



CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 31 January 2023 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 6)
3	NHS Dentistry Access Update Presentation by Stuart Youngman, Senior Primary Care Manager (Dental) North East & North Cumbria
4	Healthwatch Gateshead Update (Pages 7 - 16) Report and presentation by Yvonne Probert, CEO Tell Us North
5	Substance Misuse Services (Pages 17 - 22) Report of the Director of Public Health
6	Adult Social Services Engagement Team (ASSET) (Pages 23 - 26) Report and presentation by Steph Downey, Service Director Adult Social Care
7	Work Programme (Pages 27 - 30) Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 6 December 2022

PRESENT: Councillor W Dick (Chair)

Councillor(s): B Goldsworthy, M Goldsworthy, I Patterson,
J Wallace, M Hall, J Gibson, P Diston, H Haran, D Robson,
S Potts, D Weatherley and A Wintcher

APOLOGIES: Councillor(s): R Mullen, P McNally and J Green

CHW19 MINUTES OF LAST MEETING

The minutes of the last meeting, held on 25 October 2022 were approved as a correct record.

CHW20 UPDATE ON PRIMARY CARE NETWORKS/WORK TO ATTRACT AND RETAIN A MULTI PROFESSIONAL WORKFORCE /ACCESS TO GP APPOINTMENTS

Lynne Paterson, Portfolio Lead, Neil Bunney, Primary Care Portfolio Manager and Nicola McDougal, Strategic Workforce Development Lead provided the OSC with a presentation and workforce update.

The presentation focused on an update on Primary Care Networks, access to appointments during the transition out of Covid and work to attract and retain a multi professional health workforce within primary care.

The OSC were advised on PCN Structure, and PCN patient list sizes across the borough, GP appointments pre and post pandemic. ARRS (Additional Roles Reimbursement Scheme), PCN extended access, OPEL levels in primary care and recruitment and retention.

The Committee welcomed the presentation and raised questions pertaining to real life experiences by members of their constituencies and themselves as elected members.

The officers were asked to return to future meeting of the OSC to provide further updates of what not is working well within the PCN system.

- RESOLVED -
- i) That the information be noted
 - ii) That a further presentation be provided to a future meeting of the OSC to provide updates of what is not working well within the PCN system across Gateshead.

CHW21 PERFORMANCE MANAGEMENT AND IMPROVEMENT FRAMEWORK - SIX MONTH UPDATE

Lindsay Murray, Director of Commercialisation and Improvement provided the Committee with a report outlining the Council's new Performance Management and Improvement Framework for the period 1 April 2022 to 30 September 2022. Steph Downey, Service Director, Adult Social Care, highlighted the key challenges and areas of excellence for this OSC in a presentation and proposed work on the discharge to assess model.

The OSC were advised that the analysis of performance against each of the 6 policy objectives of the Health & Wellbeing Strategy and the Balanced Scorecard were set out in Appendix 1 which was attached to the report for information.

The report outlined the challenges, achievements, actions and resources for each policy objective. It also contains performance data including strategic and operational measures and is informed by qualitative and quantitative assessment to inform policy and resource decisions.

The Committee were advised that areas of excellence and improvement included:

- Response to the Covid-19 pandemic continued throughout 2021/22 with support to the most vulnerable, public health advice and campaigns.
- The pandemic response being scaled back proportionate to risk and national guidelines with focus on the health impacts of the pandemic.
- Targeted Covid vaccination clinics have been delivering an offer to local communities with greatest need.
- Work to deliver the Health and Wellbeing strategy outcomes has commenced. This has previously been on hold due to pandemic however a new group has been established involving the Council and its partners to understand what has changed, and how best to deliver the objectives set out in the cross-cutting strategy.

The Committee were advised that actions included:

- Development of a 3-year alcohol and substance misuse plan, to utilise significant Home Office investment in treatment service following the Dame Caro Black Review
- Budget review work is underway across the Council to ensure Council resources are deployed in a prioritised way focusing on delivery of Thrive outcomes and impact.
- Preparation for CQC Assurance, implications of the ASC White Paper, charging reforms and fair cost of care with a particular focus on data, practice and policies.

- Focus on the preparation and implementation of the new Mosaic care management system which is a big area of change for the service.
- Take forward Technology Enabled Care using digital solutions to promote independence and support health and wellbeing
- Reviewing recruitment and retention issues with proposals being developed for consideration.

In conclusion, the OSC were advised about further development and were advised that an overview document was attached at Appendix 2 of the report and a glossary of terms used in creation of the report was attached at Appendix 3.

- RESOLVED -
- i) That the information be noted
 - ii) The OSC recommended the performance report to Cabinet for consideration in January 2023.

CHW22 ANNUAL REPORT OF LOCAL SAFEGUARDING BOARD AND BUSINESS PLANS AND EMERGING PRIORITIES

Catherine Hardman, Business Manager, Safeguarding Adults Board provided the OSC with a report and presentation of the Safeguarding Adults Board (SAB) statutory Annual Report 2021/22 and the updated refresh of the Strategic Plan 2019/2024.

The OSC were advised that the SAB 2021/22 Annual Report highlights the progress throughout the 2021/22 financial year. The report also articulates how partner governance arrangements ensure members are accountable for Safeguarding Adults. The SAB completed a challenge event in March 2022 to examine the effectiveness of the SAB, the results showed demonstrated strong partnership relationships, commitment to work together and enthusiasm for the work of the partners.

