

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 26 June 2020 at 9.00am – 10.00am via Microsoft Teams/Live Streaming
Link to live stream: [Gateshead HWB YouTube](#)

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for Absence
2	Minutes (Pages 3 - 10) The minutes of the business meeting held on 6 th March 2020 and Action List are attached for approval
3	Declarations of Interest Members of the Board to declare an interest in any particular agenda item <u>Items for Discussion</u>
4	The Health & Wellbeing Board's role in addressing COVID-19 - including potential role relating to 'Test & Trace' - Alice Wiseman (Pages 11 - 42)
5	Impact of COVID-19 and Response to-date - All
6	Application to Consolidate Two Pharmacies in Ryton - Alice Wiseman and Sue White (Pages 43 - 46) <u>Assurance Items</u>
7	BCF Q4 Return for 2019/20 to NHS England - John Costello (Pages 47 - 64)
8	Updates from Board Members
8a	Healthwatch Gateshead Quarterly Report (March to May 2020) (Pages 65 - 74)
9	A.O.B.

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GATESHEAD METROPOLITAN BOROUGH COUNCIL
GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 6 March 2020

PRESENT	Cllr Lynne Caffrey	Gateshead Council (Chair)
	Cllr Leigh Kirton	Gateshead Council
	Cllr Ron Beadle	Gateshead Council
	Cllr Martin Gannon	Gateshead Council
	Cllr Michael McNestry	Gateshead Council
	Cllr Paul Foy	Gateshead Council
	Cllr Bernadette Oliphant	Gateshead Council
	Caroline O'Neill	Care Wellbeing and Learning
	Dr Mark Dornan	Newcastle Gateshead CCG
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
	Alice Wiseman	Gateshead Council
	Lisa Goodwin	Newcastle CVS
	Lynsey McVay	Tyne & Wear Fire and Rescue Service

IN ATTENDANCE:	John Costello	Gateshead Council
	Michael Laing	Gateshead Community Partnership
	Iain Miller	Public Health

HW174 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Haley, Mark Adams, Sir Paul Ennals and Bill Westwood.

The Chair welcomed Councillor Oliphant to the Board as the new Cabinet Member for Health and Wellbeing in Gateshead.

HW175 MINUTES

The minutes of the last meeting were reviewed. A summary of the Action List was also provided which highlighted that an update report on the Childhood Immunisations Programme 2020/21 would come back to the Board in the summer.

RESOLVED:

- (i) The Board approved the minutes of the last meeting and noted the update from the Action List.

HW176 DECLARATIONS OF INTEREST

RESOLVED:

- (i) There were no declarations of interest.

HW177 MINIMUM UNIT PRICING - COLIN SHEVILLS

The Board received a report and presentation to seek views on how the introduction of alcohol minimum unit pricing can be supported.

It was reported that the Minimum Unit Pricing (MUP) sets a floor price for a unit of alcohol; it was also noted that this targets the cheapest alcohol most commonly consumed by the heaviest drinkers.

The Board were provided with an overview of key findings from MUP research which would indicate that in Gateshead:

- 174 deaths would be prevented over the next 20 years
- Alcohol related hospital admissions would reduce (thus reducing pressures on local NHS services)
- Crime rates would reduce due to fewer thefts, robberies, criminal damage and violence
- Areas of deprivation would benefit the most which will help reduce health inequalities

It was highlighted that there is no single solution to tackling alcohol related harm but that all independent evidence shows that the removal of the cheapest, strongest alcohol would have the greatest impact. It was further stated that following the introduction of MUP in Scotland, three litres of strong cider now costs no less than £11.25, the same bottle would currently cost £3.50 in England.

The Board were advised that the Health and Wellbeing Boards of South Tyneside and Sunderland have agreed to write to Central Government in support of the introduction of MUP; it was also stated that a number of MP's have shown their support to the cause.

A comment was made stating that MUP was a targeted measure for the highest risk drinkers. It was also noted that the benefits to the NHS and the criminal justice system cannot be ignored.

A suggestion was made that Gateshead's communications team could develop a campaign to target local traders as well as schools to increase awareness on the benefits of MUP. It was also asked whether there was evidence to suggest that heavy drinkers moved on to use other substances when MUP is introduced; it was stated that there is anecdotal evidence to suggest this does not happen.

The Board were advised that research is underway to look at implementing MUP at a local level using the Sustainable Communities Act; it was acknowledged that some counties such as the North West and Yorkshire are not prepared to explore this

route yet.

Concern was noted that should MUP be introduced there would be a black market developed for cheap alcohol. It was acknowledged that this was a possibility but that research from Canada shows that this activity is minimal when compared to the overall impact on local rates of criminality.

A comment was made that alcohol abuse has a huge impact on the lives of individuals and families across Gateshead. It was also highlighted that this abuse contributes to the rising cost of social care. It was further stated that alcohol abuse during pregnancy is resulting in higher rates of children being born with foetal alcohol related conditions.

RESOLVED:

- (i) The Board agreed to write to the Secretary of State to support the introduction of Minimum Unit Pricing.
- (ii) To research use of the Sustainable Communities Act to develop a localised approach to Minimum Unit Pricing.

HW178 HEALTH & WELLBEING STRATEGY - ALICE WISEMAN

The Board received a report for endorsement of the new Health and Wellbeing Strategy for Gateshead, 'Good jobs, homes, health and friends'. It was highlighted that the strategy has been approved by Cabinet.

The Board were advised that the current version of the strategy does not feature the logo of CNTW as permission had not been secured to use it. It was also highlighted that the strategy is intended to be a 'working document' featuring market testing conducted by Healthwatch. The Board were also advised that a report on the market testing will be presented at the next Board meeting.

It was noted from the report that the focus of the new strategy is based upon the policy objectives from the Marmot framework "Fair Society, Healthy Lives" which focuses on health inequalities. It was further noted that the strategy builds upon the issues identified from the 2017 DPH annual report.

The Board were advised that the new strategy has six policy objectives which were outlined within the report. It was stated that the highest priority from the strategy is "Give every child the best start in life".

A comment was made stating that the buy in from the community and voluntary sector will be key to the success of the strategy's aims; it was further noted that the primary care sector have an important role to play.

The Board agreed that the strategy was strong and should be promoted far and wide. The relationship with Professor Marmot was also acknowledged as being a key factor in the strength of the strategy.

RESOLVED:

- (i) The Board endorsed the new Health and Wellbeing Strategy.

HW179 INTEGRATED CARE PARTNERSHIP (ICP) SUICIDE PREVENTION DEVELOPMENTS - IAIN MILLER

The Board received a report providing an update on the Public Mental Health approach to Suicide Prevention planning across Northumberland Tyne and Wear and the benefits to Gateshead.

From the report it was noted that suicide prevention policy has expanded considerably in the UK as concerns around suicide rates have intensified. It was also highlighted that suicide is the leading cause of death among young people aged 20-34 in the UK, with figures considerably higher in men.

A summary of postvention support was provided from the report which advised that If U Care Share have been commissioned across Northumberland, Tyne and Wear to provide bereavement support to those bereaved by suicide. From the report it was further noted that South Tyneside Public Health have led a tendering process for a sub-regional Mental Health Training Hub; the Board were advised that the hub should be available by early April 2020.

Appended to the report for information was the suicide age-standardisation rate for persons 15+ years per 100,000 (3-year average) Gateshead V's National and Regional data.

A comment was made that suicide rates in Gateshead are reported to be lower due to the coroner's reluctance to log deaths as suicide; it was further stated that the coroner will instead provide a wider interpretation of the cause of death such as the impact of austerity.

Discussions took place on the issue of self-harm in Gateshead which highlighted the importance of support from the community and voluntary sector.

RESOLVED:

- (i) The Board agreed the recommendations from the report.
- (ii) The Board agreed to receive an update on the matter in 6 months.

HW180 GATESHEAD HEALTH & CARE SYSTEM UPDATE - ALL

Dr Mark Dornan advised the Board that progress is continuing across all priority areas including best start in life and frailty.

The Board were also advised that funding has been secured to support carers which includes the commencement of a 'Hospice at Home' scheme and rapid response integration.

The Coronavirus was highlighted, the Board noted that there are procedures in place

across the whole system should the issue escalate. Alice Wiseman also reminded the Board that the Gateshead Pandemic Flu Plan has identified priority services to be maintained in the event of a pandemic. It was also highlighted that strong support procedures are in place across Gateshead to support the most vulnerable in society with partnership working across the system including the voluntary sector.

The Board were also reminded that it is Work Social Work Day on 17 March 2020.

RESOLVED:

- (i) The Board noted the updates.

HW181 UPDATES FROM BOARD MEMBERS

RESOLVED:

- (i) There were no further updates to note.

HW182 A.O.B.

RESOLVED:

- (i) There was no other business to note.

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**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 6th March 2020			
Minimum Unit Pricing	The Board agreed to write to the Secretary of State to support the introduction of Minimum Unit Pricing. To research use of the Sustainable Communities Act to develop a localised approach to Minimum Unit Pricing.	A Wiseman	
Integrated Care Partnership (ICP) Suicide Prevention Developments	The Board agreed to receive an update on the matter in 6 months.	I Miller	To feed into the Board's Forward Plan
Matters Arising from HWB meeting on 17th January 2020			
Childhood Immunisations	The Board to receive an update report in the summer (to include details of the immunisations programme for 2020/21).	R Chapman & F Neilson, NHS England	To feed into the Board's Forward Plan

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TITLE OF REPORT: Gateshead COVID Control Plan

Purpose of the Report

1. To seek the approval in principle of the Health & Wellbeing Board for the Gateshead COVID Control Plan.

Background

2. In late May, Government acknowledged that Local Authorities have a central role to play in the identification and management of COVID-19 infection, in support of the NHS Test and Trace service.
3. Directors of Public Health were required to build on existing local health protection working arrangements and put in place local outbreak control plans in June, in collaboration with local NHS partners, emergency services and others. These plans would enable resources to be deployed quickly to help ensure an effective response to local outbreaks, reducing the risk of further infections and co-ordinating support for those affected.

Proposal

4. A joint planning group chaired by the Director of Public Health, with input from Council services, the Gateshead Housing Company, local NHS partners and the Police, has met and developed the attached draft local plan for Gateshead. This group will continue to meet as the Gateshead COVID-19 Control Board to oversee implementation of the plan.
5. The draft COVID-19 Control Plan for Gateshead is attached. The plan will need to be developed further in the light of experience and testing. Detailed operating procedures will also need to be established in support of some elements. Officers will continue to develop this detail.
6. The Government's proposals included the creation of a member-led Local Outbreak Engagement Board (LOEB) which will challenge, monitor and support the work of the COVID-19 Control Board, providing leadership on communication and engagement with affected communities. This group will report to the Health and Wellbeing Board.

Recommendations

7. The Health and Wellbeing Board is asked to:
 - a. consider and approve in principle the attached draft COVID control plan for Gateshead
 - b. Agree the proposed governance arrangements for the local COVID-19 Control Board
 - c. Delegate to the Director of Public Health responsibility to update and finalise the plan

Contact: Alice Wiseman, Director of Public Health

Gateshead COVID 19 Control Plan - DRAFT

1. Purpose

The purpose of this plan is to enable our community to return to as much of normal life as practicably possible by ensuring that we have the necessary arrangements to:

- Protect the health of the local population of Gateshead from COVID-19 and
- Assure stakeholders, and the public, that arrangements are effective and efficient.

This plan sets out the role of the Gateshead system in preventing and controlling COVID-19 with a focus on robust management of clusters and outbreaks and supporting complex settings and communities and individuals where required – i.e. advice, resources (testing / PPE), capacity and workforce development.

As national lockdown restrictions are eased it is important to maintain local vigilance to prevent and reduce the opportunities for the virus to spread within the community and key settings within Gateshead.

This plan sets out how the partners in Gateshead will work together to prevent and control COVID-19 at three levels:

1. Primary prevention – at a population level
2. Secondary prevention – in complex settings and with communities of interest
3. Tertiary prevention – with complex local outbreaks of COVID-19, where our support is called for through the NHS Test and Trace system.

The plan sets out the different roles in prevention, contact tracing, and the management of the outbreaks and their consequences for those individual, families, communities and organisations who are affected.

2. Aims and Objectives

Aim: to reduce transmission of COVID-19 in Gateshead, protect the vulnerable, prevent increased demand on healthcare services and ensure provision of an effective and timely response in the event of cases in complex settings, cohorts and individuals / households.

