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CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 6 March 2018 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for absence**
2	**Minutes of last meeting** (Pages 3 - 10) The Committee are asked to approved the minutes of the additional meeting held on 5 February 2018 (copy attached)
3	**Deciding Together Update** (Pages 11 - 30) Report of Executive Director of Nursing, Patient Safety and Quality
4	**Gateshead Healthwatch** (Pages 31 - 62) Report of Operations Manager, Gateshead Healthwatch
5	**Work to address the harms caused by tobacco - interim report** (Pages 63 - 76) Report of the Director of Public Health
6	**Annual Work Programme** (Pages 77 - 80) Joint report of the Chief Executive and the Strategic Director, Corporate Services and Governance

Contact: Helen Conway email helenconway@gateshead.gov.uk, Tel: 0191 433 3993,
Date: Monday, 26 February 2018

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Monday, 5 February 2018

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, B Goldsworthy, M Goldsworthy, M Hood, I Patterson, J Wallace, A Wheeler, M Hall and J Lee

APOLOGIES: Councillor(s): C Bradley, W Dick, K Ferdinand, P Maughan, R Mullen, J Simpson, D Bradford and M Graham

CHW77 CASE STUDY - HEALTH AND SOCIAL CARE WORKFORCE

The OSC considered a report and received a presentation advising of the regional and local issues in respect of the Health and Social Care Workforce (many of which reflect the national workforce picture), and to advise the OSC of some of the initiatives that are being implemented, to address workforce recruitment and retention issues.

The national picture in respect of the health and social care workforce has been raised in profile over recent years and months, particularly in respect of issues which have attracted national media attention, such as winter pressures in the NHS and A&E waiting times, and collapse of some care sector businesses and some providers “handing back” social care contracts to Local Authorities.

Members of the OSC are well sighted on some of the specific issues that have faced Gateshead, in respect of GP recruitment and retention (leading to some surgery closures); challenges in recruiting to specialist medical functions (such as the stroke pathway); and issues of recruitment and retention within the social care provider market. The report and presentation, seeks to set some further context to the issues, and also to outline some of the innovative approaches that are developing in Gateshead and with regional partners.

The workforce in the context of the Gateshead/Newcastle population were outlined as follows:-

Population Demographics (total population estimate 498,070)

Workforce Demographics; NHS Secondary Care (total workforce estimate 996)

- Social Care Workforce Demographics (total workforce estimate 17,600)
- 81% Female, 19% Male
- Average Age: 44 (all job roles, both genders)

- Retirement Profile: 25% (aged 55+)
- Current data set (NMDS-SC) is limited in terms of reliable date for private/voluntary sectors and carer registration

Current combined state

- NHS Combined Workforce: 18,715 (estimate)
- 30% retirement profile
- Social Care Workforce: 17,600 (estimate)
- 25% retirement profile
- Total Population: 498,070
- 20% retired (65+)

The OSC were advised that the current service delivery models are struggling to meet the demographic challenge of people living longer, often with complex co-morbidities, and the increasing demands on the health and social care system.

The workforce currently encompasses four generations – Baby Boomers and Generations X,Y and Z all of whom having differing expectations of their working life. As the report and data demonstrate, as well as the well documented current workforce issues within health and social care, there are particular “pinch points” in respect of the age profile of the workforce, which mean that it appropriate action is not taken now, the system will be facing even greater pressures, especially in relation to retirement projections across both the health and social care.

The OSC were advised that it is recognised nationally that we are experiencing a multi-factorial workforce crisis, caused by challenges in recruitment, retention, lack of specialist skills, affordability, and a preference for shorter worktime commitments. There are a number of factors which create additional pressures within the workforce system. Within social care for example, it is known that the role of home care worker is not necessarily an attractive one.

In Cumbria and the North East, Health Education England, Foundation Trusts, CCGs and Local Authority social care are working hard to tackle these issues, but much of the current workforce planning is uncoordinated and based around professional siloes.

Workforce development funding has reduced significantly, with central funding allocated non-recurrently and to various agencies resulting in an uncoordinated and patchwork approach to investment. There has also been impact as a result of some national decisions, such as the end of nursing bursaries. In February 2017, the Royal College of Nursing reported a 23% reduction in applications for Nursing Degrees, which they associated with the decision to scrap the bursary.

In May 2017 the Kings Fund analysed the potential impact of Brexit on the Health and Social Care workforce nationally. Approximately 60,000 of the 1.2 million NHS workforce are from other EU countries, including more than10,000 doctors and more than 20,000 nurses and health visitors (figures exclude those working in Primary Care or contracted out services). In adult social care, 90,000 of the 1.3 million workers employed by local authority and independent sector employers come from

elsewhere in the EU. The Kings Fund research identified that the number of EU nationals registering as nurses in the UK had fallen by 96% since the referendum, with juts 46 EU nurses registering with the Nursery and Midwifery Council in April 2017. There had also been a fall in the number of EU nationals taking jobs in the social care sector.

The Committee were advised that Gateshead has an opportunity through the combined Cumbria and North East system arrangements, to develop a coordinated strategy to meet these challenges, ensuring that future workforce is planned on a whole systems basis, allowing for greater innovation and new models of care.

The presentation that the OSC received set out some of the new approaches that are taking place across health and social care, to try and address the short, medium and long term recruitment and retention of health and social care staff. Within these approaches are some key overarching themes, such as:

a) understanding barriers to recruitment and retention
b) understanding perverse incentives which may adversely impact on positive recruitment and retention
c) considering the appropriate skill mix of teams, and upskilling allied professionals to work across traditional boundaries
d) developing longer term career pathways and apprenticeship routes
e) developing models of reward and investment

In terms of strategic aims, there are a number of key aims that are being developed locally and regionally:

- Focus on enablement, asset based approaches, and prevention, to address demand for health and social care services
- Delivery of care within communities and neighbourhoods, streamlining pathways and optimising the use of shared resources
- Developing career pathways into health and social care for the workforce of the future

RESOLVED
i) That the information be noted
ii) That the content of the case study be noted
iii) The Committee requested that further information be circulated after the meeting on the work of community link/practice navigators
iv) The Committee were satisfied with the approaches taken so far and the future plans outlined.

CHW78 GATESHEAD CARE PARTNERSHIP

The Committee received a report and presentation advising of progress to date in

respect of the Gateshead Care Partnership.

The ultimate aim of Gateshead Care Partnership is to bring together all the expert knowledge and resources into a single point of contact so that patients and families can navigate the health and social care system far more easily. The view is that a more joined up patient journey will mean fewer unnecessary (and unwanted) hospital admissions as well as better access to the right care, whether that's from a hospital, a family doctor or through social services.

By submitting a joint bid the Partnership was able to offer a system which:

- Focussed on Gateshead's needs
- Offers opportunity for prevention of ill health for all Gateshead population
- Provides one Journey – both clinically and personally
- There is no inclusion or exclusion criteria for Gateshead registered patients
- Removes professional boundaries
- Removes organisational boundaries
- Recognises the key role of GP practices in Primary Care
- Offers opportunity for 24/7 services where appropriate
- Provides value based, whole person care
- Has shared goals and vision
- Enables removal of duplication
- Provides seamless care for Gateshead residents

The Committee were advised that Council officers and Elected Members were involved in the development of the bid, and there are now a range of transformation projects which are being jointly delivered across the Trust, CBC and the Council, in order to transform and develop the health and social care community offer. Some of the work already underway in respect of the Intermediate Care review/redevelopment; improved hospital discharge processes and the development of a locally based approach has been incorporated work.

The Care Partnership has a Board which is chaired by Dr Bill Westwood, who is one of the CBC Board members and local GP. The LA has a number of seats on the board (usually taken by A Wiseman and S Downey), and the terms of reference detail decision making processes, voting rights etc. The Partnership does not exist as a company or organisation in its own right, and there are no financial or legal arrangements surrounding it, therefore no perceived risk for the Council.

RESOLVED - i) That the information be noted
ii) The OSC were satisfied with the progress so far and the future plans in place in respect of the Gateshead Care Partnership

CHW79 DELAYED TRANSFERS OF CARE/ ENABLEMENT AND ACT TEAM

The OSC received a report and presentation advising them of progress to date to reduce hospital discharge delays, an update on the in house Enablement Service and the new Achieving Change Together team and its remit.

Three targets were set for the delayed transfers of care for Gateshead by the Government, they are:

- An overall transfer target that delays do not exceed an average more than 8.2 per day per 100,000
- NHS transfers do not exceed an average more than 5.6 per day per 100,000
- Social Care transfers do not exceed an average more than 2.6 per day per 100,000

The latest data available is as at November 2017; the data is published monthly but is always two months behind. The latest data shows considerable progress across all three targets, with each target being exceeded. Specifically the latest figures for:

- **All delays are 3.67 well below the target of 8.2.** This has improved significantly on the same point from last year (13.04)
- **NHS delays are 3.93, well below the target of 5.6.** This has improved on the same period last year (6.29)
- **Social Care delays are 1.24, well below the target of 2.6**. This is a significant improvement on the same period last year (6.42)

If this data is looked at in terms of being a number of people, the rates per 100,000 would equate to (rounded to the nearest whole number)

- **For overall delays; approximately 6 people on average per day**. The target requirement was fewer than (approximately) 13 people on average per day.
- **For NHS delays; approximately 4 people on average delayed per day**. The target requirement was fewer than (approximately) 9 people on average per day.
- **For Social Care delays; approximately 2 people on average delayed per day.** The target requirement was fewer than (approximately) 4 people on average per day.

The OSC were advised that the following key areas that have aided improvement in reducing delays are outlined as follows:-

Social care

A long established social work assessment team are based at the QE hospital, and in the last year the team structure and focus have been reviewed to ensure that resources are being used to their maximum benefit, with the team now only focussing on discharges.

Emergency Residential/Nursing Care Trusted Assessor

The OSC were advised that the Council does not have many problems in accessing Residential and Nursing Care homes beds at short notice and can normally get an admission, once assessed, within 48 hours.

At present, before an admission takes place, the registered manager or the responsible officer at the care home must carry out an assessment at the hospital. This is to ensure that the home can manage the persons' needs and have the right levels of staff available. However this can delay admission into the care home.

As part of the winter planning for 2018 it was highlighted that there may be a need at some point in the winter period to transfer people from hospital with a long term care need into a residential/nursing care within a very short timescale.

All thirty care homes were invited to be included in an emergency trusted assessor model, where at a time of crises, homes would accept referrals based on the assessment of the Council Officer and would agree to take the admission as soon as possible; with the aim of two hours if possible. Referrals can be made seven days per week including out of hours if required. A total of eighteen homes agreed to be included if required with these homes having around ninety vacancies that could be used as and when needed.

The OSC were advised, that there had not been a need to use this approach but it is available should it be required.

Bridging Service

The Committee were advised that one of the main reasons for delayed discharges was people waiting for a long term package of home care to start in the community. Due to the workforce issues the home care market is facing, not only in Gateshead but the rest of the country, providers don't always have the resources to enable packages to start as soon as someone is ready to leave hospital.

To enable people to leave hospital as soon as they were ready for discharge, it was agreed to pilot over a three month period a new approach with the independent sector providers. They agreed to have a small team of salaried staff who will deliver support to enable people with a long term care needs to be discharged and receive support for a short period of time whilst waiting a long term package of care.

The OSC were advised that the Pilot was evaluated and overall proved very successful. It enabled over 50 people to return home on the day they were fit to leave hospital. The overall satisfaction from service users and their families was really high with the vast majority rating the service good to excellent.

The Council agree that the service was required all year round and have commissioned the service with three providers (Clece Care, Comfort Call and Dale Care) from September 2017 to March 2019.Over 100 people have been supported within the first three months since the service has been reintroduced with the majority moving to a long term package within two weeks of receiving the bridging service.

The OSC also received an update on the Enablement service and the Achieving Change Together (ACT) team and on the joint work between CCG/Trust/Council has also assisted in reducing reported delays.

RESOLVED - i) That the information be noted
ii) The OSC were satisfied with progress so far and the future plans in place to continue to work towards reducing Delayed Transfers of Care
iii) The OSC endorsed the continued work of Enablement including the new services being provided
iv) The OSC noted the development of the Achieving Change Together team

CHW80 EXTRA CARE HOUSING FOR OLDER PEOPLE

The OSC received a report advising of the current Extra Care provision in Gateshead and the planned expansion to meet the future needs.

The demand for Extra Care Services both in Gateshead and nationally is growing rapidly due to a number of reasons including:

- People living longer
- People being diagnosed with dementia at an early stage
- Cuts to Local Authority funding
- Reductions in Residential Care placements

There is currently a waiting list for people wanting to move into Extra Care schemes in Gateshead and demand is greater than what is available. Unfortunately there are occasions where there is no choice for someone to move into Residential Acre as there are no vacancies within any of the six schemes.

Advances in technology are providing an alternative and often cheaper way to meet people's needs within the community. By balancing technology along with people providing care can prevent unnecessary admissions into long term care homes and keep people living in their own homes longer.

Technology is going to play a larger role in the future in particular to meet the challenges of the increasing number of people living with dementia.

The OSC were also advised that the Council is the current provider to deliver the Care and Support at both Angel and Callendar Court. A decision was made in 20-16 for the Council to no longer deliver these services in the future and for this to be contracted to the independent sector.

A procurement exercise is currently underway for a provider to be appointed to deliver both services under one contract. It is expected that these responsibility for these services will transfer in July 2018 with around 8 workers involved in

transferring under TUPE regulations. All other workers have taken up offers of other employment within the Council's other provision.

A further procurement process will take place in 2018/19 to look at a framework approach for both the remaining four schemes and future devlopments.

The OSC were advised that in order to meet the demands now and in the future, a range of new Extra Care Schemes will need to be developed across the borough. The Commissioning Team will be developing an Extra Care Strategy in 2018/19 that will sit alongside our Market Position Statement. The strategy will include projections for future demand and potential locations in Gateshead where the Council would be keen for future developments to take place.

The Commissioning Team are already working with colleagues for a new site to be developed in late 2019/20 and have met with a number of developers for discussions.

RESOLVED - i) That the information be noted.
ii) That further updates be provided in due course

CHW81 WORK PROGRAMME

The Committee were provided with the provisional work programme for 2017/18.

The appendix to the report set out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

RESOLVED - i) That the information be noted
ii) Noted that any further reports will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Chair……..

Gateshead Council

CARE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
23 January 2018

TITLE OF REPORT: **Newcastle Gateshead Delivering Together Transformation Programme**

REPORT OF: **Chris Piercy, Executive Director of Nursing, Patient Safety and Quality**

Summary

This report will provide an update on governance arrangements for the Delivering Together Transformation programme.

Background

The Deciding Together process involved asking people who use Mental Health services, their families, carers, Mental Health professionals and service providers for their views on improving the way specialist Adult Mental Health services are arranged in Gateshead and Newcastle; it culminated in a listening exercise held during winter 2014/15 and was published in April 2015. In February 2017, a revised scope was agreed which included:

- All NTW Adult and Older People's services (community and inpatient)
- Gateshead Health Older People's Mental Health services
- Third Sector services, Community and Voluntary Services
- Social Care and other Local Authority services
- Interfaces with General Practice, employment and housing

Design workshops in September and October 2017 considered the following themes across the Mental Health system, and co-produced service delivery designs which are now at the stage of implementation planning:

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

Proposals

It is proposed that an overarching Steering Group manages this programme of work, led by Newcastle Gateshead CCG, and that beneath this, Operational, Finance and Resource leads will add depth to the

designs/proposals, scoping out how demand would be met most efficiently and effectively across the system

Recommendations

The Overview and Scrutiny Committee is asked to consider the attached paper outlining the structure of these groups and their membership, and to consider how the Board would like to receive updates on progress.

