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Gateshead Council

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 21 July 2023 at 10.00 am in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 10) The minutes of the meeting held on the 9 June 2023 are attached for approval, together with the Action List
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
4	**Updates from Board Members**
	Items for Discussion and/or Agreement
5	**A New Home Improvement and Assistance Service for Gateshead - Peter Wright** (Pages 11 - 72)
6	**Specialist & Supported Housing Needs Assessment & Strategy - Vicky Sibson and Amy Davies** (Pages 73 - 190)
7	**Health Determinants Research Collaboration Gateshead - Edward O' Malley**
8	**Workforce and Workforce Development - Nicola McDougal**
9	**Gateshead Cares System Board Update - Mark Dornan / All**
	Items for Assurance
10	**Gateshead Better Care Fund Submission 2023-25 - John Costello** (Pages 191 - 194)
	Items for Information
11a	**NENC Joint Forward Plan** (Pages 195 - 246)
11b	**Healthwatch Annual Report 2022/23** (Pages 247 - 270)
11c	**Pharmacy notifications from NHS England** (Pages 271 - 278)

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 9 June 2023

PRESENT	Councillor Lynne Caffrey	Gateshead Council (Chair)
	Councillor Bernadette Oliphant	Gateshead Council
	Councillor Bill Dick	Gateshead Council
	Councillor Gary Haley	Gateshead Council
	Councillor Jane McCoid	Gateshead Council
	Councillor Jonathan Wallace	Gateshead Council
	Councillor Leigh Kirton	Gateshead Council
	Councillor Martin Gannon	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	Councillor Pamela Burns	Gateshead Council
	Councillor Paul Elliott	Gateshead Council
	Dr Mark Dornan	NENC ICS
	Lisa Goodwin	Connected Voice
	Claire Wheatley	Northumbria Police
IN ATTENDANCE	Andrea Houlahan	Gateshead Council
	Angela Kumar	NENC ICB
	Anna English	CNTW
	Dale Owens	Gateshead Council
	Gail Balance	NENC ICB
	Joanna Clark	Gateshead Health FT
	John Costello	Gateshead Council
	Kirsty Sprudd	NENC ICB
	Louise Lyden	Pharmacy LPC
	Lynn Wilson	NENC ICB
	Nicola Allen	CBC Health Federation
	Peter Udall	Gateshead Council
	Philip Hindmarsh	Gateshead Council
	Sami Hanna	Pharmacy LPC
	Steph Downey	Gateshead Council
	Vicky Sibson	Gateshead Council
	Yvonne Probert	Tell Us North (Healthwatch)

HW13 APOLOGIES FOR ABSENCE

Apologies for absence were received from Alice Wiseman, Helen Fergusson and Steve Thomas.

HW14 MINUTES

RESOLVED:

(i) That the minutes of the meeting held on 21 April 2023 be approved.

(ii) That the action list update be noted.

HW15 DECLARATIONS OF INTEREST

RESOLVED:

(i) That there were no declarations of interest.

HW16 UPDATES FROM BOARD MEMBERS

Dale Owens advised the Board that the Safeguarding Adults Board (SAB) Chair has resigned; it was explained that interviews for a replacement are scheduled and will be finished by 23 June 2023. The Board were also advised that a SAB development day is being planned for September 2023.

Andrea Houlihan provided an update on a recent service inspection within Children's Social Care and Lifelong Learning; the Board will receive a substantive update on the inspection and outcomes at the September meeting of the Board.

Councillor Caffrey updated the Board on a recent meeting with Trudy Davies, the new Chief Executive of the QE Hospital; the Board were advised that Trudy has shared some good ideas for transformation at the hospital, this included the recruitment of occupational therapists in addition to nursing apprenticeships. It was suggested that a further update on this matter could be provided at a future Board meeting.

Lisa Goodwin provided the Board with an update on the demands on mental health services. It was noted that Julia Perry at Connected Voice would be leading on assessing this demand.

Lynn Wilson gave an update to the Board about an event in Durham which was organised to undertake a deep-dive on the process and workstreams of recruiting more people into social care roles. It was noted that this event also focussed on streamlining access to social care jobs and apprenticeships. The Board agreed to receive an update on this event at the next meeting.

RESOLVED:

(i) That the Board note the updates provided.

HW17 GATESHEAD PLACE PLAN - LYNN WILSON AND KIRSTY SPRUDD

The Board received a copy of the final version of the NENC ICB Gateshead Plan.

The Board were advised that whilst the plan as it was presented is in its final iteration it is intended to be a live document that will change and evolve.

It was noted that the plan is to be published on 14 June 2023.

RESOLVED:

(i) That the Board agree the NENC ICB Gateshead Plan.

HW18 UPDATE ON LEARNING DISABILITY & AUTISM, AND THE MENTAL HEALTH TRANSFORMATION - ANGELA KUMAR AND GAIL BALANCE

The Board received a presentation providing an update on mental health, learning disability and autism.

An overview of priorities for the transformation of services was provided, this included the continued integration of teams at a primary care level and the development of the older adults mental health pathway.

The Board also noted updates in relation to workforce integration at a primary care level; it was reported that there are to be 10 peer support workers in addition to other specialist roles to support patients. A summary of system integration plans was also provided; the Board acknowledged the importance of these plans, particularly with regard to increasing engagement with the VCSE sector.

From the update on older adults pathways it was presented that there is to be a review of mental health services for older adults in Gateshead; it was highlighted that there is to be a joint review of older adult's residential care contracts and a review of older adult's crisis pathways.

An update was presented on children and young people's mental health services, the Board were advised that there is to be a review of the single point of access in addition to plans for prevention training in schools.

The Board noted that the transformation plans were being developed with the inclusion of peer research from system partners and service users.

Board members discussed the spike in demand for mental health services across Gateshead; it was acknowledged that the pandemic had a detrimental impact on the mental health of residents across all age groups. The Board also discussed the impact of the current cost of living crisis on mental health; particularly those on low income.

It was suggested that the transformation plans could be linked with Gateshead Council's ongoing homelessness review with an update being provided to the Housing Provider Partnership. The Board welcomed the plans presented to increase the mental health support available to young people in schools.

RESOLVED:

(i) That the Board note the update.
(ii) That the Board support the plans presented.

HW19 PREVENT UPDATE - CLAIRE WHEATLEY

The Board received a presentation providing an update from Northumbria Police on its Prevent Strategy.

From the presentation, the Board were advised that the PCC Police and Crime Plan has three aims: fighting crime, preventing crime and improving lives. It was

highlighted that the overarching purpose of Northumbria Police is to “keep people safe and fight crime”.

The Board noted that the strategy’s aims for harm reduction in communities centred around early intervention and prevention. The Board also noted that partnership working was crucial for the strategy’s success and expressed support for continued community engagement.

It was presented that prevention strategies had been split across three tiers: primary, secondary and tertiary prevention. It was also noted that Northumbria Police will take an intelligence led, analytical approach to understand serious violence.

From the presentation it was also noted that Northumbria Police will continue to work in collaboration with the Violence Reduction Unit and other partners to tackle the causes of offending and support victims through prevention, engagement, education and enforcement.

The Board expressed its support to the strategy and its aims; the Board also discussed the impact of poor mental health on policing and communities. It was acknowledged that Northumbria Police are often the first on scene when a person is in mental health crisis but that officers do not have the necessary tools to be able to provide adequate initial support to individuals, particularly at a crime scene. It was noted that Northumbria Police have an integrated triage team that can be utilised for individuals in need of support with their mental health but that more work needs to be done.

It was asked whether there will be a reduction in the number of PCSO’s across the workforce; it was explained that there is to be a small reduction in PCSO’s.

RESOLVED:

(i) That the Board note the update.

HW20 ASSURANCE SUB-GROUP - DALE OWENS

The Board received a presentation providing an update on the proposed assurance sub-group of the Health & Wellbeing Board.

From the presentation, the Board were provided with an overview of the CQC Assurance framework; it was noted that health and social care providers have moved to a new single assessment framework.

The Board noted that in establishing an assurance sub-group of the Board there would be increased confidence that assurance is being addressed at a system level. It was also highlighted that the sub-group could play a role in identifying areas for development across the system and gather evidence of system level stewardship.

An overview of the sub-groups proposed structure and governance was discussed; the Board also noted that further information on the sub-group would be presented at the Health & Care System Board. The Board also recognised that membership of the sub-group could be fluid with officers participating in specific/targeted projects or

task and finish groups.

RESOLVED:

(i) That the Board support the establishment of an assurance sub-group.

HW21 GATESHEAD CARES SYSTEM BOARD UPDATE - MARK DORNAN/ALL

The Board received an update from the Gateshead Cares System Board.

From the update, the Board were provided with an overview of the development of the draft Gateshead Place Plan and updates on Gateshead Cares Alliance Agreement programme areas for Children and Young People / Best start in life and the development of Primary Care Networks. From the presentation the Board were also given a summary of discussions in relation to the development of Integrated Neighbourhood Teams.

RESOLVED:

(i) That the Board note the update.

HW22 GATESHEAD BETTER CARE FUND END OF YEAR RETURN FOR 2022/23 - JOHN COSTELLO (ATTACHED SEPARATELY)

RESOLVED:

(i) That the Board agreed the Gateshead Better Care Fund end of year return for 2022/23.

(ii) The Board also noted the arrangements for developing the Better Care Fund submission for 2023-25 which needs to be submitted to NHS England by 28th June. The submission will be brought to the next meeting of the Board for endorsement.

HW23 A.O.B.

There was no other business.

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Item 2.2

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 9th June 2023			
Gateshead Better Care Fund end of year return for 2022/23	To receive the BCF submission for 2023-25 for endorsement	John Costello	On agenda of HWB agenda for 21st July
Matters Arising from HWB meeting on 21st April 2023			
Physical Activity Strategy	To receive a further update report in Autumn	Michael Lamb / Natalie Goodman	To feed into Forward Plan
Notification of Removal from the Pharmaceutical List and Changes to Pharmacy Opening Hours	To review Pharmacy provision specifically in relation to out of hours and weekend hours	Alison Wiseman / Edward O'Malley	To be considered by the HWB at its meeting on 8th September
Matters Arising from HWB meeting on 27th January 2023			
Family Hubs	To receive a further update on plans at a future meeting	Gavin Bradshaw	To feed into Forward Plan
Matters Arising from HWB meeting on 21st October 2022			
Delayed Discharges Harm Assessment	To receive a progress report on delayed discharges in 2023	Jo Baxter / D Owens	To feed into Forward Plan
Matters Arising from HWB meeting on 29th April 2022			
Climate Change Strategy for Gateshead	To receive an update on progress in taking forward the Climate Change Strategy	A Hutchinson / L Greenfield	To feed into Forward Plan

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GATESHEAD HEALTH AND WELLBEING BOARD

21 July 2023

TITLE OF REPORT: A new 'home improvement and assistance' service

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Purpose of the Report

1. To seek the support of the Health and Wellbeing Board (HWB) on proposals for the implementation and subsequent development of a new 'home improvement and assistance' service for Gateshead.

Background

2. The Housing Review, reported to Cabinet in November 2020, confirmed the need to review several key housing services. The Council's home adaptation's function was highlighted as one of those services that required review and improvement. The subsequent Housing Improvement Programme, reported to SHB in October 2021, confirmed an intention to review the home adaptations service as one of several major improvement workstreams.

3. To support the review, Foundations, the UK government appointed body to oversee the development of home improvement services (often called Home Improvement Agencies, or HIA's), was commissioned by the Council in December 2022.

4. Foundations have provided expertise and capacity in progressing the review of the Council's current home adaptations service. The results of the review, together with several proposals for service improvement, including the creation of a new home improvement and assistance service, or HIA, is attached at appendix 1.

5. Prior to completion of the review, meetings had taken place between Foundations, key staff and stakeholders. Feedback from Members was also taken into account following a presentation of the initial draft review findings and proposed recommendations at the SHB in April 2023.

6. The attached final report from Foundations was discussed at Strategic Housing Board on 6th July 2023, and the Board agreed to proceed in taking forward the recommendations to Cabinet, subject to support from the Health and Wellbeing Board.

The Need for Review

a) National Policy Context

7. The 'People at the Heart of Care' White Paper, published by the government in December 2021, specifically references a range of expectations in promoting and maintaining independent living through the availability of Disabled Facilities Grant

(DFG), improved use of technology and digital tools to support independent living, a need to focus more on developing minor repairs services, and the need to 'join up' more effectively health, social care and housing services both strategically and operationally. The White Paper stresses that every decision about care, should be a decision about housing. There is a recognition from government of the need to improve and increase housing options to enable independent living.

8. The government published new guidance on the delivery of DFG's in March 2022. The guidance was produced in collaboration with Foundations and is also applicable to Housing Revenue Account (HRA) funded adaptations. The guidance confirms:

    - How housing (including Registered Providers), social care and health can work well together to provide more seamless and person-centred support.
    - Better use of powers placed on Council's under the Regulatory Reform Order (2002) and the need for a fit for purpose Home Assistance Policy.
    - The need for integrated teams within Council's to oversee the whole end to end adaptations process.
    - Improved application processes.
    - Improved commissioning and contract management.
    - Better use of assistive technology to help people to live safely and independently.

    The guidance re-confirms its statutory underpinning, together with the requirements and obligations placed on Council's in providing support for home adaptations and independent living.

    b) Current Service Performance

9. A range of measures confirm the need for a significantly improved service.

    - There is a current backlog of over 300 applications waiting assessment by an Occupational Therapist (OT); this has been consistent for some time.
    - Timescales to complete the adaptations process, from stage 1-4, are more than government benchmark standards.
    - Costs of adaptations are continuing to increase significantly and there is a need to ensure better value for money through improved contract management, design and procurement.
    - There is no customer satisfaction data.

10. Foundations have undertaken an end-to-end process review. This exercise has confirmed the need for major improvements in:

    - service access and the application process.
    - case management and ownership.
    - process simplifications including reduced service handovers.
    - clearer accountability and responsibilities including revised job roles.
    - significantly improved IT systems support.

11. Foundations recommend the production of an improvement plan that will ensure the creation of a fit for purpose service at an early opportunity.

Proposals for Service Improvement

12. The Foundations review identifies significant scope for improvement by fundamentally redesigning how the work is done. Rather than a series of incremental improvements, Foundations have recommended the adoption of completely new service model with the establishment of a new home improvement and assistance service (or HIA) for Gateshead, responsible for providing both DFG and HRA funded adaptations to homes.

13. The proposal would be to 'lift and shift' the HIA model given it is well established across the UK, is proven, and has evidenced achievement of required performance levels.

14. Key features of the proposed home improvement and assistance service (or HIA) include:

- A single, multidisciplinary, and in-house team, responsible for the whole end-to-end adaptations process and providing a person-centred, tenure blind service.
- The team would comprise of case managers, OT's, technical expertise and administrative support.
- It would have increased capacity, with staffing proposals and levels based in current demand, and an assessment of the required skills needed for service improvement.
- Additional staffing costs could be met from capitalisation, and therefore would be unlikely to impact on the General Fund.
- A near total redesign of job roles and responsibilities requiring organisational change.
- Potential additional roles including handypersons, social prescriber, resettlement, and hospital discharge roles.
- Development of links with the Council's current supporting independence team based in Building Cleaning Services.
- Redesigned workflow, with the home improvement and assistance service (or HIA) being the first point of contact, undertaking triage, visits, and assessment, post visit activities, and obtaining customer feedback.
- A systems-based approach wherever possible to reduce cost, ensure better efficiency and performance.

15. In addition to a new operational model, other key emerging recommendations include:

a. The need for robust, timely and accurate performance data and reporting.
b. Production of an improvement plan to remove the current backlog of more than 300 cases waiting assessment at the earliest opportunity.
c. A review of relevant policies, particularly the Council's home improvement and housing assistance policy, to ensure they are fit for purpose and

maximize the Council's options to support tenants and owners to live independently.

d. A revamp of current procurement practice and engagement with local SME's and suppliers to increase contractor options moving forward
e. New IT systems to support service improvement and effective case management.

Resources

16. The proposed new 'home improvement and assistance' service (or HIA) would comprise of 22 employees compared with the current adaptations team of 8.2 full time equivalent posts.

17. This increase in staff numbers will be met from a mixture of bringing existing staff currently located in different teams across the Council into the new service, as well as additional recruitment.

18. Applying the recommendations from Foundations in relation to cost recovery from both the DFG and HRA funded capital programmes for adaptations, together with utilising existing budgets, will ensure that the additional staffing costs are met without any impact on revenue budgets (HRA or General Fund).

Next Steps

19. Subject to the support of the HWB, it is intended to present the review proposals and final recommendations for service improvement at the September Cabinet meeting.

Recommendations

20. The Health and Wellbeing Board is asked to consider and support the proposals to establish a new 'home improvement and assistance' service in Gateshead.

Contact: Peter Wright, Environmental Health Manager ext 3910

Foundations

Gateshead Council Report

June 2023

Contents

About Foundations

Our Mission

To share the magic about what makes good home improvement and adaptation services

Our Vision

A thriving range of home improvement agencies – supporting people to live safe, independent and happy lives in the home of their choice

Our History

Foundations has been the UK Government appointed National Body for Home Improvement Agencies (HIAs) in England since 2000. In this role we are responsible for supporting the development of the sector by working with a wide range of stakeholders including commissioners, providers, industry, academia and central government. This means we have specialist knowledge of both the strategic drivers for HIA services and the issues around practical delivery, backed up by data driven insights.

Since 2015 our role has been expanded to lead on improving the delivery of the Disabled Facilities Grant (DFG) and we have just concluded a national review of the programme in partnership with the University of West of England, the Building Research Establishment and Ferret. Where appropriate, recommendations from the DFG Review have been incorporated into this report.

Foundations have also developed the DFG Quality Standard (DFGQS); a reflective tool for local authorities to consider the wider approach to housing services at the interface with health. The DFGQS is based around then themes and provides the basis for several of the recommendations in this report.

For me information visit: www.foundations.uk.com

1. Introduction

1.1. Budgets for adaptations and in particular Disabled Facilities Grants (DFGs) have increased significantly over the past 10 years. So much so, that many authorities have struggled to spend their full allocation. This can be due to a whole host of factors; inefficient systems, lack of join-up in processes, lack of contractors etc. One thing it is generally not is lack of demand for the service. A service that puts the customer at the heart of the process is a Home Improvement Agency (HIA).

1.2. Gateshead Council contacted Foundations as they are looking to reshape the way that they deliver aids and adaptations in the borough. At present the service is not delivering the outcomes the council wants in a timely way for residents. At the point of first contact, we understood the key aspects that needed to be addressed as follows:

- Policies and processes do not support joined-up working between disciplines. This includes referrals in from Social Care, a process that it was felt could work better.
- The ability to support residents with discretionary support in the form of home adaptations/solutions that may fall outside of the statutory provision of DFG funding.
- The ability to support residents whose adaptations are funded through the Housing Revenue Account, supporting the aspiration that all residents should receive the same level of service regardless of tenure.
- To develop and enhance support for local contractors and supply-chains.
- Improve contract management and clarify design responsibility.
- To develop a Home Improvement Agency (HIA) as a catalyst for delivering innovative solutions aligned with the Better Care Fund (BCF).
- To address the key drivers for the development of a local HIA; a significant underspent DFG fund, the need to speed up delivery of adaptations, to provide as close as possible to a tenure neutral service and to help address specific areas of unmet need within the district.

1.3. Foundations have significant experience in this field and have been the Government-appointed National Body for Home Improvement Agencies (HIAs) since the turn of this century. We have experience within our team of all aspects of adaptations delivery.

2. Background

2.1. Interviews and discussions with key stakeholders were held to form the current picture for the delivery of DFG and HRA funded adaptations in Gateshead. We were told that:

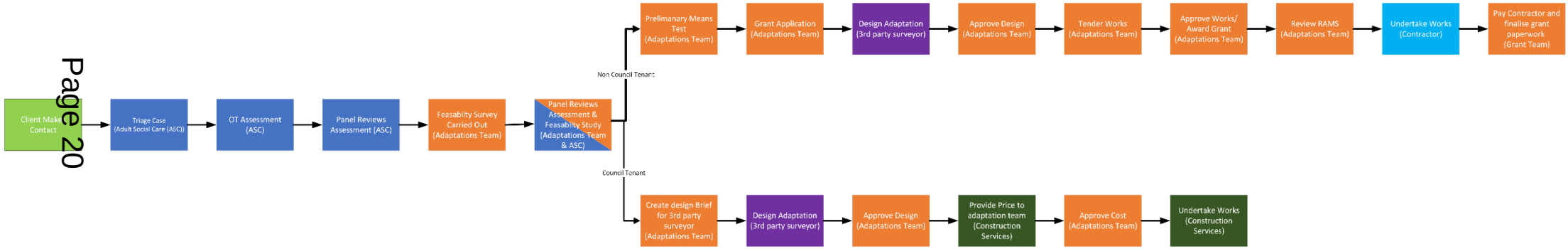
- There was significant underspend of the DFG budget.
- There was regular overspend for the HRA disabled adaptation budget.
- There was a strong belief that there is a high level of unmet demand.
- The current delivery set up was not fit for purpose.
- There was/is passive resistance to change in some areas.
- The customer journey is fragmented – cases 'go all over the place.'
- There is poor customer service.
- There is a backlog of cases with bottlenecks occurring.
- There are lots of silos with multiple different departments working in isolation for the same outcome.
- That OTs were previously based within housing but are now based within social care where they feel they are much better placed.

2.2. The picture was to some degree opaque. No one person or department has complete oversight of the delivery of adaptations in the private sector or for council owned properties.

We were not able to accurately map out the flow of work, but from officer discussion, it was clear that the flow of work is very complicated with lots of handovers. Typically, the delivery of disabled adaptations should be linear and flow in only one way from start to completion. In Gateshead it appears there are times where it appeared work looped backward and forwards between teams and services across housing and social care.

The below diagram is a very simplified process map of how a case progresses from start to completion:

Figure 1


Client Makes Contact
Triage Case (Adult Social Care (ASC))
OT Assessment (ASC)
Panel Reviews Assessment (ASC)
Feasabilty Survey Carried Out (Adaptations Team)
Panel Reviews Assessment & Feasabilty Study (Adaptations Team & ASC)
Non Council Tenant
Prelimanary Means Test (Adaptations Team)
Grant Application (Adaptations Team)
Design Adaptation (3rd party surveyor)
Approve Design (Adaptations Team)
Tender Works (Adaptations Team)
Approve Works/ Award Grant (Adaptations Team)
Review RAMS (Adaptations Team)
Undertake Works (Contractor)
Pay Contractor and finalise grant paperwork (Grant Team)
Council Tenant
Create design Brief for 3rd party surveyor (Adaptations Team)
Design Adaptation (3rd party surveyor)
Approve Design (Adaptations Team)
Provide Price to adaptation team (Construction Services)
Approve Cost (Adaptations Team)
Undertake Works (Construction Services)

2.3. We were asked to design a service that was felt would work for Gateshead – specifically, a HIA that provides a high-quality tenure neutral service for residents.

It was generally accepted that the current service was not fit for purpose and the situation warranted a service design not informed by the situation in Gateshead but taking an established, proven delivery model and 'lifting and shifting' it to Gateshead.

2.4. This report sets out a structure and working model that if enacted will greatly improve the performance and delivery of disabled adaptions in Gateshead. It is in effect a manual on how to deliver a more effective and efficient service that will see a greater number of people helped with higher customer satisfaction levels.

2.5. It should be noted that the data provided from both social care and the current adaptations team was difficult to attain and more limited than ideally required. This is not unsurprising, and underpins the need for changes to the service, a robust and effective service should have readily available data available to measure performance, spend and demand.

3. What the data says

The Key Stages

3.1. The following information is taken from '[Department for Levelling Up, Housing & Communities Disabled Facilities Grant (DFG) delivery: Guidance for Local Authorities in England]'.

3.2. The guidance states:

There are 5 key stages of delivering a home adaptation.

- Stage 0: first contact with services
- Stage 1: first contact to assessment and identification of the relevant works
- Stage 2: identification of the relevant works to submission of the formal grant application
- Stage 3: grant application to grant approval
- Stage 4: approval of grant to completion of works

Figure 2

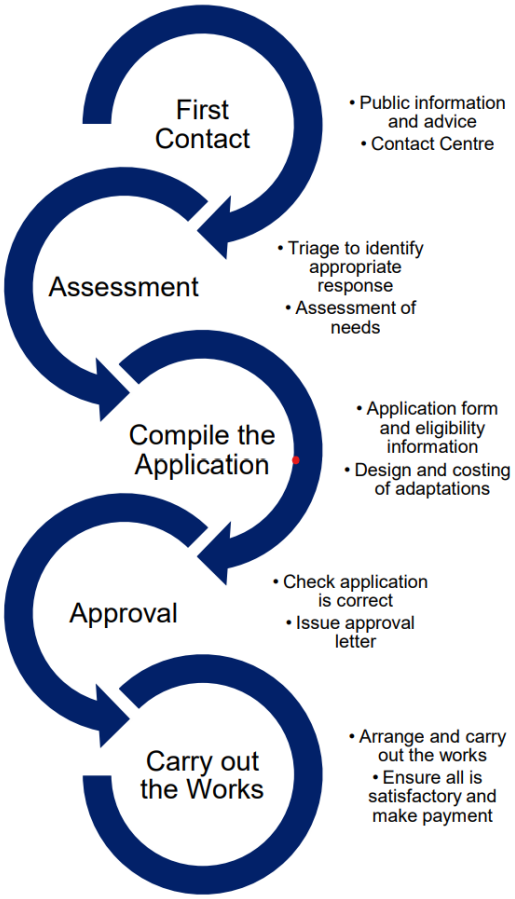


Figure 1: Key Elements of the DFG Process

3.3. The guidance provides timescales for best practice targets which should be met in 95% of cases. They are:

	Target timescales (working days)				
Type	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Total**
Urgent & Simple	5	25	5	20	**55**
Non-urgent & Simple	20	50	20	40	**130**
Urgent & Complex	20	45	5	60	**130**
Non-urgent & Complex	35	55	20	80	**180**

3.4. These timescales are an important benchmark for evaluating a service. Additionally, the Local Government Ombudsman will reference these timescales in their investigations and often will consider a council to be at fault when they are not met.

Social Care

3.5. On average Occupational Therapists are referring 53 cases for adaptations per month to the adaptations team, approximately 640 cases per year. This is only likely to increase given Gateshead's ageing population.

3.6. It is unknown how many requests for assessments are made that then drop out prior to referring to the adaptations team.

3.7. There is a significant backlog of cases requiring an assessment – at time of writing 335 people are awaiting assessments.

3.8. It is also unknown how long a recommendation takes to be completed from point of request. Given that there is a considerable backlog, it is fair to assume the timescales are in excess of the guidance.

Better Care Fund (Disabled Facilities Grant Activity)

2021/22

3.9. For 2021/22 only, £1.096m was committed against an allocation of £2.111m (an underspend of £1.015m equating to 52% of the available budget).

3.10. The data provided does not differentiate between the complexities of the cases.

3.11. The average time taken for stage 2 was only 10 working days, but as 161 of the records showed the same 2 dates there is some concern around the reliability of this data.

For reference, although unreliable, when excluding the records showing the same date, the average time increases to 34 working days.

It is therefore likely, that Gateshead were not meeting the stage 2 targets.

3.12. Stage 3 showed an average timescale of 29 working days with 140 records showing the same dates. This is below the lowest targets detailed in the guidance timescales.

This may be correct as grant approvals should not take long to do, but overall, given the questions already raised about quality of the data, the timescales may be even longer.

3.13. When analysing Stage 4, 59 records showed as not yet having a completion date, suggesting these cases approved in 2021/22 are not yet complete.

3.14. Of the records with dates of completion, the average time taken to complete stage 4 was 82 days.

2022/23

3.15. The data provided for 2022/23 was up to and including the 16th of March 2023, so not quite a full financial year.

3.16. Commitment showed £1.002m committed against a budget of £2.111m.

3.17. The average working days taken for stage 2 was 31. But again, like 2021/22 the data may be unreliable with 99 of the 187 records returning the same two dates.

The timescales increase to 66 working days when removing these records.

3.18. The data for stage 3 was 20 working days but again there were reservations with the data as 2021/22.

3.19. Stage 4 times were 57 working days, but this is taken from a smaller number of cases (115). With the majority of cases from this year yet to be approved or completed.

Housing Revenue Account Disabled Adaptations Activity

3.20. With the HRA data there were far more enquiries that had no further data input after the enquiry date. But some of these records had a cost of the work input against them.

It would be assumed that this may be because council tenants are encouraged to move, or as a Landlord, Gateshead has declined work going ahead. This would be reasonable assumptions, but having costs attributed to the work coupled with the above identified queries on the date gives cause for concern.

2021/22

3.21. For the HRA disabled adaptation budget in 2021/22, £1.716m was committed against a budget of £1.500m.

3.22. When disregarding data which was assumed to be incorrect the average working days to complete this stage was 34.

3.23. Stage 3 timescales were either 93 working days or 108 if you disregarded approvals on the same date as application.

3.24. 275 cases that were approved in 2021/22 were not yet recorded as complete. This may be a simple data error where completion dates were not inputted, but a check should be carried out so Gateshead can be clear on this matter.

3.25. Only 24 cases with a completion date were recorded suggesting a stage 4 timescale of 131 working days.

2022/23

3.26. For this financial year, there appears to be a drop in commitment. According to the data only £494k has been committed against a budget allocation of £1.500m.

3.27. Overall, the data was more limited with more records not having data within them, perhaps due to the cases still being actively worked on and not yet complete.

3.28. Stage 2 timescales were 52 working days.

3.29. Stage 3 was 37 working days.

3.30. Stage 4 data could not be verified as only 2 records showed a completion date.

Summary analysis of data

3.31. The recording of cases within the adaptations team is not robust or fully understandable without a more forensic dive into specific cases. Data should be clear, understandable, linear and significantly, with the exception of one or two cases, be easily understood and scrutinised to external onlookers, for example auditors.

3.32. Likewise, Adult Social Services was not able to produce data for the purposes of this report.

3.33. Except for stage 2, the data provided did appear to show the governments expected timescales for were below the lowest targets set and the total beginning to end timescales were in excess of the targets.

3.34. If the proposals are implemented, regular reporting on performance should be undertaken, including periodic updates to Portfolio Holders and to the relevant council Overview and Scrutiny Committee.

3.35. If this recommendation is adopted, robust, readily available data with key performance indicators and management information would need to be the foundation of service improvement.

4. Home Improvement Agency

4.1. Home Improvement Agencies (HIAs) are a service to provide practical advice and support to households who need repairs or improvements to their homes. They are defined by two key features:

- Client-centred support provided in a person's own home.
- Expertise in making changes to the physical fabric of the home.

4.2. For Gateshead Council, Foundations have been asked to design a HIA that delivers a tenure neutral service to predominantly undertake the council's statutory duty for the delivery of Disabled Facilities Grants (DFGs) as well as providing adaptations to their own stock of council houses.

4.3. Funding streams for the delivery of disabled adaptations for stock owning authorities is spilt into a calculated award for DFGs from a central government grant which forms part of the Better Care Fund (BCF) and a budget set by the council from the Housing Revenue Account (HRA).

4.4. The BCF allocation is intended to fund adaptations for owner occupiers, private tenants or tenants of registered providers. The HRA should self-fund adaptations for council stock, with provision for this being made in the 2012-13 self-financing settlement.

4.5. HIAs have long been established as best practice for residents needing help with their homes. The model detailed in this report, if implemented, should enable Gateshead to deliver their capital programmes efficiently and effectively for adaptations in a streamlined, customer focused and holistic way. Ultimately, resulting in more residents getting the help they need.

4.6. It is vital that Gateshead recognise and invest in this workstream. The preventative nature of adaptations provides significant cost saving benefits to the wider health and social care system. For example, adaptations:

- Recipients of a DFG avoid a care home placement by 4 years.[+]
- Home assessment and modification for people at high risk of a fall offers a return on investment of £3.17 to every pound spent; and a social return on investment of £7.34 to every pound spent.*
- In later life modifications made to the home can reduce difficulties with activities of daily living by 75%.*
- A holistic home intervention with lower income adults experiencing difficulties with several activities of daily living, which combined reablement support, repairs and home adaptations, found participants' physical functioning increased by 49%, depressive symptoms improved in 53% and difficulty with activities of daily living reduced by 75%.**

+Foundations Linking disabled facilities grants to social care data
** Centre for ageing better: The role of home adaptations in improving later life*
***Szanton et al (2016)*

4.7. HIAs, are however, at their core a discretionary service, residents in the private sector would not be obliged to use them and could opt out of the service should they wish.

Consideration will need to be given on what level of service will be provided to 'non-agency' grant applicants.

4.8. However, Gateshead can and should insist the HIA is used for tenants needing adaptations in their own stock as a requirement for permitting an adaptation to be installed.

4.9. Branding of a HIA is important, a 'Home Improvement Agency' is more a technical term and may not be clear to residents, members and other stakeholders what the service provides. Therefore, after feedback and consultation, it is proposed that should the recommendations set out in this report be adopted and a HIA is created, then the service should be named the 'Independent Living Team (ILT).

4.10. An agency agreement will need to be created as a fundamental requirement for residents deciding to use the service.

An agency agreement sets out the terms and conditions for the service being delivered for the client. It is, in effect, a contract between the client and Gateshead Council that clearly sets out the service being provided by the Council. It would ideally be produced by Gateshead's own in-house legal team. However, given the cohort of clients the HIA will be working with, the agreement should be, as much as feasibly possible, in plain English.