Objectives

- To minimise the number of outbreaks of COVID-19 in Gateshead
- To minimise the number of new and secondary cases in the event of outbreak
- To ensure all contacts of new cases are identified, traced and isolated
- To ensure support is in place for all those who need it when they are affected by an outbreak

3. Principles

Public Health leadership: this plan is based upon a public health approach, under the leadership of the Director of Public Health. This means we will be concerned with:

- Surveillance: so that action is informed by an understanding of the needs of the people of Gateshead
- Evidence: our actions should be based on the evidence of what works
- Policy and strategy development: through this COVID Control plan
- Collaborative working for health and wellbeing: The expertise and capacity of the whole local public health system – including the Council’s Public Health team, other colleagues across local government and PHE regional health protection functions – are central to the design and implementation of the plan, and this plan is tied into existing roles, responsibilities and governance structures, particularly the Health and Wellbeing Board.

A whole system response: the capabilities of the whole system need to be mobilised in preventing and managing outbreaks. Each agency should be clear on its role and responsibilities. The local police force, the voluntary sector, the NHS and many other bodies all need to play to their strengths to, for example, ensure vulnerable people are supported to self-isolate. Strong public engagement is also crucial to building confidence and trust and maintaining compliance with public health. Councillors have an essential role here.

An efficient system: there needs to be clear communication and timely access to – and sharing of – information, data and intelligence amongst local agencies and between local, regional and national systems to inform action, monitor outcomes and deliver clear arrangements for rapid and proactive management of outbreaks.

A properly resourced response: each agency will have the necessary capability, both financial and in respect of skills and expertise, to carry out their responsibilities. We have been allocated £1.5m from Government to support implementation of this plan.

4. Prevention

We have been tasked with establishing arrangements for the management of outbreaks within the borough. The Council and local partners believe that the best approach to outbreak management is to aim to prevent outbreaks occurring. There will be five strands to this approach

Media and Communication: The Council will continue to take a pro-active approach to encourage residents to balance the risk of COVID-19 and adopt measures to stay safe.

This will be supported by communication of the general messages about how coronavirus spreads, through direct and indirect transmission, and therefore the importance of key messages on social distancing and minimising contact with those who are unwell, respiratory hygiene (catch it, bin it, kill it) and infection control (including handwashing, cleaning, etc in all settings and use of personal protective equipment where required). (see appendix 2)

Engagement: The Council will establish a mechanism to engage the community so we can ensure the action we take, and the message we use, are effective.

Targeted work with complex settings: Key settings such as care homes and schools already receive support and advice from the Council and NHS partners on issues including infection control, health and safety, PPE and welfare. We will develop model risk assessments for all the high-risk settings listed in Appendix 4 describing the measures they should take to minimise infections

Promotion of testing for symptomatic residents: We will actively promote testing for COVID-19 to all those eligible to encourage maximum local uptake. This will put us in a better position to identify those who are infectious and prevent them passing the infection on to others.

The four E's – Engage, Explain, Encourage and Enforce: Lastly, working with the Northumbria Police Force we will be targeted, using the established approach 4 E's approach to policing. As a very last resort, we will consider the use of enforcement powers to prevent the spread of infection only where other measures have failed.

5. Outbreak control or outbreak management? Why is it important locally?

The future of the COVID-19 epidemic is likely to be dominated by several small outbreaks in high risk settings or communities. Outbreak control or outbreak management is the approach to both identifying where there is a clustering of cases of disease and then putting in place control measures to reduce its spread. This will in turn reduce pressure on services.

Contact tracing is one 'tool' that is used as part of outbreak management. Through finding out who a person with an infection has been in contact with it is then possible to ask those who may have been infected to isolate as quickly as possible, reducing the opportunities for further onward transmission. These contacts may also be tested themselves, and if positive their contacts traced, and so on. Targeting testing, tracing and isolating people who have COVID-19 plays a vital part in suppressing the basic reproduction number (R) of the virus which then reduces the likelihood of a 'second peak'.

This outbreak control and contact tracing may be more complex in certain settings and communities. This complexity can be due to the vulnerabilities or circumstances of different groups or the potential impact of having to self-isolate as a result of being identified as a contact of a person with COVID-19. These settings and groups include:

- Potentially complex settings (including schools, care homes and other care settings, residential children's homes, health care premises, refuges, sheltered and supported housing, houses of multiple occupation);
- Potentially complex cohorts (including rough sleepers; asylum seekers);
- Potentially vulnerable individuals and households (including clinically shielded; learning disability; mental illness; domestic abuse victims; complex social-economic circumstances);
- Community settings (including the local Jewish community, some tower blocks).

As local partners we have the insight and the relationships with local communities, as well as the responsibility for services, that can support local outbreak control in these circumstances. It is this support that will be the focus of our response to outbreaks.

6. The national approach to contact tracing as part of the broader the 'Test and Trace' system

The national approach to contact tracing was set out in announcements on 27 May (public information on the process can be found at: <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>).

The normal contact tracing approach used in other outbreaks is being scaled up and will be the responsibility of NHS Test and Trace which will operate at 3 levels:

- Tier 3: A newly recruited staff group (approximately 15000 nationally) of contact tracing call handlers based within a national call handling system providing phone-based contact tracing;
- Tier 2: A group (approximately 3000 nationally) of trained contact tracing specialists providing phone-based contact tracing to be recruited through a national recruitment approach. These staff include returning NHS professionals.
- Tier 1b: A regional offer providing contact tracing and outbreak control support in relation to complex settings, cohorts and individuals / households. This will be through the established Public Health England Regional Health Protection Teams, including the team based in Newcastle.
- Tier 1a: A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

This system should be supplemented by the new NHSX Covid 19 App, using technology to support people to identify when they are symptomatic, order swab tests, and send tailored and targeted alerts to other app users who have had close contact. This new technology is being trialled nationally.

7. Gateshead COVID Control Board role, membership and ToR

The Gateshead COVID Control Board will take management responsibility for this plan and overall management of the local response. The group will be responsible for:

- Leading and co-ordinating our work to prevent the spread of COVID-19 in Gateshead;
- Identifying local high-risk places, locations and communities and planning how outbreaks will be managed in each;
- Reviewing data on outbreaks and cases to monitor epidemiological trends in Gateshead
- Managing local testing capacity with partners to ensure swift testing of those who have had contacts in local outbreaks;
- Using local knowledge to help with contact tracing in these complex settings;
- Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities;

- Using our local Environmental Health enforcement powers in response to outbreaks if required;
- Reporting to Council Members and partners including PHE; linking to the Local Resilience Forum
- Establishing governance structures including new member-led Board to communicate with the general public

The Gateshead COVID Control Board is an officer group chaired by the Director of Public Health with input from

- Council services (Public Health, Education, Social Care Commissioning, Emergency Planning, Environmental Health, Communications, Chief Executive's office)
- Gateshead Housing Company
- Newcastle Gateshead CCG
- Gateshead Health NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Cumbria, Northumberland and Tyne & Wear NHS Foundation Trust
- Northumbria Police

Our initial tasks are

- Developing a template for response plans in different settings, so that we can be clear about the risks in each, the process, roles and responsibilities for managing the outbreak (including links with PHE Health Protection Team);
- Establishing a governance framework, including a new Local Outbreak Engagement Board with Members to provide political ownership and public-facing engagement and communication for outbreak response.

The COVID Control Board will report to the Local Outbreak Engagement Board which in turn will be accountable to the Health and Wellbeing Board

Detailed Terms of Reference are included at Appendix 1. The proposed Local Engagement Board arrangements are outlined in S12 below

8. Plan Activation

a. Outbreak Declaration

The PHE Health Protection Team (HPT) will be notified of cases associated with complex situations / settings by Tier 2 of the NHS Test and Trace. These will be classified by a range of criteria including:

- their clinical condition
- the vulnerability of the setting in which they live or work (e.g. care home / prison / healthcare setting)
- identification of potential adverse consequences (e.g. significant anxiety / disruption to local services / inability to comply with advice)

- The HPT will assess risks, arrange testing, provide health protection and infection control advice and have responsibility for management of the outbreak
- If data is made available, the Gateshead Public Health team will undertake surveillance to monitor the incidence of new COVID-19 infection and identify potential outbreaks.

b. Alert Mechanisms

The HPT will alert a single point of contact in the Local Authority of any need for local system follow-up to provide additional support to either the individual or the setting.

HPT will send information with regard to any outbreak twice daily (ca 10am and 4.00pm, 7 days/week) via email to the Council’s dedicated inbox COVIDOutbreak@Gateshead.gov.uk. This will be checked by a duty Public Health Consultant.

If Council or partner staff become aware of an outbreak, for example in a school, then the same alert system should be used. This should include as a minimum

- the name of the person to contact for further information
- the number of suspected/confirmed cases
- the setting (including name and address of establishment)
- whether the HPT has been informed
- information on any action already taken.

c. Activation

Responsibility for activation of the local outbreak control plan will rest with the duty Public Health Consultant, considering advice from the HPT. The duty Consultant will need to consider:

- the immediate and/or continuing significant health hazard to the population at risk;
- whether there is many cases;
- whether cases are across a large geographical area suggesting a dispersed source; and/or
- significant public or political interest.

The duty Consultant will need to determine whether local activation should be initiated immediately, or the following morning or next working day. This will be informed by the risk assessment provided by HPT and the issues that the LA needs to provide support on:

- i. The need for social or clinical support for individuals who are in isolation
- ii. Support to the setting to implement IPC advice (including access to PPE, provision of cleaning etc)
- iii. Business continuity issues following closure or partial closure of a setting, or high levels of absenteeism

- iv. Issues regarding engagement with advice provided / loss to follow-up
- v. Media concerns

The detailed activation process for different situations/settings is described in model outbreak plans for the different settings (see Appendix 5).

d. Escalation to an Emergency situation or Major Incident

Outbreak planning and response will be locally managed by each individual Local Authority through Directors of Public Health (DsPH) and Public Health Teams, in partnership with the PHE Health Protection Team.

If additional support is required mutual aid can be requested from neighbouring LAs through existing Mutual Aid agreements through DsPH or Chief Executives.

If the management of the outbreak causes a significant test to the council's capacity and capability to respond and manage the issues, then consideration should be given to the declaration of an emergency situation or major incident, and activation of the Emergency Response Process.

An **Emergency** is defined in the Civil Contingencies Act 2004 (CCA, 2004) as:

- An event or situation which threatens serious damage to human welfare and /or environment in a place in the UK; or
- War or terrorism which threatens serious damage to the security of the UK.

Additionally, to constitute an emergency, an event or situation must also pose a considerable test for

- an organisation's ability to perform its functions, and;
- would be unable to act without changing the deployment of its resources or acquiring additional resources and;
- where the organisation would consider it necessary or desirable to act to prevent, reduce, control or mitigate the emergency's effects.

A **Major Incident** within Gateshead is any emergency that requires the implementation of special arrangements by one or all of the emergency services, partner agencies or the local authority for one or more of the following:

- The rescue and transportation of a large number of casualties
- The involvement either directly or indirectly of large numbers of people
- The handling of a large number of enquiries likely to be generated from the public and the news media, usually to the police
- The mobilisation and organisation of the emergency services and supporting organisations, e.g. local authorities, to cater for the threat of death, serious injury or homelessness to a large number of people
- The large-scale deployment of the combined resources of the emergency services

A Major Incident can also be declared by any emergency responder or agency, however a Major Incident to one organisation may not be so to another. It is important that all

responding agencies are made aware of such incidents to enable them to be put on standby or to provide an appropriate supporting response, even if not directly involved.

Guiding Principles (Cabinet Office – June 2016)

1. “Emergency responder agency” describes all category one and two responders as defined in the Civil Contingencies Act (2004) and associated guidance.
2. A major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security.
3. A major incident may involve a single-agency response, although it is more likely to require a multi-agency response, which may be in the form of multi-agency support to a lead responder.
4. The severity of the consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally.
5. The decision to declare a major incident will always be a judgement made in a specific local and operational context, and there are no precise and universal thresholds or triggers. Where LRFs and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement

Northumbria Local Resilience Forum

In normal circumstances in the event of a Major Incident Declaration, the Northumbria Local Resilience Forum Major and Critical Incident Multi Agency Declaration Protocol would be activated.

