

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 8 September 2020 at 1.30 pm. This meeting will be held virtually.

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for Absence
2	Minutes (Pages 3 - 8) The Committee is asked to approve as a correct record the minutes of the last meeting of the Committee held on 3 March 2020.
3	Making Gateshead a Place Where Thrives - End of Year Update of Performance and Delivery 2019/20 (Pages 9 - 30) Report of the Strategic Director, Children, Adults and Families
4	COVID-19 Update (Pages 31 - 34) Report of the Strategic Director, Children, Adults and Families

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 3 March 2020

PRESENT: Councillor S Green (Chair)

Councillors: M Charlton, W Dick, P Diston, K Ferdinand, J Gibson, B Goldsworthy, M Goldsworthy, M Hall, H Haran, M Hood, R Mullen, I Patterson and A Wheeler,

APOLOGIES: Councillors J Lee, K McClurey and P McNally,

CHW172 MINUTES OF LAST MEETING

The Committee agreed the minutes of the last meeting held in 28 January 2020 as a correct record.

CHW173 HEALTHWATCH GATESHEAD

Felicity Shenton, Deputy Chief Executive/Operations Manager provided the OSC with a report and presentation on Healthwatch Gateshead.

The OSC were informed that Healthwatch Gateshead Committee have listed the following topics as potential priorities for 2020-21:-

- Interpreting services (Newcastle and Gateshead)
- Risk of falls
- Standards of care in residential settings
- Supporting young people who are facing gender identity issues (Newcastle and Gateshead)
- Use of pharmacies

More information can be found at <https://healthwatchgateshead.co.uk/priorities-for-2020-21/>

Adult Social Care Direct (the front door to adult social care)

The Committee were advised that one the priority areas for 2019-20 was to carry out research on Adult Social Care Direct. This research took place over the summer and autumn of 2019. The findings are currently being shared with key stakeholders in draft and feedback is awaited. The final report is due to be published in March 2020 and will include recommendations and responses from Gateshead Adult Social Care. The final report will be presented to a future OSC meeting.

Outreach and engagement

The Committee were advised that in the past four months 25 events and stalls have been held and these can be viewed on an interactive map on the Healthwatch Gateshead website (healthwatchgateshead.co.uk/about-us/our-work)

Further updates will be made to future meetings of the OSC.

The Committee received information about Commissioned work, namely Integrated Care System and Emergency Departments and also representation on various Boards both locally and regionally.

RESOLVED - That the information be noted.

CHW174 A WHOLE SYSTEMS APPROACH TO HEALTHY WEIGHT

The OSC received a report providing an understanding of the complexity of the healthy weight agenda and overview of the healthy weight work that is being undertaken in Gateshead across the life-course as part of a whole system approach.

The report covered the following areas:

- Background
- The scale and complexity of the problem
- The evidence base
- Whole system approach
- Progress update, and
- Recommendations

RESOLVED - i) That the information be noted.

ii) The OSC agreed to receive further updates in due course.

CHW175 SUICIDE - EVERY LIFE MATTERS INTERIM REPORT

The OSC received the Interim Report looking into Suicide: Every Life Matters. The OSC were advised that the review, to date, has been carried out over a seven-month period with four papers supported by four evidence gathering sessions incorporating input from: HM Coroner, a person with Lived experience of Suicide, the results of a local Suicide Audit, a leader from the Regional level Integrated Care System (ICS) and Northumbria Police. A draft interim report has been prepared on behalf of the Committee settling out key findings and suggested recommendations from a local and regional perspective to agree a local way forward for Gateshead.

Work is progressing at Regional, sub-regional and local levels and the data would point towards a turning point, with decreasing rates of suicide in Gateshead. However, a partnership working needs to be supported to enable rates of suicide to continue to fall, wary that regional and national policy decisions can undermine work at a local level.

The Committee were advised that during the evidence gathering sessions a number of key issues and challenges were identified and include:

- How Suicide deaths are recorded and the impending change in the standards of proof required for a jury to return a conclusion of suicide from a

legal perspective, “beyond reasonable doubt”, to the *civil standard*, “the balance of probabilities”. There is potential for this to result in an increase in suicide recorded.

- National policy having the potential to impact upon the local work that is being undertaken, both positively and negatively. Positively, in accessing national funding streams to develop work programme further and negatively, through policy changes which may make it more difficult for people in extreme circumstances.
- Ensuring that the full impact of the issue is understood. The number of deaths from Suicide are thankfully small and there is the risk that it could be dismissed as not too much of an issue, however, the impact felt by families, friends and communities is significant.
- Inequalities in health are mirrored in inequalities in who is dying from Suicide/Unexplained deaths. Local data shows that more deaths occur in people from more disadvantaged groups.
- People who have been through experiences, either as a family member/friend or as a survivor of having attempted to kill themselves are in position to be able and support local suicide prevention work.
- Data would suggest that the majority of Suicide deaths occur in the home and the challenges this poses for prevention work. Rather than individual case work there is a need to focus work on wider preventative public mental health programmes that tackle the stigma of mental health.
- The responsibility and the ability to undertake prevention work on suicides is not with one single organisation. Partnership working at National, Regional and local level, with every organisation and every person knowing their potential role, will help.
- Partnership working will help to ensure that best practice and learning is shared across agencies, duplication is lessened, scant resources are shared to improve efficiency and effectiveness and the impact of the work is enhanced.
- Partnership working is also key to ensure that organisations communicate with each other and share intelligence on clients where this is possible.
- Funding cuts in Local Authority and Public Health budgets are a risk in the continued focus on elements that fall outside the mandated programmes to be delivered by Local Authorities.

The OSC were advised that the draft recommendations for the review were set out below:

Recommendation 1:

Gateshead Council should continue to support work on Suicide Prevention in Partnership at Regional, Sub Regional and local level to ensure that it benefits from sharing of best practice and support from partners in tackling Mental Health stigma and Suicide in Gateshead.

Recommendation 2:

Gateshead Council should look towards appointing an elected member Mental Health Champion to represent the Council at Regional and local forums/events on Mental Health and Suicide Prevention. Note – role previously held by Cllr Mary For before her election as an MP.

Recommendation 3:

Suicide rates in Gateshead should continue to be monitored through data collected by the Northumberland, Tyne & Wear Real Time Data system to identify any changes in patterns which may require local action. Specific focus should be put on identify any changes in patterns which may require local action. Specific focus should be put on identifying health equity issues and tackling Health Inequalities in line with Thrive targets.

Recommendation 4:

Gateshead Council should continue to promote and fight the stigma of Mental ill Health through an Action Plan developed as part of the sign up to the Time to Change Employer pledge by the Council Leader and Chief Executive on 18 October 2017.

