

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 23 January 2024 at 1.30 pm in the Bridges Room

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 8)
3	Hospital Discharge and Residential Care Numbers (Pages 9 - 12) Report of Steph Downey, Integrated Adults and Social Care Services, with Hospital Discharge Coordinator
4	Healthwatch Gateshead Annual Update (Pages 13 - 50) Presentation of Michael Brown and Yvonne Probert, Healthwatch Gateshead
5	Adult Social Care - Home Care Model (Pages 51 - 54) Report of Barry Norman, Integrated Strategic Lead Commissioning, Integrated Adults and Social Care Services
6	Strengths Based Approaches (Pages 55 - 72) Report and presentation of Steph Downey and Joanne Thompson, Integrated Adults and Social Care Services
7	Work Programme (Pages 73 - 76) Report of the Chief Executive and the Strategic Director of Corporate Services & Governance

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 5 December 2023

PRESENT: Councillor S Green (Chair)

Councillor(s): J Green, W Dick, P Diston, J Gibson,
M Goldsworthy, M Hall, G Kasfikis, I Patterson, S Potts,
D Robson, J Wallace, D Weatherley and A Wintcher

IN ATTENDANCE: Councillor(s): G Haley

APOLOGIES: Councillor(s): B Goldsworthy and J McCoid

CHW14 MINUTES OF LAST MEETING

The minutes of the meeting held on 24 October 2023 were approved as an accurate record.

CHW15 PERFORMANCE MANAGEMENT AND IMPROVEMENT FRAMEWORK - SIX MONTH UPDATE - 2023-24

The Committee received a report on the Council's Performance Management & Improvement Framework, reporting performance on the delivery of Council priorities for the period 1 April 2023 to 30 September 2023. An overview was given of performance relevant to the role and remit of Corporate Resources Overview and Scrutiny Committee. The framework has been put together to support Gateshead Council's THRIVE strategy. It was noted that some metrics included in the report are annual measures which are reporting figures at a six-month mark.

A presentation was also given to the Committee on making data accessible for scrutiny, including a demonstration of Power BI and how this can be used to track data for the newly established Office for Local Government.

The Committee was concerned about the impact of recent salary level changes for migrants working in the care sector. It was noted that any changes in policy can affect the workforce and that this will be monitored.

The Committee queried a strategic performance item in Policy Objective 2: "Proportion of adults with a learning disability who live in their own home or with their family". The target for this item is a rolling target throughout the year. While the latest figure is 38.1% and the target is 82.84%, the Council is currently on trajectory to meet this target.

The Committee was concerned that 46.4% of Adult Safeguarding Concern referrals to Adult Social Care do not meet the criteria for Safeguarding Duty to

apply. There was discussion about some services not implementing appropriate actions prior to referrals to ensure individuals meet the criteria. It was explained that this indicated a training need around referral routes, criteria and appropriate reporting channels.

Concerns were also raised about the latest figure of the total households initially assessed as owed a homeless duty (714).

RESOLVED

- i. For the Committee to be presented with further data at the next meeting on how Gateshead performs regionally and nationally on supported living.
- ii. For further information on the Office for Local Government to be circulated via email.
- iii. To recommend the performance report to Cabinet for consideration in January 2024.
- iv. To note the report.

CHW16 CARE HOME MODEL

The Committee received a report and presentation regarding the capacity and demand planning for Adult Social Care services, and work on the team's 'Home First' approach.

Gateshead continues to follow the Discharge to Assess approach but has now been able to plan resources for 2023-24 and 2024-25 and invest in required services to support people at home.

Recruitment and retention have improved across most markets that has also allowed additional capacity to focus on moving people from short-term services to long-term services as and when required. This has improved flow and reduced waiting lists for support. Contracts for Adult Care Homes are being updated with the aim to have a new Contract Framework in place in early 2024-25. The aim is to help shape the market to ensure they can support those in need of long-term care who can't be supported at home.

Whilst the Home First approach will see an overall net reduction of 250 placements in Care Homes over the next 2 to 3 years, there will continue to be a need for Care Home provision to meet the needs of some of our most vulnerable people.

Existing providers and their Care Homes have a large part to play in supporting the Gateshead system, but providers will need to look amend their business models and focus on higher end needs in the future such as complex Dementia, Nursing and EMI Nursing.

To ensure we have the capacity to support people at home longer, we need to look at not only the workforce requirements, but also technology and housing offers. The workforce within Care Homes will need to evolve and require additional training and skills to manage an overall more complex cohort of

residents within homes.

A different model for Care Home provision is needed in the years ahead as people are supported at home first and for longer. Whilst there will still be a need for Care Home capacity, we will continue to see people moving in for the later stages of their lives with more complex needs than the current average.

Nursing provision is an area that we will need to grow to meet needs, but recruitment and retention of good quality nurses is a wider system challenge. We will need to work in partnership with our ICB colleagues and likely look at a regional approach.

Occupancy levels within some Care Homes are likely to reduce as we refer less people into long-term bed base support. Private funders and out of area placements are semi out of our control, but we are likely to see an oversupply issue in the next 12 to 24 months.

The Committee enquired about interim independent living assessments. These assessments can be done in an equipped centre or in someone's own home with the right equipment. A social worker would carry out a full assessment. Complications can arise when people want to move out of Borough, but urgent situations get assessments when needed. It was highlighted that the spread of infections and illnesses are higher in care homes and that living at home can help isolate people from this. Additionally, the level of assistive technology available to those living at home is not available in a care home.

Regarding the effects on the workforce, the reduction in care homes is expected to happen over a long period of time and won't cause immediate job loss. There will be a supported transition period to help staff move into different services and sectors, while encouraging them to remain in health and social care. The Adult Social Care team is also monitoring whether staff will be affected by incoming migration policies from the Central Government.

There were some concerns from the Committee about the surplus of care homes, representing a planning failure. Highlighted reasoning for this was changes in population and attitudes towards the elderly, and changes in government funding which has developed a culture of privatisation.

RESOLVED:

- i. The Committee received and discussed the report.
- ii. To arrange a site visit to newly established care homes for the Committee.

CHW17 EXTRA CARE/SUPPORTED LIVING MODELS

Information was given to the Committee in a report on the opening and impact of Watergate Court Extra Care in April 2022.