Contact: Catherine Richardson Commissioning Manager Newcastle Gateshead CCG tel: 0191 2172979

Deciding Together, Delivering Together
Designing inpatient and community mental health services

January 2018

CONTENTS

1. Executive Summary

The original Deciding Together decision, made in July 2016, focussed primarily upon the reconfiguration of the inpatient mental health beds in Gateshead and Newcastle. To realise that ambition, a fundamental **redesign of community mental health services** was needed – across all agencies.

To ensure the redesign was comprehensive, the **scope** of the original Deciding Together work was extended to include:

- Older People's Mental Health services in Gateshead
- Third Sector Mental Health services, and the wider Community and Voluntary Sector
- Social Care and other Local Authority services
- Interface with GP services
- Interface with employment and housing

Following extensive desk top data analysis and preliminary stakeholder engagement earlier this year, **four week-long 'design workshops'** were held and attended by more than 70 participants including Service Users and Carers. The workshops generated a comprehensive description of the Community Mental Health services to be created in Gateshead and Newcastle, under the following four banner headlines:

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

The **comprehensive service description** now needs to be enacted. This paper summarises the key principles of the work, while the reports from each of the workshops are attached as appendices.

There are different categories of service changes required – with some being fairly easy to achieve through policy and process redesign, some requiring a new approach across and between agencies delivering care, and some requiring longer term consideration and investment.

In order to move from '**design to reality**', a steering group has been established to oversee the developments. Critically, the responsibility for enacting the developments will be shared by all partners – both commissioners and providers, across the statutory and non-statutory sectors.

Throughout the implementation period, communication with people, carers and agencies is critical. An outline '**tactical communications plan**' is attached as an appendix to this report.

2. History and background

The Deciding Together process involved asking people who use Mental Health services, their families, carers, Mental Health professionals and service providers for their views on improving the way specialist Adult Mental Health services are arranged in Gateshead and Newcastle; it culminated in a listening exercise held during winter 2014/15 and was published in April 2015.

In June 2016, the CCG governing body considered the findings of the Deciding Together progress and made its decision about the future of the services, releasing the following statement:

> *"Mental health services in Newcastle and Gateshead are set to be transformed – reducing the amount of time people will spend in hospital and creating better, more integrated care outside of hospital in the community, and helping people to recover sooner – and bringing them onto an equal footing with physical health care…. The changes will mean the creation of new inpatient facilities at Newcastle's St Nicholas' Hospital, and the opportunity to innovate a wider range of improved and new community services, some that will be specifically provided by community and voluntary sector organisations under future new contracts, that will link with statutory NHS services.*
>
> *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.*
>
> *Older people's services in Newcastle would also change and be consolidated at St Nicholas' Hospital, closing wards based on the former Newcastle General Hospital site.*
>
> *The money released from these changes will be invested into new and enhanced services that will create a better way for people to be supported and cared for in their own communities, minimising the need for inpatient care because new innovative services will support them, when they need it."*

Following the CCG decision, work began to understand how to best implement the decision. On 1 February 2017, a stakeholder workshop was held and noted that a fundamental redesign of community Mental Health services was needed in order to implement the original Deciding Together decision. The stakeholder group agreed the following guiding principle for the work:

> **"We will work together in a collaborative way to redesign the pathways for adults and older people in Newcastle and Gateshead who have urgent (in its broader sense) and more complicated/intense Mental Health needs, by December 2017."**

The stakeholder group also recognised the need for a widened scope for the work in order to address the health and care needs of Adults and Older People across Gateshead and Newcastle. The revised scope included:

- All NTW-provided Adult and Older People's services
- Gateshead Health-provided Older People's Mental Health services (new to scope)
- Third Sector services, Community and Voluntary Services
- Social Care and other Local Authority services
- Interfaces with General Practice, employment and housing

In April 2017, three work streams were established to design a new Community Mental Health services offer to the patch. These were:

1. **Resources review**: Analysis conducted for the original Deciding Together consultation process was revised with the most up to date data available. The revised analysis was completed in May 2017 and showed there had been little change in activity and performance since the original analysis was concluded, and therefore there was continued validity in the original work.

2. **Stakeholder views:** During July 2017, we held two stakeholder views sessions, which had good representation across all sectors and from patients and carers. Those sessions were independently facilitated and generated a series of principles upon which the four week-long workshops were built.

3. **Design workshops**: Four week long design workshops were held during September and October 2017, attended by a wide range of stakeholders, patients and carers. These were themed:

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

Health Watch also held 'fringe events' during each of the four weeks, so those unable to attend the full weeklong workshops could contribute ideas and ask questions – feedback was provided to the design workshops the day after each fringe event.

3. Headlines of a new system

The following sections summarise the outputs of the design workshops. Detailed reports of the work are attached for further reference. The principles upon which we need work across the health and care system were developed through the four workshops, and are summarised as:

People: Those who use services and their families must remain at the forefront of our concerted efforts and work. Our workforce (paid and unpaid) is our biggest asset; we need to use their skills and time wisely.

Partnership: Commitment is there from all stakeholders to get on with the job and working differently across the health and care system, acknowledging that in some cases, significant cultural change is required. Existing budgets will need to be used/flexed creatively across the system.

Practicality: We need to turn design into reality – with some elements being designed and delivered in the next few months and others over the course of a couple of years. We need to see tangible results.

Throughout the four workshops, there was a drive to:

- Improve and simplify access to Mental Health support
- Improve transitions of care where there is meaningful system responsibility for the person ('easy in, easy out')
- Develop Hubs in the community, providing for improved joint working and a place for people to access a range of supports
- Respect Service Users and Carers as Trusted Assessors, and as full partners in care and support
- Increase the importance placed on the social supports required to help people stay well
- Increase alternatives to hospital admission
- Ensure well-coordinated, holistic care and support for everybody, and improving the crisis response for Older People with organic and functional mental health issues
- Deliver integrated training strategy across all staff groups and organisations
- Reduce organisational and sector barriers that currently limit more connected and joined up care and support, including how information is shared

The four workshop weeks generated a vast amount of detail and the reports of each week capture that detail (reports available through http://www.newcastlegatesheadccg.nhs.uk/get-involved/delivering-together/).
This paper summarises the headlines of the four workshops.

3.1 Getting help when you need it.

The first design workshop acknowledged current issues with access to services and the limitations of urgent responses, and in such it required participants to create:

- Specifications for how requests for help will be handled, and how routine, urgent, reengaging individuals will be dealt with, along with information and advice requests - in person and via telephony/technology
- Delivery of services to those in urgent need of help, including gathering and recording information, delivery of urgent assessment and treatment where needed - understanding of interfaces with Inpatients and those requirements

Workshop participants designed a simple means through which people could get help when they need it – combining a single system of access (telephone and technology) with physical buildings (Hubs) that house a range of health and care services, and facilitate face to face support. This single system of access would provide a range of services directly to the person and their Carers, and would access other services through facilitating onward referrals.

People

- Ensuring people feel they are listened to and that information will be acted upon – people-friendly rather than time-pressured
- A single system of access will include 24 hour 'First Responder' staff who link to 'Navigator'-type roles as well as professional expertise, building on resources and skills which already exist across agencies
- Equality in access to the right expertise when urgently needed

Partnership

- Joined up working between Health, Social Care and VCS to deliver this system, making best use of the skills and expertise in each organisation

Practicality

- Review of demands on current systems will inform the development of new shared access points in the system (telephone/electronic/Hubs) – some elements may be improvements on current operating methods, some may require more detailed planning to deliver
- We need to consider in more detail how those from "out of area"/ those with no GP, and those who present for care who are not entitled, are advised and supported through this system

Creating such a system would of course require a significant reconfiguration of the existing resources in the system – but all participants felt this was achievable and perhaps the most significant development that could be completed in the short to medium term.

3.2 Understanding need and planning support

The second design workshop acknowledged disjointed approaches to assessment of need across agencies currently, with limited involvement and information sharing with VCS organisations. It required participants to create:

- Specifications for how assessments will be carried out by different organisations, and how information sharing will take place
- Specification of how this understanding of need then moves to delivery of service in each provider, and how they plan service delivery with the Service User and Carers

Workshop participants noted that the term 'assessment' has negative associations for lots of people because it is often linked to eligibility of services. In the new model designed, the term 'assessment' means 'getting to know you, understanding your needs, and the urgency of those'. The assessment will take place in the most suitable environment for your needs at that point, and to differing degrees of depth:

- First Responders are understanding the story, identifying needs, then arranging access to the right services for further assessment and support
- More specialist services in the statutory and voluntary sectors will build on this initial contact and add more detail, to help in make plans to support needs identified

The model aims to respond in the right time frame for the need, narrowing the gap that can exist between urgent and routine services. It plans to cross the traditional boundaries with the assessments provided, and won't ask the same questions, so that our service users and the person who supports them tell their story only once.

People

- Ensuring people feel their needs are understood and they are not being 'processed'
- Sharing of skills and expertise across the system will include involvement of Service Users and Carers, who will be respected as 'Trusted Assessors' by services who all take the 'Triangle of Care' approach - their information being as valued as that from professionals

Partnership

- Right people getting to the right place in a timely fashion, with a holistic view of Service User and Carer needs
- Workforce in A-team – good skill mix and flexibility of role.

Practicality

- Having access to information from a range of organisational systems in an efficient and effective way poses a significant but not insurmountable challenge

3.3 Delivering support

The third week of workshops again acknowledged that disjointed approach in current ways of working, and opportunities to make better use of skills across the system. It required participants to develop the following:

- Specifications for how service users and carers will co-produce their care, treatment and support plans, and be empowered in owning those
- Specifications for how service delivery will be carried out by organisations in partnership, and how information sharing will take place

As the workshop was only one week, far greater detail is required to underpin the principles of the design created, which will be developed through the implementation process. An example of this is the agreed transition from age-based services (where those who are 65 must be seen by Older People's services) to new services based around needs.

People

- Individuals will be supported in their own homes as far as possible, and greater alternatives to admission and A&E attendance will be developed
- 'Navigator'-type roles will support Service Users and Carers in understanding and accessing a broader range of more integrated services effectively
- Service Users and Carers will be supported to focus on Recovery and Living Well, in ways that are appropriate to their circumstances and tailored to their needs
- Service Users and Carers will support services in the delivery of training with a focus on experience
- Empowered 'shop-floor' staff will innovate and solve their problems themselves, and will make links with others to do this collaboratively. This, along with improved career pathways and training, will aid staff retention/recruitment

Partnership

- Joint working and pooled budgets would improve value for money across the system - this comes from integrated commissioning, a collaborative contracting system/alliance
- Consideration of co-location of services, and development of joint training will enable improved working relationships
- A cross-agency forum to enable better ways of working and cultural shifts is needed, starting at the top with senior managers and boards – this would be tailored to Newcastle and to Gateshead, but with parity across the region

Practicality

- Time and resource will be needed to create the detailed specifications of how services will be delivered, and what is required to move from current ways of working to new models
- Improved ways of feeding information to and from the 'shop floor' will aid middle and senior managers in accurate and timely decision-making that is focussed on delivering the best outcomes
- IT teams will work together to overcome the challenges of information sharing to enable more informed referrals/planning and reduce 'bouncing'
- A comprehensive and accurate database of all services/options will be created, building on existing knowledge of what is good out there, what works

3.4 Staying well

The fourth week of workshops noted that many individuals are in receipt of services for long periods with little added value, and that a joined up focus on Recovery and Living Well across organisations would bring greater outcomes. It required participants to develop the following:

- Specifications for how Service Users and Carers will co-produce their wellbeing and recovery plans, be empowered in owning those, and how they will access support when needed
- Specifications for how information sharing will take place, and how transfers of care will be facilitated

Participants described the principles of a good 'discharge' from services, from the perspective of the patients, carers, statutory providers and voluntary providers.

People

- The system will have a collective understanding of the individual and their Carers, and will facilitate different approaches to Recovery and 'discharge' as appropriate to needs and outcomes aimed for in each case
- Service Users and Carers will co-produce WRAP/discharge plans that meets their needs, using the Triangle of Care approach, with mutual respect and listening. All will understand how they can re-access services or request help if needed
- Staff will be supported with their own wellbeing, coordinated across organisations to maximise use of expertise available

Partnership

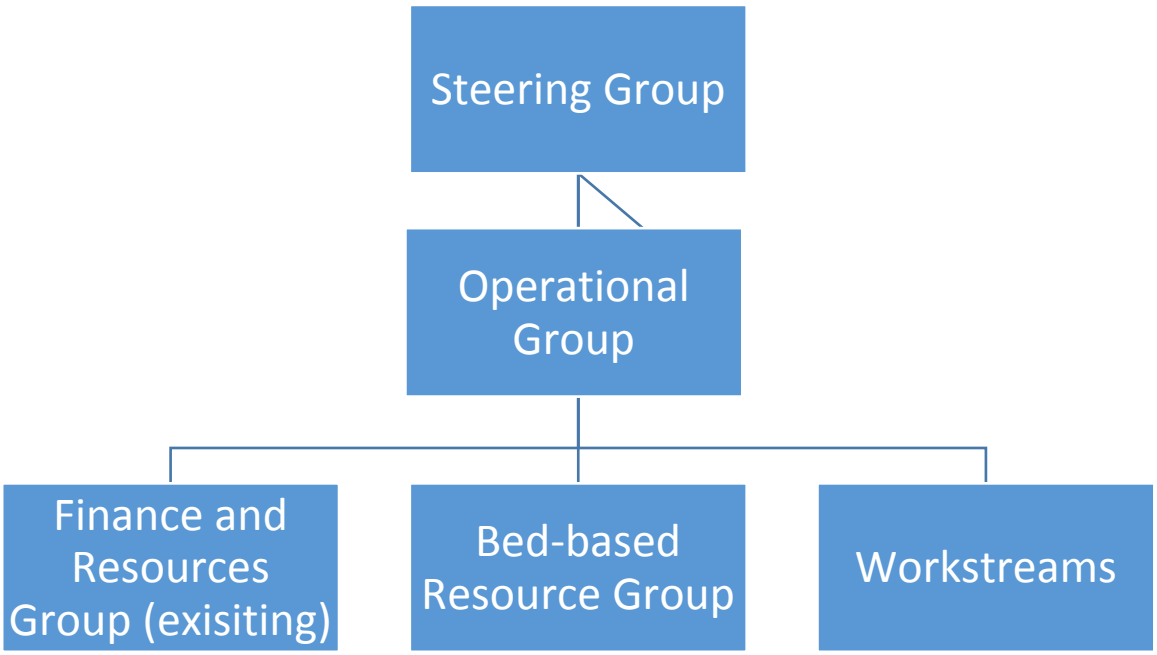
- Ideas for how organisations can best support one another, and in that, better support Service Users and Carers, need further development towards implementation
- Service planning across organisations will help to join up the pieces in advance of discharge. It will also facilitate conversations around individuals who access multiple services, and coordinated response
- Co-working between Mental Health and complex physical healthcare, e.g. diabetes, COPD, etc. gives opportunities for more positive outcomes
- Support and training from the Mental Health system for GPs/Practice staff, employment and housing staff, and those operating community groups, all offer great opportunities to improve outcomes and promote Recovery

Practicality

- Balancing those parts of the system where ongoing involvement with an individual is important, with those services who carry out specific/limited pieces of work with individuals and their Carers, is key to creating a holistic system with shared ownership and knowledge
- Staying well requires quick access back into services when needed, so this part of the design relies on the 'front door' – in that, information sharing challenges are significant, as this relies on pertinent information being available immediately

4 From design to reality

All partners involved in the workshops have made a commitment to turning the design outputs to a practical reality – and quickly. To ensure we have a strong implementation arrangement, the following structure is proposed.