Recommendation 5:

Gateshead Suicide Prevention Action Plan should be a standing agenda item on the Gateshead Mental Health and Wellbeing meeting agenda and reports should go up to the Gateshead Health and Wellbeing Board from this group on an annual basis which will include a Suicide update.

Recommendation 6:

There should be a targeted approach, identifying high risk groups such as Men, alongside population level approach to this work as part of the Gateshead Suicide Prevention Action Plan.

Recommendation 7:

People with Lived experience should be engaged in delivery of the Action Plan.

Recommendation 8:

Efforts should be made to engage the media to raise awareness of Samaritans guidance on responsible media reporting. Provide local media with access to the designated suicide prevention lead so they can speak to them prior to running any story.

- RESOLVED -
- i) That the information be noted.
 - ii) That the draft recommendations be agreed

CHW176 ADULT CARERS AND CARERS RELIEF SERVICE

The OSC received a report providing an update on the Adult Carers and Carers Relief Service, commissioned by Care Wellbeing and Learning.

The OSC were informed that the Adult Carers and Carers Relief Services are two elements of a three-part Carers contract, which commenced on 1 May 2019 and expires on 30 April 2024. The contract is jointly funded by Gateshead Council and Newcastle Gateshead Clinical Commissioning Group.

The existing provider, Gateshead Carers Association, were awarded the contract to Adult Carers, aged over 18 years of age, and Carers Trust Tyne and Wear were awarded the Carers Relief Service; Carers Trust Tyne and Wear were also awarded the Young Carers service.

The new contract has been operational since May 2019. Carers Trust Tyne and Wear are contractually required to provide monthly data on the Carers accessing the service and the number of hours of replacement care completed. The Gateshead Carers Association are also required to provide quarterly data on the Adult Carers Service.

Details of quarterly data was provided to the OSC for information as well as details of the Carers Partnership, Carers Week, Performance Monitoring and Reflections from Service Users.

RESOLVED – That the information be noted.

CHW177 WORK PROGRAMME

The Committee received the provisional work programme for the municipal year 2019-20.

It was noted that the work programme work programme was endorsed at the meeting on 23 April 2019 and councillors agreed that further reports will be brought to future meetings to highlight current issues/identify any changes/additions to this programme.

Appendix 1 (appended to the main report) set out the work programme as it currently stood and highlighted proposed changes to the work programme.

- RESOLVED -
- i) That the information be noted.
 - ii) That further reports on the work programme be brought to Committee to identify any additional policy issues which the Committee may be asked to consider.

Chair.....

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8 SEPTEMBER 2020

**TITLE OF REPORT: Making Gateshead a Place Where Everyone Thrives –
End of Year Update of Performance and Delivery 2019/20**

**REPORT OF: Caroline O'Neill, Strategic Director, Children, Adults and
Families**

SUMMARY

This report provides the end of year update of performance and delivery for the period ending 31 March 2020 in relation to the Council's Thrive agenda for the indicators and activity linked to care, health and wellbeing delivered and overseen by Adult Social Care and Public Health services within the Council.

Background

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).
2. The Council's new strategic approach Making Gateshead a Place Where Everyone Thrives, was approved by Cabinet in March 2019, to ensure the Council continues to get the best outcomes for local people and remains a viable and sustainable organisation into the future.

Delivery and Performance

3. This report sets out the performance overview linked to 20 strategic outcome indicators identified as providing a high-level picture of the strategic priorities for the Council and its partners in care, health and wellbeing.
4. All 20 indicators are listed in Appendix 1 with performance data provided where this is available at the end of the period. There is also an update on key activities and achievements over the last 6 months, with key activities identified in each service area for the upcoming 6-month period.
5. While the report follows the standard framework for the Year End 2019/20 performance, it also identifies the impact of the COVID-19 pandemic on performance as well as potential future implications. The current strategic indicators are in the process of being reviewed and a new performance framework adopted for the Council. Therefore, it is anticipated this will be the last report of this format linked to these indicators.

Recommendation

6. Care, Health & Wellbeing Overview & Scrutiny Committee are asked to:
- (i) consider whether the activities undertaken during October 2019 to March 2020 are supporting delivery of the Thrive Agenda;
 - (ii) identify any areas they feel they require more detail about or feel require further scrutiny; and
 - (iii) note that Cabinet will consider a composite performance report at their meeting on 20th October 2020.

Contact: Jon Gaines

Ext: 3484

Care, Health and Wellbeing Overview and Scrutiny Committee - End of Year Assessment of Performance and Delivery to 31st March 2020

8th September

Portfolio:	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care - Cllr Michael McNestry Health and Wellbeing – Cllr Bernadette Oliphant
OSC Chair:	Cllr Stuart Green
Lead Officer:	Caroline O’Neill, Strategic Director, Children, Adults & Families
Support Officer:	Jon Gaines, Service Manager Quality Assurance

1. Introduction

- 1.1 We know that over 43% of people and families in Gateshead are either managing or just coping and over 40% are in need or in vulnerable situations. We want to change those statistics and aim to Make Gateshead a Place Where Everyone Thrives and narrow the gap of inequality across Gateshead resulting in more people living longer and leading healthier and happier lives.
- 1.2 Children, Adults and Families primary focus is direct work with and commissioning of services to support the residents of Gateshead. It is critically placed to support the Thrive agenda. Our work spans the 5 Thrive pledges, of:
- 1 *Put people and families at the heart of everything we do*
 - 2 *Tackle inequality so people have a fair chance*
 - 3 *Support our communities to support themselves and each other*
 - 4 *Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough*
 - 5 *Work together and fight for a better future for Gateshead*
- 1.3 For services covered by Adult Social Care and Public Health, 20 overarching strategic indicators are currently identified and monitored to support the group in understanding its performance linked to achieving the council aim of narrowing the gap of inequality across Gateshead and supporting its residents to thrive. This report sets out the end of year update to March 2020 ‘assessment of delivery and performance’ in line with the current Performance Management Framework.
- 1.4 This report provides a performance overview linked to the 20 strategic indicators for Adult Social Care and Public Health which currently fall under three pledges of “*Tackle inequality so people have a fair chance*”, “*Work together and fight for a better future for Gateshead*” and “*Supporting Communities*”
- 1.5 Section A provides an overview of performance linked to the indicators identified as falling under each pledge, along with any achievements or challenges. The section summarises if performance has improved or declined since the same period in the previous year. Also included is an update of actions identified in the previous periods report and actions identified for the next 6 months

1.6 Section B provides a performance dashboard with individual performance details for the 20 indicators identified, grouped by the relevant pledge.

2.0 Recommendations:

2.1 Members are asked to receive this report for information and consider:

- (i) whether the activities undertaken during October 2019 to March 2020 are achieving the desired outcomes Making Gateshead a Place Where Everyone Thrives;
- (ii) asked to identify any areas they feel they require more detail about or feel require further scrutiny; and
- (iii) note that Cabinet will consider a composite performance report at their meeting on 20th October 2020.