Watergate Court was fully occupied within 12 months. A wide range review has taken place to get a better understanding of the Outcomes being achieved at Watergate Court now that tenants have been in place for up to 18 months.

Housing LIN were commissioned to carry out a Housing Needs survey with a key focus area on Supported Housing needs. Projections for future needs have been outlined with a development strategy being worked on

To meet current and future demands, a further 3 Extra Care sites will need to be developed over the next few years, which will support the Home First approach and continue to support people outside of long-term Residential Care.

People choosing Extra Care before or when care & support needs are minimal will help with our prevention approach and reduce demand on Adult Social Care Services. With the right settings in the right locations, we will be able to encourage people to consider Extra Care housing as a positive step.

Additional consideration will also be given to younger adults who can also be supported with within new settings or housing close by, such as a Core & Cluster model.

435 additional units will need to be developed by 2040 to support our ageing population and not making unnecessary Care Home placements. Extra Care settings are key to control and avoid costly Care Home placements as well as having the right model to support people at home longer.

There may be impacts on Sheltered Accommodation stock and Residential Care Cares in the medium to long term, depending on location and desire for people to move homes.

Dementia Care will be a growing need so Dementia only settings may have a wide impact on EMI Residential Placements, which will put additional pressure on the Care Home sector.

Future facilities will not be created for specific communities but built on sites where a high population need is mapped.

A testimony was given by a Councillor of a resident in one of the dementia friendly flats praising the facilities and support for residents.

RESOLVED:

- i. The Committee noted the report.

CHW18 WORK PROGRAMME

The Committee received a report which provided details on the development of the work programme for the Care, Health and Wellbeing OSC for the municipal year 2023-24.

An item due to update the board on the development of a PSS service was removed from this agenda, as the service did not receive funding to be developed.

The proposed 2023-24 work programme was attached to the main report as Appendix 1 and remains provisional. The Committee noted that further reports will be brought to identify any additional issues which should be considered.

RESOLVED:

- i. That the information be noted.

Chair.....

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TITLE OF REPORT: Hospital Discharge and Residential Care Admissions

REPORT OF: Steph Downey, Service Director, Integrated Adults and Social Care Services

Summary

The following report sets out the interface between Hospital Discharge and the impact on admissions into residential care. It reflects the challenging position health and care services experienced during the winter period 2022/2023, the additional investment made across the health and care system during 2023 and the impact this has had for winter 2023/2024.

Purpose of the Report

1. To update the Committee regarding the work undertaken to improve the flow of people from hospital to their own home, with a focus on the Department of Health and Social Care's policies on Admission Avoidance, Home First and Discharge to Assess, and the improvements that additional Better Care Fund monies have achieved both for individuals and for the health and care system.

Background

2. **Admission Avoidance** seeks to prevent people being unnecessarily admitted to hospital. This is particularly important for vulnerable older people, given that time spent in hospital can adversely affect their ability to mobilise, reduce their skills and debilitate the person, whilst conversely vulnerable older people are one of the groups most likely to be admitted to hospital unnecessarily.
3. **Home First** principles are that wherever possible the person should be supported to return to their home, rather than to a residential establishment (even on a temporary basis) and support provided in the person's own home to enable them to recover their previous level of independence.
4. **Discharge to Assess** recognises that people who have been unwell in hospital often require a temporary solution before a full assessment of their needs.

Therefore, where possible a person should be discharged with a temporary care arrangement, before an assessment for a longer term care plan is undertaken.

Impact of Covid 19 on reablement services

5. Committee received regular updates regarding hospital discharge during the covid 19 pandemic. One of the successes of the work across health and care in Gateshead was the alignment of the Councils PRIME reablement service and Promoting Independence Centres to support hospital discharge.
6. However, this led to a reduction of support for people in the community to prevent admission in the first place, and the intermediate care services moved from a pre pandemic position of 50:50 ratio between admission avoidance services and discharge support services, to a ratio of 84:16 in favour of discharge services, meaning a significant reduction in admission avoidance support.
7. Whilst there was this significant focus on services to support discharge, the increased acuity of people in hospital during and since the pandemic, and the crisis in social care recruitment during 2021/2022 meant that there remained significant pressures on hospital capacity, and the significant reduction in admission avoidance services created further pressure, albeit the need to focus on discharge meant it was not possible to redirect the existing resource back to pre pandemic levels.

Impact on residential care admissions

8. As a result of all of these factors (combined with the nationally reported pressures on hospitals during winter 2022/2023) the health and care system struggled to provide community support and therefore follow the Home First principle.
9. This led to an overreliance on bed-based care services, often in traditional residential care homes, where the combination of a lack of reablement offer, and the ability to remain in such a home on a permanent basis, meant that many people who may have returned home from hospital if the right support had been available, ended up requiring longer residential care.

Actions taken

10. Following the reflections of winter 2022/23 it was agreed to invest additional Better Care Fund monies into community reablement services, and employ a Strategic System Lead who would oversee Transfers of Care on behalf of the NHS and Social Care.
11. With an investment of circa £400k an additional 16 FTE workers have been recruited into the PRIME reablement service.
12. Alongside this there has been investment via Central Government Market Sustainability Grants in the long term home care market, and a rebalancing of the Department's Medium Term Financial Strategy based on investment in community

services and a reduction in spend on bed based care, leading to an overall reduction in the forecast.

12. The Strategic System Lead for Transfers of Care commenced in post in September 2023 and the impact of her role so far and the work across the system is outlined in the presentation to the committee.

Impact

13. Across the health and care system we measure a number of key performance indicators relating to hospital discharge, reablement services and residential care admissions. Whilst the additional investment is relatively recent, and there are still challenges such as levels of need and demand, we are seeing a number of improvements borne out in data:

Discharge Data

Compared to last year the Trust has been able to discharge proportionately more of patients who no longer meet the criteria to be in hospital each day, standing at 65% compared to 59% last year

As a result of proportionately more people being discharged, the daily average number of patients the Trust reported each morning as in a bed but no longer meeting the criteria to reside has also fallen by 32%, to 41 patients this year, from 54 on average last year

Benchmarking data for the same week in December, in each year, provided by North East and Cumbria ICB as part of weekly discharge reports, shows the percentage of beds taken up by no criteria to reside patients improved from 12.9% last year, to 9.6% this year, and is well below the regional average of 17.5%

There are also fewer patients in hospital with longer lengths of stay, where average numbers reduced by 11% for those over 7 days, 16% for those over 14 days and 20% for those over 21 days

Community Packages data

In the peak of winter 22/23 there were 167 people waiting for a package of care. This is now down to single figures.