Key areas of work in 2021/22 include the ICS wide pilot of forensic examination services for adults presenting with unexplained or non-accidental injuries, the introduction of the Fire Service Standard to support safeguarding, launch of the 'Tricky Friends' animation helping those with cognitive difficulties to make and maintain positive friendships, launch of the Northumbria Police Force Vulnerability Strategy, embedding Primary Care Mental Health practitioners into primary care networks, launch of Gateshead Council ASSET team (Adult Services Support and Engagement Team), maintenance and preparation for implementation of Liberty Protection Safeguards. During 2021/22 the Safeguarding Adults Board continued to explore opportunities for working collaboratively at a regional level.

The OSC were advised that the revised Strategic Plan 2019/24 (2022 refresh) sets out how the Safeguarding Adults Board will achieve its five Strategic Priorities which are:

- Quality Assurance
- Prevention
- Communication and Engagement

- Operational Practice
- Mental Capacity

The Strategic Plan includes key challenges to be addressed over the five-year period. 2023 will be the final year of the Strategic Plan, during 2023 the Board will be working to develop their Strategic Plan for 2024-2029.

RESOLVED – That the information be noted

CHW23 OSC WORK PROGRAMME

The OSC received a report setting out changes to the provisional work programme for the municipal year 2022-23 as set out in the appendices to the report.

In addition the OSC agreed to slot in Newcastle Gateshead Persistent Physical Symptoms Service into the programme for consideration at the meeting in January 2023.

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

Chair.....



CARE HEALTH AND WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
31st January 2023

TITLE OF REPORT: Healthwatch Gateshead Update

REPORT OF: Yvonne Probert, CEO Tell Us North

Summary

This report provides the Care Health and Wellbeing Overview and Scrutiny Committee with an update on the range of work being carried out by Healthwatch Gateshead

Introduction to Healthwatch Gateshead

Healthwatch Gateshead is an independent, not-for-profit service. We help people of all ages and from all backgrounds have their say about social care and health services in Gateshead. This includes every part of the community, so we give a voice to people who sometimes struggle to be heard. We also offer free, confidential and independent information about social care and health services in Gateshead.

Healthwatch Gateshead is one of 152 Healthwatch groups in England and each local authority is linked to a Healthwatch for their area. We have statutory powers under the Health and Social Care Act 2022 including the ability to:

- Request information from commissioners and service providers.
- Visit publicly funded health or social care services to see how they are working (known as 'enter and view' visits).
- Represent the views of the public at Gateshead Health and Wellbeing Board meetings.

Healthwatch Gateshead

- Our vision "We believe that users views can improve health and social care services."
- Our mission "To demonstrate how user views can improve services in health and social care, and to provide practical services, support, and advice to help that happen well".

Healthwatch Gateshead works to make sure that the people who plan and run social care and health services are listening to their service users. When people's voices can be heard, we can make positive change. Together, we can create services that cater to what real people actual need and want.

Background

This is an update report for members of the Committee on the work of Healthwatch Gateshead.

The report headings reflect the domains within the Healthwatch England (HWE) Quality Framework. This tool has been developed to support local Healthwatch to take stock and make improvements and to help local councils in their commissioning and monitoring of Healthwatch. These domains are:

- Leadership and decision-making
- People
- Sustainability and resilience
- Collaboration
- Engagement, Involvement & Reach
- Influence & Impact

Leadership and decision-making

Over the past 12 months Healthwatch Gateshead (like most organisations) has adapted, renewed, and shifted our delivery patterns as we adjust with the aftereffects of the pandemic.

Nationally, Healthwatch England has set nine priorities:

- Tackle waiting times
- Review access to GP services
- Reforming NHS Dentistry
- Making care information accessible
- Improving hospital discharge
- Making patient data more transparent
- Understanding the impact of NHS 111 First
- Tackling health inequalities
- Learning from complaints

Healthwatch Gateshead supports these nine national priorities through providing local data collection, supplying service users input and raising people's awareness of the issues.

At local level, the Healthwatch Gateshead Committee agrees on two or three themes of work per year and in 2021/22 they were:

- Resilient Communities – working to better understand how the Covid pandemic has impacted on health and wellbeing.
- Refugee and Asylum Seekers – Health and Social Care priorities of people within this community.

Also, through our rolling community engagement and outreach programme the Healthwatch Gateshead Committee pick up emerging issues and new trends that address local need.

The Healthwatch Gateshead Committee work with commissioners and local partners to ensure they have agreed themes for work that reflect strategic objectives. Yet they also make sure that they have the capacity/resources to remain responsive and flexible to meet the changing local needs. We are setting your annual priorities for the year ahead and under the section “Looking Ahead and Next Steps” we have included our emerging themes for your input.

People

Our dedicated staff and volunteers are fundamental to us delivering an effective Healthwatch service in Gateshead. However, since the last report in February 2022, the staff team has undergone several significant changes. The previous CEO (Siobhan O’Neill) left in the summer of 2022 and a new CEO (Yvonne Probert) joined in December 2022, an interim CEO (Phill Capewell) bridged the gap and new staff have come on board too. We are now in a time of renewal and looking positively to the future with an enthusiastic new team.

We are looking to review our governance arrangements of the Gateshead Healthwatch Committee to ensure the members roles, their responsibilities and the decision-making processes are clearer ahead of recruiting new members in.

Everyone has continued to be adaptive, responding to the challenges we have faced and working to ensure that Healthwatch Gateshead continue to deliver our service and ensuring that people using health and social care services have a meaningful voice.

Sustainability and Resilience

The Tell Us North Board, the delivery vehicle for this contract, and Healthwatch Gateshead Committee reset its vision last year to:
“We believe that users views can improve health and social care services.”

And revisited its mission, which is to demonstrate how user views can improve services in health and social care. And to provide practical services, support, and advice to help that happen well.

We continue to build on our model aligning with the Healthwatch England Quality Framework and these principles underpinning all this work are to enable us to deliver a good Healthwatch service for people and communities in Gateshead.