4.1 Steering group (formerly known as the Governance Group)

This group has begun to meet, and a time-limited oversight arrangement will continue to operate until March 2018, to ensure we create the appropriate conditions to deliver the redesigned Community Mental Health services. They will specifically provide:

- **Oversight and direction** to the working groups – primarily the Operational group and the Finance/Resources group, but also for any specific redesign project work streams that emerge. The Steering group will consider what arrangements are required to deliver the outputs of the workshops, as advised by the Operational and Finance/Resources groups, will create opportunities and unblock barriers.

- **Contracting – expediting the arrangements** - we need to create a partnership of providers to deliver the outputs of the Deciding Together, Delivering Together programme. There are many and various contracting options to make a reality of a partnership arrangement, and they will be explored over the coming months, with a view to having in place an arrangement from April 2018 that facilitates the changes to be made. The Steering group will consider all options and

determine, by December 2017, the contracting arrangement (this may potentially be an interim arrangement).

Steering Group membership:

CCG	Chris Piercy (chair) Guy Pilkington (representing GPs)
Local authorities	Steph Downey (Gateshead) Alison McDowell (Newcastle)
Major providers	James Duncan (NTW) Nichola Kenny (Gateshead Health) Brendan Hill (Concern Group) Sally Young (NCVS)

Support
- Julie Ross/ Catherine Richardson (CCG)
- Trust Innovation Group

4.2 Operational Group

A time-limited Operational group was convened in December 2017, to review the outputs or the Deciding Together, Delivering Together work, and to break this down into three categories of delivery:

- 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).

The group will coordinate workstreams arising, ensuring fidelity to the model designed. They will report to the Steering group and will not be a decision-making body. They will call upon expertise such as IT and that of Acute Trusts as required.

Operational Group membership:

CCG	Catherine Richardson NGCCG Karen Elliott NECS Dean Cuthbert/Jane Walker NECS
Local authorities	Doreen Andrews, Newcastle Lynn Wilson, Gateshead
Major providers	NTW – Tony Quinn GHFT – Catherine Kirkley Concern group – Scott Vigurs Primary Care – Con Conrad VOLSAG – Steve Nash
User and Carer leads	Alistair Cameron, ReCoCo Craig Lynch, Gateshead MH User Voice Diane Sandford/Pauline Steele, Gateshead Carers

Support
- Trust Innovation Group

Healthwatch to be invited to offer a level of scrutiny as work progresses, and to feed in wider views

	Helena Medley, Newcastle Carers Jacqui Jobson, Advocacy Service User representation – tbc Carer representation – tbc

4.3 Bed Based Resource Group

A task group of the operational group has been established to develop a system-wide approach to the design of inpatient and wider bed-based system capacity, in response to the redesigned Community Mental Health system, and with the aim of meeting the needs of the population in the least restrictive way.

Bed Based Resource Group membership:

CCG	Jill McGrath Catherine Richardson
Local authorities	Behnam Khazaeli Gateshead Angela Jamson Newcastle
Major providers	James Duncan, Tim Docking and Malcolm Aiston (NTW) Nichola Kenny plus Estates Lead (Gateshead Health) Scott Vigurs (Concern group)

Support
- Trust Innovation Group

4.4 Finance and Resources group

This group was established October 2017 and will continue to operate until March 2018. The group is working to understand current configuration of finance and resources in the Mental Health services system, to support the Operational group in identifying the resource implications of the future model.

The group will report to the Operational group and will not be a decision-making body. It will comprise:

CCG	Jill McGrath Karen Elliott Julie Ross/Catherine Richardson
Local authorities	Kristina Robson (Gateshead) Adam Fletcher/Lynn Condon (Newcastle)
Major providers	NTW – Dave Rycroft/Keith Armstrong/Tony Quinn/Maria Miller GHFT – Andy Fletcher/Jane Faye Concern group – Jayne Coulter/ Scott Vigurs

Support
- James Duncan/Dave Rycroft (chair)
- Trust Innovation Group

4.5 Workstreams

The Operational Group have identified key priorities along with cross-cutting concepts and principles which will be developed into workstreams and projects and include:

- ‘Trusted Assessor’ approach across whole system, including respecting and listening to Service Users, Carers and all partners
- Recovery approach across whole system, including how Peer Support concepts can be delivered
- Carer involvement in their Service User’s support, care and treatment (including Triangle of Care and Peer Support for Carers)
- Service User and Carer involvement in service planning/delivery/training including Expert by Experience
- Common sense confidentiality approaches, including common approach to risk management and sharing of risk information

Workstreams (draft) (including project specifics)					
Getting Help Telephony access system and operational plan Online access system and operational plan Walk-In Hub(s) – demand, in-depth design and operational plan Role of the First Responder – delivery plan Role of the Navigator – delivery plan 'In the room' and 'In the Hub' additional expertise -delivery plan Service Directories and Knowledge Trees	**Urgent Response** Holistic delivery of Crisis/Liaison/ Street Triage support and treatment models across providers (building on learning from TIAC model) Step Up/Step Down models, including admission prevention in community-based services, discharge support from bed-based services, and escalation models during crisis Mental Health Act Assessment –	**Community-based Support** Development of detailed, holistic support and treatment pathways, to be delivered by those with the best skills - based on presenting needs, while being age appropriate in delivery Pathways include: Holistic assessment model Clinical treatments/ interventions Physical Health, for Adults in general, and for those with	**Age Related Mental Health Conditions** Services / pathways for people presenting in later life with age related MH conditions. Collaboratively, developed a vision of a cognitive and non-cognitive pathways for people presenting first time and already known to services for ongoing support. Diagnostic pathways include the initial GP screening and is based on a holistic assessment utilising the specialist skills of MDT members which will be available to SPOA. It was identified the carers	**Bed-Based Resource** Inpatient ward transformation programme, including relocation plan and improvement programme so new/remaining wards are part of the holistic pathways Interfaces with community (links to Step Up/Step Down) Other bed-based models of support: evidence-base, demand data and agreed delivery model	**Enablers** Estates and environments IT, including infrastructure, software and governance Workforce Planning inc wider community Organisational Development Communication Plan Engagement and Involvement Plan Mental health Needs

Agreement on links to: • 111/Emergency Services • GPs • Pharmacy • Translation services • Advocacy • Minority Groups including the deaf community, homeless and asylum seekers Record-keeping and information sharing plan Marketing of the Access System to the wider system and the public (including Social Media)	streamlining of the organisation/ delivery of these	additional complexity Social Factors/ support All potential transition points, including: • Learning Disability services • Children's Services • IAPT • Drug and Alcohol • Criminal Justice • Immigration • Specialist Mental Health services (e.g. forensics, eating disorders, gender services, etc.)	(significant others) have an integral role throughout the whole process. The MDT assessment will be used to inform the development of a person-centred support plan – providing a range of community based therapeutic support and treatment options. The cognitive pathway identified the need for co-location of (voluntary and community sector services VCS) to offer post-diagnostic support to the service user and carer.		Assessment

5.1 Tactical communication ideas

This plan sets out the communications products needed in order to ensure partners and key stakeholder are updated around the next steps in developing community Mental Health.

This is draft only and a full communication strategy, involvement plan and engagement plan will be developed and owned by the Steering Group.

Product	Comment	Who
Background briefing	Sets the narrative context for stakeholder updates	NECS – Caroline Latta
Media release	Drawn from the above	NECS
B2B article	For use in internal communications across partners Drawn from media release	NECS
Web copy	Also publication scheme – what documents can be published Reports from each RPIW	NECS
Questions and answers	Identify key questions and answers to help stakeholders understand the work on-going	NECS with input from comms leads and Catherine Richardson
Digital story board – plus video Social media messages drawn from the above	Visual representation of the social media work over the workshops	NTW (AJ) with support from RW

Organisation	Channel	Owner
CCG	Website section to host info GP bulletin Stakeholder bulletin Media release Social media messages and links	NECS
Newcastle Local Authority	Integration bulletin City life article Social media messages and links Internal communications	Harry Wearing
Gateshead Local Authority	Council news article Social media messages and links Internal communications	Elaine Barclay
NTW	Social media messages and links Internal communications FT members Governors	Adele Joicey
Gateshead NHS FT	Social media messages and links Internal communications FT members Governors	Ross Wigham
Newcastle NHS FT	Social media messages and links Internal communications FT members Governors	Caroline Parnell
Identified Boards and Governance groups	As required to meet their ToR and needs	TBC
Identified partner channels Healthwatch Mental Health CVS partners	TBC Check with Volsag, recovery college, etc. Social media messages and links	TBC

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Gateshead Council

CARE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
6 March 2018

TITLE OF REPORT: Healthwatch Gateshead

REPORT OF: Wendy Hodgson, Operations Manager.

Summary

1. To update the Care Health and Wellbeing Overview and Scrutiny Committee about the work of Healthwatch Gateshead.
2. To inform the Committee about the priority setting process for Healthwatch Gateshead in 2018/19.
3. The OSC is asked to receive this report for information.

Background

4. Tell Us North CIC (TUN) is a community interest company which was successful in securing the contract to deliver Healthwatch Gateshead from 1 April 2017. TUN also holds the contract for Healthwatch Newcastle, and this allows us to work across Gateshead and Newcastle when required, sharing resources, skills and knowledge whilst ensuring that both geographies remain distinct.

5. Priorities for Healthwatch Gateshead in 2017/18 were established at the beginning of this financial year. The staff and volunteers at Healthwatch Gateshead have focused on two key priorities during 2017/18; carers' assessments and NHS Continuing Health Care. We have also supported discussion around Mental Health by holding "fringe events" to help engage the community in Deciding Deliver, Delivering Together, reporting their views and experiences into the Rapid Process Improvement Workshops.

6. **Progress to date.**

NHS Continuing Health Care (CHC)

NHS Continuing Health Care (CHC) is a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'.

Both Healthwatch Gateshead and Healthwatch Newcastle had received feedback, issues, concerns and points of view from residents about their experiences of the CHC process and this topic was voted by the community

as a priority area for both Healthwatch in 2017/18. Feedback from service users and their carers indicated experience of issues around delayed funding, decisions not to fund, delays to hospital discharge and the availability and quality of information to support families through the CHC process. We have made CHC a focus for our work, with a Healthwatch Gateshead Project Manager leading on the project, which spans both Gateshead and Newcastle. She has made key contacts with lead officers in Newcastle Gateshead Clinical Commissioning Group (NGCCG), the Queen Elizabeth Hospital District Liaison Team, and both councils.

A survey was produced for completion by people who had been through the CHC pathway in the past 12 months or were starting the process. We also consulted local partners with experience of supporting carers and services users.

A report, including the results of the survey and recommendations is currently being drafted. This draft will initially be shared with the key stakeholders for their comment and to check for accuracy. A final version of the report will be produced in the spring and will shared publicly.

Carers

Healthwatch Gateshead received feedback, issues, concerns, and points of view from residents of Gateshead during 2016/17 regarding their experiences of accessing a carer's assessment (as introduced in The Care Act 2014). Feedback indicated that, whereas some residents were aware of their right to an assessment, some had experienced difficulties in obtaining the assessment, and or receiving the support identified on having been assessed.

Healthwatch Gateshead has carried research in support of the the NGCCG and Gateshead Council review process, looking at how they can better support informal carers.

The findings from our research can be found in the attached report which has been shared with key stakeholders and the public. We hope that the outcomes and recommendations from our work will be reflected in the carers' support service specification that Gateshead Borough Council is due to publish.

Mental Health

Healthwatch has worked very closely with Deciding Together, Delivering Together, the next stage of the redesign of specialist mental health services in Newcastle and Gateshead (the first stage was Deciding Together). Healthwatch Gateshead and Healthwatch Newcastle have been running "fringe" events to enable more members of the public, experts by experience, and voluntary and community sector representatives to make their voices heard and contribute to the new service design. These fringe events have

been held in the evenings and online to facilitate involvement of people who cannot attend the daytime sessions.

7. **Outreach**

Healthwatch Gateshead connects with the public in various ways and relies upon the support of our volunteers (Healthwatch Champions). Under the direction of our Outreach and Engagement Officer, Champions are trained to represent Healthwatch, to gain feedback about services by using our feedback forms, or by hosting focus groups, and have the confidence to signpost on to other services when necessary. Our engagement priorities in 2017/18 have been Men; Families and Young People; and the BME community.

We have also supported public consultation processes by hosting events, including those for the Great North Care Record and the Blaydon GP Practice consultation.

8. **Healthwatch Gateshead Priority Setting for 2018/19**

How we set priorities.

We gather information from:

- What people have told us about local services
- What people who plan and provide services tell us are their priorities for the year
- What we hear nationally

The Healthwatch Gateshead Committee prepares a shortlist of issues and service areas based on the above which we use as a basis for consultation from February through to the end of April. Local people are then asked for their views against the shortlist and this is shared through outreach, newsletters and social media. We also hold an Annual Conference and attendees are asked to take part in the prioritisation exercise. The Healthwatch Committee, supported by the staff team, review the public prioritisation results and make a final decision on the coming year's priorities.

The short list of priorities is included with this report and includes:

- Access to services – impact of waiting times
- Children and families use of urgent care
- Impact of austerity on health and wellbeing
- Lack of funding for social care
- Low take up of cervical screening
- Mental health services
- Public health services

When we have completed the priority setting exercise, Healthwatch Gateshead will adopt at least two priority areas to focus on for research / project work as we did in 2017/18, and the exercise will also help inform where we will target our outreach and engagement work.

9. **Healthwatch Annual Conference**

This year our joint conference with Healthwatch Newcastle will focus on the theme of "excellence in engagement".

This will showcase how we have involved people in having their say on health and social care services and share examples of best practice to engage and involve local communities. There will be an opportunity to help us set our work priorities for 2018- 2019.

The conference will take place on Wednesday, 25 April 2018, 9am to 1pm at St Mary's Heritage Centre, Gateshead, NE8 2AT.

Registration is between 9am to 9.30am. To register your attendance please visit: **https://healthwatch2018.eventbrite.co.uk**

Recommendations

1. The OSC is asked to note the contents of this report.
2. That the OSC agree to receive a further report to include the Continuing Health Care report and the finalised Healthwatch Gateshead priorities for 2018/19 at a future meeting.

Angela Frisby ext. 2138

Help choose our priorities for 2018—19

Please read through the following and rank your choices in order of preference from 1 to 7 on the selection sheet

Access to services — impact of waiting times

We know that waiting times for treatment are increasing. As services come under greater pressure this may get worse. What impact is this having on people who have to wait longer for treatment?

Children and families use of urgent care

Urgent care services are used when a person is ill enough to need to be seen within 24 hours but it's not an emergency. We know that young children often get quite ill quickly and that families with young children are often high users of urgent care services. However, we don't know what their experience is or how it can be improved.

Impact of austerity on health and wellbeing

We are about to enter the eighth year of austerity measures. We don't know what, if any, impact it is having on the health and wellbeing of people with low incomes in Gateshead.