Reablement Data

The balance between Admission Avoidance and Discharge support now stands at 58:42 in favour of Admission Avoidance for PRIME services – which benefits both the NHS and Social Care, and supports people to stay at home.

In September – November 2023, 77% of people remained at home following an episode of PRIME reablement intervention – which is a 6% improvement on the previous 3 months. The service is aiming for a figure of 85% going forward.

In terms of those people who went through a period of reablement and at the end required either no support, or a reduced amount of support, this figure is currently at 84% compared to 72% the previous quarter

Residential Care Data

For the period September 2021 – March 2022, in comparison with September 2022 – March 2023 we have seen a 53% increase in people being discharged from hospital to recover at home. 345 people in 2021/2022 and 531 in 2022/2023. The data so far for 2023/2024 is continuing in a similar trajectory.

In the period Sept 2022 – Nov 2022 we had 116 people discharged into rehabilitation or short term care in a 24 hour setting but for the same period in 2023 we have reduced this number by nearly 10% (107).

Next steps

14. As highlighted in the presentation, there are a number of areas the Gateshead Health and Care teams have identified for further exploration in terms of continuing to improve pathways and address the remaining challenges. We also seek to share what works well in Gateshead with regional and national partners, though our networks and sector led improvement events.

Recommendations

15. Committee are asked to note the content of the report and presentation and comment on any areas of future development.

Contact: Steph Downey

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Together

We are making health
and social care better

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"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair

As the Chair of Healthwatch Gateshead, writing the Annual Report message allows me a chance to reflect on the past 12 months. Like most organisations, we have adapted, renewed, and shifted our delivery patterns as we re-adjust with the aftereffects of the Covid 19 pandemic. I am grateful that through the changes everyone has continued to be flexible and proactively worked to ensure that Healthwatch Gateshead continues to make sure that people using health and social care services have a meaningful voice.

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

Also at local level, through our rolling community engagement and outreach programme the Healthwatch Gateshead Committee have been picking up emerging issues and new trends that address local need and then working with commissioners and local partners to make changes.

We are committed to continuing to work closely with the Gateshead system, the Council, health and social care, voluntary and community sector partners, and particularly with the Gateshead Health and Wellbeing Board. Together we will continue to make a difference and work on tackling the health and other inequalities. We thank our partners for recognising our work and expertise and their willingness to involve us at a high level where we can have an influence on behalf of local people. Engagement, Involvement and Outreach activities form the main function of Healthwatch Gateshead, throughout the year we have taken opportunities to reach out to local people and communities, gather views, and provide advice and information.

It is through delivery of this work that as an independent partner within the Gateshead systems, we can effectively collaborate, influence, and have an impact on health and social care services. This year the report on the "Special Educational Needs and Disabilities (SEND) Services - Experiences of children, young people, and their families in Gateshead" demonstrates our impact and the partnership working that we do, so that the residents experience of health and social care services affect the design and implementation of services across the borough.



Michael Brown
Healthwatch Gateshead Chair

Message from our Chair

I would like to thank our dedicated staff, committee members, volunteers and Tell Us North CIC directors who are fundamental to us delivering an effective Healthwatch service in Gateshead.

However, this year has seen the staff team undergo some 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.

Looking ahead we will continue to build on the relationships that we have within Gateshead, focusing on local people and our communities, while working with others to amplify users' voice and their experiences. I can assure you that Healthwatch Gateshead will continue to ensure local people have effective ways to influence and improve health and social care services. Our promise is to keep challenging ourselves to do even more to hear from all communities, and this means we face the coming year with confidence that we will make a difference in Gateshead.

Finally, I would like to thank the people of Gateshead who have taken the time to share their experiences of health and social care services with us.



Michael Brown
Healthwatch Gateshead Chair

About us

Healthwatch Gateshead is your local health and social care champion.

We make sure NHS leaders and decision makers hear the voice and use the feedback from service users to improve care. We can also help people to find reliable and trustworthy information and advice.



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

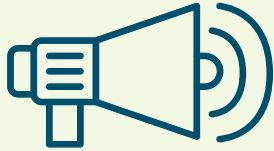


Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out



345 people

shared their experiences of health and social care services with us for reports, helping to raise awareness of issues and improve care.

80 people

came to us via signposting for clear advice and information about topics such as complaints, access to health services, and social care.

Making a difference to care



We published **4 reports** about the improvements people would like to see made to health and social care services.

- Special Educational Needs and Disabilities Services: Experiences of children, young people, and their families in Gateshead
- Health and Social Care Committee inquiry into NHS Dentistry
- Caring for Care Givers in Gateshead
- Loneliness and Social Isolation in young people living in Newcastle and Gateshead

Health and care that works for you



We're lucky to have

10

outstanding volunteers who gave up 40 hours to make care better for our community.

We're funded by our local authority. In 2022-23 we received

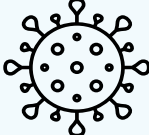







£140,250

We currently employ

5 staff

who help us carry out our work.

How we've made a difference this year

Spring	 <p>We worked to better understand how the COVID pandemic impacted on health and wellbeing.</p>	 <p>We focused on refugees and asylum seekers to understand health and social care priorities for these local communities.</p>
Summer	 <p>We welcomed a new team in summer 2022 tasked with helping us achieve our mission of engaging with local people to help improve health and social care services in Gateshead.</p>	 <p>We engaged with young people aged 18 to 25 to understand their views and general experiences of loneliness and social isolation.</p>
Autumn	 <p>We were commissioned by Gateshead Council to understand the experiences of unpaid carers as we came out of the COVID-19 pandemic. We highlighted issues around communication, capacity, coordination, and competence to the attention of the local council.</p>	 <p>We launched online monthly forums where we invited local health and social care organisations to share information about their services. Each month we focus on a specific topic area and welcome local people along to learn more about what is available.</p>
Winter	 <p>We fed into the submission of evidence to the House of Commons Cross-Party Health and Social Care Committee Inquiry into Dentistry. Our recommendations for the local Integrated Care Board and NHS England were grounded by the experiences of local people.</p>	 <p>In line with our newly developed Engagement Strategy, we made a targeted effort to engage with one of the seldom heard groups, young people aged between 16 and 25, through the launch of phase one of our Youthwatch Project.</p>

10 years of improving care

This year marks a special milestone for Healthwatch Gateshead. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?