Collaboration

We value working in partnership, we know we can only deliver well by working effectively with others. This includes Voluntary Community Social Enterprise (VCSE) organisations, other Healthwatch and statutory partners.

Our place is Gateshead, and our main focus is on the local experience of health and social care service design and implementation across the borough. We also recognise the importance and the benefits of working in partnership with other local Healthwatch.

We are a core member of the regional Healthwatch working group for the Northeast and North Cumbria Integrated Care System (NENC ICS). This group is enabling the network of thirteen local Healthwatch within the NENC ICS to come together and ensure that people's experiences of health and social care services are shared and that, where appropriate, work is coordinated across the wider system. Healthwatch Gateshead will also be taking the lead on communications for the network.

There is appreciation at a national level that the NENC ICS is a new way of working and that our ICS has the largest footprint. In recognition of this, HWE with funding from NHSE&I are providing tailored support to a group of six Healthwatch networks and this includes ours. This work is ongoing.

Engagement, Involvement and Outreach

Engagement, Involvement and Outreach activities form the main statutory functions of Healthwatch Gateshead, how we reach out to local people and communities, gather views, and provide advice and information. It is through delivery of this work that Healthwatch Gateshead, as an independent partner within systems, can effectively collaborate, influence, and impact health and social care services.

From February 2022 to January 2023, we have undertaken the following engagement, involvement, and outreach work:

- Special Educational Needs and Disabilities (SEND) Services - Experiences of children, young people, and their families in Gateshead

In October / November 2022 a total of 45 children and young people with SEND needs and their families (CYP&F) participated in a survey to share their experiences using education, health, and social care services in the Gateshead Local Authority area. Feedback from the CYP&F highlighted that needs were complex, and services were in high demand. Among the 45 respondents, there were high levels of dissatisfaction in how services met the needs of their child and the wider family. However, there were also several examples of good practice reported and positive experiences shared.

Analysis of the feedback from the CYP&F had identified a small number of potential actions, which could improve experiences across education, health, and social care in the future.

- More work needs to be done to ensure good practice is shared between Specialist Schools / College and Mainstream education providers. Interorganisational working could take place through

workshops and peer learning to help schools without adequate SEND provision to learn from schools who have implemented effective procedures.

- Services should further develop any training already provided to staff to help them understand how they can better meet the needs of service users with specific conditions.

There are several examples of useful services that made a real difference to many of the families consulted. Service providers such as SENDIASS, CYPS, and The Chev were highlighted as especially useful services among the respondent group. Efforts should be made to increase awareness of services of this type.

- Resilient communities post-COVID-19

Healthwatch Gateshead wanted to understand how the COVID-19 pandemic had impacted the health and wellbeing of the people of Gateshead. How did different people and communities respond? What can we learn to help support resilient, healthy, thriving communities in the future? During autumn 2021, we visited several community and public venues in Birtley, Dunston and Teams and spoke to 131 people. We wanted to know what really ‘worked’ for people and understand why it worked.

Three main issues came up and form the basis of our recommendations:

- The importance of social contact — family and friends provided the most support, and community centres and local charities were also important in helping people get through the pandemic.
- Access to services — primary health care services remained open during the pandemic but were delivered differently. However, many survey respondents believed services were inaccessible, and some new parents felt the absence of face-to-face meetings with midwives and health visitors, for example.
- The positive impact of getting outdoors — activities such as gardening, walking, cycling and dog walking were all seen as having a significant positive effect for those who could participate.

We found that the impact of the pandemic was not equal. Some in our communities have been further disadvantaged as systemic issues have increased vulnerability.

- Dentistry: Your Experiences

Healthwatch Gateshead wants to understand service users’ experiences of dental services. The information shared with us will feed into evidence submitted by Healthwatch England for the House of Commons Cross-Party Health and Social Care Committee inquiry into NHS dentistry. The survey is at

https://www.smartsurvey.co.uk/s/dentalservices_2022/

Currently active work:

- Loneliness and isolation in the post-retirement age (65+) population of Gateshead.

Healthwatch Gateshead are interested in understanding what loneliness and isolation means to people aged 65 and over in Gateshead. The project focuses on how often people feel lonely, any contributing factors to feelings of loneliness, and what helps when people feel lonely or isolated.

We are asking the public to complete the survey, to help us understand what support and services are working well and any other support that may be need. The survey is available at https://www.smartsurvey.co.uk/s/loneliness_in_postretirement_age/

- Living the life I want - Autistic People in Gateshead

We are wanting to understand specific changes, benefits, learning and effects that happen or are expected to happen as a result of an intervention or activity provided by Gateshead Council.

We want to evaluate services to understand what services are working and what needs to be done to improve services. This work is rolling out in January 2023 with people with autism and their carers who have been identified by Gateshead Council as suitable persons to provide feedback. Feedback will be obtained through semi-structured interviews both in-person and via telephone. -

- Gateshead Carers Survey

This survey was developed by Healthwatch Gateshead to help Gateshead Council understand the experiences of care givers (unpaid carers) as we come out of the Covid 19 pandemic.

This care givers have just finished their feedback to us, and the draft report with outcomes is to be presented at the next Gateshead Carers Partnership meeting.

- Asylum seekers and refugees

We are working with local voluntary and community groups to hear the experiences of refugees and asylum seekers using health services in Gateshead. We want to understand if there is a need to explore what services matter most to support their health and wellbeing and what improvements could be made.

Influence and Impact

We make a difference through reaching out to local people and communities, gathering experiences and views on health and social care services, and feeding these into partners within the Gateshead system. We seek to use our insight gained from:

- Word on the street conversations
- Engagement or involvement activities that may be general or theme specific. For example, our general health and social care survey or our focus groups on young people's experiences of accessing health care.
- Information and advice requests from members of the public

We combine this intelligence with our overview of what is happening across the health and social care system, to form an independent view that is shared, valued and influential.

