

# CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

**Tuesday, 18 September 2018 at 5.00 pm in the Bridges Room - Civic Centre**

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From the Chief Executive, Sheena Ramsey

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| Item     | Business   |
|----------|--|
| <b>1</b> | <b>Apologies for absence</b>   |
| <b>2</b> | <b>Minutes of last meeting</b> (Pages 3 - 8)   |
| <b>3</b> | <b>Sunderland CCG Urgent Care Consultation</b> (Pages 9 - 16)<br><br>Briefing note from Sunderland NHS Clinical Commissioning Group (attached)<br><br>Representatives from the Clinical Commissioning Group will provide the OSC with an update on this matter.  |
| <b>4</b> | <b>Dunston Hill Proposals - Substantial Variation and Development</b><br>(Pages 17 - 20)<br><br>Joint report of the Chief Executive, the Strategic Director, Corporate Services and Governance and the Strategic Director, Care, Wellbeing and Learning.<br><br>A Representatives from Gateshead Health NHS Foundation Trust will also attend to provide the OSC with a presentation on this matter. |
| <b>5</b> | <b>Helping People to Stay at Home Safely</b> (Pages 21 - 30)<br><br>Report of the Strategic Director, Care, Wellbeing and Learning   |
| <b>6</b> | <b>Annual Work Programme</b> (Pages 31 - 34)<br><br>Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance  |

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## GATESHEAD METROPOLITAN BOROUGH COUNCIL

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

Tuesday, 19 June 2018

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

Councillor(s): M Charlton, W Dick, B Goldsworthy,  
M Goldsworthy, M Hood, P Maughan, R Mullen, I Patterson,  
J Simpson, J Wallace, P McNally, M Hall, J Lee and Gibson

**APOLOGIES:** Councillor(s): C Bradley, K Ferdinand and A Wheeler

#### **CHW98 MINUTES OF LAST MEETING**

The minutes of the last meeting held on 17 April 2018 were approved as a correct record.

The Committee were advised that the £50m bid to re-develop the Nicholas' site has now been submitted by NTW and the trust will be advised in July if the bid has gone on to the next stage. A final decision is expected in November.

The Committee were also advised that an update on the Blaydon GP practice will be circulated to councillors as soon as it is received.

#### **CHW99 CONSTITUTION**

The constitution of the Committee and the appointment of the Chair and Vice Chair as approved by the Council for the 2018/19 municipal year was noted.

RESOLVED - That the information be noted

#### **CHW100 ROLE AND REMIT**

The role and remit and terms of reference of the Committee as previously agreed by the Cabinet and the Council were noted.

RESOLVED - That the information be noted.

#### **CHW101 NHS CONTINUING HEALTHCARE**

The Committee received a report and presentation about the work of Healthwatch Gateshead in relation to NHS Continuing Healthcare.

The Committee were advised that the priorities for Healthwatch Gateshead in

2017/18 were established at the beginning of the financial year. The staff and volunteers at Healthwatch Gateshead have focused on two key priorities one of which was NHS Continuing Health Care.

The Committee were advised that 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 have 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 (Gateshead and Newcastle) 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 availability and quality of information to support families through the CHC process. CHC was therefore made a priority for the work of Healthwatch, with a Healthwatch Gateshead Project Manager leading on the project, which spans both Gateshead and Newcastle. 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 experiences of supporting carers and service users.

The Committee received the report and raised the following questions/queries:-

Can the full report be circulated to all Council Members

Can the CCG be contacted for their feedback

Can case studies, one from Gateshead patients and one from Newcastle patients outlining the impact and cost of delays be brought back to this Committee in order to challenge the process

- RESOLVED -
- i) That the information be noted
  - ii) That the concerns of the Committee be raised and answers to the queries listed above be brought back to a future meeting of the Committee

## **CHW102 THE COUNCIL PLAN - YEAR END ASSESSMENT OF PERFORMANCE AND DELIVERY 2017/18**

The Committee received the Council Plan – Year End Assessment of Performance and Delivery for 2017-18

The Committee were happy that the activities undertaken during October 2017 to March 2018 are achieving the desired outcomes in the Council Plan 2015-2020.

The Committee sought further clarification of the following areas-

**LW17 – Gap in employment rate for those in contact with secondary mental health services and the overall employment rate**

Whilst direction of travel has improved Gateshead is still significantly higher than the NE average and has the 3<sup>rd</sup> highest % point gap of the 12 NE LA's – the Committee asked how it was planned to sustain the position now it has started to move in the right direction. Officers agreed to take this back to the service area to provide an update to the Committee in due course.

**LW22 and LW23 – Gap in Life Expectancy at birth between each local authority and England as a whole (Male and Female)**

Both indicators show that the gap has increased and is significantly worse than the England benchmark although not significantly higher than NE average. The issue of concern is that Gateshead is back at its joint highest gap in life expectancy. Officers reported that this had also been flagged up in the Director of Public Health's Annual Report and was being looked at within a long term approach to the Thrive Agenda.

**LW24(a) and LW24(b)- Health Inequalities in Life Expectancy across Gateshead (Male and Female)**

The picture for men appears to be improving – this is the first decrease in the gap since the data was first published which is really good news. But an area of concern is that the gap for women has increased and is at the highest level it has been since the data was published and is part of a continuing year on year trend.

**LW11 – Helping Older People to live independently** – performance has declined compared to the same time last year and is lower than NE and England average. This is covered in more detail elsewhere on the agenda.

**LW20 and LW 21 – Healthy Life Expectancy at Birth (Male and Female) healthy life expectancy for both males and females is now at its highest reported levels since data for both was first published** – and is not significantly different to the NE level (although it is still significantly worse than the England average – so there is still much to be done)

- RESOLVED -
- i) That the information be noted
  - ii) That the activities undertaken during Oct 2017 to March 2018 are achieving the desired outcomes in the Council Plan 2015-2020 and the areas highlighted above require further scrutiny.
  - iii) The Committee noted the proposal to refresh the corporate performance framework to support the delivery of making Gateshead a place where everyone thrives.