Lack of funding for social care

Social care funding has been in the local and national news. The NHS says that this is one of the reasons it is under so much pressure. What effect is this having on people using social care services in Gateshead?

Low take up of cervical screening

Cervical screening rates have dropped nationally. Healthwatch Newcastle is completing a project looking at why people don't take part in a range of screening programmes. This work could be built on in Gateshead and the results shared to help improve take up.

Mental health services

Mental health services are an area of concern each year. The people who plan and provide mental health services are working to improve services (Delivering Together for adults and Expanding Minds, Improving Lives for children and young people's services) and we will be involved in this. However, they don't cover adult services for lower level mental health conditions, such as talking therapies.

Public health cuts

Public health budgets have reduced over the last few years. What impact is this having on the services provided and on the health of the Gateshead population?

Help choose our priorities for 2018–19

Please rank your choices in order of preference from 1 to 7

Access to services – impact of waiting times	
Children and families use of urgent care	
Impact of austerity on health and wellbeing	
Lack of funding for social care	
Low take up of cervical screening	
Mental health services	
Public health cuts	

If you have any queries or require this paper in a different format call Freephone 0808 801 0382

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healthwatch Gateshead

Caring for carers

Carer's assessments in Gateshead

About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations, during events, drop-in sessions and listening events at a range of venues across Gateshead, online through the feedback centre on our website, via social media and from callers to our information and signposting helpline. As part of the remit to gather views, we also have the power to 'enter and view' services and conduct announced and unannounced visits.

Healthwatch Gateshead is part of Tell Us North CIC (company no. 1039496).

Contents

Executive summary

Healthwatch Gateshead has gathered the views and experiences of carers on carer's assessments in Gateshead in order to provide evidence for providers and commissioners to improve access and service provision.

We asked carers of any age in the Gateshead local authority area to complete a survey — 264 people participated, 56 of whom had experience of carer's assessments. The surveys were conducted over a five week period, between July and August 2017.

We found that, overall, carers who had an assessment were glad they did so. However, feedback was broadly negative and included comments about the process for requesting a carer's assessment not being user friendly and 'fit for purpose'. There were twice as many negative responses than positive around people feeling that a carer's assessment had helped them get the support they needed. Also, many carers did not know that assessments were available, nor what services were available to them.

It is clear from our research that a number of carer's assessment procedures could be improved. Service users made a number of suggestions, resulting in recommendations in three areas:

1. Increase uptake of assessments
2. Improve assessment quality
3. Streamline partnership working

Further details can be read in the recommendations section of this report.

Carers across the UK

A caring responsibility comes at a cost to the carer and it is now recognised that carers need help to make sure they have both the capacity to manage to care and the support to protect their own health and wellbeing. Both social care and health services rely heavily on carers committing to provide care and support for someone with care needs as part of care management:

- Three in five people will be carers at some point in their lives in the UK
- There are currently around seven million carers in the UK, equating to approximately one in ten people, and the numbers continue to rise
- In the UK, 42% of carers are men and 58% are women
- The economic value of the contribution made by carers is £132 billion a year
- By 2030, the number of carers will increase by 3.4 million (around 60%)
- Carers' contribution would cost the government an additional £119 billion if it was not there (Carers UK 2010)

What is in a carer's assessment?

The Care Act 2014 introduced important new rights for carers. Carers now have the right to a free assessment of their needs and to receive support. Before the Act, only carers who provided 'substantial' and 'regular' care were entitled to an assessment.

The amount of care provided or financial resources do not affect carer's rights — the important factor is the impact that caring may have on an individual's daily life and wellbeing. If a carer has previously been refused an assessment because they did not meet the eligibility criteria, another assessment can be requested. A carer's right to assessment is not dependent on the person being cared for: they are entitled to an assessment even if the person being cared for refuses an assessment of their own needs.

The Care Act 2014 also states that an assessment must take into account the needs of the whole family. If everyone is in agreement, assessments for the carer and the person they are caring for can be carried out at the same time. However, a carer can request an individual meeting.

Purpose of our review

Carer's assessments identify the help an individual may need to care for someone, as well as looking at how better support for informal carers can be put in place, regardless of the age or the condition of the cared for person.

We made carer's assessments one of our research priority areas for 2017—18. Carers had told us about the issues they were experiencing, including trying to access services, obtaining a carer's assessment or receiving the support identified when assessed.

Newcastle Gateshead Clinical Commissioning Group (CCG) and Gateshead Council have also reviewed their support services for carers. They met with carers of all ages, and with provider organisations and health and social care professionals, to ask about the role of informal carers. Feedback showed that carer's assessments were a very important part of supporting carers.

Profile of Gateshead

Gateshead has a population of 200,214

There are 22,220 carers (based on the 2011 Census); the majority are aged between 25—64 years (approximately 58% are female and 42% male)

Thirty eight per cent of the population of Gateshead live in the 20% most deprived areas of England

However, recent engagement by the council and the CCG (conducted by Involve NE) did not look at carers' experiences of the assessment. Also, a recent carers' survey by Gateshead Carers Association touched on assessment but not the experience of conducting one, or the barriers to uptake.

There has been a low uptake of assessment requests in Gateshead and the numbers are dropping each year. This is despite supporting evidence identifying that the need for carer support is clearly increasing.

Healthwatch Gateshead acts as an independent voice (other reports are from stakeholders) and our research provides a service user perspective as to why there is a low assessment uptake.

Providers and commissioners recognise a need to improve on assessment uptake. A new commissioning model proposes to tender out carer's assessments; therefore feedback on the present process and service user experience will be useful in informing the new monitoring framework.

By examining the barriers to assessments taking place, and providing feedback on the present process and service user experience, we hope to have a positive impact on the quality and quantity of carer's assessments in Gateshead. Our research may also help to improve end to end processes around carer's assessments (including information sharing, the assessment, post assessment follow-up and perceived impact) so that support is better tailored to an individual carer's needs.

What we did

With the help of carers' organisations in Gateshead we developed a survey for carers (see appendix). The aim was to gather their experiences of assessments in Gateshead and to provide evidence for providers and commissioners in order to improve access and service provision.

The survey was sent out with a covering letter to individuals and groups in Gateshead via Carers Trust Tyne and Wear, Gateshead Older People's Assembly, adult social care services, Age UK, and the Queen Elizabeth Hospital community care team. The survey was advertised in the Healthwatch Gateshead newsletter, with contact details for those who wanted further information or help in completing the survey, or who required a paper version of the survey. We also used paid promotion on social media to help us reach as many Gateshead residents as possible.

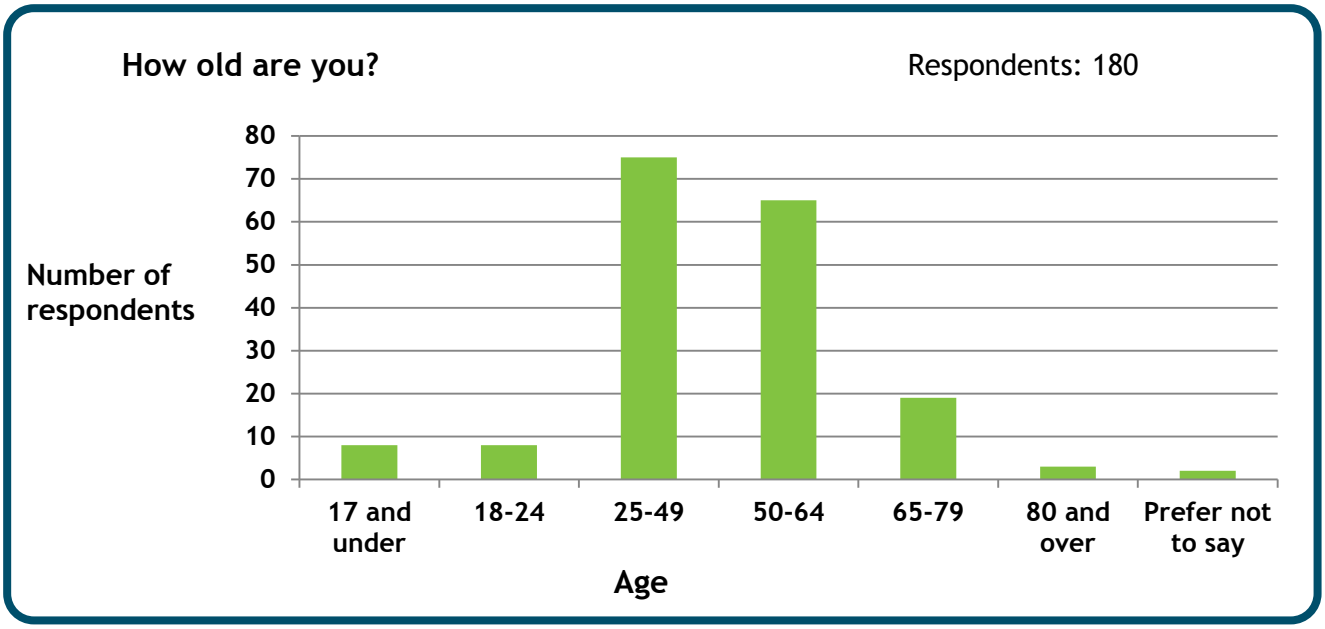
The council, CCG and voluntary and community sector organisations, such as Age UK Gateshead and Alzheimer's Association, also promoted and encouraged people to complete the surveys. The Carers Trust promoted the survey on Facebook, Twitter and its website, with a request for carers to take part in telephone or face to face interviews. The Stroke Association sent out surveys via email and post, as well as publicising on its website. The Queen Elizabeth Hospital community care team distributed surveys out in the community.

The survey was conducted over a five week period in July and August 2017. This was a shorter time than we would normally aim for (particularly over a holiday period) however, it was done to fit in with CCG and council review timescales. Carers of any age in the Gateshead local authority area were invited to take part.

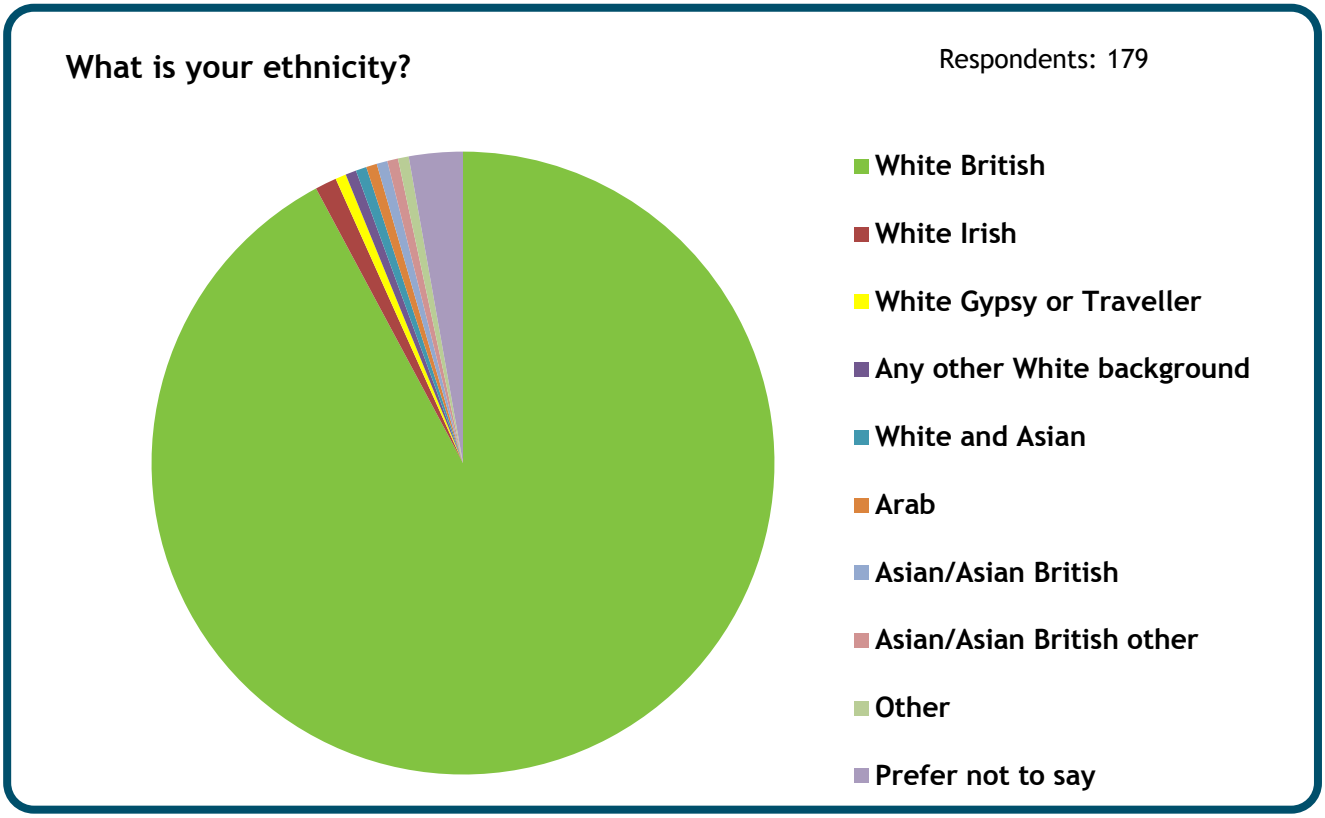
Who responded?

In total, there were 264 valid responses which was a large number considering the limited time available. Not every respondent answered every question; this was particularly the case for the demographic questions.

Over two thirds of respondents were between the ages of 25 years and 64 years. There was a low response from people aged 17 and under and from 18—24 year olds. Because the work was completed during the school summer holiday this may have been a factor in the under representation of young people. Research also shows that there are many hidden young carers who may not see themselves in a caring role or who do not wish to speak out due to fear of being labelled.



The vast majority of respondents described their ethnicity as white British. Five respondents preferred not to say and the remaining nine stated they were Asian or Asian British, Arab, Irish or from other ethnic groups.



Our findings

When asked “Have you had a carer’s assessment in Gateshead?” 180 replied ‘no’, 56 said they had taken part in an assessment and 26 did not know. Many carers did not know about carer’s assessments and what services are available.

We asked carers who had not had an assessment to tell us if they had any other comments they wished to share. Some responses included:

“How is the average carer supposed to find out about carer’s assessments? No-one tells you anything, I've had a social worker for years and it’s not been mentioned. There needs to be an awareness campaign which they won’t have as it'll cost money which they don't have.”

“Don’t know anything about carer’s assessments.”