Some outbreaks may require a multi-agency response at the strategic level in order to provide a resolution. In such incidents a Strategic Co-ordinating Group (SCG) may be established to formulate policy between the lead organisation, the emergency services and other organisations involved directly in the incident and ensure there is that wider collaboration and coordination where required.

In this instance, the protocol could be implemented for the following:

- A number of concurrent outbreaks within the Gateshead and current resources reaches maximum capacity
- Numerous outbreaks around the Northumbria area and multiple SCGs being established

9. Public Health Control Measures

Wherever a Gateshead outbreak is identified, either through notification by the PHE HPT or an alert from local staff, a duty Public Health Consultant will lead the local response in line with agreed detailed plans. These set out

- Initial assurance steps, including review of HPT risk assessment and checking that control measures are being implemented

- Consideration of need for a local outbreak response group, membership and purpose of such a group
- Implementation of agreed actions to support those affected by the outbreak and ensure the outbreak is controlled, including
 - i. How infection control (including cleaning) and health protection advice and support will be provided (including assurance that advice is being followed),
 - ii. Business continuity issues following closure or partial closure of setting or high levels of absenteeism
 - iii. Contain and enforce: the use of powers to ensure compliance with advice
- Arrangements for testing those who are symptomatic including rapid deployment of mobile testing
- Communications: with cases and families; with other contacts; briefing of Members; media requests
- Escalation to the PHE HPT if it becomes clear the situation is not under control.

A number of high-risk settings and communities have been identified (see Appendix 4). We have broadly categorised these into 5 groups and standard plans are being developed for each:

- Care homes and similar (Appendix 5a)
- Schools (Appendix 5b)
- Housing (Appendix 5c)
- Community (Appendix 5d – TO FOLLOW)
- Workplaces (appendix 5e – TO FOLLOW)

All outbreaks will be reported to the COVID Control Board for assurance and oversight.

10. Social or clinical support for individuals

NHS Test and Trace may identify individuals who will need additional support during isolation for example because of their social circumstances or clinical need. They may also identify individuals who may be unwilling or unable to comply with restrictions such as self-isolation. Some may not engage with the process of identifying their close contacts. In these circumstances the case could be escalated to the PHE HPT and then notified to the Council for follow-up (via the COVIDoutbreak@Gateshead.gov.uk email address).

a. Social Support

Gateshead residents in need of help during this emergency can register online at www.gateshead.gov.uk/staysafe and schools, community leaders, employers and Council staff will be able to help people to register. Only for those who cannot access the website calls can be made to the Council's Customer Service Unit telephone 0191 433 7112 (Monday – Friday, 8am – 5pm.)

The Council can provide support, in partnership with local third sector organisations including:

- emergency food parcels

- help with routine shopping
- collection of prescriptions
- support if people want to talk to someone
- help and advice with money, benefits, employment or housing problems

b. Complex individuals

Where an individual is unwilling or unable to comply with restrictions such as self-isolation, the following process will be followed:

- The duty consultant will share the information on the individual with key services including the CCG, Social care, Housing Substance Misuse and Police to determine whether the individual is already known to services.
- Either the existing key worker or the CCG and duty consultant will convene a multi-disciplinary discussion with relevant services to put in place a risk-based action plan to ensure the individual's social, clinical and others needs are met.

A detailed operating procedure will be developed, and the COVID Control Board will agree arrangements for monitoring the delivery of these action plans

11. Data management/governance

We will develop a local surveillance system to monitor the on-going incidence and prevalence of COVID-19 in Gateshead. We will analyse and interpret this data to inform the action we need to take at a community level, in a timely way, to prevent and respond to further cases.

We will seek to develop links with NHS Test and Trace as well as using existing local and national data sources. We will need to establish appropriate information governance arrangements to oversee use of this data.

12. Communications

The duty Consultant will be responsible for informing and involving the communications lead, in line with Council policies, given the public interest and potential anxiety around outbreaks, to ensure appropriate stakeholder engagement, community engagement and clear communication through the media should it be required.

Information about the outbreak should follow the protocols outlined below:

Communications Priorities:

- A. To ensure the appropriate dissemination of critical information within relevant organisations, standard communications protocols should be followed.
- B. To inform key stakeholders and the wider community and support broader public understanding through responding to media requests / proactive media

Guiding principles:

- We need to be open and honest with our community to help to rebuild trust
- We can expect people to be interested and concerned (we don't operate in a vacuum our work is very visible)
- Take a collaborative approach across our organisations locally and nationally
- Take a learning approach – look to improve
- Expect three stages of interest:
 - I. Immediate
 - II. Responding
 - III. Back to business as normal

A - To ensure the appropriate dissemination of critical information within relevant organisations, standard communications protocols should be followed.

Updates to be shared about the work of the local partners in responding to the outbreak from the comms lead to comms colleague to share internally through their own established and appropriate channels

B - To inform key stakeholders and the wider community and support broader public understanding through responding to media requests / proactive media

Communications Protocol:

- Comms lead alerted to outbreak by duty Consultant and discussion about level of interest in location and decision on whether it will need specific comms support
- If not needed – Comms lead to record rationale
- If needed work with all partners to understand the particular circumstances around the outbreak and any local anxieties – identify stakeholders and clear messaging – with sign off by duty Consultant
- Ensure comms lead is plugged into updates and can provide appropriate updates throughout the response and can update when incident is closed.
- General updates on the work of the team, including briefings for the Leader and Cabinet, local Councillors, and the Council's Corporate Management Team, to be led by comms lead

Comms resources:

- Template stakeholder brief / media update to be developed.

13. Local Outbreak Engagement Board

The role of the Local Outbreak Engagement Board (LOEB) will be to challenge, monitor and support the work of the COVID Control Board, providing leadership on communication and engagement with affected communities, using established mechanisms and trusted relationships. This will include oversight of the arrangements for supporting those who are self-isolating with food, essentials, errands and practical problem solving around work, housing, benefits and education.

The LOEB will be chaired by the Council's Deputy Leader and have a core membership including the Council Leader, Chair of the Health and Wellbeing Board, Cabinet member for Communities & Volunteering, the Director of Public Health and representatives of Social Care, Education, NHS partners, Emergency services, business, faith leaders and BAME leaders. Others will be co-opted as necessary on an ad hoc basis.

14. Use of Local Authority test and trace service Grant

Local authorities in England are being provided with a Government grant to cover costs incurred in relation to the mitigation against and management of local outbreaks of COVID-19. The grant for Gateshead is approximately £1.5m. The grant will be used to support 5 key areas of focus:

- **Surveillance:** Secure local data flows, arrangements for scrutiny and interpretation to enable:
 - rapid identification of clusters and outbreaks
 - decision making about local prevention actions
 - community buy in
- **Provision:** Strengthen local capacity to provide robust Infection, Prevention and Control advice and support
- **Knowledge and skills:** Equip local leaders to take local COVID-19 prevention action
- **Communication and engagement**
- **Support** for those who need to isolate

15. Key Contacts

Lead contacts for each agency are listed in Appendix 3

Appendices including key information and links to other plans

1. Terms of Reference for COVID-19 Control Board
2. Prevention – key messages
3. COVID Control Board membership and key contacts
4. List of priority high-risk settings and communities in Gateshead
5. [settings etc]
6. Example plans
 - i. Schools
 - ii. Care homes
 - iii. Supported Housing (The Gateshead Housing Company)

DRAFT

Terms of Reference

Introduction

1. The Gateshead COVID Control Board (COVID-19) will take management responsibility of the Gateshead Outbreak Control framework and overall management of the local response.

Objectives

2. The key objectives of the group will be:
 - Leading and co-ordinating work to prevent the spread of COVID-19 in Gateshead;
 - Identifying local high-risk places, locations and communities and planning how outbreaks will be managed in each;
 - Reviewing data on outbreaks and cases to monitor epidemiological trends in Gateshead
 - Managing local testing capacity with partners to ensure swift testing of those who have had contacts in local outbreaks;
 - Using local knowledge to help with contact tracing in these complex settings;
 - Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities;
 - Using our local Environmental Health enforcement powers in response to outbreaks if required;
 - Reporting to Council Members and partners including PHE; linking to the Local Resilience Forum
 - Establishing governance structures including new member-led Board to communicate with the general public

Meeting Arrangements

3. The group will meet on a weekly basis through Microsoft Teams. The frequency and dates for groups will be scheduled as required and agreed by group members with additional meetings arranged at the discretion of the Chair as and when required or during the management of an outbreak.
4. The group will be chaired by Alice Wiseman, Director of Public Health – Gateshead Council supported by TBC who will be vice-chair.
5. Agendas and papers will be distributed to all members prior to a scheduled meeting. Secretarial support will be provided by the Public Health Team and action points will be taken at meetings, unless a specific issue needs to be noted.

Membership

6. The Gateshead COVID Control Board (COVID-19) is an officer group with input from:

- Gateshead Council (Public Health, Education, Social Care Commissioning, Emergency Planning, Environmental Health, Communications, Chief Executive's office)
 - Gateshead Housing Company
 - Newcastle Gateshead CCG
 - Gateshead Health NHS Foundation Trust
 - Harrogate and District NHS Foundation Trust
 - Cumbria, Northumberland and Tyne & Wear NHS Foundation Trust
 - Northumbria Police
7. Members will agree to send a nominated representative if the named individual is unable to attend.
8. The membership of the group shall be reviewed regularly. The group can agree to co-opt members as and when necessary for specific knowledge and expertise.

Structure and Accountability

9. The Gateshead COVID Control Board (COVID-19) is accountable to the Health and Wellbeing Board.

Review

10. The Gateshead COVID Control Board (COVID-19) Terms of Reference and meeting arrangements should be reviewed on a regular basis.

Prevention – key messages

1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of, coronavirus (a new continuous cough, or fever, or a loss of, or change in, your normal sense of taste or smell (anosmia)), or have someone in your household who is, you should be at home, in line with the [guidance for households with possible coronavirus infection](#).

2. Clean your hands often

Clean your hands more often than usual, particularly after arriving at your setting, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food. To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.

3. Respiratory hygiene (catch it, bin it, kill it)

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.

4. Clean surfaces that are touched frequently

In work or community spaces, to prevent the indirect spread of the virus from person to person, regularly clean frequently-touched surfaces, such as:

- door handles
- handrails
- tabletops
- play equipment

electronic devices (such as phones)

When cleaning, use your standard cleaning products, (like detergents or bleach), as these will be very effective at getting rid of the virus on surfaces. Follow the Public Health England (PHE) [guidance on cleaning for non-healthcare settings](#).

5. Minimise contact and mixing

Individuals and households should stay home as much as possible, minimising contact with others to only necessary and unavoidable contact. If you are responsible for an organisation, you should, as much as possible, alter the environment of your setting (such as classroom layout) working arrangements to minimise contact and mixing.

6. Personal protective equipment (PPE)

Use PPE wherever indicated by Government guidance [insert links].

7. Testing

All residents and workers within Gateshead will be encouraged to register with NHS Test and Trace and arrange to be tested if they are symptomatic. This will need to be supported

by activity to raise awareness of the signs of and symptoms of COVID-19. We will also need to encourage and support (where necessary) those who test positive to self-isolate along with their household.