Section A

3.0 Performance Overview

3.1 The chart below summarises the overall position and trend in performance compared to the performance, as of the previous end of year report, for the 20 indicators included in Section B, grouped under the relevant pledge. Specific detail for individual indicators is provided in Section B. Overall performance has improved in 6 out of the 20 indicators (30%) we have an updated position for. There is 1 indicator where is no update available on the previous position as it has been removed from the Public Health Outcomes Framework Tool pending a revision of the definition and the data source and there is one indicator that is brand new to this year's report and we are unable to compare the data at this time

Chart 1: Summary of direction of travel for indicators in section B



Putting people and families at the heart of everything we do

- 3.2 There are currently no strategic indicators linked to “*Putting people and families at the heart of everything we do*”.

Achievements, Challenges and Actions

- 3.3 The Care Call service’s charging policy has been reviewed. The contract surrounding the Care Call equipment within a service user’s property will now end when Care Call are advised that a service user has passed away, with any charges ceasing at that point.
- 3.4 All service users being assessed in need of the PRIME service will be issued with a standard letter to explain the outcome of the assessment and the number of hours that will be provided by the PRIME Service. The letter will also set out the circumstances when additional charges may be applied should the PRIME service need to be extended.
- 3.5 Completion of new build apartments for people with a learning disability. Swanway has provided a new offer of independent living in single person apartments and was a joint project with Home Group.
- 3.6 Work by the MECC team to ensure the sustainability of the approach locally has included working with Voluntary Community Sector organisations to support them to be able to work with the families and people using their services.
- 3.7 As part of the response to COVID-19 the Council have established Community Hubs to support vulnerable families and children across the Borough. Although not specifically a mental health intervention, this service has offered support and advice, signposting to services who can help address need, including supporting mental health. As part of funding received through NHS Modernisation funds through NHS England, Gateshead and partners at Tyne & Wear level, as well as across the Integrated Care system geography, have developed a leaflet which has been distributed to all households in the North East identifying how to look after their Mental Health during a Pandemic and lockdown.

Update on Actions from previous report.

Action	Thrive Pledge	Service Area	Update
We are about to take forward a new development (subject to planning and consultation). for accommodation for people with learning disability or autism as part of a larger development in Wrekenton.	People & Families	Commissioning	Plans and costings have been established by working with colleagues across the Council and GRP. Currently working to agree tenure, once this is complete planning permission will be sought with the first properties becoming available Autumn 2021.

The remainder of the Adult Social Care web pages will be redesigned and developed to provide a better solution for our customers. This will be designed using empirical usage data and should make navigation to the most popular web pages easier. Content will also be adapted to providing better signposting to other sources of information and consultation with public focus groups will help shape the future content and style of the Adult Social Care webpages.	People & Families	CWL Programme Team	This should provide an enriched web experience for Adult Social Care service users and provide them with a better detail of knowledge with an easily navigable set of web pages.
To further develop the MAART with an additional post. This will link in with Thrive, specifically with the homelessness prototype and ensuring that a service is offered to the most vulnerable with no assessed social care needs.	People & Families	Assessment & Care Planning	The additional worker has strengthened the work of the MAART however will be expected to end this year. The small team have managed to increase the amount of work they undertake with those who do not meet Care Act, with many outcomes being improved upon by effective relationship building and working with police and other stakeholders.
Develop the locality working within the East of the borough.	People & Families	Assessment & Care Planning	Unfortunately, due to the COVID-19 pandemic the locality MDT have been put on hold.
Provide a social care worker over the winter period to work at Front of house to prevent hospital admission.	People & Families	Assessment & Care Planning	This supported in reducing the number of people being admitted to hospital.
Training for Adult Social Care Direct staff on the Strength Based Model is planned to take place early next year.	People & Families	Assessment & Care Planning	This is currently an ongoing as part of a service wide approach to strength-based practise.
Literature has been received regarding the 3 conversations model and we are looking at to develop the most useful tool from this.	People & Families	Assessment & Care Planning	Similar to the training for strength-based approach this is ongoing work which fit directly in with that
Support the North East Region to embed the change in the law across its assessment functions in adults, children's and commissioning ensuring that key stakeholders and responsible bodies are fully briefed in the legislative requirements.	People & Families	Assessment & Care Planning	Due to a legislative delay in the implementation of Liberty Protection Safeguards, some work has been put on hold as nationally, this has been compromised further by COVID-19. however, we continue to ensure that locally, regionally, and nationally we are sighted on the developments to ensure that awareness raising is still a priority across agencies.
To Commence work on a Digital/ Assistive Technology Strategy and Action Plan	People & Families	Care Call	Action did not take place and this work was moved to the actions for the next 6 months as it is currently ongoing.
A celebration event for MECC is planned for 30 th October 2019 and several the Voluntary and Community Sector organisations involved in Phase 1 of the programme will be presenting on what MECC has meant for them. We will also have the University sharing the findings of their evaluation of the programme.	People & Families	Public Health	A celebration event was held on 30 October 2019 with good representation from organisations involved in the various phases of the MECC programme i.e. Voluntary and Community Sector organisation from Phase 1, Local Authority Departments from Phase 2, Targeted Communities from Phase 4 and further Local Authority departments from Phase 5. The opportunity to celebrate achievements was well received and organisations showcased their achievements as part of the programme. The event also gave the Public Health Team leading on MECC to outline the next steps and support mechanisms, both self and through the Public Health Team, that will be developed over the coming year.

To plan an event to consider the Gateshead evidence in relation to alcohol related harm and bring organisations together to complete the Alcohol CLEAR self-assessment process as a partnership.	People & Families	Public Health	The CLear event was planned and due to take place on 11.6.20, but due to COVID-19 had to be cancelled. There is a need to reschedule this when situations allow. The event may have a different emphasis as a result of changes in alcohol use as a result of COVID-19.
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Actions for the Next 6 Months

- i. The Care Call service are exploring the latest technological developments, to secure specific equipment which can notify the Care Call Operators when a service user (who may be disorientated and confused) disconnects their Lifeline equipment.
- ii. The Council is currently developing a new online complaints system for Statutory Complaints about Adults and Children's Social care. Once implemented, the system will allow the public to submit complaints online, it will also provide complainants with the opportunity to monitor and track the progress of their complaint through to its conclusion.
- iii. The Care Call service will look to progress the work on Digital/Assistive Technologies however this is likely to be delayed due to operational requirements of COVID-19.
- iv. Conduct a review of 'National Child Measurement Programme'(NCMP) processes in line with national guidance post-COVID-19. The review will be informed by national and local need.
- v. We will continue to support organisations through network events, initially via remote working solution technology which doesn't require people to meet Face to Face, and then network meetings when this is possible.
- vi. Work will be done to plan for supporting people's mental health once the COVID-19 pandemic starts to be brought under control and restrictions are lifted on a range of activities.
- vii. Continue to explore the way in which ACT can increase individuals to thrive in their communities but increasing staffing and the remit within the team. Working closely with adult social care to embed strength-based practice to encourage independent living.