Examples of our work and its results are below in this "You said we did" format:

- Just ask about COVID-19 vaccinations for long-term hospital patients

You said...

Mr B of Gateshead contacted us at Healthwatch Gateshead about the process for a COVID-19 vaccination for long-term patients in Gateshead hospitals.

We did...

We contacted the Patient Experience Team at Gateshead Health NHS Foundation Trust, which raised the issue at the Trust's vaccination meetings.

As a result of your feedback...

There will be a process for vaccination for inpatients who have been in hospital for more than 42 days. This will cover people who haven't had the vaccine, who fit in one of the priority groups being vaccinated and who are clinically fit to receive the vaccine.

"This has been achieved through your intervention and I am extremely grateful. Now that the QE has adopted a policy for long-stay inpatients it will benefit a number of those who otherwise may have faced an unnecessary delay in receiving their protection."

- Just ask about how to complain about healthcare

You said...

Mr C of Gateshead called us about his son, who had an operation some years ago. He has had several operations since then due to complications. He and his wife raised this with the RVI in Newcastle, as they believed mistakes were made during the first operation.

Newcastle Hospitals NHS Foundation Trust investigated Mr C's issues but he was dissatisfied with the outcome. Mr C wanted to know where he should go with his complaint as the family needed closure and answers.

We did...

We provided information on how to escalate the complaint to Newcastle Gateshead Clinical Commissioning Group (which commissions local hospital services). Mr C did not have the experience or knowledge about complaints or hospital processes. We referred him to North East Independent Complaints Advocacy (ICA) so he had the support he needed to take the complaint further.

As a result...

Mr C felt more informed to be able to take the next steps towards closure for his wife and himself. Making Mr C aware of ICA meant he had extra support and guidance, which he previously did not know was available.

- Just ask about registering with a dental practice

You said...

Miss D called us after moving to Gateshead to start university in September. She needed urgent dental treatment and called numerous practices to register. She was told that practices were full or not taking any more patients until September. Miss D asked if we could help and said she was willing to travel anywhere.

We did...

We were not aware of any issues regarding dental registration in Gateshead. We called all dental practices in Miss D's surrounding area and asked if they were accepting new patients. As a result, we managed to find three practices that were accepting patients.

As a result...

Miss D was able to register with a local dental practice and receive the urgent dental treatment she needed. We were able to support Miss D to get the treatment she needed and provide information on services in her local area.

"Brilliant work. Thank you so much for your help."

The Healthwatch remit is broad, and we prioritise how best to use our resources keeping in mind that health and wellbeing are not equal. We recognise and are mindful in our decision-making that culture, location, wealth, education, discrimination, and other factors can lead to worse health & social care outcomes for some people and communities.

We attend meetings where we can add value, including

- Health and Wellbeing Board

- Care Health and Wellbeing Overview and Scrutiny Committee
- Safeguarding Adult's Board
- Primary Care commissioning meetings
- Gateshead Cares System Board
- People at the Heart of Care
- Regional Healthwatch lead officer meetings
- Healthwatch North East volunteer coordinator meetings
- NEAS Healthwatch Forum

Looking Ahead and next steps

Looking ahead we will continue to build on the relationships that we have within Gateshead, focusing on local people and communities, while working with others to amplify users' voice and experiences.

The next step is to define the work plan for the next year and the priorities for 2022/23 are currently being debated by the Healthwatch Gateshead Committee.

The following themes are being discussed:

- Accessible Information Standards - to undertake research on the barriers for people with sensory needs in accessing services.
- Keeping warm - linking with partners to determine the affects the cost-of-living crisis is having on people's health and social care needs
- Substance Misuse – reports are showing that alcohol, drugs and smoking are having a greater impact of people's lives. Research to gather views from service users, the public and the providers of services that wrap them.
- Health Literacy – access to health information on GP websites and how to access screening priorities (e.g., bowel, breast, cervical cancer) are limited. Work could be done to find out how, where and in what format people would prefer to receive health information. Digital inclusion and those digitally exclude – what are their needs for accessing health information easier.
- Veterans Mental Health – access to specialised mental health (e.g., post-traumatic stress disorder) services for veterans is being verbally reported by local VCSE partners as being difficult to gain access to. Gathering data to confirm this would be helpful.
- Nutrition - Information on nutrition doesn't appear to be easily accessible to all in the local community. There are views that buying good quality and fresh food is being affected by the cost-of-living crisis. People may not be making informed choices on their food purchases and alongside adopting non-healthy lifestyles could be a burden on health and social care services.
- Developing Youthwatch Gateshead to enable the voice of young people as service users, to be heard

The Healthwatch Gateshead Committee would be keen to hear the views from the members of the Care Health and Wellbeing Overview and Scrutiny Committee on these seven themes and/or if new themes are emerging locally.

Recommendations

The Care Health and Wellbeing Overview and Scrutiny Committee are asked to:

- i) Note the information provided.
- ii) Provide views on the priorities for Healthwatch Gateshead in 2022/23 at the meeting, or direct to Yvonne Probert on 0191 338 5721, text 07498 503 497 email info@healthwatchgateshead.co.uk

TITLE OF REPORT: Substance Misuse Services

**REPORT OF: Alice Wiseman, Director of Public Health – Public
Health and Wellbeing**

Summary

This report provides Care, Health and Wellbeing Overview and Scrutiny Committee (OSC) with a brief overview of some of estimates of level of need for substance misuse services in Gateshead and details what services and interventions are available for Gateshead’s adult residents.