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Key Contacts

Health Protection Team, Public Health England

Organisation	Name	Role	Contact	Email
Public Health England	Incident Director	Health Protection Team Available from 8am to 8pm For notification, advice and guidance		

COVID Control Board membership and key contacts

Organisation	Name	Role	Contact	Email
Gateshead Council	Alice Wiseman	Director of Public Health		
Gateshead Council	Alison Dunn	Strategic Lead – Communities		
Gateshead Council	Gerald Tompkins	Consultant in Public Health		
Gateshead Council	Andy Graham	Consultant in Public Health		
Gateshead Council	David Patterson	EPRR Manager		
Gateshead Council	Elaine Barclay	Communications Team Leader		
Gateshead Council and Newcastle Gateshead CCG	Dr Lynn Wilson	Director for Gateshead System		
Gateshead Council	Kirsty Sprudd	Service Manager – Transformational Commissioning		
Gateshead Council	Natalie Goodman	Public Health Practitioner		

Organisation	Name	Role	Contact	Email
Gateshead Council	Peter Wright	Environmental Health Manager		
Gateshead Council	Steve Horne	Service Director – Schools		
Gateshead Health NHS Foundation Trust	Hilary Lloyd	Director of Nursing, Midwifery and Quality, Director of Infection Prevention and Control		
Gateshead Health NHS Foundation Trust	Alice Wort	Consultant Microbiologist		
Gateshead Health NHS Foundation Trust	Nicola Allen	Community Services Clinical Lead		
The Gateshead Housing Company	Hazel Forster	Head of Neighbourhood Services		
Harrogate and District NHS Foundation Trust	Emma Anderson	General Manager, Gateshead, Sunderland and Darlington 0-19 service		
NHS Newcastle Gateshead CCG	Chris Piercy	Executive Director of Nursing Patient Safety and Quality		
Northumbria Police	Alan Pitchford	Chief Inspector		

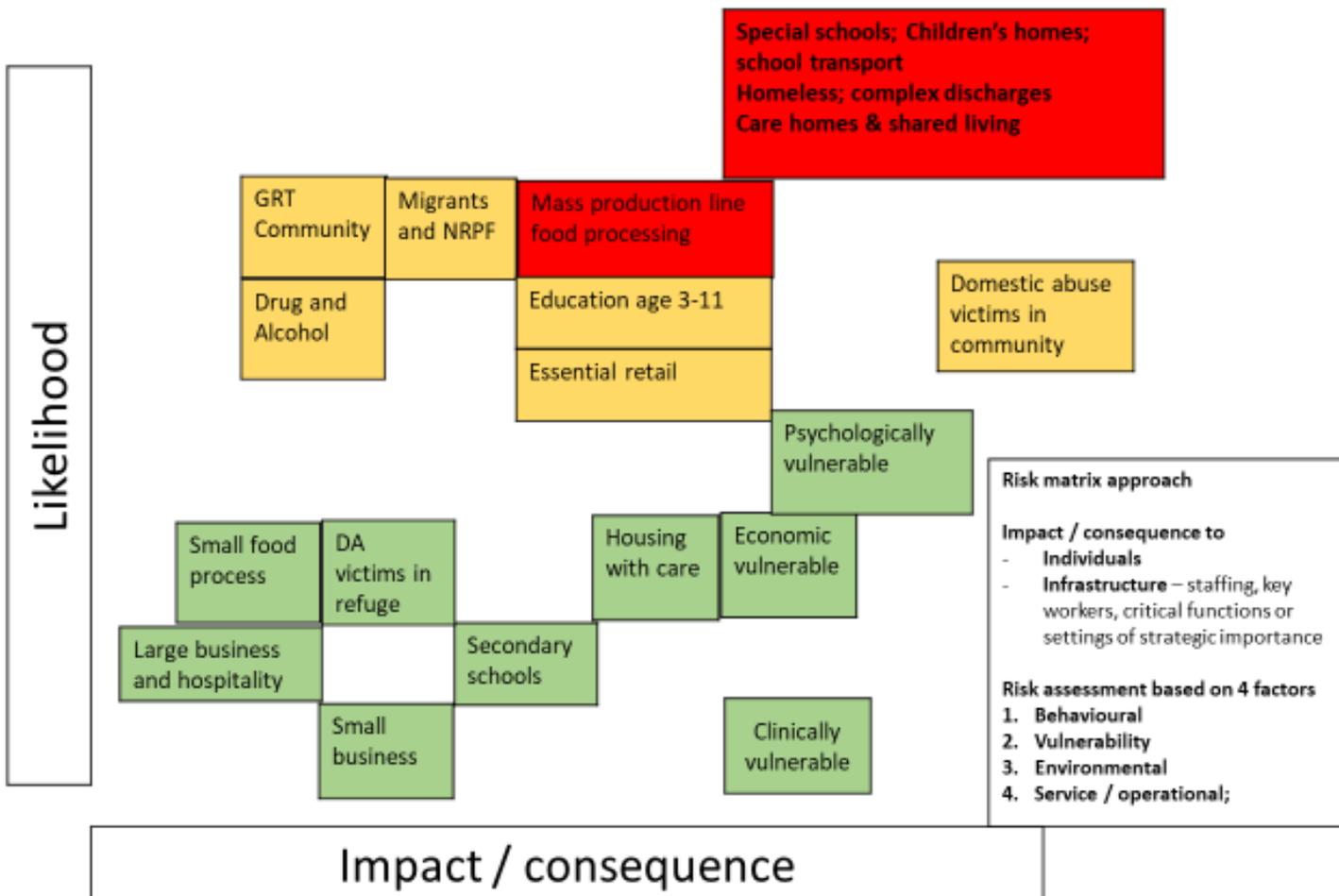
DRAFT Risk Matrix

Note: this risk matrix has been taken from another LA's draft plan and needs to be reviewed and adapted for Gateshead

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**Risk matrix:
Settings,
People,
Places**

- Standard Risk
- Increased Risk
- High Risk



**Priority high-risk settings and communities in Gateshead
[settings etc]**

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Care Homes:

Schools, nurseries

Housing including

- Children's homes
- Sheltered Housing
- Support housing schemes
- Hostels (and hotels?)
- Tower blocks

Businesses

- Food preparation businesses
- Mass production line

Communities

- TO BE CONFIRMED

Care Home Plan DRAFT

Responsibilities

Directors of Public Health have a specific role in managing outbreaks in their local authority area, advising on and implementing measures at a geographic and sectoral level. This role is being developed as part of the work led by the Joint Biosecurity Committee. This includes the development of Local Authority level outbreak control plans (locally termed the COVID-19 Control Plan).

Local Health Protection teams within Public Health England have a lead role in investigating and managing outbreaks. The North East Health Protection team (HPT) is Tier 1 of the national Test and Trace system and will continue to manage cases in keeping with national guidance.

Definition of an Outbreak / Complex case do we treat this as a separate SOP?

An outbreak can be:

- 1 or more cases in a Care Home which is of itself deemed to be a complex setting.
- the management of a single complex individual through a multi-disciplinary team approach, an example might be a person with complex needs living in the community who if infectious may be a risk to others.

Health Protection Team Actions

1. Following the notification of exposure in a care home from the NHS Test & Trace service to the North East HPT, or a care home contacting the HPT directly, the HPT will make contact with the staff member who is a confirmed case, or the care home when a positive resident is escalated to Tier 1.
2. The HPT will undertake initial data gathering, provide advice regarding the management of the outbreak and infection prevention and control measures. (See draft HPT letter at appendix _ (to be added))
3. The HPT will undertake a risk assessment to identify possible exposures in the care home and check on procedures in place in the home regarding isolation, social distancing and PPE for staff.
4. If everything is in place no further action will be taken.
5. The HPT will inform the DPH of the outbreak via a report to the agreed single point of contact (SPOC) in the local authority.

Local Authority Actions

6. The local authority will provide a SPOC for the HPT to report outbreaks to. This will be monitored 7 days a week, between 8am and 8pm.
7. The Public Health Consultant will be responsible for reviewing the information provided by the HPT, including the initial risk assessment and advice given.
8. When further action is required at a local authority level Public Health will be responsible for convening the appropriate outbreak response, in line with agreed process. (to be added)
9. The PH Consultant will contact local leads for support depending on the identified need and consider whether to convene a virtual outbreak coordination group to manage local responses. These might include:
 - Infection prevention and control support

- PPE supplies
 - Support for reduced staffing capacity at an outbreak site
 - Support with business continuity planning
 - Cohort within a setting
 - Mobilisation of additional testing support from local resources (FT / Mobile units)
10. This group will consider and implement further measures to support the Care Home in controlling the outbreak. The group will report weekly to the Gateshead COVID Control Board.

Escalation

11. If the management of the outbreak causes a significant test to the system's capacity and capability to respond and manage the issues, then consideration should be given to the declaration of an emergency or major incident, and activation of the Emergency Response Process.
12. The most likely escalation scenario in a Care Home setting is if large numbers of the Care Home staff group are infected or required to self-isolate or where the continuity of the business itself is under threat.

Description of Gateshead testing process.

13. The Local Authority with Gateshead Community Services have developed an effective local response to the ongoing COVID-19 Pandemic.
14. Information is shared between partners as soon as there is an indication of a potential COVID-19 case (from T1 PHE, from local testing through the QE or direct reporting from the care home).
15. The Local Authority Commissioning team maintain daily contact with all care settings and record and action any reported infection, requests for PPE etc.
16. Community Services have developed strong working relationships with the Care Homes, providing IPC training and supporting with swabbing of residents if required. Where resources allow test, swabs are processed through the QE hospital which provides a fast turnaround of results.
17. A positive result is then followed up by IPC leads from the QE and LA commissioners, to offer support and guidance if required. The local testing process is documented in Appendix 3.

Assurance

18. Public Health Consultants will monitor progress on outbreaks in Care Homes in order to assure the DPH that positive action is taken in all outbreaks.
19. All outbreak activity will be reported to the Health Protection Board (COVID-19) on a weekly basis?
20. The Care Homes Assurance group support this work and an assurance team visit all settings to ensure that Care Homes are implementing appropriate social distancing, IPC and monitoring in their settings.

(FLOW CHARTS TO BE ADDED)

Approach to preventing and managing outbreaks in educational settings

Background

As part of national social distancing measures to control the spread of COVID-19, the number of children and young people attending educational and childcare settings has been limited. Since 23 March 2020 education and childcare settings have only been open to priority groups (vulnerable children and children of critical workers), to ensure that pupils and staff attending could do so safely. These settings are now open to more children, but it is essential that appropriate control measures remain to help keep COVID-19 transmission rates low.

The evidence about safety and transmission of the COVID-19 virus in educational settings indicates that:

- The risk to children is much lower than the general population. While it is not zero, it is extremely rare for COVID-19 to cause serious harm to children.
- In terms of the risk to parents, while there are individual factors that need to be considered, most parents of primary school children are also in an age group that is not at significantly greater risk of harm from COVID-19.
- A high proportion of educational practitioners are also in a low-risk age group. However, individual raised risks need to be considered.
- There is some evidence that children are less likely to spread the virus than adults – however this evidence is not conclusive.

In summary, while it is obvious that any reduction in social/physical distancing has the potential to increase transmission of the virus in the community, the risks associated with the limited reopening of schools and early years settings are generally felt to be small, if individual vulnerabilities are taken into account. These risks must be balanced against the potential harm caused to children, particularly the most vulnerable children, by an extended absence from their school or setting.

Gateshead Council recognises that it is the responsibility of school governing bodies to determine when and how individual schools re-open. The Council has worked with schools, Trade Unions and others to provide guidance, model risk assessments and advice in supporting schools' preparations and on-going management in these difficult circumstances.

Managing cases and outbreaks in educational settings

Identification and notification

COVID-19 cases with links to schools will be identified in two ways.

- Individual confirmed cases are reported to the NHS Test and Trace service who provide advice on self- and household isolation and undertake contact tracing (with contacts

also being advised on isolation). If the case has contact with a school (for example as a pupil, staff member or visitor) the PHE NE Health Protection team (HPT) is notified.

- Cases may also come to light through schools directly contacting the HPT, for example to report suspected or confirmed cases among staff or pupils, to report 2 or more suspected cases in a 'bubble' or there are concerns that the school is observing unusually high numbers of absences due to illness compared with background levels of absence. School staff and visiting professionals such as school nurses will need to be alert to suspected cases and individuals with symptoms in the school community and notify the HPT [ADD CONTACT INFO].

The HPT will contact confirmed cases (or their parent or guardian) and establish the onset date of their illness, the date on which they were tested, and their attendance at school. They will also contact the Headteacher and advise on the members of the school community who should be excluded for 14 days. The school will send a standard letter to the parents of those close contacts (i.e. those within the 'bubble') about isolation and testing, as well as broader information to other members of the school community for reassurance.

Testing

Close contacts in school will be advised to arrange to be tested for COVID-19 via Pillar 2 [add info on how to arrange]. The school nursing service will be available to provide advice to the school and parents on the importance of testing and how to arrange it. The option of bringing in a mobile testing unit will be considered.

Gateshead response

The HPT will inform the DPH of the incident, the initial risk assessment and the advice given to the Headteacher via a report to the agreed single point of contact in the Local Authority CovidOutbreak@Gateshead.gov.uk. The HPT will monitor the incident and inform the DPH if further action has been required in response to further possible and/or confirmed cases in the school, or if the Headteacher is unwilling to comply with advice.