5. Capitalisation of staff costs

5.1. The principal of capitalisation of staff costs is an established practice whereby delivery of a capital project would be unachievable without having the staff or workforce required to deliver the project. This principal is commonly used in the delivery of DFGs.

It is a likely practice to be used elsewhere in Gateshead council for teams involved in capital programme of works, such as the property services departments responsible for maintaining Gateshead's own stock and portfolio of properties.

5.2. Gateshead's S151 officer would need to be in agreement with the capitalisation of the proposed ILT, but it should be accepted that the work they will be doing is a legitimate use of Revenue Expenditure Funded from Capital Under Statute (REFCUS).

5.3. Appendix 1 includes a full guidance note produced by Foundations on what can be considered capital expenditure. For ease a quick guide specially around staffing costs is as follows:

What can be included in capitalisation:

a. Staff Wages
b. On costs (National Insurance, Pensions Contributions)
c. Mileage/Fuel costs

What can't be included:

d. Corporate recharge costs (Fixed organisation costs such as offices space, IT support, HR, Etc.)
e. Recruitment expenses (Such as relocation packages or recruitment agencies)
f. Staff Training

5.4. Significantly, assuming that agreement from the S151 officer is achieved, the cost of the proposed team should not affect existing budgets and should see the team running close to zero cost to the general fund.

5.5. Another funding model that could be used for the HIA would be to charge an agency fee added to each grant awarded. This is the traditional funding model for HIAs and is defined within the Housing Renewals Grants (Services and Charges) Order 1996.

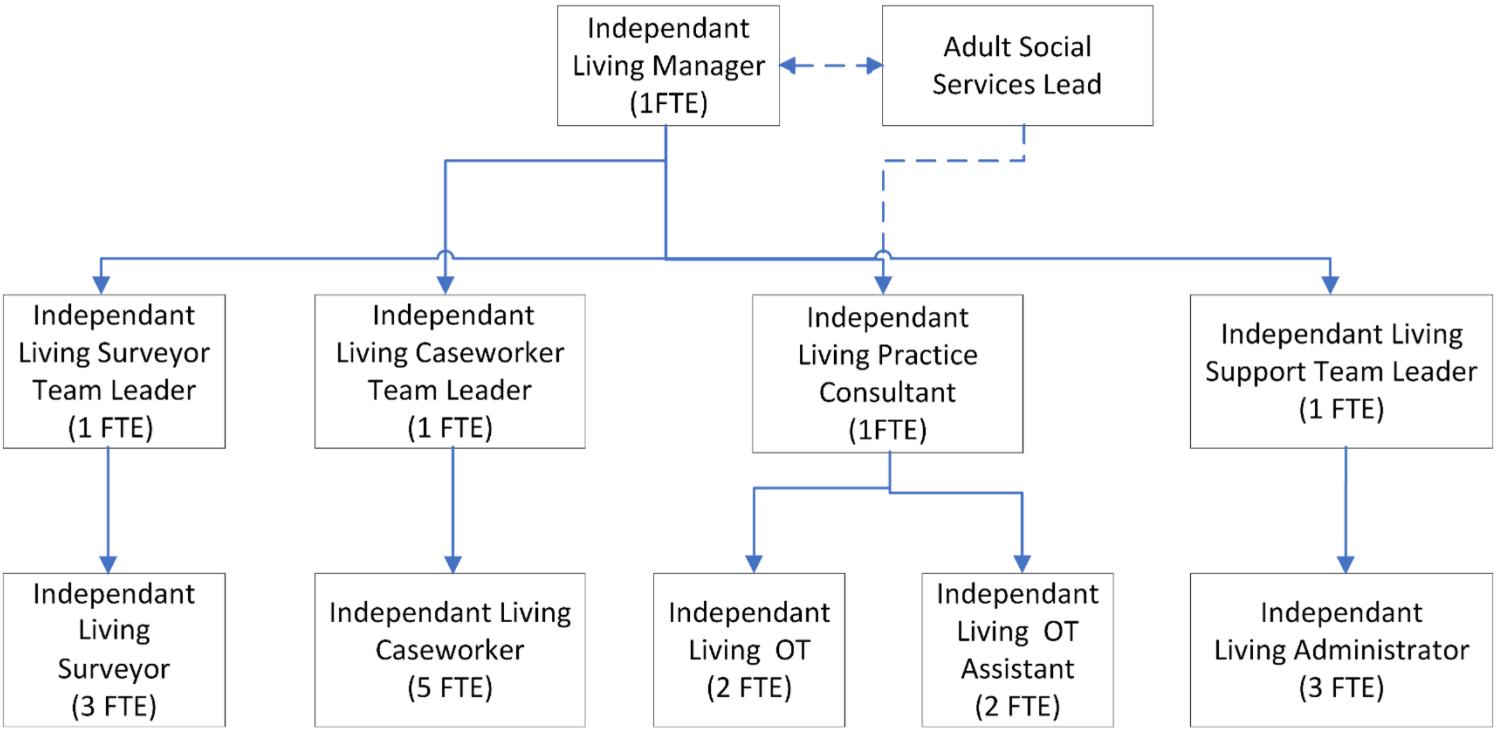
Typically, an agency fee is charged as a percentage of works being undertaken. The risk with this approach is that, in effect, the teams' costs are paid for on a performance basis i.e., the more work they deliver the more income is secured. Grant work is somewhat demand led and can be affected by many external factors. An agency fee approach has the potential to require drawing from general funds to cover any shortfall required. It also would mean that a portion of the £30k DFG limit would pay for the agency fee meaning less money being available for the required works. This approach is not recommended.

6. The Proposed Structure

6.1. The figure below sets out the proposed structure for a tenure neutral ILT delivered in-house by Gateshead Council.

Given the proposed cost neutrality of the service, there are only disadvantages in considering any other model of a HIA service (i.e., an external agency or shared service).

Figure 3



6.2. The staffing levels are based on several factors:

- The data provided.
- The government allocation towards the BCF for DFGs.
- The Current HRA capital budget for adaptations.
- Potential bottlenecks in service delivery.

At time of writing, data suggested that on average 53 assessments were being carried out a month. However, no data on demand was provided.

A crude assumption on the average cost of works, when considering the current cost of living crisis, would suggest the average works will cost circa £6,500.

When deducting the cost of the team from the budget and allowing for a full-time equivalent working 44 weeks in a calendar year, at least 10 new grants will need to be started each week.

An FTE surveyor should be able to maintain a throughput (of a mixture of complex and non-complex cases) of 5 over a 2-week period, hence the surveying resource.

Assessments are the other potential bottleneck in a HIA service. The staffing levels have been set at up to 20 assessments per week. It is recognised this is considerably more than the throughput of the surveying resource, but the level set allows for resilience in the service, an unknown dropout rate and an anticipated growth in demand that the new service (through the removal of barriers to the service) will likely see.

The caseworker resource is based against these 2 staffing levels to ensure the steady flow of work.

It is recognised that the staffing levels may need to be updated when the service is operational to reflect operational demands, but it is very unlikely a lower number of staff would be required for the service.

However, to mitigate any risk, except for the surveying staff and qualified OTs (which will be difficult to recruit to), any new appointments could be recruited to, on fixed term contracts with a view to the roles being made permanent once the establishment of the position has been determined.

6.3. Officers reported that the annual budget for HRA adaptations of £1.5m has been overspent in previous years. For a stock the size of Gateshead's, it is likely to be set too low.

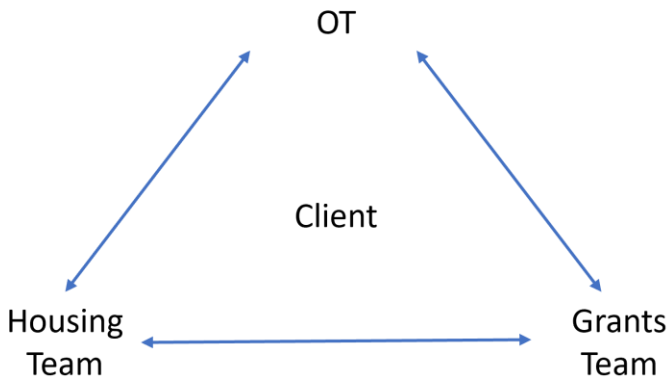
If this budget is increased, then initially the structure would likely need an additional 1 FTE surveyor and an additional 0.5 FTE OT and 0.5 FTE OTA. The case workers should be able to absorb the additional resource as their roles are based on demand rather than output.

6.4. This structure creates a single team, with all key staff involved in the delivery of disabled adaptations, reporting to a single manager who has complete autonomy and oversight of the workstream and budget.

6.5. In comparison, the current set up has officers from multiple departments and directorates working to some degree in isolation from one another as well as the different conflicting demands on their time.

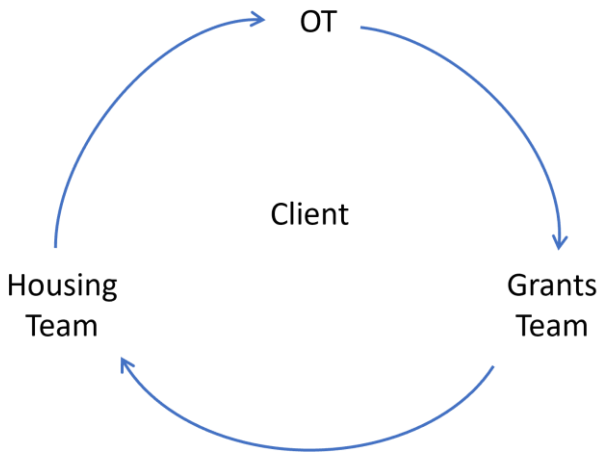
This builds in natural friction between departments, no doubt wanting the best for the client, but working within their own constraints and pressures on their time. Often this approach can lead to the client being an unwitting participant of this departmental barrier.

Figure 4



6.6. This single service approach will remove any inter departmental conflicts and ensure the client's needs are at the centre of the team's culture. Being managed by a single team naturally removes any inter departmental 'edges' and ensures the teams focus will be universally directed on the client with no other external factors affecting this.

Figure 5

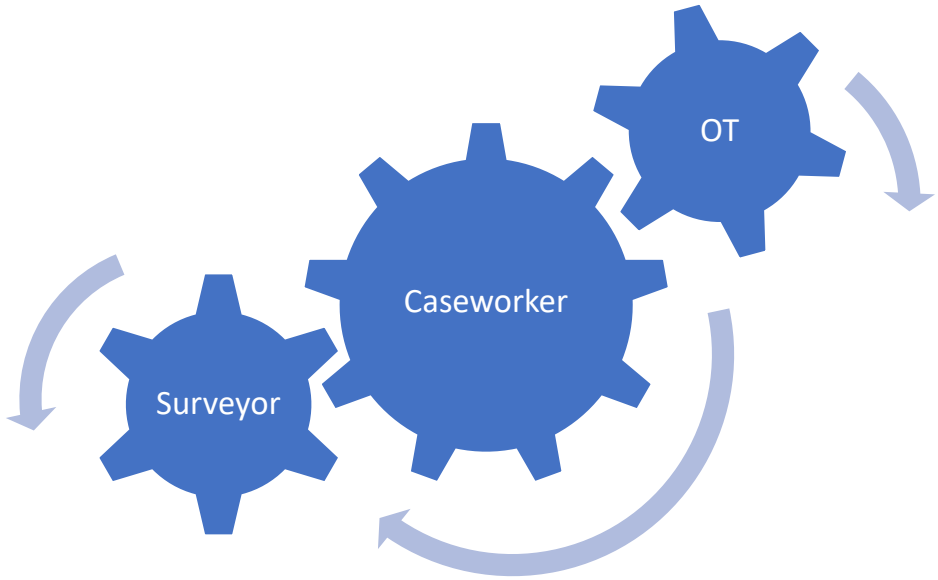


6.7. Significantly, the new service proposes to place Occupational Therapy (OT) staff within the HIA (it is assumed the HIA will be situated within the housing directorate). Placing OTs within the adaptations team, as an integrated team that fosters strong collaborative relationships between practitioners, is recognised as best practice, but is still not common, nationally within teams delivering DFGs.

6.8. Integral to the client centred ethos is the role of the caseworker. Caseworkers are arguably the most significantly important role within the structure being proposed. Their role is to ensure the smooth running of each individual case being worked on by the HIA.

They are a central cog to effective and efficient DFG delivery. They enable more costly and skilled OT and surveying staff to be more efficient and effective with their time.

Figure 6



6.9. Their role is to be the voice of the client and keep the case moving along, unpicking problems as they occur and ensuring the smooth delivery of cases.

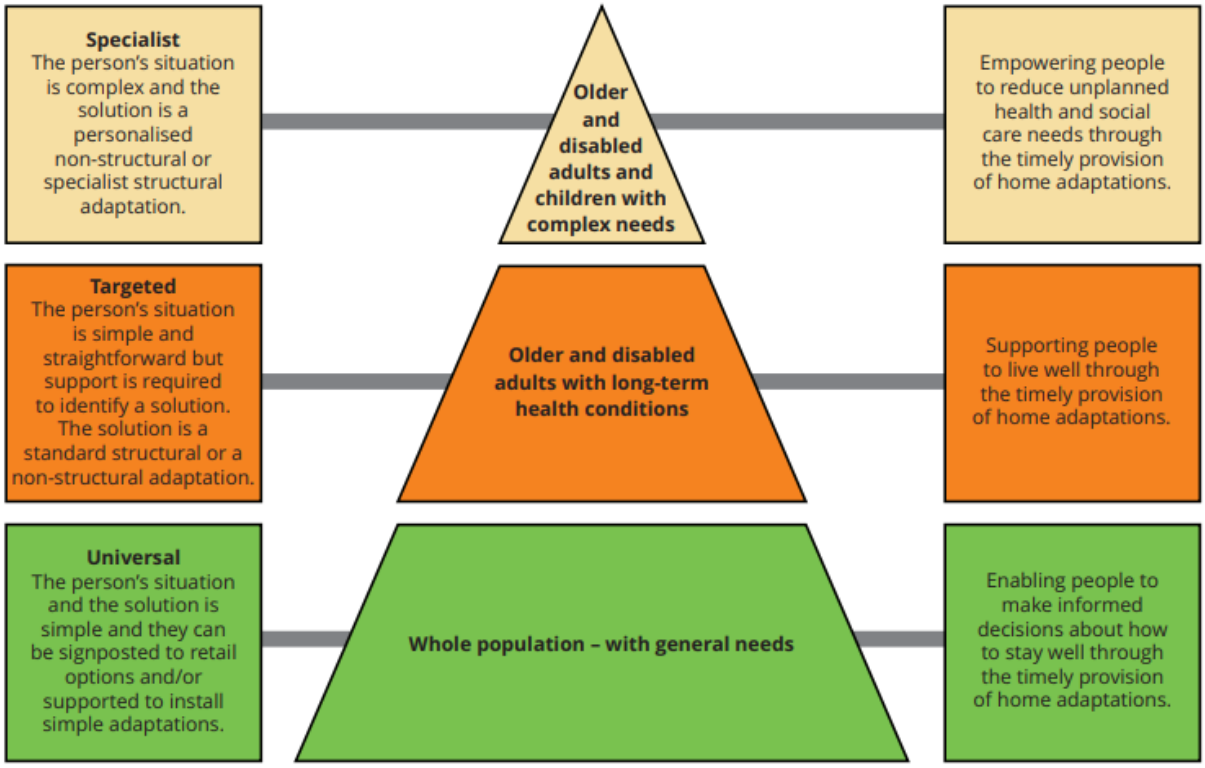
They keep the work always flowing, avoiding 'peaks and troughs' in workflow, thus ensuring a steady flow of work for contractors.

6.10. The surveying and OT staff are difficult to recruit to positions, are in shorter supply and their work can be very labour intensive often resulting in bottlenecks in the service.

6.11. By utilising caseworkers, the service will maximise the efficiency of these more skilled and costly staff and avoid hold-ups in service delivery.

6.12. The structure proposes the role of OT Assistant (OTA). This role takes advantage of the model detailed by the Royal College of Occupational Therapists 'Adaptations without Delay'. They provide an assessing resource for non-complex or 'targeted' cases, enabling the higher qualified (and paid) OT staff to focus on complex/'specialist' assessments.

Figure 7



6.13. The structure anticipates the HIA would sit within the housing service as opposed to social care.

It cannot be stressed enough that strong links with social care is developed and maintained for the HIA to be effective and to the benefit of Gateshead. There is a symbiotic relationship between the work of the HIA and social care.

The link would be grounded between a strong working relationship between a designated OT lead from Adult Social Care and the Service Manager. This is needed for 2 reasons:

- To ensure the authorities duties under the Care Act 2014 is being maintained.
- To provide ongoing clinical supervision to the Practice Consultant (this is a requirement for their Health and Care Professions Council registration and to safeguard the authority by ensuring adequate professional oversight).

6.14. The administration resource has been set at a level that includes the arrangement of small works such as grab rails and lever taps that require no technical or client-based oversight. It is a function already undertaken by the existing grants team and although not part of DFG delivery, would still make the most sense to sit within and complement the HIA service.

Again, there is an element of estimation within the level of administration staff required. Initially 2 FTEs were suggested, but after discussions with the existing officers, it was strongly felt that 3 staff members were required, particularly due

to the volume of minor adaptations requests (such as grab rails and banisters) the team will be ordering.

6.15. The role of Independent Living Support Team Leader would line manage the administration staff but would also be crucial in the teams ongoing service development. Working closely with the Independent Living Manager, their role will also lead on maintaining and improving processes and procedures as well as manage, produce and report on the performance data of the ILT.

7. Staff Roles

Independent Living Manager

7.1. The Independent Living manager would have the overall responsibility for the ILT. Their key responsibilities would be to:

- Act as the designated grants officer approving all expenditure.
- Be responsible for budget control.
- Manage the ILT.
- Form strong relationships with key stakeholders, particularly Commissioners, Social Service Leads and Primary Care Network (PCN) leads.
- Promote the ILT service.

7.2. The Service Manager should be given full financial delegated authority to authorise grants and expenditure to run the service effectively. Thought will need to be given to cases falling outside of policy and if delegation should also be given to the Independent Living Manager for this or the Service Director. As much authority as possible should be delegated to Independent Living Manager to ensure cohesive service, but this may not be in accordance with Gateshead's scheme of delegation.

7.3. It is strongly advised that the Independent Living Manager be given complete authority for determining if common adaptations (such as ramps, showers and stairlifts) in council owned properties should be permitted.

Independent Living Surveyor Team Leader

7.4. The Independent Living surveyor team leader will have the following key responsibilities:

- Line manage the Independent Living surveyors.
- Oversee the working arrangements for works undertaken directly by the council.
- Oversee the framework of contractors.
- Ensure compliance with relevant legislation.

7.5. The Independent Living Surveyor team leader will also hold a caseload of their own, albeit smaller than other surveyors due to their line management responsibilities.

Independent Living Surveyor

7.6. The Independent Living surveyors will:

- Compile schedules of rates.
- Create schedules of works (when getting quotes).
- Design straightforward extensions.
- Act as CDM principal designer.

- Make building control, planning and party wall act applications as and when necessary.
- Oversee works on site.
- Authorise unforeseen additional works.
- Sign off completed works.

Independent Living Caseworker Team Leader

7.7. The Caseworker team leader will

- Line manage the Independent Living Caseworkers.
- Support the Independent Living Manger with promotion of the ILT.
- Form strong links with key stakeholders, particularly in the voluntary sector and the PCNs.

7.8. Additionally, like the Independent Living Surveyor Team Leader, the Independent Living Caseworker Team leader would hold a caseload of their own.

Independent Living Caseworker

7.9. Independent Living Caseworkers have the following main responsibilities:

- Triage incoming referrals.
- Act as a single point of contact for clients accessing the ILT's service.
- Be an advocate for the clients to achieve the best result for them.
- Identify funding streams for clients (from the councils own grants as well as from charitable organisations).
- Ensure cases progress, unpicking barriers and preventing cases stagnating.
- Attend initial visits, pre-work meetings and any other visits to clients felt appropriate.

7.10. Caseworkers should be empowered and given the autonomy to run the cases as they see fit to meet the specific needs of the client.

Independent Living Practice Consultant

7.11. The main responsibilities of the Independent Living Practice Consultant (PC) are:

- Provide clinical supervision and line management to the OTs and OTAs.
- Field enquiries from social services and other OTs.
- Work with the Independent Living Manager and the social services lead to ensure strong relationships between the 2 services.

7.12. Like the other senior positions in the team, they would also be expected to hold an assessment caseload of their own, particularly the most complex of cases or cases which were initially assigned to an OTA but upon visiting were found to require a qualified OT.

Independent Living Occupational Therapist (OT)

7.13. The Independent Living OT will undertake the following duties:

- Establish that adaptations are the right solution and pathway for the person.
- Assess for complex adaptations.
- Order equipment.
- Deal with minor moving and handling needs.
- Work with other social care staff jointly on shared complex cases.
- Carry out reviews of completed adaptations to ensure they meet the client's needs.

Independent Living OT Assistant (OTA)

7.14. The Independent Living OTA carries out similar roles to the OT, albeit for non-complex cases. They:

- Assess for non-complex cases.
- Order equipment.
- Carry out reviews of completed adaptations to ensure they meet the client's needs.

Independent Living Support Team Leader

7.15. The support team leader is responsible for the ongoing support of the whole of the ILT, working with the Independent Living Manager to identify and implement efficiency measures, particularly from a systems point of view.

7.16. They will need a good level of IT literacy, to maintain the systems used by the ILT as well as be able to create and run reports on performance and expenditure as well as to answer any freedom of information requests.

7.17. Their main duties are:

- Line manage the Independent Living administrators.
- Maintain the ILT systems.
- Improve and streamline working procedures and process.
- Produce and run reports on the ILT's performance.
- Provide additional administration support as and when needed.

Independent Living Administrator

7.18. The Independent Living Administrators' main duties are as follows:

- Raise purchase orders.
- Create grant approvals.
- Pay invoices.
- Arrange surveys.
- Order small works/minor adaptations.

Anticipated gradings and costings

					Including on costs	
Role	**Grade**	**FTE**	**Starting Scale**	**Top of Scale**	**Total (Lowest Cost)**	**Total (Highest Cost)**
Independent Living Manager	N	1	£65,314.00	£69,522.00	£65,314.00	£69,522.00
Independent Living Surveyor Team Leader	L	1	£57,160.00	£61,232.00	£57,160.00	£61,232.00
Independent Living Surveyor	K	3	£53,082.00	£57,160.00	£159,246.00	£171,480.00
Independent Living Caseworker Team Leader	I	1	£45,356.00	£48,763.00	£45,356.00	£48,763.00
Independent Living Caseworker	H	5	£41,728.00	£45,356.00	£208,640.00	£226,780.00
Independent Living Practice Consultant	J	1	£48,763.00	£53,082.00	£48,763.00	£53,082.00
Independent Living OT	I	2	£45,356.00	£48,763.00	£90,712.00	£97,526.00
Independent Living OT assistant	G	2	£36,133.00	£39,219.00	£72,266.00	£78,438.00
Independent Living Support Team Leader	F	1	£32,854.00	£36,133.00	£32,854.00	£36,133.00
Independent Living Administrator	D	3	£28,234.00	£28,772.00	£84,702.00	£86,316.00
				Total	**£865,013.00**	**£929,272.00**
				As a % of Budget	**24%**	**26%**

7.19. The above table shows the teams cost as a percentage of the total budget for indicative purposes. HIAs were traditionally funded through an agency fee based on a percentage of the works undertaken, although not proposed for this model a percentage fee of between 24% and 26% would be considered good value for money, particularly for a service including OT assessments and administrators organising minor works, which more commonly would be financed from social services budgets.

7.20. Given that the organising of minor works is funded from a different budget, the administrators time spent on this activity could be capitalised against that budget, which would be estimated to bring the ILT cost as a percentage of the Independent Living budget down to between 22% & 24%.

7.21. The surveying roles have been graded in accordance with market demands. These roles can be very difficult to recruit to, and significantly, unlike other roles within the team, are competing with the private sector where pay tends to be higher.

The grades suggested may not be reflected when the roles are evaluated, in which case, Gateshead's market supplement policy may need to be considered.

Alternatively, the roles could be specified to focus on more straightforward works such as ramps and showers where a lower grade may suffice.

7.22. As the teams' activities will be divided between HRA activity and General Fund Activity a mechanism of time recording will need to be established to recharge appropriately against the correct budgets and capture any staff activity that could not be capitalised (and would not be considered *de minimus*).

8. Optional Roles to be considered

8.1. The following roles could be considered as part of a comprehensive service. They are, however, unlikely to meet the criteria for capitalisation, but may be able to be funded from other work streams including external funding from partner organisations, in particular the Integrated Care Board.

8.2. Each of these detailed below, would complement the service and enhance the offer to residents. They may be however, best considered in the future, should the proposals in this report be adopted, allowing the time for the core service/team to establish itself.

Strategy Officer

8.3. A Strategy Officer may not immediately seem an obvious choice for additional resource within the HIA. However, their role would be one to develop the service with partner organisations.

8.4. They would lead on funding bids as and when opportunities arise to gain external income and bolster or expand the HIA service.

8.5. They would also work closely with the Independent Living Manager and would form relationships with key stakeholders in both statutory and non-statutory services and identify gaps in service that the ILT could fulfil and source funding for them (when a bid has not been invited).

Social Prescriber

8.6. Gateshead Council already has strong links with the 3rd sector, particularly the Citizens Advice Bureaux, but at present there are no charitable organisations working in a multi-disciplinary way within the council setting.

8.7. Having social prescribers based within the ILT presents an opportunity to offer an even greater holistic solution to the health and wellbeing of clients. Social prescribers would be able to help with things like:

- Benefit entitlement checks.
- Social isolation.
- Debt advice.
- Energy advice.

Resettlement officer

8.8. Being a stock owning authority presents both opportunities and challenges for Gateshead. Moving people to homes more suitable for them, particularly tenants under occupying, could greatly assist the challenges faced by the council for housing residents needing family sized homes.

8.9. Tenants needing adaptations presents an opening to help free up family homes and moving tenants onto more appropriate accommodation. The caseworker role will support tenants move to more suitable accommodation, but their capacity and specialization in this work would be somewhat limited.

8.10. Having a dedicated resettlement officer would provide tenants with more specialist support to move, unpicking barriers to moving, expanding tenants' choices and likelihood to successfully bid on properties.

8.11. They would be able to support with practical measures too, like arranging removal men, supporting with the disposal of unneeded property and assisting with changing utilities. This dedicated help could potentially be the difference between someone moving to more appropriate accommodation or staying in their under occupied home.

8.12. The role, if adopted, would greatly benefit from having responsibility for the asset register maintenance and allocations assessment.

Hospital Discharge Co-Ordinator

8.13. This role would be to enable timely discharge from hospital when linking patients up with district council functions, particularly when a housing issue is the significant barrier to the patient being discharged in a timely manner and also helping to prevent the need to go into a planning bed or care home setting (which would likely have to be funded by the local authority).

8.14. Specifically, they would link up with the ILT to ensure that adaptations or minor alterations are put in place in a timely fashion to support residents in their own home and support them convalesce.

8.15. The role could also support with the homelessness pathways as hospitals face significant barriers when patients have no fixed abode or are street homeless.

9. Current Housing OTs

9.1. Although not part of this review it is recognised that there are already OTs at Gateshead Council outside of the social care setting, based within the housing directorate.

9.2. These 2 FTEs:

- Review medical assessment forms to determine priority on the choice based lettings register.
- Ensure properties are suitable for applicants who have a disability rating on the housing register.
- Arrange for further adaptations to allocated properties when required.

9.3. The work they do provides a great service for residents needing appropriate housing and also makes best use of Gateshead's stock, particularly with regards to helping residents move from under occupied properties to more appropriate accommodation. This brings much needed family homes back onto the register and avoids unnecessary adaptations being installed.

9.4. Given that the work these OTs do is closely aligned with the ethos of the Independent Living Service, a review should be carried out to see if their current setting is where they would be best placed within the organisation.

9.5. Placing them within the ILT offers the potential for the service to bring in some expertise of Gateshead's housing stock, housing departments, allocation policy and a good understanding of resettling clients to more appropriate accommodation. Additionally, it would give the occupational therapist resource within the ILT a greater level of resilience as well as additional peer support.

Although not covered in the job overview above, there is no reason that the workload these OTs currently carry out could not be shared amongst all the OTs within the ILT.

9.6. Also, at present there is no one that provides them with clinical supervision, other than each other. It is good practice for registered Health & Care Professional Council (HCPC) staff to have regular supervision. Being placed within the ILT would provide the infrastructure and correct line management to provide this much needed support.

10. Backlog of cases

10.1. The structure proposed above, is for a service with a blank sheet so to speak based on new cases coming through the door. It does not reflect the backlog of more than 300 cases awaiting an assessment.

10.2. At present, the backlog represents a risk to Gateshead, both reputationally, and, should an Ombudsman have warrant to investigate the service, potentially financially as well.

10.3. An improvement plan will need to be developed and implemented to work through the backlog of cases.

10.4. A reasonable timescale should be set to clear these cases. Once set, the staffing levels, needed to clear them can be set using staffing level calculations detailed above.

However, recruiting surveyors and OT staff for fixed term contracts may prove difficult to recruit to. Therefore, market supplements may need to be considered.

10.5. Funding for these posts may be able to be drawn from previous underspends of the better care fund, but a business case may need to be made for HRA activity.

11. Minor Adaptations

11.1. Minor adaptations, small, inexpensive alterations such as grab rails and additional banisters are considered to be delivered effectively in Gateshead.

11.2. They are offered free for all residents and cover alterations up to the value of £500.

11.3. A portal has been created that professionals across the Health and Social Care system can access to request minor adaptations.

11.4. This portal sends a request to the current grants team who arrange the works to be carried out, either through construction services or with Registered Providers (who may cover the cost of works themselves).

11.5. Residents coming through social care's front door requiring minor adaptations are assessed and recommended by a Social Work Auxiliary. They also use the same portal to request this work.

11.6. The arrangements in place appear to work well. This report does not recommend any changes to the already established process.

12. The Gateshead OT Review

12.1. It is acknowledged that there has been a wider piece of work undertaken in Gateshead looking at occupational therapy across the system.

12.2. The review proposes ‘Trusted Assessors’ are expanded, potentially to incorporate recommendations for adaptations.

12.3. Trusted Assessors in the context of the review are Occupational Therapists who are in different settings, for example hospital-based OTs, trained to undertake assessments for adaptations and provide a recommendation to the council. This negates the need for multiple OTs to be involved with a client, avoids over-assessment, and improves the customer journey.

12.4. The review and specifically the proposal for trusted assessors does offer benefits for residents, Gateshead Council and system partners that will complement the proposed service, but it will take time to upskill Health OTs as well as to implement.

12.5. The focus for Gateshead at this time needs to be on improving the statutory duty of DFGs (and adaptations within stock owned properties), however, once the Independent Living Manager is in post, work can begin on establishing relationships with health colleagues as well as implementing clear and easy to access pathways into the Independent Living Service.

The working model detailed below suggests, simple, quick to use, secure ways for health care professionals to refer into the service.

13. The Working Model

13.1. This section should be read in conjunction with attached document ‘Gateshead ILT workflow’ and provides a ‘manual’ of sorts in how the ILT should operate.

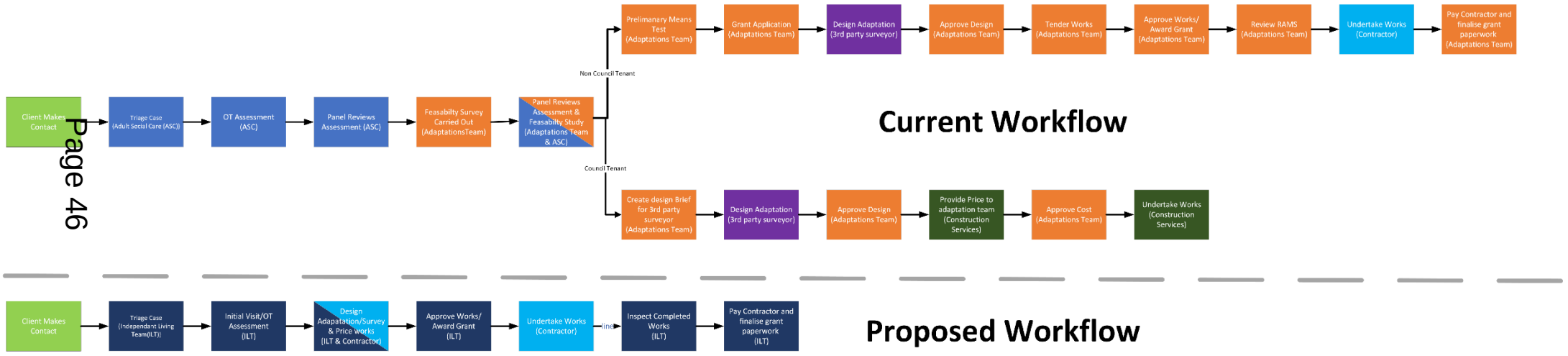
13.2. The proposed workflow is for the tenure neutral ILT team and is based on clients needing adaptations for their homes. The principles outlined in the workflow are fairly universal, but should other forms of assistances be offered by the ILT, for example, works to tackle disrepair or hazards in the home, then the workflow would need to be amended to reflect this.