The Committee were presented with a report outlining the OSC's review in 2018-19 which is "helping people to stay at home safely".

During the course of the review it is proposed that the Committee will consider how health, social care and voluntary sector services in Gateshead support people to live at home safely, particularly focusing on:

- Assistive technology and digital information;
- Enablement services;
- Housing options to support independent living;
- Commissioning for enablement outcomes;
- Emergency and community services;
- Personalisation and choice.

The Committee will also consider the range and extent of current activity in these areas, with a view to agreeing a set of recommendations for improvement.

The Committee were informed that the review will provide an overview of current services and support available to support and enable adults who have care and support needs, to live as independently as possible.

It is proposed that the review will take place over an eleven month period from 19 June 2017 to 23 April. It will involve the presentation of expert advice, research and the opportunity for site visits.

It is also proposed that the evidence gathering sessions will provide thematic views of the ranges of approaches provided across health, social care and the voluntary and community sector, to support people in Gateshead who have care and support needs to achieve their greatest level of independence.

Evidence will be sought from Gateshead Council Adult Social Care, Commissioning and Quality Assurance, Public Health, the Newcastle and Gateshead Clinical Commissioning Group, Gateshead Hospitals NHS Foundation Trust, and a range of Voluntary and Community Sector organisations.

- RESOLVED -
- i) That the information be noted
  - ii) That the scope, process and timescale as set out in the covering report be agreed.

## **CHW104 ANNUAL WORK PROGRAMME**

The Committee received a report setting out the provisional work programme for the Care, Health and Wellbeing OSC for the municipal year 2018/19.

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

- RESOLVED -
- i) That the provisional work programme be noted

- ii) 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.

**Chair.....**

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## Consultation on urgent care extended until September

NHS Sunderland Clinical Commissioning Group (CCG) have extended the consultation until Sunday 2 September as we want to allow people more time to give their views on the urgent care consultation.

Our focus since the start of the consultation has been on ensuring that as many people as possible know about the consultation taking place and publicising the ways that people can get involved.

As of 2 July 2018, **over 1,678 people** have shared their views or been in touch with the urgent care review.

### What we have heard so far:

| Likes   | Dislikes  |
|---|---|
| “It seems simpler than before.”   | “Services will not be local.”   |
| “This proposal gives me and my family the flexibility to see a GP at a time to suit my needs.”  | “Further to travel, parking very difficult at Pallion, if not impossible, especially in the afternoon when visitors to the hospital use the centres carpark.” |
| “I like the idea of being able to see your GP out of hours as a lot of people nowadays work shift work so cannot always get out of work to see the GP.” | “It still isn’t straight forward and patients will still be confused about who to go to or who to ring.”  |
| “It does encourage people to start using pharmacies and 111. It also sounds as though the availability will cover a larger geographical area.”          | “No continuity of care.”  |

### Quick facts about the urgent care consultation

- This consultation is **NOT** about closing buildings
- It is about **PROPOSED CHANGES** to urgent care services, which include:
  - No longer providing urgent care **SERVICES** in Houghton, Bunny Hill and Washington
  - Replacing these with appointments in our existing 40 GP practices and Sunderland Extended Access Service
  - An urgent treatment centre located at Pallion Health Centre
- This consultation does **NOT** affect other services that are currently based in these buildings
- Most people will be treated closer to home; and that this is part of a wider range of changes (Sunderland Extended Access Service, home visiting, enhanced NHS 111 and **42,000 extra GP appointments** per year)

Additional information about the consultation has also been published on the CCG website - <http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/>

### **What is urgent care?**

Urgent care means “when you suddenly become unwell and need to see a health professional the same day, but it is not an emergency.” This includes urgent care for both mental and physical health.

### **Why does the urgent care system need to change?**

The current system is under increasing pressure with the NHS seeing more patients than ever before and demand continuing to rise. We only have one workforce which means we need to use those nurses, doctors and other clinicians in the right places.

The NHS needs to take action now to improve services for patients to ensure those who need urgent care get what they need, reduce the pressure on services and create a sustainable solution for the future.

No change is no longer an option.

### **Why is the CCG making these changes now?**

The CCG has to follow national guidance and policies set out by NHS England and as services have developed over time we now have duplication and services doing the same things, at the same time using one workforce.

Over the last two years, NHS Sunderland CCG has heard from over 900 local people about how they currently use urgent care services.

The overwhelming response was that many people find the current system **confusing**, ‘they want to see a GP first when they have an urgent care need’ and if they have a long term condition they want to ensure that they receive the care from healthcare professionals who know about their needs and health issues.

Dr Tracey Lucas of Sunderland CCG said: “People have told us they find the current system confusing and are not always sure where to go to get the care they need.

“Many have also said they find it hard to get an urgent appointment with a GP or feel they have to wait too long.

“Combine this with the latest national guidance and it shows the current arrangements are not working well for patients.

“We want to make it easy and simple to access NHS services wherever you live in Sunderland. To do this we need to make some changes to current services to make sure people get the right care as quickly as they need. We only have one workforce which means we need to use those nurses, doctors and other clinicians in the right places”

## **What is the CCG proposing?**

Under the proposals, urgent care services would be provided closer to home most of the time through our existing 40 GP practices and up to five Sunderland Extended Access Service hubs, plus one Urgent Treatment Centre in Pallion. A newly improved NHS 111 service with more clinical input will help people get the right service first time and reduce the need to be transferred from one service to another.

## **Please give your views**

NHS Sunderland CCG is particularly keen to hear local people's thoughts on:

- Where should the Sunderland Extended Access Service be located?
- What should the opening hours of the Sunderland Extended Access Service and Urgent Treatment Centre be?
- Whether the Extended Access Service and Urgent Treatment Centre should be joined up at Pallion?
- Do you think there is anything we have missed?

Results from the public consultation period will be used to shape the new service and inform decisions.