We worked with Newcastle Gateshead Clinical Commissioning Group to discuss our January 2020 report 'Don't box me in' and the resulting action plan to make services young people friendly



**CELEBRATING
SUCCESS
10 YEARS OF
HEALTHWATCH**

We reported on our resilient communities work looking at how the COVID-19 pandemic impacted on the health and wellbeing of people in Gateshead and how different people and communities responded.





Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Joining Up Services for Children and Young People with Special Education Needs & Disabilities and their families in Gateshead.

Children and young people with Special Educational Needs and Disabilities (SEND) and their families can face challenges when accessing services. This year we engaged with local young people with Special Educational Needs and Disabilities and their families, to ensure their voices fed into the Joint Commissioning Strategy.

Our findings showed that there were high levels of dissatisfaction among service users in how services met the needs of the children, young people, and the wider family.

Much of the frustration felt by families appeared to stem from difficulties accessing services and the lengthy waiting times. Although experiences were largely positive when services were eventually accessed, improvements to communication throughout the journey would be a help to many young people and their families.

Changes for Children, Young People, and their Families

Our findings received a great deal of attention from local health and social care providers, and as a result:

- An Action Plan was put in place by the local Integrated Care Board to look at and address the issues raised in our report.
- The findings were presented to the SEND Strategic Partnership Board where it was reported that local education providers would address the issues raised in our report.
- The major points raised in the report were included in the Joint Commissioning Strategy and the full report was published as part of the strategy.

What difference will this make?

This outcome showed decision makers have listened to the voices of local people presented in our report and are acting to address the issues raised.

Should all actions be addressed, interorganisational working should take place to better meet the needs of children, young people, and their families. Communication channels should be effectively used and there should be increased awareness about existing services, including those that could offer interim support.



“Referrals were initially knocked back and it took many years for his needs to be taken care of. I would say the impact has been catastrophic as many learning years have been lost. This will impact him for the rest of his life”

Accessing Dental Services in Gateshead

The Health and Social Care Committee launched an inquiry into dentistry following a survey that showed 90% of dental practices across the UK were not accepting new adult NHS patients. MPs explored the possible impact of changes to make the Integrated Care Systems and Integrated Care Boards responsible for the provision of dental services.

Our findings echoed those that prompted the inquiry into dentistry, with most of the local people we engaged with having mentioned issues around access. The COVID pandemic discouraged some from visiting the dentist; with some local people noting that their dentist was not prioritising routine check-ups and others reported that they did not want to add to an already burdened system.

Our recommendations:

As the inquiry included the role of local ICS and the ICB in the provision of dental services, our recommendations focus on the role the ICS could play in fulfilling our recommendations which included:

- Ensuring the public are informed about personalised recall intervals and the importance of regular dentist visits.
- Ensuring barriers to access are addressed and seldom heard groups are given the opportunity to share their experiences.
- Ensuring patients have access to user-friendly and up-to-date information through a variety of different mediums.

What difference will this make?

Raising public awareness around dentistry is key. Personalised recall intervals will help ensure patients are seeing a dental professional on a regular basis suitable to their needs. Ensuring information is up-to-date and user-friendly will ensure local people have access to timely and correct information. While pooled resources will help unburden the system and can help in the early diagnosis of major oral health issues, including oral cancer.



"It is nigh on impossible to get a routine check-up and thus my teeth have suffered. My dentist is now more expensive due to filling crack worsening and now cannot be refilled and I need a crown. Treatment is very expensive. I was already anxious, going to the dentist did not help my mental health one bit."

Three ways we have made a difference for the community

Through our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.



Healthwatch Gateshead shared experiences about the process for COVID-19 vaccination for long-term patients in Gateshead hospitals with the Patient Experience Team. By doing this, there was a process put in place for inpatients who had been in hospital for more than 42 days. A local resident said, "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"

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.



Healthwatch Gateshead engaged with local people to understand their experiences and opinions of the North East Ambulance Service (NEAS). The engagement focused on public trust in the service, and we ultimately recommended that any actions should focus on delivering transparently and building trust. NEAS are working on engaging with the local people. Through our engagement with local people, we were able to share with NEAS what trust means to people and areas that need to be addressed to develop trust

Improving care over time

Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.



In 2022-23, Healthwatch Gateshead started engaging with local people through short research projects. One of these projects included the topic of Heart Health. We found that understanding of CPR and the confidence in carrying out CPR was poor among local people. To help combat this, we worked to remind people of the range of free resources to help people increase their awareness around this valuable lifesaving skill.



Hearing from all communities

Over the past year we have worked hard to make sure, we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Developing specific targeted programmes of work focusing on specific seldom heard groups.
- Developing working relationships with organisations working directly with specific groups of interest.

Getting young people involved in improving services

This year we launched Youthwatch in an effort to get young people involved in influencing the future of health and social care services.

There are around 18,000 young people in Gateshead. The views of these young people aren't always heard and as a Healthwatch we wanted to change this.

Phase one of our Youthwatch project has seen us understand what is important to young people in the area. Phase two of Youthwatch (due to launch in 2023-24) will enable young people to get involved in projects that are important to them and bring the information to decision makers in a timely manner.



"I think the health services are good but could be improved more to reach each person's needs without discriminating because of their age or gender."



Diverse Communities. Diverse Experiences.

In 2022-23, Healthwatch Gateshead have engaged with diverse communities across Gateshead including Sikh, Hindu, Pakistani, Bengali, Muslim, Chinese, and African. We have worked with organisations supporting people seeking asylum and those who are refugees.

We have utilised the language skills of team members to help members of the local community overcome language barriers and share their health and social care experiences.

The profile of Healthwatch Gateshead has increased among diverse communities across the borough and we are now hearing from a diverse range of communities.



Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Helping people develop awareness of services in the local area through our online forums.
- Providing signposting information and advice through our website, email & telephone lines.
- Reaching out to our connections within the health and social care system to resolve specific issues.
- Developing our presence within local communities, providing an opportunity for people to share their experiences face-to-face.

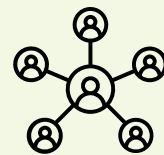
Building relationships to support local people together

Healthwatch Gateshead have been contacted by local people presenting complex needs and don't know where to turn. To offer the best possible service, as part of our signposting role, we have been working to develop strong relationships with advocacy services in the Gateshead area to ensure local people receive the right support at the right time.

Without tailored support and guidance many of the local people who contact us have difficulties navigating the complex health and social care system.

Through the development of these stronger relationships, Healthwatch Gateshead has gained insight into wider health and social care issues from the advocacy services.

These relationships also extend beyond advocacy services as Healthwatch Gateshead have begun to map services within the locality to ensure the support network is as robust as possible.



Keeping Warm with Healthwatch

Healthwatch Gateshead and Healthwatch Newcastle worked jointly to host a Keeping Warm with Healthwatch event this year. The event brought together several organisations across the areas to share information and advice with members of the local community.

The event was recognised as a great networking opportunity with organisations in attendance connecting with one another and learning about the services each other provide. The event also enabled many attendees to gain more awareness about services that they may not have otherwise known.

Engagement highlighted issues around the cost-of-living and the impact on day-to-day and social activities. Following on from the event, we began scoping a cost-of-living and winter pressure research project that is due to launch in the first quarter of 2023-24.





Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote Healthwatch Gateshead and what we have to offer.
- Collected experiences and supported their communities to share their views.
- Carried out visits to local services to help them improve
- Reviewed GP and dentist websites to review accessibility.
- Collected the most up-to-date information on changes to services, such as whether NHS dental appointments were available at a practice.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatchgateshead.co.uk



0800 038 5116



info@healthwatchgateshead.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Gateshead Council	£140,250	Expenditure on pay	£105,151
		Non-pay expenditure	£1,773
		Office and management fee	£35,512
Total income	£140,250	Total expenditure	£142,436

Next steps

In the ten years since Healthwatch Gateshead was launched, we have demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackle the inequalities that exist and work to reduce the barriers faced when accessing care, regardless of whether that is because of where you live, your income or your race.

Emerging priorities for 2023-24

Hospital Discharge

Access to GPs

Mental Health

Accessible Information Standards

Health Literacy

Social Care



Statutory statements

Healthwatch Gateshead
MEA House, Ellison Place, Newcastle upon Tyne, NE1 8XS

Organisation holding the Healthwatch Gateshead contract:
Tell Us North CIC (company number 10394966)
MEA House, Ellison Place, Newcastle upon Tyne, NE1 8XS
Email: info@tellusnorth.org.uk

Healthwatch Gateshead uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Gateshead Committee consists of 6 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Committee ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

We include wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to tell us about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending face to face meetings at community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, provide paper copies, promote it at meetings as well as via social media and in our newsletter.

Responses to recommendations

This year there were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us at Healthwatch Gateshead.

We take information to various groups and committees such as the Gateshead Carers, People at the Heart of Care and Carers Partnership. In addition, we take insight and experiences to other decision makers in the Gateshead system. We also share our data with Healthwatch England to help address health and care issues at a national level.

The way we work

We supported a gentleman to challenge the QE's accessibility resulting in an action plan and commitment from the QE, including new communication processes for non verbal people.

We produced in December 2022 a report looking at user experience of SEND services in Gateshead.

1. This report is being used to inform the joint commissioning strategy in Gateshead.
2. The ICB has developed a clear action plan as a result of the recommendations.
3. The work will be presented to the SEND strategic partnership board.

Two Healthwatch reports giving both a Gateshead view and regional North East view on dentistry services produced in in January 2022 were highlighted in discussion at the House of Commons.

Our revisit to the subject in Jan 2023 will form part of a national view submitted by Healthwatch England for the House of Commons Health and Social Care Committee inquiry into NHS dentistry.

We effected change to the national abdominal aortic aneurysm (AAA) screening letters to include more accessible communications methods.

Influence and Impact via the Gateshead Health and Wellbeing Board and Health and Social Care Scrutiny Committee

Healthwatch Gateshead is represented on these 2 groups by the Healthwatch Gateshead Chair and the Chief Executive Officer of Tell Us North CIC .

During 2022–2023 our representatives have effectively carried out this role of representation by attending meetings and contributing to actions and decisions in order to improve the wellbeing and health of everyone in the borough, particularly focusing on reducing health inequalities.

Thank You

We would like to extend our thanks to :-

- Atypical Support CIC
- Connected Voice
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Disability North
- Faith Groups across Gateshead
- Friends Action North East
- Gateshead Council
- Leam Lane Community Centre
- National Autism Society Tyne and Wear
- NECS
- Gateshead Parent Carer Forum
- NHS Gateshead Clinical Commissioning Group
- NHS Staff
- North East Autism Society
- North East and North Cumbria Integrated Care Board
- Parent Carer Forum
- Primary Care Networks and GP Practice Managers.
- GP Practices in Gateshead
- RNIB
- Skills for People
- The Lawnmowers
- The Twisting Ducks Theatre Company
- Your Voice Counts

healthwatch

Healthwatch Gateshead

MEA House
Ellison Place
Newcastle Upon Tyne
Tyne and Wear
NE1 8XS

www.healthwatchgateshead.co.uk

t: 0800 038 5116

e: info@healthwatchgateshead.co.uk

 @HWGateshead

 gatesheadhealthwatch

 healthwatch_gateshead

 healthwatch-gateshead/

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Michael Brown
Chair Healthwatch Gateshead

Yvonne Probert
CEO Tell Us North

23rd January 2024

What is Healthwatch?



- Healthwatch was established by the **Health and Social Care Act 2012** and continues as part of the recent reform of the **Health and Social Care Act 2022**
- Healthwatch has two distinct parts:
 - **Healthwatch England**
 - **Local Healthwatch**
- Healthwatch are **independent organisations with legal powers** and duties
- Each Local Healthwatch **sets its own work programme** to reflect local community concerns



Healthwatch England

Nationally Healthwatch England has set 9 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

And 3 campaign areas for 2023/24:

- Primary Care
- Social Care
- Women's Health



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

Our values are:

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation - especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector - serving as the public's independent advocate.