Tackle Inequality so people have a fair chance

- 3.8 As a Council and group we must focus help on those areas of our remit where people are vulnerable and just coping, in order to support groups like these we have identified 10 strategic indicators linked to the pledge of **Tackling Inequality, so people have a fair chance**. In the latest performance period, we have demonstrated improvements for 1 indicator in this pledge, performance has declined for 8, and 1 indicator (Excess under 75 mortality rate in adults with serious mental illness) received no update on the previous period as its data source has been removed by Public Health England.

Performance Overview

- 3.9 The proportion of people dissatisfied with life has shown an increase compared to the same period last year and is the third period in a row to demonstrate this. Gateshead has a significantly higher rate than England and is higher but not significantly higher than North East rates. Gateshead has one of the 5th highest rates of the 88 published LA's
- 3.10 The rate of preventable mortality has increased compared to the previous year's rate. Gateshead remains significantly worse than both England and North East averages and has the 15th highest rate in England. This is now the second increase in preventable mortality in the last 3 periods and is one of only three increases since the 2001-03 period
- 3.11 It is not possible to state that there are any statistically significant changes in healthy life expectancy. However, indicatively, healthy life expectancy for men increased by 1.2 years in 2016-18 to 60.8 – the third increase in a row. This is Gateshead's highest recorded male healthy life expectancy. Males in Gateshead can expect to spend 78.5% of their total life expectancy in good health. The current gap to England for male life expectancy at birth is 2.1 years increasing by 0.1 years on the previous period. Male life expectancy is currently 77.5 years. Again, indicatively, healthy life expectancy for women decreased by 1.4 years in 2016-18 to 57.7 and on average they are expected to spend 70.9% of their total life expectancy in good health. This is the lowest recorded healthy life expectancy for women in Gateshead. The current gap to England for female life expectancy is 1.8 years, having been slightly less at 1.7 years the year before. Female life expectancy is currently 81.4 years.
- 3.12 Inequality in life expectancy for both men and women is increasing both with a general upward trend. The inequalities gap for men was 9.0 years in 2010-12 and is now 10.6 years in 2016-18. For women, the gap was 7.1 years in 2010-12, and is now 9.3 years in 2016-18. For men this trend puts them in the 2nd worst quintile in England and for women it's the worst quintile. However, this trend displayed by both sexes is matched by the increases shown in inequality for both males and females at North East and England levels.
- 3.13 The proportion of BAME carers supported through an assessment, review or been in receipt of a carer related service during the period of April 19 to March 20 has decreased slightly compared to the same period last year. However, the number of carers has remained static at 13.

Achievements and Challenges

- 3.14 One of the aims of the MECC approach is to tackle health inequalities, targeting communities of need as identified by the Gateshead JSNA, as an example of this work.
- 3.15 During the COVID-19 pandemic the way in which drug and alcohol services operate has completely changed in order to enable this vulnerable cohort of the population to follow the guidelines of socially distancing and self-isolating. This has led to innovative service delivery to ensure that service users were still able to

access support and treatment. innovative ways of working such as a mobile needle exchange delivery and collection service, recovery groups via zoom, telephone support and maintaining the provision of community detox.

- 3.16 Development of a collaborative partnership approach to streamline the pathway for the testing, diagnoses and access to treatment for Hepatitis C and increase treatment engagement and completion. This was achieved by the clinic being hosted within the substance misuse service and the appointment times were changed from the morning to the afternoon, with increased capacity and utilising an opportunistic approach. in the last 6 months Gateshead substance misuse service has been one of three pilot sites to improve access to Hep C treatment through its needle exchange, thereby enabling those who may not be in drug treatment to be tested and access the Hep C pathway.
- 3.17 The finalised Health and Wellbeing Strategy is now consistent with learning from 'The Marmot Review 10 Years on' that has a specific focus on addressing health inequalities, encompassing the wider determinants of health. The new strategy is also consistent with Gateshead being a designated Marmot 'Place'.

Update on Actions from the Previous Report

Action	Thrive Pledge	Service Area	Update
During Q4 of 2019/20 the tendering process will be completed, and the Council will commence the system implementation stage with the successful supplier. The programme for replacing the Social Care Information System has involved work across multiple Council services and other organisations (e.g. NHS, Housing) which has demonstrated a whole system approach, supporting the planning and delivery of services based on need through the implementation of a new integrated social care system.	Tackling Inequality	CWL Systems	The tendering process was completed, and the contracts were awarded in May 2020 for the replacement to CareFirst. The implementation plan for this has now commenced.
Planning for the dissemination of the University research into the MECC programme will be done and taken forward over the next 6 months	Tackle inequality	Public Health	A group of Public Health staff involved in the management and delivery of the MECC programme met with the representatives from Northumbria University and outlined plans for dissemination. There was also input from funders of the research. To date the University has been putting their paper forward for publications and various local dissemination events have been organised, the first of which was at the Celebration Event of 30 October 2019, outlined above, with organisations who this research related to, Voluntary Community sector organisations funded through Phase 1 of the programme. An evaluation report is available for OSC members and committees if required and if they haven't received one already.
Gateshead have been invited to be part of a national project with Public Health England focused on planning and the food environment, to help inform and support planning teams to have a positive impact on the food environment. This will bring further learning to Gateshead.	Tackle inequality	Public Health	Learning from PHE work conducted to inform future update of the SPD for hot food takeaways. This will help in strengthening future evidence to support the document. Many areas are still keen to hear from 'planning' about the process we have undertaken and any learning we have.

The healthy weight declaration is set to be adopted by the Council and will prioritise 6 local commitments for the declaration, relevant to local needs and aspirations of Gateshead. This requires senior sign up and consultation events with partners will be held.	Tackle inequality	Public Health	Healthy Weight workshops held with partners to inform local priorities. Food Active have supported the healthy weight process. The next stage is in terms of consulting with key groups, which was not carried out in March as planned and will be rescheduled to complete the process for a healthy weight declaration for Gateshead.
Work is taking place with planning colleagues and in partnership with Newcastle University to improve the councils understanding of the link between green infrastructure and health and wellbeing at a local level. This piece of work will support the council to develop interventions that can improve health outcomes for residents.	Tackle inequality	Public Health	In a collaboration with Newcastle University students, the consultancy project recommended some indicators which can be used by the Council to understand the links between GI and health. This work has gained interest regionally and led the Council to engage in further work short to look at developing measures related to open space - a health/wellbeing.
We will be liaising with CCG and Gateshead Recovery Partnership to develop a respiratory screening service for those within substance misuse services who are identified as high risk from respiratory harm	Tackling Inequalities	Public Health	This was due to begin in April, however due to COVID-19, the way that substance misuse services were able to operate changed and it was not possible to begin this piece of work. Respiratory Health remains a priority and as such, stop smoking support has been on offer throughout this time and flu vaccinations for the coming season are considered a priority.