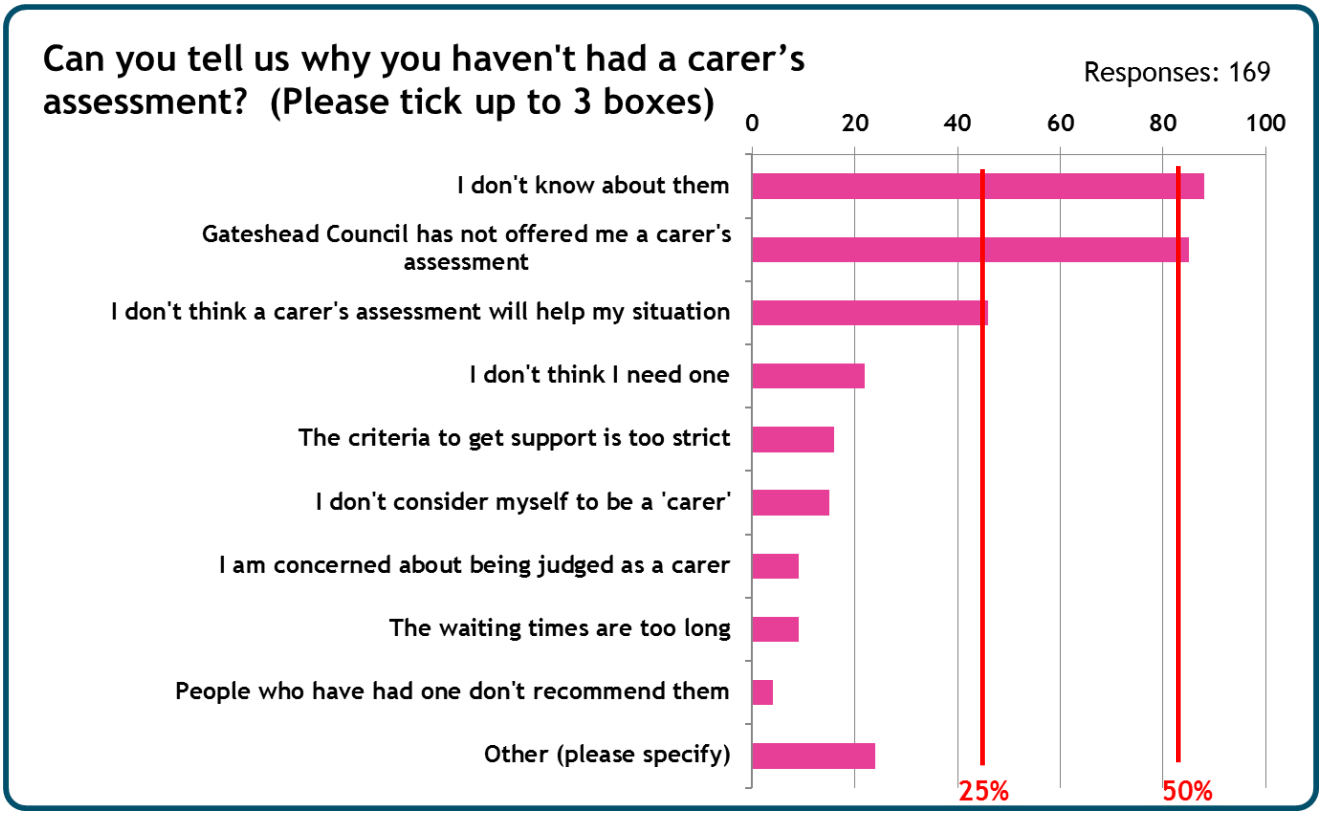
“Better understanding and knowledge to be available as to how the carer’s assessment will help my caring responsibility as I'm more under the impression that it's to identify carers for government statistics than to actually help.”

“There are a lot of people who just get on and manage, with very little or no help whatsoever. It can be very difficult and hard to know where to go.”

“My needs aren't assessed, they only assess the needs of my disabled son whom is under 16.”

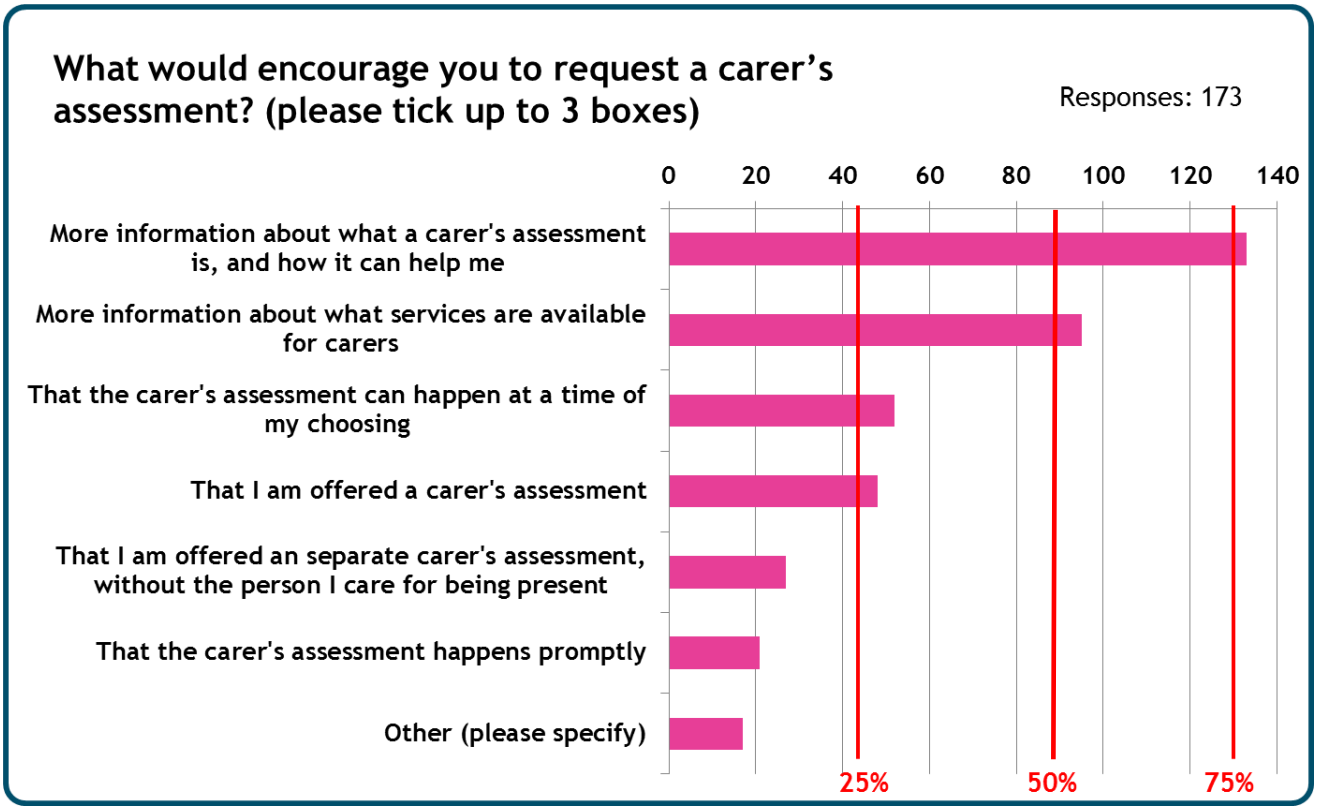
“I am on the waiting list, but not told how long the waiting will be. I got the impression that the system is overwhelmed. I got the impression that I won’t be prioritised as I seem to be coping.”

When asked why a carer had not had an assessment the vast majority (half of respondents) did not know about them. A similar number stated that Gateshead Council had not offered them an assessment.



More than three quarters of respondents wanted to receive more information about what a carer's assessment was and how it could help them. More than half of respondents wanted more information on specific support and services available to carers.

The third and fourth most common answers were that people assumed they either did not need an assessment or that it would not help them in any way. As can be seen from the graph on page 8, the majority of people wanted more information about the assessment before proceeding.



Of the people who had received a carer's assessment (56 in total), 20 requested an assessment directly, 24 were offered one and eight did not know how they had found out about it.

We asked them how they would rate the service they received. Overall the responses were negative:

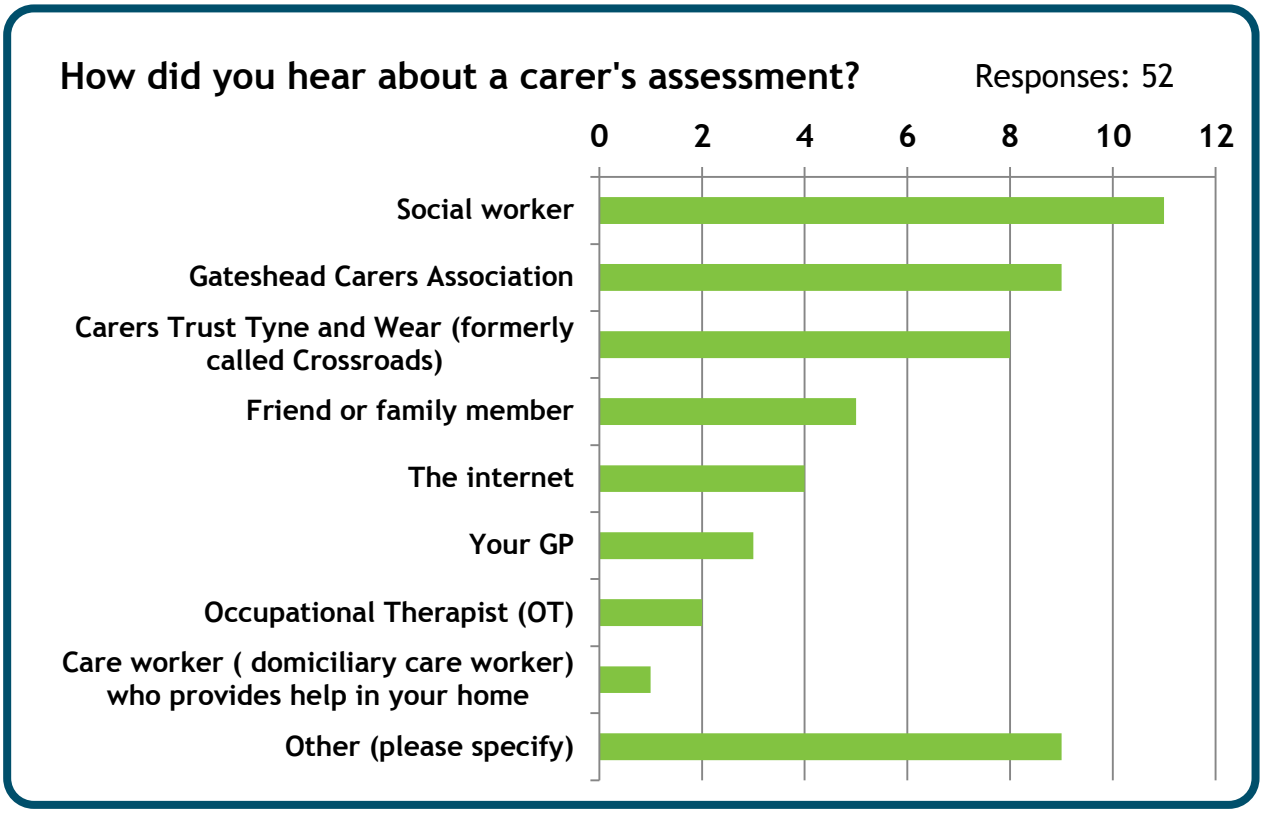
> **"I actually work in the care industry and I don't always know what is available and from where. Support is inconsistent and it's not always clear who provides what. This needs explaining as I don't know what a carer's assessment aims to achieve. Carers have limited time/energy to be phoning around. Once I called Adult Social Care Direct — took 20-30 minutes to speak to a human being!"**

> **"The person on the phone spoke quickly with a list of choices which I found difficult to take in. When I asked how long it would be before someone contacted me the person said weeks rather than days. He showed no real interest or concern. I put in a complaint — maybe that's why things moved more quickly."**