Healthwatch Gateshead



In summary we provide:

- a free signposting and information service for health and social care
- outreach and engagement activities to enable us to hear people's voices and to inform our work
- Research reports that demonstrate good practice and highlight gaps in services which we then raise with commissioners, service providers and partners

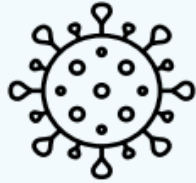
The Healthwatch Gateshead Committee agrees on 2 or 3 themes of work per year.

We have published our Annual Report for 2022/23 in June 2023 and we have just set our annual priorities for the year ahead - 2024.



Healthwatch Gateshead Annual Report 2022/23 - highlights

Spring



We worked to better understand how the COVID pandemic impacted on health and wellbeing.



We focused on refugees and asylum seekers to understand health and social care priorities for these local communities.

Summer



We welcomed a new team in summer 2022 tasked with helping us achieve our mission of engaging with local people to help improve health and social care services in Gateshead.



We engaged with young people aged 18 to 25 to understand their views and general experiences of loneliness and social isolation.



Healthwatch Gateshead Annual Report 2022/23 - highlights

Autumn



We were commissioned by Gateshead Council to understand the experiences of unpaid carers as we came out of the COVID-19 pandemic. We highlighted issues around communication, capacity, coordination, and competence to the attention of the local council.



We launched online monthly forums where we invited local health and social care organisations to share information about their services. Each month we focus on a specific topic area and welcome local people along to learn more about what is available.

Winter



We fed into the submission of evidence to the House of Commons Cross-Party Health and Social Care Committee Inquiry into Dentistry. Our recommendations for the local Integrated Care Board and NHS England were grounded by the experiences of local people.



In line with our newly developed Engagement Strategy, we made a targeted effort to engage with one of the seldom heard groups, young people aged between 16 and 25, through the launch of phase one of our Youthwatch Project.



Annual Report 2022/23 - Youthwatch



Healthwatch Gateshead with Healthwatch Newcastle launched our Youthwatch Project in February 2023 for people aged 16-25 years. We wanted to know what matters most to young people, their experiences, what matters to them and what information they need.

This feedback is being used to prioritise our work with young people, our future work programmes and will feedback into local health and social care services.



Annual Report 2022/23 - highlights

healthwatch | 10 years
10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?

CELEBRATING SUCCESS

10 YEARS OF HEALTHWATCH



We gathered carers' experiences during the COVID-19 pandemic. Our report was sent to Newcastle City Council, so they were aware of carers' needs when tendering for new provider contracts



CELEBRATING SUCCESS
10 YEARS OF
HEALTHWATCH

"I just wanted to say thank you very much for coming to the Domestic Abuse Local Partnership Board today to talk through your report. It provoked a good discussion and the information in the report will be useful to inform our strategy and our future commissioning intentions. I look forward to updating you in due course on our future plans and appreciate your support for our domestic abuse work in commissioning the report."
Joan Flood, Community Safety Lead
Violence Against Women and Girls/Hate Crime, Newcastle City Council

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care.

A big thank you to all our Healthwatch Heroes that have stepped up and inspired change.



Annual Priorities

Healthwatch Gateshead continually gathers information on local people's experiences of using health and/or social care services. We do this through our outreach, engagement and research.

Our annual survey (open every January to March) informs us of the public's experiences, and we collect people's views at our Annual Meeting in September.

We set our annual priorities based on all this feedback at the November Committee meeting.



Looking Ahead - 2024:

Healthwatch Gateshead Committee priorities for the next year are:

- **Mental Health**
 - Women
 - Young people
- **Social Care**
 - Impact of right care right people
 - Home care services
 - Digital exclusion
- **Youthwatch**



Looking Ahead - 2024:

We are targeting these communities for specific outreach and engagement:

- Jewish community
- Women
- Refugee and Asylum Seekers
- Young People

Local cross cutting themes to be watched are:

- Health literacy
- Social prescribing
- Communication and collaboration
- Digital inclusion

And we agreed a watching brief on the following national themes:

- Access to GPs
- Pharmacy
- Dentistry



Thank you!
Any questions?



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TITLE OF REPORT: **Adult Social Care – Home Care Model**

REPORT OF: **Barry Norman, Service Manager – Ageing Well Services
Commissioning, Performance and Service Development,
Integrated Adults and Social Care Services.**

Summary

Home Care services are provided to support people to remain living at home. As we have an ageing population along with a growing rate of people expected to be diagnosed with Dementia, we need to ensure we have the right services available to support people both at home for as long as possible, as well as within a Care Home setting for people with more complex care and support needs.

Purpose of the Report

1. To update the Committee regarding the Capacity and Demand planning for Adult Social Care services at home, and our work on our New model to support the 'Home First' approach in Gateshead.

Background

2. Since the pandemic and the introduction of the Hospital Discharge Guidance, Gateshead has followed a 'Discharge to Assess' approach to support people leaving hospital in a timely manner. The impact of recruitment and retention challenges has also limited our ability to get people home first, resulting in the overuse of Care Homes beds in the system.

Current Position

3. Gateshead continues to follow the Discharge to Assess approach but has now been able to plan resources for 2023-24 and 2024-25 and invest in required services to support people at home.
4. The Council have also received ring-fenced funding, the Market Sustainability and Improvement Fund, to support Adult Social Care markets for the financial years 2023-24 and 2024-25

5. Through this funding we have been able to increase our funding for Generalist Home Care providers which in turn has been able to support improved recruitment and retention. This has included a further uplift in December 2023 to allow providers to bring forward some of the National Living Wage increases due to be paid from April 2024.
6. The waiting lists for long-term Home Care started to reduce from May 2023 as we seen a net growth in workforce for the first time since June 2021.
7. At the start of the Autumn period, our waiting lists stood in single figures, and this has allowed people being supported at home and reduced the over reliance on short-term bed-based services.
8. The numbers of people in long-term Care Home provision is starting to reduce but with our aim of a net reduction of 250 placements, increased Home Care capacity is vital and we need to allow the market to compete with other sectors in the area.
9. The development of the new model, focussing on an Outcomes approach instead of a traditional Time & Task approach is fundamental for Gateshead to support more people at home. Investment in the workforce will continue to see improvements in recruitment and retention in the years to come.
10. To ensure we have the capacity to support people at home longer, we need to look at not only the workforce requirements, but also technology and housing offers. The workforce to support people at home will need to evolve and require additional training and skills to manage an overall more complex cohort of vulnerable older people.