Actions for the next 6 months

- i. We will continue to support organisations through network events who work with some of the most marginalised groups in Gateshead.
- ii. Contribute to ongoing review of inequalities because of COVID-19, detailing impacts and mitigations relevant to the SRH system.
- iii. To plan the roll out of the second year of provision of flu vaccinations from the substance misuse service for those who meet the criteria for the free vaccine, but may otherwise not access the scheme through their GP and investigate whether this can be further rolled out to those who are accessing the homeless hub.
- iv. As part of regional healthy weight group work, an impact assessment will be conducted to find out the implication of the changes to planning regulations for pubs and restaurants as part of COVID-19 to provide takeaways. The work will be carried out at a local level and will inform the area in terms of impact of the temporary regulations on the healthy weight agenda.
- v. As part of the system approach to 'healthy weight,' consultations will be carried out with partners and key groups to look at the impact of healthy weight on key communities in Gateshead.
- vi. Explore and map the way in which we support those with mental health needs in our community, linking in with all services supporting and providing to promote good mental health, increase opportunities for recovery across community, individuals and groups by ensuring all pathways are clear and accessible with clear direction.

Work Together and fight for a better future for Gateshead

- 3.19 As a council to improve the lives of the residents of Gateshead we must work together as a council, but also with our partners and others to do so. We have identified 4 strategic indicators linked to the pledge of ***Work together to fight for a better Gateshead***. In the latest period we have noted improvements in 2 indicators and a decline in 2.

Performance Overview

- 3.20 The data collection for the Delayed transfers of care was stood down in March by NHS digital and is currently not being collected due to the COVID-19 pressures. The performance at the last collection in February 2020, has declined on the previous year with 7.88 per 100,000 population for the period. We have been working towards a very challenging nationally set target, and whilst we have not achieved it as this stage we compare favourably to national and comparator local authority averages.
- 3.21 The rate of hospital admissions for alcohol related harm has increased again. Gateshead has a significantly higher rate than national and regional averages is at its highest recorded rate and has the third highest rate in England. There is no indication that this rate is showing any signs of decreasing.
- 3.22 Hospital admissions for self-harm (10 to 24 years), have seen a reduction and we compare favourably to national and regional averages with Gateshead showing its lowest recorded level.
- 3.23 The proportion of mothers smoking at the time of delivery (13.4%) has improved compared to the same period last year (15.1%) and we are significantly lower than the North East rate. However, it should be noted that this data is aggregated at Newcastle Gateshead CCG level and is not reliably Gateshead data.

Achievements and Challenges

- 3.24 Gateshead was the first area nationally to launch Escape Pain in the workplace for staff with people with knee and hip osteoarthritis. It is a rehabilitation programme that helps people with chronic joint pain to self-manage their condition. The session started in October 2019 and runs for a 12-week pilot for staff.
- 3.25 The Safeguarding Adults Board held our first Quality Assurance Challenge event in January 2020. All Board partners were asked to complete a safeguarding adults quality assurance framework and then present their areas of best practice and areas for development to the Board. Findings from the event have helped to shape the statutory Strategic Plan annual review.

Update on Actions from the Previous Report

Action	Thrive Pledge	Service Area	Update
Subject to information governance being resolved, it is envisaged that a stand-alone health information exchange viewer will be in place for social care practitioners to access in quarter 4 of 2019/20. This will allow key risks to be managed by having access to key health information that would presently require a combination of phone calls and emails to source, thus saving social worker time and optimising making more informed decisions.	Working Together	CWL Programme Team	Work is ongoing for this however resources were transferred due to COVID19. We have most of the requirements in place and it is anticipated that subject to final sign off by the NHS, we will have access to the HIE viewer under the COVID-19 COPI agreement, in July 2020.
To finalise the Health & Wellbeing Strategy, incorporating feedback from stakeholders and latest guidance from Sir Michael Marmot, consistent with Gateshead being a Marmot Place.	Working Together	Quality Assurance	The new Health & Wellbeing Strategy has been finalised and approved by the Council's Cabinet and the Gateshead Health & Wellbeing Board.
We will be bidding for Year 3 funding from NHS England to support the continuation of the Suicide Prevention work at Northumberland and Tyne and Wear level	Working Together	Public Health	Submission successful and funding for 2020/2021 and 2021/2022 secured, 2020/2021 at the same level as 2019/2020 and 2021 2022 at a slightly reduced level.
As part of a yearlong programme around Suicide prevention, a report on the outcome of the Suicide prevention audit will be presented at Oversight and Scrutiny in October 2019.	Working Together	Public Health	A series of Four evidence sessions were delivered to OSC with contribution from; HM Coroner, Person with Lived Experience, Lead for the Mental Health Integrated Care System programme, Public Health lead and Northumbria Police.
Facilitate discussions between clinical partners in Primary Care and the Integrated Sexual Health service, to explore the opportunity to develop local patient information sharing protocol which when in place should improve patient experience and promote effective partnership working.	Working Together	Public Health	Improved communication across the system, improved patient experience, CQC Outstanding rating for SHS.
To identify the focus, purpose, process and a timeline for the undertaking of an Alcohol CLear Self-Assessment.	Working Together	Public Health	The CLear process was being developed and the focus and purpose had been agreed. This will form the basis for the process when we are able to begin to plan and reschedule the process, however, the purpose, focus and timeline will all change to accommodate the impacts and learning from COVID-19.

Actions for the next 6 months

- i. To identify opportunities for closer partnership working, using the learning from innovative ways of working developed through the COVID-19 pandemic, to engage and provide services for those who find engaging with services in traditional ways difficult, ensuring that everyone has equal access to support and treatment for substance misuse.
- ii. Progress arrangements to oversee implementation of actions contained within the new strategy.
- iii. Review how our Health & Wellbeing Board can best drive and support implementation of the new strategy, including its areas of focus, membership etc.

Invest in our Economy

Performance

3.26 There are currently no strategic indicators linked to “*Invest in our Economy*”.

Achievements, Challenges and Actions

3.27 In conjunction with Procurement - expanded framework for community support to increase variation and choice of accommodation and support options for people with an assessed care need.