13.3. The structure detailed above coupled with this proposed working model will deliver greater efficiencies in service delivery times, the number of adaptations completed and a greater customer/client/tenant experience.

In short, if implemented, Gateshead should see more residents supported, in a quicker timescale at a cost that is likely to be a saving to the general fund (when compared to the current set up).

13.4. For comparison purposes only the below diagram shows a simplified version of the workflow alongside the simplified existing workflow shown in section 2 of this report:

Figure 8


Client Makes Contact
Triage Case (Adult Social Care (ASC))
OT Assessment (ASC)
Panel Reviews Assessment (ASC)
Feasability Survey Carried Out (AdaptationsTeam)
Panel Reviews Assessment & Feasability Study (Adaptations Team & ASC)
Non Council Tenant
Prelimanary Means Test (Adaptations Team)
Grant Application (Adaptations Team)
Design Adaptation (3rd party surveyor)
Approve Design (Adaptations Team)
Tender Works (Adaptations Team)
Approve Works/ Award Grant (Adaptations Team)
Review RAMS (Adaptations Team)
Undertake Works (Contractor)
Pay Contractor and finalise grant paperwork (Adaptations Team)
Council Tenant
Create design Brief for 3rd party surveyor (Adaptations Team)
Design Adaptation (3rd party surveyor)
Approve Design (Adaptations Team)
Provide Price to adaptation team (Construction Services)
Approve Cost (Adaptations Team)
Undertake Works (Construction Services)
Current Workflow
Client Makes Contact
Triage Case (Independant Living Team(ILT))
Initial Visit/OT Assessment (ILT)
Design Adaptation/Survey & Price works (ILT & Contractor)
Approve Works/ Award Grant (ILT)
Undertake Works (Contractor)
Inspect Completed Works (ILT)
Pay Contractor and finalise grant paperwork (ILT)
Proposed Workflow

13.5. The model incorporates three major principles for the service to work. They are:

- Adaptations first.
- The right resource carrying out the right activity at the correct time. Or to put into more plain English, everyone does their bit when needed.
- Diaries, appointments and work will be shared between the team.

13.6. Fundamentally, what is meant by adaptations first is a recognition of the preventative nature of adaptations and how by doing something early, will prevent more costly interventions in the future. The approach outlined in the workflow is to remove as many barriers or gateposts to the service and enable the client to access a service as quickly as possible.

First point of contact

13.7. The workflow shows that when a referral or call comes in for an adaptation the details will be passed immediately to the ILT to explore this further.

13.8. Other than this, there is no other proposed change to the social care 'front door' and all other social care work would remain unchanged.

13.9. Development work would be required at a granular level so front door staff understand this referral pathway. There would also likely be the need to develop a way of screening cases at first contact for clients who require adaptations to prevent, reduce, or delay health and social care needs from those who require other social care input or who request an assessment under the Care Act (2014) to identify eligible needs.

13.10. A service standard would need to be agreed on when the ILT would call the client back, typically 3 days response times are appropriate, but Gateshead may have an overarching service response time that the ILT would need to work to.

When passing the case to the ILT, the customer contact centre would need to make the client aware that someone will be in contact within the agreed time.

13.11. At times of high demand where return call cannot be made within service standard response times, a holding letter could be sent on the same day of referral.

Cases not initially identified as requiring an adaptation

13.12. The workflow identifies that not all cases will be identified as requiring adaptations at first point of contact and there will be instances that initially need input from social care OTs for other aspects of occupational therapy, for example moving and handling and/or reablement work.

13.13. When social care OTs identify an adaptation is required, if the case is straightforward then a recommendation can be made into the ILT for the team to progress. The workflow requires them to keep the OT informed of progress and arrange for the OT to conduct a review once works are completed.

13.14. As the ILT and this workflow matures, non ILT OTs will have limited exposure to adaptations. For complex situations the workflow proposed that when an adaptation is needed that has initially gone to the social care department, then it is joint worked with the ILT OTs working in partnership with social care OTs. Giving clients consistency with the professionals they are used to seeing whilst drawing upon the specialism in adaptations the ILT's OTs will bring, as well as sharing knowledge and experience across the organisation.

Webform

13.15. A webform form should also be developed for digital self-referrals from clients, their friends, family or another professional. The webform should be simple to use and request as little information as possible and have conditional formatting to only ask relevant questions depending on how questions are answered. We would recommend limiting the information requested to:

- Who are you (Self-referral, family member, friend, professional).
- Name, telephone number and email address of referrer (if applicable).
- Name, address, telephone number and email address of client.
- Reason for enquiry (free text box, with a character limit).
- What other ways has the person tried to address their problems.

13.16. The webform should also incorporate an easy to remember 'friendly URL' for example www.gateshead.gov.uk/adpatations

Email referrals

13.17. An easy to remember email address (for example independantliving@gateshead.gov.uk) should also be created and widely shared with professionals to contact the team (although referrals should be encouraged through the webform).

Duty number

13.18. Consideration could also be given to having a duty number for professionals to contact and get service updates – although referrals should not be accepted through this route.

Triage

13.19. Triage will be undertaken by a caseworker. Triage would capture necessary information to establish the need of the client and how to proceed with the case as well as explain to the client the DFG and the service being offered by the ILT. This triage model is based around removing barriers to service and maximising the delivery of DFGs in terms of number of DFGs awarded and the speed of the delivery.

13.20. A caseworker carrying out triage should have sufficient permissions to access the council's benefits system or DWPs 'spotlight' benefit system. A benefits check should be carried out prior to triaging to establish if the client is on a passporting benefit.

13.21. A systems-based approach to capturing the triage information will be imperative to accurately capturing performance data for the newly established service.

13.22. Key to triage will be to establish who will undertake the assessment, an OTA or OT. The model proposed follows the guidelines outlined in RCOTs adaptations without delay. Namely OTs should be reserved for complex assessments.

Complex assessments are cases where the client:

- Is a child.
- Has a neurological condition.
- Is a full-time wheel chair user.
- Has had an amputation of a limb.

13.23. Triage will also need to establish the urgency with which a visit should be offered. Cases where the clients are in a palliative situation or have an extremely life limiting condition such as MND should be offered a visit as soon as practically possible.

Guidance on timescales can be found in DLUHCs 'Disabled Facilities Grant delivery: Guidance for Local Authorities in England' (Disabled Facilities Grant (DFG) delivery: Guidance for Local Authorities in England (publishing.service.gov.uk)) sets out anticipated timescales for this. It may be in certain circumstances that an additional visit slot needs to be created or a visit already booked in, be postponed and replaced with urgent cases. The Independent Living Manager will need to make the appropriate judgement on this.

If an additional visit slot is created, a visit slot in the future should be removed to allow for officers to keep on top of their workload.

13.24. Diaries will need to be set up with designated visit slots for all officers who undertake visits to client's homes. It is anticipated that because of the use of caseworkers this working model will maximise the efficiency of OTs and OTAs and it should be expected that an OT would be able to undertake 4 new assessments per a week and 6 for an OTA.

13.25. Once triage has been undertaken and the relevant information gathered and the need for a visit and who should visit is established, a joint visit with a caseworker and OT/OTA should be offered to the client from the next available visit slot or another slot that is more convenient for them. Wherever possible visit slots should always be fully utilised to maximise officer efficiency especially in regard to OTs and OTAs.

13.26. The caseworker triaging may or may not assign themselves as the caseworker to the client. Unless there is good reason to, caseworkers should be assigned based on the soonest availability. It should be made explicitly clear to the client that the assigned caseworker who will undertake their initial visit will be their single point of contact throughout the time they are accessing the ILT's service.

13.27. After the visit has been arranged the caseworker should confirm the visit in writing. This letter should again clarify who the client's caseworker is and their direct telephone number. It may be worth considering avoiding any other person's name and telephone number on the letter (for example the person producing the letter) to avoid confusion for the client and to reinforce their single point of contact. The letter could be addressed from the ILT or the Independent Living Manager.

13.28. The caseworker who arranged the visit should then compile the necessary paperwork that will be needed for the visit. Specifically:

- The agency agreement.
- The DFG Application form.
- The DFG owner's certificate.
- The DFG tenant's certificate.
- A GDPR agreement and the privacy notice.

A systems-based approach is advised for compiling this paperwork to prepopulate as much information as possible to avoid unnecessary work whilst on the visit.

13.29. If not a council owned property, the caseworker will also run a land registry search with the results held on file to establish ownership. Access to land registries business e-service (https://eservices.landregistry.gov.uk/) should be arranged for all caseworkers to achieve this.

13.30. It is not uncommon for clients whilst working with the ILT to come back through the social care 'front door' either directly or through professional involvement. Therefore, it would be beneficial for the caseworker to then update the Care First system to show the professional involvement of the ILT and who the relevant officers are who will be working with the client.

13.31. If the resources of the team have been calculated correctly, an initial visit should be carried out in circa 15 working days from initial contact (if there is no waiting list inherited by the new service).

Covid

13.32. Although Covid has changed the way services operate, virtual assessments and working over the phone with clients is not advised. The cohort of clients accessing the ILT will typically be vulnerable people who often do not have access to, or the ability to use, video calling facilities.

Even when clients are able to utilise video calling or have the support of a family member who can aid this, the quality of the assessment of the OT/OTA is compromised and the fundamental nature of the caseworker role in establishing a good relationship with the client is hindered. Visits to a client's home is now on the whole considered safe to do (although it is unknown what Gateshead risk assessment considered safe) hence the working model always offering clients face to face visits and assessments, although a safeguard should be implemented to always contact clients when going to visit them to ensure they are well enough for a visit.

Preliminary Test of Resources

13.33. Based on Gateshead current policy, Gateshead may wish to consider pausing triage for non-passporting clients sending a Preliminary Test of Resources (PTOR) to establish if clients will have a significant contribution towards any DFG.

PTORs are a barrier to the service that the proposed workflow tries to avoid. They also create additional work for the team and give the potential for a bottleneck in the service.

It is strongly recommended that Gateshead's financial assistance policy be amended (see policy section of this report) to avoid the need for PTOR.

The Initial Visit

13.34. The initial visit should go over the service being offered by the ILT, the T&Cs of the DFG and establish the need and eligibility of the client for a DFG. It should be caseworker led who should holistically work with the client to identify their goals and see how the service can help them achieve them.

13.35. Particularly for tenants of the council (or for properties where the council has nomination rights), where the tenant(s) are under occupying, the caseworker should explore with the client their openness to moving to more suitable accommodation. The approach should be one of using their disability as a carrot to move somewhere more suitable for them as opposed to a stick.

I.e., if the client does not want to move then their adaptation need should not be withheld as undoubtably adapting their home to suit their needs is better for the council overall, particularly social services.

Time should be taken with the client to fully explore the possibility of moving and what their perceived barriers are. They should clearly understand the preferential banding they will be given to moving to a more suitable property and how the ILT would help and assist them if they did decide to move.

13.36. Relevant information should be gathered, such as their intention to remain living in the property for the grant period as well as their financial information being captured in the cases where they are not in receipt of a passporting benefit.

13.37. For owner occupiers and tenants of registered providers or private landlords it should be made clear to the client that the ILT service is a discretionary service and not a requirement of the DFG and that clients could go 'non-agency'.

Although tenants of the council can technically apply for a DFG without signing up to the ILT service, as a landlord wishing to ensure a set level of quality within their asset, if the question arises, it should be explained to tenants that landlord permission will only be granted when the ILT service is used.

13.38. The OT/OTA should gather the required information for sound clinical reasoning of what adaptations are needed for the client (if any). They will need to gather all relevant information to ensure quality assurance for the council. Additionally, they should identify any equipment needs and if there is the need for any significant moving and handling or reablement work.

13.39. If possible, where they are able to form a complete idea of the client's adaptation requirements, they can inform them of their findings on the visit.

13.40. The caseworker should finalise the visit by explaining what the next steps will be for the client.

Post Visit

13.41. The caseworker should follow up the visit with a 'next steps' letter or email detailing what the next steps will be.

13.42. Being an integrated multi-disciplinary team means that if the OT/OTA is clear on the need for an adaptation there is no need to wait for them to write up their assessment and recommendation. That work can be done in parallel to the case proceeding forward.

Clients wanting to move

13.43. For cases where the clients want to move, the OT/OTA should produce a housing needs report to assist with getting the client the appropriate banding on the CBL register.

13.44. Once the client is registered and given the appropriate banding, the caseworker should continue to engage with the client to highlight appropriate properties coming available on the register, encourage them to maximise their chances of achieving a successful bid (i.e., work with them to broaden their scope of areas and properties they would consider) and where appropriate, assist them with bidding on properties.

13.45. To aid caseworkers in this work, access on the NEC system to the bidding module should be given.

13.46. Once the client has been shortlisted for a property of their choosing, The caseworker and, depending on the situation, the OT/OTA or a surveyor could

support the client by attending the viewing with them to see if the property is suitable or could easily be made suitable.

13.47. Once the client has secured a move, they then may need adaptations provided to their new home and the workflow should proceed to the adaptation stages.

13.48. Not shown on the workflow, but when there are barriers in the way of being able to join the housing register, such as significant rent arrears, the caseworker should work with the client to try and remove those barriers, for example helping them engage with the income team to establish a repayment plan.

In certain cases, when the need to move is urgent or imperative to the client's health and wellbeing, the Service Manager and/or the caseworker may need to work with the housing options manager to try and overcome these barriers and come to a pragmatic solution. For example, a direct let to a more suitable property could be awarded.

OT/OTA Write Up

13.49. Running parallel to any adaptation or moving requirement the OT/OTA should write up their assessment and recommendation.

13.50. The OT recommendation should aim to be descriptive, rather than prescriptive. By this, it is meant that the OT should not be detailing how any work should be done but rather what the client needs, and the parameters needed to meet the client's needs.

i.e. rather than state 'the existing bathroom should be replaced with a level access shower, with the toilet situated in the right hand corner and the shower to the left hand wall' the OT should recommend 'the client needs access to a level access shower facility. The client will need a turning circle of 900m'.

This approach to recommendations will ensure that the HIA surveyor has the flexibility to determine how to provide the works in the most necessary and appropriate way utilising their skills as a surveyor.

13.51. As well as being recorded on the primary ILT system, these documents should also be recorded on the social services Care First system. This 'double handling' of information is a necessary and important requirement to ensure social services have readily available information on what is happening with the client.

13.52. If possible, a system-based solution should be investigated to automate this double handling of information. However, even if this cannot be achieved, the duplication should not be too laborious as the information should easily be copied and pasted between the two systems.

13.53. In cases where it is identified that there is a need for other schools of occupational therapy intervention, such as significant moving and handling needs, a referral should be made to the social care OT team for them to pick up.

Equipment or minor works

13.54. If it's identified during the visit that the client's needs can be met from a piece of equipment or some minor adaptations such as grabrails then these should be arranged as quickly as possible with no requirement for any paperwork to be completed.

13.55. Pieces of equipment should be ordered by the OT/OTA accessing the equipment contract Gateshead has in place.

13.56. Minor adaptations should be ordered by an administrator via the Northgate system.

13.57. As there is a mechanism for small adaptations to be carried out by the councils' in-house operatives for tenants, if possible Gateshead should explore the possibility of these same personnel delivering the equivalent works for the private sector.

13.58. Any works carried out in this way would need a recharge mechanism to ensure the BCF and not the HRA is financing the work.

Proceeding with Straightforward Adaptations

13.59. In order to deliver a swift, efficient and effective service the workflow places an emphasis on programming in works in advance of surveying them.

13.60. This approach will only work if the procurement recommendations outlined in section 10 are adopted.

13.61. For council owned properties where the works are going to be undertaken by the councils' in-house trades, the same approach should be followed, with the HIA working with them in the same fashion as they would a private contractor.

13.62. This method is for works that would be considered straight forward adaptations (typically ramps and level access showers).

13.63. Once a caseworker passes a case through, the senior technical officer will determine from the information available if the proposed works fall within these criteria. If they do, they will then decide which surveyor will be assigned the survey.

13.64. An administrator will then arrange the joint survey (with the surveyor and contractor), pre works meeting and start date with the client and contractor. When arranging this, they would need to work backwards from a proposed start date which should normally be in 5 to 6 weeks from that point.

However, Gateshead will need to determine the capacity of the viable number of works in progress. Based on the current budgets the minimum number of works on site at any given time should be at least 9 new projects starting each week. With each set of works usually taking 2 weeks, Gateshead should be aiming for between 18 and 25 works on site at any given time. 25 being the maximum.

13.65. The pre works meeting should take place approximately a week prior to the proposed start date and the survey a fortnight before then.

13.66. Once the dates are agreed, the administrator will then programme the relevant dates in each person's diary. It is advised that the works on site diary entry is sent to the whole team so every officer is aware of what works are on site. A letter or email should be sent to the client confirming the dates as well as an equivalent email to the nominated contractor.

13.67. During the survey, the surveyor will design the adaptation and the contractor and surveyor will jointly agree the schedule rates for the works. Where the schedule of rates (SOR) does not have a relevant item covering an aspect of the work required the contractor will need to provide the surveyor with a miscellaneous price for that item to be added to the schedule.

13.68. The HIA will act as a Principal Designer for the works as defined by the Construction Design Management Regulations 2015. To meet their obligations in this regard the surveyor will also need to identify the relevant health and safety information during the survey for them to compile the 'pre-construction information'.

This will likely require a localised Risk and Design Asbestos survey to be arranged. For council owned properties there may be a register in place that already has this information.

13.69. After the survey the surveyor will need to finalise the schedule, any associated drawings and pre-construction information as well as submit a building control notification.

13.70. The caseworker would then check all the necessary paperwork is in order to award the grant to the client. Once complete an administrator will raise an order on Gateshead's finance system. The Service Manager will then authorise the expenditure.

13.71. Once authorised, an administrator will produce the grant award and send to the client. They will also provide the contractor with all the documentation compiled by the surveyor as well as the purchase order number.

13.72. If during the survey it is apparent the works are too complex for the timescales arranged to be stuck to, the surveyor should notify the contractor and complete the survey designing the required work and compiling the schedule.

When this occurs, the surveyor will need to notify the caseworker and an administrator as soon as possible so they can formally notify the client and contractor respectively.

More complex adaptations

13.73. For more complex work, the workflow alters slightly but the principles remain the same.

13.74. The surveyor would undertake a survey on their own. Wherever possible they should attempt to use the SOR, but for larger works, this may be impracticable, or the rates would be disproportionality expensive for the works being carried out.

When this occurs, the surveyor would produce a schedule of works and a mini competition should be run with contractors from the framework to ensure best value is achieved.

13.75. If the SOR is used then the chosen contractor should be offered the chance to visit the site to check they are in agreement with the SOR produced.

13.76. Not shown within the workflow, but at the stage 'Compile schedule, arrange building control, compile CDM information and any planning requirements. It may be practical for the surveyor to produce an options appraisal for larger schemes for approval from the Service Manager. This would demonstrate all options have been considered when schemes are likely to be considerably above the average grant award.

13.77. For more complex adaptations that would fundamentally alter a council owned property (such as extensions or adaptations that would reduce the number of bedrooms) a more joined up approach to decision making will be required. The views of colleagues from the stock management team, the allocations team and social services will be required to form a cohesive decision that is in the best interest of Gateshead overall.

The role of the ILT sometimes will conflict with the needs of the council as a landlord. Making the correct decision with all relevant parties involved will alleviate any potential friction and challenge to the authority further down the line.

Works requiring no technical input

13.78. For straight forward works there should be no requirement for surveyor input.

13.79. This would normally be stairlifts, but could be very straightforward small ramps, half height steps or any other simplistic work that requires no technical oversight.

13.80. The works should be straightforward enough for the caseworker to produce a simple schedule of works detailing to the contractor what is required. An administrator would then arrange for a quote to be received.

13.81. These works should not require a pre-works meeting, unless the caseworker feels it is warranted (but this should only be in exceptional circumstances) and once instructed, the contractor should be able make arrangements to carry out the works directly with the client.

Pre works meeting

13.82. A pre-works meeting is crucial to the smooth running of a contract whilst the works are on site. They provide the opportunity to confirm to the client what works are going to be undertaken as well as answer any questions they may have.

13.83. Significantly, the workflow proposes this meeting is conducted between the caseworker, client and the contractor. The caseworker is utilised for this (as opposed to the surveyor) to ensure the conversation is in lay persons speak so the client can fully understand everything that will be happening in their home.

The caseworker may choose to have the surveyor join them for a pre-works meeting, but this should be at their discretion and should normally only be needed in cases where the works are complex.

13.84. This is not an exhaustive list, but the pre works meeting should cover:

- Hours of work.
- Start date.
- Anticipated finish date.
- Details of the work being carried out.
- Where the client will go to the toilet during the works.
- Is a chemical toilet or commode needed.
- Safe working areas.
- Client specific queries.
- Parking arrangements.
- Use of power and water.

13.85. The caseworker needs to be the voice of the client during the pre-works meeting. They must ensure questions that the client should ask but may not think to, or have the courage to ask, are asked of the contractor.

13.86. The case worker would then produce a contract ‘call off’ document for the contractor setting out the agreed schedule, costs and timescales under the terms and conditions of the framework.

Building Control

13.87. The ILT may wish to negotiate with the relevant building control department as to whether delegated authority should be given to the HIA surveyors for straightforward works where the reason for building control certification is down to drainage connections.

13.88. Having building control oversight is helpful in some occasions, particularly as they can be an independent department to the ILT in cases where there is disputes between the client and ILT. Therefore, it is advised not to seek delegated authority initially.

13.89. This can be revisited at a later date when the ILT is more established and confident in its work.

Works on site

13.90. Regular site visits should be undertaken whilst works are being carried out in a person's home. This is a core principle of a ILT. Ideally at least 2 site inspections should occur in a working week. By doing this, potential issues can be headed off early which avoids costly and timely interventions later on.

13.91. Surveyors also need to be available to attend site at the request of contractors, especially to approve and authorise any unforeseen works as and when they occur.

13.92. To enable regular site visits, it would be impractical for each individual survey to inspect their respective works. Therefore visits to works whilst they are being undertaken should be shared between the surveyors.

13.93. A rota system, for who is carrying out site visits, who is available to survey new cases and who is office based, is an effective way to manage this and would ensure the administrator knows who is available when booking in surveys, the same way that visit slots for caseworkers and OTs/OTAs is suggested.

13.94. A final site inspection should always be carried out to ensure compliance with the schedule and to make sure the finish is of a quality expected by the council.

13.95. Defects found should be addressed through a 'snagging' list provided to the contractor. The contract with them should set out service standards for how quick remedial action should be carried out.

OT/OTA review

13.96. Once the works have been practically finished a review should be undertaken by the OT or OTA who made the recommendation to check the adaptation is meeting the client's needs.

13.97. Equipment, if needed, should then be ordered for the client. Discretion could be used to either conduct this review in person or over the phone, although for complex cases a face-to-face review should always be carried out.

13.98. In certain circumstances, additional works or amendments to the works installed may be identified. When this occurs the surveyor should instruct the contractor who carried out the work to make the alterations or changes required. There should be no need to carry out a further survey or track back in the workflow.

Considerations for council adaptations

13.99. A procedure should be put in place for adaptations in council owned properties to:

- Update the asset register.
- Ensure a maintenance regime is put in place, with annual maintenance arrangements made for stairlifts, wash/dry toilets, through floor lifts and ceiling track hoists.

- Have a clear procedure for repairs if an external contractor is used.
- Hand over relevant operational and maintenance documentation as well as any H&S file as and when needed.

Closing the case

13.100. At the point of case closure, the caseworker should capture outcomes achieved, these outcomes should be developed with commissioning partners to effectively demonstrate the value of the ILT and the works provided.

13.101. The types of outcomes captured should be agreed at a local level, but could incorporate things like cases where the ILT:

- prevented carer breakdown.
- Avoided a care home placement.
- Avoided an admission to hospital.
- Assisted in the discharge from hospital.
- Supported to move to more suitable accommodation.
- Maximised income/benefits.

Customer satisfaction survey

13.102. A customer satisfaction survey 3 months after the completion of works is considered good practice.

13.103. Leaving 3 months allows the client to use the adaptation provided and gives them the opportunity to raise any issues, be it defects with the work or issues with the adaptation making it not suitable for them.

13.104. It should be voluntary for clients to return, and consideration could be given to capturing self-assessed health and wellbeing information (such as the DIALOG+ approach) at triage and asking the same questions 3 months after the HIA has finished working with them. This could provide some additional powerful performance data on the effectiveness of the HIA at a local level.

14. Policy

14.1. In addition to the statutory DFG Gateshead's adaptation policy provides:

- Assistance with moving.
- Removing the means tests for stairlifts.
- Repairs grant of up to £15k.
- Minor works of less than £1k (the social care capital grant).
- Provide an additional discretionary DFG for children with shared custody.

14.2. Gateshead also exercise their right to reclaim up to £10k of DFGs in certain circumstances.

14.3. Furthermore, there is a mechanism and commitment to awarding grants in as timely a manner as possible for emergency cases (critical fast track).

14.4. There does not appear to be any distinct policy around permitting or refusing adaptations within council owned properties.

14.5. Tenants can apply directly to Gateshead for an adaptation, where presumably these are provided outside of the formal mechanisms of the DFG. It is unclear what scope of works are offered via this route for an adaptation.

14.6. A lack of policy for deciding when adaptations within their own stock should be permitted represents a risk to Gateshead, especially if one were to be refused. If one does not exist, a policy should be created as soon as feasibly possible and published on the council's website.

14.7. Gateshead Council has struggled to spend their allocation of the Better Care Fund for DFGs. Therefore, it is recommended that the current financial assistances offered be reviewed and a more generous policy be created to maximise expenditure for the benefit of Gateshead's residents.

14.8. Types of assistances that should be considered are as follows:

- A non means tested adaptation grant of up to a certain value or a grant that pays an amount towards a calculated contribution.
- A dedicated hospital discharge/prevention grant.
- Increasing the offer for home repairs assistance.
- Grants to assist low-income households with the rising cost of living, particularly around old and inefficient boilers.

14.9. Thought should also be given to the benefit of reclaiming grants in the event of owner occupiers moving homes. This can be seen by clients as a barrier to proceeding with an adaptation provided. Analysis should be undertaken as to the amount of monies reclaimed and if there is the need to recycle the money into the BCF pot.

15. Procurement

15.1. Currently for private sector DFGs, the works are tendered on a case-by-case basis via an online platform ran by North Eastern Procurement Organisation (NEPO).

15.2. Officers reported difficulty in getting contractors to price for works, with often only one supplier supplying a price, which in turn leads to difficulty on the lead times of contractors from having such a small pool of suppliers.

15.3. For council stock adaptations, the council's own in-house works teams deliver the works. These works are costed and recharged through a schedule of rates basis.

15.4. The current arrangement of going out to quote could be greatly improved by procuring a framework of contractors, operating on a schedule of rates.

The frameworks sets out the overarching contractual terms and conditions for awarding works to a supplier. It does not guarantee contractors any work, but gives them assurances that if work needs doing, it would be ringfenced to the contractors on the framework.

The Schedule of Rates (SOR) is a set of pre agreed prices for the building components required to carry out the required building works. In the context of DFGs it is, in effect, a menu for building adaptations.

15.5. Gateshead would need to explore what their individual requirements would be for a framework. There are 'off the shelf' frameworks in common use.

15.6. A common framework used by HIAs, which could be considered by Gateshead, would be the Joint Contracts Tribunal (JCT) Framework Agreement 2016.

15.7. There are also options with the schedule of rates. Foundations could arrange for one to be supplied to you that another local authority already uses, Gateshead could create their own SOR or there are off the shelf solutions available which Gateshead may already be using for their responsive repairs and void work, such as the National Housing Federations M3NHF schedule of rates (This is unlikely to be financially viable if not already purchased and in use).

15.8. For a budget the size of Gateshead, for their private sector work, approximately 15 local small and medium-sized enterprises (SMEs) should be procured for the framework.

15.9. It is recognised that Gateshead has historically had difficulty in finding suppliers. To achieve a successful procurement exercise, significant market engagement will need to be undertaken.

15.10. Local SMEs will need to be approached and encouraged to submit a tender submission for the framework, if necessary, support and guidance may need to

be provided to suppliers to help them go through the process of submitting a tender application, which is something local SMEs may not be familiar with.

15.11. Another option, which could be considered, would be a dynamic purchasing system that is already operational and could be rolled out into Gateshead. Independence Community Interest Company is one such organisation set up for and specialising in DFG work (https://www.incic.org.uk/).

15.12. Given the size of Gateshead's budget, a framework developed and managed locally would be the recommended approach.

15.13. Gateshead will also need to procure a supplier for asbestos testing. This should be a fairly straightforward procurement exercise for a single supplier contract.

15.14. The specification will need fixed prices for localised risk and design surveys that can be carried out and results returned in a sufficient timeframe to not impede work.

15.15. It may be that Gateshead already has in-house workmen undertaking this work for council owned assets. If this is the case, then discussions with the relevant department should be held to see if it is possible for this team to carry out the work for DFGs in the private sector (and recharged from the DFG budget).

16. Systems

16.1. At time of writing Gateshead are already going through a comprehensive ICT review.

16.2. The outcomes of this review will no doubt set the principle for what systems should be used by the ILT. Therefore, this report will not go into too much detail on this area.

16.3. For the benefit of the review, in order to maximise efficiency of the proposed workflow, the HIA would greatly benefit from a ‘workflow system’ which easily transfers processes or cases easily and automatically between users as a process flows from stage to stage.

16.4. There has been a lack of readily available data in undertaking this review. In addition to the workflow, any system implemented will also need to be able to easily report on data around key timescales, spend, commitment and outcomes achieved.

16.5. If the HIA should need a standalone system, then a demonstration of Foundations Case Manager could be arranged.

16.6. Irrespective of the ICT review, it is recommended that if not already being used, ’Ferret Renovator’ be purchased for carrying out means tests.

Ferrets’ software is the industry standard for carrying out means tests, and its licenses are very inexpensive (and if required, can be run concurrently). The licence also provides access to their means test help line which can be an invaluable resource when undertaking complex means tests.

Some local authority systems with that have grant modules come with connectors that automatically link up with Renovator.

17. Recommendations

17.1. It cannot be underestimated how effective a HIA will be in delivering significant outcomes for the residents of Gateshead.

For example, the recommendations in this report would contribute to the all six aims set out in Gateshead's Health and Wellbeing Strategy:

- Give every child the best start in life, with a focus on conception to age two.
- Ensure a healthy standard of living for all, in accordance with international law on economic and social rights.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create and develop sustainable place and communities.
- Create the conditions for fair employment and good work for all.
- Strengthen the role and impact of ill health prevention.

17.2. However, the changes proposed in this report are substantial and will require time to implement. Coupled with this is the need for the core service of DFG/adaptation to council homes to be improved as soon as possible to avoid potential reputational and financial damage (in the form of ombudsman penalties) to Gateshead Council.

17.3. Therefore, it is recommended that to begin with, the formation of the new Independent Living Service structure be implemented and the workflow be put into practise.

17.4. This element of the report alone will be a large undertaking. To begin with work will need to start imminently on the recruitment of the Independent Living Manager. Once appointed to, there will need to be a review of the existing roles and staff that will be subject to any restructuring, after which any vacant posts will need to be recruited to.

17.5. Whilst this is being undertaken, the following tasks will need to be completed in order for the team to function as per the proposals in this report:

- The creation of an Agency Agreement.
- Reviewing the current arrangements with constructions services, specifically establishing a contractor/client relationship underpinned with a Service Level Agreement (SLA).
- Procuring a framework of contractors.
- Establishing a Schedule of Rates.
- Reviewing IT systems and implementing a workflow-based approach.
- Creating simple and easy to access pathways e.g., secure webforms.
- Creating a policy for council stock adaptations.
- Review where the current Housing Based OTs would be best situated within the organisation.

17.6. The newly formed team will then need to be given the space and time to establish themselves and improve the core offer of delivering adaptations.

17.7. Once established the Independent Living Manager can then look to expand on the offer of the Home Improvement Agency and seek to:

- Build relationships and dialog with commissioning partners and key stakeholders and promote the work and rationale of the new Independent Living Service.
- Implement the Trusted Assessor Model outlined in the Gateshead Occupational Therapy review.
- Develop a new financial assistance policy.
- Create business cases for the funding and recruitment of the ancillary roles detailed in this report.
- Review where the current Housing Based OT's would be best situated.

Appendix 1 – Identifying Capital Expenditure for DFG purposes

The Ministry of Housing, Communities and Local Government (MHCLG) provides funding for Disabled Facilities Grants (DFGs) to local housing authorities in England. The previous ring fence was relaxed in 2008 to allow for expenditure on items covered in a local housing assistance policy. However, this is still capital funding and as such should only be spent on items deemed to be capital expenditure.

Capital expenditure typically includes expenditure on non-current assets such as land, buildings and plant and equipment.

To qualify as capital, expenditure incurred must result in either the acquisition/construction or addition/enhancement of an asset. In addition, the benefits to the entity from the works must last for more than one accounting period (i.e.: more than one year).

Monies spent must be recorded as capital expenditure and certified as such in a return to MHCLG.

