE pledges** to help and guide us when we make decisions.

You can find out how you can get involved on page 14.

We pledge to:

- Put people and families at the heart of everything we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead

Martin Gannon
Leader of Gateshead Council

Background

“There is immense pride in Gateshead as a place.... people talk readily of the achievements the council has made to the physical environment. There is also considerable pride in the Council’s values and it is widely acknowledged as wanting to care for its communities.”

LGA Peer Challenge Report, November 2016

The Council has always been fiercely ambitious for the people of Gateshead. The Council and its partners have a reputation for achievement, innovation and vision.

Quality services and targeted interventions for those people most in need have formed the backbone of the Council’s approach.

Developments like the Angel of the North, Gateshead Quayside and the MetroCentre along with Saltwell Park and the Gateshead International Stadium have put Gateshead firmly on the map.

The ambition and aspiration for the people and the borough has not changed.

Changing context

What has changed is the context within which the Council is working. There have been 10 years of austerity and major government policy changes including Welfare Reform, Housing Reforms, National Living Wage, duties through the Care Act and changes to the education system forcing speedy and sometimes counterproductive change.

Uncertainty still lies ahead both locally and nationally with the impact of Universal Credit, implications of Brexit, Business Rate retention and Funding Formula changes.

Since 2010 budgets have significantly reduced across all of the public sector providing services to the people of Gateshead. The Council alone has had to make savings of over £143 million since 2010 and is looking at a funding gap of a further £88 million in the next five years.

Demand for services

Demand for all services is high including services that help to keep the place looking clean, tidy and attractive. Demand for some council services has greatly increased.

The number of children with protection plans and the numbers of looked after children are increasing month on month. As our population ages we are seeing an increase in the number of older people needing support to live independently at home, particularly when discharged from hospital.

With reduced resources and increased demand for services the Council will not be able to make ends meet. The Council is proud of how much it does and cares for its residents however this has created expectations in communities that can no longer be met by the existing approach.

In the current context it would not be sustainable for the council to operate or maintain all services in the same way as they are currently provided.

Developing a new approach

The new leadership of the Council has taken the opportunity to take a step back and reflect on the core purpose of the Council and very importantly what matters most to the people of Gateshead.

Work so far includes a high level analysis of the Borough's profile to ascertain future demand pressures, a refresh of the Medium Term Financial Strategy and the Local Government Association undertaking a fundamental and independent look at the Council through their Peer Challenge review programme.

The following sections of this document explain the rationale and the main elements of the new approach. It also gives details of how everyone who has an interest in Gateshead can get involved to...

...Make Gateshead a place where everyone thrives.

The key issue | Tackling Inequality

National and international research shows that narrowing the gap of inequality would result in people living longer, healthier and happier lives. Data shows that problems including those in poor health, mental illness, obesity, drug addiction, unequal opportunities, poorer wellbeing for children, violence and imprisonment are more common in unequal societies.

Internationally indexes of quality of life, wellness and deprivation tend to show a correlation between a country's economic inequality and its social outcomes.

Locally as councillors, we see and hear the struggles of our local residents on a daily basis. We have to face the facts - too many of our people and families are just not coping or are in need.

We've had years of austerity and government cuts, it's not right in Gateshead:

- Government grant funding has halved since 2010
- one in five of our children live in poverty
- over 5,000 people rely on foodbanks
- over 10,000 people struggle to heat their homes
- over 3,000 people need support and advice to prevent or deal with homelessness
- over 7,500 people need social care help
- an average man only lives 57 years in good health (6.4 years less than England average)
- an average woman only lives 59 years in good health (5 years less than England average)
- over 9,000 people can't work because of long term illness
- nearly 13,000 only earn £15,000 a year
- children on free school meals will not achieve as good a level of development at age 5
- nearly 25% of people live in the 20% most deprived areas in England
- the number of people on out of work benefits is 3% higher than elsewhere and just over 10% of claimants are younger than 25.
- average earnings are still well below the national average (£490.90 compared to England median of £544.20 (2016)
- 330 young people are not in education, employment or training
- educational attainment gap between disadvantaged pupils and other pupils in Gateshead is at -14.6% (2015/16)

We don't believe that in 2017 it is acceptable that there is such inequality in our Borough

We know that the vast majority of people in Gateshead care about the community they live in. They don't want to live in a community along side people who are struggling and they want to help and support and do something about that!

We want Gateshead to be a place where everyone thrives

We know that over 50% of people and families in Gateshead are either managing or just coping and over 30% are in need or in vulnerable situations. We want to change those statistics and aim to make Gateshead a place where everyone thrives.

Thriving - what do we mean by thriving?

Flourishing, prosperous, successful, faring well

We know there are people and families in Gateshead who are already thriving. People and families who can be seen to have good jobs, good homes, good health, good support networks and can afford to take advantage of opportunities whether it be cultural, leisure or educational.

There is normally very little interaction between these people and families and the Council.

We'd like to see a year on year increase of thriving people & families

Managing - what do we mean by managing?

Coping, doing OK, making ends meet, fairly resilient, getting by but may be feeling the pinch

We know there are people and families in Gateshead who are managing. People and families who have a more stable income and can pay their bills but don't have much in the way of spare cash.

People and families who are managing tend to need less support from the Council or other organisations and have strong family and friend support networks.

We'd like to see more people & families using their own and community support networks

Just coping - what do we mean by just coping?

Just about getting by, surviving, subsisting, just about keeping their heads above water

We know there are people in our communities who don't have regular income or are unemployed and are just about keeping their family together.

Many of these families may not have the strongest support networks. They may face different issues at different times which they need help from the Council and others to deal with them.

We'd like to work with partners so that there are earlier, effective interventions trying to prevent just coping people and families from having more complex needs and becoming vulnerable

In need - what do we mean by in need?

Vulnerable, in difficulty, in adversity, not coping

We know there will always be some people and families that have complex and multiple needs and will need more of our care and support than others. The Council has always given priority to those in the greatest need. We look after children, provide social care for older people, support those people who have found themselves in really vulnerable situations.

Supporting such complex needs is not easy – funding social care takes all the council tax we get... and more. We need to ensure the support we provide for people is helping them to fulfil their potential and independence where possible.

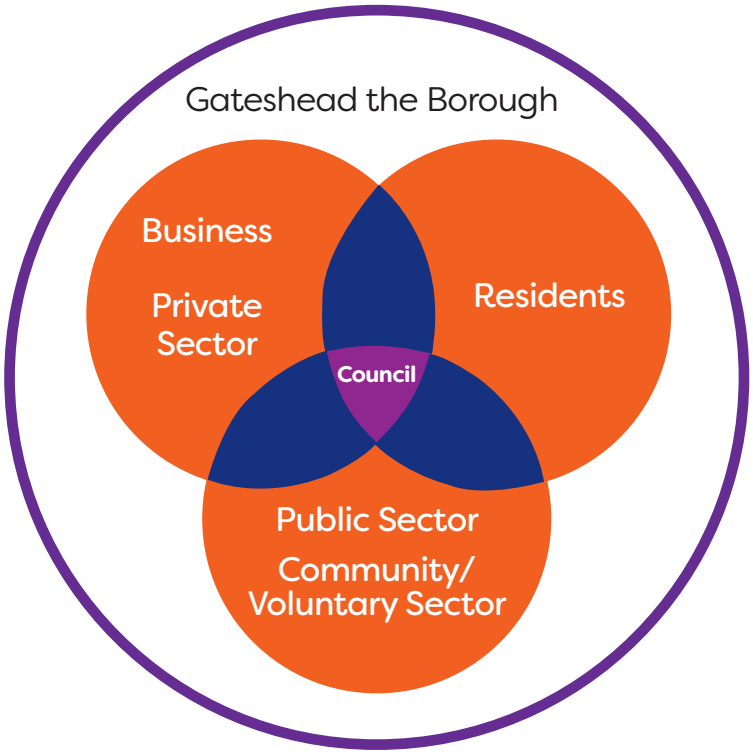
We'd like to ensure there are appropriate and effective interventions, that have more sustainable impact and help more people cope

How can we make Gateshead a place where everyone thrives?

If we are going to achieve our goal it will mean a radical rethink about the way we work as a council, the way we spend the money, the way we work with partner organisations and how we work with our local people, families and communities.

The diagram below aims to illustrate the different interactions residents, businesses, partners and the community and voluntary sector will have with the Council.

How the Council works



- Council at the heart / co-ordinating
- Provider of services to vulnerable people and universal services
- Key influencer and democratic voice

Some interventions needed

Collaboration & support

THE NEW APPROACH

The new approach is built on the key principles of:

- Fairness and treating people with dignity and respect
- People and families being at the heart of everything we do; and
- Getting the best outcomes for local people.

We have developed FIVE pledges to help and guide us when we make decisions.

Our pledges

We pledge to:

- **Put people and families at the heart of everything we do**
- **Tackle inequality so people have a fair chance**
- **Support our communities to support themselves and each other**
- **Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough**
- **Work together and fight for a better future for Gateshead**

Do you want Gateshead to be a place where everyone thrives?

This new approach gives everyone in Gateshead the opportunity to determine what matters most and the opportunity to contribute and work together to make Gateshead a place where everyone thrives.

It is the start of a different conversation with anybody and everybody who has an interest in Gateshead, people and families, partner organisations, employees, other local councils, and national influencers. We intend to develop this approach WITH everyone who has an interest in Gateshead.

Getting involved

Here are some of the ways you can get involved

From 21 November 2017 to 21 February 2018 there will be:

- Councillor roadshows
- Partner organisation meetings
- Business sector engagement
- Voluntary sector engagement
- Trade Unions engagement
- Social media information
- Policy plenary sessions - inviting MPs and Ministers to discuss key policy issues
- Council managers conference
- Council Employee Forum (s)
- Drop in sessions for employees

Please look out for more details on the website:
www.gateshead.gov.uk/ipledge
or if you are a council employee the intranet site

Making Gateshead a place where everyone thrives

We pledge to:

- Put people and families at the heart of everything we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead

WE WILL (The Council)

- Understand the needs of our communities better
- Attract investment to increase the number of high quality jobs, pay and housing
- Target our resources on those most in need
- Focus on tackling problems sooner to prevent things getting worse
- Work to maximise the potential in businesses, communities and employees

YOU CAN (Residents)

- Help us understand what really matters to you
- Play your part by getting involved in your community
- Lead an active and healthy life
- Look after and take pride in your local environment
- Support your local economy by shopping local
- Help us save money by going online

YOU CAN (Employees)

- Use your initiative, do what you think is right, and take personal responsibility for achieving great results
- Work with colleagues across the Council and partner organisations to deliver the best outcomes
- Be creative and don't be afraid to try new approaches

TOGETHER WE CAN

(Partner organisations)

- Recognise that issues cross different organisations
- Share expertise, information and knowledge
- Integrate services into co-ordinated packages and focus on those most in need

(Other local councils)

- Lobby together
- Plan together
- Work together

I CAN...

Gateshead Council

Find out more at:
www.gateshead.gov.uk/ipledge

Gateshead Council

HEALTH AND WELLBEING BOARD
19 January 2018

TITLE OF REPORT:	**Children and Young People Local Transformation Plan 2017/18 including update on implementation of new CAMHS model.**
REPORT OF:	**Chris Piercy, Executive Director of Nursing, Patient Safety and Quality, NHS Newcastle Gateshead CCG**

Purpose of the Report

1. This report provides an update on the refreshed Children and Young People Local Transformation Plan 2017/18 including update on implementation of new CAMHS model.

Background

2. The Department of Health and NHS England published the 'Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing' (March 2015).

3. 'Future in Mind' makes a number of proposals the government wishes to see by 2020. These include: tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.

4. The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families.

5. The local transformation plan for Children and Young People Mental Health is refreshed annually and the 2017/18 plan is included within this paper.

Proposal

6. Following extensive consultation with young people and stakeholders across Newcastle & Gateshead the Newcastle Gateshead Clinical Commissioning Group (CCG) produced a whole systems CAMHS model for Newcastle and Gateshead. The model and subsequent EMIL document describes the need to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead. The EMIL document is a high level strategic plan identifying the principles of good services and the CCG are currently initiating a change programme in line with the following principles:

- Improved access to services
- A seamless step based model
- A single point of access
- Shared care and joint planning
- Choice of provision
- Improved Primary Care
- Increased early identification and effective intervention
- Reduction on the dependency of specialist services
- Workforce development
- Workplace accommodation solutions
- Information solutions

7. It is expected that the new model will clearly evidence innovation, sustained continuous improvement and utilise the principles of the Thrive Model (AFC Tavistock 2014). The Thrive Model advocates for mental health services to be delivered according to the needs and preferences of young people and their families, using an integrated, person-centred approach to child and adolescent mental health.