3.28 The title of the new strategy – “Good jobs, homes, health and friends” – reflects our pledge to invest in our community Two key aims of the strategy are to:

- Create the conditions for fair employment and good work for all;
- Create and develop sustainable place and communities.

Update on Actions from the Previous Report

Action	Thrive Pledge	Service Area	Update
Care Call will look at the recruitment of new apprenticeships	Working Together	Care Call	One business administration apprentice commenced but no success in recruiting to the 2 care call apprenticeships despite numerous advertisements. Continuing to work with Learning Skills to recruit.

Support our Communities

Performance

3.29 Inequalities exist between people but also between communities, with some having much more deprivation, anti-social behaviour and poverty. As a council, we must be looking to help the most vulnerable neighbourhoods/residents, to address poverty, build social capital and help and enable volunteering to support them to manage and Thrive. We have identified 6 strategic indicators linked to the pledge of ***Support our Communities to support themselves and each other***. In the latest period we have noted improvements in 3 indicators, 2 have declined and 1 indicator is brand new for this iteration of the report and consequently we have nothing to compare this to.

Performance Overview

3.30 There were increases for both excess weight in 4-5-year olds and 10-11-year olds compared to the same period last year. The increase in 4-5-year old excess weight was significant at around 12.4% (the largest single year increase seen so far) and we are showing our highest recorded level since 2009/10. For 10-11-year olds the increase has continued the trend developing since 2014/15.

3.31 The gap in the employment rate between those with Learning Disabilities and the overall employment rate has decreased compared to the previous end of year

report and we compare favourably with a lower rate than both the England and North East averages. Similarly, the gap in employment for those in contact with secondary mental health services has also decreased and despite still being higher than the England and North East averages this is now the second fall in this indicator in the last two years.

- 3.32 We have noted an increase in the proportion of older people helped to live independently through enablement services. For those people aged 65 & over, discharged from hospital into an enablement service between January and December 2019, 88% remained at home 91 days after being discharged from hospital.
- 3.33 Measure the people in the supporting independent service is a brand-new indicator and we currently do not have any comparable data.

Achievements, Challenges and Actions

- 3.34 Successful deregistration of 2 learning disability residential care homes in the borough which will promote independence and improve outcomes for the people being supported. A further 6 are to follow in the coming months.
- 3.35 Gateshead Council has led work, in partnership with Newcastle City Council Public Health and a wide range of other partners to help prevent mental health problems developing and supporting people to access support where necessary. There has also been community focussed work during the period to support those bereaved by Suicide.
- 3.36 Unlimited STI testing kits made available for all residents to access via website for home delivery. Helps reduce footfall demand placed upon services by asymptomatic/non-urgent cases.

Update on Actions from Previous Report

Action	Thrive Pledge	Service Area	Update
The Safeguarding Adults Board are hosting Safeguarding Adults Awareness Week November 18th - November 22nd to raise awareness with partners and communities about safeguarding adults.	Support our Communities	Quality Assurance	A comprehensive multi-agency safeguarding adults awareness raising programme took place during the entire week. This included launching the Safeguarding Adults Champion Scheme, a Speed Safeguarding event in Gateshead Civic Centre for front line practitioners, employee workshops, an information stand at the Queen Elizabeth Hospital and lots of awareness raising events led by providers including coffee mornings and charity events.
Continue to develop the ACT team and prepare a final report so that a decision can be made about the future of the team.	Support our Communities	Assessment & Care Planning	Currently on hold waiting further agreements for developments. Existing team alongside other ASC teams continue to support individual to improve their outcomes, and in many cases making clear cost savings.
Work will be carried out in partnership with Gateshead College to establish a Gateshead Time to Change Forum.	Support our Communities	Public Health	Meetings held with Gateshead College and date set for Gateshead Time to Change Forum event. Unfortunately, it had to be postponed until further notice due to the COVID19 pandemic.

<p>A Communications Action Plan will be developed to facilitate partners of the Gateshead Mental Health and Wellbeing Partnerships involvement in promotion of Every Life Matters, Public Health England's One you campaign on Suicide Prevention.</p>	<p>Support our Communities</p>	<p>Public Health</p>	<p>Plan developed and communicated to partners. This included a facilitated planning session by a representative from FRESH NE, the Regional Tobacco Control office. Priorities set and being followed by the Partnership.</p>
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Actions for the next 6 months

- i. Work will continue to support local communities as part of the MECC approach to encourage public-facing workers to support, encourage or enable families and people using their services to consider health behaviour changes such as stopping smoking or improving their sense of wellbeing.
- ii. The Gateshead Mental Health and Wellbeing Partnership will be re-launched with a focus on supporting peoples Mental Health and looking to ensure intervene to support communities to support themselves.
- iii. Continue to explore the way in which ACT can increase individuals to thrive in their communities but increasing staffing and the remit within the team. Working closely with adult social care to embed strength-based practice to encourage our Living Thriving Lives agenda.

Section B: Performance Overview (Performance is measured against the position at the previous end of year report)

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
TI30 – Decrease the Percentage of People who are Dissatisfied with Life	Tackle inequality	Alice Wiseman	4.8%	-	7.2% (2018/19)	Declined	<ul style="list-style-type: none"> This is the third increase in a row. We are higher than the North East (5.4%) and significantly higher than England (4.3%). Highest rate in the North East, 2nd highest CIPFA rate. 5th highest of the 88 published LA's in England.
WT16 – Prevention of ill health: % of mothers smoking at time of delivery	Working Together	Alice Wiseman	9.9%	-	13.4% (2018/19)	Improved	<ul style="list-style-type: none"> Performance has improved on the previous end of year report Despite this Gateshead is significantly higher than the England rate (10.6%) However, we are significantly lower than the North East rate (15.7%) Gateshead has the 2nd lowest rate of the 12 North East LA's and the 2nd lowest rate of its 16 comparable CIPFA LA's.
SC9 - Reduce Excess weight 4-5 year olds - excess weight =obese/overweight	Support Our Communities	Alice Wiseman	18.1%	-	25.3% (2018/19)	Declined	<ul style="list-style-type: none"> Gateshead is now significantly higher than the England rate of 22.6% for the first time since 2013/14 and we are higher but not significantly higher than the North East rate (24.3%) for the first time since 2013/14. This is Gateshead's highest prevalence of excess weight at 4-5-year olds since 2009/10 and our joint 2nd highest in the published 12 years of data. The increase for 2018/19 is the highest % point and the highest overall percentage increase since 2013/14. When compared to the national picture Gateshead has the 23rd highest level of excess weight amongst reception age children out of the 150 English LA's with a recorded level.
SC10 - Reduce excess weight 10-11 yr. olds (excess weight =Obese/overweight)	Support Our Communities	Alice Wiseman	25%	-	37.8% (2018/19)	Declined	<ul style="list-style-type: none"> Gateshead is higher but not significantly higher than the North East rate of 37.5% and is still considered significantly higher than the England rate of 34.3%. As a result of this latest increase Gateshead has now seen its Excess weight levels decrease by only 1.3% since 2007/08 (38.3%) this is despite an almost continually decrease in the levels up to 2014/15. When looking at the national picture Gateshead has the 42nd highest level of excess weight amongst year 6 age children out of the 150 English LA's with a recorded level.