## **Where can you share your views?**

Get involved in the public consultation and help shape future health care services in Sunderland. For more information visit: <http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/public-consultation-get-involved/>

You can fill in the online survey here:

<https://www.surveymonkey.co.uk/r/SunderlandUrgentCare2018>

Or attend one of our public consultation events and have your say in person. Events are being at the following times and venues: (Following feedback from the public, the CCG has put on an additional six consultation events across Sunderland.

- Wednesday July 11, 6-8pm, Bunny Hill Centre, Hylton. (additional event)
- Thursday July 12, 6-8pm, Washington Arts Centre, Biddick Lane, Washington. (additional event)
- Monday July 16, 6–8pm, Roberts Lounge, Boldon Community Association, New Road, Boldon Colliery.
- Thursday July 19, 6-8pm, Hope Street Xchange, 1-3 Hind Street, Sunderland. (additional event)
- Monday August 6, 6-8pm, The Hetton Centre, Welfare Road, Hetton-le-Hole. (additional event)
- Tuesday August 7, 6-8pm, Bede Tower, Burdon Road, Sunderland. (additional event)
- Wednesday August 8, 6-8pm, The Hetton Centre, Welfare Road, Hetton-le-Hole. (additional event)

If you need further information, you can download the full consultation document here: <http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/05/Sunderland-urgent-care-consultation-doc-FINAL-1.pdf>

### **Next steps**

Sunderland CCG will be making a decision in December 2018 when they have reviewed all the feedback received.

Key dates are:

- Public consultation – 9 May to 2 September 2018
- Feedback available from the consultation – From 1 October 2018 to 15 October 2018
- Improved NHS 111 service goes live\* – 1 October 2018
- 24/7 Home Visiting Service goes live – 1 October 2018
- Decision made – December 2018
- New Urgent Care system goes live – 1 April 2019

\* this is the go live date for the North East

## Key Points for Sunderland CCG Urgent Care Consultation

### Proposed changes:

- The proposed urgent care changes are intended to provide more access to GP led care, closer to home in each of the five areas in the city. Patients will only have to remember to call their own practice or the 111 number, making urgent care simpler to access and primary care led
- We are proposing to replace the urgent care centres services at Bunny hill, Houghton and Washington with improved access to GP appointments and an urgent treatment centre based at Pallion providing minor injury services
- There will be four or five Sunderland Extended Access service hubs with GP appointment based in each locality around the city, alongside our 40 general practices in the city. These hubs are open evenings, weekends and bank holidays
- There will be a new clinically led 111 service regionally from October 2018 and it is intended that patients will be able to access these services via 111 or their own GP practice, ensuring that they get to see the right person, at the right time, in the right location. It may be that they simply need clinical advice and this will be available through each of these options.
- Only the minority of people currently attending the urgent care centres have minor injuries with the majority presenting with minor illness which will be dealt with by a GP led service closer to home
- The buildings that Houghton, Bunny Hill and Washington urgent care centres are currently provided in are not going to close and all the other services within them will not be affected
- We are expanding the number of GP appointments available in the extended hours services by a further 42,000 per year from September 2018 and it has successfully been running and has been fully staffed by local GPs already in all 5 areas from September 2017
- Housebound patients and those very vulnerable patients with complex needs will be supported to remain at home by our improved Recovery at Home service. This team responds quickly to provide intensive support to those who need more help while they are getting back to normal after a short term illness or injury in their own home, a care home or on discharge from hospital.

### What we are seeking views on:

- Where the Sunderland Extended Access Services should be located in each area within the available and suitable buildings in each area?

- What the opening hours of the Sunderland Extended Access Service hubs and Urgent Treatment Centre should be?
- Whether the west Extended Access Service and Urgent Treatment Centre should be joined up at Pallion or remain separate?
- Anything else that people think has been missed?

### **Why do urgent care services need to change?**

- More people than ever before are using urgent care services and attendances are rising at the accident and emergency department despite all of the current services which were originally put in place to reduce this demand . This is a non-sustainable situation and no change is not an option in terms of workforce, quality or affordability. We have one clinical workforce that is being stretched across several services doing similar things. This current situation of duplication of services has developed over many years but has not reduced demand overall
- The proposed changes can help us to use resources and workforce more efficiently in the interests of patients, taking into account the wider range of services now available in the community. As you know, there are pressures on the NHS workforce nationally and we are facing the same challenges locally. These proposals aim to sustain our general practices and ensure that urgent and planned care is primary care led .We have developed our Recovery at Home service with a GP working within this at all times from October this year which means that some of the current GP home visits could be done by this new service, thus freeing up time within practices
- The new clinically led 111 service will ensure that patients will receive clinical advice more often and more consistently when they contact the service with an urgent care need.

### **How to give your views**

You can give their views in a number of ways, which include:

- Filling in the online survey (at [www.surveymonkey.co.uk/r/SunderlandUrgentCare2018](http://www.surveymonkey.co.uk/r/SunderlandUrgentCare2018))
- Attending an event: [www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/events/](http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/events/)
- Phoning 0191 217 2670 for a paper copy of the survey if preferred
- Emailing us at [SUNCCG.sccg@nhs.net](mailto:SUNCCG.sccg@nhs.net)
- Getting in touch via social media: [@SunderlandCCG](https://twitter.com/SunderlandCCG) or [@Sunderlandhealth](https://twitter.com/Sunderlandhealth)
- Watching our YouTube channel by searching for '[Sunderland CCG](https://www.youtube.com/channel/UC...)'
- Writing to us at NHS Sunderland Clinical Commissioning Group, Pemberton House, Colima Avenue, Sunderland, SR5 3XB