8. The initial phases of the transformation programme consist of developing a single point of access (SPA) to all mental health provider services. The SPA will receive all queries and referrals for children and young people aged 0-18 that were previously directed to Specialist Mental Health Services provided by Northumberland, Tyne & Wear NHS Trust (NTW); the Emotional Health and Wellbeing service provided by South Tyneside Foundation Trust; and the five services that form the Voluntary Services Collaborative (VSC).

Conclusion

9. The Newcastle and Gateshead Local Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience will concentrate on achieving these aspirations and clearly articulate the local offer.

Recommendations

10. The Health and Wellbeing Board are requested to:

    - Receive this update report on implementation of new CAMHS model.
    - Receive and support the Mental Health Governance Structure (Appendix 2)
    - Receive further updates throughout the phased implementation of the CAMHS transformation programme.
    - Agree the refreshed Children and Young People Local Transformation Plan 2017/18 (Appendix 5)

Contact: Catherine Richardson, Commissioning Manager, Newcastle Gateshead CCG extension 0191 217 2979.

Appendix 1

NHS
Newcastle Gateshead
Clinical Commissioning Group

Health and Wellbeing Board January 2018

Children and Young People Mental Health Transformation Programme

1. Introduction

This report will update the Health and Wellbeing Board on the refreshed Children and Young People Local Transformation Plan 2017/18 including progress on implementation of new Children and Adolescent Mental Health Service CAMHS model.

2. Background

The Department of Health and NHS England published the 'Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing' (March 2015).

'Future in Mind' makes a number of proposals the government wishes to see by 2020. These include: tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.

The report introduction includes a statement from Simon Stevens CEO of NHS England he stated *'Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked'.* The report emphasises the need for a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.

The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families.

Future in Mind identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. Themes include:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

The Newcastle and Gateshead Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience will concentrate on achieving these aspirations and clearly articulate the local offer.

A multiagency group partnership has been established to take responsibility for the development, implementation and oversight of the Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan as part of the ongoing No Health without Mental Health Implementation and will be accountable to newly established group overseeing the 5 Year Forward View for Mental Health. Updated Mental Health Governance Structure is available appendix 2.

Consultation on the refresh of the Transformation Plan has taken place through the multiagency group partnership group members. The plan is available on Newcastle and Gateshead Local Authority websites and the NGCCG website. This is a live document and current version is attached (appendix 5)

During 2016 there was extensive consultation with young people and stakeholders across Newcastle & Gateshead the Newcastle Gateshead Clinical Commissioning Group (CCG) produced a whole systems CAMHS model for Newcastle and Gateshead (appendix 3). The model and subsequent EMIL document describes the need to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead. The EMIL document is a high level strategic plan identifying the principles of good services and the CCG are currently initiating a change programme in line with the following principles:

- Improved access to services
- A seamless step based model
- A single point of access
- Shared care and joint planning
- Choice of provision
- Improved Primary Care
- Increased early identification and effective intervention
- Reduction on the dependency of specialist services
- Workforce development
- Workplace accommodation solutions
- Information solutions

It is expected that the new model will clearly evidence innovation, sustained continuous improvement and utilise the principles of the Thrive Model (AFC–

Tavistock 2014). The Thrive Model advocates for mental health services to be delivered according to the needs and preferences of young people and their families, using an integrated, person-centred approach to child and adolescent mental health.

The initial phases of the transformation programme consist of developing a single point of access (SPA) to all mental health provider services. The SPA will receive all queries and referrals for children and young people initially aged 0-18 that were previously directed to Specialist Mental Health Services provided by Northumberland, Tyne & Wear NHS Trust (NTW); the Emotional Health and Wellbeing service provided by South Tyneside Foundation Trust; and the five services that form the Voluntary Services Collaborative (VSC).

3. Service Delivery: Getting Help

Two service specifications have been developed. The first 'Getting Help' will deliver the SPA. The initial mobilisation plan has now been implemented and will continue to deliver this over four phases which commenced 1st December 2017 (with schools), second phase March 2018 for GPs, third phase June for Local Authorities and the fourth phase will incorporate all other referrers including self-referrals by September 2018 (appendix 4).

It is expected that the SPA will be the first point of contact for all requests for advice and referrals for emotional health and wellbeing, and mental health treatment. All referrals will be initially assessed via a triage function with the SPA to improve joint working between provider services, ensuring the child/young person is able to access the right services. The SPA will initially be staffed by specially trained call handlers who will record all demographic and referral information at the point of contact. The SPA team will be located at the Bensham Hospital site in Gateshead with capacity to manage electronic and telephone contacts.

The anticipated SPA activity by provider based upon current referral figures is:

- 520 per month
- 130 per week
- 26 per day

NTW - 52%, STFT - 10%, VSC - 38%

A review of activity is being undertaken during all phases of this implementation process.

4. Service Delivery: Getting More Help

The second service specification 'Getting More Help' is concerned with the delivery of the CAMHS whole system model (appendix 3) with a focus on prevention and early help and reducing demand on specialist services. This

specification will be developed over the coming months with the Children and Young Peoples Mental Health, Emotional Wellbeing and Resilience group.

Getting More Help will support a wide variety of multi-agency professionals working with children, young people and their families. “Universal Provision” refers to services accessible by everyone e.g. GPs, schools, and Health Visitors (the examples on the model are not exhaustive). It is these staff who provide the day to day care and support to our children and young people and their families and they are essential to an effective mental health offer for our communities. Universal services also build resilience in children, young people and their families through preventative work.

Some children and young people will work with professionals and services that are targeted at addressing and supporting their particular needs e.g. within a Youth Offending Service, Drug and Alcohol provision or Children’s Social Care. This is referred to as “Targeted Provision”. These staff work collaboratively with children and young people who have more complex needs of which emotional and mental health needs might be just one factor.

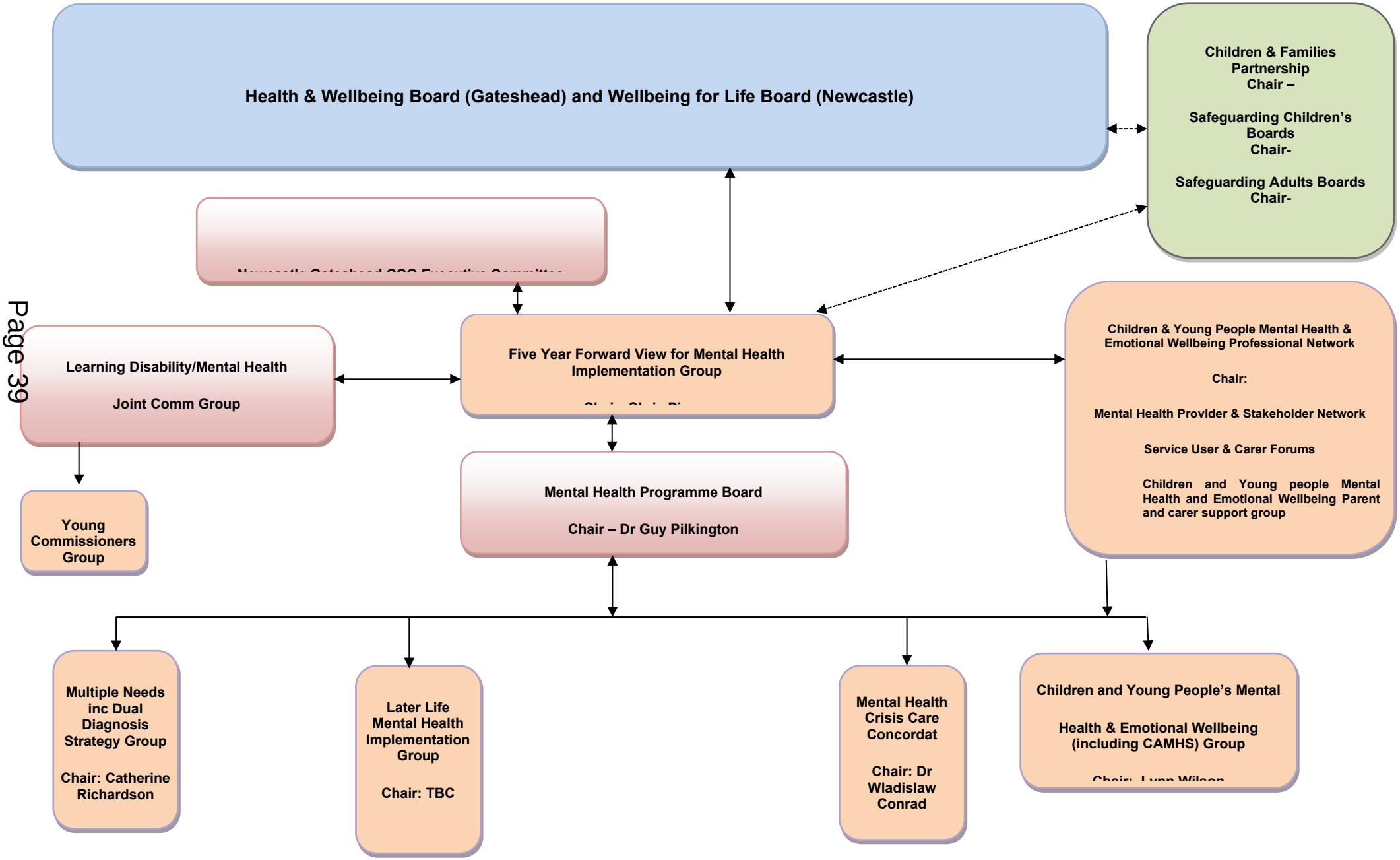
Mental health provision is everyone’s business not just specialist staff. Where a clinical intervention is required to assess and treat a child or young person appropriately qualified specialist staff will provide a variety of interventions based on best practice e.g. NICE Guidance. At this level of clinical need the service provider will assess and treat children and young people with more complex mental health needs e.g. Eating Disorders, personality disorders, a crisis care response etc.

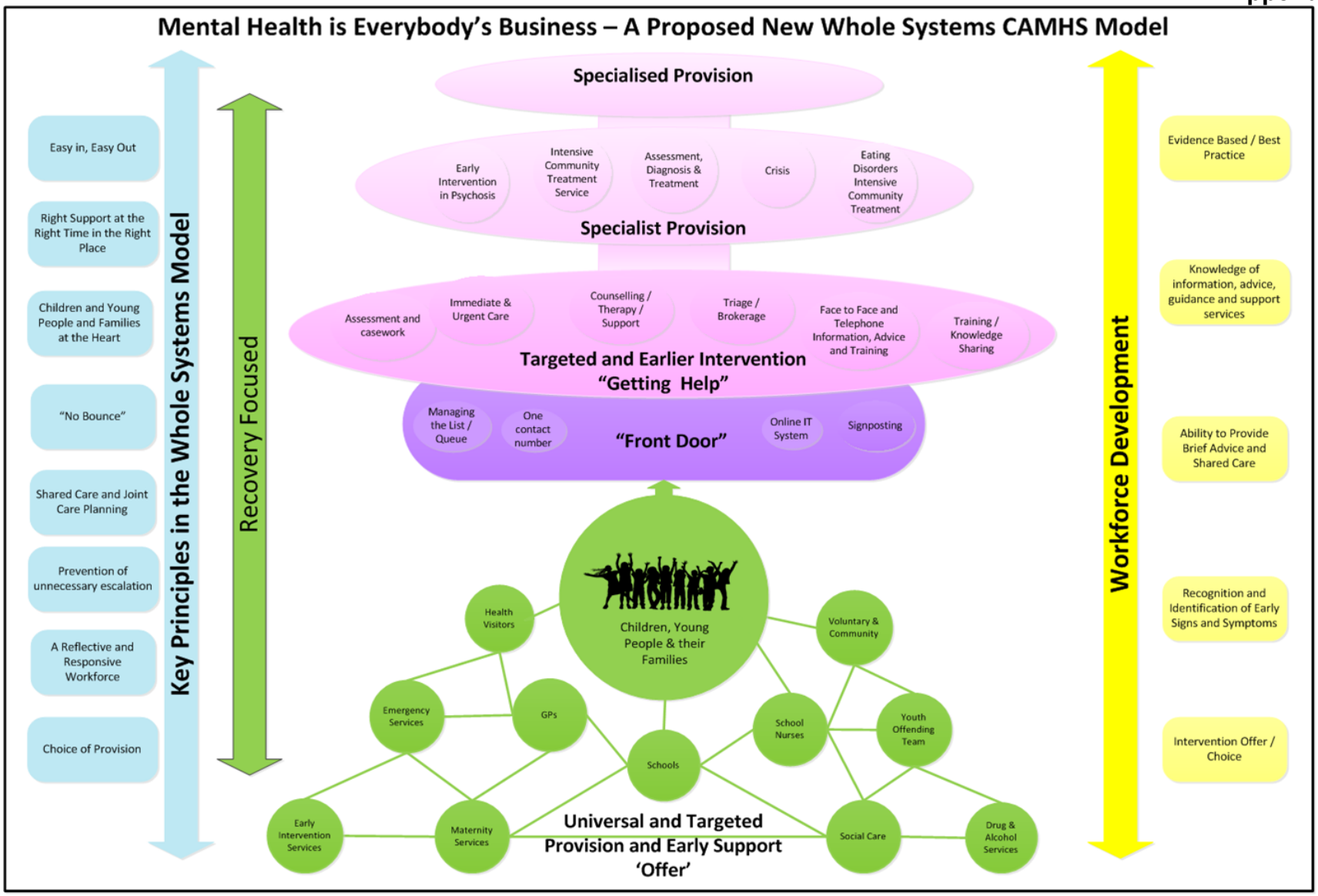
5. Recommendations

Health and wellbeing Board are requested to:

- Receive this update report on implementation of new CAMHS model.
- Receive and support the Mental Health Governance Structure
- Receive further updates throughout the phased implementation of the CAMHS transformation programme.
- Agree the refreshed Children and Young People Mental Health, Emotional Wellbeing and Resilience plan and implementation group

Appendix 2 Mental Health Governance Structure




Mental Health is Everybody's Business – A Proposed New Whole Systems CAMHS Model
Key Principles in the Whole Systems Model
Easy in, Easy Out
Right Support at the Right Time in the Right Place
Children and Young People and Families at the Heart
"No Bounce"
Shared Care and Joint Care Planning
Prevention of unnecessary escalation
A Reflective and Responsive Workforce
Choice of Provision
Recovery Focused
Specialised Provision
Early Intervention in Psychosis
Intensive Community Treatment Service
Assessment, Diagnosis & Treatment
Crisis
Eating Disorders Intensive Community Treatment
Specialist Provision
Assessment and casework
Immediate & Urgent Care
Counselling / Therapy / Support
Triage / Brokerage
Face to Face and Telephone Information, Advice and Training
Training / Knowledge Sharing
Targeted and Earlier Intervention "Getting Help"
Managing the List / Queue
One contact number
"Front Door"
Online IT System
Signposting
Children, Young People & their Families
Health Visitors
Voluntary & Community
Emergency Services
GPs
School Nurses
Youth Offending Team
Schools
Early Intervention Services
Maternity Services
Social Care
Drug & Alcohol Services
Universal and Targeted Provision and Early Support 'Offer'
Workforce Development
Evidence Based / Best Practice
Knowledge of information, advice, guidance and support services
Ability to Provide Brief Advice and Shared Care
Recognition and Identification of Early Signs and Symptoms
Intervention Offer / Choice

Appendix 4

Newcastle & Gateshead CYP SPA Implementation Plan

Action Summary	Lead Responsibility	Timescale	Update
1. Secure accommodation which will host SPA call handlers	STFT NTW	End September 17	Minor works plan has been submitted to accommodate call handling team at Bensham Hospital adjacent to CYPS services. Work is estimated to take approximately 6-8 weeks therefore interim accommodation arrangements have been agreed.
2. Secure telephone, IT systems, furniture for use by call handlers and triage staff	STFT NTW	End September 17	Relevant IT, telephony equipment, and furniture has now been ordered.
3. Develop communication plan which will target referrers leading up to single number launch date	CCG	End September 17	Meeting with NTW telecoms team has now taken place. There are no problems with increasing lines into Bensham to accommodate SPA. Need to decide if SPA is a free phone 0800 number or not and if so who will own 0800 number CCG or NTW. To decide at Transformation meeting.
4. Recruit / transfer 3 x call handlers into SPA	STFT NTW	End October 17	Job descriptions and adverts for new call handlers have been completed and have gone into NHS Jobs. NTW also have access to Call Handler Bank which can be utilised in the interim if necessary.
5. Develop Standard Operating Procedures for SPA	STFT NTW	End October 17	Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan.
6. Develop and deliver call handler training to new call handlers	STFT NTW	End October 17	Training programme has been developed and will be delivered to new staff when they are recruited.
7. Identify SPA supervisor roles and responsibilities	STFT NTW	End September 17	Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan.
8. Develop virtual triage team rota system which utilises clinical resource from NTW & STFT	STFT NTW	End October 17	Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan.

9. Ensure that contracting and governance arrangements are agreed and in place including a memorandum of understanding	CCG STFT NTW	End October 17	Meeting between SCHFT and NTW execs to be arranged in order to discuss.
10. Agree appropriate monitoring / early warning and escalation processes	CCG STFT NTW	End September 17	Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan.

Appendix 5

Expanding minds, improving lives:

2017 REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH TRANSFORMATION PLAN 2015-2020

Our Joint Vision, Principles and Plan

Newcastle City Council

NHS Newcastle Gateshead Clinical Commissioning Group

Gateshead Council

Refresh document 6th November 2017

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Acknowledgements

To all our children, young people, parents, carers and professionals who engaged with us during our listening and co-production phases.

To all of the organisations and groups who helped us make such a success of the listening and engagement to ensure we heard from our communities in order to develop an effective sustainable model that meets their needs.

1. Introduction

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

Our Transformation Plan is a living document and sets out our commitment to ensure that children and young people and their families, and professionals working in the field, were at the heart of the transformation, by ensuring the views and experiences of those who have, are or may use services and those who deliver them were listened to and respected. This refreshed plan describes how we have achieved this over the last two years, and identifies actions which are ongoing in their implementation (**See Appendix 1 Action Plan 2017/18, Appendix 1a Risk Log and Appendix 2 Action Plan Outline 2015 - 2020).**

2. Governance

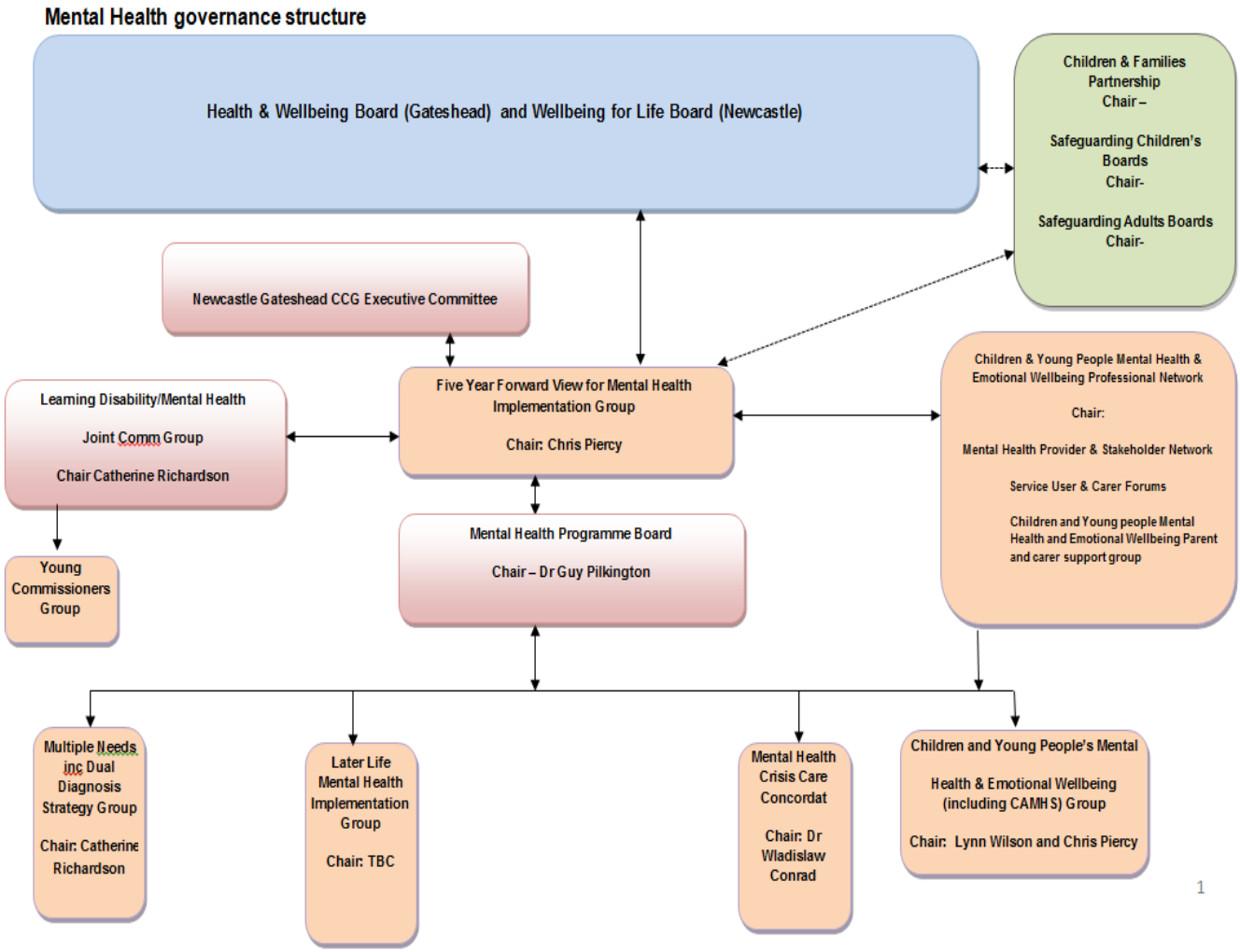
From the outset we developed a governance framework which was operational at the onset of the transformational work. Good governance is about the processes for making and implementing decisions.

In **Figure 1** we describe our Mental Health Governance Structure and Framework, which has allowed for access to increased knowledge and operational intelligence, has provided challenge and innovation, and has allowed for strategic leadership and decision making.

Accountability has been through the Mental Health Programme Board. Having CAMHS transformational work as a standing item has helped put children and young people much higher on the agenda. There is also a Learning Disability/Mental Health Joint Commissioning group which supports the work of this transformation programme and focusses on place based plans.

At the time of publication we have utilised a partnership approach to agree and refresh with relevant partners such as specialist commissioning, local authorities, local safeguarding boards and local participation groups for children and young people, parents and carers. Due to timing, the plan will continue through the governance processes in terms of sign off and continual progress updates to NHS Newcastle Gateshead CCG Executive, Newcastle Wellbeing for Life Board and Gateshead Health and Wellbeing Board.

Figure 1



3. Our Plan and Progress

The following table **Table 1** sets out progress against the original case for change (**Appendix 3**). We are now entering the implementation phase of delivering the new model, we continue to reflect on the journey so far, consider what we have learnt together, and review our detailed action plan for 2017-18 (**Appendix 1**).

Table 1 Progress against the original case for change

Stage	Description	Dates	RAG
Establishing the baseline	Getting the detail about how things currently work – marking out what we want to change and what we don't and why the system should transform	April – July 2015	
Pre-Consultation/Listening	Taking a summary of the current services to the community – service users, children and young people, parents and carers, families, providers and commissioners – and listening to what we hear	Aug 2015 – Jan 2016	
Co-producing a new model of emotional wellbeing care and support	Working together to build on the views shared in the listening phase and designing a new approach that enables people to thrive through prevention and early intervention, and when necessary specialised support	Feb – May 2016	
Engaging with communities about the new approach	Sharing the outcome of the co-production phase and engaging with our communities about the new proposed approach. Continuation of targeted engagement activities	June – April 2017	
Implementing single point of access	Meeting with existing providers to discuss the learning and new approach to service delivery. To enable modification to current service provision and undertake proof of concept piece of work. Establish future contracts and commissioning intentions.	December 2017 – March 2018	
Workforce analysis and strategy development	To ensure that we have a workforce that is skilled to deliver the new model	September 2017 – April 2018	
Implementing new model of delivery	Commence new spec see Appendix 1	January - April 2018	

4. Sustainability Transformation Partnerships (STP's) and working with other LTPs

As a Sustainability Transformation Partnership (STP) footprint we are aware of the clear gaps across health and wellbeing and care and quality in relation to mental health. For example, 75% of people with mental health problems receive no support and people with SMI are at risk of dying on average 15-20 years earlier than the general population with large variation in the numbers of hospital admissions, length of stay and readmissions etc.

The core ambition of the STP is to ensure “no health without mental health”. This will involve the development of an integrated life span approach to the integrated support of mental health, physical health and social need which wraps around the person, from enabling self- management, care and support systems within communities, through to access to effective, consistent and evidence based support for the management of complex mental health conditions.

In the Newcastle Gateshead Local Heath Economy of the STP we have specifically identified Expanding Minds Improving Lives (EMIL), and the need to develop a responsive CAMHS model with improved access across a range of locations.

The following outcomes and benefits have been identified for the STP:

- Delivery of milestones in the Mental Health 5 Year Forward View and reduction in demand for secondary and tertiary children and young people’s services, reduction in waiting times, and delivery and monitoring of successful outcomes
- Reductions in admissions and length of stay due to more effective integrated management of co-existing physical and mental health conditions through improved support of primary care, access to housing and employment and wider options in crisis support, and development of the recovery college approach
- Reduction in inappropriate A and E attendances supporting delivery of 4 hour wait target and admissions from care homes arising from poor management of mental health in older people
- Consistent access to and delivery of effective evidence based treatment and support for people with more complex needs, leading to measurable outcome improvement.
- Completion of re-design of mental health in-patient care, which is affordable, high quality, 7 day and consistent
- Delivery of multi-agency workforce plan which identifies the additional staff required by 2020

We will link with other LTP areas in and across the STP footprint to ensure a whole system approach and ensure learning and sharing of innovation is utilised as we transform services and implement new care models.