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
WT13 – Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow)	Working Together	Alice Wiseman	789 per 100,000	-	1045 per 100,000 (2018/19)	Declined	<ul style="list-style-type: none"> This is now the 3rd time in 10 periods of data that Gateshead has been higher than 1000 per 100,000 and seen more than 2000 admissions. Gateshead is significantly higher than both the North East (908 per 100,000) and the England average (664 per 100,000). Unless there are some significant reductions Gateshead will not reach its 5-year target. Gateshead has the 2nd highest rate for this indicator in the North East, the 2nd highest of its 16 comparable CIPFA LA's, and is the 3rd highest of the 152 English UTLA's. There is no indication that this rate is showing any signs of decreasing
P33 – Gap in the employment rate between those with a learning disability and the overall employment rate	Tackle inequality	Alice Wiseman	58.6% points	-	62.8 %points (2018/19)	Improved	<ul style="list-style-type: none"> Following the improvement on the previous period Gateshead is still significantly lower than the England rate (69.7 % points) and is lower but not significantly lower than the North East rate (65.9 % points). Compared to the North East and England rates Gateshead has a positive direction of travel. Gateshead has the 3rd lowest % point gap of the 16 comparable CIPFA LA's and the 4th lowest of the 12 North East LA's. Gateshead has the 24th lowest % point gap of the 152 upper tier English LA's.
WT14: Hospital admissions for self-harm rate per100,000 (aged 10-24 years)	Working Together	Alice Wiseman	Reduce	Reduce	380.8 per 100,000 (2018/19)	Improved	<ul style="list-style-type: none"> This is Gateshead's lowest rate per 100,000 since the data was first published in 2011/12 by a significant margin. Gateshead is significantly lower than the North East (536.5) and is lower but not significantly lower than the England value (444.0). As a result of the decrease Gateshead has met the stated 5-year (19/20) target of reducing the rate per 100,000 (no specific target was set). Gateshead has the 2nd lowest rate of the 12 North East LA's, the 3rd lowest rate of its 16 comparable CIPFA neighbours. Compared to the other 152 English UTLA's Gateshead has the 89th highest rate in England.

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
TI34 – Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Tackle inequality	Alice Wiseman	59.4% points	-	68.2 %points (2018/19)	Improved	<ul style="list-style-type: none"> Despite the reduction in the % point gap Gateshead is still higher but not significantly higher than the England rate (67.6 % points). We are however significantly higher than the North East rate (62.1 % points). This is only the 2nd decrease in this rate in the 7 available periods of data. Gateshead has the highest of the 12 North East LA' and the 4th highest of the 16 comparable CIPFA LA's. Gateshead has the 57th highest % point gap of the 152 upper tier English LA's.
TI35 – Excess under 75 mortality rate in adults with serious mental illness (<i>indirectly standardised ratio</i>)	Tackle inequality	Alice Wiseman	351.8	-	Indicator Removed	-	<ul style="list-style-type: none"> As a result of the government consultation on the Public Health outcomes frameworks indicators this indicator will be replaced by a new version “Premature mortality rate for people with mental health problems” Currently there is no timeframe for the replacement definition and data
TI36: Reduce Mortality from Causes Considered Preventable	Tackle inequality	Alice Wiseman	182.7 per 100,000	-	243.2 per 100,000 (2016-18)	Declined	<ul style="list-style-type: none"> The rate of preventable mortality has increase on the previous period Gateshead is significantly higher than the North East (223.9) and the England rate (108.8) Gateshead has the 3rd highest rate in the North East, the 3rd highest of its comparable CIPFA grouping and the 15th highest of the 152 upper tier English LA's Based on current performance Gateshead is unlikely to meet its 5-year target.
TI37 - Healthy Life Expectancy at Birth (Male)	Tackle inequality	Alice Wiseman	63.7 years	-	60.8 Years (2016-18)	Improved	<ul style="list-style-type: none"> This is the now the 3rd period in a row to show an increase in Male Health life expectancy. This is Gateshead's highest recorded male life expectancy. Gateshead is higher but not significantly higher than the North East (59.4 years), but we are still significantly lower than the England value (63.4 years). Gateshead has the 5th highest comparable CIPFA HLE and the 2nd highest in the North East. We do however have the 49th lowest HLE of the 150 calculated English UTLA's. This is an improvement on the previous period where we were the 31st lowest.

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
TI38 - Healthy Life Expectancy at Birth (Female)	Tackle inequality	Alice Wiseman	64.0 years	-	57.7 years (2016-18)	Declined	<ul style="list-style-type: none"> This period is the 2nd in a row to show a decrease in Female health life expectancy. This is the lowest recorded HLE for females in Gateshead since the data became published (2009-11). Gateshead is lower but not significantly lower than the North East (59.7 years), but we are significantly lower than the England value (63.9 years). Gateshead has the 5th lowest comparable CIPFA HLE and the 3rd lowest in the North East. We have one of the 15 lowest HLE of the 150 calculated English UTLA's for females in Gateshead.
TI39 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Male)	Tackle inequality	Alice Wiseman	-1.2 years	-	-2.1 years (2016-18)	Declined	<ul style="list-style-type: none"> There is no longer published data for this indicator as it was removed from the PHOF. All data reported here is calculated by Gateshead PM&I MIRO. Performance has declined compared to the previous end of year report. Gateshead has a higher gap in life expectancy at birth than the North East average.
TI40 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Female)	Tackle inequality	Alice Wiseman	-1.2 years	-	-1.8 years (2016-18)	Declined	<ul style="list-style-type: none"> There is no longer any published data for this indicator as it was removed from the PHOF. All data reported is calculated by Gateshead PM&I MIRO. Performance has declined compared to the previous EoY report. Gateshead has a higher gap in life expectancy at birth than the North East average.
TI41 – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Male)	Tackle inequality	Alice Wiseman	8.2 years	-	10.6 years (2016-18)	Declined	<ul style="list-style-type: none"> Gap in inequalities in life expectancy for males has increased on the previous end of year report. This is the 5th increase in the 7 periods of published data. This is Gateshead's highest published Inequality in life expectancy at birth for men Gateshead is in the second highest deprivation quintile in England for this indicator. Gateshead has the 4th lowest Inequality in life expectancy of the 12 North East LA's and 8th lowest of its comparable CIPFA LA's
TI42 – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Female)	Tackle inequality	Alice Wiseman	7.3 years	-	9.3 years (2016-18)	Declined	<ul style="list-style-type: none"> Gap in inequalities in life expectancy for females has increased on the previous end of year report. This is the 6th increase in the 7 periods of published data. This is Gateshead's highest published Inequality in life expectancy at birth for females.