Each day a duty Public Health Consultant will review the information provided and if the HPT have advised no further LA action is required they will contact Education, the HDFT 0-19 children and young people's nursing service and QE community services to:

- ensure they are aware of the outbreak;
- gather additional intelligence from them, for example to confirm whether the schools are following health protection advice; and
- discuss whether and what further support or action is required.

The duty Consultant will then brief the DPH to provide assurance that no additional support or action is required, or to discuss escalation as appropriate.

Escalation

If following discussion with the DPH it is agreed further measures are required, the Duty Consultant will convene a local outbreak response group with

- Public health team representatives: Consultant and programme lead
- Education service representative

- The headteacher
- Schools cluster lead
- Gateshead 0-19 Children's PH Nursing Service, Harrogate and District NHS FT
- Gateshead NHS FT community services
- Gateshead Council Communications team
- Gateshead Council Health & Safety team
- Others as required

Responsibilities:

- Public Health Consultant: public health and health protection advice; co-ordination of response
- Education service: advice and support to school on staffing, pupil welfare, resources,
- The headteacher: implementation of control measures; business continuity; educational and pastoral leadership within school; risk assessment in school
- Schools cluster lead: facilitating mutual aid to school if external support required, e.g. teaching capacity
- Gateshead 0-19 Children's PH Nursing Service: advice on infection control; emotional support to school, parents and community
- Gateshead NHS FT community services:
- Communications team: advice on communications
- Gateshead Council Health & Safety team: risk assessment and management advice

This group will consider and implement further measures to support the school in controlling the outbreak, such as staffing capacity, welfare support, infection control advice, etc. The group will report weekly to the Gateshead COVID Control Board.

The HPT and DPH will escalate the incident if:

- Whole school closure is required
- Linked cases are identified in other schools
- There is an increase in cases across several schools

Where escalation is required, the Council will work with the HPT in an Outbreak Control Team with membership from

- PHE HPT
- Public Health Consultant, Gateshead Council
- Education service representative (tbc)
- Gateshead 0-19 Children's PH Nursing Service, Harrogate and District NHS FT
- Others as required

The OCT will determine further action and support for the school, and potentially for the local community. This may include the LA determining to close other local schools. The OCT will continue to meet until the outbreak is under control, and will report to the Gateshead COVID Control Board

(FLOW CHARTS TO BE ADDED)

DRAFT Approach to preventing and managing outbreaks in supported housing settings

Background

Directors of Public Health have a specific role in managing outbreaks in their local authority area, advising on and implementing measures at a geographic and sector level. This role is being developed as part of the work led by the Joint Biosecurity Committee. This will include the development of Local Authority level outbreak control plans.

Local Health Protection teams within Public Health England have a lead role in investigating and managing outbreaks. The North East Health Protection team (HPT) is Tier 1 of the national Test and Trace system and will continue to manage cases in keeping with national guidance.

Supported Housing settings

There are several supported housing schemes managed by The Gateshead Housing Company (TGHC) (ADD APPENDIX). This document relates to the following areas: sheltered housing for the elderly; extra care accommodation; supported housing schemes for those with Learning Disabilities. In addition, we also need to consider any impacts on the homeless community as a specific vulnerable group. There are no hostels or direct access homeless units within Gateshead, however we also need to consider the potential outbreak management for those temporarily accommodated in local hotel accommodation.

As part of the response to Covid-19 risk management arrangements have already been considered across supported housing schemes. All residents live in self-contained accommodation within the supported housing setting and communal rooms previously used for social activities have been closed or have extremely restricted at this stage.

Care providers will be subject to their own organisations risk assessments and management plans in partnership with the council's commissioning services.

Homeless cases have been accommodated in dispersed council accommodation and these are not in supported settings. There are several homeless clients temporarily accommodated in local hotels for short periods of time until alternative options are sought. Two Covid-19 protect accommodation units have been sourced should we need to access these for a homeless client. The homeless Sit Up service operated in partnership with Oasis Community Housing has not operated since the lockdown situation occurred. If this service were to reopen then consideration will need to be given of outbreak management within this setting at that time.

NEED TO CONSIDER PLAN FOR EXTERNAL SUPPORTED HOUSING PROVIDERS ETC

Definition of an Outbreak

An outbreak can be 2 or more cases in a supported housing environment. Or it may involve the management of a single complex individual through a multi-disciplinary team approach, an example might be a person with complex needs living in the community who if infectious may be a risk to others.

Health Protection Team Actions – TO BE CONFIRMED WITH HPT

1. Following the notification of exposure in a supported housing setting the NHS Test & Trace service to the North East HPT, or TGHC contacting the HPT directly, the HPT will make contact with the staff member who confirmed case, or the relevant housing manager when a positive resident is escalated to Tier 1.
2. The HPT will undertake initial data gathering, provide advice regarding the management of the outbreak and infection prevention and control measures.
3. The HPT will undertake a risk assessment to identify possible exposures in the supported housing scheme and check on procedures in place regarding isolation, social distancing and PPE for staff, if relevant.
4. If everything is in place no further action will be taken.
5. The HPT will inform the DPH of the outbreak via a report to the agreed single point of contact (SPOC) in the local authority.

Local Authority Actions

6. The local authority will provide a SPOC for the HPT to report outbreaks to. This will be monitored 7 days a week, between 8am and 8pm.
7. The Public Health Consultant will be responsible for reviewing the information provided by the HPT, including the initial risk assessment and advice given.
8. The Public Health consultant will notify the relevant officer within TGHC, Head of Neighbourhood Services or Head of Housing Support (email address tbc).
9. When further action is required at a local authority level Public Health will be responsible for convening the appropriate outbreak response, in line with agreed process. (flow chart to be added)
10. The PH Consultant will contact local leads for support depending on the identified need and consider whether to convene a virtual outbreak coordination group to manage local responses. These might include:
 - Infection prevention and control support
 - PPE supplies
 - Support for reduced staffing capacity at an outbreak site, where relevant
 - Support with business continuity planning and risk assessment
 - Cohort within a setting
 - Mobilisation of additional testing support (including Mobile units)
11. This group will consider and implement further measures to support TGHC in controlling the outbreak. The group will report weekly to the Gateshead COVID Control Board.

Escalation

12. If the management of the outbreak causes a significant test to the system's capacity and capability to respond and manage the issues, then consideration should be given to the declaration of an emergency or major incident, and activation of the Emergency Response Process.

13. The most likely escalation scenario in a Supported Housing setting is if large numbers of the residents and the support staff are infected or required to self-isolate or where the continuity of the business itself is under threat.

Testing

14. Close contacts will be advised to arrange to be tested for COVID-19 via Pillar 2 [add info on how to arrange]. The community nursing service will be available to provide advice on the importance of testing and how to arrange it. The option of bringing in a mobile testing unit will be considered.

Assurance

15. Public Health Consultants will monitor progress on outbreaks in Supported Housing settings in order to assure the DPH that positive action is taken in all outbreaks.
16. Any outbreak activity will be reported to the Gateshead COVID Control Board on a weekly basis

Flow charts to be added

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TITLE OF REPORT: Application to Consolidate Two Pharmacies in Ryton

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on an application to consolidate two pharmacies in Ryton.

Introduction

2. An application (PCC-201718-135) from Boots UK Limited to consolidate two pharmacies in Ryton has been received by NHS England. The two pharmacies are:
 - a) **2 Dean Terrace, Ryton NE40 3HQ**
 - b) **6 Elvaston Road Ryton NE40 3NT**
3. It is proposed that services will be provided from 2 Dean Terrace Ryton.
4. Paragraph 19(5), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) requires the Health and Wellbeing Board (HWB) to make representations on consolidation applications to NHS England, within 45 days of receipt of such notification.
5. Although NHS England suspended market entry and consolidation entries, due to the Coronavirus (Covid19) Pandemic, it was subsequently decided to proceed with this application and therefore requires a response from Gateshead HWB by 27th June 2020.

Background

6. Ryton is a small town in the west of the Borough of Gateshead, lying between Crawcrook and Blaydon. It has good transport links with the Newcastle/Gateshead conurbation with many of its population commuting there for work.
7. Currently there are 2 pharmacies in Ryton itself and a further 2 within the immediate locality all of which are contracted with NHSE to deliver a 40-hour service:
 - Boots: Dean Terrace, Ryton
 - Boots: Elvaston Road, Ryton
 - Lloyds: Pattinson Drive, Crawcrook, Ryton
 - Lloyds: Rockwoodhill Road, Greenside, Ryton
8. In addition there are neighbouring 40 hour pharmacies in Wylam, Winlaton and Blaydon.

9. The nearest 100 hour pharmacy in the Gateshead Borough is Well Pharmacy, Birtley (although Boots, Kingston Park Newcastle maybe equally accessible for residents in the West of the Borough).
10. The current direction of travel of NHS England is to encourage consolidation of closely located community pharmacies, to reduce the number of surplus pharmacies in England, provided the consolidation does not produce a gap in pharmaceutical services.

The Application

11. Boots UK has applied to close their pharmacy at 6 Elvaston Road, Ryton and move services to their store at 2 Dean Terrace, Ryton about 0.4miles away.
12. Both stores are contracted to deliver a 40 hour service and although both provide¹ more than these contracted hours, Dean Terrace currently provides longer opening hours: 8.30am-6pm weekdays and Saturday morning 9am-1pm, a total of 51.5 hours per week, whereas Elvaston Road provides a total of 41 hours per week; 9.30am-5pm weekdays and 9.30am-1pm Saturdays.
13. Dean Terrace is located (close to Grange Road Medical Practice) on the more major road running through Ryton whereas Elvaston Road is further down the hill, next door to Elvaston Road Surgery. There may be some concern raised by residents who live near to the Elvaston Road store and who are patients of the Elvaston Road surgery as they may find access to the Dean Terrace Store less convenient and possibly more difficult for those with limited mobility (up the hill).
14. There are plans to develop the premises at Dean Terrace by upgrading the upper floor to provide a dispensary for prescription items such as monitored dosage systems (weekly cassettes) which are largely currently supplied at the Elvaston Road premises. Work has yet to commence in the store for this development but current expectations are that the move to the newly refurbished store at Dean Terrace will be in September 2020. Proposals regarding the reallocation of staff either in the Dean Terrace branch or other Boots stores haven been discussed with the staff teams.
15. Both premises provide similar services including supervision of methadone/ buprenorphine consumption, stop smoking services, medicine reviews and minor ailment services. Neither service provides needle exchange. Although both premises are commissioned by Gateshead Council to provide emergency hormonal contraception services (EHC) in 2019/20, Dean Tce did 12 consultations, Elvaston did zero.
16. With regards to supervised consumption services, Dean Terrace and Elvaston Road currently support 13 and 4 clients respectively. Of particular note however, is that there have historically been clients who have been excluded from the Dean Terrace store and subsequently supported by the Elvaston Road store. Further assurance and clarification regarding the change of arrangements to ensure suitable and acceptable support is agreed between the clients, the pharmacy and the Gateshead Adult Recovery Service.

¹ Opening times taken from NHSE contract information, further interim changes due to pharmacy opening hours in response to Coronavirus (covid19) pandemic are not described in this review

17. Both premises are small, neither have wheelchair or step free access and both locations are difficult to park nearby. Each has a consultation room although both are equally small and difficult to access currently.
18. Patients will still have access to other providers of pharmacy services although not in Ryton town itself as described earlier in this summary.

Recommendation

19. The Director of Public Health recommends that the Health and Wellbeing Board supports the application to consolidate the two pharmacies in Ryton for the following reasons:
 1. The two sites are very closely located (0.4miles apart)
 2. As the Dean Terrace pharmacy has longer opening hours, patients will not experience a reduction in opening hours.
 3. Boots UK has undertaken to provide all services currently provided by both sites.
 4. Patients will still have choice of pharmacies within 2.0 miles (both operated by Lloyds – in Crawcrook and Greenside) and other stores within 3 miles (in Wylam, Winlaton and Blaydon)
 5. Gateshead Council PNA (2018) states that there is currently adequate provision of pharmaceutical services.
20. Consolidation of these two pharmacies would leave Ryton itself with only one pharmacy but with other pharmacy premises within 3 miles and a 100-hour pharmacy situated in Birtley (and also in Kingston Park, Newcastle upon Tyne).
21. It is important to recognise the role of pharmacies in seeking to address health inequalities and there is evidence of consideration regarding the possible impact experienced by the local community of proposed changes to service provision.
22. The Director of Public Health would like to see an undertaking from Boots that consideration be given to what mitigating action can be taken to better support people who have mobility issues given that neither of the two premises have wheelchair or step free access and that the consolidation of services to the Dean Terrace store may be more difficult for those with limited mobility to access due to the location (up the hill).
23. Assurance is required regarding the provision of commissioned services including supervised consumption with evidence of agreed solutions discussed with the service providers to ensure sustained support and safety both of clients, patients and staff.
24. In addition, assurance is required regarding the continuing hours of availability of pharmacy services in Ryton as a result of this consolidation to ensure that the local population have continued access to services as per the current service provision.
25. The Director of Public Health would like to see an undertaking from Boots UK that it will adequately staff the consolidated pharmacy to ensure that the NHS vision of better use of the pharmacist workforce is delivered. Also, that sufficient support

staff are employed to ensure that patient safety is not compromised by the increase in workload.