5. Finance update

As part of the refresh of the plan we have included an overview of the spend on these services, this continues to be reviewed with partners as part of our wider review of CAMHS services. **See Appendix 5 LTP Finance Plan.**

6. Baseline Information including local need and inequalities

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

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

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

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

In Newcastle Gateshead, we have two main providers which offer mental health and wellbeing services for children and young people, Northumberland, Tyne and Wear NHS FT (Tiers 2 and 3) and South Tyneside Foundation Trust (Tiers 2), alongside community and voluntary sector provision to ensure early identification.

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

Work is ongoing to ensure that the transformation programme of work will allow us to increase access to high quality mental health services for an additional 70,000 children and young people per year. Key actions include extending access to Children and Young Peoples (CYPS) services by 7% in 17/18 and 18/19 (to meet 32% of local need). Clear defined targets are being developed alongside the proposed model of transformation. The proposed model will also reflect the need to address 24/7 urgent and emergency response times.

Our case for change outlines key deliverables for Mental Health transformation as set out in the 5 year forward view. As well as access for CYP, a priority within the proposed model is focused on community Eating Disorder teams for CYP to meet access and waiting times standards.

Work continues with local providers to improve the data flow as the proposed model is implemented. Our case for change provides detailed information on the local need and our collaborative journey. Work continues to develop robust baselines and reporting mechanisms to track progress against key deliverables.

As part of our model we will be developing a clearly defined performance framework including activity and waiting times.

We are reviewing with partners ongoing financial commitments beyond any pilot transformation programmes for 17/19 Local Transformation Plan.

7. What we have done:

Action: We said we would launch the Expanding Minds, Improving Lives project.
Update: We launched the project and we;

Listened…
In order to fulfil our commitment to ensuring that children and young people and their families are at the heart of the transformation we have undertaken an extensive listening and engagement exercise with our communities to gather their views based on individual experiences of the current service.

We have also engaged with professionals in organisations providing support to our children and young people to understand their experience of the services and the impact services have on our children and young people.

Learned…
We have learned from this phase and adapted our vision, principles and plan to reflect our learning.

8. Our Vision

'We will improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place'

Our vision now reflects a more collective approach to supporting our children and young people.

9. Our Principles

Success is reliant on all professionals signing up to the principles which underpin the new model (**See New Proposed Model in Appendix 3**). The new model is based on a prevention (where possible) and if not, the earliest possible intervention**.**

This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences. To do this we need a cultural shift, and a reflective and responsive workforce. We also need choice of provision – a dispersed model of provision (as close to home as possible) to enable children and young people to receive care and support in an environment which will be most therapeutic for them. This may be for instance in a clinic environment, a community building, a school, a café or the park. The choice will be with the family and child primarily.

We need to provide the right support at the right time in the right place (we added 'the right place' as children, young people and families have clearly said that the present clinic environment does not work for them).

Access to a variety of types of support and therapy should be easy to access 'Easy in' and when appropriate should be easy to leave 'Easy out' in a planned and controlled way to prevent relapse (our data highlights some children and young people appearing to be static in their care, in in care for too long). Such provision should be 'recovery focused' at all times, positively supporting children and young people to get back to 'normal' life and live the best lives that they can.

Within this context the needs of children and young people and families are at the heart of what we do and provide, not the needs of services. When someone is referred on we expect 'No bounce' by this we mean that individuals should not be bounced from service to service. There should be a shared care and joint planning approach whereby the original referrer always keeps the child or young person in mind and in sight, ensuring everything is going to plan and supporting that recovery focused model of care.

10. The Thrive Model

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

The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach. [1]

[1] Thrive, The AFC-Tavistock Model for CAMHS, November 2014.

11. Needs assessment

The prevalence of Mental Illness among Children & Young People in Gateshead and Newcastle suggests that just under 1 in 10 children aged 5 to 16 will have some form of mental disorder, with the prevalence increasing with age. The research indicates the most prevalent condition is emotional disorders, with up to 1 in 27 young people aged 5 to 16 having the condition.

The listening and engagement phase has increased our understanding of need and has helped contextualise our learning. It is this learning that has contributed to the new proposed model development. Summarised as follows:

What works:

- Staff are committed and dedicated
- Training and resources enable staff at tier one to work in community settings
- There is good early use of new technologies
- Targeted Mental Health in Schools and school based counselling is well received and evaluated
- Whole school approaches to Emotional and Mental Health are good (dedicated worker – link between mental health trust and schools is highly valued)
- Children identified with special educational needs have good level of support in schools
- Using schools as a community asset
- For C&YP the approach and convenience/access to VCS provision is important as part of the whole system structure
- Access to groups and social/creative activities work.

What needs to be improved?

- Service configuration and performance
- More / improved early intervention / prevention
- Greater support for lower level need /right support from the right services at the right time
- One point of access
- Greater integration with education
- More choice (location, types of support)
- Communication and information sharing
- Poor communication as system is fragmented and complicated
- Lack of clarity around role and expectation of CYPs staff
- Limited follow-up post referral
- Transitions out of CHYP Mental Health Services
- Improved school readiness – need to do more pre school
- “Cliff edge” at 18 with move to adult mental health services
- Moving between CYPs and other services needs to be easier
- Workforce and training
- With the right skills and resources, schools and community based organisations are ideally placed to work at tier one.
- With added capacity and / or support of mental health workers, there is the potential of schools and community based organisations in providing tier 2 support
- Improved understanding roles and functions of key professionals / organisations

12. Service planning

As we are on a transformational journey we acknowledge not all things can change overnight. In year, using some of the transformation funds we have piloted 3 key areas of work as a result of what we have heard and as part of our iterative process to change.

All are aimed at strengthening the upstream, early intervention model we are striving to achieve.

i. We have procured an interim offer of tier 2 counselling provision for those experiencing mild to moderate mental health problems, including procurement of a specific service for those children with learning difficulties. All successful providers were voluntary and community sector providers and were asked to provide the following:

   The provider(s) were required to offer a range of counselling techniques and methods appropriate to age and maturity, and where deemed appropriate also offer support to the family. The provider(s) offer:

   - A choice of counselling interventions including group, individual, online etc.

- Involvement with parents or carer if deemed appropriate
- A selection of meeting points / venues for delivery of provision
- Varied access e.g. professional and self-referral
- Clearly demonstrate how outcomes data will be collected and monitored
- Clearly demonstrate how the service will reach and engage vulnerable young people
- After initial assessment, the provider will assess whether the service is suitable to the child or young person's needs. Where support is best provided by another provider the professional will be responsible for onward referral or the provision of supporting information.

In addition to this two new service specifications have been developed for the commissioning of 'Getting Help' referred to as tier 2 this includes the single point of access; and, 'Getting More Help' referred to as tier 3.

ii. Self-harm response – Our data analysis (a component of the case for change) highlighted that the rate of hospital admissions for self-harm for 10-24 year olds in Gateshead is higher than the national average. In 2014, the Gateshead self-harm rates were identified by both the Gateshead Local Safeguarding Children Board (LSCB) and the Gateshead Children & Families Overview and Scrutiny Committee (OSC) as a priority area of work. The Gateshead CAMHS Steering Group set up a multi-disciplinary self-harm sub group to carry forward this piece of work which resulted in the development of a self-harm protocol for all professionals within the children's workforce across Gateshead and to look at the current training provision around self-harm and to identify any gaps in provision. We have therefore procured some additional training for schools staff to help them identify and support children and young people in need.

A team of multi-agency professionals from the NHS, local authority and tier 2 & 3 CAMHS services have developed the bespoke training together. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. Post evaluation learning from this will be shared across the Newcastle footprint.

iii. Mental Health Awareness Training for specific frontline staff is a crucial element of our workforce development. However, children and young people highlighted many instances where training specifically for schools based staff would have improved both their chance of early identification and intervention but also would have improved their whole school experience. We agreed to focus our first mental health awareness training at schools staff. Training began in 2017 and includes identification of mental health champions.

Our vision is that every maintained and non-maintained school in Newcastle and Gateshead has a member of staff who is the designated mental health champion. The named mental health champion will be the 'go to' person in each school where a problem arises that cannot be easily resolved. The mental health champion will need to:

- Be knowledgeable about the services available (in and outside of the school environment) to support a child or young person should they need to access service provision
- Each named mental health champion is supported by a named CAMHS professional.
- Engage in the mental health awareness training
- Cascade the learning from the mental health awareness training to teaching and non-teaching staff within their school
- Learning will be shared in a variety of ways that are appropriate to the individual school setting
- Be influential in the school e.g. of sufficient status to help ensure change can happen within the school setting

To support schools and their designated mental health champion a programme of mental health awareness training will be delivered.

13. A major milestone

On the 10th February 2016, we came together at Tyneside 'Pop Up' Cinema with multi agency providers, children and young people and families to celebrate the work of our children who worked with Helix Arts and Roots and Wings[2] to develop their CHAOS DVD, and the Young Commissioners recruited, trained and supported by Youth Focus North East supported.

At the event we showcased the DVD and those who took part spoke of their experiences as service users and what it felt like to take part in the Arts Project. The Young Commissioners also took to the stage and impressed the audience with their understanding of the issues for children and young people and what they hoped to achieve as Young Commissioners.

The link to the chaos Video can be seen here https://vimeo.com/173909530

At the event Commissioners from the CCG and two local authorities made the following pledges to the audience.

[2] www.rootsandwings.design/work/camhs-report

Schools
Focus specific workforce development at school staff to enable them to identify early and emerging mental health problems, increase their ability to support children and young people, or refer on where appropriate. Work is currently underway in Gateshead schools to develop emotional wellbeing and resilience through programmes such as Mindfulness. The development of apps for children is also being explored as a result of the increase in permanent school exclusions.

Settings
Develop a "dispersed model of access" to suitable and user friendly provision. We will work with young people to ensure the provision chosen is suitable and inviting.

Changing Need
Ensure services can respond to the changing maturity (not just by age) of children and young people to ensure decision making, treatment and support, is shared appropriately.

We also asked providers to make pledges openly to demonstrate their commitment to specific change.

14. Progress made in other areas of our 2015/16 and 2016/17 Action Plan

Workforce Development

Action: We said we would produce a comprehensive workforce development strategy and commence a review of existing workforce including FTEs and skill mix and setting out training needs.

Update: We are currently undertaking a workforce analysis across the partnership that will inform the development of a workforce strategy, but have faced some challenges gathering all of the information.

The workforce development strategy will be based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information.

Throughout the plan we do make reference to workforce and training as the various workforce professions are discussed. For example we know that our current providers deliver a wide range of Interventions and therapies which include:

- Dialectical Behaviour Therapy (DBT)
- Cognitive behaviour therapy (CBT)

- Cognitive behaviour therapy informed intervention – chill out group/graded exposure/friends groups
- Eye movement desensitisation therapy (EMDR)
- Positive behaviour management (PBS)
- Sleep Scotland sleep clinics
- Interpersonal therapy (IPT)
- Attention deficit hyperactivity diagnosis (ADHD) – assessment and diagnostics
- Autism spectrum disorder – assessment and diagnostics
- Eating disorder – assessment and diagnostics and maudlsey interventions
- Family therapy
- Psychotherapy
- Art therapy
- Systemic practice
- Crisis intervention and work
- Parenting factor - parenting work

Our intention is to further develop the workforce development strategy as part of the implementation phase of our new model. **See Appendix 3 for the Draft Workforce Development Strategy and Data Collection Tool.**

In the Case For Change Feedback , the engagement and listening phase identified a need to ensure the wider infrastructure is in place for implementation of the new model. This included:

Incredible Years

24 multi agency early years staff across Newcastle & Gateshead have now received Incredible Year's Training, and as such we have built capacity across the system. These staff are now trained in the delivery of training to parents. Five group sessions have been delivered to parents in Newcastle, with further sessions programmed in over the next few months. Delivery of the programme in Gateshead is scheduled for January 2018.

Self-Harm

We have procured training for secondary schools staff to help them identify and support children and young people in need. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. This training will be evaluated prior to a decision being made on extending delivery across Newcastle.
The training is delivered in 2 parts:

- An initial 4 hour training session that will include looking at what self-harm is and the main forms of self-harm, Identify significant risk factors for self-harm and also describe how young people who self-harm are assessed and managed.

- A follow up training session looking at how participants have utilised the training and what systems, procedures and policies have been introduced into their schools following the training.
- The training programme will be fully evaluated looking at how participants have benefitted from the training and how schools have adapted their policies and procedures as a result of receiving the training.