Impact

11. As outlined in the presentation, demand to support people at home will continue to grow due to an increased Ageing population as well as our approach to move away from supporting people within residential care settings.
12. A shift of resource is required to invest in Home Care and technology and move away from a high-cost residential care option.
13. A move to an Outcomes model will allow a flexible service to manage people's needs which will allow the provider to continue with an enablement approach whilst managing people's fluctuating needs at home.
14. Whilst there needs to be additional investment within the Home Care Market to achieve our capacity requirements, this will be funded by the reduction in spend in other sectors and see an overall cost pressure reduction in time.

15. Occupancy levels within some Care Homes are likely to reduce as we refer less people into long-term bed base support. Private funders and out of area placements are semi out of our control, but we are likely to see an oversupply issue in the next 12 to 24 months.
16. This may mean that some homes de-register, alter registrations for different categories of support or have a planned closure. The team will continue to monitor and work with providers to support any proposed changes in the future.

Summary

17. Our 'Home First' approach is already starting to show positive improvements for Gateshead, but to sustain this over time, the development of our new model and contracts commencing in September 2024 are vital. Securing capacity in these markets are vital to the overall system otherwise blockages occur elsewhere resulting in bad outcomes for people and the Gateshead system.

Recommendations

18. Care, Health and Wellbeing Overview and Scrutiny committee is recommended to:
 - (i) Comment on the content of this report and the work undertaken by the service to develop a different approach to support adults in Gateshead.
 - (ii) identify any areas for further scrutiny.

Contact: Barry Norman

Ext 2369

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TITLE OF REPORT: **Strength Based Practice in Adult Social Care**

REPORT OF: **Joanne Thompson, Principal Social Worker, adults, Integrated Adults and Social Care Services.**

Steph Downey, Service Director, Integrated Adults and Social Care Services.

Summary

The following report describes the practice model Strength Based Practice that is used in Adult Services and explains the methods used to embed the model within the service.

Purpose of the Report

1. To update the Committee regarding the work undertaken to implement and develop Strength Based Social Work approaches in Adult Social Care.

Background

2. The principles of strength-based practice is focus on a persons strengths and interests, on what people and communities can do, not what they cannot, “what is strong, not what is wrong.”
3. Part of this approach is to look at not only what the individuals’ strengths are but what are the assets in their networks and communities.
4. A strengths-based approach to care, support and inclusion says let’s look first at what people can do with their skills and their resources – and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.’
Alex Fox, CEO Shared Lives, 2015
5. In 2019 the Department of Health and Social Care published a guidance handbook and framework to support social workers and social care professionals in applying a strength-based approach to their work with adults. [Strengths-based social work: practice framework and handbook - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/Strengths-based_social_work_practice_framework_and_handbook_-_GOV.UK.pdf)
6. Based on this guidance Gateshead began our journey towards Strength Based Practice in 2019, this has included:

- Writing and implementing a strength-based supervision policy for the assessment service and investing in strength-based supervision training for all colleagues who provide supervision.
- In 2020 we facilitated an interactive practice workshop about strength-based practice so that we could understand what the baseline of understanding of strength-based practice was across the service.

“Very useful as a reminder of how to have more positive conversations and not to make a conversation like a questionnaire as sometimes we can forget this when under pressure.” Feedback from assessment colleague

- Our training offer provides opportunities for colleagues to develop their understanding and confidence in using strength-based practice both in their verbal and written communication skills.
- We have re-written our documentation including our assessment and support plan documents for Adults and their Care Givers with a focus on facilitating a strength-based approach, this documentation went live with MOSAIC in adult services in January 2024.

Current Position

7. Our focus is now on embedding strength-based practice within the service as a practice model.
8. We offer newly qualified social workers undertaking their assessed and supported year in employment (ASYE), a programme that gives them extra support during their first year in employment. Strength based practice is an integral part of the training and support offered within this year. It is also part of our induction training offered to all new members of staff.
9. Our audit framework sets our audit of casework schedule and has practice standards that work can be measured against. The practice standards have strength-based practice at the heart. Team managers across the service complete audits of work completed based on the practice standards that are moderated by the senior management team. The outcomes/themes of the audits and moderations are reported quarterly by the Principal Social Worker to GMT. This framework provides an indicator of how we are progressing in embedding strength-based practice, and we can develop our approach based on the findings.
10. We have developed a set of performance indicators that can be used to measure how well strength-based practice is being embedded within the service. The performance indicators will be reported within the monthly performance clinic sessions so that we can respond in the correct areas of the service to ensure that strength-based practice is embedded.
11. Our training offer is built around developing strength-based practice and amongst other training opportunities we commissioned Acting Out Productions. Acting Out Productions are a training organisation that use live drama to enable colleagues to

observe live drama of interaction between social worker and individual and try different methods of engagement and strength-based practice.

12. In 2023 we implemented a survey across assessment service requesting feedback about colleagues' experience of supervision. Feedback was overwhelmingly positive.

“Time to reflect on work and not to feel supervision is a tick box exercise. When you are made to feel like someone doing a good job for the people we work with and given the opportunity for open and honest discussion. Acknowledgement of work/workload.”
Colleague from assessment services.

Next Steps

13. January 2024 sees the launch of our work with the National Development Team for Inclusion, who are supporting us to develop a Community Led Support model. This team have worked very successfully with a number of Local Authorities, on making the shift from traditional case management models to a strengths based model of care, helping people to have better outcomes, and ensuring that our internal processes reflect our ambition for strengths based practice.

Impact

14. Adults in Gateshead who use our service receive support from us that is focused on their strengths, community and people around them. Support is meaningful to the individual and their family because it is focused on their personal goals and outcomes.