Contact: Alice Wiseman, Director of Public Health, Gateshead Council (0191) 4332777



HEALTH AND WELLBEING BOARD
26th June 2020

TITLE OF REPORT: Better Care Fund: 4th Quarter Return (2019/20)

Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to NHS England for the 4th Quarter of 2019/20.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission for 2019/20 at its meeting on 18th October 2019. NHS England is continuing its monitoring arrangements for the BCF which requires quarterly template returns to be submitted.

Quarter 4 Template Return for 2019/20

3. In line with the timetable set by NHS England, a return for the 4th quarter of 2019/20 was submitted on the 4th June. The return sets out the end of year position relating to funding, the meeting of national conditions, performance against BCF metrics and narrative sections on highlights and feedback.

Proposal

4. The endorsement of the Board is sought to the BCF return for the 4th Quarter of 2019/20 which has been submitted to NHS England (attached as an excel document).

Recommendations

5. The Health and Wellbeing Board is asked to retrospectively endorse the Better Care Fund return for the 4th Quarter of 2019/20.

Contact: John Costello (0191) 4332065

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Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements document for 2019-20 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 3) To foster shared learning from local practice on integration and delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

Reporting on additional Improved Better Care Fund (iBCF) funding is now included with BCF quarterly reporting as a combined template. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be published separately.

The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

Checklist (2. Cover)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2019/20 ([link below](https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020)) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

4. Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and achievements realised.

As a reminder, if the BCF plans should be referenced as below:

- Residential Admissions and Reablement: BCF metric plans were set out and collected via the BCF Planning Template

- Non Elective Admissions (NEA): The BCF metric plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions at a HWB footprint. These plans were made available to the local areas via the respective Better Care Managers and remain valid. In case a reminder of your BCF NEA plan at HWB level is helpful, please write into your Better Care Manager in the first instance or the inbox below to request them:

england.bettercaresupport@nhs.net

- Delayed Transfers of Care (DToC): The BCF metric ambitions for DToC are nationally set and remain the same as the previous year (2018/19) for 2019/20. The previous year's plans on the link below contain the DToC ambitions for 2018/19 applicable for 2019/20:

<https://www.england.nhs.uk/publication/better-care-fund-2018-19-planning-data/>

This sheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. HICM

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, for the reported quarter, and anticipated trajectory for the future quarter, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

For the purposes of the BCF in 2019/20, local areas set out their plans against the model applicable since 2017/18. Please continue to make assessments against this erstwhile HICM model and any refreshed versions of the HICM will be considered in the future as applicable.

In line with the intent of the published HICM model self-assessment, the self-assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self-assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

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

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

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for “Milestones met during the quarter / Observed impact” please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas’ implementation of The optional ‘Red Bag’ scheme. Delivery of this scheme is not a requirement of The Better Care Fund, but it has been agreed to collect information on its implementation locally via The BCF quarterly reporting template as a single point of collection.

- Please report on implementation of a Hospital Transfer Protocol (also known as The ‘Red Bag scheme’) to enhance communication and information sharing when residents move between Care settings and hospital.

- Where there are no plans to implement such a scheme Please provide a narrative on alternative mitigations in place to support improved communications in Hospital Transfer arrangements for social Care residents.

- Further information on The Red Bag / Hospital Transfer Protocol: The quick guide is available on the link below:

<https://www.england.nhs.uk/publication/redbag/>

Further guidance is also available on the Kahootz system or on request from the NHS England Hospital to Home team through:

england.ohuc@nhs.net

6. Integration Highlights

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

Where this success story relates to a particular scheme type (as utilised in BCF planning) please select the scheme type to indicate that or the main scheme type where the narrative relates to multiple services/scheme types or select “Other” to describe the type of service/scheme.

Where the narrative on the integration success story relates to progressing one of the Enablers for Integrated Care, please select the main Enabler from the drop down. SCIE Logic Model for Integrated Care:

<https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model>

7. WP Grant

Reporting for Winter Pressures Grant is being collected alongside the BCF in a single mechanism. For this quarter, the reporting is primarily seeking narratives and confirmation on progress against the delivery of the plans set out for the Winter Pressures Grant as part of the BCF planning process.

8. Income and Expenditure

The Better Care Fund 2019/20 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, the Winter Pressures Grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2019/20 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2019/20 in the yellow boxes provided.

- Please provide any comments that may be useful for local context for the reported actual income in 2019/20.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2019/20 in the yellow box provided.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

9. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2019/20 through a set of survey questions which are overall consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 7 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2019/20
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the ‘Enablers for integration’ expressed in the Logic Model.

Please highlight:

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE’s logic model) in 2019/20.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE’s logic model) in 2019/20?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

10. Additional improved Better Care Fund

The additional iBCF sections of this template are on sheet '10. iBCF'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.

Data must be entered on a Health and Wellbeing Board level.

The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at Spring Budget 2017 only.

Better Care Fund Template Q4 2019/20

2. Cover



Version 1.1

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- As in previous quarters, the BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF Grant information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately.
- The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Health and Wellbeing Board:	Gateshead
Completed by:	Hilary Bellwood/John Costello
E-mail:	hilarybellwood@nhs.net johncostello@gateshead.gov.uk
Contact number:	0191 217 2960 0191 433 2065
Is the template being submitted subject to HWB / delegated sign-off?	No, sign-off has been received
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	Councillor Lynne Caffrey
Name:	Chair of Gateshead HWB Board

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

Complete

	Pending Fields
2. Cover	0
3. National Conditions	0
4. Metrics	0
5. HICM	0
6. Integration Highlights	0
7. WP Grant	0
8. I&E	0
9. Year End Feedback	0
10. iBCF	0

[<< Link to Guidance tab](#)

2. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by	C21	Yes
E-mail	C23	Yes
Contact number	C25	Yes
Is the template being submitted subject to HWB / delegated sign-off?	C27	Yes
Job Title of the person signing off the report on behalf of the HWB	C29	Yes
Name of the person who signed off the report on behalf of the HWB	C30	Yes

Sheet Complete: Yes

3. National Conditions

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	Cell Reference	Checker
1) Plans to be jointly agreed?	C9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C10	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C11	Yes
4) Managing transfers of care?	C12	Yes
1) Plans to be jointly agreed? If no please detail	D9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D10	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D11	Yes
4) Managing transfers of care? If no please detail	D12	Yes

Sheet Complete:	Yes
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4. Metrics

[^^ Link Back to top](#)

	Cell Reference	Checker
Non-Elective Admissions performance target assesment	D12	Yes
Residential Admissions performance target assesment	D13	Yes
Reablement performance target assesment	D14	Yes
Delayed Transfers of Care performance target assesment	D15	Yes
Non-Elective Admissions challenges and support needs	E12	Yes
Residential Admissions challenges and support needs	E13	Yes
Reablement challenges and support needs	E14	Yes
Delayed Transfers of Care challenges and support needs	E15	Yes
Non-Elective Admissions achievements	F12	Yes
Residential Admissions achievements	F13	Yes
Reablement achievements	F14	Yes
Delayed Transfers of Care achievements	F15	Yes

Sheet Complete:	Yes
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5. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning - Q4 19/20	D15	Yes
Chg 2 - Systems to monitor patient flow - Q4 19/20	D16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q4 19/20	D17	Yes
Chg 4 - Home first/discharge to assess - Q4 19/20	D18	Yes
Chg 5 - Seven-day service - Q4 19/20	D19	Yes
Chg 6 - Trusted assessors - Q4 19/20	D20	Yes
Chg 7 - Focus on choice - Q4 19/20	D21	Yes
Chg 8 - Enhancing health in care homes - Q4 19/20	D22	Yes
Red Bag Scheme - Q4 19/20	D27	Yes
Chg 1 - Early discharge planning - If Q4 19/20 mature or exemplary, Narrative	F15	Yes
Chg 2 - Systems to monitor patient flow - If Q4 19/20 mature or exemplary, Narrative	F16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - If Q4 19/20 mature or exemplary, Narrative	F17	Yes
Chg 4 - Home first/discharge to assess - If Q4 19/20 mature or exemplary, Narrative	F18	Yes
Chg 5 - Seven-day service - If Q4 19/20 mature or exemplary, Narrative	F19	Yes
Chg 6 - Trusted assessors - If Q4 19/20 mature or exemplary, Narrative	F20	Yes
Chg 7 - Focus on choice - If Q4 19/20 mature or exemplary, Narrative	F21	Yes
Chg 8 - Enhancing health in care homes - If Q4 19/20 mature or exemplary, Narrative	F22	Yes
Red Bag Scheme - If Q4 19/20 no plan in place, Narrative	F27	Yes
Chg 1 - Early discharge planning - Challenges and Support needs	G15	Yes
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	Yes
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	Yes
Chg 5 - Seven-day service - Challenges and Support needs	G18	Yes
Chg 6 - Trusted assessors - Challenges and Support needs	G19	Yes
Chg 7 - Focus on choice - Challenges and Support needs	G20	Yes
Chg 8 - Enhancing health in care homes - Challenges and Support needs	G21	Yes
Red Bag Scheme - Challenges and Support needs	G27	Yes
Chg 1 - Early discharge planning - Milestones / impact	H15	Yes
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	Yes
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	Yes
Chg 5 - Seven-day service - Milestones / impact	H19	Yes
Chg 6 - Trusted assessors - Milestones / impact	H20	Yes
Chg 7 - Focus on choice - Milestones / impact	H21	Yes
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	Yes
Red Bag Scheme - Milestones / impact	H27	Yes

Sheet Complete:	Yes
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6. Integration Highlights

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	Cell Reference	Checker
Integration success story highlight over the past quarter	B10	Yes
Main Scheme/Service type for the integration success story highlight	C13	Yes
Integration success story highlight over the past quarter, if "other" scheme	C14	Yes
Main Enabler for Integration (SCIE Integration Logic Model) for the integration success story highlight	C17	Yes
Integration success story highlight over the past quarter, if "other" integration enabler	C18	Yes
Sheet Complete:		Yes

7. Winter Pressures Grant

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	Cell Reference	Checker
Assistive Technologies and Equipment - Expenditure	E12	Yes
Care Act Implementation Related Duties - Expenditure	E13	Yes
Carers Services - Expenditure	E14	Yes
Community Based Schemes - Expenditure	E15	Yes
DFG Related Schemes - Expenditure	E16	Yes
Enablers for Integration - Expenditure	E17	Yes
HICM for Managing Transfer of Care - Expenditure	E18	Yes
Home Care or Domiciliary Care - Expenditure	E19	Yes
Housing Related Schemes - Expenditure	E20	Yes
Integrated Care Planning and Navigation - Expenditure	E21	Yes
Intermediate Care Services - Expenditure	E22	Yes
Personalised Budgeting and Commissioning - Expenditure	E23	Yes
Personalised Care at Home - Expenditure	E24	Yes
Prevention / Early Intervention - Expenditure	E25	Yes
Residential Placements - Expenditure	E26	Yes
Other - Expenditure	E27	Yes
Hours of Care - Actual Outputs	D37	Yes
Packages - Actual Outputs	E37	Yes
Placements - Actual Outputs	F37	Yes
Beds - Actual Outputs	G37	Yes
Description of significant changes to the planned approach for the Winter Pressures Grant	B42	Yes
Sheet Complete:		Yes