# CCG IMPACT ASSESSMENTS - NDUC CENTRES - 24/07/2018

## FINAL OUTPUT

| Bunny Hill   |              |            |            |            |            |
|--------------|--------------|------------|------------|------------|------------|
|              | STCCG        | NDCCG      | DDES       | NGCCG      | OTHER      |
| Illness      | 2,456        | 100        | 105        | 95         | 291        |
| Injury       | 690          | 35         | 47         | 19         | 60         |
| <b>Total</b> | <b>3,145</b> | <b>135</b> | <b>153</b> | <b>114</b> | <b>351</b> |

| Washington   |            |              |            |              |            |
|--------------|------------|--------------|------------|--------------|------------|
|              | STCCG      | NDCCG        | DDES       | NGCCG        | OTHER      |
|              | 231        | 2,005        | 124        | 1,289        | 373        |
|              | 91         | 595          | 39         | 339          | 85         |
| <b>Total</b> | <b>321</b> | <b>2,600</b> | <b>162</b> | <b>1,628</b> | <b>458</b> |

| Houghton     |           |              |              |           |            |
|--------------|-----------|--------------|--------------|-----------|------------|
|              | STCCG     | NDCCG        | DDES         | NGCCG     | OTHER      |
|              | 43        | 1,218        | 782          | 66        | 277        |
|              | 13        | 461          | 441          | 29        | 54         |
| <b>Total</b> | <b>56</b> | <b>1,679</b> | <b>1,223</b> | <b>95</b> | <b>330</b> |

| TOTAL        |              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|--------------|
|              | STCCG        | NDCCG        | DDES         | NGCCG        | OTHER        |
|              | 2,729        | 3,324        | 1,010        | 1,450        | 940          |
|              | 793          | 1,091        | 527          | 386          | 198          |
| <b>Total</b> | <b>3,523</b> | <b>4,415</b> | <b>1,537</b> | <b>1,837</b> | <b>1,139</b> |

## INITIAL FIGURES

| Bunny Hill   |              |            |            |            |            |
|--------------|--------------|------------|------------|------------|------------|
|              | STCCG        | NDCCG      | DDES       | NGCCG      | OTHER      |
| Illness      | 4,465        | 154        | 186        | 190        | 554        |
| Injury       | 627          | 27         | 42         | 19         | 57         |
| <b>Total</b> | <b>5,092</b> | <b>181</b> | <b>228</b> | <b>209</b> | <b>611</b> |

| Washington   |            |              |            |              |            |
|--------------|------------|--------------|------------|--------------|------------|
|              | STCCG      | NDCCG        | DDES       | NGCCG        | OTHER      |
|              | 401        | 3,646        | 225        | 2,344        | 710        |
|              | 79         | 541          | 35         | 308          | 81         |
| <b>Total</b> | <b>480</b> | <b>4,187</b> | <b>260</b> | <b>2,652</b> | <b>791</b> |

| Houghton     |           |              |              |            |            |
|--------------|-----------|--------------|--------------|------------|------------|
|              | STCCG     | NDCCG        | DDES         | NGCCG      | OTHER      |
|              | 75        | 2,215        | 1,421        | 120        | 527        |
|              | 11        | 419          | 401          | 26         | 51         |
| <b>Total</b> | <b>86</b> | <b>2,634</b> | <b>1,822</b> | <b>146</b> | <b>578</b> |

| TOTAL        |              |              |              |              |              |
|--------------|--------------|--------------|--------------|--------------|--------------|
|              | STCCG        | NDCCG        | DDES         | NGCCG        | OTHER        |
|              | 4,941        | 6,015        | 1,832        | 2,654        | 1,791        |
|              | 717          | 987          | 478          | 353          | 189          |
| <b>Total</b> | <b>5,658</b> | <b>7,002</b> | <b>2,310</b> | <b>3,007</b> | <b>1,980</b> |

## GROWTH

| Bunny Hill   |            |           |           |          |           |
|--------------|------------|-----------|-----------|----------|-----------|
|              | STCCG      | NDCCG     | DDES      | NGCCG    | OTHER     |
| Illness      | 447        | 46        | 24        | 0        | 28        |
| Injury       | 63         | 8         | 5         | 0        | 3         |
| <b>Total</b> | <b>509</b> | <b>54</b> | <b>30</b> | <b>0</b> | <b>31</b> |

| Washington   |           |            |           |            |           |
|--------------|-----------|------------|-----------|------------|-----------|
|              | STCCG     | NDCCG      | DDES      | NGCCG      | OTHER     |
|              | 60        | 365        | 23        | 234        | 36        |
|              | 12        | 54         | 4         | 31         | 4         |
| <b>Total</b> | <b>72</b> | <b>419</b> | <b>26</b> | <b>265</b> | <b>40</b> |

| Houghton     |           |            |            |           |           |
|--------------|-----------|------------|------------|-----------|-----------|
|              | STCCG     | NDCCG      | DDES       | NGCCG     | OTHER     |
|              | 11        | 222        | 142        | 12        | 26        |
|              | 2         | 42         | 40         | 3         | 3         |
| <b>Total</b> | <b>13</b> | <b>263</b> | <b>182</b> | <b>15</b> | <b>29</b> |

| TOTAL        |            |            |            |            |           |
|--------------|------------|------------|------------|------------|-----------|
|              | STCCG      | NDCCG      | DDES       | NGCCG      | OTHER     |
|              | 518        | 632        | 189        | 246        | 90        |
|              | 76         | 104        | 49         | 33         | 9         |
| <b>Total</b> | <b>594</b> | <b>736</b> | <b>238</b> | <b>280</b> | <b>99</b> |