Below are some examples of expenditure, explaining whether or not they might qualify as capital spend:

Type of Expenditure	Is it Capital Expenditure?	Reason
Construction of an extension to an existing dwelling	yes	Creation of an asset, which will provide benefit for more than one accounting period.
Major adaptations to existing facilities such as a shower adaptation, ramp or stairift	yes	A major adaptation, which will increase the economic benefits offered by it – e.g. Increased independence / reduced care costs.
Replacing a floor covering or repairing a shower unit	no	Repairs only maintain the asset; they do not increase the life of the dwelling.
New stairlift	yes	Creation of an asset, which will provide benefit for a period of more than one accounting period.
Repairs to stairlift after breakdown	no	Repairs only maintain the asset; they do not materially increase the life of the stairlift.
Slings for hoists and shower seats	yes	Can be considered for capitalisation as part of the overall project costs of the new adaptation, which results in the creation of an asset that will provide benefit for more than one accounting period

Hoists, shower tables, etc..	yes	New assets that provide benefit for more than one accounting period.
Refurbishment of existing adaptations	sometimes	The repair of broken or worn-out adaptations is not capital. However, costs could be capitalised if adaptations are being replaced with a better product (enhancement). For example, flush floor shower replacing a tray with a step would qualify as betterment.
Conversion of a garage into a habitable room	yes	Enhancement of an existing asset which will last for more than one accounting period.
Installation of a new kitchen including new cooker, dishwasher, microwave	yes	Enhancement of an asset that will extend its useful life.
Internal decoration of an existing property	sometimes	Decoration only maintains the asset; it does not increase the life of the building. Can be considered as capital expenditure if included as part of the whole project costs of the adaptation
Purchase of materials only for a major adaptation project	yes	If the materials will be use for enhancement/betterment of the property the purchase of materials is classed as capital. Materials for routine repairs and maintenance are classed as revenue costs.
Purchase of materials for repairs and maintenance (e.g. a new shower hose, replacement sections of fencing, parts for equipment etc)	no	Purchases associated with routine maintenance and repairs would be classed as revenue expenditure.
Agency fees - for a major adaptation. Applies to other fees such as planning etc.	yes	Can be considered as capital expenditure if included as part of the whole project costs of the adaptation – see services and charges order
Staff costs for supporting the delivery of major adaptations	yes	Can be considered as capital expenditure for direct support to clients/applicants (including advice) linked to the activities in

		the services and charges order
Occupational therapy assessment fees	yes	Can be considered as capital expenditure if included as part of the whole project costs of the adaptation and carried out and invoiced by a private OT (see services and charges order)
Training of staff	no	No, as no asset is being created.
Funding towards purchase of a new dwelling?	yes	Acquisition of an asset, which will provide benefit for more than one accounting period. Be careful around leases. Can also include cost of advising and supporting someone to move.
Assessment and approval of grant applications	no	No, as no asset is being created.
Developing policies and strategies on home adaptations	no	No, as no asset is being created.
Supervision of staff	no	No, as no asset is being created.
Monitoring of the program	no	No, as no asset is being created.
Delivering a handyperson service	sometimes	Yes, where new adaptations are being fitted that will last longer than a year and support someone to live independently. But not if the service is predominantly carrying out repairs

Note: In all cases, an entity's own *de minimus* limits should apply as to whether or not an item is classified as capital expenditure.

Specified services and charges order

(1) The services and charges specified for the purposes of section 2(3)(b) of the Housing Grants, Construction and Regeneration Act 1996 (meaning of preliminary or ancillary services and charges) are those for which the applicant is liable in respect of—

(a)confirmation, if sought by the local authority, that the applicant has an owner's interest,
(b)technical and structural surveys,

(c)design and preparation of plans and drawings,

(d)preparation of schedules of relevant works,

(e)assistance in completing forms,

(f)advice on financing the costs of the relevant works which are not met by grant;

(g)applications for building regulations approval (including application fee and preparation of related documents),

(h)applications for planning permission (including application fee and preparation of related documents),

(i)applications for listed building consent (including application fee and preparation of related documents),

(j)applications for conservation area consent (including application fee and preparation of related documents),

(k)obtaining of estimates,

(l)advice on contracts,

(m)consideration of tenders,

(n)supervision of the relevant works,

(o)disconnection and reconnection of electricity, gas, water or drainage utilities where this is necessitated by the relevant works, and (p)payment of contractors.

(2) In a case where the application is for disabled facilities grant, the services and charges of an occupational therapist in relation to the relevant works are also specified for those purposes.

Disabled Facilities Grant – The Package of Changes to Modernise the Programme (2008)

Relaxing the DFG ring fence

From 2008-09 the scope for use of DFG funding will be widened. Initially, the ring-fence will remain, but its scope will be widened to support any local authority expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). This will enable authorities to use specific DFG funding for wider purposes, which may be more appropriate for individuals than current DFG arrangements allow.

Creating greater flexibility will allow the DFG to be used for associated purposes, such as moving home, where this is a more appropriate solution, or funding could be pooled to purchase portable extensions which are suitable for re-use, through improved procurement models.

The relaxation of the restrictive ring-fence on the funding will help improve delivery and reduce the bureaucracy involved in the DFG application process helping to speed up the process. This change will enable local authorities to develop a simplified system which could deliver small-scale adaptations more quickly, for example by offering a service which rapidly deals with inaccessible housing, or the need for quick discharge of people from hospital.

In recognition of the crossover of services and of the contribution the DFG makes to social care and health areas, the relaxation of the ring-fence will also enable DFG funding to be pooled with other larger funding sources, such as social care, telecare and community equipment.

Foundations

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GATESHEAD HEALTH AND WELLBEING BOARD

21 July 2023

TITLE OF REPORT: **Specialist and Supported Accommodation Needs Assessment and Strategy**

Purpose of the Report

1. To share with the Health and Wellbeing Board, a proposed new Specialist and Supported Accommodation Needs Assessment and Strategy for feedback and endorsement, prior to seeking Cabinet approval in September 2023.

Background

2. Following the publishing of the People at the Heart of Care white paper in 2021, the Council commissioned consultancy firm Housing LIN to develop a Specialist and Supported Housing Needs Assessment and Strategy, to set a strategic framework with a clear evidence base for the commissioning and development of related provision.

3. In April 2023 the Department for Health and Social Care published 'Next steps to put people at the heart of care' which sets out an ambition for 'supporting people to remain independent at home'. It also outlines the need for local places to join up housing, health and care services, this includes providing more choice in local communities and creating the local conditions to increase the supply of specialist and supported housing.

4. A cross council working group was established in 2022 to take this work forward, including representation from Housing, Social Care, Public Health and Commissioning. The scope of the work was agreed to include children as well as adults to ensure a holistic and broad approach that can inform the future planning of related provision.

5. To develop the Specialist and Supported Accommodation Needs Assessment and Strategy we have engaged with relevant departments across the Council through individual meetings and larger discovery sessions/workshops to obtain data and information. The documents attached have therefore been developed collaboratively with feedback taken on board.

Draft Specialist and Supported Accommodation Needs Assessment

6. The draft Specialist and Supported Accommodation Needs Assessment can be found in Appendix 1 and includes an assessment of need and demand for the following groups:

- Older People (55+)
- Adults with Learning Disabilities/Autism – including young people 'transitioning' to adult services
- Adults with Mental Health Needs
- People with Physical Disabilities/Long Term Conditions

- People who are homeless or at risk of homelessness including:
  - Single homeless individuals
  - Those subject to/fleeing domestic abuse
  - Young people
  - Refugees (including unaccompanied older children/asylum seeking children)
  - Those who have served in the armed forces

7. Both qualitative and quantitative data/information has been used to inform this document. It estimates the need and demand up to 2040 for each group listed above, for each type of provision and includes both rental and sale options where relevant. It also provides a breakdown of need and demand by geographical area where relevant (based on the five neighbourhood boundaries within the Gateshead area).

Draft Specialist and Supported Accommodation Strategy

8. The draft Specialist and Supported Accommodation Strategy 2023 - 2033 can be found in Appendix 2 and sets out our strategic vision for specialist and supported accommodation in Gateshead:

'The provision of good quality specialist, supported, and accessible homes is a part of creating a place where people can live well and thrive in Gateshead. Our vision is to secure the best quality of life we can for older people and people with support needs both now and in the future. This means delivering a range of specialist, supported and accessible homes that enable people to live independently, with support and care where necessary'.

9.The strategy is aimed at engaging a range of partners to enable delivery of our specialist and supported accommodation needs, including developers, registered providers, providers of care/support and the voluntary sector. The strategy sets out the following five key aims:

a) To develop and enable the provision of a wide range of homes, including supported and specialist homes, that are suited to the needs of an ageing population.

b) To commission and develop a range of specialist and supported housing, with associated care and support services, that enable adults with longer term care and support needs to have a home in the community.

c) To commission and develop a range of specialist and supported housing, with associated support services, for young people and adults who are homeless, or who are at risk of homelessness.

d) To enable and provide a range of accessible and adapted homes suited to the needs of people with physical disabilities and/or long-term conditions.

e) To maintain and raise the standard and quality of supported housing services.

10. The strategy also contains a delivery plan with a proposed action list for each of the strategic aims. For each of the groups covered by the strategy it also includes:

- What is required, drawing on local policy and plans, stakeholder views, commissioner insights and the specialist and the supported housing need assessment
- A summary of need from the specialist and supported housing need

assessment

• Identified requirements for specialised and supported housing in the short – medium term (the period to 2030) and likely requirements in the longer term (from 2030)

• A summary of actions

• A summary of measures of success.

Recommendations

11. The Health and Wellbeing Board is asked to:

- Consider the Draft Specialist and Supported Accommodation Needs Assessment and Strategy, providing any comments and endorsing prior to seeking Cabinet approval in September 2023.
- Endorse an annual review of the needs assessment by Council Officers to determine if need and demand remains the same or has changed
- Endorse developing a joint plan between health, housing and social care for implementation of the identified accommodation needs which incorporates financial information from all relevant services and aligns with plans for development in the borough.

12. The Board is asked to note that this report has been redacted to remove commercially sensitive information regarding the homelessness related commissioning intentions for young people and those with multiple and complex needs, which we have not yet approached the market for.

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Appendix 1

Specialist and Supported Housing Needs Assessment

Report for Gateshead Council

Version: Final

June 2023

Housing Learning and Improvement Network

Contents

Executive Summary

The scope of this specialist housing and supported housing needs assessment includes:

- Older people (55+ years).
- Adults with a learning disability/on the autistic spectrum, including young people 'transitioning' to adult services.
- Adults with mental health needs.
- Adults with physical disabilities/long term conditions.
- Individuals at risk of or recovering from homelessness, including:
    - Single homeless individuals, including offenders/ex-offenders, people recovering from drug/alcohol dependency, people with multiple/complex needs.
    - Vulnerable people subject to or fleeing domestic abuse.
    - Vulnerable young people.
    - Refugees, including unaccompanied older children/asylum seeking children.
    - Adults who have served in the armed forces.

Whilst the assessment is shown in relation to 'client cohorts', it is recognised that people's needs are often complex and that innovative approaches to housing and support that go beyond these 'cohort' definitions will be required and are indeed desirable.

Estimated need for specialist housing and accommodation: Older people

Housing for older people (retirement housing for sale and for social/affordable rent). The estimated housing for older people net need to 2040 is c.670 homes of which c.270 homes are estimated to be required for social/affordable rent and c.400 are estimated to be required for shared ownership/sale.

Housing with care (extra care housing). The estimated housing with care net need to 2040 is c.435 homes of which c.305 homes are estimated to be required for social / affordable rent and c.130 homes are estimated to be required for shared ownership/sale.

Residential care and nursing care. The estimated residential care net need is not anticipated to increase significantly over the period to 2040. It is likely that residential care bed capacity will need to be increasingly focussed on older people with more complex social care needs, such as people living with dementia. The estimated nursing care net need to 2040 is c.230 bedspaces. It is likely that nursing care bed capacity will need to be increasingly focussed on older people with more complex health and social care needs, including people living with dementia.

Estimated need for supported accommodation: Adults with learning disability/autistic people

In summary, an additional c.90 units of supported accommodation are estimated to be needed by 2030 for people with a learning disability/autistic people and an additional c.215 units by 2040.

Of these additional c.215 units, c.25 units are estimated to be for Shared Lives accommodation and c.190 units are estimated to be for supported housing.

Estimated need for supported housing: Adults with significant mental health needs

There is an estimated net need for c.30 units of additional supported housing for people with significant mental health needs by 2030 and c.65 units of additional supported housing by 2040.

Estimated need for accessible housing: Adults with physical disabilities

In summary, by 2040, it is estimated that there will be c.675 wheelchair users with an unmet need for accessible housing, of which:

- It is estimated that c.255 wheelchair users require *fully wheelchair adapted homes*, i.e. similar to Part M(4) Category 3 broadly equivalent to the Wheelchair Housing Design standard.
- This is the equivalent of a need for c.15 fully wheelchair-adapted homes required per year to 2040 for the all-age population.
- Among the working-age population, this is the equivalent of a need for c.6 fully wheelchair-adapted homes required per year to 2040.
- It is estimated that c.420 wheelchair users require *accessible and adaptable homes* (i.e. not fully wheelchair adapted dwellings), similar to Part M(4) Category 2, broadly equivalent to the Lifetime Homes standard.
- This is the equivalent of a need for c.25 accessible and adaptable homes required per year to 2040, for the all-age population.
- For the working age population, this is the equivalent of a need for c.10 accessible and adaptable homes required per year to 2040.

Other identified needs for supported and accessible housing

People who have served in HM armed forces/adult former asylum seekers

It is assumed that the need for supported housing of these relatively small cohorts of people could be met through existing supported housing provision for people who are or have experienced homelessness and/or through the planned commissioning of additional supported housing capacity for people who have experienced homelessness.

1. Introduction

1.01 This is a report of research undertaken by the Housing Learning & Improvement Network (LIN)[1] based on a brief from Gateshead Council (GC) to undertake a Specialist and Supported Housing Needs Assessment.

1.02 GC has commissioned the Housing LIN to undertake an assessment the future need, over the next 10-20 years, for specialist and supported housing and accommodation.

1.03 The scope of this specialist housing and supported housing needs assessment includes:

- Older people (55+ years).
- Adults with a learning disability/on the autistic spectrum, including young people 'transitioning' to adult services.
- Adults with mental health needs.
- Adults with physical disabilities/long term conditions.
- Individuals at risk of or recovering from homelessness, including:
    - Single homeless individuals, including offenders/ex-offenders, people recovering from drug/alcohol dependency, and people with multiple/complex needs.
    - Vulnerable people subject to or fleeing domestic abuse.
    - Vulnerable young people (such as care leavers).
    - Refugees, including unaccompanied older children/asylum seeking children.
    - Adults who have served in the armed forces.

1.04 Work undertaken by consultancy Campbell Tickell in relation to the 'cohorts' above at risk of or recovering from homelessness has been reviewed and used as appropriate to identify need for specialist and supported housing.

1.05 Whilst the assessment is shown in relation to 'client cohorts', it is recognised that people's needs are often complex and that innovative approaches to housing and support that go beyond these 'cohort' definitions will be required and indeed desirable:

- An assumption that mainstream housing suitably designed and/or adapted will be appropriate for many people with care and/or support needs.
- Opportunities for inter-generational living will form part of the required housing solutions.
- Housing solutions may be multi-functional, e.g. providing a mix of mainstream housing, supported housing and potentially other facilities.

[1] www.housinglin.org.uk

- All housing and supported accommodation for people with care and/or support needs should assist and facilitate inclusion in community life.

1.06 GC wishes to use this evidence base to inform its supported housing strategy and its other housing, planning, social care, investment and delivery plans. The council's objective is to support people with care/support needs to live independently in their homes through having a range of specialist and supported housing options available which enables this to happen.

Approach and method

1.07 This specialist and supported housing need assessment covers a range of housing and accommodation types for all ages and needs including specialist housing for older people (e.g. retirement housing for sale, 'sheltered housing' and extra care housing), residential and nursing care, supported housing, accessible housing and Shared Lives. Where appropriate estimates of housing need are indicated for different tenure types.

1.08 Where the size of the relevant cohort populations permits, estimates of future housing and supported housing need are shown at Gateshead level and by locations within the borough (Central, West, East, South and Inner West).

1.09 Qualitative evidence from a sample of local citizens, voluntary and community organisations, housing providers and Council Officers has been used to inform estimates of housing and supported housing need.

1.10 A range of national and local quantitative evidence, as well as evidence from local policies has been used to inform estimates of need for specialist and supported housing including:

- National and local health, social care and housing data sets
- Current population data for the relevant cohorts
- ONS Census data and other ONS demographic data as relevant
- Gateshead Joint Strategic Needs Assessment
- Gateshead Social Care Market Position Statement
- Gateshead Health and Wellbeing Strategy
- Gateshead Housing Strategy
- Gateshead Specialist and Supported Supplementary Planning Document
- The Council's Our Statutory Homelessness Review
- Gateshead Homelessness and Rough Sleeping Strategy

2. Estimated need for specialist housing and accommodation: Older people

2.01 This assessment is intended to identify the specialist housing and accommodation needs of older people, some of whom will also have care/support needs. This assessment of need includes estimated need for specialist housing for older people, such as retirement housing, 'sheltered' housing, extra care housing, and residential and nursing care provision.

2.02 The assessment of need for specialist housing and accommodation for older people draws on a range of evidence, including:

- Demographic context.
- Health and care context.
- Current provision of specialist housing and accommodation for older people.
- Socio-economic context.
- Local strategic evidence and local commissioner perspectives and intelligence.
- The perspectives of older people and other stakeholders.

Contextual evidence: housing and accommodation for older people in Gateshead

Demographic context

2.03 To produce an overview of the change in the older population in Gateshead, estimates for the 55+, 65+ and 75+ populations are used.

2.04 In order to produce demographic projections the following datasets have been used:

- *ONS Mid-2020 Population Estimates for Census Output Areas in the North East region of England*[2]. This has been used to generate population estimates at ward level.
- *ONS 2021 census population estimates*[3]. The 2021 census population estimates have been used to provide an up-to-date estimate of the older population living in Gateshead.
- *ONS 2018-based subnational projections for England*[4]. This has been used to estimate the projected growth of the populations, at ward and borough-level, projected to 2040.

[2] ONS Mid-2020 Population Estimates for Census Output Areas in the North East region of England by Single Year of Age and Sex - Supporting Information; Table SAPE23DT10d
[3] ONS P02 Census 2021: Usual resident population by five-year age group, local authorities in England and Wales
[4] ONS 2018-based Subnational Population Projections for England; released in 2020

2.05 This data is used to identify the current age distribution of the older population in Gateshead and to identify trends in the older population. It is also used as a basis for the estimation of net housing and accommodation need for older people in Gateshead to 2040. Table 1 shows the projected population at 55+, 65+ and 75+ for Gateshead to 2040, and table 2 shows the percentage change in these population cohorts to 2040.

Table 1. 55+, 65+ and 75+ population for Gateshead to 2040.

Age cohort	2023	2025	2030	2035	2040
55+	67,720	70,305	71,405	71,569	72,515
65+	40,862	43,549	46,950	49,336	49,991
75+	19,891	22,097	23,062	24,953	27,493

Source: ONS 2021 census and ONS 2018-based subnational population projections

2.06 Table 1 shows that both the 65+ and 75+ population cohorts are projected to increase to a greater extent than the overall 55+ population. This is significant because the 65+ and 75+ population cohorts are more likely to need specialist housing and accommodation.

Table 2. Percentage change in the 55+, 65+ and 75+ population for Gateshead to 2040.

Age cohort	2023	2025	2030	2035	2040
55+	1.8%	3.8%	5.4%	5.7%	7.1%
65+	2.7%	6.6%	14.9%	20.7%	22.3%
75+	7.5%	11.1%	15.9%	25.4%	38.2%

Source: ONS 2021 census and ONS 2018-based subnational population projections

2.07 Table 2 shows the most significant growth is in the 75+ population in Gateshead, compared to the 55+ and 65+ populations. However, both the 65+ and the75+ population cohorts are projected to grow at a significantly higher rate than the 55+ population to 2040.

2.08 The estimation of housing / accommodation need shown later in this section is based on the projected growth of the 65+ population and the 75+ population cohorts which have been selected, based on previous research carried out by the Housing LIN indicating that these are the most likely population cohorts to need and to move to specialist housing and accommodation designated for older people.

2.09 To provide local context to the projected change in the 55+, 65+ and 75+ populations for Gateshead, changes in the same population cohorts are shown at Annexe 1 in relation to other councils in the north east of England region.

2.10 Using 2018-based ONS Subnational Population Projections data[5], the older populations for Gateshead and other councils in the north east have been projected for the years 2023, 2025, 2030, 2035 and 2040. The tables in Annexe 1 show the population projections for Gateshead and other councils in the north east up to 2040 for the 55+, 65+ and 75+populations respectively.

[5] ONS 2018-based Household Population Projections for England: detailed data for modelling and analysis – principal projections.

Health and care context

2.11 Gateshead's average life expectancy at birth is 79.5 years[6], which is higher than the North East regional average life expectancy of 78.9 years, but below the average life expectancy for England of 81.5 years[7].

2.12 The demand for residential and nursing care is partly influenced by the local prevalence of dementia amongst the older population, as well as by other health and care needs. Table 3 shows the prevalence of dementia in Gateshead.[8]

Table 3. Number of people 65+ with dementia and dementia prevalence as a percentage of the total 65+ population (2020).

Area	Number of people 65+ with dementia in 2020	Percentage of people 65+ with dementia out of total 65+ population	Annual estimated % growth in people 65+ with dementia	Projected number of people 65+ with dementia to 2040
Gateshead	2,527	6.1%	2.0% p.a.	3,437
North East region	22,225	4.09%	3.2% p.a.	35,027
England	422,973	3.97%	6.53% p.a.	919,966

Source: NHS Digital, Recorded Dementia Diagnoses publications

2.13 Note that the figures for projected number of people 65+ with dementia in 2040 is based on projected growth rates from Wittenberg et al (2019)[9].

2.14 The current prevalence of dementia among the 65+ population (6.1%) in Gateshead is higher than both the North East average (4.09%) and the English average prevalence (3.97%).

Table 4. Prevalence of dementia in Gateshead and north east region local authorities (2022).

Locality	Number of people aged 65+ with Dementia per 1,000 population (65+)
Gateshead	**61**
Newcastle	56
South Tyneside	54
North Tyneside	52
Tees Valley	51
Sunderland	51
Northumberland	47
County Durham	47
North East region	**50**
England	**41**

Source: Gateshead Council

[6] Public Health England: Public Health Outcomes Framework - Gateshead
[7] ONS: 2020 National life tables – England
[8] Gateshead Council
[9] Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040; Care Policy and Evaluation Centre, London School of Economics and Political Science

2.15 Table 4 shows that Gateshead has the highest rate of dementia amongst people aged 65+ in the north east (as at 2022).

Specialised housing and accommodation for older people

2.16 Data from the Elderly Accommodation Counsel's (EAC)[10] national database of older people's housing provision was reviewed to confirm the current supply in Gateshead. This includes social and private sector housing for older people.

2.17 The following definitions of older people's housing and accommodation are used to describe the different types of housing and accommodation for older people:

2.18 *Housing for Older People (HfOP)[11]:* social housing sector retirement housing and age-designated housing for affordable rent and private sector retirement housing for sale. The most common types of Housing for Older People are:

- *Sheltered housing for social/affordable rent*: These schemes typically offer self-contained accommodation commonly available for social rent. They are usually supported by a part-time/visiting scheme manager and 24-hour emergency help via an alarm. There are often communal areas and some offer activities. Most accommodation is offered for social or affordable rent, based on need, by local councils or housing associations.
- *Private sector retirement housing:* This is typically similar to sheltered social housing, but it is usually built by private developers for market sale. Once all the properties have been sold, the scheme is sometimes run by a separate management company that employ a scheme manager and organise maintenance and other services.

2.19 *Housing with care (HwC)[12]:* (often referred to as 'extra care housing' when provided by housing associations and local authorities and 'assisted living' by private sector providers). Housing with care is designed for older people, some with higher levels of care and support needs. Residents live in self-contained homes. It typically has more communal facilities and offers access to onsite 24/7 care services, which includes assistance with meal preparation, washing and other daily duties. Often includes a 24/7 alarm system, presence of a scheme manager and a team of support staff.

2.20 *Residential care home[13]:* a residential setting where a number of older people live, usually in single rooms, and have access to on-site social care services. 24/7 onsite personal social care services include help with washing and dressing. Residential care homes do not consist of self-contained units.

[10] Elderly Accommodation Counsel housing data (Q4 2019)

[11] EAC - HousingCare Glossary

[12] https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/what-is-extra-care/

[13] NHS: Care homes

2.21 *Nursing care home*[14]*:* similar to a residential care home, but additionally providing care from qualified nurses. There will always be 1 or more qualified nurses on duty to provide nursing care. These are sometimes called 'care homes with nursing'. The Care Quality Commission states that in addition (to a residential care home), "qualified nursing care is provided, to ensure that the full needs of the person using the service are met." Nursing care homes do not consist of self-contained units.

2.22 The following table shows the current provision of housing for older people and housing with care in Gateshead compared to other north east region local authorities. The purpose of this comparison is to place the current provision of specialist and supported accommodation for older people in Gateshead into a regional context, i.e. how the current provision of these types of accommodation in Gateshead compares to other local authorities in the north east.

Table 5. Housing for Older People (HfOP) and Housing with Care (HwC) in Gateshead and north east local authorities. Number of units.

Local Authority	HfOP (units)				HwC (units)			
	Sale / shared ownership	Rent*	Total	Prev. Rate per 1000	Sale / shared ownership	Rent*	Total	Prev. Rate per 1000
Gateshead	**213**	**2,416**	**2,629**	**65**	**0**	**332**	**332**	**16**
County Durham	931	9,587	10,518	93	0	990	990	19
Darlington	188	1,842	2,030	90	0	42	42	4
Hartlepool	89	1,221	1,310	70	0	410	410	50
Middlesbrough	201	2,227	2,428	99	0	42	42	4
Newcastle upon Tyne	435	2,622	3,057	68	53	297	350	17
North Tyneside	281	2,331	2,612	60	0	234	234	12
Northumberland	516	3,219	3,735	45	59	135	194	5
Redcar and Cleveland	183	4,761	4,944	153	40	162	202	13
South Tyneside	299	2,128	2,427	77	0	112	112	8
Stockton-on-Tees	101	1,112	1,213	32	0	178	178	10
Sunderland	270	1,606	1,876	33	187	722	909	35
North East comparator Average	**309**	**2,923**	**3,232**	**70**	**28**	**299**	**328**	**16**
England	**151,683**	**432,391**	**584,074**	**55**	**13,629**	**46,176**	**59,805**	**12**

Source: Elderly Accommodation Counsel (2019)
N.B. Prev. denotes prevalence rate – the number of units per 1,000 population aged 65+ (for HfOP) and 75+ (for HwC)
*Affordable and social rent

2.23 Gateshead's prevalence of housing for older people is below the North East comparator average prevalence, however, it is above the English prevalence.

[14] NHS: Care homes

2.24 With respect to housing with care, Gateshead's prevalence is below the North East comparator average, however it is higher than the English average prevalence.

2.25 Further details about the supply of Housing for Older People and Housing with Care is shown in Annexe 2 including quantity of units, provider, tenure and location.

2.26 Table 6 below shows the how specialist housing provision for older people is distributed across the five neighbourhood areas in Gateshead.

Table 6. Specialised housing for older people provision (units) by tenure and neighbourhood within Gateshead.

Neighbourhood	HfOP (units)			HwC (units)		
	Sale/ shared ownership	Rent	Total	Sale / shared ownership	Rent	Total
Central	86	456	542	0	89	89
East	0	411	411	0	121	121
Inner West	62	334	396	0	0	0
South	46	481	527	0		
West	19	734	753	0	122	122
Total (Gateshead)	**213**	**2,416**	**2,629**	**0**	**332**	**332**

Source: Elderly Accommodation Counsel

Table 7. Current provision of residential and nursing care beds in Gateshead and north east local authorities

Local Authority	Residential care (beds)	Prevalence	Nursing care (beds)	Prevalence
Gateshead	**1,008**	**52**	**485**	**25**
County Durham	2,468	47	3,000	57
Darlington	694	65	438	41
Hartlepool	547	66	318	39
Middlesbrough	960	88	636	58
Newcastle upon Tyne	1,035	49	1,558	74
North Tyneside	752	38	804	40
Northumberland	1,632	43	1,716	45
Redcar and Cleveland	694	45	388	25
South Tyneside	640	45	527	37
Stockton-on-Tees	995	58	943	55
Sunderland	1,136	44	1,301	50
Comparator average	**1,047**	**50**	**1,010**	**48**
England total	**209,154**	**41**	**216,227**	**42**

Source: Gateshead Council/Care Quality Commission (2022)

2.27 Table 7 shows the current provision of residential care and nursing care in Gateshead compared to other north east region local authorities. It should be noted that local intelligence from Gateshead commissioners is that residential and nursing care beds can be used flexibly to meet the changing needs of older people (i.e. at any given time, for example, the beds in use as residential and nursing may be different to the figures in table 7). The prevalence of residential care in Gateshead is above both the North East comparator average and the England prevalence rate.

2.28 With respect to nursing care Gateshead's prevalence rate is significantly below both the North East comparator average and the English average prevalence rate.

Socio-economic context

2.29 At the most recent census, home ownership among 65+ households in Gateshead was 65.6%[15], which is significantly below the equivalent English home ownership rate of 80%. The table below shows the tenure distribution in Gateshead amongst 65+ households.

Table 8. Tenure for 65+ households in Gateshead.

Tenure	Number of households with a member aged 65+	Percentage of total households with a member aged 65+
Owned / Shared Ownership	22,296	65.6%
Social rented	10,311	30.3%
Private Rented	1,391	4.1%
All tenures	**33,998**	**100%**

Source: ONS/Nomis 2011 census

2.30 The Income Deprivation Affecting Older People Index (IDAOPI)[16] score is a measurement of people aged 60+ living in relative poverty; a higher score for a local authority implies a higher level of relative poverty.

2.31 Gateshead's IDAOPI score is 19.4% and it is ranked 6th most deprived out of north east region local authorities. The comparison between Gateshead's IDAOPI and other local authorities in the north east is shown in table 9 below.

[15] Office for National Statistics / Nomis (2011 census). Tenure by occupation by age - Household Reference Persons. Nomis Table DC4604EW (released in 2013).

[16] Local Government Association: IDAOPI score – based on data from MHCLG

Table 9. IDAOPI score for Gateshead and north east local authorities, ordered from least deprived to most deprived authorities.

Ranking (among CIPFA comparator authorities)	Local authority	IDAOPI score (%)
Least Deprived		
1	Northumberland	11.5%
2	Darlington	15.2%
3	North Tyneside	16.0%
4	Stockton-on-Tees	16.0%
5	Redcar and Cleveland	16.8%
6	Durham	17.0%
7	**Gateshead**	**19.4%**
8	South Tyneside	21.4%
9	Sunderland	21.7%
10	Newcastle upon Tyne	21.8%
11	Hartlepool	22.8%
12	Middlesbrough	23.3%
Most deprived		

Source: DLUHC (2019; updated in 2022)

2.32 In comparison to the English average deprivation (IDAOPI) amongst older people, Gateshead is relatively more deprived compared with the English average level of deprivation of 14.2%.

Local strategic evidence and intelligence

Housing Strategy 2019-2030[17]

2.33 A key objective under the category 'Housing Supply' in the Council's Housing Strategy is:

"Securing the right mix of housing (tenure and type) in the right locations, to meet population projections, support independent living of older people, disabled and vulnerable residents, and deliver our targets for sustainable economic and housing growth"

2.34 The Housing Strategy also states a need for:

"A range of aspirational and affordable mainstream homes that provide for our growing older population, and households that include people with disabilities, that will allow them to live independently and cost effectively for longer."

Specialist and Supported Housing: Supplementary Planning Document[18]

2.35 The *Specialist and Supported Housing: Supplementary Planning Document*[19] states:

[17] Gateshead Council: Gateshead Housing Strategy 2019-2030
[18] Gateshead Council: Specialist and Supported Housing – Supplementary Planning Document 2022
[19] Gateshead Council: Specialist and Supported Housing – Supplementary Planning Document 2022

- *"In identifying the requirement for extra care, the Council is seeking to ensure there is sufficient to reduce demand on higher cost services whilst avoiding oversupply that could destabilise the market."*
- *"The Council is seeking to reduce reliance on residential nursing and care homes by ensuring a sufficient supply of alternative support and supported accommodation."*
- *"Having a range and sufficiency of this form of accommodation [Independent supported living i.e. Sheltered, Promoting Independence, Respite] is important in reducing over-reliance on residential and nursing homes, reducing pressures on the number of very high-cost home care packages."*

Market Position Statement[20]

2.36 The Council's Market Position Statement (MPS) states:

- *"The demand on Older Person's services has been increasing year on year due to the increase in life expectancy and the number of people diagnosed with dementia. The Council's approach is to increase resources in enablement and preventative services to reduce future demand on long term statutory services in the next 3 years. It is expected the number of older people who are eligible for long term services will decrease with an increase in the number accessing low level support."*

2.37 The MPS states a number of commissioning statements, which include:

- *"To reduce the number of long term general residential care placements"*
- *"To maximise the use of reablement to minimise the need for long term home care packages"*
- *"To support new extra care developments across the borough."*
- *"To increase our Shared Lives provision for older people as an alternative to building based respite provision"*

2.38 It additionally states that the market opportunities are:

- *"Planning of up to 3 new extra care services in the borough which will include those with dementia needs to be in operation by 2025"*

Perspectives of older people and other stakeholders

2.39 The evidence regarding the housing perspectives of older people has been drawn from:

- A sample of local older people.
- Local community organisations such as Age UK.