8. Income and Expenditure

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	Cell Reference	Checker
Do you wish to change the additional CCG funding?	G16	Yes
Do you wish to change the additional LA funding?	G17	Yes
Actual CCG Additional	H16	Yes
Actual LA Additional	H17	Yes
Income commentary	D23	Yes
Do you wish to change the expenditure?	E30	Yes
Actual Expenditure	C32	Yes
Expenditure commentary	D34	Yes
Sheet Complete:		Yes

9. Year End Feedback

[^^ Link Back to top](#)

	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C11	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C12	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C13	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C14	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DT0C	C15	Yes
Statement 6: Delivery of our BCF plan has contributed positively to managing reablement	C16	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C17	Yes
Statement 1 commentary	D11	Yes
Statement 2 commentary	D12	Yes
Statement 3 commentary	D13	Yes
Statement 4 commentary	D14	Yes
Statement 5 commentary	D15	Yes
Statement 6 commentary	D16	Yes
Statement 7 commentary	D17	Yes
Success 1	C24	Yes
Success 2	C25	Yes
Success 1 commentary	D24	Yes
Success 2 commentary	D25	Yes
Challenge 1	C28	Yes

Challenge 2	C29	Yes
Challenge 1 commentary	D28	Yes
Challenge 2 commentary	D29	Yes

Sheet Complete:	Yes
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10. Additional improved Better Care Fund

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	Cell Reference	Checker
A1) a) Meeting adult social care needs	D13	Yes
A1) b) Reducing pressures on the NHS	E13	Yes
A1) c) Ensuring that the local social care provider market is supported	F13	Yes
A1) d) Percentages sum to 100% exactly	G13	Yes
B1) a) Actual number of home care packages	C19	Yes
B1) b) Actual number of hours of home care	D19	Yes
B1) c) Actual number of care home placements	E19	Yes
B2) Main area additional iBCF spend if not above	C20	Yes
B3) Main area additional iBCF spend if not above - Other commentary	C21	Yes

Sheet Complete:	Yes
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Better Care Fund Template Q4 2019/20**3. National Conditions**

Selected Health and Wellbeing Board:

Gateshead

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

Better Care Fund Template Q4 2019/20

4. Metrics

Selected Health and Wellbeing Board:

Gateshead

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	National submission deadlines for BCF template are outside of SUS reporting periods and therefore the full picture for Q4 is not yet available. Only April-Feb data is currently available.	Whilst the full quarter 4 data is not yet available, Apr-Feb year to date performance suggests that activity is 9% below target levels. Forecasting activity forward we would expect to remain below target by year end by 9% (target = 26,458, forecast = 24,041)
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	We have an ageing population and an increase in those with a dementia type illness. We are seeing people coming into our service later with more complex needs.	Data is up to March 2020 ASCOF 2A (part 2). 65 and over per 100,000 population = 1011.28 per 100,000 population.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Continuous referrals of complex cases into PRIME. Whilst such demands have been proactively responded to by the service with great effectiveness, the service has benefitted from the use of additional staff	The indicator value for the proportion of older people (65 and over) who were discharged from hospital into reablement / rehabilitation services during the period 1st October to 31st December 2019 and who
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	Not on track to meet target	The new target set for our local economy is very challenging. Meeting the needs of an ageing population remains a constant challenge along with an increase in frailty and older people with a dementia. There are also	Latest Performance relates to Feb 2020. Reporting of DTOCs was paused due to the Covid 19 Pandemic. There were 847 DTOCs reported in GH

Better Care Fund Template Q4 2019/20

5. High Impact Change Model

Selected Health and Wellbeing Board:

Challenges and Support Needs

Please describe the key challenges faced by your system in the implementation of this change, and Please indicate any support that may help to facilitate or accelerate the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

		Narrative			
		Q4 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Mature	Across the Gateshead area early discharge planning is well embedded with regular reviews of the SAFER bundle continuing to be undertaken to ensure it continues to be effectively	The SAFER bundle is used in parts of the trust and the standard practices for senior reviews, board rounds and MDT working are variable from ward to ward. Particular challenges exist due to the	Acute OT service now routinely work into SSU, EAU and ED to complete assessments and identify clinical needs earlier in the patient journey. Evaluation continues however the data currently
Chg 2	Systems to monitor patient flow	Mature	Across the Gateshead area patient flow is monitored regularly by senior clinicians throughout the day to ensure effective patient flow throughout the UEC system so that patients receive	The systems that were in place in 18/19 remain in situ and function well enough for the day to day running of the hospital although progress has been made with regards to the stated aim of	A series of pilots have been conducted to identify and troubleshoot issues with the system's functionality in specific clinical pathways (such as ward attenders, elective admissions etc) and
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Multi Disciplinary Discharge processes are well established and embedded in Gateshead. We continue to coordinate discharge planning based on MDT/ joint assessment processes and protocols	The trust's discharge team is currently uni-professional and is entirely comprised of nurses although they do liaise with other members of the multidisciplinary team on a regular basis	No changes have been made to the discharge team. When the long-stay project was initially launched it was extremely successful in reducing length of stay (statistically significant
Chg 4	Home first/discharge to assess	Mature	Stakeholders now have a well developed and embedded multidisciplinary team and approach to assess patients holistically in the most appropriate environment and at the	The implementation of an effective discharge to assess pathway requires a culture-shift for a large number of individuals, teams and organisations with a different approach to	A working group has been established that includes stakeholders from the health (acute and community) and from adult social care. A definition of 'discharge to assess' has been agreed
Chg 5	Seven-day service	Mature	Integrated 7 day MDT working practices are established and well embedded to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they	The trust continues to provide services across 7 days per week every day of the year for key services/teams and operational areas. We have highlighted an issue in respect of complex M&H	Appropriate teams now provide cover over 7 days but no evidence is available to quantify the impact of this as yet.
Chg 6	Trusted assessors	Mature	Operational delivery of the Trusted Assessor process is now well established and embedded across health and social care, with evidence of improved outcomes and efficiencies	Various trusted assessor systems are in place for different services across health and social care. Referral processes for various systems remain complex with multiple assessments	A number of trusted assessor initiatives are in various stages of implementation across health and social care with varying degrees of success and impact. A trusted assessor system exists for
Chg 7	Focus on choice	Mature	Choice protocol is embedded in Gateshead and understood by staff, however this has been reviewed to ensure standardisation with the Regional Policy.	The policy works and has been updated after multi-agence reflection on individual cases. Further work is required to advertise the policy and ensure that all clinical staff are aware of	The hospital's choice policy has been successfully launched and has been used on multiple occasions. On only one occasion has the policy had to be followed to the point of completion and
Chg 8	Enhancing health in care homes	Exemplary	NGCCG as an ex care home Vanguard site has very well established high quality support, service provision and exemplary pathways of care for this group of patients - integrated with all	Due to a high prevalence of influenza, there has been a significant number of patients requiring admission or requiring emergency care support this winter. In line with the introduction of	Scheme is already exemplary and continues to deliver outcomes

Hospital Transfer Protocol (or the Red Bag scheme)

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

		Q4 19/20	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Exemplary	NGCCG as an ex care home Vanguard site has established high quality support, service provision and exemplary pathways of care for this group of patients.	Whilst the scheme in Gateshead is embedded, the challenge is in ensuring that there are an adequate number of bags available to replenish stock out in the care homes.	Scheme is already exemplary and continues to deliver outcomes

Better Care Fund Template Q4 2019/20

6. Integration Highlight

Selected Health and Wellbeing Board:

Remaining Characters: 18,728

Integration success story highlight over the past quarter:
Please give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example.

The Social Care Institute for Excellence logic model for integrated care identified as one of its enablers - 'Good quality and sustainable provider market that can meet demand'. This is a key requirement if existing work to integrate care through the BCF and wider health and care system is to be built upon.

The Gateshead Older Persons Care Home sector faces a number of key challenges. The principle of a joint approach to understand these and explore potential solutions has been a key focus of our local system. Our collective vision, as commissioners and providers, is to deliver integrated, high quality, good value care for residents delivered within the existing financial envelope.

Work is taking place with providers to explore and develop a service model to ensure safe, cost effective care home services for Gateshead patients. This includes:

- Enabling a system which would secure sufficient beds to allow placements within accommodations chosen by patients without delay

Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".

Scheme/service type	Enablers for Integration
Brief outline if "Other (or multiple schemes)"	

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.

SCIE Enablers list	6. Good quality and sustainable provider market that can meet demand
Brief outline if "Other"	

Better Care Fund Template Q4 2019/20

7. Winter Pressures Grant

Selected Health and Wellbeing Board:

Gateshead

In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. Please report on the actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant.

WP Grant Expenditure

Scheme Type	Planned Expenditure	Actual Expenditure (2019/20)
1 Assistive Technologies and Equipment	£ -	£ -
2 Care Act Implementation Related Duties	£ -	£ -
3 Carers Services	£ -	£ -
4 Community Based Schemes	£ -	£ -
5 DFG Related Schemes	£ -	£ -
6 Enablers for Integration	£ 27,000	£ 27,000
7 HICM for Managing Transfer of Care	£ -	£ -
8 Home Care or Domiciliary Care	£ 521,285	£ 521,285
9 Housing Related Schemes	£ -	£ -
10 Integrated Care Planning and Navigation	£ 50,000	£ 25,000
11 Intermediate Care Services	£ 135,000	£ 135,000
12 Personalised Budgeting and Commissioning	£ -	£ -
13 Personalised Care at Home	£ -	£ -
14 Prevention / Early Intervention	£ -	£ -
15 Residential Placements	£ 400,000	£ 425,000
16 Other	£ -	£ -
Winter Pressures Grant Total Spend	£ 1,133,285	£ 1,133,285

WP Grant Outputs

	Hours of Care	Packages	Placements	Beds
Total Planned Outputs	33,939.0	-	11.0	-
Total Actual Outputs (based on the total actual WPG spend reported above)	33,939.0	-	12.0	-

Please describe any significant changes to the planned approach for the use of the Winter Pressures Grant, either in terms of spend on specific schemes or on the delivery of outputs.

Please also confirm the agreement by LAs and CCGs to these changes and the involvement of local acute trusts.

There were no significant changes to the planned approach for the use of the Winter Pressures Grant.

Better Care Fund Template Q4 2019/20

8. Income and Expenditure

Selected Health and Wellbeing Board:

Gateshead

Income

		2019/20	
Disabled Facilities Grant	£ 1,860,611		
Improved Better Care Fund	£ 9,918,556		
CCG Minimum Fund	£ 16,235,688		
Winter Pressures Grant	£ 1,133,285		
Minimum Sub Total		£ 29,148,140	
		Planned	
CCG Additional Fund	£ -		
LA Additional Fund	£ -		
Additional Sub Total		£ -	
			Actual
Do you wish to change your additional actual CCG funding?		No	
Do you wish to change your additional actual LA funding?		No	
			£ -
		Planned 19/20	Actual 19/20
Total BCF Pooled Fund	£ 29,148,140	£ 29,148,140	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2019/20

Expenditure

	2019/20
Plan	£ 29,148,140

Do you wish to change your actual BCF expenditure? No

Actual

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2019/20

Better Care Fund Template Q4 2019/20

9. Year End Feedback

Selected Health and Wellbeing Board:

Gateshead

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The overall aim of the BCF has been to provide a supportive vehicle to help set the direction for local stakeholders across health and social care to become more fully integrated. In Gateshead, there are strong joint working arrangements across local health and care partners through the Gateshead Health and Care System, which recognises the importance of integrated approaches to care. However, as we have remarked in previous years, it needs to be borne in mind that the BCF does not exist in a silo and forms part of broader work to integrate health and care at a local level in Gateshead. It is difficult to be able to directly correlate improvements for patients and service users with completing the data collection templates, but the ability to network and share and learn from each other is always useful. Gateshead organisations have often played a leading role in this area. However, completing the template is an onerous time consuming task to confirm the status of continued compliance against the requirements of the fund and takes system time away from our focus on making care better for patients and service users. Again, as previously mentioned, it can feel like an industry in its own right, somewhat removed from the purpose of integration.
2. Our BCF schemes were implemented as planned in 2019/20	Strongly Agree	No further Comment
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	As No. 1
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	As a system, all partners are focused on reducing non elective admissions. However, having ring fenced funding has been helpful.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	The unrealistic target set for Gateshead is of no value to the local system and runs counter to the work of frontline and other staff across our organisations who continue to deliver high quality assessments and care for local people.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	As a system, all partners are focused on reablement. However, having ring fenced funding has been helpful.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	As a system, all partners are focused on managing the rate of residential and nursing care home admissions for older people. However, having ring fenced funding has been helpful.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	System leaders continue to come bi-weekly as the Gateshead Health & Care System (GH&CS) with a specific focus on Gateshead Place to: • shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels; • support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities;
Success 2	2. Strong, system-wide governance and systems leadership	The establishment of Primary Care Networks from July of last year has provided opportunities for greater health and care integration across our local system. Clinical Directors from the PCNs are engaging with the Gateshead Health & Care System Board, particularly relating to our overarching priority areas and transformation programmes (referred to under success story 1 above).
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	There are particular challenges relating to the future sustainability of the care home sector. The current Covid-19 pandemic has
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	In order to deliver our priority areas as a system, we need an integrated workforce that can work across our organisations. The Gateshead Health & Care System is progressing integrated team working linked to its priority and transformation programme areas. This includes the co-location of staff at Gateshead Place to help develop a better understanding of system challenges and opportunities to address them, as well as joining up planning and delivery arrangements with system

Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

Better Care Fund Template Q4 2019/20

10. Additional Improved Better Care Fund

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2019/20:

Section A

Distribution of 2019-20 additional IBCF funding by purpose:

What proportion of your additional IBCF funding for 2019/20 have you allocated towards each of the three purposes of the funding?