Recommendations

15. Committee are asked to note the content of the report and comment on any areas of future development.

Contact: Joanne Thompson

Ext 3537

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Care Health and Wellbeing Overview and Scrutiny Committee Strength-Based Practice in Adult Social Care

Steph Downey, Service Director, Adult Social Care
Joanne Thompson, Principal Social Worker, Adult Social Care
January 2024



Strength Based Practice: Basis in Legislation

- *‘The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.’*
- *‘As part of this person-centred, outcomes-focused approach, the Act requires that social workers and care professionals ‘consider the person’s own strengths and capabilities, and what support might be available from their wider support network or within the community to help’ in considering ‘what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve’.*
- (Care Act 2014)



Strength Based Practice

- In 2019 the Department of Health and Social Care published a guidance handbook and framework to support social workers and social care professionals in applying a strength-based approach to their work with adults.
- This guidance initiated our journey with Strength Based Practice



Dep. Health and Social Care: Strength-Based Practice, what leaders need to do.

Page 62

- Give social workers the freedom to do things differently
- Use their expertise to design the paperwork co-produced with people who use them
- Trust their skills and knowledge and judgments



Strength Based Practice – the difference

Example of a person who has dementia, is lonely during the day, and their carer needs to know they have support whilst they are at work.

- Case management approach: attendance at a day centre
- Strengths based approach: identified that the lady enjoyed going to the hairdressers; arranged with her hairdresser for her to go every day; the lady knew her way there and it was very local so she could walk there; she would have some rollers put in, have several cups of tea, chat to her friends and paid the hairdresser a small contribution for the tea. No cost to the Council and the contribution to the hairdresser was less than the lady would have paid to attend the day centre.



Training Opportunities

- Mixture of formal classroom based learning, interactive workshops, mandatory training, role play and team discussions.
- All new colleagues (whether experienced or not) get specific training about our approach in Gateshead.
- 2023 commissioned Acting Out Productions. Acting Out Productions are a training organisation that use live drama to enable colleagues to observe live drama of interaction between social worker and individual and try different methods of engagement and strength-based practice.



Supervision

- How we communicate with each other as well as the people we support in the community.
- Strength Based Supervision Policy developed 2019.
- Training for all colleagues that provide supervision across the service from Strengthening Practice.
- Survey of employees experience of supervision undertaken 2023.



Supervision

Feedback was overwhelmingly positive:

I generally enjoy my supervisions which I think is a positive reflection on my supervisor as these always feel relaxed and I make good use of the time to reflect on cases and my mental wellbeing.

Formal and informal supervision continues to be essential to my overall wellbeing and support with my career development. I always look forward to my supervision and feel focussed and energised after.

I feel that supervision is an integral part of being able to practice effectively and I am receiving this regularly.

I genuinely look forward to my supervisions. my manager is very professional and covers all aspects from work related questions to general questions regarding my wellbeing. if I was having any issues within work, I would feel more than confident to discuss it with her in my supervision.



Quality Assurance Framework

- Our quality assurance framework sets our audit of casework schedule and has practice standards that work can be measured against.
- Auditing provides an indicator of how we are progressing in embedding strength-based practice and how we can develop our approach based on the findings.



Performance Indicators

- We have developed a set of performance indicators that can be used to measure how well strength-based practice is being embedded within the service.
- The performance indicators will be reported within the monthly performance clinic sessions so that we can respond in the correct areas of the service to ensure that strength-based practice is embedded.



Performance Indicators

- Trends and movement against those indicators would then be monitored to ensure progress, set targets and where necessary take action to address performance which is travelling in the wrong direction.
- Key indicators will be included in the Council Performance Management Framework that is presented to Overview and Scrutiny Committee.



Documentation

- Week commencing 8/01/2024 we went live with MOSAIC our new case recording system
- This provides colleagues with access to the new strength-based assessment and support planning documentation
- It is intended that the new documentation will enable colleagues to better demonstrate the strength-based work they are going with people in the community.



Next Steps

- We are working with the National Development Team for Inclusion on their Community Led Support model
- 3 year programme of service change with a strong focus on coproduction with the people who use our services
- The main focus is on the Adult Social Care pathway
- However, will also include the wider council (in particular Localities working), NHS and VCSE partners



Questions?



TITLE OF REPORT: **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 2023/24.

1. The Committee's provisional work programme was endorsed at the meeting held on 12 September 2023 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

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

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Draft Care, Health and Wellbeing OSC Work Programme 2023-24	
13 June 2023	<ul style="list-style-type: none"> • Performance Management and Improvement Framework- Year End Performance 2022-23 • Work to Attract and Retain a multi professional Workforce /Access to GP Appointments (<i>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 / update to include patient satisfaction data broken down to each surgery if possible / information on whether younger GPs coming into the profession in Gateshead prefer to be directly employed NHS Workers/ salaried GPs or the traditional GP business model</i>) • PH update on the £5m grant to research inequalities • OSC Work Programme
12 September 2023	<ul style="list-style-type: none"> • Departmental Strategy and Delivery Plan • Demand pressures on social care services • Social Services Annual Report on Complaints and Representations – Adults • Annual Report of Local Adult Safeguarding Board and Business Plans & emerging priorities • OSC Work Programme
24 October 2023	<ul style="list-style-type: none"> • Social Care Recruitment • Health and Wellbeing Board / Better Care Fund –Update • CQC Maternity Inspection Report • CQC Assurance • OSC Work Programme
5 December 2023	<ul style="list-style-type: none"> • Performance Management and Improvement Framework – Six Month Update – 2023-24 • Care Home model • Extra Care/Supported Living models • OSC Work Programme
23 January 2024	<ul style="list-style-type: none"> • Healthwatch Gateshead – Annual Update • Home Care Model • Strengths Based Approaches • Hospital discharge and residential care numbers • OSC Work Programme
12 March 2024	<ul style="list-style-type: none"> • Update on work to tackle Health Inequalities in Gateshead • Support with the menopause, menstrual cycle problems and post-partum mental health issues: access to specialist support and variations of approach across Gateshead GP practices – • CQC Assurance • OSC Work Programme
16 April 2024	<ul style="list-style-type: none"> • Co Production

	<ul style="list-style-type: none">• Health and Wellbeing Board – Update• OSC Work Programme
--	--

Issues to slot in –

- **The new LPS (Liberty Protection Safeguards) Update**
- **Sister Winifred Laver Promoting Independence Centre (Visit in Autumn 2023)**
- **The Newcastle and Gateshead Persistent Physical Symptoms Service (PPSS)**