1 Background

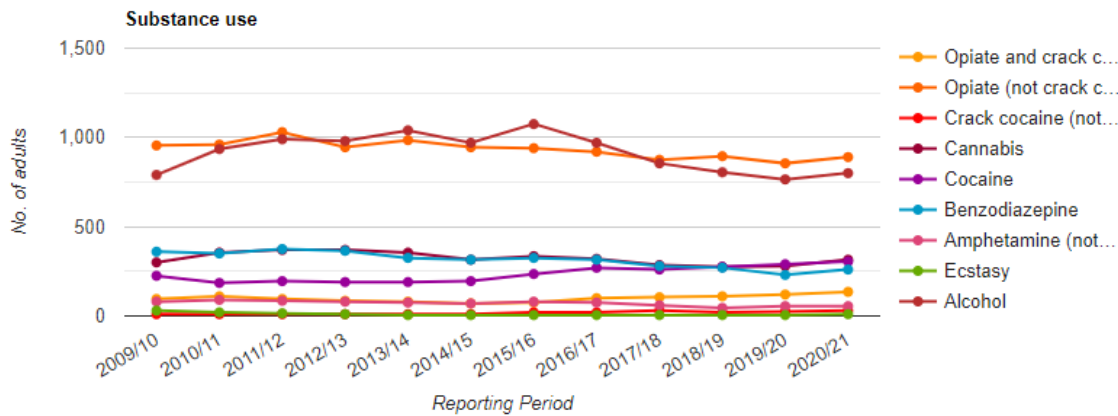
- 1.1 Gateshead Recovery Partnership (GRP) was commissioned in 2018 and is an integrated drug and alcohol treatment service for Adults. Change Grow Live are the lead provider of the service and subcontract to the GP Federation and Recovery Connections to deliver elements of treatment and recovery service. The Council also commission Identification and Brief Advice (IBA) for alcohol from Primary Care. The alcohol screening provided via IBA will result in referral into GRP if the level of alcohol related harm indicates a need.
- 1.2 GRP collect and provide data to the National Drug Treatment Monitoring System (NDTMS). This allows us to monitor performance and trends, which inform service development. The data contained within this report comes from the NDTMS system and is unrestricted data which is publicly available to view via the website. We also have access to a wider data set in the restricted NDTMS system.
- 1.3 GRP work in partnership with organisations and services right across the Gateshead system. Substance misuse is a complex issue that never occurs in isolation. The most common drivers behind a persons addiction are mental health and trauma. Therefore, to help individuals to become well, services must work together to be effective.

2 Prevalence and unmet need

- 2.1 Prevalence estimates suggest that there are 3139 people in Gateshead who would require support for alcohol use and 1850 people who require support for Opiate and/or Crack Cocaine (OCU). Whilst these are estimates, it does indicate that there are many Gateshead residents who are in need of substance misuse treatment, but are not accessing it. When we compare levels of unmet need to the national average, we have a lower unmet need for drugs, but a higher unmet need than the national average for alcohol.
- 2.2 The table below (Figure 1) shows the numbers in treatment for the different drugs. It shows that opiates and alcohol are the most common reason for people accessing our services. The numbers have remained fairly consistent across the years. In addition to the impact on the individual service user, there is approximately three family members or carers who are also affected by a persons substance use.

2.3 With the recent investment in drug treatment, there is a new focus on increasing the numbers of people into drug treatment. For this to happen we need to build capacity into our services. If all the estimated people with unmet need presented in one go, we would have significant waiting lists, therefore ensuring we have the ability to cater for the potential need is vital.

Figure 1. Numbers in Treatment



3 Treatment Services

3.1 Gateshead Recovery Partnership (GRP) has its main base on Jackson Street in Gateshead town centre, but also operates from additional settings such as GP surgeries and community venues across the Borough. The integrated Service is delivered in three key elements, all of which work together to aid the recovery of service users. The three elements are:

- **Clinical Support** - This element of the Service focuses on the provision of recovery-orientated specialist nursing and medical interventions, to support people into recovery. This includes provision of health screening and assessment, harm minimisation interventions, clinical treatment and management and prescribing. The service provides focused harm reduction advice and initiatives including advice on safer forms/routes and injecting practices, avoiding infections, prevention of Blood Borne Virus (BBV) transmission, vaccination pathways for Hep C treatment, overdose prevention and safe disposal of used equipment. Whilst much of the prescribing is delivered from Jackson Street, some service users receive prescribing interventions from one of the five GPs in Gateshead who are subcontracted as part of GRP, however these service users still access all other support on offer.
- **Treatment and Care Element** - This element of the Service focuses on the provision of specialist assessment, recovery coordination and provision of evidence based interventions, including psychosocial interventions and support in the clinical management for the treatment of substance misuse and dependence. Pathways from settings such as hospital, housing organisations and criminal justice settings (e.g. prison, probation services and police custody) have been developed to ensure that it is easy for people to access recovery focused treatment when they need it.

- **Abstinence, Recovery and Wellbeing Element** - This third element of the Service focuses on the provision of support of Service Users to move on in their lives, making a positive contribution to their families and communities, with a focus on improving health and wellbeing, retraining, learning new skills, gaining employment, peer mentoring, volunteering opportunities and/or accessing further education. The recovery elements seek to support service users to recognize and develop the four main enablers of recovery.
 - Social capital - the resource a person has from their relationships (e.g. family, partners, children, friends and peers). This includes both support received, and commitment and obligations resulting from relationships;
 - Physical capital - such as money and a safe place to live
 - Human capital - skills, mental and physical health, and a job; and
 - Cultural capital - values, beliefs and attitudes held by the individual.