[20] Gateshead Council: Market Position Statement 2019-20

- Local providers of Housing for Older People and Housing with Care such as Home Group, JJH, Thirteen Anchor, Karbon.

2.40 The evidence from these sources is summarised below.

2.41 Older people are seeking housing options that enable them to live independently for as long as possible.

2.42 Older people are a diverse group with different views, experiences and opportunities about where they might live in later life. The range of housing types available needs to reflect this diversity.

2.43 The majority of older people would prefer to remain living in their existing homes than move to specialist accommodation. People are seeking support to remain living where they are now such as with adaptations, aids, technology to support independence as well as care/support staff.

2.44 There is currently a crisis in relation to recruiting and retaining the care workforce which is likely to limit the specialist housing and accommodation options for older people.

2.45 However, some older people are interested in and willing to 'rightsize/downsize' provided that an alternative home is sufficiently attractive and meets their requirements.

2.46 People are seeking properties that:

- Adapt to their changing needs across the life-course
- Provide good quality, affordable accommodation with less maintenance and upkeep requirements
- Provide spacious, modern accommodation with a good sense of community

2.47 Moving to properties with an age-designation is a 'marmite issue'; for some people it is their preference whereas others would prefer to live in a mixed-age community.

2.48 The majority of people would prefer a property with 2 bedrooms although 1 bedroom is preferred by others.

2.49 More people are likely to consider moving to specialist accommodation if it is affordable, aspirational and accessible and meets the requirements at 2.47.

2.50 The majority of existing sheltered housing in Gateshead is not attractive enough to encourage people to consider moving before they need it. Existing sheltered housing typically lacks well designed communal spaces that are attractive and that have the flexibility to be used for a variety of purposes

2.51 A local example of best practice in relation to contemporary housing for older people is Home Group's Watergate Court. Many research participants see this as an attractive place to live although affordability is a concern for some. This housing scheme has a variety of communal spaces that are ergonomically designed with communal areas being used for multiple purposes, including the use of different

colour schemes and flooring, and appropriately designed and attractive seating, to maximise the flexibility and use of these communal areas.

2.52 Older people are seeking better access to information and advice about their housing and support options. People need help to weigh up the cost implications of moving and to understand what options are available to them. The majority of people would prefer to use offline i.e. in person methods of communication.

2.53 The evidence of need based on Registered Provider and other housing provider insights is:

- There is a need for flexible housing with care models that enable people to transition easily should they need care; for example Watergate Court extra care housing scheme which includes a dementia 'wing'.
- There is considerable interest amongst RPs in developing new older person's accommodation that is attractive and 'aspirational'. There is interest in a dialogue with the Council about different housing models that are suited to older people.
- There is a recognition that older sheltered stock will need to be reviewed and updated where this is feasible and cost effective in order to provide a more contemporary housing offer.
- Registered Providers are seeking a dialogue with the Council in relation to the impact of the analogue to digital switch over in 2025 and how technology can better support the independence of older customers.

2.54 The evidence of need based on commissioner insights is:

- There is a need for an increased range of choices for older people, including modern age designated housing without care and large communal facilities but there is also a need for further provision of extra care housing.
- There is a need to improve existing sheltered housing so that it provides a contemporary offer that is more fit for purpose.
- There is a need for shared agreements with neighbouring local authorities about movement across local authority boundaries for specialist housing.

Estimated need for housing and accommodation for older people in Gateshead

Approach: considerations and assumptions

2.55 The contextual evidence and assumptions set out in paragraphs 2.56 to 2.72 are used as a basis for estimating need for specialist housing and accommodation for older people in Gateshead to 2040.

2.56 Data about the existing supply of older people's designated housing and accommodation in Gateshead is used as a baseline of current provision. This data is drawn from the Elderly Accommodation Counsel (EAC) and the Care Quality

Commission (CQC). This research did not include a qualitative assessment of any of this specialised housing/accommodation, for example existing 'sheltered housing', therefore no assumptions are made about its future 'fitness for purpose'.

2.57 ONS 2021 census[21] and 2018-based population projections data are used to identify relevant older populations in Gateshead.[22] Based on evidence from our advisory work with housing providers and local authorities in relation to specialised housing and accommodation for older people, the following population bases are used for estimating future need for housing and accommodation for older people, reflecting the typical ages of moves to these types of specialist housing and accommodation:

- The 75+ population as the average age benchmark in relation to the need for housing with care (extra care housing), residential care and nursing care.
- The 65+ population as the average age benchmark in relation to the need for housing for older people (retirement housing for affordable rent and for sale).

2.58 Approximately 65% of households headed by a person aged 65+ in Gateshead are homeowners (table 8). In comparison to local authorities in the north east Gateshead has a median level of relative deprivation amongst the 60+ population based on comparison of the IDAOPI score (para 2.31). We have used this evidence to inform assumptions regarding the tenure breakdown of need for specialist housing amongst older people. Given this evidence estimates of future need are assumed to require c.60% for shared ownership/sale and c.40% for social/affordable rent for housing for older people (retirement housing for sale/shared ownership and for affordable rent), however the actual tenure split for new development of specialist housing for older people will be dependent on the socio-economic profile of a locality.

2.59 In relation to housing with care (extra care housing), given residents will typically have a care/support need as well as a housing need and the council's policy to commission additional extra care housing, including as a direct alternative to residential care for older people eligible for local authority funded care, a tenure split of 70% affordable rent and 30% shared ownership/sale has been assumed.

2.60 In terms of the health and care profile of the older population in Gateshead evidence indicates that average life expectancy is slightly higher than the average for the North East region, however it is below the England average. The number of people aged 65+ with dementia is projected to increase in Gateshead by 2040. The increasing incidence of dementia is a factor affecting likely need for extra care housing and care home beds.

2.61 Based on the Housing LIN's previous experience of local authority commissioning and placement funding practice and the views and experience of Gateshead Council commissioners, it is reasonable to assume that up to 20% of placements into residential care could be substituted with living in housing with care (extra care

[21] ONS P02 Census 2021: Usual resident population by five-year age group, local authorities in England and Wales

[22] ONS 2018-based household projections for England: detailed data for modelling and analysis

housing). Gateshead Council commissioners estimate that 78 older people placed in care homes could potentially have move to extra care housing as an alternative.

2.62 Evidence in relation to the preferences of older people to move (i.e. 'downsizing'/'rightsizing') to types of housing/accommodation designated for older people is an influencing factor in estimating need for housing/accommodation; the Housing LIN has drawn on qualitative[23] and quantitative research it has conducted with people aged 65+ over the last five years[24] across England, including with older people in Gateshead. In summary this evidence indicates:

- Older people are seeking wider choices in the range of housing and accommodation options that will facilitate independent living. Including, for example, level access homes such as bungalows. In some cases, this will be a move to alternative accommodation and for others this is about adapting their current home or bringing in care/support if this is required.
- Based on the Housing LIN's research, c.25-30% of older people aged 65+ are potentially interested in and willing to 'downsize'/'rightsize' and move to specialised housing and accommodation for older people. This evidence from the Housing LIN's research with older people indicates that:
    - c.50% are interested in moving to a form of specialist age-designated housing (HfOP and HwC), primarily retirement housing (for sale) and modern sheltered housing (for social/affordable rent), followed by housing with care (extra care housing).
    - c.50% are interested in moving to 'age friendly' housing that meets age related needs but is not age-designated housing.

2.63 There is very limited interest in a move to residential care or nursing care as a choice of specialist accommodation; most moves to these types of accommodation are as a result of, for example, an acute health and/or care episode or crisis. This evidence is based on qualitative and quantitative research carried out by the Housing LIN, where participants typically only support a move to a care home where this is dictated by health-related needs.

2.64 A comparative analysis has been undertaken that compares the current supply or 'prevalence' of different types of housing and accommodation for older people (older people's housing for social/affordable rent, older people's retirement housing for sale, extra care housing for social/affordable rent and for sale, residential and nursing care) in Gateshead with other local authorities in the north east along with the all-England averages for supply of older people's housing and accommodation. This

[23] Housing LIN qualitative research with over 1000 older people: focus groups, 1:1 interviews and residents' forums consulted in order to obtain the views of older people with respect to their preferences and needs related to specialist housing, adaptations and later life.
[24] Housing LIN quantitative research: approximately 1500 survey responses completed by people aged over-60 about their preferences for specialist housing and accommodation for older people.

identifies how supply in Gateshead compares to other north east local authorities and across England generally. This is shown in the tables below.

Table 10. Prevalence rates (i.e. the number of units per 1,000 population aged 65+) Housing for Older People in Gateshead, alongside the north east average and all-England prevalence rates. (2022 prevalence).

Area	Prevalence of HfOP
Gateshead	65
North east average	70
England	55

Source: EAC/Housing LIN 2022

Table 11. Prevalence rates (i.e. the number of units per 1,000 people aged 75+) Housing with Care in Gateshead, alongside the north east average and all-England prevalence rates. (2022 prevalence).

Area	Prevalence of HwC
Gateshead	16
North east average	16
England	12

Source: EAC/Housing LIN 2022

Table 12. Prevalence rates (i.e. the number of bedspaces per 1,000 population aged 75+) of residential and nursing care in Gateshead, alongside the north east average and all-England prevalence rates. (2022 prevalence).

Area	Prevalence of Residential care	Prevalence of Nursing care
Gateshead	52	25
North east average	50	48
England	41	42

Source: Care Quality Commission/Housing LIN 2022

2.65 The comparisons show that:

- For Housing for Older People, Gateshead's level of provision is below the North East comparator average, however, is higher than the English prevalence rate.
- For Housing with Care, Gateshead's level of provision is in line with the North East average prevalence, however slightly higher than the English prevalence rate.
- For residential care, Gateshead is slightly higher than the North East average prevalence and higher than the English prevalence rate.
- For nursing care, Gateshead is significantly below both the North East average and the English prevalence rate.

2.66 In relation to the impact of the Covid-19 pandemic, any assumptions based on emerging evidence are tentative given that the impact of the pandemic on the specialist housing and accommodation sector for older people is not yet clear. At this stage considerations based on tentative evidence could suggest in the medium to longer term:

- There is potential for a downward shift in preference for use of residential care amongst older people.

- There is potential for a preference amongst older people for remaining in their existing home, with care if required.

2.67 However, in Gateshead in the short-term post pandemic, use of residential care has temporarily increased due to hospital discharge pressures and significant issues in recruiting and retaining social care staff to provide care to people in their own homes.

2.68 In relation to each of the types of housing and accommodation for older people, assumptions are summarised below:

Housing for Older People:

2.69 Need is likely to increase as a consequence of:

- an increase in the 65+ population;
- relative undersupply of housing for older people for shared ownership/sale compared with housing for older people for social/affordable rent;
- research conducted by the Housing LIN over the last 5 years with older people, including in Gateshead, which indicates an interest in moving to housing better suited to older people.

Housing with Care:

2.70 Need is likely to increase as a consequence of:

- a significant increase in the 75+ population;
- council policy intent to offer extra care housing as an option for older people with care needs, including in place of residential care - the Council's Market Position Statement states that the Council's intends "*to support new extra care developments across the borough*";
- research conducted by the Housing LIN over the last 5 years with older people including in Gateshead, which indicates an interest in moving to housing better suited to older people;
- increasing prevalence of dementia related needs and other health/care needs amongst the 75+ population.

Residential care and nursing care

2.71 The Council's Market Position Statement states that the Council's *"approach is to increase resources in enablement and preventative services to reduce future demand on long term statutory services in the next 3 years. It is expected the number of older people who are eligible for long term services to remain constant over the next 3 years due to the enablement and prevention",* and "to *reduce the number of long term general residential care placements* ".

2.72 Whilst the 75+ population is increasing over the period to 2040, in this policy context need for residential care may flatline or potentially decrease, however the need for nursing care is likely to increase, as a consequence of:

- the potential for the impact of the Covid-19 pandemic to reduce demand in the *longer term* for residential care (particularly amongst local authority funded placements and self-funders for residential care);
- the unsuitability of some care homes to cater for people living with dementia and other complex care needs – care home capacity will need to be able to support older people with complex care and health needs;
- an increase in the demand for housing with care, in part due to council policy intent to offer extra care housing as an option for older people with care needs, particularly in place of residential care.
- however, the need for nursing care is likely to increase due to projected growth in the 75+ population and a commensurate increasing prevalence of dementia related needs and other complex health/care needs amongst the 75+ population.

Projections: estimates of future need for housing and accommodation for older people

2.73 Table 13 shows the anticipated likely need (prevalence rate) and the associated estimated need (units/bedspaces) for each type of housing and accommodation for older people:

- 2022 current provision. The number of units for that type of housing/accommodation, using data from the Elderly Accommodation Counsel and the Care Quality Commission about specialised housing and accommodation provision.
- 2022 prevalence rate. The prevalence rate, i.e. the number of housing units/beds per 1,000 older people[25], based on population data from the ONS 2021 census and ONS 2018-based population projections. It is also based on data from the Elderly Accommodation Counsel's and Care Quality Commission's specialised housing/accommodation data (for units/beds).
- 2040 anticipated prevalence rate. An estimate of the likely need (prevalence rate) based on the considerations and assumptions that are set out above.
- 2040 estimated gross need. An estimate of the total number of units/bedspaces of housing and accommodation for older people that will be needed, based on estimated need (prevalence rates) for 2040 and the applicable projected 65+ or 75+ population for 2040.
- 2040 estimated net need. A calculation of the additional number of units/bedspaces that are estimated to be required by 2040, in order to meet the estimated need for that type of housing/accommodation. It is the 2040 estimated need minus the 2022 current provision.

[25] Population 65+ for housing for older people; population 75+ for housing with care and residential/nursing care

Table 13. Current provision and estimated need for specialist housing and accommodation for older people, to 2040 in Gateshead.

Housing/accommodation type	2022 current provision	2022 prevalence rate	2040 anticipated prevalence rate	2040 estimated gross need	2040 net need
Housing for Older People (homes)	2,629	65	66	3,299	670
Housing with Care (homes)	332	16	30	768	436
Residential care (beds)	1,008	52	40	1,023	15
Nursing care (beds)	485	25	28	716	231

NB. Figures may not sum due to rounding

2.74 The estimated gross need for housing and accommodation for older people is shown for 2023 (current need), 2025, 2030, 2035 and 2040 in table 14. The estimated net need is shown in table 15, which shows the estimated need additional to the current supply. Net need is not cumulative.

Table 14. Estimated gross need for housing and accommodation for older people to 2040, in Gateshead.

Housing / accommodation type	Estimated need in 2023	Estimated need by 2025	Estimated need by 2030	Estimated need by 2035	Estimated need by 2040
Housing for Older People (homes)	2,656	2,842	3,075	3,244	3,299
Housing with Care (homes)	463	524	579	662	768
Residential care (bedspaces)	1,018	1,019	1,019	1,020	1,023
Nursing care (bedspaces)	500	560	590	644	716

2.75 The estimated net need for housing and accommodation for older people is shown disaggregated for 2023 (current net need), 2025, 2030, 2035 and 2040 in table 15. This shows the estimated number of homes/bedspaces required to meet estimated need in 2023 and by 2025, 2030, 2035 and 2040. Net need is not cumulative. Estimated need for housing for older people and housing with care are shown by locality at Annexe 3.

Table 15. Estimated net need (i.e. net of current supply) for housing and accommodation for older people to 2040 in Gateshead.

Housing / accommodation type	Estimated net need in 2023	Estimated net need by 2025	Estimated net need by 2030	Estimated net need by 2035	Estimated net need by 2040
Housing for Older People (units):	27	213	446	615	670
For rent	*11*	*85*	*178*	*246*	*268*
For sale	*16*	*128*	*268*	*369*	*402*
Housing with Care (units):	131	192	247	330	436
For social / affordable rent	*92*	*135*	*173*	*231*	*305*
For sale / shared ownership	*39*	*58*	*74*	*99*	*131*
Residential care (beds)	10	11	11	12	15
Nursing care (beds)	15	75	105	159	231

NB. Figures may not sum due to rounding

2.76 In summary, the estimated net need requirements for specialist housing and accommodation for older people for Gateshead by 2040, are shown in table 16.

Table 16. Housing and accommodation for older people, net estimated need to 2040, in Gateshead.

Housing type and use class	Estimated number of homes/bedspaces needed by 2040
Housing for older people (retirement housing for sale/for affordable rent). Use class C3	c.670 homes: • c.270 for social/affordable rent • c.400 for sale / shared ownership
Housing with care (extra care housing). Use class C3/C2	c.435 homes: • c.305 for social/affordable rent • c.130 for sale /shared ownership
Residential care. Use class C2	c.15 bedspaces
Nursing care. Use class C2	c.230 bedspaces

2.77 *Housing for older people* (retirement housing for sale and for social/affordable rent). The estimated housing for older people net need to 2040 is c.670 homes of which c.270 homes are estimated to be required for social/affordable rent and c.400 are estimated to be required for shared ownership/sale. Based on the qualitative evidence about older people's housing preferences (paragraph 2.62) it is assumed that potentially up to 50% of this estimated need could be met through the provision of mainstream housing that is designed for and accessible to older people even if it is not technically 'designated' for older people, for example housing that is 'care ready' and suited to ageing as distinct from 'retirement housing'. This may include mainstream housing to accessible and adaptable standards M4(2) and M4(3).

2.78 *Housing with care* (extra care housing). The estimated housing with care net need to 2040 is c.435 homes of which c.305 homes are estimated to be required for social / affordable rent and c.130 homes are estimated to be required for shared

ownership/sale. This will meet the housing and care needs of older people who are self-funders as well as older people who need rented accommodation and are eligible for social care funded by the Council. This need could be met in part through mixed tenure development of extra care housing.

2.79 *Residential care and nursing care*. The estimated residential care net need is not anticipated to increase over the period to 2040. It is likely that residential care bed capacity will need to be increasingly focussed on older people with more complex social care needs, such as people living with dementia. The estimated nursing care net need to 2040 is c.230 bedspaces. It is likely that nursing care bed capacity will need to be increasingly focussed on older people with more complex health and social care needs, including people living with dementia. This is aligned with the Council's integrated residential/nursing care delivery model.

3. Estimated need for supported accommodation: Adults with learning disability/autistic people

3.01 The intention of this assessment is to identify the future supported accommodation needs of people with learning disability/autistic people.

3.02 The assessment of need for housing and supported accommodation draws on a range of evidence, including:

- Demographic context: current population and projected population of people with learning disabilities/autistic people.
- Current provision of housing and supported accommodation.
- Evidence from people with learning disabilities/autistic people and other local stakeholders.
- Local policy context.
- Local commissioner perspectives and intelligence.

Establishing the population baseline

3.03 In order to identify the population trends in relation to people with a learning disability/autistic people that have social care needs, data provided by Gateshead Council has been used[26], alongside data from the NHS Short- and Long-term Support (SALT)[27] dataset and Gateshead's Joint Strategic Needs Assessment (JSNA)[28].

3.04 The number of adults aged 18+ with learning disability/autistic people in Gateshead is approximately 550 individuals (2020/21), according to data from Gateshead Council and NHS SALT data. The housing/accommodation status of these 550 individuals is shown below.

Identifying the current housing/accommodation status and characteristics of the baseline population.

3.05 SALT data has also been used to provide data for the accommodation status for adults that have a learning disability/autistic people.

3.06 Table 17 shows the housing/accommodation status of the 550 individuals.

[26] Gateshead Council: Internally held data on number of individuals with a primary support reason as learning disability support

[27] NHS Digital: Short- and Long-term Support Return for Gateshead (2021/22); accessed via Adult Social Care Finance Return Data Pack

[28] Gateshead Joint Strategic Needs Assessment: Information on the number of people with learning disabilities living in their own home or with family

Table 17. Housing/accommodation status of baseline population.

Accommodation/housing provision	Number of people accommodated	Percentage of people accommodated
For the population of adults with learning disabilities/on the autistic spectrum, the accommodation/housing provision and types:	550 adults learning disabilities/autistic people	
Residential care/nursing care	40	7%
Shared Lives (adult placement)	32	6%
Supported housing/supported living (shared supported housing)	150	27%
Supported housing/supported living (self-contained housing)	24	4%
1: 1 24/7 living arrangements	32	6%
Living with family/friends/informal carers	214	39%
Living in mainstream housing	58	11%

Source: SALT 2020/21 & Gateshead Council

3.07 Data regarding the number of people with mental health needs, people with learning disabilities and other working age adults with care needs living in care homes and in supported living (supported housing) has been provided by Gateshead Council commissioners.

3.08 This shows that the current supply of supported housing for people with learning disabilities/autistic people (174 housing units in total) is made up of:

- 150 units in 43 shared supported housing properties. 86% of supported housing for people with learning disabilities/autistic people is shared supported housing ranging in size from 2 people sharing to 6 people sharing a house.
- 24 units of self-contained supported housing in 6 schemes, which represents 14% of the supported housing for people with learning disabilities/autistic people. These are typically more recent supported housing developments.

3.09 32 people are living on their own with a 1:1 24/7 support package. Some, but not all, of these individuals have high/complex support needs.

Evidence from people with learning disabilities/autistic people and other local stakeholders

3.10 The evidence regarding the housing perspectives of people with a learning disability/autistic people has been drawn from focus groups and interviews with:

- A small sample of local people with learning disabilities/autistic people, including some people already living in supported housing.
- Local community organisations such as Your Voice Counts.
- Local providers of supported housing such as Gateshead Council, Home Group, Riverside.

3.11 The evidence from this engagement with local people and other stakeholders is summarised below.

3.12 Most people with a learning disability/autistic people don't want to live in a care home; care homes are not seen as aspirational or places that enable independence.

3.13 The majority of people with a learning disability are living with their families, which does suit some people, however some people would like to move on from the family home. This position is not sustainable for some people, for example adults with learning disabilities who are living with older parents/carers or with carers whom have health conditions.

3.14 There is a need for an increased range of good quality supported accommodation for people with a learning disabilities/autistic people (for example as summarised at paragraph 3.30).

3.15 The majority of people are seeking self-contained accommodation that enables them to live as independently as possible. For some people this may be a general needs property with an appropriate package of care/support not necessarily supported housing.

3.16 Some people would prefer to live in shared accommodation; this tends to be younger people where living with friends may be a preference and resembles the housing preference/experience of other young people their age living without a disability.

3.17 People with a sole diagnosis of autism tend to have sensory needs and social behaviours which make living in shared accommodation challenging. Self-contained accommodation is preferred, and properties may need to be adequately adapted to meet a range of sensory related needs, for example with sound proofing, different types of lighting, careful use of colour schemes. It is also necessary to consider how robust housing materials and fitments may need to be for individuals with complex support needs. Having access to green space will be an important consideration for some people.

3.18 Some people who are seeking supported accommodation are looking for small-scale supported housing schemes, for example supported housing developments with 8-10 self contained dwellings.

3.19 Having access to communal space both indoors and outdoors is important for people's health and wellbeing.

3.20 Location is important. People with a learning disability/autistic people are seeking housing with good access to shops and amenities and where they feel safe.

3.21 Supported housing should enable tenants to have a sense of community as well as remain part of the local community. This is about linking residents to external social activities, volunteering and employment opportunities and in some cases it may be through the provision of communal space in supported housing schemes.

3.22 Some examples of best practice within Gateshead include Home Group's recent supported housing scheme and Gateshead Council's supported housing

developments including self contained flats and 4 bungalows. Research participants living at these schemes liked living there.

3.23 People are seeking support navigating the housing system and accessing supported accommodation. Information needs to be 'learning disability and autism-friendly', for example, people are seeking easy-read tenancy agreements.

3.24 Evidence from discussions with Registered Providers and other housing providers indicates:

- There is interest in additional development of self-contained units of supported housing for people with a learning disability.
- There is an increase in people with a learning disability/on the autistic spectrum that also have a mental health diagnosis who may need quite bespoke housing options.

Local policy context and local commissioner perspectives and intelligence

3.25 Discussions were held with commissioners and operational managers from Adult Social Care to sense test local evidence and to establish a future housing vision, including the types of housing and supported accommodation required. Existing local plans and policies were reviewed.

3.26 The Council's Market Position Statement, 2020 – 2022 includes objectives of:

- *Improving the housing and support offer for people living semi-independently in the community, working alongside housing, social care and voluntary and community organisations.*
- *Development of an accommodation pathway for those people who can be supported in the community and continue discussions with partners to facilitate the development of a choice of accommodation for people with a learning disability which adheres to the principles of Transforming Care.*

3.27 The Council's Specialist and Supported Housing SPD[29] states:

- *"The Council is committed to enabling people with short or long-term care or support needs, wherever appropriate, to choose, or be accommodated safely in, suitable mainstream accommodation that will allow them to live in their own home as independently as possible with bespoke and flexible support."*
- *"There is recognition that extra care accommodation can also meet the needs of some younger adults with long-term conditions including learning disabilities, physical disabilities, dementia."*

3.28 The Council's vision for housing for people with learning disabilities drawing on local evidence of housing needs, stakeholder views and commissioners' insights is set out below. There is a desire to develop a housing pathway which includes a mix of

[29] Gateshead Council: Specialist and Supported Housing – Supplementary Planning Document 2022

housing and supported accommodation, which offer people different housing choices, from housing options with 24/7 support through to access to mainstream housing with packages of care/support tailored to individuals' needs

a) The council wishes to make less use of residential care as this is not seen as an accommodation option that promotes independence.

b) There is a need for a small number of specialist supported housing schemes for people with complex care and support needs, including 24/7 support, which for example can also provide 'step down' accommodation for people being discharged from inpatient or care home settings.

c) There is a need for small 'clusters' of self-contained supported housing, both for people who need 24/7 support and for people with lower support needs.

d) There needs to be a mix of types of supported housing which enables people to have housing choices. This will include self-contained accommodation but shared supported housing will be preferred by some people.

e) There is a need for fully wheelchair adapted homes for people with learning disabilities who also have significant physical disabilities.

f) There is a need for an increased range of tenure choices, such as home ownership through the Home Ownership for people with Long Term Disabilities (HOLD) scheme.

g) Shared Lives options will be increased as a complementary housing offer alongside supported housing or individuals accessing mainstream housing.

h) People with learning disabilities need to be able to better access mainstream general needs housing within the wider community. This can be a realistic option for people where floating support or individualised care/support packages are provided.

3.29 As part of developing these housing options as part of a more extensive housing pathway, the following actions are being taken:

- Some existing shared housing schemes need to be reviewed and their future use considered, particularly where there are voids.
- There is a need for supported housing with lower service charges to enable people to access employment opportunities.

Projecting future adult population with a learning disability/on the autistic spectrum for Gateshead.

3.30 Based on evidence in relation to the population of people with learning disability/autistic people and evidence from Council Officers and their local partners, it is assumed that there will be growth of the adult population of people with a

learning disability/autistic people to 2040. The population projection amongst people with learning disabilities/autistic people to 2040 in Gateshead is shown in table 18.

3.31 This is based on the following assumptions:

- This includes assumed population growth from:
  - An increasing older population of adults with learning disabilities/autistic people adjusted for estimated mortality
  - Young people with learning disabilities/autistic people whom 'transition' to become adults eligible for social care.
- A net increase of c.9 people based on the estimated number of young people 'transitioning' to adult social care each year (estimated to be c.17 young people per year based on both DfE data and data from Gateshead Council) and the estimated mortality per year amongst the population cohort (estimated to be 8 people per annum based on NHS mortality data). This growth is applied to the number of people with a learning disability/autistic people known to the Council in terms of being in receipt of social care services.

Table 18. Estimated population of adults with learning disabilities/autistic people aged 18-64 in Gateshead projected to 2040.

2022	2023	2025	2030	2035	2040
550	559	578	623	685	730

Source: NHS SALT (2020/21); NHSE (2021/22); DfE (2021/22)

Assumptions in relation to different housing/supported housing types to estimate housing need of the population of adults with learning disabilities/autistic people to 2040.

3.32 This is based on:

- Comparison with England average 'benchmarks' of the use of different types of housing/accommodation for people with learning disability, such as residential care.
- Projections in relation to population growth.
- Assumptions about trends in need for different types of housing and supported housing, drawing on evidence from engagement with people with learning disabilities/autistic people, with local stakeholders and with commissioners

3.33 Gateshead's use of residential care is below both the North East average and the England average (table 19). However, in the context of the Council's objectives (i.e. to reduce the use of residential care), it is assumed that the use of residential care will likely decrease.

Table 19. Adults with learning disabilities (SALT) that are accommodated in residential care (excluding nursing care) in Gateshead compared to North East region and England.

	Gateshead	North East	England
Use of residential care	7%	21%	17%

Source: SALT & Gateshead Council. N.B. The percentages reflect the number of adults aged 18-64 that have a learning disability (SALT) that are in residential care, out of the total number of adults with a learning disability/autistic people (SALT).

3.34 The following assumptions have been applied to the projected need for accommodation for adults with a learning disability/autistic people:

- Evidence from commissioners is that there is a need to develop a wider range of supported accommodation, including more self-contained accommodation (as set out in paragraph 3.28).
- An ongoing increase is assumed amongst the population of people with learning disabilities/on the autistic spectrum in Gateshead. This includes assumed population growth from:
    - A growing older population of adults with learning disabilities/autistic people adjusted for mortality.
    - Young people with disabilities 'transitioning' becoming adults eligible for social care.
- The use of residential care is anticipated to decrease by at least c.50% by 2040, including the use of out of borough placements., with a wish to decrease the use of out of borough placements further.
- The need for mainstream housing with a care/support package is expected to increase slightly due to the increase in the overall population of adults with a learning disability/autistic people.
- Living with family/friends/informal carers: based on similar assessments with local authorities elsewhere, it is assumed that the percentage of people living with family carers, particularly older carers will decrease by c.20% by 2040 as a proportion of older carers are no longer in a position to be able to accommodate and support their adult children with learning disabilities. Some recent developments of supported housing in Gateshead have enabled older carers to remain close to their adult children.
- A modest level of growth has been assumed for Shared Lives.
- Supported housing/supported living is expected to increase due to the increasing overall population, a reduction in the use of residential care and a decrease in people living with family carers. However, it is assumed that the need for shared supported housing may decrease due to an increasing preference and need amongst people with learning disabilities/autistic people for self-contained accommodation, voids in existing shared housing schemes and lack of compatibility in terms of people moving into existing shared housing (for example due to the complexity of people's needs). It is assumed that the majority

of the growth in need for supported housing will be for self-contained accommodation.

- Evidence from the Council's Accommodation and Support Group about housing need amongst people with learning disabilities/autistic people has identified:
    - A need for 17 units of supported housing urgently, 31 units in the next 12/24 months and potentially up to 68 units required beyond that period. Of these people, at least 5 individuals require wheelchair adapted homes.
    - 21 people who are funded via Continuing Health Care that have a need for supported accommodation.
- Amongst the identified population of people with learning disabilities/autistic people, the Council has identified that there are c.18 individuals who are likely to require 'bespoke' housing and support solutions due to the complexity of their needs (for example properties that are highly adapted and/or located in relatively isolated locations)[30].
- The anticipated need, based on the assumptions above that are used as part of estimating future housing need, are shown in table 20.

Table 20. Estimating future housing/supported accommodation need: housing/ accommodation type assumptions for change in level of need.

Accommodation/housing type	Prevalence of provision (as % of total pop.) 2022	Assumed anticipated need (as % of total pop.) 2040
Residential/nursing care	7%	3%
Shared Lives (adult placement)	6%	8%
Supported housing (shared supported housing)	27%	15%
Supported housing (self-contained supported housing)	4%	35%
1:1 24/7 living arrangements	6%	6%
Living with family/informal carers	39%	24%
Mainstream housing	11%	10%
Total	**100%**	**100%**

NB. Totals may not sum due to rounding

3.35 The estimated net need for housing and supported housing for people with learning disabilities/autistic people is shown in detail in table 21 and in summary in table 22. Table 21 shows the number of homes/units currently available to meet need, the number of homes/units required to meet unmet need, this unmet need projected to 2025, 2030, 2035 and 2040. Estimated need for supported accommodation is summarised in table 22.

[30] Bespoke Housing Need for People with Complex Needs (2023)

Table 21. Gateshead: Housing and supported accommodation need for adults with learning disability/autistic people projected to 2040

	Current provision & pop. (2022)	Existing supply of housing & accom. (%)	Adult pop. 2023	By 2023 est. need for housing & accom. (%)	Adult pop. 2025	By 2025 est. need for housing accom. (%)	Adult pop. 2030	By 2030 est. need for housing & accom. (%)	Adult pop. 2035	By 2035 est. need for housing & accom. (%)	Adult pop. 2040	By 2040 est. need for housing & accom. (%)
Population	**550**		**559**		**578**		**623**		**685**		**730**	
Housing & accommodation types												
Residential/nursing care	40	*7%*	36	*7%*	32	*6%*	28	*5%*	23	*3%*	18	*3%*
Shared Lives (adult placement)	32	*6%*	32	*6%*	34	*6%*	39	*6%*	45	*7%*	55	*8%*
Supported housing (shared housing)	150	*27%*	137	*25%*	131	*23%*	125	*20%*	121	*18%*	110	*15%*
Supported housing (self-contained housing)	24	*4%*	59	*11%*	85	*15%*	134	*22%*	198	*29%*	257	*35%*
1:1 24/7 living arrangements	32	*6%*	33	*6%*	36	*6%*	39	*6%*	43	*6%*	46	*6%*
Living with family / friends / informal carers	214	*39%*	204	*36%*	199	*35%*	193	*31%*	185	*27%*	172	*24%*
Mainstream housing	58	*11%*	58	*10%*	60	*10%*	65	*10%*	70	*10%*	73	*10%*
Totals	**550**	***100%***	**559**	***100%***	**578**	***100%***	**623**	***100%***	**685**	***100%***	**730**	***100%***

Source: NHS SALT data 2020/21 and Gateshead Council. NB Totals my not sum due to rounding

Table 22. Net additional units of supported accommodation required for people with a learning disability/autistic people in Gateshead to 2040

	Net additional homes required in 2023	Net additional homes required by 2025	Net additional homes required by 2030	Net additional homes required by 2035	Net additional homes required by 2040
Shared Lives	0	2	7	13	23
Supported housing	22	43	85	145	193
Total	**22**	**45**	**92**	**158**	**216**

3.36 In summary, an additional c.90 units of supported accommodation are estimated to be needed by 2030 for people with a learning disability/autistic people and an additional c.215 units by 2040.