Mental Health Awareness

Mental Health Training Teaching and Non-Teaching Staff

A consistent message throughout the listening phase was that extra capacity and workforce development was a priority for universal provision. Non-recurrent transformation funding was used to commission If U Care Foundation to develop a mental health awareness training programme that would engage participants representing all 185 schools in Newcastle and Gateshead.

The key deliverables in this training programme includes:

- Enable participants to recognise the early signs of mental ill health in children and young people
- Depression and anxiety
- Suicide and self-harm
- Psychosis
- Eating disorders
- Provide participants with brief intervention tools to promote protective factors and resilience, including age appropriate resources and tools that they can disseminate and cascade/use within the school environment.
- Enable participants to address issues such as bullying and stigma
- Provide an understanding of how the current CAMHS system works and what provision is available to them to utilise in order to support a young person or child with a mental health issue.
- Enable participants to develop a standard and positive model of good mental health that can be applied within the school environment promoting a whole school approach to mental health, which includes promoting mental wellbeing amongst staff groups.

Eating Disorders

Action: We said we would commence and implement a review of existing provision, consult with existing service users and providers, explore best practice, and begin to develop an interim improvement plan.

Update: Eating Disorders

The CYPS Community Eating Disorder Team delivers a service to children and young people who are referred because they meet the threshold for an eating disorder or where an eating disorder is suspected. The team provide an assessment and where applicable

deliver interventions in accordance with the Access and Waiting time Guidance for Children and Young People's Eating Disorder Services 2016.The team work intensively with children and young people where there is significant risk of an inpatient admission and proactively monitor and support young people admitted to an eating disorder inpatient service to facilitate their earliest possible discharge providing ongoing community care thereafter.

Collaborative partners have met regionally as an information sharing and learning exercise. Subsequently we have locally decided that:

- A regional approach to the development and delivery of eating disorder services is favourable. It is hoped that a collaboratively commissioned model will improve access to services. Further workshops are planned late October / early November to take forward this work across the STP footprint.
- As such the eating disorders work will become a sub group within the governance framework of the CAMHS transformational work. A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.
- As at Q2 2017/18 80% of routine CYPs starting treatment in that quarter were seen within 4 weeks and all urgent cases were seen within the required standard. As part of the ED transformation work we are working towards achieving the 2020 standards of 95% of routine and urgent cases seen within the required timeframe. This will be embedded within the performance framework which is currently in development.
- Whilst developing this area we are taking into consideration key deliverables for mental health transformation as set out in the NHS Operational Planning and Contracting Guidance 2017 - 2019.

Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

Action: We said we would provide training to support under 5s
Update: We have increased our delivery of CYP IAPT to meet the needs of under 5's by introducing a robust evidence based training programme for the delivery of 'Incredible Years' across Newcastle and Gateshead.

Action: We said we would review the Newcastle/Gateshead model of delivery, including clinical supervision and reporting infrastructure.
Update: In year transformation funds have been utilised to support the workforce and ensure all children's IAPT trainees have gained access to appropriate trainee supervision (this has been particularly important to VCS providers); IT and analytical support has been provided alongside project management, these roles and functions remain under review.
Further workforce development included upskilling the current IAPT workforce to be BABCP accredited. Work is ongoing to upskill the workforce for under 5s, however this is subject to course availability with local universities.

Whilst developing this area we are taking into consideration key deliverables for mental health transformation as set out in the recently published NHS Operational Planning and Contracting Guidance 2017 -2019.

Early Intervention and Prevention

Action: We said we would:

- Review, develop and expand the use of primary mental health workers,
- Commence review of integrated working arrangements.
- Commence review of schools model for increased early intervention and prevention.
- Begin to develop interim improvement plan

Update: Our aim was to shift our approach across the whole system in order to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences and ensure an early intervention and prevention approach is adopted.

Shifting resources could not happen overnight, and as such we needed to resource additional upstream services during the process of change, whilst maintaining safe and accessible provision.

- We have commissioned community counselling and CBT as an interim provision, including a specific service for children with Learning Difficulties.
- A contract has been awarded to deliver Mental Health Awareness training to schools in Newcastle and Gateshead. This training is to be delivered to professionals from every school in Newcastle and Gateshead.
- Multi agency staff in Gateshead are delivering Self Harm training to frontline staff in secondary schools. This directly responds to a higher prevalence of self-harm in Gateshead highlighted through the Case for Change and local knowledge. This training will be evaluated and used as a pilot with the aim for future roll out across Newcastle.

The Right Coordinated Response to Crisis

Action: We said we would explore integrated crisis team model linking to other local developments, and one access point for all. Begin to review data collected related to crisis to inform an improved data system to support the Crisis Care Concordat and begin to develop interim improvement plan.

Update: The listening phase has highlighted the need for an early intervention crisis response that is defined by the individual, and often does not require a clinical response. The new conceptual model acknowledges this and we continue work to develop this aspect of the model.

Reducing Inequalities

Action: We said we would identify areas of improvement for vulnerable groups such as specific cultural and ethnic groups, and groups at particular risk (i.e. those at risk of sexual exploitation).

Update: We are undertaking some additional targeted work with LGBT young people, young people and parents from BME communities, youth offenders, looked after children, young carers, parents of foster children, young people not in employment or education and deaf/hard of hearing parents, children and young people to ensure that our learning to date fully represents their own experiences and views. The report was produced by Roots and Wings (2017).

In continuing to develop and implement the new conceptual model we are acutely aware of the need to ensure links with the broader systems in place to support vulnerable children. We are still considering with present providers how we successfully integrate child and adolescent mental health work into the day to day services supporting vulnerable groups e.g. Youth Offending, Looked after Children. We are avoiding the need for separate provision but are developing a needs based model of care e.g. those with the highest needs being prioritised into care.

We are working hard to ensure that these CAMHS developments link effectively with other on-going transformation plans e.g. Troubled Families. We have supported the Review and Re-commissioning of the 0-19 Service to ensure that inequalities are addressed for vulnerable groups such as young parents through the Family Nurse Partnership (Gateshead) and the development of a vulnerable parents pathway (Newcastle) to incorporate the mental health and emotional wellbeing support as part of the core offer for the universal service. With many transformational plans at different stages of development, establishing the links and suitable care pathways is challenging, however there is a commitment to ensure integration.

Learning Disabilities

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

Action: We said we would:

- Review the skill mix in community teams to ensure that learning disability specialists are part of the team and that teams have the training and expertise to work with children and young people with a Learning Disability.
- Work with the Behavioural Assessment and Intervention Team to ensure that they have the capacity to develop a Positive Behavioural Support Training Plan that will support professionals working with children and young people with behaviours that challenge.

- Ensure strengthening the CYP IAPT providers to ensure that they have the skills and capacity to work with children and young people with Learning Disabilities.
- Ensure that parenting programmes are suitable for families caring for children with learning disabilities.

Update: With the available data we reviewed the skill mix of providers and also reviewed the current provision, we have heard during our listening phase that open/fast access to a seamless service is key for this cohort. In year transformation funds were utilized to provide a dedicated counselling service for those children and young people with a Learning Disability and is currently being evaluated and will influence the interim improvement model.

Improve Perinatal Care

Action: Review and respond to the 33 recommendations contained within the Infant Mental Health consultation

Update:

Perinatal

The Community Perinatal Mental Health Team provides a community mental health service for women with mental health problems related to pregnancy, childbirth and early motherhood. The team works to minimise the risk of relapse in those women who are currently well but who have a history of severe mental illness. The service provides:

- Mental health and risk assessment, care co-ordination of women, appropriate, time-limited, evidence based treatments and interventions jointly agreed with the worker and the women, collaborative working with women and, wherever possible, their families.
- Specialist Perinatal medical support and advice to woman, their families and referrers into the service, including up-to-date and comprehensive medication advice.
- Support and advice to promote the detection, prediction and prevention of maternal mental health problems. Developing pathways of care and appropriate tolls to facilitate this within primary and secondary care services.
- Provision of care in the most appropriate setting. Ensuring accessibility and choice. Dependent on need woman will be seen 1-2 weekly.
- Education, advice and appropriate self-help literature given to women and their families.
- Signposting to other statutory and non-statutory services as appropriate.
- Provision of short- and long-term placements for mental health, Health Visitor and midwifery students.
- Multidisciplinary involvement in the planning of effective maternal mental health care.
- Appropriate communication about care with other services as required, taking into account confidentiality.

- The service provides maternal mental health training and advice to statutory and non-statutory groups, as well as structuring training programmes that incorporate recent Department of Health and NICE Guidelines.

The 0 - 19 service in Newcastle now has a specialist health visitor for children with additional needs. This role includes the supporting and training of staff, as such staff have had access to training days focused on particular conditions commonly presenting in childhood. Part of the role is also about signposting for staff so they can better support families and signpost as appropriate back into specialist services when needed.

The team have also received presentations at the health visitor professional forum from organisations such as Contact a Family, Cauldwell Trust and Downs Syndrome Association. Staff are more aware of how to access information regarding other services and can signpost appropriately. Staff have continued to access Early Help and Support from Children's Centres via the CAF process and have regular updates regarding this process.

Action: Link our perinatal care developments to our existing developments such as evidence based programmes (e.g. PIP) in order to reduce inappropriate referrals to the perinatal unit

Parent Infant Psychotherapy Service

Update: In 2014, Newcastle City Council secured over £2.7m of government funding to transform the way families with infants are helped to overcome poor mental health and parental substance misuse.

The funding - which was secured following a successful bid to the government's Transformation Challenge Award - was awarded to develop two new key projects in the city for families experiencing mental ill-health, alcohol & substance misuse, family conflict and neglect. These projects were the development of: a Parents under Pressure Programme (PUP), and a Parent Infant Psychotherapy Service.

The aim of both of these initiatives is to reduce the need for costly support services in later life and, instead, focus on providing families with the up-front support they need to turn their lives around.

The Parent Infant Psychotherapy service is based on the Parent Infant Partnership model overseen by the charity PIPuk.

Following a consultation with key stakeholders and parents, Newcastle City Council undertook a competitive tendering exercise and have awarded a contract to Children North East to deliver this service. The service is now known as "NewPiP and is fully staffed with a clinical psychologist lead, psychotherapists and a specialist health visitor.

The service started to receive referrals in early summer and although numbers are still relatively small (44), parents are engaging with this therapeutic intervention and work is ongoing to develop staff skills and knowledge in relation to improving parental mental health and infant attachment and referral pathways.

Based on national prevalence data for maternal ill health and the current birth rate we estimate that approximately 215 families will benefit from interventions offered by this service. We anticipate that the service will work closely with acute perinatal mental health team as well as front line service providers such as midwives, health visitors and our community family hub which consists of our Surestart Children's Centres and early help and family support services.

Action: Review the pending Perinatal Care National Guidance when published.
The Perinatal work will involve commissioners and providers working in collaboration, using findings of the National Maternity Review "Better Births" to inform strategic and local plans.

Early Intervention in Psychosis (EIP)

Update: The Access and Waiting Time Standard for EIP and the Five Year Forward View tasks the service to see 50% of new cases within two weeks and be able to offer service users a NICE compliant care package. This covers an age range of 14-65. The standard extended EIP services to assess and treat people showing signs of an At Risk Mental State for psychosis (ARMs).

The Newcastle and Gateshead EIP teams continue to achieve the access part of the standard, with performance routinely above 70%. This includes people under the age of 18 from any referral source. There is a joint working protocol with CYPS which encourages co-working to ensure the young person receives the optimal treatment package.

Action: The first CCQI audit of NICE concordance highlighted a number of gaps in service provision. Referral rates for the service have increased markedly since the service was extended, beyond what was anticipated from increasing the age range from 35 to 65. This appears to be consistent with trends in all urban areas of England and included increases in CYP. The percentage of CYP on the caseload is monitored annually. This additional demand has impacted on caseload size and the ability to offer treatments and is being closely monitored by the CCG.

Next steps will work towards improving the quality element of the standard to provide Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.

15. Next steps

We will continue to use the Newcastle Future Needs Assessment (NFNA) and the Gateshead Joint Strategic Needs Assessment (JSNA) to support our work and help us to understand the key issues facing children, young people and families in Newcastle and Gateshead as we continue on our transformational journey in the coming months.

The following bullet points indicate the ongoing areas of work required to ensure we meet our ultimate aim to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place.

- Awareness raising through GP Child Health Leads across Newcastle and Gateshead
- Implement the two new service specifications with providers 'Getting Help' and 'Getting More Help'
- Variation to contracts to include improved performance and activity data that will inform a robust performance framework
- Phase one to four implementation of the new model
- Test out our new delivery model, this will influence how we refine care pathways
- Continued workforce development across children's workforce
- Continued work around transitions
- Continue to work collaboratively with the LD transformation board on a regional and local level. This will also include how it interfaces with SEND reforms.
- Review current workforce arrangements
- A bid was successful as an early adopter perinatal mental health service by provider, we are now developing the model and transforming the service.
- A bid has been submitted to improve mental health in schools and improve collaborative working between mental health services, schools and colleges.