The service also provide opportunities for peer support and access to fellowship groups to enhance and sustain a persons recovery network. Service users have the opportunity to access an accredited Ambassador Programme which gives them the skills to support the treatment system and promote the fact that recovery is possible. Some of our former Ambassadors are now employed within the treatment system. We are also lucky to have a 12 step quasi-residential rehabilitation programme as part of our treatment system. This intensive programme includes the availability of accommodation while completing the 6 month rehab. Whilst we do have some funding now available for out of area residential rehabilitation, many of our service users prefer to stay in Gateshead where their support systems and family are close.

- 3.2 We also want people with drug problems to have better employment opportunities, so in Gateshead we joined up with South Tyneside to be a pilot area to roll out Individual Placement Support (IPS) in our substance misuse services. IPS is an employment support approach, working with the Department for Work and Pensions, which promotes employment as a recovery tool rather than waiting until the end of treatment. The focus is on supporting people to access jobs in line with their individual goals and supporting the individual into employment, and maintaining support whilst at work. Employer engagement is key in this approach. This has proved to be a success in Gateshead, and between October 21 and November 22, 14 service users have been supported to access employment. Funding to continue IPS in Gateshead has been confirmed by Office of Health and Disparities until at least the end of March 2025.
- 3.3 Many people who access substance misuse services have underlying mental ill-health, or have experienced past trauma. In recognition of this, embedded in our substance misuse services are specialist trauma therapists. Having this provision is key to supporting people to get well again. Addiction is a complex illness, and recovery is an ongoing process. Uptake of this resource has been very high in Gateshead.

4 **Alcohol Harms**

- 4.1 The latest Office for National Statistics (ONS) data shows there were 8,974 registered deaths from alcohol-specific causes registered in the UK in 2020, an 18.6% increase compared with 2019 and the highest year-on-year increase in almost 20 years.
- 4.2 When we look at the latest figures for alcohol-attributable deaths for 2020, most of these are related to chronic, longer-term conditions associated with continued misuse of alcohol. A large proportion of alcohol deaths during the pandemic have been fuelled by liver disease which is now the third leading cause of preventable death in the UK. Liver deaths have been rising in the UK for decades and the pandemic was a dreadful tipping point.
- 4.3 Alcohol is widely available and accessible, visible, and culturally acceptable. Unfortunately, when alcohol use becomes more problematic, people feel shame and stigma, may hide their alcohol use and not feel able to come forward to ask for help. Society tends to blame the individual for problematic alcohol use, and it is often described as a 'lifestyle choice'.
- 4.4 In addition to the integrated drug and alcohol service we also commission Identification and Brief Advice from Primary Care. This means that Gateshead residents have access, via a trusted professional, to alcohol screening, and based on the score, the appropriate advice and onward referral if required to reduce risk of alcohol related harm.
- 4.5 Additional funding has been awarded regionally to improve access to in-patient detox. In Gateshead we are in a consortia with Durham, South Tyneside and Sunderland looking at how, by working together we can increase uptake and make the process easier.
- 4.6 Discussions have begun as a partnership to consider how we can improve our response to those classed as vulnerable dependent drinkers. The Adult Social Care report will provide more detail on this partnership approach that will build upon the skills, expertise and dedication we have in our Gateshead partnership.

5. **Partnership Working**

- 5.1 Working in partnership with a range of other organisations and services is necessary to support people experiencing substance misuse issues. All aspects of a person's life can be affected by substance and therefore working alongside Housing, Probation Services, Police, Adult Social Care's ASSET team, QE Hospital, to name a few, is a key part of what the service do and staff from GRP will attend a range of multi-agency meetings.
- 5.2 GRP are currently developing links with some of the supported housing providers to deliver training and provide drop in sessions and support on site. We know some of the people with the most complex issues may be resident in these settings so providing support in a way that is easy for them to access can remove barriers to engaging in treatment. GRP also have a staff member linked to the Changing Futures project which is providing intensive, person centred support to people in Gateshead experiencing homelessness.

6. **Performance**

- 6.1 The NDTMS system allows us to view the performance data of the substance misuse services in Gateshead. In addition, GRP collect the data which allows us to look more closely at specific parts of the data to see if there are any trends of themes which will inform the service development. Performance is also

monitored by the new National Combatting Drugs Units. With the increased investment in drug treatment there is an expectation that more people will access treatment and our unmet need will reduce, more people will access residential rehabilitation, drug related deaths will reduce, and there will be an increase in people engaging in drug treatment when referred on release from prison. The data below comes from the unrestricted NDTMS data.

6.2 Whilst we would always aim for people to be able to be successfully discharged from substance misuse treatment, it is recognised that this may take some time. Therefore, it is equally important to look at the progress people make whilst still in treatment, and also to understand what the treatment journey entails. Figure 2 and Figure 3 below, show the outcomes for people after 6 months of being in structured treatment. Figure 2 is for those accessing support for alcohol and Figure 3 is for those accessing for opiates. For opiate service users we have the immediate intervention of being able to prescribe an alternative such as Methadone or Buprenorphine, therefore those reporting as abstinent after 6 months is higher. For alcohol service users, there is no substitute, and the initial work may be about stabilization and getting ready for accessing detox. The longer term outcomes for alcohol successful completions are higher than that for opiates (for example in 20/21 there were 40 successful completions for opiates compared to 150 for alcohol). However, the changes and improvement in a persons substance use when they are able to access a substitute prescription for opiates means that there is an improvement in their life, their families life and for our communities.

Figure 4 shows that ‘successful completions’ and ‘disengaging’ from treatment are still the most common reason for treatment exits. This is reflective of the complex nature of recovering from substance misuse.