3.37 Of these additional c.215 units, c.25 units are estimated to be for Shared Lives accommodation and c.190 units are estimated to be for supported housing.

3.38 There is a need to develop a housing and accommodation 'pathway' for people with learning disabilities/autistic people.

3.39 This pathway of additional housing and supported housing options is required, in part, to reduce reliance on residential care to accommodate people. It is assumed that the number of people living in care home beds will decrease by c.50% by 2040. It is assumed that in future people who may have used residential/nursing care will use supported housing with 24/7 support as an alternative.

3.40 The estimated need indicates that the following 'components' of this housing pathway are required.

3.41 Supported housing or people with the most complex support needs. In some instances this may require bespoke individualised housing options, however it is often possible to meet this type of housing need in carefully designed and commissioned supported housing. This will include people identified as having the 'most complex' need and may include some people who are CHC funded. For example, a supported housing scheme in Kirklees, capital funded in part by NHS England, provides an example of this type of bespoke supported housing development[31].

3.42 There is a need for of supported housing consisting of a small number of self contained flats (c.6 units). This is typically a small 'cluster' of flats with 24/7 support. An example of this type of supported housing scheme is Mulberry Lodge, Basingstoke which has been designed and capital funded by Hampshire County Council[32].

[31] https://www.choicesupport.org.uk/about-us/housing/housing-development
[32] https://documents.hants.gov.uk/adultservices/Extra-Care-Younger-adults-Brochure-2020.pdf

3.43 There is a need for additional small 'clusters' of self-contained supported housing that provides supported housing, both for people who no longer need 24/7 supported housing and people who need a supportive environment before moving to independent housing. This the equivalent of the 'concierge' type of supported housing schemes (typically 8-10 self contained units) that have been developed recently in Gateshead.

3.44 Some of the need for supported housing can be met through an expansion of provision of Shared Lives.

3.45 There is a need for some people with learning disabilities/autistic people to have better access to mainstream general needs accommodation and to be supported with floating support to enable people to live within the community.

3.46 These supported housing requirements to 2030 are summarised below.

2023:

- 1 additional specialist supported housing development for people with the most complex needs. 5-6 s/c units. 24/7 support
- 1 additional 'cluster' of self-contained supported housing scheme. 6 s/c units. 24/7 support
- 1 additional 'concierge' type of self-contained supported housing scheme. 8-10 s/c units. Support level to be determined (less than 24/7)

2025

- 1 additional specialist supported housing development for people with the most complex needs. 5-6 s/c units. 24/7 support
- 1 additional 'cluster' of self-contained supported housing scheme. 6 s/c units. 24/7 support
- 1 additional 'concierge' type of self-contained supported housing scheme. 8-10 s/c units. Support level to be determined (less than 24/7)

2030:

- 3 additional 'clusters' of self-contained supported housing schemes. 6 s/c units. 24/7 support
- 2 additional 'concierge' type of self-contained supported housing schemes. 8-10 s/c units. Support level to be determined (less than 24/7)

4. Estimated need for supported housing: Adults with mental health needs

4.01 The intention of this assessment is to identify the housing and supported housing needs of people with significant mental health needs (who are in contact with specialist mental health services).

4.02 The assessment of need for housing and supported housing draws on a range of evidence, including:

- Demographic context: current population and projected population of people with significant mental health needs.
- Current provision of housing and supported accommodation.
- Evidence from people with mental health needs.
- Local policy context.
- Local commissioner perspectives and intelligence.

Population baseline

4.03 To provide an estimate for the number of people with significant mental health needs the following data sources have been used:

- Mental Health Services Data Set (MHSDS) from NHS Digital. Data for the Newcastle and Gateshead CCG area shows that there were 4,170 adults aged 18-64 years in contact with specialist mental health services (2021/22). Based on Gateshead having c.39% of the overall population of Newcastle and Gateshead combined, it is assumed that 1,626 adults aged 18-64 years in Gateshead have contact with specialist mental health services.
- NHS Digital - Mental health service users on Care Programme Approach (CPA)[33] – to provide a baseline figure of the number of adults with a significant mental health related need in Gateshead. It should be noted that this 'population' may not capture people with other support needs who may also have mental health related needs, for example some people who are or are at risk of homelessness.
- Data from Gateshead Council[34]: number of adults with a mental health related need receiving adult social care that are known to the council, including those living in supported housing, care homes and Shared Lives schemes. This is a smaller population cohort than the CPA population (as not all CPA clients will require social care or have a need for supported housing).

[33] NHS Digital: Care Programme Approach: Mental health service users on Care Programme Approach: % of mental health service users (end of quarter snapshot); accessed via OHID Fingertips
[34] Gateshead Council: Internally held data on number of individuals with a mental health related need

- Gateshead's Joint Strategic Needs Assessment (JSNA)[35].

4.04 The data from the MHSDS indicates that there are c.1,625 adults aged 18-64 years who have contact with specialist mental health services. The data from NHS Digital shows that there were estimated to be 591[36] individuals with a mental health related need registered on the CPA in 2019/20. These are adults with significant mental health needs. This is used as a baseline figure for the number of adults with significant mental health needs in Gateshead.

4.05 The data from Gateshead Council shows that there were 155 individuals between the age of 18 to 64 people with a mental health related need receiving a social care service from the Council, including people living in supported housing, care homes and Shared Lives schemes in Gateshead in 2021/22.

Current housing/accommodation status

4.06 The housing/accommodation status of the people aged 18-64 with a mental health related need is shown below, based on MHSDS data and the council's data.

4.07 This includes the population of adults aged 18-64 with a significant mental health need disaggregated by the following accommodation categories:

- No./% living in residential/nursing care.
- No./% living in supported housing.
- No./% living in mainstream housing as tenants and/or homeowners.

Table 23. Accommodation: adults aged 18-64 in Gateshead with a mental health need.

Housing & accommodation type	Number of people	Percentage of total
Mainstream housing	532	90%
Supported housing / Supported Living	25	4%
Residential care/nursing care	24	4%
Shared Lives	5	Less than1%
1:1 24/7 living arrangements	5	Less than 1%
Total	**591**	**100%**

Source: MHSDS 2021/22. Gateshead Council.

4.08 Data regarding the number of people with mental health needs, people with learning disabilities and other working age adults with care needs living in care homes and in supported living (supported housing) has been provided by Gateshead Council commissioners.

4.09 This shows that the current supply of supported housing for people with mental health needs is limited; of that which is available, over 50% is in traditional shared

[35] Gateshead Joint Strategic Needs Assessment: Information on the number of people with learning disabilities living in their own home or with family

[36] NHS Digital data for adults with a mental health related need registered on the CPA is shown for Newcastle and Gateshead CCG. The data has been adapted to estimate the number of individuals registered on the CPA in Gateshead alone, based on ONS population data (39% of the combined Gateshead and Newcastle population is comprised of Gateshead).

supported housing, i.e. where people have a bedroom but share the communal facilities with other tenants. There is only one self-contained supported housing scheme for people with mental health needs, which has 5 self contained flats.

4.10 4% of people with a significant mental health need are estimated to be living in supported housing and 4% are living in residential/nursing care homes.

4.11 A small number of people (5 individuals) have 1:1 24/7 support living arrangements; this may include people with complex needs including mental health needs along with learning disability and/or autism related needs.

Projecting future population of people with a mental health need

4.12 Estimates of population growth take account of factors such as younger people with mental health related needs becoming adults and an ageing population.

4.13 Data from PANSI[37] indicates an estimated reduction of c.3% in the number of people aged 18-64 years in Gateshead who are predicted to have two or more psychiatric disorders to 2040. However, local evidence from commissioners indicates an increasing trend of adults with serious mental illness being referred to mental health services. This local intelligence is also supported by data from the NHS Digital Quality and Outcomes Framework data.

4.14 Based on data from the NHS Quality and Outcomes Framework[38] regarding the population with severe mental illness, a 1.8% increase per year in this population is projected.

4.15 Based on the increase of 1.8% per year, the projected adult population with significant mental health needs for each five-year period to 2040 is shown in table 24.

Evidence from people with mental health needs and local stakeholders

4.16 The evidence regarding the housing perspectives of people with significant mental health needs has been drawn from the following stakeholders:

- A small sample of local residents.
- Local community organisations such as Mental Health Concern.
- Local providers of supported housing such as Oasis Community Housing, Home Group.

4.17 The key messages from these stakeholders are summarised below.

4.18 There is no desire amongst people with a mental health need to live in residential care settings.

[37] https://www.pansi.org.uk/

[38] NHS Digital: Quality and Outcomes Framework – 2012-2021: Number of adults with severe mental illness in Newcastle and Gateshead CCG; accessed via OHID Fingertips

4.19 There is a need for an increase in supported housing across Gateshead for people with a mental health need, particularly accommodation that supports people with complex mental health needs.

4.20 There is a need for more step-down accommodation that supports people to transition from acute hospital settings to supported accommodation.

4.21 In many cases, people with a mental health need would prefer and are able to live in mainstream housing with support. If supported housing is needed, self-contained accommodation is typically preferred over shared accommodation, which builds on peoples' strengths and capabilities.

4.22 The majority of people who need supported accommodation are seeking small-scale supported housing schemes.

4.23 For people with a mental health need having access to green space is important for their health and wellbeing.

4.24 People are seeking to live in locations with good access to public transport, shops, amenities and support services.

4.25 Where people with mental health needs are living successfully independently within the community, they are often receiving regular input from a housing support worker, and they are well connected to community support services. Having access to support groups and community is important.

4.26 People with a range of mental health needs report that the existing process for finding alternative accommodation, whether in the private rented sector or through choice-based lettings, is often very challenging which can cause further anxiety and stress. Often people need support with this from community organisations to help with navigating access to housing.

4.27 Evidence from discussions with Registered Providers and other housing providers indicates:

- There is a changing resident profile in older person's accommodation to include 'younger' older people (e.g. people aged 55-65 years) with mental health needs. This is thought to be due to a lack of alternative supported accommodation.
- Mental health diagnosis has increased substantially in the last 5 years, for example including complex diagnosis and 'co-morbidity' with autism, which has meant an increased demand for supported housing but also floating support services.
- That people with 'dual diagnosis' (e.g. mental health needs and autism) find access to appropriate housing difficult. There is a need for a wider range of housing provision for these individuals.

Local policy context and local commissioner perspectives and intelligence

4.28 The Council's Market Position Statement, 2020 – 2022 includes an objective of:

- *"Improving the housing and support offer for people living semi-independently in the community, working alongside housing, social care and voluntary and community organisations"*

4.29 The Council's Specialist and Supported Housing SPD[39] states:

- *"The Council is committed to enabling people with short or long-term care or support needs, wherever appropriate, to choose, or be accommodated safely in, suitable mainstream accommodation that will allow them to live in their own home as independently as possible with bespoke and flexible support."*

4.30 The Council's vision for a housing pathway for people with mental health needs, drawing on evidence of need for specialist and supported housing, the views of local stakeholders and commissioner insights is:

- There is a desire and need to develop an accommodation 'pathway' for people with significant mental health needs (who are in contact with/supported by specialist mental health services). This includes having the following mix of housing and types of supported accommodation.
    a) There is a need for reduced reliance on residential care to house people and an increased need for a range of alternative housing options.
    b) There is a need for a small number of specialist supported housing schemes for people with complex mental health needs, including 24/7 support, which can also provide 'step down' accommodation for people being discharged from inpatient settings.
    c) There is a need for small 'clusters' of self-contained supported housing that provides short to medium term (e.g. up to 2 years) supported housing, both for people who no longer need 24/7 supported housing and people who need a supportive environment before moving to independent housing.
    d) There is a need for people with a mental health needs to have better access to mainstream general needs accommodation and to be supported with floating support to enable people to live independently in the community.
    e) There is a wish to expand community support networks as a model of support as this enables people to live in mainstream accommodation as well as providing support to access community life.

Assumptions about the need for different housing/supported accommodation types (i.e. the relative percentage of each housing/accommodation type) to be applied the estimated population to 2040 to identify projected housing/supported housing need

4.31 This is based on:

- Projections in relation to population growth.

[39] Gateshead Council: Specialist and Supported Housing – Supplementary Planning Document 2022

- Assumptions about trends in need for different types of housing and accommodation.

4.32 Research by the Housing LIN with people with mental health needs, including in Gateshead, indicates that:

- There is no desire to live in residential care settings.
- There is a need for supported housing that supports recovery and independence.
- There is a need for supported housing with significant support on site that enables people to 'step down' from acute hospital settings.
- There is a requirement for access to mainstream housing with support as required.

4.33 Evidence from commissioners is that there is a need to develop an accommodation 'pathway' for people with significant mental health needs (as set out in paragraph 4.30).

4.34 The following assumptions have been applied to the estimates of housing and supported housing need for people with significant mental health needs:

- The adult population with a significant mental health need is comprised of the number of service users on the CPA with a mental health need (source: NHS Digital).
- The population growth of the adult population with a mental health need is 1.8% per year. (Source: Quality and Outcomes Framework (QOF), NHS Digital).
- Nursing and residential care use is assumed to decrease by at least 50% by 2040.
- Growth in population of adults with significant mental health needs and any reduction in need for residential / nursing care, is reflected in growth in need for supported housing and mainstream housing.
- There is a modest level of increase in need assumed for Shared Lives.
- Need for mainstream housing is calculated as the difference in the CPA population and the population in supported housing, Shared Lives and residential/nursing care.

Identifying estimated future housing and supported accommodation need for people with mental health needs

4.35 This identifies changes in net housing and supported housing requirements to meet projected housing need and changes in the types of housing/supported housing required. This is based on applying the assumptions above to the current housing/supported housing provision. This is then adjusted for identified population change over time.

4.36 Table 24 shows estimated need for housing/supported accommodation for people with significant mental health needs in Gateshead to 2040.

Table 24. Estimated need for housing/supported housing for people with significant mental health needs in Gateshead to 2040

	Adult pop. 2022	Existing supply of housing & accom. types (%)	Adult pop. 2023 and estimated need for accomm.	Estimated need for housing & supp. accom. (%)	Adult pop. 2025 and estimated need for accomm.	Estimated need for housing & supp. accom. (%)	Adult pop. 2030 and estimated need for accomm.	Estimated need for housing & supp. accom. (%)	Adult pop. 2035 and estimated need for accomm.	Estimated need for housing & supp. accom. (%)	Adult pop. 2040 and estimated need for accomm.	Estimated need for housing & supp. accom. (%)
Population	**591**		**601**		**623**		**676**		**729**		**782**	
Housing & accommodation types												
Mainstream housing	532	*90%*	538	*90%*	553	*89%*	591	*87%*	633	*87%*	674	*86%*
Supported housing	25	*4%*	30	*5%*	39	*6%*	56	*8%*	70	*10%*	88	*11%*
Residential/nursing care	24	*4%*	23	*4%*	21	*3%*	19	*3%*	15	*2%*	10	*1%*
1:1 24/7 support living arrangements	5	*1%*	5	*1%*	5	*1%*	5	*1%*	5	*1%*	5	*1%*
Shared Lives	5	*1%*	5	*1%*	5	*1%*	6	*1%*	6	*1%*	7	*1%*
Totals	591	*100%*	601	*100%*	623	*100%*	676	*100%*	729	*100%*	782	*100%*
Net additional supported housing requirement (units)			**5**		**14**		**31**		**45**		**63**	

Source: Gateshead Council (2022) & NHS Digital (2019/20)

Table 25. Net additional need for supported housing to 2040

Type of accommodation	Net additional homes required (2023)	Net additional homes required (2025)	Net additional homes required (2030)	Net additional homes required (2035)	Net additional homes required (2040)
Supported housing	5	14	31	45	63

4.37 Tables 24 and 25 indicate that there is an estimated net need for c.30 units of additional supported housing for people with significant mental health needs by 2030 and c.65 units of additional supported housing by 2040.

4.38 There is a need to develop a housing and accommodation 'pathway' for people with significant mental health needs (who are in contact with/supported by specialist mental health services) as set out at paragraph 4.30.

4.39 This pathway of additional housing and supported housing options is required, in part, to reduce reliance on residential care to accommodate people. It is assumed that the number of people living in care home beds will decrease by c.50% by 2040. It is assumed that in future people who may have used residential/nursing care will use supported housing with 24/7 support as an alternative.

4.40 The estimated need indicates that the following 'components' of this housing pathway are required.

4.41 There is a need for of specialist supported housing for people with complex mental health needs as short to medium term accommodation (for example for up to 2 years) consisting of a small number of self contained flats (c.5 -6 units). This is typically a small 'cluster' of flats with 24/7 support, which can also provide 'step down' accommodation for people being discharged from inpatient settings. An example of this type of supported housing scheme is the London Borough of Greenwich mental health high support scheme, which provides supported housing with 24/7 support for people with serious mental health needs, for example being discharged from inpatient settings or leaving a residential care setting.

4.42 There is a need for additional small 'clusters' of self-contained supported housing (similar to recent supported housing developments in Gateshead) that provides medium term supported housing (for example for up to 3 years), both for people who no longer need 24/7 supported housing and people who need a supportive environment before moving to independent housing. This the equivalent of the 'concierge' type of supported housing schemes (typically 8-10 self contained units) that have been developed recently in Gateshead. Another example of this type of supported housing scheme is Salveson House, London. This is operated by One Housing and provides contemporary (new build) self contained 1 bed flats in a cluster of 12 units for people with long term/complex mental health needs.

4.43 There is a need for people with significant mental health needs to have better access to mainstream general needs accommodation and to be supported with floating support to enable people to live within the community. This could include expanding

community support networks as a model of support as this would enable people to live in mainstream accommodation as well as providing support to access community life.

4.44 These supported housing requirements to 2030 are summarised below.

2023:

- 1 additional specialist supported housing scheme for people with complex mental health needs. 5-6 s/c units. 24/7 support

2025:

- 1 additional 'concierge' type of supported housing scheme. 8-10 s/c units. Support level to be determined (less than 24/7)

2030

- 1 additional specialist supported housing scheme for people with complex mental health needs. 5-6 s/c units. 24/7 support
- 1 additional 'concierge' type of supported housing scheme. 8-10 s/c units. Support level to be determined (less than 24/7)

5. Estimated need for accessible housing: People with physical disabilities

5.01 The intention of this assessment is to identify the housing needs of people with physical disabilities, many of whom will require accessible properties, some of whom will also have care/support needs, for example due to long term health conditions. This assessment of need covers estimated need for accessible housing, including for wheelchair users.

Contextual evidence from stakeholders

5.02 The evidence regarding the housing perspectives of people with a physical disability has been drawn from:

- A small sample of local residents.
- Local providers of supported housing such as Home Group, Anchor, JJH, Thirteen, Karbon, Riverside, Oasis Community Housing.

5.03 The majority of people with a physical disability would typically prefer to live in adapted mainstream housing with any care/support they require rather than in supported housing. There is a need for additional accessible housing, including fully wheelchair accessible housing, in Gateshead.

5.04 People are seeking properties that are a 'home for life' and enable them to live there as long as possible.

5.05 The majority of adaptations required for adults with physical disabilities are grabrails, ramps and level access showers.

5.06 People are also seeking improved access to aids and adaptations that enable them to stay in their current homes. For example, through a better understanding of and access to Disabled Facilities Grants.

5.07 People with physical disabilities are often seeking larger properties as they need space to store equipment and some people may need an extra bedroom for an overnight carer as well as level access requirements.

5.08 People with physical disabilities are seeking to live in areas with good access to shops, amenities and support services.

5.09 The evidence of need based on insights from Registered Provider indicates:

- There is an increase in tenants seeking aids and adaptations.
- There is an increased need for wheelchair adapted properties.

5.10 The evidence of need based on commissioner insights is:

- There is a need for additional bungalow accommodation to be developed as part of the mix of housing types on general needs housing development sites.

- There is an ongoing need for housing adapted to both M4(2) and M4(3) standards, however, there needs to be careful matching of people in need for fully wheelchair adapted homes. This reflects the current approach of the council which has an ongoing planning policy for 25% of homes on new housing developments over 15 dwellings to be built to M4(2) standards.

Estimate of need for accessible housing

5.11 The method for estimating the total number of wheelchair user households in Gateshead with an unmet need for accessible housing is based on methods derived from two complementary estimation models:

- The Horizon Housing model[40] *'Still minding the step?'* This is used to estimate the number of wheelchair user households that have an unmet housing need.
- The Habinteg Housing Association model;[41] this is used to estimate the number of wheelchair user households with an unmet need for either fully wheelchair adapted or accessible housing.

5.12 The method outlined in the Horizon Housing model draws upon evidence from:

- The English Housing Survey[42] (EHS), from which the following data has been derived:
  - The proportion of wheelchair users that use a wheelchair exclusively indoors and the equivalent proportion of wheelchair users using a wheelchair exclusively outdoors.
  - Data about unmet accessible housing need for wheelchair user households.
- The Scottish Household Survey[43] (SHS), from which the following has been derived: data about the suitability of accommodation amongst wheelchair user households.

5.13 In addition to this, household population data for Gateshead[44] has been used to apply the method derived from the Horizon Housing model to produce local estimates of the number of wheelchair user households and wheelchair user households with unmet need for accessible housing.

5.14 Table 26 shows the household count data for Gateshead, data about wheelchair users and unmet need that may be applied to Gateshead.

[40] Horizon Housing (2018): Still Minding the step? A new estimation of the housing needs of wheelchair users in Scotland; North Star Consulting and Research, CIH Scotland.
[41] Habinteg. Mind the Step: An estimation of housing need among wheelchair users in England.
[42] English Housing Survey 2014/2015: Unsuitable accommodation, by age and tenure.
[43] Scottish Household Survey 2015: Accommodation suitability.
[44] ONS 2018-based household projections for England: detailed data for modelling

Table 26. Wheelchair user households and unmet need for accessible housing.

Data related to wheelchair user households	Percentage / value	Source
Overall number of households in Gateshead	90,757	ONS 2018-based household projections (Stage 1 projections)
Percentage of households that have at least one wheelchair user	3.6%	SHS
Percentage of total households that use a wheelchair exclusively outdoors	2.3%	EHS
Percentage of total households where a wheelchair user uses a wheelchair exclusively indoors	0.4%	EHS
Percentage of total households where a wheelchair user uses a wheelchair all of the time	0.9%	EHS
Percentage of wheelchair user households (outdoor and/or continuous use) with an unmet housing need	19.1%	EHS
Percentage of wheelchair user households (indoor use only) with an unmet need for accessible housing	25.6%	SHS

Source: ONS 2018; Horizon Housing: Still Minding the step?

5.15 To produce estimates of need for accessible housing, the data (percentages) in table 26 are applied to the total number of households in Gateshead, following the method outlined in the Horizon Housing model. The method is as follows:

- Calculate the number of indoor-only wheelchair user households.
- Calculate the number of outdoor-only wheelchair user households.
- Calculate the number of wheelchair user households where the user uses the wheelchair continuously.
- Calculate the unmet housing need among indoor-only wheelchair user households.
- Calculate the unmet housing need among outdoor-only wheelchair user households.
- Calculate the unmet housing need among wheelchair user households using wheelchairs continuously.
- Calculate all unmet need among wheelchair user households.

5.16 Table 27 shows the application of this model for both Gateshead and for England.

Table 27. Estimate of number of households with a wheelchair user and an unmet need for accessible housing, for Gateshead and England. Method derived from Horizon Housing model

Steps	Gateshead estimate	England estimate
1. Calculate the number of indoor-only wheelchair user households	0.4% x 90,757 = **363**	0.4% x 23,868,499 = **95,474**
2. Calculate the number of outdoor-only wheelchair user households	2.3% x 90,757 = **2,087**	2.3% x 23,868,499 = **548,975**
3. Calculate the number of wheelchair user households where the user uses the wheelchair continuously	0.9% x 90,757 = **817**	0.9% x 23,868,499 = **214,816**
Subtotal: Steps 1 to 3	**3,267** wheelchair user households (3.6% of total number of households)	**859,265** wheelchair user households (3.6% of total number of households
4. Calculate the unmet housing need among indoor-only wheelchair user households	25.6% x 363 = **93**	25.6% x 95,474 = **24,441**
5. Calculate the unmet housing need among outdoor-only wheelchair user households	19.1% x 2,087 = **399**	19.1% x 548,975 = **104,854**
6. Calculate the unmet housing need among wheelchair user households using wheelchairs continuously	19.1% x 817 = **156**	19.1% x 214,816 = **41,030**
7. Calculate all unmet need for accessible housing among wheelchair user households	93 + 399 + 156 = **648** (0.71% of total households)	24,441 + 104,854 + 41,030 = **167,325** (0.71% of total households)

Source: Horizon Housing (2018), English Housing Survey (2014/15), Scottish Household Survey (2015) and ONS 2018-based estimate for households in England.

5.17 Based on the Horizon model, there are estimated to be 648 wheelchair users in Gateshead that have an unmet need for accessible housing currently.

5.18 It is assumed that wheelchair users most likely to require a fully adapted property are indoor only and continuous wheelchair users, i.e. c.38% of estimated unmet need for accessible housing.

5.19 Of these c.650 households:

- It is estimated that c.250 fully wheelchair adapted homes are required i.e. similar to Part M(4) Category 3 broadly equivalent to the Wheelchair Housing Design standard.
- It is estimated that c.400 accessible and adaptable homes are required (i.e. not fully wheelchair adapted homes) i.e. similar to Part M(4) Category 2 broadly equivalent to the Lifetime Homes standard.

5.20 The Habinteg model has the following underlying assumption that the majority of wheelchair users (60%) are age 65+, and the remaining (40%) are for working age adults and under-18s. This assumption is based on data from the English Housing Survey.

5.21 Application of the Habinteg model on age disaggregation of wheelchair users allows for the estimate of households that have an unmet need for accessible housing, generated from the Horizon model, broken down by age of wheelchair user.

5.22 The table below shows the projected growth in the number of wheelchair user homes with an unmet need, over the period to 2040. This is disaggregated by age group of the wheelchair users within those homes.

Table 28. Projected growth in number of wheelchair users with an unmet need for accessible housing to 2040, disaggregated by age group.

Year	Growth rate (relative to 2022)	Number of wheelchair users with need for accessible housing	Number of wheelchair users with need for accessible housing: working age adults	Number of wheelchair users with need for accessible housing: adults 65+
2023	-	648	259	389
2025	0.54%	651	260	391
2030	1.54%	658	263	395
2035	2.75%	666	266	400
2040	3.99%	674	270	404

Source: ONS 2019-based household projections for England; Habinteg Housing/Horizon Housing models

5.23 In summary, by 2040, it is estimated that there will be c.675 wheelchair users with an unmet need for accessible housing, of which:

- It is estimated that c.255 wheelchair users require *fully wheelchair adapted homes*, i.e. similar to Part M(4) Category 3 broadly equivalent to the Wheelchair Housing Design standard.
- This is the equivalent of a need for c.15 fully wheelchair-adapted homes required per year to 2040 for the all-age population.
- Among the working-age population, this is the equivalent of a need for c.6 fully wheelchair-adapted homes required per year to 2040.
- It is estimated that c.420 wheelchair users require *accessible and adaptable homes* (i.e. not fully wheelchair adapted dwellings), similar to Part M(4) Category 2, broadly equivalent to the Lifetime Homes standard.
- This is the equivalent of a need for c.25 accessible and adaptable homes required per year to 2040, for the all-age population.
- For the working age population, this is the equivalent of a need for c.10 accessible and adaptable homes required per year to 2040.

5.24 Table 29 shows the estimated need for accessible homes to 2040 for the all-age population and the population aged 0-64 years (i.e. children and working age population).

Table 29. Estimated need for accessible homes to 2040 for the all-age population and the population aged 0-64.

People with physical disabilities	Estimated need (homes) by 2023	Estimated need (homes) by 2025	Estimate need (homes) by 2030	Estimated need (homes) by 2035	Estimate need (homes) by 2040
(All age population)					
• Fully wheelchair adapted homes	15	30	105	180	255
• Accessible/adaptable homes	25	50	175	300	420
Total	**40**	**80**	**280**	**480**	**675**
(0-64 years population)					
• Fully wheelchair adapted homes	6	12	42	72	102
• Accessible/adaptable homes	10	50	70	120	170
Total	**16**	**62**	**112**	**192**	**272**

5.25 The above estimate of a need for c.675 accessible homes in Gateshead to 2040, is disaggregated by each neighbourhood area, according to the population composition of the neighbourhoods.

5.26 In order to disaggregate the unmet need (table 33) by each neighbourhood, estimates for the population[45] across all age groups, for each ward, has been aggregated to neighbourhood level, and the relative composition of each neighbourhood's proportion of Gateshead's population is used to disaggregate the estimates of need for accessible homes.

5.27 The neighbourhood-level disaggregation for unmet need for accessible housing is shown in the table below.

Table 30. Projected unmet need for accessible homes, by 2040 disaggregated by each neighbourhood in Gateshead.

Year	Central	East	Inner West	South	West
2040	144	118	115	149	149

Source: ONS 2020 ward population estimates & ONS 2018-based subnational population projection

5.28 This indicates that there is an ongoing need for housing adapted to both M4(2) and M4(3) standards which is addressed through the current approach of the council which has an ongoing planning policy for 25% of homes on new housing developments over 15 dwellings to be built to M4(2) standards.

[45] ONS Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex, Persons - Experimental Statistics; Table SAPE23DT8a

6. Estimated need for supported housing: People who are homeless or at risk of homelessness

6.01 Gateshead Council undertook a Statutory Homelessness Review in 2021 and subsequently developed a Homelessness and Rough Sleeping strategy, which was approved in January 2022. It is part of the brief for this specialist and supported housing need assessment that it does not duplicate evidence, including evidence of need for supported housing, from the Homelessness Review 2021.

6.02 This specialist and supported housing need assessment has reviewed work commissioned by Gateshead Council from Campbell Tickell (outlined below) to identify the specialist and supported housing need requirements and to project these identified needs into the future, and to identify the supported housing needs of other cohorts who may be at risk of homelessness including people who are armed forces veterans or who are refugees/asylum seekers.

6.03 Gateshead Council has commissioned Campbell Tickell to complete an assessment of need for supported housing and housing related support services for people who are homeless or at risk of homelessness, and subsequent commissioning and procurement plans. Three 'clusters' of customer groups have been defined as being included in this need assessment:

- Vulnerable people subject to or fleeing domestic abuse (DA).
- Homeless and those with Multiple complex needs (i.e. households having three or more of the following support needs recorded: Mental Health, Substance Misuse, Offending, Domestic Abuse and/or Rough sleeping).
- Young People.

6.04 Work undertaken by consultancy Campbell Tickell in relation to the 'cohorts' above at risk of or recovering from homelessness has been reviewed and used as appropriate to identify need for specialist and supported housing. We have added evidence from qualitative work undertaken by the Housing LIN with a sample of people who have experienced homelessness and other local stakeholders in Gateshead.

6.05 As requested by the council, this section provides a summary of the identified specialist and supported housing needs, as appropriate, of these three cohorts.

Vulnerable people subject to or fleeing domestic abuse

A. Population baseline

6.06 The Commissioning and Procurement Plan for Domestic Abuse produced by Campbell Tickell states that, an analysis of demand has been carried out based on the H-CLIC data analysed by Gateshead, as well as other data. The H-CLIC data has been analysed over a two-year period.

6.07 Domestic abuse (DA) has been defined as those households whose main reason for homelessness or threat of homelessness is related to Domestic Abuse, where a homelessness duty is owned.

6.08 The Gateshead Homelessness Review Report 2021[46] identified that across the four quarters, Gateshead had the highest proportion (22%) of households who were homeless due to domestic abuse when compared to England (12%), North East (14%), Darlington (14%), North Tyneside (12%) and South Tyneside (12%) as of July-September 2020. The level is consistently higher in Gateshead than the average in England and the North East. Similarly, the proportion of households owed a duty with support needs due to domestic abuse was also higher in Gateshead (21.2%) when compared to England (10.9%), North East (15.4%), Darlington (17%), North Tyneside (16.9%) and South Tyneside (12.7%) as of July-September 2020.

B. Current housing/accommodation status

6.09 There is an existing commissioned DA refuge provision with 6 units. A further 9 units of dispersed accommodation for DA are being funded by the local authority as a temporary measure to increase capacity pending the Council's review of accommodation and support, with no ongoing commitment.