The plan will be reviewed and refreshed as a minimum at least once a year with all system partners, children, young people, families and carers involved in the process; it is a living document that that will be updated by the partners as milestones are reached and actions are implemented.

Appendix 1: Action Plan 2017-18						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
1	**Expanding Minds, Improving Lives**	Implementation of new whole system approach: Getting Help inc single point of access and Getting More Help services		CCG	Dec 2017 – Sept 2018	
		Incorporate multi-media access for SPOA		CCG	April 2018	
		Evaluation phase by phase of Getting Help inc single point of access and Getting More Help services		CCG	January 2018 – October 2018	
		Implementation of new whole system approach: New model		CCG	April 2018	
		Incorporate peer support into new model spec		CCG	April 2018	
		Evaluation new model		CCG	April 2019	
		Ensure all requirements are captured within the financial plan.		CCG	April 2018	
		Develop performance framework and incorporate recommendations from Childrens Commissioner Childrens Mental Health in England indicators (Oct 2017), KPI's and agreed outcome measures		CCG	December 2017	
		Review demand and waiting		CCG	December 2017	

		times for CAMHS service				
		To review activity/demand on VCS services		Third Sector	December 2017	
		Review full pathways which specifically include pathways relating to: • services within VCS • inpatient CHYP MHS pathway including specialised commissioning • mental health and behavioural support for CHYP in contact with the Justice System perpetrators and / or victims of crime, including sexual assault and those in the welfare system and on the edge of care. • those requiring bereavement support including support after suicide.		CCG	Jan – May 2018	
		Adopt better use of technology within CAMHS services Increase the use of		CCG	September 2018	

		texts, emails and skype etc for appts. This work should be informed by CHYP and Families.				
		Develop support pathways for children and young people and for parents/carers who have alcohol problems		LA	Sept 2018	
		CHYP supported to develop mental health and wellbeing APP promoting self care		CCG	July 2018	
		All schools, colleges, primary care will have a named lead on mental health		CCG	Sept 2018	
	Workforce Development Plan	Develop a comprehensive workforce strategy based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information.		All	April 2018	
		Implementation of workforce development strategy		All	April 2018 – March 2019	
3	**Eating Disorders**	Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach		CCG	Dec 2017	

		Build capacity within community mental health services to deliver evidence based eating disorder treatment - Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.			July 2018	
4	**CYP IAPT**	Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities Review training priorities and target workforce - training opportunities for under 5's and		CCG	July 2018	

		LD and Autism Undertake scoping re extension of the current CYP IAPT programme to train staff to meet the needs of children and young people who are not supported by the existing programme				
5	**Early Intervention and Prevention**	Implement improved early intervention and prevention arrangements.		CCG	April 2018	
		Deliver early intervention and prevention through the health visitor, family nurse partnership and school nurse new specification and contract	In service spec contract start date July 2018	LA	July 2018	
		Pilot mindfulness in Gateshead schools x3	Staff training commenced	LA	June 2018	
		Incorporate mental health and wellbeing in schools via 0-19 contract	In service spec contract start date July 2018	LA	July 2018	
		Promote CYP mental health and wellbeing opportunities via early help social care model	Service changes underway	LA	April 2018	
		Submit DfE bid for mental health in schools programme for Gateshead and Newcastle	Submitted 19/10/17	LA	October 2017	

		Explore development of apps for schools with Young Commissioners	Part of school exclusions action plan	LA/CCG	April 2018	
6	**The Right Coordinated Response to Crisis**	Continue to implement interim improvement plan developing options for early intervention crisis response based on a 24/7 model of care and provided in their local communities ensuring care is provided as close to home as possible or within their own homes. Develop the model for intensive home treatment for children and young people with complex needs. Develop of a multi-agency crisis care pathway		CCG	December 2018	
7	**Reducing Inequalities**	Monitor new arrangements and continue improvement activities	Refresh joint strategic needs assessment CYP mental health and wellbeing to inform future commissioning	LA	April 2018	
		Promote education and employment opportunities for care leavers		LA	April 2018	

8	**Learning Disabilities**	Monitor and review new arrangements. Understand local impact of the LD transformation programme ensure services are responsive to individual needs and are able to wrap round those YP with complex needs to prevent placement breakdown.		CCG	Dec 2018	
9	**Autism**	Scope local need and service development to deliver assessment and treatment compliant with national and local standards for children and young people with learning disability, autistic spectrum disorder, attention deficit and hyperactivity disorder, to improve access and multi-agency intervention		CCG	December 2018	
10	**Perinatal Mental Health**	Review the pending Perinatal Care National Guidance when published and the better births recommendations Review impact of perinatal maternal mental health pathways		LA	Dec 2018	

		on primary care and specialist services to establish potential need for a community perinatal mental health service Implement a service model to include support for both parents which is equitable place based. Ensure local birthing units have access to a specialist perinatal mental health clinician.				
41	**Transitions**	Implement best practice in regard to transition from children's mental health services to adult mental health services within the new service model. Improve support to children and young people in transitions years, particularly between services for pre and post-16yr olds, Primary secondary, Secondary- +16, CAMHSAMHS, Care leavers Undertake CHIMAT transitions tool with CAMHS service and		CCG	September 2018	

		with social care (children's and adults' services) Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults Review whether work is needed to improve pathways between preschool years and school				
12	**Specialist In-Patient**	Implementation and monitoring of programme to ensure children and young people in need of specialist in patient care are able to access services timely and near to home as possible. Explore opportunities to increase outreach work through utilisation of children's centres and general practice.		NTW	October 2018	
13	**Sexual Abuse and/or exploited**	Ensure those who have been sexually abused and/or exploited receive		CCG	July 2018	

		comprehensive assessment and referral to appropriate evidence based services Develop and implement comprehensive assessment and provide care plan which is owned by young person which includes access to appropriate evidence based services with a Lead Professional supporting throughout.				
4	**Early Intervention in Psychosis (EIP)**	Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.		NTW/CCG	December 2018	

Appendix 1a Risk Log

STRATEGIC/ OPERATIONAL RISK (or both)	RISK IDENTIFIED & POTENTIAL IMPACT	RAG	ACTION PLAN	LEAD OFFICER(S)
Strategic/Operational Risk	Non engagement of staff		System partners already well engaged in the process and service development to date and ongoing mechanism in place. Risk reviewed 5YFVMH Imp Group	All partners
Strategic/Operational Risk	Data sharing and performance metrics not yet agreed		Performance metrics to be agreed with relevant organisations and mechanisms for reporting	All partners
Strategic/Operational Risk	Disruption/confusion in the system		Phased approach accompanied by communication plan aimed to minimise/eliminate disruption/confusion.	NTW and STFT
Operational Risk	Workforce/appropriately trained staff to deliver evidence based interventions does that workforce exists		Workforce analysis already underway. Further links to be identified within STP LWAB and LWAG	All partners
Operational Risk	Lack of clarity re voluntary sector involvement		CCG to advise/confirm agreed arrangement with voluntary sector.	CCG
Strategic/Operational Risk	Activity increase exceeds resource allocation based on current activity levels with no further resource identified		Phased approach and review/agreement before proceeding to next phase identified in mobilisation.	CCG and providers
Operational Risk	Increased referrals to Children's Services		CCG to confirm appropriate plan to support.	CCG and Local Authorities
Operational Risk	Capacity/availability of staff within current system not meeting required staffing		Staffing structure and training needs to be reviewed as part of the workforce plan to ensure workforce meets capacity and capability.	All partners

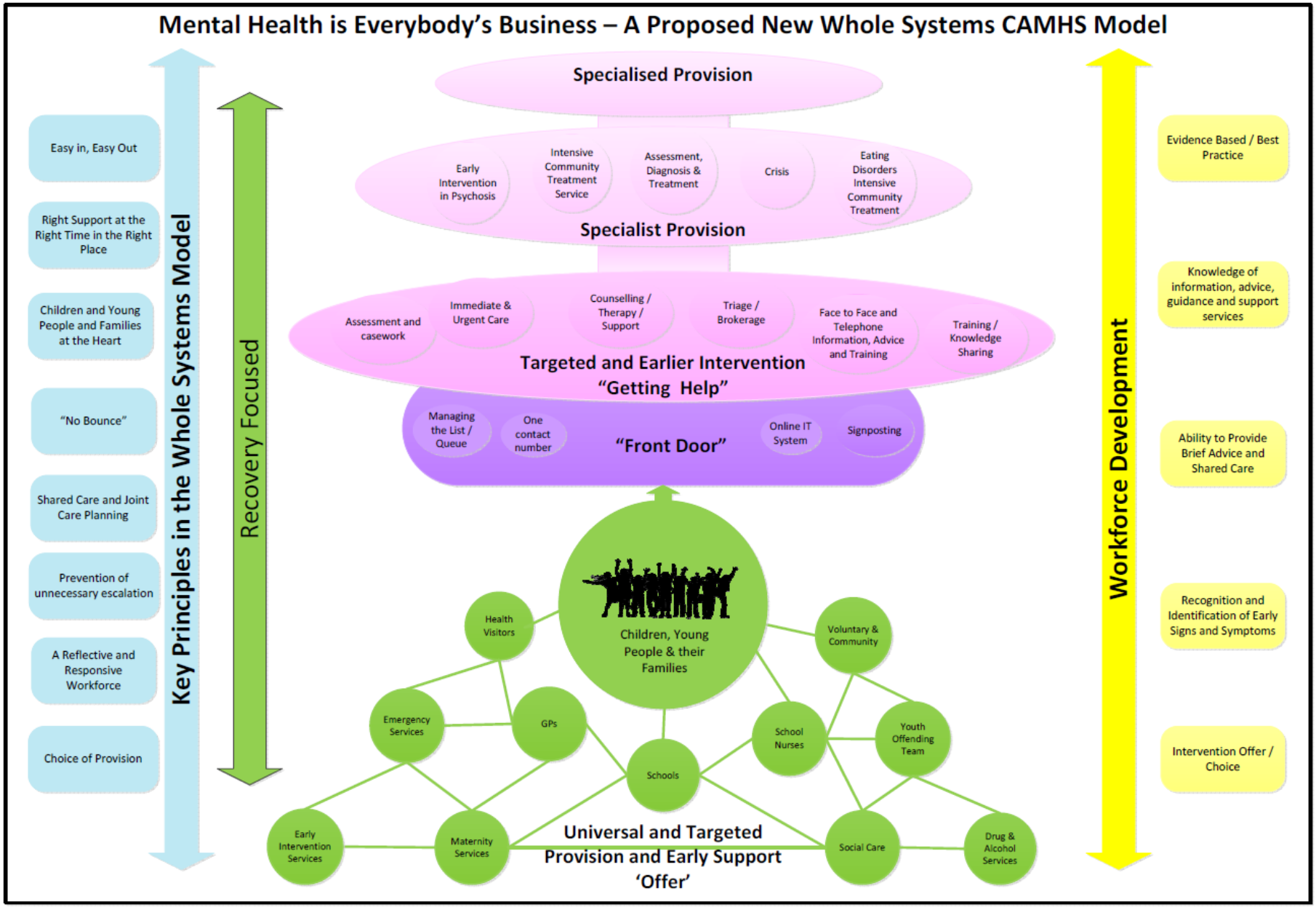
Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
Expanding Minds, Improving Lives	*Launch transformation project*		*Complete transformation project, formal consultation and commence implementation*		*Implementation of new whole system approach*	
Workforce Development Plan	*Review existing workforce including FTEs and skill mix and setting out training needs.*		*Begin implementation of workforce development plan – aligning Expanding Minds, Improving Lives*		*Continue implementation of workforce development plan.*	*Fully trained workforce within transformed new whole system approach.*
Eating Disorders	*Review existing provision, consult with existing service users and providers, explore best practice, and develop an interim improvement plan.*		*Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.*		*Able to demonstrate improvements to early intervention and avoidable hospital admissions. Continue implementation of improvement plan.*	*Fully implemented improved model of care.*
CYP IAPT	*Gateshead review partnership model of delivery. Newcastle review arrangements for*		*Gateshead develop arrangements for clinical supervision and reporting infrastructure. Develop under 5 CYP IAPT*		*CYP IAPT is compliant with national guidelines and fit for purpose locally.*	

Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
	clinical supervision and reporting infrastructure. Training to support under 5s CYP IAPT					
Early Intervention and Prevention	*Review, develop and expand the use of primary mental health workers. Review integrated working arrangements. Review schools model for increased early intervention and prevention. Develop interim improvement plan*		*Implement interim improvement plan – aligning to Expanding Minds, Improving Lives.*		*Implement improved early intervention and prevention arrangements.*	*New whole system approach in place.*
The Right Coordinated Response to	*Explore integrated crisis team model linking to other*		*Begin to implement interim improvement plan – aligning to Expanding minds,*		*Continue to implement interim improvement plan*	*New whole system approach in place*

Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
Crisis	*local developments, and one access point for all. Develop interim improvement plan Review data collected related to crisis to inform an improved data system to support the Crisis Care Concordant.*		*Improving Lives. Begin to implement new ways of working, and improved data collection.*			
Reducing Inequalities	*Identify priority areas for improvement linked to the NFNA and the GHD JSNA, and the Expanding Minds, Improving Lives Case for Change. Explore ways to provide more*		*Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.*		*Monitor new arrangements and continue improvement activities.*	*Monitor new arrangements and continue improvement activities.*

Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
	effective support to vulnerable groups. Develop interim improvement plan.					
Learning Disabilities	*Review the skill mix and capacity in the community team and the Behavioural Assessment Team Review the skills of the CYP IAPT provides to work with CYP with learning disabilities. Review parenting programmes to ensure they are fit for this group of children and young people.*		*Begin to implement interim improvement plan – aligning to Expanding minds, Improving Lives*		*Monitor and review new arrangements.*	

Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
Young People at Risk of Developing Personality Disorders	*Review services available for young people at risk of developing personality disorders.*		*Begin to implement interim improvement plan – aligning to Expanding Minds, Improving Lives.*		*Monitor and review new arrangements.*	


Mental Health is Everybody's Business – A Proposed New Whole Systems CAMHS Model
Key Principles in the Whole Systems Model
Easy in, Easy Out
Right Support at the Right Time in the Right Place
Children and Young People and Families at the Heart
"No Bounce"
Shared Care and Joint Care Planning
Prevention of unnecessary escalation
A Reflective and Responsive Workforce
Choice of Provision
Recovery Focused
Specialised Provision
Early Intervention in Psychosis
Intensive Community Treatment Service
Assessment, Diagnosis & Treatment
Crisis
Eating Disorders Intensive Community Treatment
Specialist Provision
Assessment and casework
Immediate & Urgent Care
Counselling / Therapy / Support
Triage / Brokerage
Face to Face and Telephone Information, Advice and Training
Training / Knowledge Sharing
Targeted and Earlier Intervention "Getting Help"
Managing the List / Queue
One contact number
"Front Door"
Online IT System
Signposting
Children, Young People & their Families
Health Visitors
Voluntary & Community
Emergency Services
GPs
School Nurses
Youth Offending Team
Schools
Early Intervention Services
Maternity Services
Social Care
Drug & Alcohol Services
Universal and Targeted Provision and Early Support 'Offer'
Workforce Development
Evidence Based / Best Practice
Knowledge of information, advice, guidance and support services
Ability to Provide Brief Advice and Shared Care
Recognition and Identification of Early Signs and Symptoms
Intervention Offer / Choice

Appendix 4

Draft Workforce Development Strategy and Data Collection Tool

Workforce plan (Draft)

Workforce planning, training and development needs to underpin the transformational change required in the Transformation Plan, however we acknowledge that building system wide capacity and capability to enable transformation is a challenge.

At STP level the North East and North Cumbria 'local' Workforce Action Board (WAB) is established, with membership of the from senior managers and clinical leaders selected to represent profession and/or sector rather than organisation because of their knowledge, experience, credibility and authority to make decisions on behalf of their constituency.

The LWAB is intended to:

- Agree the strategic workforce priorities to achieve transformation and sustainability across the 3 STP areas.
- Agree workforce change programmes led by Trusts, CCGs and others • Influence HEE led workforce programmes
- Engage with local and national stakeholders to co-ordinate inputs from both HEE and other STP member organisations

We also have a Workforce Action Group (WAG) to ensure 'local' workforce concerns and ambitions are fed into WAB commissioning decisions. The group has agreed to look at how we work collectively across the system to understand current and future workforce requirements, recognising that we will need to move from organisational to system workforce planning across health and social care; this requires us all to have an appreciation of current organisational workforce issues as well as working collectively to align future workforce to new models of care.

We are currently undertaking a workforce analysis across the partnership that will inform the development of a workforce strategy, but have faced some challenges gathering all of the information. We are reviewing the existing workforce including FTEs and skill mix and setting out training needs, the information collected to date is outlined in the Children and Young People Mental Health and Emotional Wellbeing Workforce Data Collection Tool (2017 Refresh).

Our intention is to further develop the workforce strategy plan as part of the implementation phase of our new model.

However, we already know some key areas of focus for the workforce that have been identified through the STP workstreams as follows

- Focus on prevention and early intervention with C&YP at risk of or with mental health problems, working with schools to improve mental health and wellbeing.
- Integrated community, acute and mental health pathways, with a focus on improving the physical and mental health of the population.
- Reduce suicide beyond national targets and a zero suicide ambition
- FYFV and local integrated pathways will focus on the improvement of care, in particular ensuring all ages receive evidence based care and the measurement of outcomes, contributing to closing the gap in terms of care and quality

Children and Young People Mental Health and Emotional Wellbeing Workforce Data Collection Tool (2017 Refresh)

Core Services			Allied Services		
	Number of Practitioner/Clinical staff in post October 16	Number of Practitioner/Clinical staff in post October 17		Number of Practitioner/Clinical staff in post October 16	Number of Practitioner/Clinical staff in post October 17
School Based Services (insert as many rows as necessary)			School Based Services (insert as many rows as necessary)		
Sub-Total			Sub-Total		
LA Based Service (insert as many rows as necessary)			LA Based Service (insert as many rows as necessary)		
Services targeted at other vulnerable children - YOT		7FTE		37FTE	
Services targeted at other vulnerable children - LAC					
Services targeted at other vulnerable children - PRS					
Services targeted at other vulnerable children – Education Support Workers	3FTE	3FTE			
Services targeted at other vulnerable children – Educational Psychology	9.4 FTE	9.4FTE			
Services targeted at other vulnerable children – Primary Behaviour Support Workers	6FTE	6FTE			
Services targeted at other vulnerable children – Higher Incident needs Team (HINT)	8FTE	8FTE			
Services targeted	23.6FTE	23.6FTE			

at other vulnerable children –Lower incident needs team (LINT)					
Services targeted at other vulnerable children – Early years assessment intervention team	12FTE	12FTE			
Sub-Total			Sub-Total		
Third Sector Based Services (insert as many rows as necessary)			Third Sector Based Services (insert as many rows as necessary)		
			DISC (Platform) Young People's Drug and Alcohol Services (Gateshead)	One children and young people's substance misuse practitioner post who takes a lead role in emotional health and wellbeing	One children and young people's substance misuse practitioner post who takes a lead role in emotional health and wellbeing
Sub-Total			Sub-Total		
NHS Based Services (insert as many rows as necessary)			NHS Based Services (insert as many rows as necessary)		
Consultant		5.9FTE			
Speciality Dr's		1.8FTE			
Learning Disability		11.35FTE			
Mental Health		37.03FTE			
Neurological		20.69FTE			
ICTS		13.07FTE			
Eating Disorder		5.3FTE			
Sub-Total			Sub-Total		
Total					

Appendix 5

LTF Finance Plan

Children and Young People Mental Health and Emotional Wellbeing Finance Table (2017 Refresh)

Service Type	Newcastle LA Funded 15/16	Newcastle LA Funded 16/17	Gateshead LA Funded 15/16	Gateshead LA Funded 16/17	CCG Funded 15/16	CCG Funded 16/17	Other funding source 16/17
Total by commissioner	tbc	tbc	£556,584	£586,112	£7,292,057	£8,279,086	£3,270,791

Note

1. Newcastle City Council figures to follow.
2. Ongoing review of spending and costs for future years

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Gateshead Council

HEALTH AND WELLBEING BOARD
19 January 2018

TITLE OF REPORT: Remit and Membership of the Health and Wellbeing Board

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Purpose of Report

1. To seek members' views on a proposal to amend the remit of the Board to take into account the health and wellbeing of children which was previously the responsibility of the Children's Trust. In addition, it is also proposed to increase the Board's membership to reflect this amendment.

Background

2. The review of the GSP and rationalisation of its partnerships has determined that the role of the Children's Trust is no longer required. However, to ensure that the health and wellbeing of children are still addressed through the Council's governance arrangements it is proposed that the remit of the Health and Wellbeing Board is amended accordingly.

Proposal

3. It is proposed that the remit of the Board should be amended as set out in Appendix 1.

4. In addition, in order to reflect this change in remit it is proposed that the membership of the Board should be enhanced by the addition of the Cabinet Member for Children and Young People and the Chair of the Local Safeguarding Children Board and Adult Safeguarding Board.

5 If the Health and Wellbeing Board is supportive of these proposals the Cabinet will be asked to recommend Council to make the appropriate amendments to its constitution.

Recommendation

6. The Board is asked to support the proposals set out in paragraphs 3 & 4 above.

The Health and Wellbeing Board will have the following roles and functions:-

a) to lead on the production of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment;
b) to lead on the production of a Joint Health and Wellbeing Strategy;
c) for the purpose of advancing the health and wellbeing of ~~**the residents**~~ ***children and adults*** in Gateshead, encourage integration in the provision of health, education and social care in its area;
d) provide such advice, assistance or other support as the Health and Wellbeing Board considers appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 and the Children and Social Work Act 2017in the provision of health and social care services;
e) to encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board;
f) to encourage persons who arrange for the provision of health, education and social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;
g) provide an opinion to the Council on whether the Council is complying with its duty to have regard to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy;
h) to exercise any other function that the Council requires the Health and Wellbeing Board to undertake on behalf of the Council; and
i) to deliver better health and wellbeing outcomes for children and adults, and improve the quality of education and care as well as to ensure value for money.

Gateshead Council

HEALTH AND WELLBEING BOARD
19 January 2018

TITLE OF REPORT: Better Care Fund: 3rd Quarterly Return (2017/18)

Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to NHS England for the 3rd Quarter of 2017/18.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission 2017-19 at its meeting on 8 September 2017, which in turn was approved in full by NHS England on 27 October 2017.

3. NHS England is continuing its quarterly monitoring arrangements for the BCF which requires quarterly template returns to be submitted. The Board endorsed a return for Quarter 2 at its meeting on 1 December 2017.

Quarter 3 Template Return for 2017/18

4. In line with the timetable set by NHS England, a return for the 3rd quarter of 2017/18 is required to be submitted by the 19th January. The return sets out progress in relation to budget arrangements, meeting national conditions, performance against BCF metrics and implementation of the High Impact Change Model for managing transfers of care. It also includes a narrative update on progress made.

Proposal

5. It is proposed that the Board endorse the 3rd Quarter BCF return for 2017/18 to be submitted to NHS England (attached as an excel document).

Recommendations

6. The Health and Wellbeing Board is asked to endorse the Better Care Fund 3rd Quarter return for 2017/18.

Contact: John Costello (0191) 4332065

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Better Care Fund Template Q3 2017/18

1. Cover

Version 1

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Gateshead
Completed by:	Hilary Bellwood/JohnCostello
E-mail:	hilarybellwood@nhs.net
Contact number:	0191 217 2960
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Lynne Caffrey Chair Gateshead Health and Wellbeing Board

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0

Better Care Fund Template Q3 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Gateshead

Confirmation of National Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	No	Arrangements are progressing to finalise a S75 pooled budget agreement for our BCF 2017-19, similar to the pooled fund arrangements previously in place. A draft has been prepared.	31/01/18

Better Care Fund Template Q3 2017/18

3. Metrics

Selected Health and Well Being Board: Gateshead

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Data not available to assess progress
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	On track to meet target

** Your assessment of progress against the Delayed Transfer of Care target should refle*

Challenges	Achievements	Support Needs
National submission deadlines for BCF template are outside of SUS reporting periods and therefore the full picture for Q3 is not yet available.	Whilst the full quarters data is not yet available for Q3 the non-elective admissions data for Quarters 1 & 2 was circa 9.3% below the planned levels, and	None Identified.
Although aging population still presents a challenge, we are mititgating the risk by our work in transforming community services.	Latest Performance (November 2017) – 495.3 per 100k population (192 admissions). During the period of April to	None Identified.
Although the target has not quite been reached, progress has been seen following service improvements made in Q1.	Latest Performance (April to November 2017) is 85.1%. The indicator value stands at 85.1% (404 out of 475) for all of	None Identified.
Whilst performance in Q3 has been maintained, challenges remain around the fragility of the market.	Latest Performance relates to November 2017. The average number of delays per day, per 100,000 population for	None Identified.

ct progress against the monthly trajectory submitted separately on the DToC trajectory template

Better Care Fund Template Q3 2017/18

Guidance

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

The details of each sheet within the template are outlined below.

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.