Figure 2. Change in alcohol use (6 months)

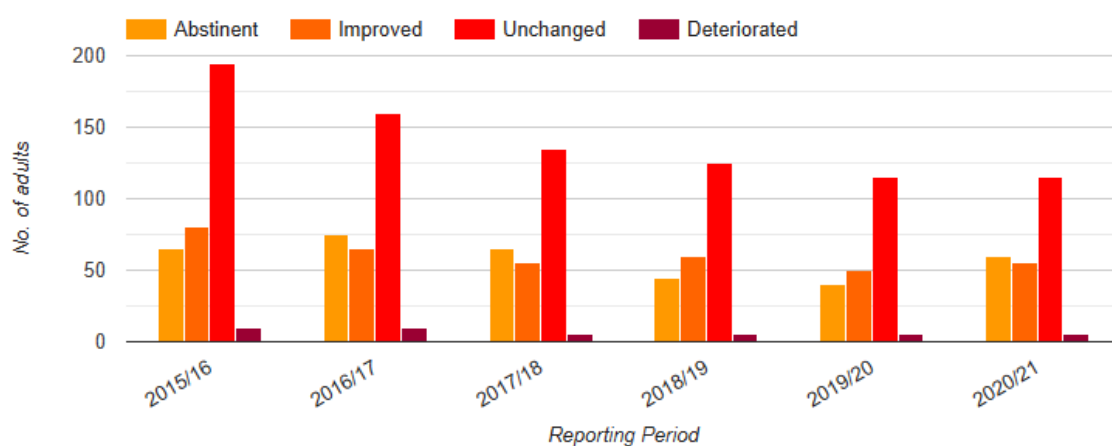


Figure 3. Change in opiate use (6 months)

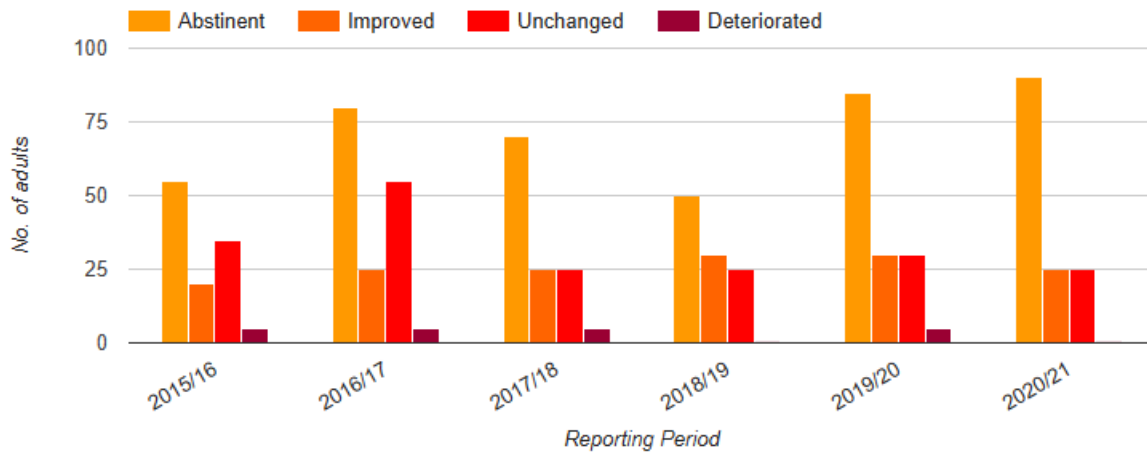
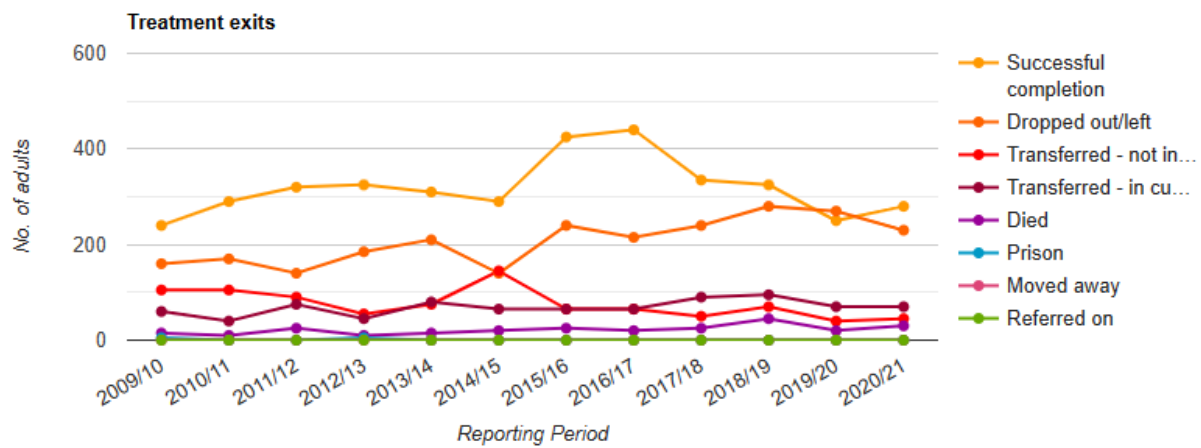


Figure 4. Treatment exits (all substance)



7 Recommendation

7.1 Members are asked to:

- (i) Comment on the activities and developments undertaken by the adult Substance Misuse Service
- (ii) Identify any issues/areas that OSC may want to scrutinise in detail at a future Committee meeting.

Contact: Julia Sharp

Tel: 0191 4332940

**TITLE OF REPORT: ASSET (Adult Assessment Support & Engagement Team)
Update**

REPORT OF: Steph Downey

Summary

Following the initial launch of ASSET in June 2021 with a soft launch in October 2021, a planned review was conducted, of the pathways into the service and relevant data was explored in October 2022. ASSET has a remit of providing an early signal driven intervention for residents experiencing chaotic lifestyles, multiple exclusions, and negative social outcomes. The focus of the team is to identify those at risk of entering Care Act arrangements at an earlier stage, whilst strengthening links with other agencies across Gateshead both statutory and non-statutory, as well as providing advice, information, and a higher level of signposting.