## IMPACT OF CLOSURE

| Bunny Hill   |               |             |             |            |             |
|--------------|---------------|-------------|-------------|------------|-------------|
|              | STCCG         | NDCCG       | DDES        | NGCCG      | OTHER       |
| Illness      | -2,456        | -100        | -105        | -95        | -291        |
| Injury       | 0             | 0           | 0           | 0          | 0           |
| <b>Total</b> | <b>-2,456</b> | <b>-100</b> | <b>-105</b> | <b>-95</b> | <b>-291</b> |

| Washington   |             |               |             |               |             |
|--------------|-------------|---------------|-------------|---------------|-------------|
|              | STCCG       | NDCCG         | DDES        | NGCCG         | OTHER       |
|              | -231        | -2,005        | -124        | -1,289        | -373        |
|              | 0           | 0             | 0           | 0             | 0           |
| <b>Total</b> | <b>-231</b> | <b>-2,005</b> | <b>-124</b> | <b>-1,289</b> | <b>-373</b> |

| Houghton     |            |               |             |            |             |
|--------------|------------|---------------|-------------|------------|-------------|
|              | STCCG      | NDCCG         | DDES        | NGCCG      | OTHER       |
|              | -43        | -1,218        | -782        | -66        | -277        |
|              | 0          | 0             | 0           | 0          | 0           |
| <b>Total</b> | <b>-43</b> | <b>-1,218</b> | <b>-782</b> | <b>-66</b> | <b>-277</b> |

| TOTAL        |               |               |               |               |             |
|--------------|---------------|---------------|---------------|---------------|-------------|
|              | STCCG         | NDCCG         | DDES          | NGCCG         | OTHER       |
|              | -2,729        | -3,324        | -1,010        | -1,450        | -940        |
|              | 0             | 0             | 0             | 0             | 0           |
| <b>Total</b> | <b>-2,729</b> | <b>-3,324</b> | <b>-1,010</b> | <b>-1,450</b> | <b>-940</b> |

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CARE, HEALTH & WELL-BEING  
OVERVIEW AND SCRUTINY  
COMMITTEE  
18 September 2018

**TITLE OF REPORT: Dunston Hill Proposals - Substantial Variation and Development**

**REPORT OF:** **Sheena Ramsey, Chief Executive**  
**Mike Barker, Strategic Director, Legal and Corporate Services,**  
**Caroline O'Neill, Strategic Director, Community Based Services**

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**Summary**

The report sets out the Committee's role in considering proposals from an NHS body / provider which are considered to constitute a "substantial development of the health service in the area or a substantial variation in the provision of a service". In this case the proposals relate to an exit strategy for St Bede's Day Care Services and the Younger Persons Dementia Unit currently operating from the Dunston Hill Site and provided by Gateshead Health NHS Foundation Trust.

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**Background**

1. The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 confers health scrutiny functions on local authorities. These functions may be delegated to an existing health overview and scrutiny committee and the Council has delegated these functions, to this OSC.
2. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013 requires NHS Bodies and health service providers to consult a local authority about any proposal which they have "under consideration" for a substantial development of or variation in the provision of health services in the local authority's area.
3. Where a health scrutiny body has been consulted by a relevant NHS body or health service provider on substantial developments or variations, the health scrutiny body has the power to make comments on the proposals by the date (or changed date) notified by the body or provider undertaking the consultation.
4. Where a health scrutiny body's comments include a recommendation and the consulting organisation disagrees with that recommendation, that organisation must notify the health scrutiny body of the disagreement.

OSCs and health bodies must take all practicable steps to achieve a local resolution within a reasonable period of time before a referral to the Secretary of State can be made.

5. Where a health scrutiny body has not commented on the proposal or has commented but without making a recommendation, it must notify the consulting organisation as to its decision as to whether to refer the matter to the Secretary of State, and if so, the date by which it will make a decision on whether to refer the matter to the Secretary of State.

### **Circumstances and Content of Referrals to Secretary of State**

6. Where a health scrutiny body has been consulted by a relevant NHS body or health service provider on a proposed substantial development or variation it may refer the matter to the Secretary of State in the following circumstances.

- It is not satisfied with the adequacy of content of the consultation.
- It is not satisfied that sufficient time has been allowed for consultation.
- It considers that a proposed change is not in the best interests of the health service in its area.
- It has not been consulted and it is not satisfied that the reasons given for not carrying out consultation are adequate.

7. Where a health scrutiny body makes a referral to the Secretary of State there must be clear evidence based reasons for that referral and the regulations now require that such referrals include:-

- An explanation of the proposal to which the report now relates
- An explanation of the reasons for making the referral
- Evidence in support of these reasons.
- Where the proposal is referred because of inadequate consultation, the reasons why the health scrutiny body is not satisfied of its adequacy.
- Where the proposal is referred because there was no consultation for reasons relating to safety or welfare of patients or staff, reasons why the health scrutiny body is not satisfied that the reasons given for lack of consultation are adequate.
- Where the health scrutiny body believes that proposals are not in the interests of the health service in its area, a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
- An explanation of any steps that the health scrutiny body has taken to try to reach agreement with the relevant NHS body or health service provider.
- Evidence that the health scrutiny body has complied with the requirements where a recommendation has been made.

- Evidence that the health scrutiny body has complied with the requirements which apply where a recommendation has not been made, or where no comments have been provided on a proposal.

## Proposals

8. Gateshead Health NHS Foundation Trust has commenced the development of an exit strategy for the two services it currently has operating from the Dunston Hill Site following ongoing concerns regarding the sustainable use of the Dunston Hill Site. The attached proposals are referred to this Committee for comment as it is considered that they represent a substantial variation and development to the provision of health services in the borough. The Trust has commenced engagement with service users, staff, carers and key stakeholders and it is proposed this will be completed by the end of September.

9. The Trust is at an early stage in developing the exit strategy and the proposals will involve:-

### *St Bede's Day Care Services*

This service no longer being provided on the Dunston Hill Site. The service would be temporarily suspended until a best practice model could be offered in line with national guidance and current patients would be referred/signposted to alternative services to ensure their ongoing needs are met.

### *Younger Person's Dementia Service*

This service no longer being provided on the Dunston Hill Site. The current service model would be retained and relocated within Gateshead. Initial proposals are to re-locate the service to Bensham Hospital, which is already occupied by other mental health services, and is less than three miles away.