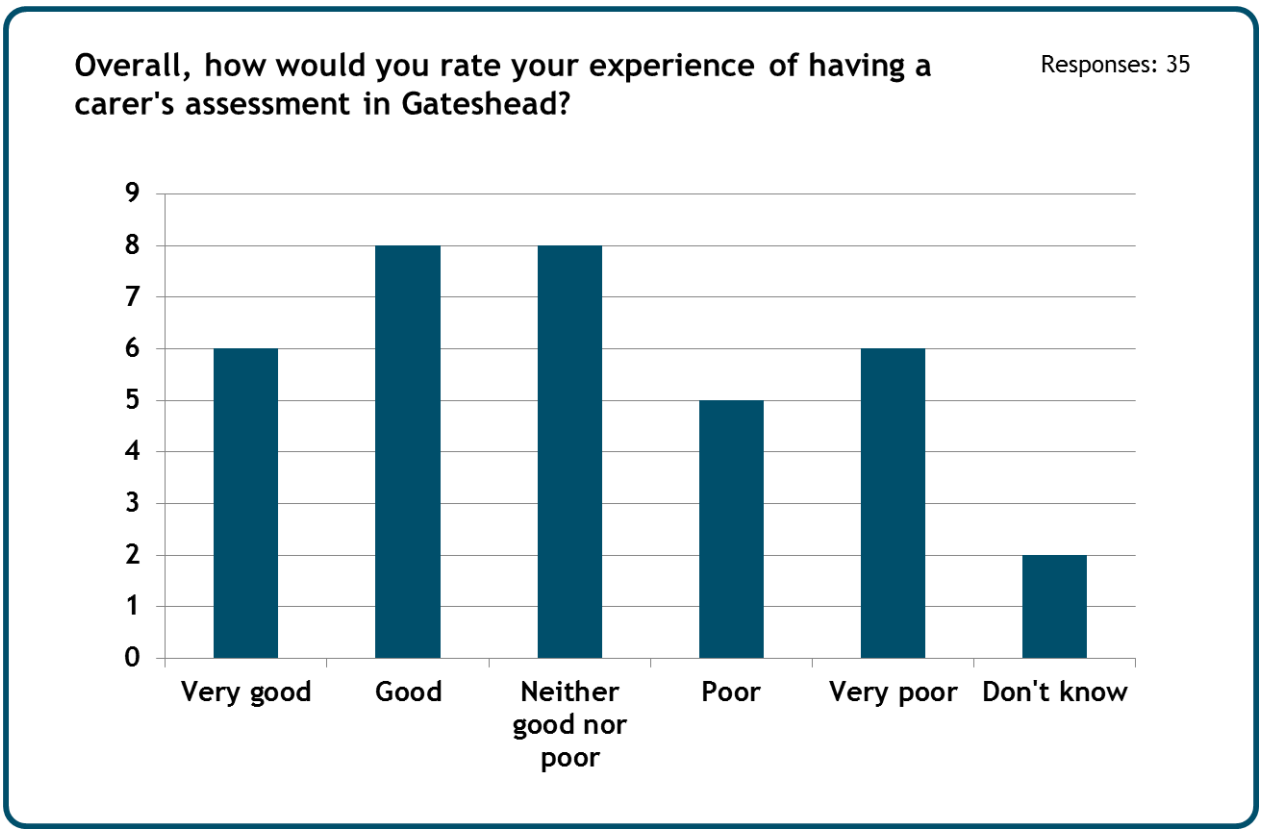
> **"I was given false hope."**

> **"Took quite a while for someone to come out."**

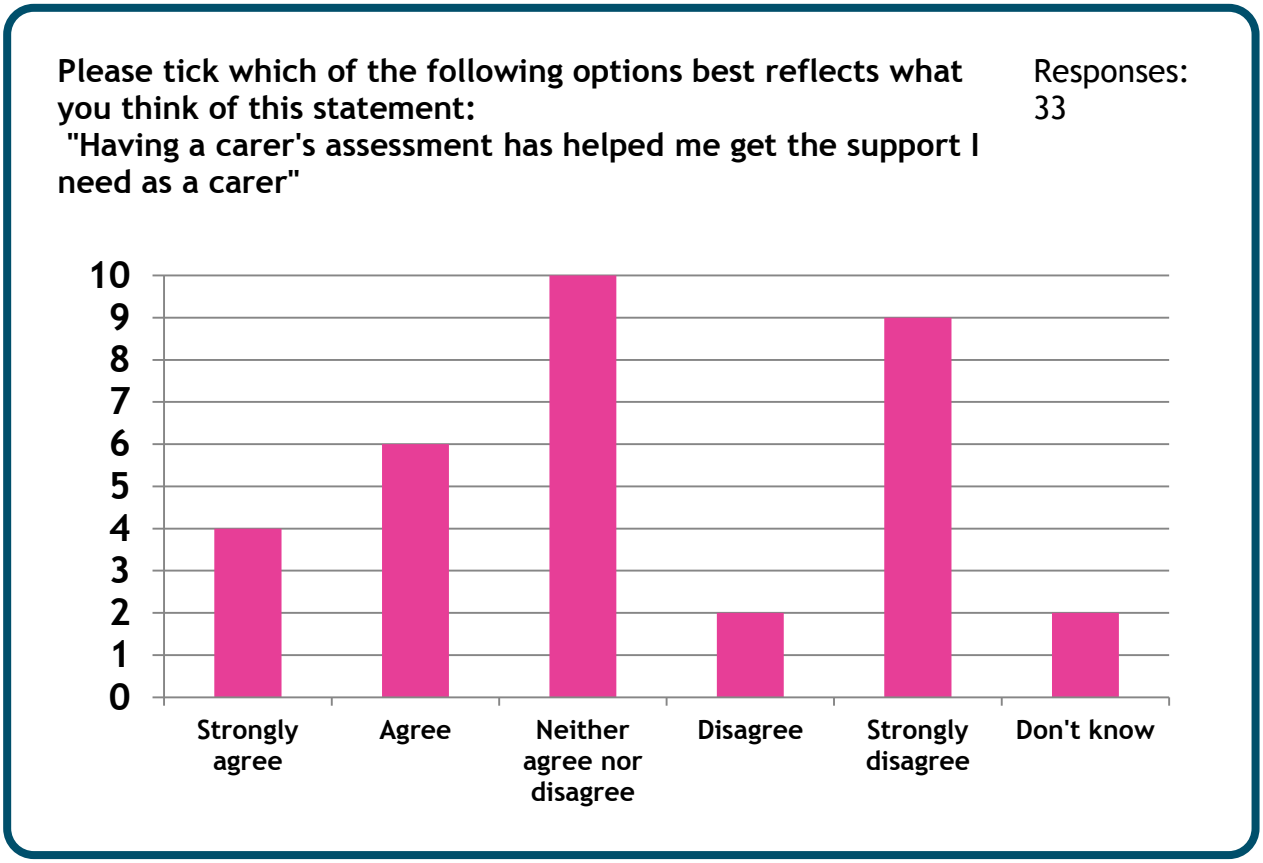
Most carers heard about the assessment process from voluntary and community sector organisations or from friends and family members and their own research. Only 32.7% of respondents heard about carer's assessments from health or care professionals (for example, social workers, GPs and care workers). Health and care professionals, such as social workers, GPs and Occupational Therapists, should consider how to publicise the assessments.



Of the 35 respondents to the question about rating their assessment experience (see the graph on page 10) there was a mixed response. The majority remained neutral or felt the experience was good and 12 respondents stated that the experience was either very poor or very good.



When asked if having a carer's assessment had helped them get the support they needed there was a mixed response, with ten positive replies, ten neutral responses and 11 responding in a negative manner.



Comments included:

“I was made aware of help that I wouldn't have known about.”

“I know there is support for me especially, when things get bad.”

“Pointless waste of my valuable time, it took time away from my caring role and didn’t lead to any meaningful help.”

“Was provided with a pile of paperwork by the social worker with no explanation about what is a carer’s assessment, or what services are available. I was offered some domestic support verbally but there was no choice in where the help came from, nothing explained.”

Many respondents had positive comments about the support from both Gateshead Council and partner organisations:

Gateshead Council

“I think social services have been very helpful in making caring for my daughter as stress free as possible and came up with the best plan for that time (3+ years ago). However with the passing of time, perhaps our care plan could be revisited to determine a long term plan.”

“I appreciate the two hours per week domestic support.”

“Providing sympathetic and practical help to allow me to continue caring for my daughter.”

“I didn't feel I needed a lot of support but I still thought the discussion was worthwhile and I know where to go if I find I do need more.”

Partner organisations

“Carers Trust was amazing — they helped me and are still helping me with my caring needs.”

“Gateshead Crossroads have been brilliant.”

“I have had very good contact with Gateshead Carers in the past. They have been extremely helpful.”

“I have had good support from Gateshead Carers.”

Some negative comments included:

“It appeared that our carer’s needs were incorporated into our child's care and support plan. Therefore meaning that we weren't eligible for short break scheme or similar schemes.”

“It didn't represent my needs at all.”

“Should have been done appropriately when transitioning from child to adult services.”

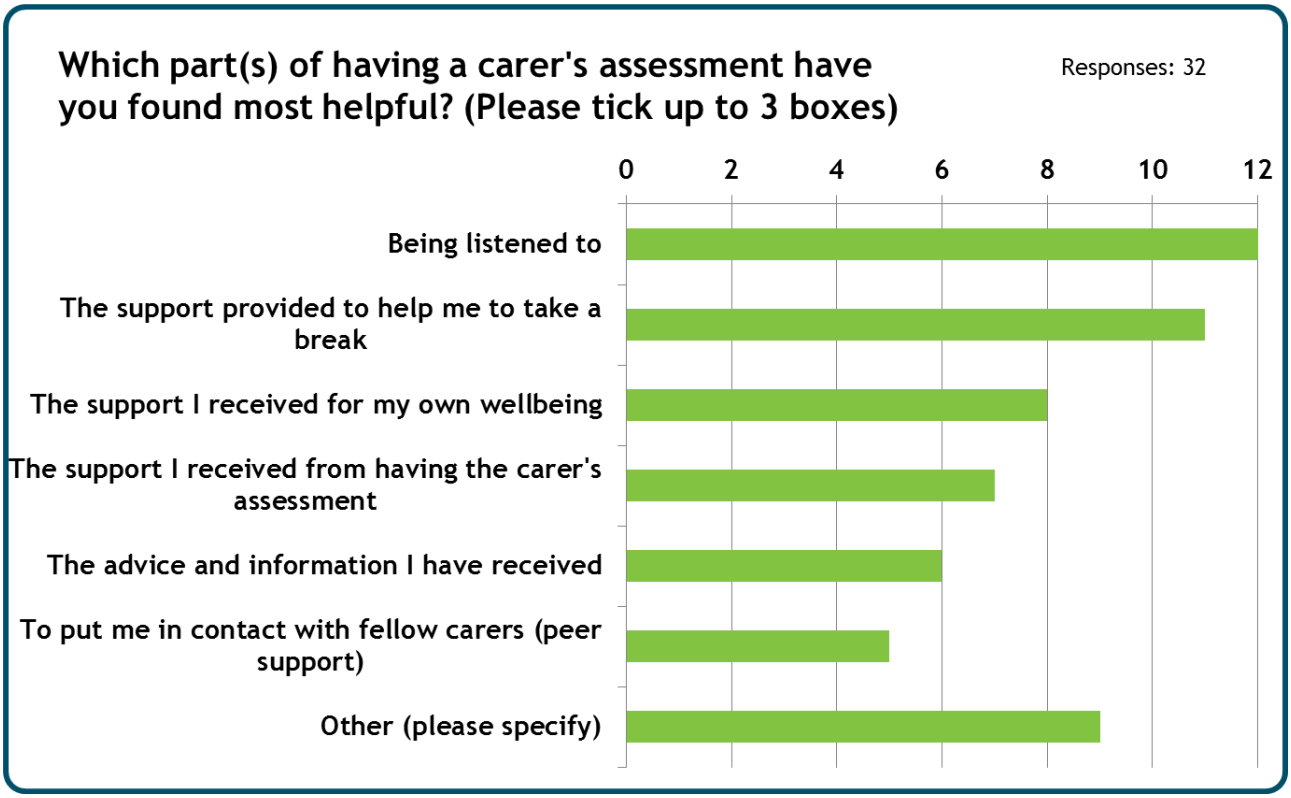
“More info should be provided during transition [from child to adult services] about what they are and why they are available.”

Summary of key findings

Out of 262 respondents, over 180 people (68.7%) in Gateshead said they had not had a carer's assessment. When asked why they had not had an assessment there were 169 responses: 88 people stated that they did not know about them and 85 people said that they had not been offered a carer's assessment.

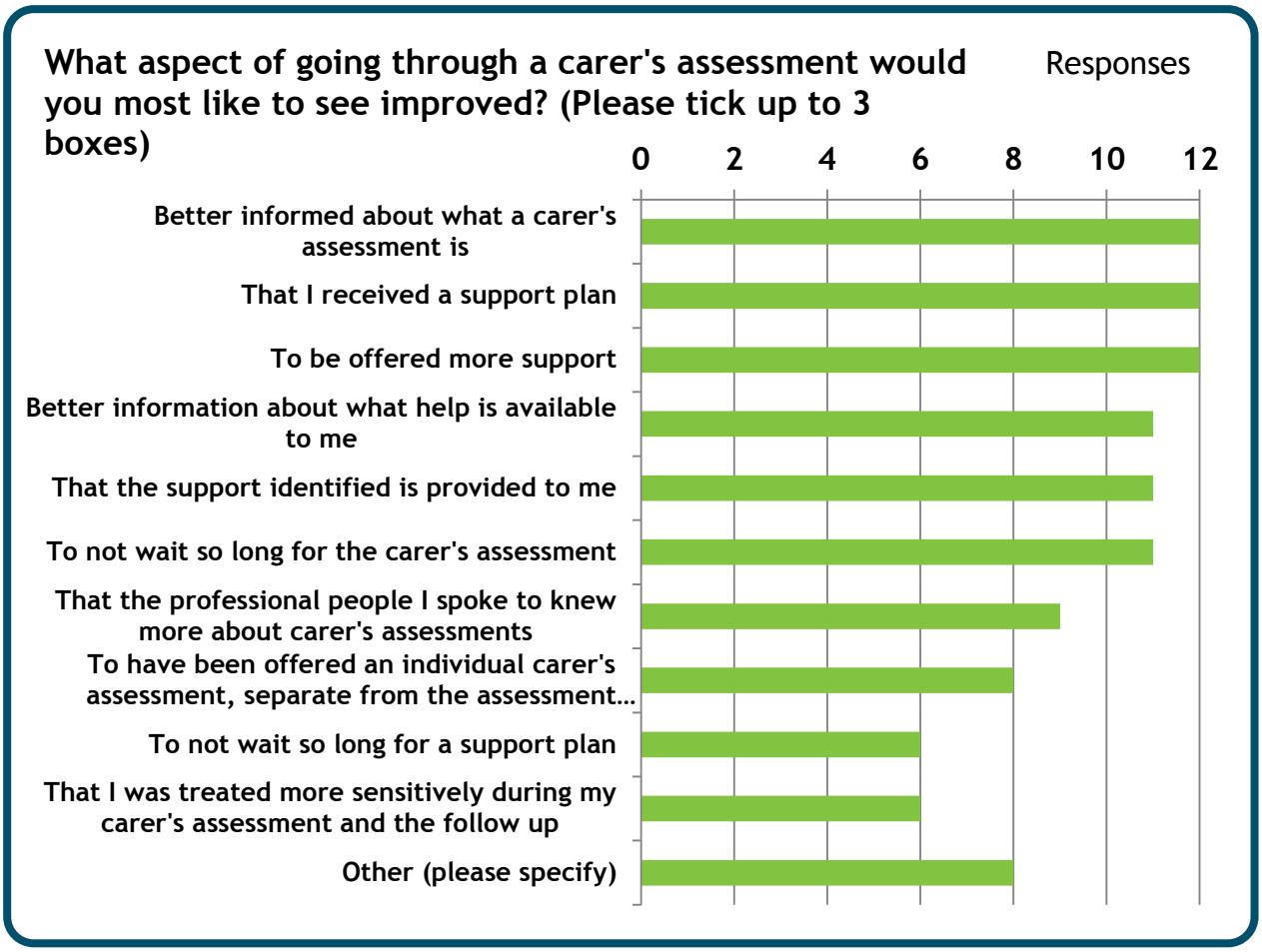
Out of a total of 173 respondents, 76.88% stated that they would feel more encouraged to request an assessment if they were provided with more information.

On a positive note, the majority of carers who had an assessment felt they were listened to and supported through the process.



Much of the feedback (as seen on the graph below) indicates that people largely felt that they wanted more information, about the assessment process and the help on offer. It is not surprising that people felt that once an assessment had taken place they wanted a support plan to be implemented.

There was also an issue around people's concern about the timescales for waiting for an assessment.



Recommendations

1. Increase uptake

- Develop and implement an awareness raising campaign about carer's assessments and the services available on the Gateshead Council website. Include more information about what people can expect during the carer's assessment process as well as details of services available for carers.

- Review internal procedures to ensure that people who request an assessment are not refused one (in line with the Care Act 2014). Social workers, and other relevant professionals, should explain about the carer's assessment process to carers and offer support to complete the forms.

2. Improve assessment quality

- Provide carers with information appropriate to their needs (in line with the Accessible Information Standard) before conducting a carer's assessment in order to help them prepare for the assessment and support full and meaningful discussion.

- Ensure carer's assessments are conducted in an appropriate timescale and in line with the Care Act 2014.

- Ensure carers receive an annual review.

3. Streamline partnership working

- Develop strategies with partners to streamline communication to improve outcomes for carers. The Gateshead Carers Partnership comprises carers, key staff in health, social care and the voluntary sector and strives to give carers a strong strategic voice. Ensure partnership meetings have a regular and accountable representation from Gateshead Council.

Acknowledgements

We would like to thank the following for their support and involvement in this report:

- Carers throughout Gateshead
- Age UK Gateshead
- Alzheimer's Society
- Carers Trust Tyne and Wear
- Gateshead Carers Association
- Gateshead Council
- Involve North East
- Newcastle Gateshead Clinical Commission Group
- Stroke Association

Appendix

Have you had a carer's assessment in Gateshead?

A carer's assessment is where someone from Gateshead Council (adults) or the Carers Trust Tyne and Wear (for those under 18) has gone through a series of questions about your circumstances as a carer and what would help you as a carer.

- ☐ Yes **(please go to section 2)**
- ☐ No **(please go to section 1)**
- ☐ Don't know/not sure **(please go to section 1, question 2)**

Section 1

1. Can you tell us why you haven't had a carer's assessment? (Please tick up to 3 boxes)

- ☐ Gateshead Council has not offered me a carer's assessment
- ☐ I don't know about them
- ☐ I don't consider myself to be a 'carer'
- ☐ I am concerned about being judged as a carer
- ☐ I don't think a carer's assessment will help my situation
- ☐ The criteria to get support is too strict
- ☐ The waiting times are too long
- ☐ People who have had one don't recommend them
- ☐ I don't think I need one
- ☐ Other (please specify)

2. What would encourage you to request a carer's assessment? (Please tick up to 3 boxes)

- ☐ More information about what a carer's assessment is, and how it can help me
- ☐ More information about what services are available for carers
- ☐ That I am offered a carer's assessment
- ☐ That the carer's assessment happens promptly
- ☐ That the carer's assessment can happen at a time of my choosing
- ☐ Other (please specify

3. Is there anything else you would like to share with us?

Please now complete the monitoring information at the end of this survey

Section 2

1. How did you hear about a carer's assessment?

- ☐ Friend or family member
- ☐ Social worker
- ☐ Occupational Therapist (OT)
- ☐ Care worker (also called a domiciliary care worker) who provides help in your home
- ☐ Gateshead Carers Association
- ☐ Carers Trust Tyne and Wear (formerly called Crossroads)
- ☐ Your GP
- ☐ The internet
- ☐ Other (please specify)

2. Did you request a carer's assessment, or was it offered to you?

- ☐ I requested one
- ☐ I was offered one **(Please go to question 6)**
- ☐ Don't know **(Please go to question 6)**

3. How would you rate the process you went through to request a carer's assessment?

- ☐ Very good
- ☐ Good
- ☐ Neither good nor bad
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

Please can you explain your answer?