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
							<ul style="list-style-type: none"> Gateshead is in the worst deprivation quintile in England for this indicator. Gateshead has the 6th highest Inequality in life expectancy of the 12 North East LA's and 4th highest of its comparable CIPFA LA's.
WT15 - Delayed Transfers of care from hospital, average days per day, per 100,000 population	Working Together	Steph Downey	-	4.0 per 100,000	7.88 per 100,000 (Feb 20)	Declined	<ul style="list-style-type: none"> The performance data for March 2020 isn't available due NHS Digital suspending collection of the data set due to COVID 19 the previous February 2019 level has been used for comparison rather than the EoY March position. We are currently exceeding the target of 4.0 per 100,000, but due to the way this was set by NHS Digital we were always aware that this would be an immensely challenging target to reach. However, what it is important to note for this indicator is the strides that have been made to improve this over the last few years. As of Feb 2017 Gateshead, was at 10.32 per 100,000 so significant changes to the way DTOC is tackled have enabled the improvement since then. We are lower than the England rate for February 2020 of 12.71 per 100,000 and lower than the calculated average of the 16 comparable CIPFA LA's (11.73 per 100,000). However, we are higher than the North East rate of 5.35 per 100,000. The primary areas for delays are "Care Package in Own Home" and "Further Non Acute Care".
SC6 – Helping Older People to live independently – the proportion of older people 65+ still at home 91 days after hospital discharge to a reablement service	Supporting Communities	Steph Downey	87.5%	87.5%	88.0% (Jan 19 – Dec 19)	Improved	<ul style="list-style-type: none"> The ASCOF definition monitors the indicator for only Oct, Nov and Dec discharges. However, for this purpose the months reported are Jan to December. 932 out of 1059 people remained at home giving a result of 88.0% which is higher than the 2018/19 year end figure of 84%. We are better than the 2018-19 end of year North East (83.9%), England (82.4%) and the CIPFA average (78.3%).

Indicator	Thrive Pledge	Service Director	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
TI43 – Support for Carers in BME Communities	Tackle Inequality	Steph Downey	2.0%	2.0%	0.8% (13/1676) (Apr – Mar 20)	Declined	<ul style="list-style-type: none"> 13 BAME carers out of a total of 1676 carers have had an assessment, review or been in receipt of a carer related service during the period of April to March 20. The numerator has increased compared to 2018/19 due to better recording of carer outcomes, however the number of carers supported from BAME communities has remained static (compared to same period last year).
SC7 – Measure the increase in the number of people accessing the Supporting Independence Service, helping people to stay in their own homes for longer	Supporting Communities	Lindsay Murray	-	-	2066.25 Hours (March 2020)	N/A	<ul style="list-style-type: none"> This indicator is brand new for this iteration of the report there is currently no comparable data.

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8 SEPTEMBER 2020

TITLE OF REPORT: Covid19 Update

REPORT OF: Caroline O'Neill, Strategic Director, Children, Adults and Families

SUMMARY

This report sets out an overview of the Gateshead Health and Care System response to the Covid19 pandemic.

Background

1. Care, Health and Wellbeing Overview and Scrutiny Committee have asked for an update from Health and Social Care partners regarding their response to the Covid19 pandemic.
2. Throughout the pandemic partner organisations have worked in an integrated and seamless way to ensure a comprehensive and robust response was provided in Gateshead.
3. This report sets out the high level detail and presentations will be given by officers, to provide further information and to facilitate a discussion with Committee Members.

Overview of Covid19 response by Commissioning, Health, Public Health and Social Care

4. Health and Social Care Partners in Gateshead have an excellent history of integrated working, including regularly scheduled meetings which provide strategic, tactical and operational oversight of our integration programme.
5. In our coordinated response to Covid19, all meetings were rescheduled as virtual meetings, and a number of additional meetings/cells were established to coordinate our response to the pandemic.
6. The meetings/cells covered a range of topics, including but not limited to:
 - Hospital Discharge – 7 day model, 8am – 8pm
 - Care Home Support
 - PPE
 - Testing
 - Workforce coordination
 - Infection Prevention and Control

- System oversight
- Care Home Tracker
- Epidemiology
- Community health and GP coordination
- 'Hot site' development
- Estates
- Technology
- Finance/payments to care providers
- Coordination with LA Hubs

Initially many meetings/cells met on a daily basis, seven days a week (including bank holidays), and whilst they continue to meet, most have now scaled back to one or two times per week.

7. The focus of the meetings/cells was to ensure a coordinated approach across the health and care system; ensure all agencies were working to the agreed national guidance; enable mutual aid across organisations; identify and escalate organisational or system risks; and provide assurance to Council and Partner Corporate Management Teams.

Best practice

8. Examples of best practice demonstrated during the crisis included:
 - Testing of the health & care workforce and vulnerable people
 - Sharing/pooling of PPE during points of shortage
 - Hospital Discharge to Assess model
 - Workforce support across the statutory partners
 - Deployment of health 'clinic' employees to support Eastwood
 - Daily support to Care Homes
 - Outbreak control management
 - Referrals from/to health, care and the shielding hubs
 - Pooling and sharing of resources and donations
9. Teams across organisations rapidly adopted technological solutions, to enable virtual meetings, and in health and care settings, technology was deployed to reduce face to face contacts between professionals and members of the public.

Regional and National links

10. Local teams also linked into national and regional networks across, commissioning, health, social care and public health, to ensure that best practice was understood and shared across a much wider network.

Learning and evolving

11. The nature of the meetings/cells meant that rapid learning and review was enabled, so that the system response could adapt and evolve as the nature of

the pandemic changed and we learnt from what had worked well and what we could do better.

Current arrangements

12. As noted, many of the groups continue to meet on a scaled back basis, but with the confidence that more regular meetings can be stood up, should there be a local spike in infections.
13. New guidance on Hospital Discharge and Continuing Health Care was published on 21st August 2020 to be introduced from 1st September 2020, and partners are working together to identify the changes that will be required (including the requirements in respect of those people who were discharged under the Covid19 funding arrangements).

Moving Forward

14. Learning from the work that has been achieved during the pandemic is now feeding into our future developments as a Health and Care system, as we reset our objectives in the light of the pandemic experience.

Recommendation

15. The Committee is asked to note the contents of this report and consider the actions of partners during the pandemic.

Contact: Steph Downey, Service Director Adult Social Care, x 3919

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