10. In considering the adequacy of the consultation with the OSC and whether or not the proposals are in the interests of the local health service it would be appropriate for the OSC to consider the following:-

- Drivers for change - national / regional / local developments.
- Details of any anticipated improvements to service provision as a result of the proposals.
- Information on how Gateshead service users /carers have been or will be consulted / involved in the development of the proposals and over what timescale.
- Whether the content of the consultation with Gateshead service users and carers has been adequate and allowed sufficient time for feedback.
- Feedback from the consultation with Gateshead service users / carers
- Transport / Access issues - including to proposed alternative service locations

- Impact of financial considerations / effect of the proposals on the sustainability of NHS services as well as their quality and safety.

## **Recommendations**

11. The Committee is asked to:-

- a) Comment on the proposals under consideration.
- b) Indicate whether it is satisfied with the adequacy of the consultation by Gateshead Health NHS Foundation Trust.
- c) Indicate whether it is satisfied that the proposals outlined in relation to St Bede's Day Care Services and the Younger Person's Dementia Service, currently based at Dunston Hill, are in the interests of the local health service in the area.

Contact:- Angela Frisby Ext 2138

**TITLE OF REPORT:** Helping People to Stay at Home Safely

**REPORT OF:** Caroline O'Neill, Strategic Director

**Care, Wellbeing and Learning**

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## SUMMARY

Care, Health & Wellbeing Overview and Scrutiny Committee have agreed that the focus of its review in 2018-19 will be "helping people to stay at home safely".

At the Overview and Scrutiny Committee on the 18<sup>th</sup> June 2018, Committee agreed that the review will consider how health, social care and voluntary services support people's confidence and independence to live safely in their own home. The review will centre on the 6 core themes of

- Assistive technology and digital information;
- Enablement services;
- Housing options to support independent living;
- Commissioning for enablement outcomes;
- Emergency and community services;
- Personalisation and choice.

The Committee will consider the range and extent of current activity in these areas, with a view to agreeing a set of recommendations.

This report will focus upon how the Local Authority and Gateshead Health Foundation Trust are working collaboratively as part of the Gateshead Care Partnership to provide community based Enablement approaches to residents of Gateshead enabling people to be as independent as possible. The report will also detail the trusted assessor models and interface between the Local Authority and Gateshead Health Foundation Trust (Queen Elizabeth Hospital - QEH) which serve to seamlessly discharge people from hospital back to their own homes.

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## Background

The ageing population means that there will be an increase in demand on both health and social care in future years. Around 53,000 people (1 in 4) in Gateshead have one or more long term conditions. Over 8,000 of these have three or more long term conditions. There is a significant difference in health inequality across the borough (as much as ten-years difference) and healthy life expectancy in Gateshead is significantly lower than for England: for men it is 59.1 years compared to 63.3 and for women 60.6 years compared to 63.9. Around 22% of people in Gateshead reported that their health limits day to day activities compared to around 18% nationally. (Census 2011). Significantly, Gateshead residents have higher levels of dementia, COPD, coronary heart disease and stroke prevalence than national average levels across England. The population is ageing, it is projected that by 2039 there will be an additional 14,400 people aged 65 or older, an increase of 38%.

To effectively respond to a Gateshead population that is getting older with an increase in the number of people with life limiting illnesses, the Council's Adult Social Care Provider service has remodelled its services. These include; PRIME Enablement service (short term domiciliary care support), Rapid Response, Promoting Independence Centres (Eastwood, Shadon House and Southernwood), Blaydon Resource Centre and Shared Lives. These services all serve to optimise the ability of Gateshead residents to continue living independently in their own homes and attaining a high quality of life. The majority of these services are registered by the Care Quality Commission and have either an 'Outstanding' or 'Good' rating.

## **Outcomes**

Following a comprehensive assessment of a service user's needs, Enablement is provided to an individual whereby employees either within PRIME or Eastwood Promoting Independence Centre will provide support to people to attain outcomes against allotted timescales, with the overarching aim to ensure that a service user is able to be supported at home with either no or a minimal level of support.

The key Enablement approaches are:

- The use of Assistive Technology to promote service user's independence;
- The operation of MDT teams to embed joint positive risk-taking approaches;
- The concentrated use of people's life history / biography to get the best out of service users;
- The use of TSI (Training in Systematic Instruction) as the cornerstone of the Enablement provision;
- The emotional support given to family carers.

The Enablement Framework introduced by the Adult Social Care Provider service has been pivotal to ensuring that people's individual functioning and self-confidence are optimised, equipping them with the ability to continue living in their own homes. Key successes have been:

- PRIME (short term domiciliary care service) supporting over 1300 people in the last 12 months. 80% of individuals who use the service attain their Enablement goals and of those individuals who used PRIME after being discharged from hospital, 89.4% were still living at home 91 days after leaving hospital.
- The Council provides a domiciliary care Rapid Response service that provides immediate support (average 27 minute response time) to people in a crisis situation. The primary aim being to stabilise the crisis situation and to prevent an acute hospital or residential care admission. The service won the 'Putting People First Personalisation' award at the 2017 North East Care Awards.
- Eastwood Promoting Independence Centre has adopted an effective Trusted Assessor model facilitating timely discharges from acute hospital wards. An integrated social and health based team delivering rehabilitation, reablement and recovery provision has enabled 79% of frail individuals to return home.