3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf
This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:
National condition 1: A jointly agreed plan
Please note: This also includes onfirming the continued agreement on the jointly agreed plan for DFG spending
National condition 2: NHS contribution to social care is maintained in line with inflation
National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 17/19, planned targets have been agreed for these metrics.
This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:
- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.
The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.
Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

4. High Impact Change Model

The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:
Not yet established - The initiative has not been implemented within the HWB area
Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement
Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement
https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide further detail on the initiatives implemented and related actions that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter and any impact to highlight, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

Hospital Transfer Protocol (or the Red Bag Scheme):
The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.
Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bag / Hospital Transfer Protocol:
A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.youtube.com/watch?v=XoYZPXmULHE

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. However, the AEDB lens is a more representative operational lens to reflect both health and social systems. Where there are wide variations in their maturity levels, making a conservative judgment is advised. Please note these observed wide variations in the narrative section on 'Challenges'.
Also, please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making this assessment, which could be useful in informing design considerations for subsequent reporting.

5. Narrative

This section captures information to provide the wider context around health and social integration.
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q3 2017/18

4. High Impact Change Model

Selected Health and Well Being Board: Gateshead

		Maturity assessment				Narrative		
		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact
Chg 1	**Early discharge planning**	Mature	Mature	Mature	Mature	Regular reviews of the SAFER bundle to ensure it continues to be effectively implemented. Daily Board/Ward rounds include identification of patients with nearing EDD's in order that their	Patients who need to be repatriated or dischargd to other CCG/LA areas continue to be an issue and impact on flow.	Integrated working now takes place between community based and acute medical teams to ensure patients can continue on their journey/pathway of care, have a co-ordinated plan in place
Chg 2	**Systems to monitor patient flow**	Mature	Mature	Mature	Mature	Patient flow is monitored regularly (inc. EDD v actual discharge dates) using an electronic dasboard being trialled on ward 9 which displays live data at ward level to support proactive discharging.	Work will continue to optimise the discharge pathway.	Work has been undertaken with services/teams to develop more effective pathways/processes to access resources and support which cause bottlenecks.
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Plans in place	Established	Established	Mature		Whilst good progress is being made in Gateshead, there is an inconsistent approach in other LA/CCG areas which impact on the flow of patients locally (casuing bed capacity issues).	An integrated service delivery model has been developed to support a MDT approach with joint assessment and discharge process.
Chg 4	**Home first/discharge to assess**	Plans in place	Plans in place	Plans in place	Plans in place		A review of the current Intermediate Care Service model is being undertaken to ensure that sufficient discharge management and alternative capacity is available.	Schemes have been established (funded through IBCF) which include a Bridging Service to enable patients to be discharged home without delys, whilst a 'Home First' pathway has been
Chg 5	**Seven-day service**	Plans in place	Plans in place	Plans in place	Plans in place		Challenges with sustaining capacity across certain parts of the system and interfaces between servcies	Specified support services are now available 7 days a week to ensure the next steps in the patients care pathway, as determined by the daily consultant led review are implemented. This includes a
Chg 6	**Trusted assessors**	Plans in place	Plans in place	Established	Established		A model of trusted assessor has been developed between the Council and the Trust, which went live on 20.11.17. Initially ward based assessments will be coordindated by Discharge Liaison	An integrated single process has been developed locally so that no separate organisational sign off is necessary to ensure no delays in discharge.
Chg 7	**Focus on choice**	Mature	Mature	Mature	Mature	Choice protocol is in place and understood by staff, however this is under review (specifically to ensure standardisation with Regional Policy) Planning for discharge begins on	Whilst there has been much progress locally, there is an inconsistent approach by other CCGS/LA areas which impacts on local patient flows and bed capacity.	Local policy has been reviewed in collaboration with local stakeholders and patient representatives. Work has also been undertaken on the information provided to patients and families at the
Chg 8	**Enhancing health in care homes**	Mature	Mature	Mature	Mature	As a Care Home Vanguard Programme NHSE New Care Models team visited on December 6th and reported that they considered our programme complete given we have achieved all that we set	The challenge will be sustaining the front line clinical engagement and ensuring the momentum and focus of work continues in the post Vanguard world.	All metrics of Vanguard programme are being met with current quarter data revealing: lowest rate of hospital admissions for residents with urine infection for 2 years, reduction in oral

Hospital Transfer Protocol (or the Red Bag Scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	**Red Bag scheme**	Plans in place	Mature	Mature	Mature		The challenge will be ensuring there is a robust evaluation of the introduction of the bags [reduced length of stay and staff experiences] and in ensuring there is an ongoing strategy for replacement	Transfer of care bags have been purchased for all residential and nursing care homes in Newcastle and Gateshead. A launch plan is in place and launch products have been developed.

Support needs
Adherence to the regional Repatriation policy by out of area providers.
None identified at this stage
Legal advice being sought regarding Choice policy
None identified at this stage
None identified at this stage
None identified at this stage
National Choice policy should be developed to ensure standardisation wherever a patient is being cared for.
Support to continue the journey so as to influence the lives of older people living with frailty wherever they might live (not just in care homes)is expected to come from the planned regional frailty plans.

Support needs
None anticipated.

Better Care Fund Template Q3 2017/18

5. Narrative

Selected Health and Wellbeing Board: Gateshead

Remaining Characters:	17,730

Progress against local plan for integration of health and social care

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

At the heart of our vision and plan for integration is recognition that our Health and Social Care System requires new models of care delivery that enable collaboration across care settings, underpinned by sustainable, person centred co-ordinated care.

There are already well established system working arrangements across Gateshead – not only good interagency relationships at all levels of organisations, but also great examples of joint working and innovation which have been further enhanced through good multiagency working practices. However, despite this challenges remain around the fragility of the market which we recognise could impact on performance in Q3 and Q4.

The latest available performance data as outlined in the NEA, Res Admissions, Reablement and DTOCs metrics combined with cumulative data from Q2 return shows continued progress against targets for the year. However the impact of the forthcoming winter months will mean that maintaining these challenging trajectories will be difficult, despite rigorous and robust plans.

Care Home Vanguard performance has shown significant improvements not only in Gateshead but also in comparison to the other 5 care home vanguard sites. This continues to support the reduction in residential care.

Comparison Apr-Jul 16/17 to 17/18

15.2% reduction in residents conveyed to hospital following 999

reduction also seen in overall number of calls

Remaining Characters:	18,088

Integration success story highlight over the past quarter

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

There have been a number of recent local successes and awards including the following:

The Local Authority Rapid Response Domiciliary care service won the 'The Putting People First/Personalisation Award' at the North East Care Awards on Thursday 30th November 2017. The award recognises a team who have embraced the 'Putting People First'/Personalisation agenda and can demonstrate an innovative approach to empowering people to have more control over the support they need in their lives. The judges were highly impressed with the 27 minutes average response time of the Rapid Response service with judges commenting that the service, in crisis situations "provides unique care to individuals and their circumstances while preventing admission to care or hospital. Their commitment and hard work is evident, well done".

Further success was gained at the awards when Lynne Shaw (Nurse Consultant) won the 'Good Nurse' award with the judges commenting of the excellent work of Lynne in "helping to transform services to improve the well-being of older people by improving the skills of staff". The judges stated "she truly is an outstanding nurse".

In addition, further success was gained in Audrey Nisbet (Shadon House) winning the 'Frontline Leaders' award, with the judges stating "Audrey is committed and passionate about working with people who have dementia and works to help rehabilitate people to go back to their own

Better Care Fund Template Q3 2017/18

Checklist

[<< Link to Guidance tab]

Complete Template

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete:	Yes

2. National Conditions & s75

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? If no please detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes

3. Metrics

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes

Sheet Complete:	Yes

4. HICM

	Cell Reference	Checker
Chg 1 - Early discharge planning Q3	F8	Yes
Chg 2 - Systems to monitor patient flow Q3	E9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3	F10	Yes
Chg 4 - Home first/discharge to assess Q3	F11	Yes
Chg 5 - Seven-day service Q3	F12	Yes
Chg 6 - Trusted assessors Q3	F13	Yes
Chg 7 - Focus on choice Q3	F14	Yes
Chg 8 - Enhancing health in care homes Q3	F15	Yes
UEC - Red Bag scheme Q3	F19	Yes
Chg 1 - Early discharge planning Q4 Plan	G8	Yes
Chg 2 - Systems to monitor patient flow Q4 Plan	G9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 Plan	G10	Yes
Chg 4 - Home first/discharge to assess Q4 Plan	G11	Yes
Chg 5 - Seven-day service Q4 Plan	G12	Yes
Chg 6 - Trusted assessors Q4 Plan	G13	Yes
Chg 7 - Focus on choice Q4 Plan	G14	Yes
Chg 8 - Enhancing health in care homes Q4 Plan	G15	Yes
Chg 1 - Early discharge planning Q1 18/19 Plan	H8	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19 Plan	H9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19 Plan	H10	Yes
Chg 4 - Home first/discharge to assess Q1 18/19 Plan	H11	Yes
Chg 5 - Seven-day service Q1 18/19 Plan	H12	Yes
Chg 6 - Trusted assessors Q1 18/19 Plan	H13	Yes
Chg 7 - Focus on choice Q1 18/19 Plan	H14	Yes
Chg 8 - Enhancing health in care homes Q1 18/19 Plan	H15	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I8	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	I10	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I11	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I12	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I13	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I14	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I15	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I19	Yes
Chg 1 - Early discharge planning Challenges	J8	Yes
Chg 2 - Systems to monitor patient flow Challenges	J9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J10	Yes
Chg 4 - Home first/discharge to assess Challenges	J11	Yes
Chg 5 - Seven-day service Challenges	J12	Yes
Chg 6 - Trusted assessors Challenges	J13	Yes
Chg 7 - Focus on choice Challenges	J14	Yes
Chg 8 - Enhancing health in care homes Challenges	J15	Yes
UEC - Red Bag Scheme Challenges	J19	Yes
Chg 1 - Early discharge planning Additional achievements	K8	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K10	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K11	Yes
Chg 5 - Seven-day service Additional achievements	K12	Yes
Chg 6 - Trusted assessors Additional achievements	K13	Yes
Chg 7 - Focus on choice Additional achievements	K14	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K15	Yes
UEC - Red Bag Scheme Additional achievements	K19	Yes
Chg 1 - Early discharge planning Support needs	L8	Yes
Chg 2 - Systems to monitor patient flow Support needs	L9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L10	Yes
Chg 4 - Home first/discharge to assess Support needs	L11	Yes
Chg 5 - Seven-day service Support needs	L12	Yes
Chg 6 - Trusted assessors Support needs	L13	Yes
Chg 7 - Focus on choice Support needs	L14	Yes
Chg 8 - Enhancing health in care homes Support needs	L15	Yes
UEC - Red Bag Scheme Support needs	L19	Yes

Sheet Complete:	Yes

5. Narrative

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes

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Gateshead Council

HEALTH AND WELLBEING BOARD
19 January 2018

TITLE OF REPORT: **Black and Minority Ethnic (BME) Groups Health Needs Assessment - Public Health Update**

Purpose of the Report

1. To advise the Health & Wellbeing Board (HWB) on the action taken by Public Health to implement the recommendations of the Black and Minority Ethnic (BME) Groups Health Needs Assessment.

Background

2. The Health Needs Assessment was endorsed by the HWB at its meeting on 21 July 2017. It was agreed that Board Members should each take forward the relevant recommendations, and report directly back to the Board.

3. This response provides an overview of action on those recommendations that are relevant to the work of the Public Health team. The key services commissioned by PH in respect of the BME population are 0-19 services, smoking cessation, sexual health and substance misuse, but the team also provides expertise and leadership in work to improve the overall health of the local population, including underlying factors such as lifestyles.

4. The response does not address those recommendations that fall to other organisations to implement.

Public Health Update

5. Many of the recommendations are already accepted practice in Public Health, such as the use of Equality Impact Assessments (for example the Sexual Health service is contracted to produce an annual EIA action plan), the recording of ethnicity of the service users (and the Council's own workforce), and the availability of providers' information on services in appropriate languages.

6. There are already examples of services being delivered in ways that should ensure they are more accessible to BME communities. For example, the sexual health service recognises that some BME groups are at higher risk of STIs, and provides home sampling kits which are a more acceptable way of accessing diagnostic testing for some groups that are reluctant to use traditional services. The substance misuse provider offers family based interventions to service users, in line with the HNA recommendations, and the Making Every Contact Count (MECC) team provides training and support that is accessible and appropriate for local BME communities.

7. However, we recognise there is more we can do.

8. The Public Health team will work with the Gateshead Smokefree Tobacco Control Alliance and the programme to improve uptake of the stop smoking service amongst BME tobacco users.

9. We will also ensure that in taking forward new work, such as the planned whole system healthy weight strategy to be developed for Gateshead and the recommissioning of substance misuse services, work will be undertaken regarding how best to involve local BME communities, and to ensure future services follow recommendations such as the need for outreach to BME communities. This approach has already been followed in the review of the 0-19 services.

Recommendations

10. The Health and Wellbeing Board is asked to note the Public Health update on the BME HNA recommendations.

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