3. When you initially rang Gateshead Council to request support for yourself (known as Adult Social Care Direct), how would you rate the service you received?

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor

- [ ] Very poor
- [ ] Don't know

5. How long did it take to have a carer's assessment completed once you requested one?

- [ ] Within a month
- [ ] Within 2-3 months
- [ ] Between 3-6 months
- [ ] More than 6 months
- [ ] Don't know

6. Was the carer's assessment an individual (just for you) or a joint assessment (with the person you care for)?

- [ ] Individual
- [ ] Joint
- [ ] Don't know

7. Were you encouraged to take a separate carer's assessment (just for you)?

- [ ] Yes
- [ ] No
- [ ] Don't know

8. Were you offered a choice of an individual or joint carer's assessment?

- [ ] Yes **(please go to Question 10)**
- [ ] No
- [ ] Don't know

9. If you had been offered a choice between an individual carer's assessment (just for you) or a joint carer's assessment (with the person you care for), what would you have chosen?

- [ ] Individual
- [ ] Joint
- [ ] Don't know

10. Where you asked about the following areas of your life in your carer's assessment? (Please tick as many boxes as are relevant)

- [ ] Physical health
- [ ] Mental health
- [ ] Emotional wellbeing
- [ ] If you wished to stay in or return to employment, education or training
- [ ] If you want to be caring full time, part-time or to not continue your caring role
- [ ] Your social situation
- [ ] Your financial situation

11. Do you feel that you were listened to during the carer's assessment? (tick one box along the scale 1-5)

1	2	3	4	5	Don't know
Very little				Very much	

12. Do you feel that your support plan (a document saying what support the Council can offer you) represents your support needs?

- Strongly agree
- Agree
- Neither agrees nor disagrees
- Disagree
- Strongly disagree
- I never received a support plan
- Don't know

Can you tell us why you have given this answer?

13. Please tick which of the following options best reflects what you think of this statement: "Having a carer's assessment has helped me get the support I need as a carer"

- Strongly agree
- Agree
- Neither agrees nor disagrees
- Disagree
- Strongly disagree
- Don't know

14. Which part(s) of having a carer's assessment have you found most helpful? (Please tick up to 3 boxes)

- The advice and information I have received
- Being listened to
- The support I received from having the carer's assessment
- The support I received for my own wellbeing
- The support provided to me to help me to take a break
- To put me in contact with fellow carers (peer support)
- Other (please specify)

5. What aspect of going through a carer's assessment would you most like to see improved? (Please tick up to 3 boxes)

- ☐ Better informed about what a carer's assessment is
- ☐ Better information about what help is available to me
- ☐ Offered a separate carer's assessment (just for me) rather than an assessment conducted with the person I care for
- ☐ To not have to wait so long for the carer's assessment
- ☐ That the support identified is provided to me
- ☐ That I received a support plan
- ☐ To not have to wait so long to get my support plan
- ☐ To be offered more support
- ☐ That the professional people I spoke to knew more about carer's assessments
- ☐ That I was treated more sensitively during my carer's assessment and the follow up
- ☐ Other (please specify)

Can you tell us why you have given this answer?

16. Overall, how would you rate your experience of having a carer's assessment in Gateshead?

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

17. Is there anything else you would like to share with us?

18. We would like to have some more in-depth discussions with people about their experiences of care assessments. If you would like to discuss further, by phone or in person, please provide your name and contact details below. All information is confidential and private.

Contact details


Healthwatch Gateshead, Davidson Building
Swan Street, Gateshead, NE8 1BG


0191 477 0033


07535 877 831


info@healthwatchgateshead.co.uk


https://healthwatchgateshead.co.uk


@HWGateshead


gatesheadhealthwatch


healthwatch_gateshead

If you require this report in a different format please call Freephone 0808 801 0382

Gateshead Council

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

6 March 2018

TITLE OF REPORT: **Work to address the harms caused by tobacco – Draft Final Report**

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

Summary

Tobacco use in Gateshead impacts negatively upon physical and mental wellbeing, upon the local health and social care economy, and perpetuates poverty and inequalities within and between generations.

Persistent, pervasive, comprehensive, co-ordinated and integrated action on tobacco control is essential to make smoking history in Gateshead.

Background

1. Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2017-8 will be work to address the harms caused by tobacco. The review has been carried out over a six month period and a draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations.

Report Structure

2. This interim report sets out the findings of the Care, Health and Wellbeing Overview and Scrutiny Committee in relation to work to address the harms caused by tobacco in Gateshead.

3. The report includes:

    - The scope and aim of the review
    - How the review was undertaken
    - Summaries of key points from evidence gathering sessions
    - Analysis – issues and challenges
    - Emerging recommendations

Scope and aims of the review

4. The scope of the review was to provide an overview of current activity to reduce harms caused by tobacco in Gateshead compared to best national and/or international practice, where such practice exists.

5. It was agreed that the above would be considered in the context of:
    - Higher than average levels of smoking in Gateshead
    - The fact that smoking remains the single cause of most preventable illness and death in Gateshead
    - Significant inequalities in the prevalence of smoking persist between different groups and areas
    - A reduction in demand for stop smoking services
    - Particularly low levels of take up of stop smoking services amongst some groups ie. People from black, Asian and minority ethnic groups
    - Pressure on Public Health budgets now and in the future, and opportunities for future savings to primary and secondary care costs from prevention activity.

Responsibilities and Policy Context

6. Statutory duties for public health were conferred on local authorities by the Health and Social Care Act 2012. Local authorities have, since 1 April 2013, been responsible for improving the health of their local population. Section 12 of the Act lists some of the steps to improve public health that local authorities and the Secretary of State are able to take, which includes providing facilities for the prevention or treatment of illness, such as action on smoking and tobacco.

7. A new national Tobacco Control Plan was published in July 2017. The government set out national ambitions intended to focus tobacco control across “the whole system”. These ambitions centre on a vision to create a smokefree generation. This will have been achieved when smoking prevalence is at 5% or below. These ambitions are supported by a range of proposed actions clustered around the four themes of prevention first, supporting smokers to quit, eliminating variations in smoking rates, and effective enforcement:

8. The Council is also committed to support the evidence-based actions of Fresh, the Regional Office for Tobacco Control, which comprise the following strands:
    - Developing infrastructure, skills and capacity at local level and influencing national action
    - Reducing exposure to second hand smoke
    - Supporting smokers to stop
    - Media communications and social marketing
    - Reducing the availability of tobacco products and reducing supply of tobacco

- Reducing the promotion of tobacco
- Tobacco Regulation
- Research, Monitoring and evaluation

9. Vision 2030 sets out the 6 Big Ideas for Gateshead. Of these, “Active and Healthy Gateshead” resolves to provide support to encourage people to improve their health and lifestyle. The five year Council Plan sets out how Gateshead will be a healthy, inclusive and nurturing place for all.

10. The Gateshead Health and Wellbeing Board has undertaken to reduce smoking prevalence in Gateshead to 5% or less by 2025. All twelve North East Health and Wellbeing Boards support this ambition and it is referenced by both STPs

Review Methodology

11. The review comprised four evidence gathering sessions. Evidence was sought from Gateshead Public Health Team, Development and Public Protection, Fresh North East and Action on Smoking and Health (ASH). The sessions were designed to examine activity that reduces harm/prevents illness caused by tobacco. This can be thought of in terms of four main sets of activities:

    - Stopping people starting smoking
    - Helping people stopping smoking
    - Reducing exposure to secondhand smoke
    - Tobacco control (i.e. Enforcement of legislation round the sale of tobacco)

    At a population level, making tobacco use the exception rather than the norm (the “denormalisation” of tobacco use) can be seen as central to all of the above.

First evidence gathering summary

12. Presenters at this first evidence gathering session provided an overview of current work to reduce harms caused by tobacco, and introduced the proposed outline for future evidence gathering sessions.

13. Andy Graham, Consultant in Public Health, Gateshead Council, challenged a perception that smoking as a health topic was “done”. He outlined the extent of social, economic and health related harms that tobacco use visits upon Gateshead. Key points included:

- A smoking prevalence of <5% is the point at which society is approaching smokefree status
- If Gateshead had the lowest smoking rate in England (4.9%), 9,809 people would smoke

- In Gateshead, around 29 000 of our adult population are smokers (17.9%). The England average is 15.5%
- They spend over £55.4m pa on cigarettes, contributing greatly to poverty in our most deprived neighbourhoods
- Around 14 500 (50%) of our resident smokers will die prematurely due to smoking
- Around 12.4% of 15 year olds in Gateshead smoke; around 280 young people.
- Nearly 500 Gateshead residents every year will die from smoking related diseases
- Half of the difference in life expectancy between Gateshead and England is due to our higher smoking prevalence and the resultant premature deaths
- Around 9 500 buy from the illicit trade, which is linked to drugs, loan sharks and prostitution and puts an estimated £10.5m into criminal hands annually
- It also loses £14.7M pa in duty to the Government
- The estimated total annual cost to Gateshead of tobacco use is £65.7m annually. Over £45M of this is lost productivity due to early deaths and smoking breaks.
- Smoking remains the single greatest cause of preventable illness and death in Gateshead
- There are significant inequalities in the prevalence of smoking between different wards in Gateshead (10.4% - 34.8%)
- Our recent fall in prevalence (18.3% - 17.9%) is our lowest in recent times and we still have the 4th highest regional prevalence
- Demand for stop smoking services is reducing locally, regionally, and nationally
- There are particularly low levels of take up of stop smoking services amongst some groups i.e. people from Black, Asian and minority ethnic groups
- There is pressure on Public Health budgets now and in the future

14. Andy went on to note Gateshead's history of rising to the challenge of smoking in Gateshead:

- Gateshead has been at the forefront of local comprehensive tobacco control – a multi-component, multi-agency approach to deal with the harms of tobacco
- Gateshead advocated strongly to protect people from secondhand smoke which resulted in national smokefree legislation
- The Gateshead Director of Public Health's aspirational report on tobacco harms sets out a range of key recommendations focusing on the need to:
    - Maintain momentum
    - Address inequalities
    - Ensure that the polluter pays
    - Protect children
    - Reduce prevalence
    - Invest in the future

- These form the basis of a new 10 year Tobacco Control Strategy for Gateshead. Priorities for Tobacco Control will include:
    - Normalising smokefree environments
    - Influencing national and local policies and regulation
    - Amplifying mass media campaigns
    - Consistency of support to stop smoking in primary care
    - Restrict access to tobacco, extend smokefree
    - Commitment of secondary care health services to support quit attempts

Andy ended by reminding Members that, unlike many other public health issues, tobacco control is a war with the tobacco industry, an industry adept in the use of deception, denial and delay to achieve its ambitions.

15. Peter Wright, Environmental Health, Community Safety and Trading Standards Manager, Gateshead Council, also endorsed the central point that work on smoking and tobacco is far from completed. Noting that the annual number of deaths in the UK due to tobacco is ten times that of the UK death toll from German bombing in World War Two, Peter:

- Reminded Members that in fifteen years of service to Gateshead Council, he had never detected any sign that Members were resigned to the fate of their constituents and consistently wanted the best outcomes for their health
- That Members have historically given Officers an incredibly clear steer to go all out to get a workplace smoking ban, resulting in:
    - 25% of national consultation responses supporting workplace smokefree legislation were submitted by Gateshead residents
    - Gateshead staff providing the evidence of the negative impact of banning smoking only in food led pubs
    - Staff from the council and QE hospital being invited to speak to MPs before the vote in 2006
    - Our Environmental Health staff being part of a limited consultation on the regulations and guidance

16. Peter also noted the value of previous work under the leadership of Portfolio Holders for Health and Directors of Public Health, such as:

- Smokefree communities and Smoke Free Homes
- Work to support the ban on displays in shops, including evidence gathering by Trading Standards
- Early political lobbying and support for standardised packs
- Evidence given to MHRA panel on electronic cigarettes
- Robust action by Police and Trading Standards against illegal tobacco
- Councillor worked with ASH on their retailers document – Counter Arguments
- Proposals for Licensing of tobacco sale and wholesale supply given to government, considered by the Treasury

Second evidence gathering summary

17. The second evidence gathering session heard evidence on support to help smokers to stop smoking.

18. Paul Gray, Public Health Programme Lead for Tobacco Control, presented information on the local stop smoking service. Key points included:

- Smoking prevalence in Gateshead follows the regional and national downwards trend from 20.7% of adults in 2012 to 17.9% of adults in 2016
- There is significant variation in smoking prevalence between different wards in Gateshead, from 34.8% in High Fell to 10.4% in Whickham South and Sunniside and Ryton, Crookhill and Stella
- Stopping smoking benefits physical and mental wellbeing within minutes of stopping, and these benefits accrue over time
- The Gateshead Stop Smoking Service is:
    - Available to anyone who lives or works in Gateshead
    - Available through most GP practices and many community pharmacies
    - Free (except for prescription costs)
    - A 12 week programme of treatment for nicotine dependency with 1:1 behavioural support
    - Able to confirm patients' smoking status after four weeks by carbon monoxide testing in the great majority of cases
- The Stop Smoking Service makes available a wide range of nicotine replacement products and medicines that can help to reduce the craving for tobacco
- The behavioural support improves the patients' likelihood of quitting by:
    - Helping clients to optimise the use of products (nicotine replacement or other)
    - Working with clients to develop coping strategies to deal with urges to smoke and withdrawal symptoms
    - Support client motivation
    - Boost client self confidence
- The Stop Smoking Service is provided through nearly all GP practices and many community pharmacies in Gateshead. There is reasonable coverage across the Borough although pressures for demand exist sporadically based largely on the turnover of staff trained as advisors.
- The Stop Smoking Service providers are asked to promote their services especially at those most likely to suffer health inequalities due to tobacco use. These include:
    - Routine and manual workers
    - Black and minority ethnic groups
    - Pregnant women
    - People with long term conditions or mental ill health
    - People at risk of dying early from heart disease
    - People with disabilities
    - People on low incomes
    - Homeless people

- A Health Equity Audit for the service has not been completed since 2012, so it is not possible to comment upon how well the service supports quits in the above groups. The last two years of data suggest that:
    - the service is more effective in supporting larger numbers of women than men to quit
    - the service sees very few smokers who are not white
    - the service supports a proportionately larger number of smokers who do not work, or who work in routine and manual occupations
- Nationally the number of quit attempts made through local stop smoking services reduced by 19.6% in 2016/17. In Gateshead, the number of quit attempts fell by 11.5% in 2016/17, and the number of four week quits by 10.6%.
- Since 2012/13, smoking in pregnancy has shown a consistent downwards trend until 2016/17, when the percentage of mothers smoking at time of delivery increased from 13.3% to 14.5%.

19. Andy Graham, Consultant in Public Health, discussed some of the broader issues that support quit attempts at a population level, and, in particular, the value of co-ordinated local and regional tobacco control activity. Tobacco control was defined as “the efforts of people and organisations working together to prevent the death and disease caused by smoking”.