- Shadon House, has worked in partnership with the registered charity, Equal Arts,

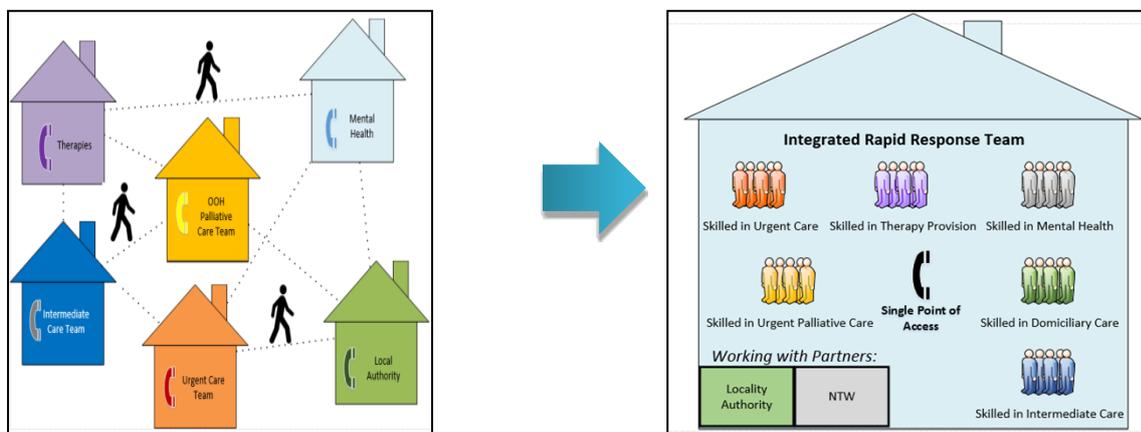
to provide a comprehensive social, therapeutic and recreational activities programme including music, drama, dance and hen therapy. Shadon House has an 'outstanding' CQC rating. One professional commented during the inspection "It takes consummate professionals to achieve what Shadon House staff members do, this is social care excellence.

- Blaydon Resource Centre provides day support to people with dementia, serving to maintain people's personal skills, communicative ability and provide invaluable respite for family carers. The service has an extensive activities programme which serves to stimulate the meaningful occupation of people with a dementia condition.

OSC Committee members are visiting the sites of Blaydon Resource Centre, Shadon House and Eastwood Promoting Independence Centre on the afternoon of Tuesday 9<sup>th</sup> October 2018.

## Gateshead Community Services

We are currently undergoing a transformation plan, which includes collaborative working with health and social care to achieve improved outcomes for the people of Gateshead. One of the key areas of work has been to create one single rapid response team that incorporates staff skilled in urgent nursing care, domiciliary care, palliative care, mental health and intermediate care. It was identified that we have multiple telephone numbers and referral routes for accessing services that patients/service users would require for a timely intervention.



### Aims

- It would aim to offer care and support to patients in their place of residence to:
- Keep people living independently and healthily at home by managing chronic disease in times of crisis;
- Prevent avoidable emergency hospital admissions;
- Prevent unnecessary admissions to care homes;
- Prevent people going into long term care;
- Reduce delayed transfers of care from hospital;
- Support carers in times of crises.

A phased approach to achieving our goal of the Single Rapid Response Team is as follows:

- Phase 1 Nursing integration from May 18;
- Phase 2 Nursing and Therapy integration from September 18;
- Phase 3 Local Authority integration from September 18;
- Phase 4 Mental Health to follow on from phase 3.

This work is at an early stage but is progressing on schedule. We currently have two working groups to bring this piece of work together with key representatives from health and social care.

### **Trusted Assessment: Hospital Transfers of Care to Eastwood**

Many people wait too long to be discharged from hospital resulting in poor experience of the health and care system and poorer outcomes. Trusted assessment is a key element of best practice in reducing delays to transfers of care of people between hospital and home. By using trusted assessors, we can reduce the numbers and waiting times of people awaiting discharge from hospital and help them to move from hospital back home or to another setting speedily, effectively and safely.

Due to previous winter initiatives, the trusted assessment process was developed in May 2017 for patients identified as requiring an intermediate care bed based in QEH. The aims of the process to reduce re-admissions to QEH and ensure the patients were within medical parameters to progress with re-ablement, rehabilitation, recuperation in a bed based environment. The identification of suitable patients occurs at the daily board round, the therapist takes responsibility to complete the first part of the assessment process. If the patient is suitable for an intermediate care bed, part 2 of the referral is completed by a Frailty Nurse to explore the medical aspect.

### **Outcomes**

The data provided over a 12 month period (2017- 2018) measured against a similar cohort of patients prior to the Trusted Assessment development. During this period the Frailty Nurses reviewed 85 patients in Queen Elizabeth Hospital and neighbouring Newcastle Hospitals to facilitate repatriation.

- **80%** of patients identified as suitable for the Intermediate Care Beds were transferred to Eastwood
- **20%** of patients were declined due to the following reasons: Clinically unwell, suitable for transfer home, too dependent, declined by patient, declined by Eastwood.
- **50%** reduction in hospital attendances, during the patients stay at Eastwood.
- The number of individuals who are still living at home 91 days post hospital discharge period. Within a recent Council performance clinic it was reported by the Performance Management team that Eastwood's return for this financial year, covering Apr – July' 18, showed an improvement as the rate was 85% (over 15% higher than it has been for previous years).

Following on from the Trusted Assessment work with Eastwood, we were asked to scope out expanding Trusted Assessment to Gateshead Local Authority services; Rapid response and PRIME reablement services. It was identified that the Discharge Liaison nurses would be ideally placed to complete the pilot.

The aim was to identify patients in the emergency care department who would benefit from reablement services, reducing admissions to QEH and improving patient outcomes. Patients on ward areas were not to be part of the pilot, the daily MDT would continue to support the identification of potential patients.

### **Implementation**

- Shadowing opportunities arranged for all Discharge Liaison Nurses to observe the operational function of rapid response/PRIME services.
- This shadowing embedded trust between health and social care, as they developed an understanding of the respective services provided.
- The pilot commenced on 20<sup>th</sup> November 2017. Discharge Liaison Nurses attended Emergency Care department shift handovers to assist with the identification of suitable patients.
- The project expanded to four ward areas in January 2018, following pilot review meetings.

### **Challenges**

- From November 2017 to January 2018, it was identified a total number of 25 of patients were suitable for reablement services in Emergency Care at QEH. This pilot demonstrated the cohort of patients we were aiming to support, in the Emergency Care dept were clinically unstable and not suitable for reablement services.
- Health and Social Care jointly agreed to expand the pilot to four ward based areas.
- Service pressures over Easter Period
- Limited Care First Access (Gateshead LA, IT system)
- Delays in winter funding affected recruitment and start dates for extra nursing staff to work within the Discharge Liaison team.