6.10 Although other supported housing provision accepts individuals with a history of domestic abuse, the demand analysis is specifically focused on DA provision for those whose main reason for homelessness is DA.

6.11 Gateshead also has two in-house Domestic Abuse Services, delivered by Children's Services and the Housing department. These provide direct support to victim-survivors, children, and perpetrators of domestic abuse. This service generally works with victims who are at high levels of risk but may take those at lower levels of risk i.e. where there are child protection concerns.

6.12 Gateshead also has a number of non-commissioned, charitable services such as Oasis Community Housing's Empower programme, which provides emotional support and counselling to survivors of domestic abuse.

46 Gateshead Council: Homelessness Review Report (July 2021)

C. Evidence from vulnerable people subject to or fleeing domestic abuse and local stakeholders

6.13 The Housing LIN has undertaken qualitative research with people subject to or fleeing domestic abuse and with organisations that support them in other regions which indicates that:

- While refuge services are an essential part of the response to domestic abuse for many victims/survivors who are in crisis and need a place of safety, it should be offered amongst the other options available including temporary accommodation.
- A range of housing choices are needed; for some this might be single occupancy units whereas others might require shared supported accommodation.
- Support to remain at home safely and safe self contained 'dispersed' properties (rather than 'refuge' provision) where this is not possible is desirable. This is consistent with the policy direction for perpetrators to be moved rather than victim/survivors.
- There is a need to increase tenancy sustainment options so that people experiencing domestic abuse can remain safely in their home when it is their choice.
- There is a need to increase supply of genuinely affordable accommodation and move on options from refuge services, supported accommodation and any other type of temporary accommodation.

Homelessness and multiple complex needs and Rough Sleeper Initiative (RSI)

6.14 Multiple and complex needs (MCN) is defined as a household having 3 or more support needs recorded out of Mental Health, Substance Misuse, Domestic Abuse, Offending or Rough sleeping.

A. Population baseline

6.15 The Commissioning and Procurement Plan for Homelessness and multiple complex needs and rough sleepers produced by Campbell Tickell states that an analysis of demand has been carried out based on the H-CLIC data analysed by Gateshead, as well as other data. The H-CLIC data has been analysed over a two-year period.

B. Support profile and current housing/accommodation status

6.16 There are 80 units of supported housing currently commissioned in 9 properties. Some of the properties have a combination of commissioned and non-commissioned units.

6.17 In addition, there is specific accommodation for rough sleepers funded in Gateshead – 4 units of Rough Sleeper Accommodation Programme (RSAP) dispersed properties which will be delivered from summer 2023 by Tyne Housing and 15 units of Next Steps Accommodation Programme (RSAP) dispersed properties provided as an inhouse service.

6.17 There are also currently 6 RSI funded direct access beds (4 for Gateshead and 2 for South Tyneside) and 10 RSI funded supported accommodation beds based on Housing First principles (7 for Gateshead and 3 for South Tyneside).

Young People

6.19 Young People at risk of homelessness are defined as a person aged 16-25 with support needs which mean they are at risk of homelessness.

A. Population baseline

6.20 The Commissioning and Procurement Plan for Young People with Support Needs produced by Campbell Tickell states that an analysis of demand has been carried out based on the H-CLIC data for Gateshead, as well as other data. The H-CLIC data has been analysed over a two-year period.

B. Current housing/accommodation status

6.21 There are 43 units of existing commissioned supported housing under the Social and Independent Living Service (SAILS) programme, 25 units delivered by Oasis Aquila, i.e. 68 units in total.

6.22 There are also 30 ‘taster flats’ provided by Gateshead Council.

7. Summary findings: projected need for specialist and supported housing in Gateshead

7.01 Table 34 below shows projected net need for different types of specialist and supported housing for the client cohorts covered by this needs assessment.

7.02 Table 34 identifies:

- Estimated current unmet need at 2023 (homes).
- Estimated need by 2025 (homes).
- Estimated need by 2030 (homes).
- Estimated need by 2035 (homes).
- Estimated need by 2040 (homes).

7.03 In relation to the need for different tenure options, for most cohorts this is a need for affordable rented supported housing (although it is recognised that supported housing rents are typically higher, sometimes considerably higher, than general needs housing for affordable rent); where a need for other tenure types is identified, e.g. for sale/shared ownership, this is specifically highlighted in table 34.

7.04 The previous sections of this need assessment set out where it is possible for identified need for specialist and supported housing to be disaggregated by locality, specifically for specialist housing for older people and accessible housing for people with physical disabilities. The population sizes of the other cohorts are typically smaller making disaggregation by locality less feasible and meaningful.

7.05 Whilst the assessment is shown in relation to 'client cohorts', *it is recognised that people's needs are often complex and that innovative approaches to housing and support that go beyond these 'cohort' definitions will be required and indeed desirable:*

- An assumption that mainstream housing suitably designed and/or adapted will be appropriate for many people with care and/or support needs.
- Opportunities for *inter-generational living* will form part of the required housing solutions.
- Housing solutions may be *multi-functional*, e.g. providing a mix of mainstream housing, supported housing and potentially other facilities.
- All housing and supported accommodation for people with care and/or support needs should assist and facilitate *inclusion in community life*.
- This is consistent with current national policy (e.g. from the Social Care White Paper) which places a stronger emphasis on the role of preventative approaches, including the role of housing, i.e. approaches to supporting people to remain living in their own homes, in both mainstream housing and supported housing, including the use of home adaptations and digital technology to support and

promote the independence of older people and other people with care/support needs.

Table 34. Specialist and supported housing need for Gateshead (number of homes).

	Cohort of people and housing and accommodation type	Estimated current unmet need at 2023 (homes)	Estimated need by 2025 (homes)	Estimated need by 2030 (homes)	Estimated need by 2035 (homes)	Estimated need by 2040 (homes)
A	**Older people**					
1	Housing for older people • for social rent/affordable rent • for sale/shared ownership[47] **Total**	 10 15 **25**	 85 125 **210**	 180 270 **450**	 245 370 **615**	 270 400 **670**
2	Housing with care: • for social rent/affordable rent • for sale/shared ownership[48] **Total**	 90 40 **130**	 135 55 **190**	 175 75 **250**	 230 100 **330**	 305 130 **435**
3	Residential care (beds)	10	11	11	12	15
4	Nursing care (beds)	15	75	105	159	230
B	**People with learning disabilities/autistic people** • Shared Lives • Supported housing[49] **Total**	 0 22 **22**	 2 43 **45**	 7 85 **92**	 13 145 **158**	 23 193 **216**
C	**People with significant mental health needs:** • Supported housing[50]	**5**	**14**	**31**	**45**	**63**

[47] The split between market sale and shared ownership will typically depend on the site and location, however it is reasonable to assume a 50%/50% split

[48] As per note 47

[49] Most of this need is for rented supported housing; however some of this need may be met through Home Ownership for people with Long term Disabilities programme from Homes England.

[50] Most of this need is for rented supported housing; however some of this need may be met through Home Ownership for people with Long term Disabilities programme from Homes England.

	Cohort of people and housing and accommodation type	Estimated current unmet need at 2023 (homes)	Estimated need by 2025 (homes)	Estimated need by 2030 (homes)	Estimated need by 2035 (homes)	Estimated need by 2040 (homes)
D	**People with physical disabilities:** All age population[51] (children/working age)					
	• Fully wheelchair adapted homes	15 (6)	30 (12)	105 (42)	180 (72)	255 (102)
	• Accessible/ adaptable homes	25 (10)	50 (20)	175 (70)	300 (120)	420 (170)
	Total	**40 (16)**	**80 (32)**	**280 (112)**	**480 (192)**	**675 (272)**

Estimated need for specialist housing and accommodation: Older people

7.06 *Housing for older people* (retirement housing for sale and for social/affordable rent). The estimated housing for older people net need to 2040 is c.670 homes of which c.270 homes are estimated to be required for social/affordable rent and c.400 are estimated to be required for shared ownership/sale. Based on the qualitative evidence about older people's housing preferences (paragraph 2.62) it is assumed that potentially up to 50% of this estimated need could be met through the provision of mainstream housing that is designed for and accessible to older people even if it is not technically 'designated' for older people, for example housing that is 'care ready'

[51] Based on the tenure breakdown of the population in Gateshead, it may be expected that this need would be c.58% for home ownership and c.42% for social/affordable rent.

[52] The Council's Homelessness Strategy seeks to mitigate and reduce the incidence of homelessness through a range of interventions. Without preventative mitigations/interventions need for supported housing for homelessness cohorts is assumed to increase by 2.45% per annum, derived from evidence from Crisis - Homelessness projections: Core homelessness in Great Britain (2017).

and suited to ageing as distinct from 'retirement housing'. This may include mainstream housing to accessible and adaptable standards M4(2) and M4(3).

7.07 *Housing with care* (extra care housing). The estimated housing with care net need to 2040 is c.435 homes of which c.305 homes are estimated to be required for social / affordable rent and c.130 homes are estimated to be required for shared ownership/sale. This will meet the housing and care needs of older people who are self-funders as well as older people who need rented accommodation and are eligible for social care funded by the Council. This need could be met in part through mixed tenure development of extra care housing.

7.08 *Residential care and nursing care*. The estimated residential care net need is not anticipated to increase significantly over the period to 2040. It is likely that residential care bed capacity will need to be increasingly focussed on older people with more complex social care needs, such as people living with dementia. The estimated nursing care net need to 2040 is c.230 bedspaces. It is likely that nursing care bed capacity will need to be increasingly focussed on older people with more complex health and social care needs, including people living with dementia. This is aligned with the Council's integrated residential/nursing care delivery model.

Estimated need for supported accommodation: Adults with learning disability/autistic people

7.09 In summary, an additional c.90 units of supported accommodation are estimated to be needed by 2030 for people with a learning disability/autistic people and an additional c.215 units by 2040.

7.10 Of these additional c.215 units, c.25 units are estimated to be for Shared Lives accommodation and c.190 units are estimated to be for supported housing.

7.11 There is mostly a need for self-contained accommodation but shared supported housing does have a role in some cases, but it needs to be clear it is not typically a permanent housing solution.

7.12 Some existing shared housing needs to be reviewed and its future use considered, particularly where there are voids.

7.13 There is a need for an increased range of tenure choices; some of the identified need for supported housing could potentially be met through, for example, home ownership through the Home Ownership for people with Long term Disabilities[53] scheme.

7.14 People with learning disabilities need to be able to better access mainstream general needs housing within the wider community. This can be a realistic option for people where floating support or individualised care/support packages are provided.

[53] https://www.ownyourhome.gov.uk/scheme/hold/

7.15 Shared Lives options need to be increased as a complementary housing offer alongside supported housing or individuals accessing mainstream housing.

Estimated need for supported housing: Adults with significant mental health needs

7.16 There is an estimated net need for c.30 units of additional supported housing for people with significant mental health needs by 2030 and c.65 units of additional supported housing by 2040.

7.17 There is a need to develop an accommodation 'pathway' for people with significant mental health needs (who are in contact with/supported by specialist mental health services). This includes having the following mix of housing and types of supported accommodation.

7.18 Reduced reliance on residential care to accommodate people and an increased need for a range of alternative housing options. It is assumed that the number of people living in care home beds will decrease by c.50% by 2040. It is assumed that in future people who may have used residential/nursing care will use supported housing with 24/7 support as an alternative.

7.19 There is a need for a small number (c.5 -10 units) of specialist supported housing units for people with complex mental health needs, including 24/7 support, which can also provide 'step down' accommodation for people being discharged from inpatient settings.

7.20 There is a need for additional small 'clusters' of self-contained supported housing (similar to the recent scheme developed in Gateshead) that provides short term supported housing, both for people who no longer need 24/7 supported housing and people who need a supportive environment before moving to independent housing.

7.21 There is a need for people with significant mental health needs to have better access to mainstream general needs accommodation and to be supported with floating support to enable people to live within the community. This could include expanding the KeyRing Scheme; this would enable people to live in mainstream accommodation with support.

Estimated need for accessible housing: Adults with physical disabilities

7.22 In summary, by 2040, it is estimated that there will be c.675 wheelchair users with an unmet need for accessible housing, of which:

- It is estimated that c.255 wheelchair users require *fully wheelchair adapted homes*, i.e. similar to Part M(4) Category 3 broadly equivalent to the Wheelchair Housing Design standard.
- This is the equivalent of a need for c.15 fully wheelchair-adapted homes required per year to 2040 for the all-age population.

- Among the working-age population, this is the equivalent of a need for c.6 fully wheelchair-adapted homes required per year to 2040.
- It is estimated that c.420 wheelchair users require *accessible and adaptable homes* (i.e. not fully wheelchair adapted dwellings), similar to Part M(4) Category 2, broadly equivalent to the Lifetime Homes standard.
- This is the equivalent of a need for c.25 accessible and adaptable homes required per year to 2040, for the all-age population.
- For the working age population, this is the equivalent of a need for c.10 accessible and adaptable homes required per year to 2040.

7.23 This indicates that there is an ongoing need for housing adapted to both M4(2) and M4(3) standards which is addressed through the current approach of the council which has an ongoing planning policy for 25% of homes on new housing developments over 15 dwellings to be built to M4(2) standards.

Other identified needs for supported, accessible and other types of housing

People who have served in HM armed forces/adult former asylum seekers

7.24 Gateshead Council's Homelessness Review (2021) identified that there were 1,283 households with one or more support needs who were owed a homelessness duty during 2019/20 and 794 households who did not have any support needs, or their support needs were unknown. This indicates that c.62% of those who were owed a duty had support needs.

7.25 A minority of these households were identified as having support needs linked to 'served in HM armed forces' and 'former asylum seeker'.

7.26 In 2021/22 the evidence regarding these cohorts in relation to households owed a homelessness duty by support needs was:

- Former asylum seeker: 71 households
- People who have served in HM armed forces: 17 households.

7.27 NB. Gateshead Council do not accommodate asylum seekers; these people are accommodated through a separate contact between the Home Office and Mears.

7.28 There is no recognised model for estimating the supported housing needs of these cohorts. It is assumed that the majority of these households' primary need is for mainstream housing with their support needs addressed, where appropriate, through floating support for housing related needs and/or other interventions. There is evidence that some single adult former asylum seekers need to access supported housing.

7.29 If it is assumed that c.10%-20% of these cohorts required supported housing before a move to independent housing this would suggest a need for supported housing of c.10-c.18 units per annum. It is assumed that these needs could be met through

existing supported housing provision for people who are or have experienced homelessness or through the planned commissioning of additional supported housing capacity for people who have experienced homelessness.

7.30 This suggests that there is no net additional need for supported housing for these cohorts but that existing or new supported housing services need to be sensitive to the specific support needs of former asylum seekers and/or people who have previously served in HM armed forces.

Large households seeking housing

7.31 There is evidence of larger families in housing need who require larger properties in order to accommodate their households. There is evidence that some of these households are asylum seekers.

7.32 These households area defined as requiring a home with 5+ bedrooms to accommodate their family.

7.33 Based on evidence from the Council in relation to households seeking housing where the size of the households is 6 persons or larger, there are c.325 households seeking a 'large property' in order to accommodate their family.

7.34 The majority of these households are experiencing overcrowding issues and, for some, medical needs, rather than identified support needs.

7.35 The primary identified need amongst these households is for larger family homes for affordable rent.

Children and young people

7.36 There is evidence of need for accessible and adapted homes amongst households with a disabled child.

7.37 There have been 91 Disabled Facilities Grant (DFG) awards made to children aged 17 year and under in the last 3 years.

7.38 There are currently 15 children on the waiting list for DFGs and 63 children awaiting adaptations to homes.

Annexe 1: Demographic projections for the 55+, 65+ and 75+ populations

Table 35. 55+ population projected to 2040 for Gateshead, and its North East comparator authorities.

Local Authority	2023	2025	2030	2035	2040
Gateshead	**67,720**	**70,305**	**71,405**	**71,569**	**72,515**
County Durham	191,473	201,391	208,198	209,981	213,214
Darlington	38,076	40,420	42,150	42,888	43,703
Hartlepool	33,012	34,193	35,171	35,435	36,087
Middlesbrough	42,912	44,404	45,089	44,899	45,183
Newcastle upon Tyne	78,806	82,298	84,287	85,116	86,629
North Tyneside	73,629	77,250	81,185	83,744	86,541
Northumberland	136,466	144,205	150,898	154,016	157,130
Redcar and Cleveland	53,601	56,255	58,015	58,357	59,162
South Tyneside	53,822	56,015	57,398	57,776	58,685
Stockton-on-Tees	65,924	69,599	72,199	73,365	75,232
Sunderland	97,100	100,611	102,480	101,720	101,553
Comparator average	**77,712**	**81,412**	**84,040**	**84,905**	**86,303**
England	**18,060,451**	**19,053,023**	**20,139,116**	**20,884,346**	**21,718,208**

Source: ONS 2021 census & ONS 2018-based Subnational Population Projections.

Table 36. Percentage change in the 55+ population projected to 2040 for Gateshead, and its North East comparator authorities.

Local Authority	2025	2030	2035	2040
Gateshead	**3.8%**	**5.4%**	**5.7%**	**7.1%**
County Durham	5.2%	8.7%	9.7%	11.4%
Darlington	6.2%	10.7%	12.6%	14.8%
Hartlepool	3.6%	6.5%	7.3%	9.3%
Middlesbrough	3.5%	5.1%	4.6%	5.3%
Newcastle upon Tyne	4.4%	7.0%	8.0%	9.9%
North Tyneside	4.9%	10.3%	13.7%	17.5%
Northumberland	5.7%	10.6%	12.9%	15.1%
Redcar and Cleveland	5.0%	8.2%	8.9%	10.4%
South Tyneside	4.1%	6.6%	7.3%	9.0%
Stockton-on-Tees	5.6%	9.5%	11.3%	14.1%
Sunderland	3.6%	5.5%	4.8%	4.6%
Comparator average	**4.8%**	**8.2%**	**9.3%**	**11.1%**
England	**5.5%**	**11.5%**	**15.6%**	**20.3%**

Source: ONS 2021 census & ONS 2018-based Subnational Population Projections.

A1.01 Gateshead's 55+ population is estimated to increase by c.7% by 2040, which is below the average growth in the equivalent population amongst comparator councils (c.11%) and lower than the growth in the overall 55+ population for England (c.20%).

Table 37. 65+ population projected to 2040 for Gateshead, and its North East comparator authorities.

Local Authority	2022	2025	2030	2035	2040
Gateshead	**40,862**	**43,549**	**46,950**	**49,336**	**49,991**
County Durham	115,162	124,016	136,520	146,521	149,838
Darlington	22,946	25,081	27,831	30,041	31,065
Hartlepool	18,914	20,669	22,953	24,549	25,040
Middlesbrough	25,087	26,841	29,344	30,738	31,041
Newcastle upon Tyne	46,077	49,855	54,031	56,794	58,041
North Tyneside	44,574	47,880	53,288	57,284	59,509
Northumberland	85,276	93,142	103,842	111,315	114,553
Redcar and Cleveland	32,929	35,513	39,244	42,048	42,906
South Tyneside	32,073	34,439	38,052	40,573	41,108
Stockton-on-Tees	38,901	42,302	46,972	50,584	51,930
Sunderland	58,319	62,106	67,581	71,029	71,516
Comparator average	**46,760**	**50,450**	**55,551**	**59,234**	**60,545**
England	**10,759,722**	**11,568,979**	**12,829,672**	**13,959,826**	**14,678,859**

Source: ONS 2021 census & ONS 2018-based Subnational Population Projections

Table 38. Percentage change in the 65+ population projected to 2040 for Gateshead, and its North East comparator authorities.

Local Authority	2025	2030	2035	2040
Gateshead	**6.6%**	**14.9%**	**20.7%**	**22.3%**
County Durham	7.7%	18.5%	27.2%	30.1%
Darlington	9.3%	21.3%	30.9%	35.4%
Hartlepool	9.3%	21.4%	29.8%	32.4%
Middlesbrough	7.0%	17.0%	22.5%	23.7%
Newcastle upon Tyne	8.2%	17.3%	23.3%	26.0%
North Tyneside	7.4%	19.5%	28.5%	33.5%
Northumberland	9.2%	21.8%	30.5%	34.3%
Redcar and Cleveland	7.8%	19.2%	27.7%	30.3%
South Tyneside	7.4%	18.6%	26.5%	28.2%
Stockton-on-Tees	8.7%	20.7%	30.0%	33.5%
Sunderland	6.5%	15.9%	21.8%	22.6%
Comparator average	**7.9%**	**18.8%**	**26.7%**	**29.5%**
England	**7.5%**	**19.2%**	**29.7%**	**36.4%**

Source: ONS 2021 census & ONS 2018-based Subnational Population Projections.

7.39 Gateshead's 65+ population is estimated to increase by c.22% by 2040, which is below the average growth in the equivalent population amongst comparator councils (c.30%) and the overall 65+ population for England (c.36%).

Table 39. 75+ population projected to 2040 for Gateshead, and its North East comparator authorities.

Local Authority	2023	2025	2030	2035	2040
Gateshead	**19,891**	**22,097**	**23,062**	**24,953**	**27,493**
County Durham	54,312	61,886	67,249	73,554	82,064
Darlington	11,033	12,817	13,992	15,468	17,365
Hartlepool	8,500	9,895	10,761	12,004	13,623
Middlesbrough	11,268	12,503	13,658	15,265	16,993
Newcastle upon Tyne	21,695	24,740	26,637	29,587	32,597
North Tyneside	20,742	23,310	25,930	29,001	32,593
Northumberland	40,146	46,446	51,869	58,084	65,001
Redcar and Cleveland	15,913	17,905	19,238	21,147	23,721
South Tyneside	14,779	16,463	17,987	20,230	22,689
Stockton-on-Tees	17,662	20,247	22,327	25,021	28,165
Sunderland	26,721	29,633	32,257	35,762	39,361
Comparator average	**21,889**	**24,829**	**27,081**	**30,006**	**33,472**
England	**5,279,268**	**5,934,025**	**7,246,606**	**9,692,495**	**14,554,364**

Source: ONS 2021 census & ONS 2018-based Subnational Population Projections

Table 40. Percentage change in the 75+ population projected to 2040 for Gateshead, and its North East comparator authorities.

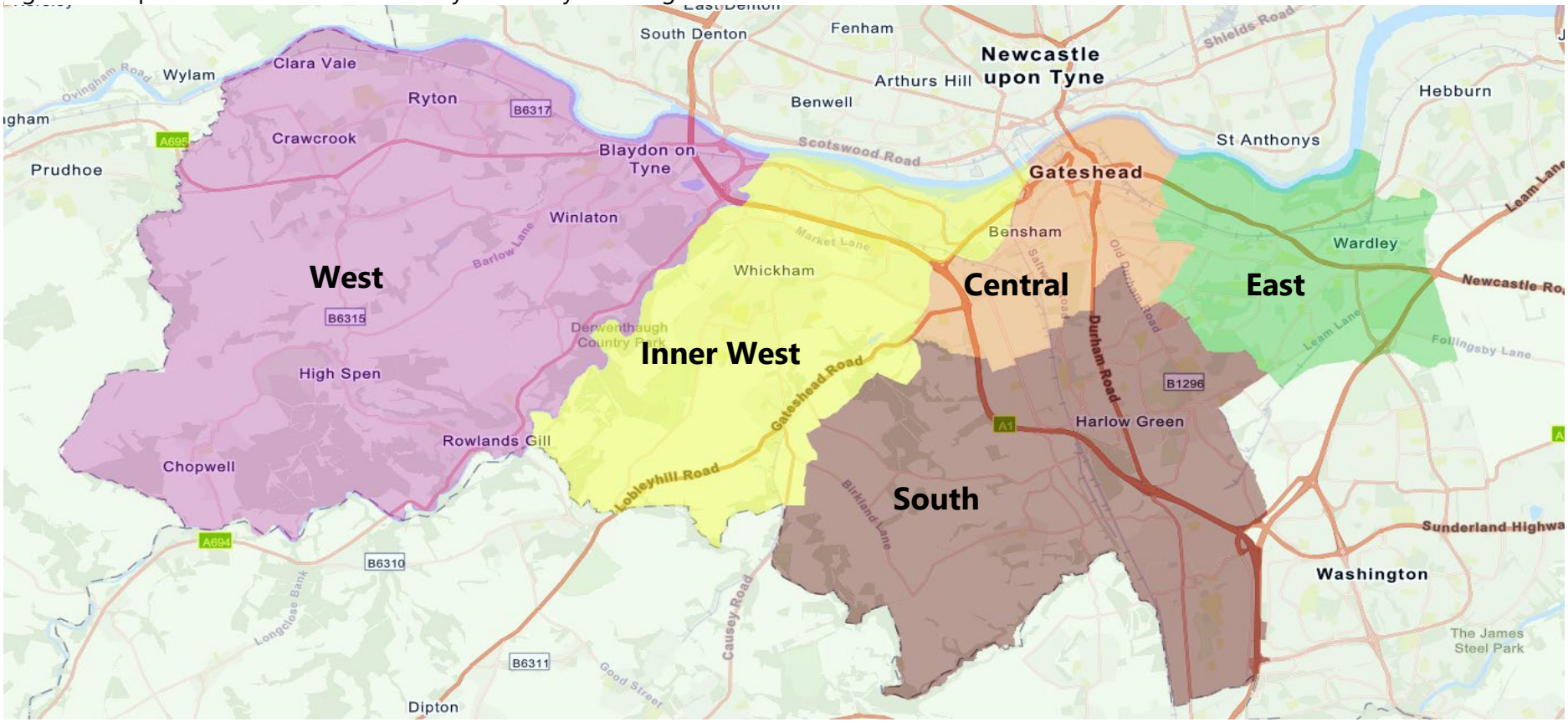
Local Authority	2025	2030	2035	2040
Gateshead	**11.1%**	**15.9%**	**25.4%**	**38.2%**
County Durham	13.9%	23.8%	35.4%	51.1%
Darlington	16.2%	26.8%	40.2%	57.4%
Hartlepool	16.4%	26.6%	41.2%	60.3%
Middlesbrough	11.0%	21.2%	35.5%	50.8%
Newcastle upon Tyne	14.0%	22.8%	36.4%	50.3%
North Tyneside	12.4%	25.0%	39.8%	57.1%
Northumberland	15.7%	29.2%	44.7%	61.9%
Redcar and Cleveland	12.5%	20.9%	32.9%	49.1%
South Tyneside	11.4%	21.7%	36.9%	53.5%
Stockton-on-Tees	14.6%	26.4%	41.7%	59.5%
Sunderland	10.9%	20.7%	33.8%	47.3%
Comparator average	**13.4%**	**23.7%**	**37.1%**	**52.9%**
England	**12.4%**	**22.1%**	**33.8%**	**50.2%**

7.40 Gateshead's 75+ population is estimated to increase by c.38% by 2040, which is below the equivalent population growth amongst comparator councils (c.53%) and the growth in the overall 75+ population for England (c.50%).

Annexe 2: Neighbourhood area boundaries and specialist housing for older people

A1.02 The following figures provide an overview of the local authority boundary, the neighbourhood boundaries within Gateshead.

Figure 1. Map of Gateshead local authority boundary and neighbourhood boundaries.



Source: Neighbourhoods determined according to ward composition by Gateshead Council. Basemap source: Esri UK.

A1.03 The following definitions of housing and care homes for older people apply to the following tables, where each older person's housing scheme and care home in Gateshead is presented, along with scheme / care home specific details:

A1.04 **Housing for Older People (HfOP):** social sector sheltered and age-designated housing and private sector retirement housing:

- The most common types of Housing for Older People are:
    - Sheltered social housing: These schemes typically offer self-contained accommodation commonly available for social rent. They are usually supported by a part-time/visiting scheme manager and 24-hour emergency help via an alarm. There are often communal areas and some offer activities. Most accommodation is offered for rent, based on need, by local councils or housing associations.
    - Private sector retirement housing: This is typically similar to sheltered social housing, but it is usually built by private developers for market sale. Once all the properties have been sold, the scheme is sometimes run by a separate management company that employ the scheme manager and organise maintenance and other services.

A1.05 **Housing with care (HwC)**: (often referred to as '**extra care housing'**[54] when provided by housing associations and local authorities and 'assisted living' by private sector providers)

- Housing with care is designed for older people, some with higher levels of care and support needs. Residents live in self-contained homes. It typically has more communal facilities and offers access to onsite 24/7 care services, which includes assistance with meal preparation, washing and other daily duties. Often includes a 24/7 alarm system, presence of a scheme manager and a team of support staff.

A1.06 Residential care home[55]

- A residential setting where a number of older people live, usually in single rooms, and have access to on-site social care services. 24/7 onsite personal social care services include help with washing and dressing. Residential care homes do not consist of self-contained units.

A1.07 Nursing care home[56]:

- Similar to a residential care home, but additionally providing care from qualified nurses. There will always be 1 or more qualified nurses on duty to provide nursing care. These are sometimes called 'care homes with nursing'. The Care Quality Commission states that in addition (to a residential care home), "qualified nursing

[54] Housing LIN: What is extra care
[55] NHS: Care Homes
[56] NHS: Care Homes

care is provided, to ensure that the full needs of the person using the service are met." Nursing care homes do not consist of self-contained units.

Table 41. Older person's Housing for Older People (HfOP) and Housing with Care (HwC) schemes and associated information, by ward and neighbourhood.