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	Total: Percentages must sum to 100% exactly
A1) Please enter the amount you have designated for each purpose as a percentage of the total additional IBCF funding you have been allocated for the whole of 2019-20. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You must ensure that the sum of the percentage figures entered sums to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	0%	0%	100%	100.0%

Section B

We want to understand how much additional capacity you have been able to purchase or provide in 2019/20 as a direct result of your additional IBCF funding allocation for 2019-20. Where the IBCF has not provided any such additionality, we want to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2019-20 as a result of your additional IBCF funding allocation	b) The number of hours of home care provided in 2019-20 as a result of your additional IBCF funding allocation	c) The number of care home placements for the whole of 2019-20 as a result of your additional IBCF funding allocation
B1) Please provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional IBCF funding allocation for 2019-20. The figures you provide should cover the whole of 2019/20. Please use whole numbers with no text. If you have a nil entry please enter 0 in the appropriate box and do not leave a blank cell.	0	0	0
B2) If you have not increased the number of packages or placements (i.e. have answered question B1 with 3 zeros), please indicate the main area that you have spent your additional IBCF funding allocation for 2019-20. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.	Stabilising social care provider market – fees uplift		
B3) If you have answered question B2 with 'Other', please specify. Please do not use more than 50 characters.			

Healthwatch Gateshead quarterly report - 1 March 2020 to 31 May 2020

This report details the information we have gathered from members of the public via the feedback centre on our website, any phone calls or emails we have received, and via any community outreach or focus groups we have held between 1 March 2020 to 31 May 2020.

This report does not include the data we have gathered via specific surveys, such as the COVID-19 survey we are currently running. That data is summarised in a separate report.

The information we have gathered is grouped by service type and summarised below.

Queen Elizabeth Hospital

We have received seven reviews/enquiries about Queen Elizabeth Hospital.

Six of these reviews were very positive, focussing on short waiting times for appointments, great staff and good services, for example:

“I only waited a few minutes, I was seen almost straight away! I had a severe gash on my forehead.”

“The appointments are always on time. The nurses have a lot to put up with and still provide an excellent service.”

“I went for chemo and received great care.”

“The QE hospital is usually very women friendly, they have good advice and are helpful.”

The other two were enquiries about the opening hours of A&E and an appointment cancellation letter.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

We received one review about Dryden Road Clinic (Community Treatment Team). This person said that their experience was great and that the staff are lovely.

“I have a mental health worker here at Dryden road and she’s amazing. Best point of help I’ve ever had.”

North East Ambulance Service NHS Foundation Trust

We have received ten reviews/enquiries about North East Ambulance Service NHS Foundation Trust.

Six of these reviews/enquiries were about NHS 111 and included:

- Difficulties getting through x 2
- Are there other ways to get in touch? x 2
- Long wait, but resolved the problem

- What is the website for NHS 111?

Three reviews/enquiries reflected positive experiences when calling for an ambulance and receiving care from paramedics. Two reviewers talked about the paramedics providing care within the home or in the ambulance, avoiding a hospital admission. The reviewers were pleased with this.

“The ambulance staff were very supportive and dealt with the situation at their home so he didn't have to go into hospital.”

The third reviewer said that she wouldn't be alive if it wasn't for the ambulance service.

The last review was about the Patient Transport Service. A service user got in touch to tell us that a taxi arrived to take her to her appointment but that she could not use it because it did not have a ramp. She asked what she should do in the future to avoid this happening again.

Social care

We have received four reviews/enquiries about social care related issues and concerns.

Two of these reviews/enquiries were about personal protective equipment (PPE). There was a concern that care home workers were not being provided with enough or the right PPE and staff were having to share. A later review suggests that this is now improving, and staff are asking for the right PPE.

One review referred to over 65s being called by Gateshead Council to ask if they were okay and if they needed any help. This was a positive experience.

One review referred to a volunteer care worker calling to say she was not feeling too well. She was told to take paracetamol and to go to work in the care home that night. She sought further advice and did not go into the care home. Eventually she was tested for COVID-19 and the test was positive. The reviewer felt that the employer's advice was terrible and could have led to COVID-19 spreading within the care home.

GP practices

We received 17 reviews/enquiries about GP practices.

Three of these reviews/enquiries were about Fell Tower Medical Centre. All wanted to know if the GP practice had changed its opening hours or was still open due to COVID-19. The callers called Healthwatch Gateshead because they could not get through to Fell Tower Medical Centre.

Two of these reviews/enquiries were about Bensham Family Practice:

“No waiting for the appointment. The nursing sister was a good listener.”

“I have been a patient at this surgery for many years and although GPs have changed over the years I can truly say that I have never had anything less than 100% commitment and professionalism from the doctors, nurses and receptionists. Well done to all the staff for working under extremely hard conditions.”

Two of these reviews/enquiries were about Blaydon GP Practice:

“I always have a great experience here. They make me feel very happy.”
 “This is a great service, they are always on time. No faults at all.”

Two of these reviews/enquiries were about Whickham Cottage Health Centre:

“This service is very accommodating and they listen to you. They refer on when needed.”

“They are always on time and they listen to you. I never feel rushed at this practice, I always feel comfortable.”

Two of these reviews/enquiries were about Beacon View Medical Centre:

“I go to Beacon View GP and the GPs are very approachable, especially the male ones!”

“This practice has good, friendly people.”

Two of these reviews/enquiries were about St. Albans Medical Group. One reviewer felt they always had the time to discuss their issue, whilst the other reviewer felt like they were getting pushed out of a door as quickly as possible.

The last four reviews/enquiries were as follows:

Sunniside Surgery	This is a great surgery that makes accessing health care easy and stress-free. The staff at reception are friendly and very helpful. Contacting the surgery by telephone is a breeze and appointments are available. The doctors put me at ease straight away and endeavoured to help any way they could. This is the ideal setting for taking care of your health. Will recommend to friends and family.
Longrigg Medical Centre	The staff are always very professional and willing to go the extra steps for you. The doctors I've met are always kind, pleasant, and helpful. You never feel nervous at your appointment.
Birtley Medical Group	Caller asked if they could attend their GP given the current situation (COVID-19)
Bewick Road Surgery	Caller rang to ask why their GP practice is open over bank holiday when it has never been before

Dentists

We received two reviews/enquiries about dental practices in Gateshead.

One review was about Village Dental Practice:

“They are really helpful and reassuring at this surgery.”

The other was an enquiry about Ann Millward Dental Practice and if it was still open despite COVID-19.

Opticians

We received one review about Stewart Eyecare, simply telling us that it was a great service.

Pharmacy

We received six reviews/enquiries about pharmacy services.

Four of these reviews were positive:

- They are always very helpful and considerate - Whickham Pharmacy
- Staff are always friendly and helpful and they always have my medications in - Lloyds Pharmacy, Coatsworth Road
- They are good. The medicine is always ready to be picked up. It is easy to go after seeing the GP - Rowlands Pharmacy
- Called in as I was concerned. I felt reassured - Boots Pharmacy, Blaydon

One person commented on Boots in Rowlands Gill. They were not satisfied that their repeat prescription was not ready again. They had to go without medicine for four days.

One person called to ask us if their pharmacy was still open despite the COVID-19 pandemic.

Escalations

Healthwatch Gateshead has an experienced Project Manager and Outreach Worker who work closely together to ascertain the need for immediate action, and look to a resolution for individuals.

This section highlights cases where we escalated issues directly to service providers, commissioners, the Care Quality Commission or Healthwatch England to highlight an issue or seek a resolution.

Escalated case one

The family of a woman had been given four weeks' notice to leave her care home. She was receiving Continuing Health Care (CHC) and the relationship between the care home and the family had broken down due to concerns about her care. We liaised with NHS Newcastle Gateshead Clinical Commissioning Group, Gateshead Council, and the family to coordinate a solution.

It appeared that the care home had not followed procedure regarding notice to move and the commissioning team stepped in.

The outcome was that the woman was able to stay in the care home with extra support from outside and a communication strategy was developed between the care home and family.

Escalated case two

We received an email from a local resident who wanted to share her experience around community health care provision for people who are displaying symptoms of COVID-19.

We produced a letter and escalated this to:

- Healthwatch England
- Dr Lynn Wilson- Director for Gateshead System - Gateshead Council and Gateshead CCG

Escalation case three

We were contacted by a family member because their mother had been refused patient transport by North East Ambulance Service NHS Foundation Trust (NEAS), even though the patient could not weight bear. The family member had been advised to contact their GP to arrange transport then passed on by GP to hospital who has passed the issue back to NEAS.

We used our escalation process with NEAS to clarify the situation within 2 hours. The outcome was that all patients who needed to attend clinics needed the clinic to clarify that the treatment was **essential**. The patient's transport was arranged, and she was able to attend the fracture clinic.

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Healthwatch Gateshead is part of Tell Us North CIC, company no. 10394966

The journey of the voice from patients and public

Dear Health and Wellbeing Board Members

About Healthwatch Gateshead

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

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

Healthwatch Gateshead, along with Healthwatch Newcastle are part of Tell Us North CIC (company no. 10394966).

The Healthwatch Team have spent time during this unprecedented period encouraging feedback from people using health and social care services. We felt a need to reassess our priorities for this period to help towards improving local services from lessons learnt.

Our staff are currently working from home. We needed to look at new and innovative ways to continue our engagement activities through our social media platforms and direct contacts with people. Please see over for details of our refreshed priorities.

The attached report gives you a flavour of responses to our information-gathering priority. We plan to target seldom heard groups in our next phase.

We welcome the opportunity to share this information with you and to hear from you on how this has helped in your learning moving forward.

Currently the trends coming out appear to be that people and services seem to have adapted well to the changes that have been made due to the pandemic. Some queries have been raised on Patient Transport Services and its criteria which we are following up

for clarification. Other enquiries have highlighted people's concerns about limited access to dentists and opticians.

We will continue to monitor the trends coming through and would be keen to continue dialogue with commissioners and providers on what people are telling us.

Please let us know if you wish to continue receiving our reports, which we aim to provide on a quarterly basis. We are happy to provide monthly reports relating to COVID queries should you feel this would be beneficial.

Kind regards

Cynthia Atkin
Interim Operations Manager

Enc. Healthwatch Five Key Priorities
Quarterly Report showing current activities

Healthwatch Gateshead priorities

Information giving - this has been through social media, giving keys messages to the public on how to stay safe and well. How to get help for support if and when needed.

Information gathering - inviting people to share their experiences and stories during this COVID-19 period. To share this information with commissioners and providers to ensure people's voices are heard when planning and delivering services.

Signposting - supporting people to get the right help that they need at the right time. This involves receiving telephone calls, emails and messages via our social media and websites regarding enquiries.

Troubleshooting - helping people who are not getting the responses they need and escalating enquiries when necessary.

Supporting local communities - working with others in the voluntary and community sector, as well as the local authorities, to support the wider community during this challenging time. We feel it is vital to work in partnership to ensure the most effective support is available for our communities. We have been undertaking befriending calls to our most vulnerable people in the area.

Author: Healthwatch Newcastle and Healthwatch Gateshead

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