## Outcomes

- Since expanding to the pilot to ward areas, a total number of **106** patients have been identified for reablement services.
- The pilot is now established and remains part of the Discharge Liaison Nurses Role on a daily basis.
- Increased capacity for the Social Work team based at QEH to deal with the more complex social cases

## Next Steps

- To continue the trusted assessment model due to the good working relationships that have been developed across health and social care. Currently 157 trusted assessments have been completed
- Ward areas, reviewed following changes to the Stroke Patient Pathway.
- Discharge Liaisons Nurses to work Monday – Friday due to end of extra winter funding.
- Potential for therapists to become trusted assessors to support timely transfers of care

The social work assessment teams role in supporting our older population and those people with complex Physical, Mental Health and Learning Disability are working closely with the QE Trust in;

- 1. reducing the number of delayed discharges to prevent people staying in hospital longer than necessary and being at risk of hospital acquired infection as well as blocking beds for those who need a hospital admission.**

Delayed discharges continue to be a challenge to the both Gateshead Health Foundation Trust and Gateshead Council with this year's target having been reduced.

## **Bridging Service**

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, the Council need a service that is responsive and has staff available to start within two hours. 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 need to be discharged and receive support for a short period of time whilst waiting a long-term package of care.

The Pilot was evaluated and overall proved very successful. It enabled over fifty 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 agreed 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.

## **Function of the social work team**

A social care assessment team is based within the QE hospital. The team work closely with Trust staff in supporting safe discharges. Most wards within the Trust have an allocated social care worker who is the link person for people who may require social care support for discharge. The link worker attends the daily "board rounds" where they are involved in the multi-disciplinary meetings discussing patients and identifying with the multi-disciplinary team any person who may require advice and/or support from social care.

Further on-going work to support the Trust are the;

- Weekly Surge Meeting – A problem solving meeting to discuss specific cases where there are possible issues relating to discharge.
- Winter Planning Meeting – Looking at any issues from the winter beds (ward 6)
- Daily Surge Meeting Gold command – This meeting is ad hoc and can be called on at very short notice when the Trust is in a particularly difficult position.
- Patient Flow meetings – These meetings discuss the Patient Flow Plan 2017-2019 which is looking at best practise discharge planning.

## **2. Supporting Gateshead Community Services in providing care closer to home for people with health and social care needs.**

As part of the review of the Council's Adult Social Care Assessment model, two locality teams have been developed who work across the 5 geographical areas. These teams work with people aged 18+ who have a physical health problem and people with an organic mental health problem which primarily will be older people.

As part of the Trust Community Service locality working, link worker from each of the teams has been developed. The aim of the link worker is to be able to give advice/information, signpost or complete assessments if required. In turn this should help delay or prevent a hospital admission or delay the need for longer term social care support.

The locality working is in a relatively embryonic stage, however, there is commitment across both organisations to develop this further.

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**Contact: Steph Downey: 3919**



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**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 2018/19.

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1. The Committee's provisional work programme was endorsed at the meeting held on 17 April 2018 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.

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**Contact:** Angela Frisby

**Extension:** 2138

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| <b>Draft Care, Health &amp; Well-being OSC 2018/2019</b> |  |
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| <b>19 June 18</b>  | <ul style="list-style-type: none"> <li>• Constitution (<b>to note</b>)</li> <li>• Role and Remit (<b>to note</b>)</li> <li>• The Council Plan – Year End Assessment and Performance Delivery 2017-18</li> <li>• OSC Review – Helping People to Stay at Home Safely – Scoping Report</li> </ul>   |
| <b>18 Sept 18 – <u>5pm mtg</u></b>                       | <ul style="list-style-type: none"> <li>• <b>Sunderland Urgent Care Proposals</b></li> <li>• <b>Proposals Re Dunston Hill – Substantial Variation and Development</b></li> <li>• OSC Review – Helping People to Stay at Home Safely - Evidence Gathering</li> <li>• Work Programme</li> </ul>   |
| <b>30 Oct 18</b>   | <ul style="list-style-type: none"> <li>• OSC Review – Helping People to Stay at Home Safely - Evidence Gathering</li> <li>• <b>Social Services Annual Report on Complaints and Representations – Adults</b></li> <li>• Health and Social Care Integration</li> <li>• Gateshead Healthwatch Interim Report</li> <li>• Work programme</li> </ul>   |
| <b>11 Dec 18</b>   | <ul style="list-style-type: none"> <li>• OSC Review – Helping People to Stay at Home Safely - Evidence Gathering</li> <li>• The Council Plan – Six Monthly Assessment of Performance and Delivery 2018-19</li> <li>• <b>Annual Report of Local Adult Safeguarding Board and Business Plans – Emerging Priorities</b></li> <li>• <b>Monitoring - OSC Review of work to Address Harms caused by Tobacco</b></li> <li>• Work Programme</li> </ul> |
| <b>22 Jan 19</b>   | <ul style="list-style-type: none"> <li>• OSC Review – Helping People to Stay at Home Safely - Evidence Gathering</li> <li>• <b>Health &amp; Well-Being Board Progress Update</b></li> <li>• Work Programme</li> </ul>  |
| <b>5 Mar 19</b>  | <ul style="list-style-type: none"> <li>• OSC Review – Helping People to Stay at Home Safely - Interim Report</li> <li>• Gateshead Healthwatch</li> <li>• Health and Social Care Integration</li> <li>• Work Programme</li> </ul>   |
| <b>23 April 19</b>                                       | <ul style="list-style-type: none"> <li>• OSC Review – Helping People to Stay at Home Safely - Final Report</li> <li>• Monitoring - OSC Review of Work to Address Harms caused by Tobacco</li> <li>• Health and Well-Being Board – Progress Update</li> <li>• OSC Work Programme Review</li> </ul>  |

**Issues to slot in**

- Deciding Together Delivering Together – Progress Update / Potential Consultation
- 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.