20. While the North East still has a higher incidence of smoking, the gap between smoking levels in the North East and England has reduced. Nationally, the North East has seen a greater reduction in smoking levels since 2005 than any other English region. The introduction of evidence-based stop smoking services in the late 1990s has helped an estimated one million people to stop smoking since then.

21. Tobacco control in England is changing fast. Smoking rates are falling faster than at any time in the last decade yet the most deprived families, people with mental health problems and many pregnant women in deprived communities are being left behind. New but uncertain approaches are emerging and while supporting patients who smoke to quit is key to NHS sustainability, many local authorities are finding universal evidence-based services hard to sustain.

22. Maintaining this momentum will rely upon continued effort to:

- Increase the real cost of tobacco – amplify tax increases with local action on illicit trade
- Mass media – work to get added value in Gateshead on regional and national campaigns
- Implement consistent Very Brief Advice (see Appendix A) in primary care – aim for 50% of smokers
- Consider implementation of the Stop Smoking+ model of support (see Paragraph 23 and Appendix B) and implement consistent secondary care provision – appropriate and timely help

- Reduce access to tobacco – restricting outlets, tackling illicit and extending and enforcing smoke-free efforts

23. Regarding stop smoking services specifically, the original model of universal evidence-based service with specialist behavioural support and medication remains the best option. Where this is not possible then this level of service should be targeted at priority groups at least. A recently proposed three-tier approach proposed as a new way of organising local stop smoking support – Stop-Smoking+.

Stop-Smoking+ is a new model for Stop-Smoking Services that provides better value and meets the needs of smokers better. It places smokers' choice at the heart of the process of determining what method of stopping to use. It involves ensuring that smokers' have the information they need to make choices in terms of what each method involves, what it will require of them and what the benefits will be. It focuses on three methods of stopping to cover the full spectrum of support to cater for all smokers' needs and preferences:

- Specialist support of top quality for smokers who need it and are willing to make the necessary commitment
- Brief support and a stop-smoking medicine for those who want help but are not willing to commit to a specialist course
- Self-support for those who want to stop but do not want professional support

The key points of the Stop-Smoking+ model are:

- Ethical: Smokers who will benefit from Specialist Support can access it and gain the benefit
- Efficient: Resources are not wasted providing behavioural support to smokers who do not want it and will not benefit from it
- Equitable: Under the right conditions, disadvantaged smokers will engage with the top quality service

For a fuller description of the Stop-Smoking+ model see Appendix B.

Third evidence gathering summary

24. The third evidence gathering session heard evidence from Ailsa Rutter OBE, Director of Fresh, the Regional Office for Tobacco Control, on the importance of a holistic, integrated and co-ordinated approach to tobacco control with a focus on three key strands - protection from second-hand smoke, the role of media, and helping smokers to stop/minimise harm.

25. Key points included:

- Smoking remains the largest cause of premature death, responsible for the deaths of at least fifteen North Easterners every day.
- The reason for this is that smokers are addicted to nicotine. Nicotine addiction is a chronic, relapsing, long-term condition that usually starts in childhood and runs in families.

- The nicotine itself is not responsible for deaths, rather, it is the tens of cancer-causing compounds that tobacco smoke also contains
- Fresh supports key strands of tobacco control work around the region, leading to the ambition supported by all twelve Health and Wellbeing Boards and referenced by both STPs, to reduce smoking levels to 5% by 2025
- Achieving this goal is completely achievable through the co-ordination of local, regional, national and international activity and the engagement of smokers to:
    - Increase quit attempts
    - Maximise success of quit attempts
    - Increase harm reduction
    - Reduce uptake
- Research suggests that both increasing quit rates and reducing uptake to support the 5% by 2025 will be achieved by continuing and improving the implementation of specific policies:
    - Increasing the real cost of tobacco by amplifying tax increases with improved enforcement
    - Running regional mass media campaigns such as those co-ordinated by Fresh
    - Implementing Very Brief Advice such that support to encourage a quit attempt is offered to 50% of smokers per year
    - Ensure specialist stop smoking support widely is accessible to all, especially disadvantaged smokers (ie. those with mental illnesses, substance misusers, offenders, pregnant smokers) through the availability and promotion of stop-smoking support
    - Extending smoke-free to normalise smoke free environments including NHS Trusts, social housing and outdoor spaces
    - Reducing access to tobacco through licensing, the restriction of tobacco retail outlets and enforcement
- Ailsa emphasised especially the evidence-based value of mass media and communication campaigns to achieve year round “noise” of many messengers with clear messages, and giving voice to the experience of real local people
- An example of a clear message is “How to stop smoking”:
    - Try to quit at least once a year
    - Use psychological support
    - Use pharmacological support
- Ailsa encouraged Members to consider that:
    - Tobacco dependence is the index long term condition - other diseases are co-morbidities
    - Smoking cessation is the highest value intervention in the NHS: affordable, cost-effective, clinically effective
    - Smoking cessation works and we need it happening across the whole of the NHS
    - Smokefree NHS MUST be a key focus next few years
    - Local Authorities play a key role through the provision of community Stop Smoking Services and, through their connection with communities, smokers are easy to reach
    - There is a huge opportunity to build on progress so far

Fourth evidence gathering summary

26. The fourth and final evidence gathering session heard evidence from Hazel Cheeseman, Director of Policy for Action on Smoking and Health, on national perspectives on the contribution of local government to reducing harms due to tobacco.

27. Hazel pointed out continued and significant progress since the introduction of smoke-free legislation, leading to UK leading Europe in tobacco control activity:

- Increased taxes above inflation every year since 2010
- Effective anti-smuggling strategies reduced the illicit trade
- Turned Britain into a dark market for tobacco
    - Not just all advertising promotion and sponsorship banned
    - Tobacco out of sight in shops
    - Standardised 'plain' packaging
- Restricted access to children
    - Age of sale 18
    - Vending machines banned
- Public support continues to grow - in the North East 78% of respondents in 2017 supported further government action to limit smoking.

28. While smoking remains "a burning injustice", killing over 250 people per day, there are challenges remaining:

- Tobacco seen as 'job done' – shift focus away
- NHS focuses on treatment not prevention - smokers not universally encouraged to quit and given support and medication to do so
- Funding cuts to public health and local authority budgets
    - Mass media campaigns cut to the bone
    - Enforcement cuts
    - Smoking cessation services
- Tobacco industry lobbying continues unabated

Issues/challenges emerging from the review

29. The review identified the following issues/challenges:

- Austerity and Public Sector budget cuts
- Complex systems and historical siloed approaches
- The role of the tobacco industry
- The perception that the job is done leading to a shift of focus
- The perceived difficulty of 'doing' tobacco control
- The threat to the comprehensive regional tobacco control approach posed by financial pressures across the regional
- NHS focuses on treatment not prevention - smokers not universally encouraged to quit and given support and medication to do so
- Funding cuts to public health and local authority budgets

- Reducing demand for the current Stop Smoking Service offer
- Persistent inequalities in smoking prevalence between different communities
- Mass media campaigns cut to the bone
- Enforcement cuts

Draft recommendations

Recommendation 1: Tobacco remains the greatest contributor to health inequalities and action to denormalise smoking and reduce prevalence lifts families out of poverty. The human, social and financial cost of tobacco to Gateshead means that it is vital to retain the Council's strong commitment to comprehensive tobacco control, and in fact, increase our efforts.

Recommendation 2: Refresh and reaffirm our commitment to the 2025 vision of 5% adult smoking prevalence.

Recommendation 3: Invest to save principles would suggest the continuation of appropriate resourcing for this priority area.

Recommendation 4: The Smoke-free Gateshead Alliance should be supported to drive the emerging Gateshead Tobacco Plan forward and to clearly set out action across the whole community to address the harm caused by tobacco.

Recommendation 3: Continued support and commitment for the regional Fresh Tobacco Control Office tobacco office is important to continue development of hard hitting mass media campaigns which have a strong evidence base in triggering quit attempts, encouraging quitters to stay quit, and reducing uptake among children.

Recommendation 6: Action to be taken to address inequalities through community asset based approaches to develop co-produced solutions which aim to reduce prevalence of smoking in our more deprived areas and with those groups considered to be vulnerable.

Recommendation 7: Embed action on smoking in all other relevant Council and public sector plans through a Health in All Policies Approach.

Recommendation 8: Aim to embed NICE guidance (PH23) 'Smoking Prevention in Schools' across Gateshead schools.

Recommendation 9: Ensure training is available to provide people living and working in Gateshead with skills and confidence to provide brief advice and intervention on smoking through the development of the Making Every Contact Count initiative.

Recommendation 10: Maintain compliance with current smoke-free legislation and continue support for the new law which bans smoking in cars that are carrying children.

Recommendation 11: Renewed efforts to be made to increase public support for Smoke Free environments such as smoke-free communities and specified outdoor zones.

Recommendation 12: Support the NHS to develop nicotine dependence pathways and to become completely smoke-free.

Recommendation 13: Further develop stop smoking services to provide flexible options in a range of settings accessed by those at greatest risk.

Recommendation 14: Complete a Health Equity Audit (HEA) to inform development and delivery of Stop Smoking Services in areas of greatest need.

Recommendation 15: Undertake further work as part of Smokefree NHS work to further reduce the number of women who smoke during and after pregnancy.

Recommendation 16: Reduce harm through continued support for evidence based harm reduction.

Recommendation 17: Communication and media capacity for tobacco control is vital and the capacity to be proactive in terms of public relations activity and media should be developed so as to engage residents of Gateshead in the tobacco control agenda.

Recommendation 18: Advocate for a national tobacco sale and distribution licensing scheme, the tobacco industry bearing the full cost of its implementation and enforcement, with the aim of eliminating the illicit and illegal trade in tobacco, and to end selling of tobacco products to minors.

Recommendation 19: Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

Recommendation 20: Ensure compliance with legislation to reduce tobacco promotion (e.g. Plain packaging) and advocate for further restrictions.

Recommendation 21: Advocate for a new annual levy on tobacco companies to ensure they pay more for the harm they cause. Funding from a levy should be used to make smoking history for more families including support and encouragement to help people quit.

Alice Wiseman

Director of Public Health

Appendix A

Very Brief Advice (VBA)

Giving patients advice and support to stop smoking is the single most cost-effective way to help smokers. Guidance from the Department of Health has identified that the systematic delivery of Very Brief Advice (VBA) and referral of smokers to effective, evidence-based stop smoking services are a vital part of ensuring that these individuals access the most effective method of stopping smoking.

VBA takes only 30 seconds to deliver and, if done appropriately, does not require detailed knowledge, as this will be provided by specialists at the Stop Smoking Service. The aim of training a wide range of people to deliver VBA is that staff have the skills, knowledge and confidence to engage with people when appropriate opportunities present to raise awareness, increase confidence and motivation to engage with stop smoking services.

NICE Public Health Guidance recommends giving advice on quitting to every smoker and should be based on the Ask, Advise, Act (AAA) model:

- ASK and record smoking status—is the patient a smoker, ex-smoker, or non-smoker?
- ADVISE on the best way of quitting—the best way of stopping smoking is with a combination of medication and specialist support
- ACT on patient response—build confidence and motivation, give information and refer to stop smoking services. Patients are up to four times more likely to quit successfully with support

Appendix B

Stop-Smoking+ model

The Stop-Smoking+ model provides smokers with three tiers of support to quit:

Specialist Support

- A clinical service for smokers who want help with stopping and are willing to put in the time and effort needed to get the benefit
- Takes about 6 hours of a smoker's life over 6+ weeks excluding travel time: about the number of hours of life gained from 1 day of not smoking
- Delivered by highly trained specialists
- Fully in accordance with guidance from the NCSCT and NICE.
- Uses established psychological processes and optimum medication
- Rigorously monitored for effectiveness
- Should improve smoking cessation rates by x4

Brief Support

- A clinical service for smokers who want help with stopping but are not willing to put in much effort
- Focus on stop-smoking medicine or NRT, one session of up to 30 mins and one follow-up, plus written materials, internet or app support
- Involves providing a prescription or voucher for: a) Varenicline (Champix), or b) dual form nicotine replacement therapy (NRT) - consisting of transdermal patch plus a faster acting product and advice on use plus a follow-up
- Delivered by trained health professionals as part of other duties
- Uses established psychological processes and optimum medication
- Rigorously monitored for effectiveness
- Should improve smoking cessation rates by x2

Self-Support

- For smokers interested in stopping but not wanting professional support
- Clear easy-to-access advice on ways of improving success rates, including advice on e-cigarettes, and links to digital resources on how to quit
- Provided through the internet and/or written materials handed out in GP surgeries
- Kept up to date
- Quality controlled
- Promoted through free and paid channels
- Should improve smoking cessation rates by x0.2

Gateshead Council

CARE, HEALTH & WELLBEING
OVERVIEW AND SCRUTINY COMMITTEE
6 March 2018

TITLE OF REPORT: **Annual Work Programme**

REPORT OF: **Sheena Ramsey, Chief Executive**
Mike Barker, Strategic Director, Corporate Services and Governance

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Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2017/18.

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1. The Committee's provisional work programme was endorsed at the meeting held on 25 April 2017 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.

2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

3. The Committee is asked to

   a) Note the provisional programme;

   b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Contact: Angela Frisby **Extension:** 2138

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Draft Care, Health & Well-being OSC 2017/2018	
20 June 17 **(5.30pm meeting)**	• Constitution • Role and Remit • The Council Plan – Year End Assessment and Performance Delivery 2016-17 • OSC Review – Work to Address Harms caused by Tobacco- Scoping report • MHA/DOLs Update • Deciding Together, Delivering Together – Progress Update
12 September 17	• Monitoring - OSC Review of Role of Housing in Improving Health & Wellbeing • OSC Review – Work to Address Harms Caused by Tobacco - Evidence Gathering • Social Services Annual Report on Complaints and Representations – Adults • Annual Report of Local Adult Safeguarding Board and Business Plans –(Chair of Board to attend) • Scrutiny of STP • Work Programme
31 October 17	• OSC Review – Work to Address Harms Caused by Tobacco - Evidence Gathering • Gateshead Healthwatch Interim Report • Blaydon GP Practice • Shared Care Clinical Audit • Quality of Commissioned Services in Gateshead • Integrating Health and Care in Gateshead • Work programme
5 December 17	• OSC Review – Work to Address Harms Caused by Tobacco - Evidence Gathering • The Council Plan – Six Monthly Assessment of Performance and Delivery (incl LSCB update) • Health & Well-Being Board Progress Update • Work Programme
23 January 18	• OSC Review – Work to Address Harms caused by Tobacco - Evidence Gathering • Blaydon GP Practice – Consultation on Options • Work Programme

5 Feb 2018 (Additional Meeting – 10.30am)	• New Service Delivery Model for Extra Care Services • Gateshead Care Partnership Progress Update • Case Study 1– Health and Social Care System Wide Workforce Issues • Delayed Transfers of Care / Reablement Progress Update • Work programme
6 March 18	• OSC Review - Work to Address Harms caused by Tobacco – Interim Report – • Gateshead Healthwatch • Deciding Together Delivering Together - Update • Work Programme
17 April 18	• OSC Review – Work to Address Harms caused by Tobacco - Final Report • Monitoring - OSC Review of Role of Housing in Improving Health and Wellbeing • Health and Well-Being Board – Progress Update • Food & Health and Safety Intervention Plans – Progress Update • OSC Work Programme Review

Issues to slot in

- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- STP Updates - as appropriate.
- Adult Social Care Account – Video
- **Case Study 2- Hospital Admissions as result of Alcohol related Harm**