The ethos of the team is to provide an enabling, collaborative approach in which the person identified as needing support and those providing the support, work together to determine outcomes that draw on strengths and aspirations. This is relationship-based, solution focussed approach and co-ordinated with other parallel processes they may be involved in such as Safeguarding, ASB or other pathways. Colleagues in the service have a range of backgrounds including substance misuse, exploitation, mental health, and safeguarding.

-
1. In the first 12 months the team have had 1896 referrals. Overarchingly ASSET have provided direct intervention in 1388 of their referrals, with the remainder being closed as inappropriate or reassigned to other LA functions. These interventions have ranged from providing direct advice and navigating to other external functions in the Gateshead system or may have resulted in the person being supported into a case management model. Within the service there are several joined up meetings with system partners, including the daily 'Pit Stop' meeting where new referrals are triaged and assigned through to a "complex case review". People being supported by the ASSET team may receive a range of interventions including (but not limited to):
 - Signposting
 - Supported signposting (where a worker may help to introduce the person to a service)
 - Navigation and advocacy (e.g. to support the person to access services they may be struggling to access)

- Direct support work by the ASSET member
- Multi agency support
- Capacity Assessments
- Safeguarding Support
- Care Act assessments

2. The main category of reason for referral is mental health (571), closely followed by substance misuse. There have been 414 referrals where substance misuse is the primary reason for the individuals coming to the attention of the referrer then subsequently Adult Social Care. These individuals may already be engaged with other services or require the support from ASSET to help them navigate and connect, while also considering some of their broader concerns in relation to their wellbeing and sometimes resistance to engage. We are seeing an increase of women under the age of 60, and men over the age of 50 presenting with these concerns.

3. We recognise the importance of collaborating with Public Health who take the lead on this area of work and are jointly working towards supporting the adoption and roll-out of “The Blue Light Project” following successful implementation in other parts of the region.

The Blue Light Project is an initiative led by Alcohol Change UK. It focuses on vulnerable change resistant drinkers, who do not engage well with alcohol treatment services, and that are having a high impact on services such as health, ambulance, police, social care, safeguarding etc. In a population of 200k (coincidentally this is the population of Gateshead) there will be around 250 of these individuals that cost around £12-13 million per year. They are at high risk of poor health outcomes, other types of harms such as self-neglect and death. Within Gateshead we have a number of cases such as this currently being considered for “Serious Adult Reviews”, so are keen to adopt this approach and learn different ways in which to intervene.

4. Case Study – to be presented to demonstrate effective outcomes

Recommendations

The OSC are asked to:

- Note the contents of the report
- Comment on the ASSET service briefing & identify any areas for further scrutiny
- Identify any areas they would like to receive a further report on

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TITLE OF REPORT: Annual Work Programme

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

Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2022/23.

1. The Committee's provisional work programme was endorsed at the meeting held on 14 June 2022 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

3. The Committee is asked to
 - a) Note the provisional programme;
 - b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Contact: Angela Frisby

Extension: 2138

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Draft Care, Health and Wellbeing OSC Work Programme 2022-23	
14 June 2022 1.30pm	<ul style="list-style-type: none"> • Performance Management and Improvement Framework- Year End Performance 2021-22 • CQC Assurance Framework • Results of Covid 19 Survey • OSC Work Programme
13 September 2022 5.30pm	Meeting Cancelled
25 October 2022 1.30pm	<ul style="list-style-type: none"> • Workforce and Digital inclusion - Place - based approaches (including health and care recruitment) • CQC Assurance Framework - Update • Social Services Annual Report on Complaints and Representations – Adults (bf from Sept mtg) • ICS/Gateshead place focus(bf from Sept mtg) • Health and Wellbeing Board / Better Care Fund –Update • OSC Work Programme
6 December 2022 1.30pm	<ul style="list-style-type: none"> • Performance Management and Improvement Framework – Six Month Update • Update on Primary Care Networks / Work to Attract and Retain a multi professional health workforce in Gateshead/ Access to GP appointments during transition out of Covid (focusing on how different practices manage demand that they cannot fulfil; same-day appointments only; in person and phone appointments; access barriers to appointments via landline, mobiles and online booking and any particular groups experiencing difficulty securing appointments) • Annual Report of Local Adult Safeguarding Board and Business Plans & emerging priorities (bf from Sept mtg) • OSC Work Programme
31 January 2023 1.30pm	<ul style="list-style-type: none"> • Substance / Alcohol Misuse and Support available to residents – Update/ Asset case studies – links to Poverty and Inequality to include wider support – eg help with housing and jobs whilst/ once addiction being addressed) • Healthwatch Gateshead -Update • Dental Services for Adults -Progress Update • OSC Work Programme
7 March 2023 1.30pm	<ul style="list-style-type: none"> • Specific Health Conditions Commonly Affecting Minority Communities in Gateshead (eg sickle cell disease, Tay-Sachs and haemophilia) (to focus on how well trained/

	<p>equipped local health services are to respond)</p> <ul style="list-style-type: none"> • Work to tackle Health Inequalities in Gateshead – Update • Carers Support update • Home Care Transformation/ Standards • OSC Work Programme
<p>18 April 2023 1.30pm</p>	<ul style="list-style-type: none"> • Health and Wellbeing Board – Update • Community Mental Health Transformation – Update • OSC Work Programme

Issues to slot in –

- *The Newcastle and Gateshead Persistent Physical Symptoms Service (PPSS) – part of OSC 2023-24 work programme – June 2023 mtg*
- **The new LPS (Liberty Protection Safeguards) Update**
- **Updates on ASC White Paper**