Scheme name	Operator	Tenure	Housing: primary type	HfOP units	HwC units	Ward	Neighbourhood
Swan Court	Accent	Affordable rent	HfOP	22	0	Duntston and Teams	Inner West
Beverley Court	Anchor Hanover	Affordable rent	HfOP	20	0	Low Fell	South
Dunelm Close	Anchor Hanover	Affordable rent	HfOP	16	0	Birtley	South
Gilmour House	Anchor Hanover	Affordable rent	HfOP	22	0	Bridges	Central
Hanover Court	Anchor Hanover	Affordable rent	HfOP	25	0	Chowdene	South
Kestrel Mews	Anchor Hanover	Affordable rent	HfOP	20	0	Whickham North	Inner West
Meadowcroft Mews	Anchor Hanover	Affordable rent	HfOP	30	0	Lobley Hill and Bensham	Central
Shibdon Court	Anchor Hanover	Affordable rent	HfOP	31	0	Blaydon	West
Silver Court	Anchor Hanover	Affordable rent	HfOP	31	0	Deckham	Central
Vicarage Court	Anchor Hanover	Affordable rent	HfOP	30	0	Pelaw and Heworth	East
Walker View	Anchor Hanover	Affordable rent	HfOP	48	0	Felling	East
Carters Lodge	Bernicia Homes	Affordable rent	HfOP	19	0	Low Fell	South
Debdon House	Bernicia Homes	Affordable rent	HfOP	8	0	Dunston and Teams	Inner West
Denholm Lodge	Bernicia Homes	Affordable rent	HfOP	20	0	Dunston and Teams	Inner West

Scheme name	Operator	Tenure	Housing: primary type	HfOP units	HwC units	Ward	Neighbourhood
Glanton Court	Bernicia Homes	Affordable rent	HfOP	24	0	Dunston and Teams	Inner West
Holly Park View	Bernicia Homes	Affordable rent	HfOP	32	0	Felling	East
Lynnholme Court	Bernicia Homes	Affordable rent	HfOP	29	0	Deckham	Central
Pottersway	Bernicia Homes	Affordable rent	HfOP	12	0	Deckham	Central
Stephenson Terrace	Bernicia Homes	Affordable rent	HfOP	16	0	Felling	East
Underhill	Bernicia Homes	Affordable rent	HfOP	24	0	Low Fell	South
Wood Street	Bernicia Homes	Affordable rent	HfOP	12	0	Dunston Hill and Whickham East	Inner West
Brownsea Place	Castles & Coasts Housing Association	Affordable rent	HfOP	30	0	Deckham	Central
Castle Close	Castles & Coasts Housing Association	Affordable rent	HfOP	72	0	Whickham North	Inner West
Cragside Court	Castles & Coasts Housing Association	Affordable rent	HfOP	24	0	Lobley Hill and Bensham	Central
Tindale Drive	Castles & Coasts Housing Association	Affordable rent	HfOP	38	0	Whickham North	Inner West
Adair Terrace	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	12	0	Chopwell and Rowlands Gill	West
Basildon Court	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	8	0	Wardley and Leam Lane	East
Brandon Gardens Bungalows	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	8	0	High Fell	South

Scheme name	Operator	Tenure	Housing: primary type	HfOP units	HwC units	Ward	Neighbourhood
Broom Lane Bungalows	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	6	0	Dunston Hill and Whickham East	Inner West
Derwent Valley Cottages	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	12	0	Chopwell and Rowlands Gill	West
High Spen Bungalows	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	6	0	Winlaton and High Spen	West
Joseph Hopper Terrace	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	10	0	Lamesley	South
Kibblesworth Bungalows	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	6	0	Lamesley	South
Marley Hill Bungalows	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	8	0	Whickham South and Sunniside	Inner West
Parkside Court Bungalows	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	6	0	Chopwell and Rowlands Gill	West
Stargate Lane	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	12	0	Ryton, Crookhill and Stella	West
Stella	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	12	0	Ryton, Crookhill and Stella	West
William Whiteley Homes	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	10	0	Crawcrook and Greenside	West

Scheme name	Operator	Tenure	Housing: primary type	HfOP units	HwC units	Ward	Neighbourhood
Windy Nook Bungalows	Durham Aged Mineworkers Homes Association	Affordable rent	HfOP	27	0	High Fell	South
Bede Court	Home Group Ltd	Affordable rent	HfOP	10	0	Chowdene	South
Chapel Close	Home Group Ltd	Affordable rent	HfOP	7	0	Lamesley	South
Ellison Place	Home Group Ltd	Affordable rent	HfOP	24	0	Chowdene	South
St Josephs Court	Home Group Ltd	Affordable rent	HfOP	16	0	Birtley	South
St Pauls Court	Home Group Ltd	Affordable rent	HfOP	12	0	Dunston and Teams	Inner West
Cohen Court	Home Prime	Affordable rent	HfOP	24	0	Saltwell	Central
Lawrence Hill Court	Housing 21	Affordable rent	HfOP	38	0	Wardley and Leam Lane	East
St James Bungalows	Housing 21	Affordable rent	HfOP	17	0	Felling	East
Albion View	Johnnie Johnson Housing Trust Ltd	Affordable rent	HfOP	12	0	Windy Nook and Whitehills	East
Blenheim Court	Johnnie Johnson Housing Trust Ltd	Affordable rent	HfOP	32	0	Windy Nook and Whitehills	East
Leuchars Court	Johnnie Johnson Housing Trust Ltd	Affordable rent	HfOP	22	0	Birtley	South
King James Hospital	King James Hospital	Affordable rent	HfOP	29	0	Bridges	Central
Breckonbeds Road	Railway Housing Association	Affordable rent	HfOP	6	0	Low Fell	South
Derwent Way	Railway Housing Association	Affordable rent	HfOP	12	0	Blaydon	West

Scheme name	Operator	Tenure	Housing: primary type	HfOP units	HwC units	Ward	Neighbourhood
North Eastern Court	Railway Housing Association	Affordable rent	HfOP	30	0	Dunston Hill and Whickham East	Inner West
A J Cooks Cottages	Gateshead Council	Affordable rent	HfOP	36	0	Chopwell and Rowlands Gill	West
Bensham Court	Gateshead Council	Affordable rent	HfOP	127	0	Lobley Hill and Bensham	Central
Birtley Villas (1)	Gateshead Council	Affordable rent	HfOP	20	0	Lamesley	South
Birtley Villas (2)	Gateshead Council	Affordable rent	HfOP	20	0	Lamesley	South
Boltons Bungalows	Gateshead Council	Affordable rent	HfOP	26	0	Chopwell and Rowlands Gill	West
Burnside Rd/Leazes View/Woodlands	Gateshead Council	Affordable rent	HfOP	32	0	Chopwell and Rowlands Gill	West
Cheshire Avenue	Gateshead Council	Affordable rent	HfOP	29	0	Birtley	South
Conifer Close / Broom Close	Gateshead Council	Affordable rent	HfOP	53	0	Winlaton and High Spen	West
Crocus Close/Daffodil Close	Gateshead Council	Affordable rent	HfOP	39	0	Blaydon	West
Croftside	Gateshead Council	Affordable rent	HfOP	16	0	Lamesley	South
East Lea	Gateshead Council	Affordable rent	HfOP	18	0	Blaydon	West
Emmaville / Simpsons Cottages	Gateshead Council	Affordable rent	HfOP	50	0	Ryton, Crookhill and Stella	West
Greenfields	Gateshead Council	Affordable rent	HfOP	66	0	Ryton, Crookhill and Stella	West
Harrison Court	Gateshead Council	Affordable rent	HfOP	27	0	Birtley	South

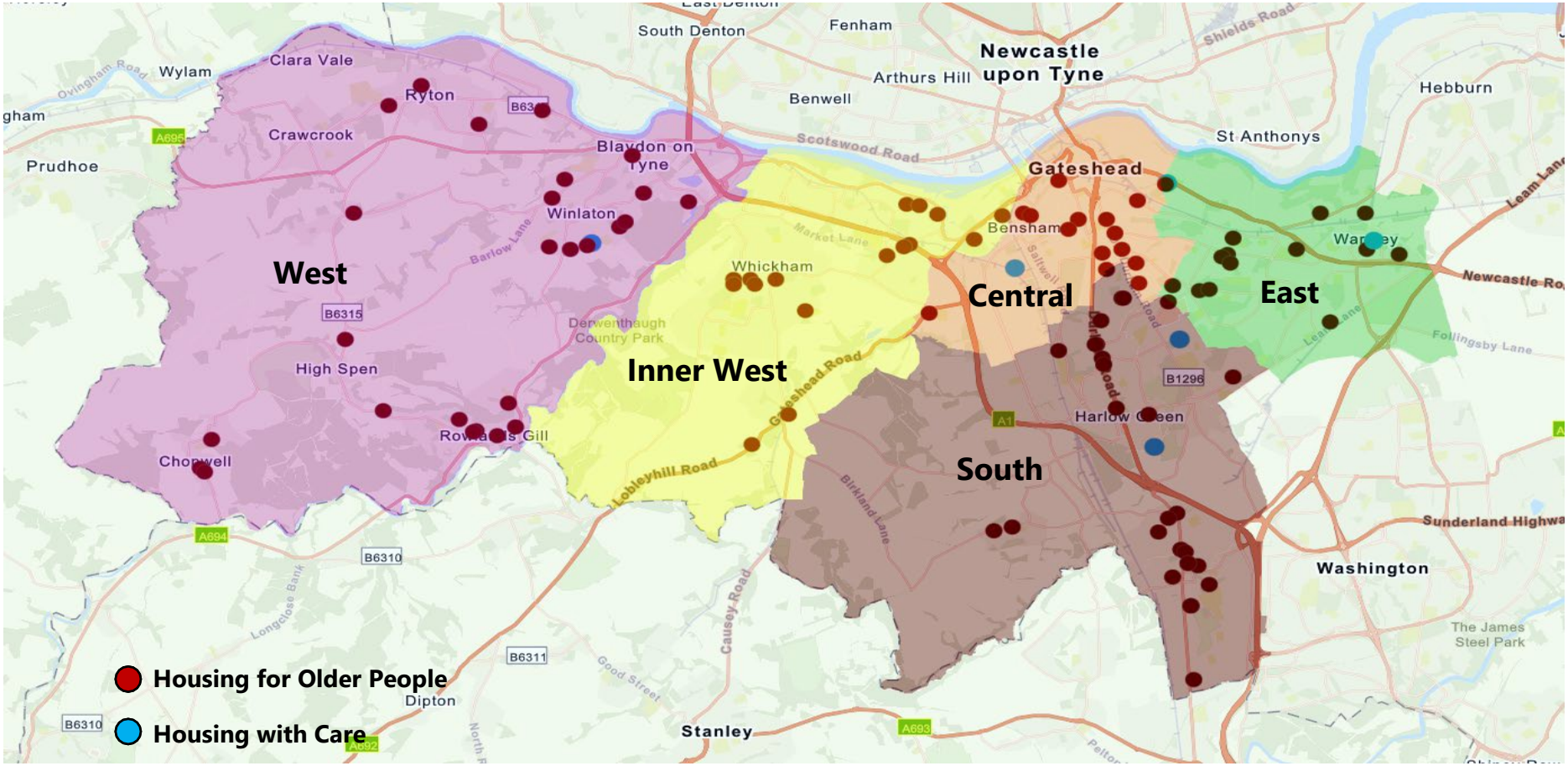
Scheme name	Operator	Tenure	Housing: primary type	HfOP units	HwC units	Ward	Neighbourhood
Joyce Close	Gateshead Council	Affordable rent	HfOP	40	0	Wardley and Leam Lane	East
Kateregina	Gateshead Council	Affordable rent	HfOP	42	0	Birtley	South
Kays Cotts/Garvey Villa/Square Hses	Gateshead Council	Affordable rent	HfOP	48	0	Windy Nook and Whitehills	East
Lansbury Drive	Gateshead Council	Affordable rent	HfOP	32	0	Lamesley	South
Leyburn Place	Gateshead Council	Affordable rent	HfOP	32	0	Lamesley	South
McErlane Square	Gateshead Council	Affordable rent	HfOP	25	0	Pelaw and Heworth	East
Milvain Close	Gateshead Council	Affordable rent	HfOP	42	0	Deckham	Central
Mosspool/Lily Close	Gateshead Council	Affordable rent	HfOP	56	0	Blaydon	West
Mulgrave Villas	Gateshead Council	Affordable rent	HfOP	32	0	Bridges	Central
Pleasant Place ©	Gateshead Council	Affordable rent	HfOP	24	0	Bridges	Central
Pleasant Place (D)	Gateshead Council	Affordable rent	HfOP	17	0	Birtley	South
Rectory Hall	Gateshead Council	Affordable rent	HfOP	30	0	Whickham North	Inner West
Rydal Crescent/Hawesdale Crescent	Gateshead Council	Affordable rent	HfOP	28	0	Winlaton and High Spen	West
South Lea / Springwell Close	Gateshead Council	Affordable rent	HfOP	30	0	Blaydon	West
South Sherburn (1)	Gateshead Council	Affordable rent	HfOP	7	0	Chopwell and Rowlands Gill	West
South Sherburn (2)	Gateshead Council	Affordable rent	HfOP	24	0	Chopwell and Rowlands Gill	West

Scheme name	Operator	Tenure	Housing: primary type	HfOP units	HwC units	Ward	Neighbourhood
Southwood	Gateshead Council	Affordable rent	HfOP	67	0	Chopwell and Rowlands Gill	West
West Acres/Eastacres/Deneside	Gateshead Council	Affordable rent	HfOP	49	0	Blaydon	West
Whinney Close	Gateshead Council	Affordable rent	HfOP	28	0	Winlaton and High Spen	West
Wood Green	Gateshead Council	Affordable rent	HfOP	65	0	Pelaw and Heworth	East
Sunhill	Thirteen	Affordable rent	HfOP	32	0	Whickham South and Sunniside	Inner West
The Fells	Anchor Hanover	Sale/SO	HfOP	19	0	Low Fell	South
Bowes-Lyon Court	FirstPort	Sale/SO	HfOP	31	0	Deckham	Central
Chase Court	FirstPort	Sale/SO	HfOP	40	0	Whcikham North	Inner West
Dryden Court	FirstPort	Sale/SO	HfOP	55	0	Deckham	Central
Hollydene	Karbon Homes	Sale/SO	HfOP	19	0	Chopwell and Rowlands Gill	West
Robinswood	Karbon Homes	Sale/SO	HfOP	22	0	Low Fell	South
Rosefinch Lodge	Karbon Homes	Sale/SO	HfOP	5	0	Low Fell	South
Eslington Mews	Naylors Commercial Property People	Sale/SO	HfOP	22	0	Dunston and Teams	Inner West
Callendar Court	Housing 21	Affordable rent	HwC	0	40	High Fell	Central
Fountain Court	Housing 21	Affordable rent	HwC	0	40	Lobley Hill and Bensham	East
Marigold Court	Housing 21	Affordable rent	HwC	0	41	Felling	East
Priory Court	Housing 21	Affordable rent	HwC	0	40	Wardley and Leam Lane	East

Scheme name	Operator	Tenure	Housing: primary type	HfOP units	HwC units	Ward	Neighbourhood
Winton Court	Housing 21	Affordable rent	HwC	0	40	Wardley and Leam Lane	West
Angel Court	Gateshead Council	Affordable rent	HwC	6	49	Chowdene	Central
Watergate Court	Home Group	Affordable rent	HwC	0	82	Lobley Hill	West
Denton View	Gateshead Council	Affordable rent	HfOP	12	0	Blaydon	West

Source: Elderly Accommodation Counsel

Figure 2. Map showing existing older person's housing schemes: Housing for Older People (HfOP) and Housing with Care (HwC) in Gateshead.



Source: Elderly Accommodation Counsel. Basemap source: Esri UK.

Annexe 3: Estimates of need for housing for older people and housing with care.

Estimated need for housing for older people and housing with care are shown by locality.

Table 42. Housing for Older People, projected net need (homes) to 2040, disaggregated by neighbourhood and tenure.

Locality		Net need in 2023	Net need by 2025	Net need by 2030	Net need by 2035	Net need by 2040
Central	Total	4	29	61	84	92
	Social/ affordable rent	*1*	*12*	*24*	*34*	*37*
	Sale / shared ownership	*2*	*17*	*37*	*50*	*55*
East	Total	5	38	80	110	120
	Social/ affordable rent	*2*	*15*	*32*	*44*	*48*
	Sale / shared ownership	*3*	*23*	*48*	*66*	*72*
Inner West	Total	5	41	86	118	129
	Social/ affordable rent	*2*	*16*	*34*	*47*	*51*
	Sale / shared ownership	*3*	*24*	*51*	*71*	*77*
South	Total	6	50	106	145	159
	Social/ affordable rent	*3*	*20*	*42*	*58*	*63*
	Sale / shared ownership	*4*	*30*	*63*	*87*	*95*
West	Total	7	54	114	157	171
	Social/ affordable rent	*3*	*22*	*46*	*63*	*68*
	Sale / shared ownership	*4*	*33*	*68*	*94*	*103*

NB. Figures may not sum due to rounding

Table 43. Housing with Care (HwC), projected net need (homes) to 2040, disaggregated by neighbourhood and tenure.

Locality		Net need in 2023	Net need by 2025	Net need by 2030	Net need by 2035	Net need by 2040
Central	Total	17	25	32	43	57
	Social/ affordable rent	*9*	*13*	*16*	*22*	*28*
	Sale / shared ownership	*9*	*13*	*16*	*22*	*28*
East	Total	23	33	43	57	75
	Social/ affordable rent	*11*	*17*	*21*	*28*	*38*
	Sale / shared ownership	*11*	*17*	*21*	*28*	*38*
Inner West	Total	25	36	47	62	82
	Social/ affordable rent	*12*	*18*	*23*	*31*	*41*
	Sale / shared ownership	*12*	*18*	*23*	*31*	*41*
South	Total	33	48	62	83	109
	Social/ affordable rent	*16*	*24*	*31*	*41*	*55*
	Sale / shared ownership	*16*	*24*	*31*	*41*	*55*
West	Total	34	50	64	85	112
	Social/ affordable rent	*17*	*25*	*32*	*43*	*56*
	Sale / shared ownership	*17*	*25*	*32*	*43*	*56*

NB. Figures may not sum due to rounding

Gateshead Council

Appendix 2

Specialist and supported housing strategy

2023-2033

Gateshead Council

Final version

June 2023

Foreword

To insert in final version

Contents

1. Introduction

Gateshead Council has a strategic vision to *'make Gateshead a place where everyone thrives'*. Our five challenges include:

- Put people and families at the heart of everything we do.
- Tackle inequality so people have a fair chance.
- Support our communities to support themselves and each other.
- Invest in our economy to provide opportunities for employment, innovation and growth.
- Work together and fight for a better future for Gateshead.

Having a range of high quality specialist and supported housing is an essential part of delivering these commitments. This *Specialist and Supported Housing Strategy* contributes to our overall vision and together with other Council strategies and plans, it is the framework through which our specialist and supported housing aims and delivery priorities are set out.

This strategy covers the Council's approach to specialist, supported and accessible homes for

- Older people
- People with learning disabilities/autistic people
- People with mental health needs
- People at risk of homelessness, including people experiencing domestic abuse, young people (including 16/17 year olds, care experienced young people, young parents), people with multiple and complex needs (including rough sleepers, offenders, people with drug/alcohol related needs), refugees, and veterans.
- People with physical disabilities/long term conditions

The Council seeks to work with a range of partners to meet its specialist and supported housing objectives. The Council will ensure that the best use is made of existing provision, enabling additional development and brokering strong relationships with providers, to ensure it is of a high quality and that it meets the needs of local people.

This strategy is aimed at:

- Housing organisations that provide supported, specialist and mainstream housing, including those currently operating in Gateshead and those who may consider operating here.
- Support and care organisations that provide services in supported housing.
- Community organisations in Gateshead with an interest in specialist and supported housing.

2. Vision and ambition

The provision of good quality specialist, supported and accessible homes is a part of creating a place where people can live well and thrive in Gateshead. Our vision is to secure the best quality of life we can for older people and people with support needs both now and in the future. This means delivering a range of specialist, supported and accessible homes that enable people to live independently, with support and care where necessary.

We will deliver our ambitions through:

- Developing a range of new build specialist, supported and accessible homes over the next 10 years and beyond, that is tailored to reflect the identified needs within our local communities.
- Ensuring that support and care services, delivered by registered providers and other organisations, to people within supported housing as well as those living in mainstream housing, are effective in promoting people's wellbeing and independence.

Our ambition is to develop an extensive range of specialist and supported housing options, to cater for the wide-ranging needs of people in Gateshead.

This vision means that through this strategy we will commission and enable a wide range of specialist and supported housing that enables adults and young people to live independently in their communities, including:

- An increase in housing suited to older citizens, including access to support and assistance to remain living in their own homes and access to a wider range of high quality specialist accommodation that is suited to ageing well in later life.
- Reducing homelessness through the provision of high quality supported accommodation and 'move on' housing opportunities.
- A range of supported housing and move-on accommodation options for young people.
- Safe accommodation for people experiencing domestic abuse.
- The provision of a mix of supported housing options for people with learning disabilities/autistic people and people with mental health needs.
- The development of additional accessible and adapted homes that are suited to adults and children with physical disabilities and long term health conditions.
- Making effective use of technology to secure effective support and independent living.

The purpose of this strategy and the background work that has been undertaken, is in recognition of the Council's need to understand its supported and specialist housing requirements and to ensure that there is a sufficiency of appropriate and good quality supported housing to meet the needs of the growing numbers of older people, people with disabilities and people with support needs in Gateshead.

3. Strategic context

This specialist and supported housing strategy is influenced and informed by a range of local and national polices, summarised below.

National context

There are a number of national policy factors affecting the supported housing sector and which will influence the delivery of this strategy.

In October 2020 the Government published the *Supported housing: national statement of expectations*.[1] This set out the expectations of local authorities and of providers of supported housing in relation to, for example, understanding the need for supported housing and ensuring that supported housing is of a good quality, both in terms of the accommodation and the service. This was for guidance only, however since this was published, the Government has set out its intention to legislate to deliver improvements in supported housing.

More recently the Government has established the Supported Housing Improvement Programme (SHIP)[2] and made available funding to a number of Councils to deliver this programme locally. The programme is intended to support Councils to improve the quality of supported housing, both the accommodation and support services, through greater local scrutiny. Gateshead Council is participating in the Supported Housing Improvement Programme. Aligned with this work, the Council is establishing a Gateway for access to all housing and support services for people experiencing homelessness and a 'marketplace' for commissioning and procuring supported housing services.

The Government is currently supporting a private members bill, Supported Housing (Regulatory Oversight) Bill[3]. The Bill makes provision about the regulation of supported exempt accommodation, and makes provision about local authority oversight of, and enforcement powers relating to, the provision of supported exempt accommodation. Once this Bill becomes law it is expected that the Council will have new statutory powers and duties to regulate supported housing locally.

Over recent years long lease-based models of supported housing have come under scrutiny by the Regulator of Social Housing, particularly the governance and financial arrangements of some Registered Providers that lease all or most of their supported housing stock from other organisations. The Council will take account of the regulatory status of providers of supported housing in its approach to managing the quality of supported housing services (section 5).

[1] https://www.gov.uk/government/publications/supported-housing-national-statement-of-expectations/supported-housing-national-statement-of-expectations
[2] https://www.gov.uk/government/publications/supported-housing-improvement-programme-prospectus
[3] Supported Housing (Regulatory Oversight) Bill - Parliamentary Bills - UK Parliament

The Adult Social Care Reform White Paper[4] includes a focus on housing, new models of care, digital and technology. A series of measures have been announced that specifically target the housing, housing with care, and technology markets with the aim of helping all people with care and support needs to live well, safely and independently. The Council will work with providers of supported accommodation to ensure that preventative approaches, such as the more extensive use of technology enabled care, are used to support older people and other people with support needs to live independently, both in supported housing and in general needs housing.

The Domestic Abuse Act (2021) places a duty on local authorities to provide support in safe accommodation for domestic abuse victims/survivors. Safe accommodation is: refuge accommodation; specialist safe accommodation; dispersed accommodation; Sanctuary schemes (Safe at Home); move-on accommodation; other forms of domestic abuse emergency accommodation. The associated statutory guidance[5] recognises that alternative housing options, whether refuges, social housing, or private accommodation, are key to ensuring victims/survivors are able to escape domestic abuse, and factor strongly in a victim's/survivor's decision making about whether they stay or leave a perpetrator.

Government policy on Housing for older and disabled people[6] guides Councils in preparing planning policies on housing for older and disabled people. This policy is reflected in the Council's Specialist and Supported Housing Supplementary Planning Document and further reinforced through this strategy.

Local context

This strategy is both informed by and supports the delivery of a range of other local policies set out below.

- *Thrive*. The Council has an overall strategic vision to 'make Gateshead a place where everyone thrives'. This strategy is intended to assist older people, disabled people and people with care/support needs to thrive and to live independently.
- *Health & Wellbeing strategy*: Give every child the best start in life; enable all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure a healthy standard of living for all; create and develop healthy and sustainable places and communities; strengthen the role and impact of ill health prevention. This strategy is intended to deliver good quality specialist and accessible homes for local people as part of improving health and wellbeing.
- *Market Position Statement*. This strategy will support delivery of the market position statement through, for example, provision of additional extra care housing and

[4] Department of Health and Social Care: People at the Heart of Care: adult social care reform white paper

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

[6] https://www.gov.uk/guidance/housing-for-older-and-disabled-people

supported living services, that provide early intervention and preventative services that, for example, reduce the use of care homes.

- *Homelessness and rough sleeping strategy*. This strategy sets out the commissioning intentions for a range of supported housing services that support delivery of the Homelessness and rough sleeping strategy, including preventative support services.
- *Housing strategy*. This strategy will help to deliver a range of supported and specialist housing consistent with increasing the local housing supply.
- *Planning policy*. This strategy summarises the evidence base of need for specialist, supported and accessible homes, and it complements the Council's *Specialist and Supported Housing Supplementary Planning Document*, which sets out how the Council encourages, and where possible requires, development of accessible and specialist homes.
- Draft *Safe accommodation strategy*. This strategy sets out how Gateshead Council will meet the duty to provide support in safe accommodation for domestic abuse victim/survivors.
- *Integrated Adults and Social Care Services – Living Thriving Lives Plan*: This five-year plan sets out the vision and ambitions for adult social care to enable residents to live thriving lives, be independent and have access to personalised quality support when they need it. It focused on eight key areas: information and advice, enablement, home first principle, caregivers, technology, workforce, strengths-based practice and commissioning. There is an associated delivery plan.
- *Placement Sufficiency and Commissioning Strategy for Children in Care in Gateshead*. This strategy sets out the commissioning intentions for a range of supported housing services for young people in the context of the corporate parenting responsibilities of the Council towards young people in care/care experienced. Gateshead's Corporate Parenting Pledge sets out Gateshead's commitment and responsibilities as a corporate parent, which is to provide the best possible care and protection for children and young people in care, in terms of the Council's responsibilities as part of the Children's Act.
- *Youth strategy*. This is in development. It will include the roles of supported accommodation for young people with support needs.
- *Supported Housing Improvement Programme (SHIP)*. The Council is part of the Government's Supported Housing Improvement Programme (SHIP).

4. Strategic aims

The strategic aims of this strategy are influenced and informed by the national and local policy context, the views and perspectives of local stakeholders, people with lived experience and Council Officers and their local partners, and the identified needs of local people for specialist and supported housing[7].

The strategic aims of this strategy are set our below.

A. *To develop and enable the provision of a wide range of homes, including supported and specialist homes, that are suited to the needs of an ageing population.*

This will include the commissioning and delivery of specialist housing of different tenures suited to older people, including extra care housing and retirement housing for affordable rent and for sale, new build mainstream (non-age designated) homes for sale and for affordable rent that are better suited to the needs of older people, and the provision of adaptations that enable older people to remain living in their existing homes.

B. *To commission and develop a range of specialist and supported housing, with associated care and support services, that enable adults with longer term care and support needs to have a home in the community.*

This will involve the commissioning and delivery of supported housing that reflect the needs and preferences of people with learning disabilities, autistic people, and people with serious and enduring mental ill health. This will include a range of homes, for example, self contained supported housing, shared supported housing, home ownership options, and, for some people, bespoke housing arrangements.

C. *To commission and develop a range of specialist and supported housing, with associated support services, for young people and adults who are homeless, or who are at risk of homelessness; and homes for young people who are care experienced.*

This is intended to be for people who need generally supported housing as a consequence of being homeless, or being at risk of homelessness; this is closely aligned with the aims of the Council's Homelessness and Rough Sleeping Strategy. This includes supported housing for young people with a support need (such as care leavers), people experiencing domestic abuse, and people who may have multiple and complex needs linked to, for example, drug or alcohol dependence, offending and/or rough sleeping.

[7] Gateshead Council. Specialist and supported housing need assessment (2023)

D. To enable and provide a range of accessible and adapted homes suited to the needs of people with physical disabilities and/or long term conditions.

This is to ensure that there are sufficient homes for sale and for affordable rent that are adapted to accessibility standards (M4(2) and M4(3)) including for people who are wheelchair users, in line with the Council's Specialist and Supported Housing Supplementary Planning Document.

E. To maintain and raise the standard and quality of supported housing services

The Council will work with providers of supported housing services to ensure that both the quality of accommodation used for supported housing and the support services provided in supported housing are of good quality and offer a range of housing choices for people.

The delivery plan (section 7) summarises actions to deliver these strategic aims.

5. Ensuring the quality of supported housing

The Council wants to ensure that all supported housing in Gateshead is of good quality. This means both the accommodation and related support services (and care services where applicable) being of good quality.

This will include supported housing providers meeting legislative, regulatory requirements as applicable (Charity Commission, Regulator of Social Housing, the Care Quality Commission, Community Interest Companies regulated by the Financial Conduct Authority, Housing Act 2004 minimum standard for housing, and OFSTED).

The Council will draw on the Government's current guidance National Statement of Expectations for Supported Housing as a basis for expectations of supported housing providers in terms of good practice in the delivery and management of supported housing services.

However, the Council's approach to ensuring that supported housing is of a good quality anticipates the intent of the Supported Housing (Regulatory Oversight) Bill that is supported by the Government. When this becomes law the Council anticipates that its approach to ensuring the quality of supported housing will likely include:

- A licensing scheme for all supported housing providers. All providers of supported housing in Gateshead will be required to be licensed by the Council in order to provide supported housing.
- Only providers of supported housing that are licensed by the Council will be able to access specified and exempt accommodation housing benefit status.
- Inspections and reviews of all supported housing in Gateshead by Council officers to ensure that the accommodation is safe, fit for purpose and of a good standard. This will include housing in multiple occupation (HMOs) that are being used to provide supported housing.
- The Council will also inspect and review the quality of the provision of support in supported housing services to ensure customers are getting the support they need and require, for example, as part of the Council's approach to safeguarding vulnerable adults.
- Assessment of the value for money provided by specialist and supported housing services, ensuring they are affordable for the Council and for the people who live in them.
- Due diligence checks on supported housing providers.
- Any previously 'noncommissioned' supported housing will need to be licensed in the future in order to be treated as supported housing under housing benefit regulations; this will in effect mean that all supported housing in Gateshead will need to be licensed and commissioned by the Council.
- Application of new OFSTED regulations for supported accommodation for 16/17 year olds.

In the meantime, before the Supported Housing (Regulatory Oversight) Bill becomes law, the Council is part of the Government's Supported Housing Improvement Programme (SHIP) and will be working with providers of supported housing services to ensure that both the quality of accommodation used for supported housing and the support services provided in supported housing are of good quality.

6. Managing and encouraging the supported housing market

As part of the delivery of this strategy the Council want to work closely with a range of providers of supported housing. The Council's Specialist and Supported Housing Supplementary Planning Document also sets out our expectations of developers and providers of supported and accessible homes.

We are seeking innovative approaches from our partners, for example, delivering a range of housing sizes, types and tenures that will be appropriate to the needs of various groups in the community, in line with our strategic aims.

The Council would like:

- To be involved at an early stage in considerations and discussions regarding the reconfiguration or disposal of existing supported accommodation provision.
- To agree priority notification/nomination rights on existing and new specialist and supported accommodation within the borough.
- You to sign up to our DPS framework so we can ensure your organisation has all of the relevant policies and procedures in place and we can be assured that you will deliver quality accommodation and/or support.
- To understand whether you own and/or lease housing for the purposes of providing supported accommodation and to understand your funding model. Where housing is leased we want to be satisfied that this model is sustainable and in the interests of the intended residents.
- Providers to develop proposals for specialist & supported accommodation which are effectively tailored to meet local need and to consult with local communities prior to and during the implementation of these proposals.
- Supported housing providers who are not currently operating in Gateshead to get in touch with us and talk through their plans for development of supported or specialist housing in the borough so we can advise on what our needs are and how you might be able to meet them.
- Supported housing providers, to help to contribute to the wider health and wellbeing of all residents, and to work with the Council and others to support community safety through their specialist and supported accommodation services.
- You to be willing to work with other partners/agencies to help facilitate the delivery of intergenerational and diverse communities.

The Council will undertake ongoing market engagement to:

- Building strong relationships with supported housing providers.
- Stimulate and encourage the local supported housing market.
- Work with supported housing providers in a collaborative way.

- To understand how the Council can work with supported housing providers to manage market risks and challenges.

The Council welcomes enquires from supported housing providers including from providers who are new to Gateshead.

7. Delivery plan

The delivery plan sets out actions for each of the five *strategic aims*. It includes in relation to each of the group of citizens covered by this strategy:

- What is required, drawing on local policy and plans, stakeholder views, commissioner insights and the specialist and the supported housing need assessment.
- A summary of need from the specialist and supported housing need assessment.
- Identified requirements for specialised and supported housing in the short – medium term (the period to 2030) and likely requirements in the longer term (from 2030).
- A summary of actions.
- A summary of measures of success.

Whilst the delivery plan is shown in relation to different 'cohorts' of people covered by the strategic aims, *it is recognised that people's needs are often complex and that innovative approaches to housing and support that go beyond these 'cohort' definitions will be required and indeed desirable:*

- An assumption that mainstream housing suitably designed and/or adapted will be appropriate for many people with support and/or care needs.
- Opportunities for *inter-generational living* will form part of the required housing solutions.
- Housing solutions may be *multi-functional*, e.g. providing a mix of mainstream housing, supported housing and potentially other facilities.
- All housing and supported accommodation for people with support and/or care needs should assist and facilitate *inclusion in community life*.
- This is consistent with current national policy (e.g. from the Social Care White Paper) which places a strong emphasis on the role of preventative approaches, for example the use of home adaptations, digital technology, and support services to support and promote the independence of older people and other people with support/care needs.

In relation to the need for different tenure options, for most cohorts of people covered by this strategy this is a need for affordable rented supported housing (although it is recognised that supported housing rents are typically higher, sometimes considerably higher, than general needs housing for affordable rent). However, for older people and people with physical disabilities a mix of tenure types is identified, e.g. for sale as well as for affordable rent. For some people with long term care needs, such as some people with learning disabilities/people with enduring mental health needs, home ownership through the HOLD programme is a potential option.

The specialist and supported housing need assessment sets out where it is possible for identified need to be disaggregated by locality, specifically for specialist housing for older people and accessible housing for people with physical disabilities. The population sizes of

the other cohorts are typically smaller making disaggregation by locality less feasible and meaningful.

A. To develop and enable the provision of a wide range of homes, including supported and specialist homes, that are suited to the needs of an ageing population (people aged 55+).

What is required?

Drawing on evidence of need based on the views of older people and other local stakeholders including Registered Providers and other housing providers, as well as commissioner insights:

- The Council wishes to work with its RP partners and other housing providers to develop new age-designated housing for older people that is attractive and offers a range of tenures including for sale, shared ownership and for affordable rent.
- Specifically, there is a need for an increased range of choices for older people, including:
    - a need for further provision of extra care housing, for affordable rent and for shared ownership;
    - a need for modern age-designated retirement housing without care on site and without large communal facilities, for affordable rent, for shared ownership and for outright sale.
- There is a requirement for development of additional extra care housing, in part to meet the need for an alternative to the use of residential care.
- There is a need for flexible housing with care models that enable people to remain in situ should their care needs change, for example in relation to living with dementia; an example is Watergate Court extra care housing scheme which includes homes for people living with dementia.
- There is a requirement for new build mainstream (non age designated) homes for sale and for affordable rent that are better suited to the needs of older people, for example through the provision of bungalows.
- There is a need for the development of modern nursing care homes that can provide high quality accommodation and support people with complex care and health needs. The Council will engage with the local care home market to achieve this.
- There is a recognition that older sheltered housing stock needs to be reviewed, both by the Council and by its RP partners, and updated where this is feasible and cost effective in order to provide a more contemporary housing offer for older people.
- The Council wishes to work with Registered Providers in relation to the impact of the analogue to digital switch over in 2025 and how technology can better support the independence of older people, both in specialist and general needs housing.

Summary of evidence of need for specialised and supported housing

The table below summarises the need for different types of specialist housing and accommodation for older people in Gateshead[8].

Housing type and use class	Number of homes/bedspaces needed by 2025	Number of homes/bedspaces needed by 2030	Number of homes/bedspaces needed by 2040
Housing for older people (retirement housing for sale/for affordable rent). Use class C3	c.215 homes: • c.85 for social/affordable rent • c.130 for sale / shared ownership	c.445 homes: • c.180 for social/affordable rent • c.270 for sale / shared ownership	c.670 homes: • c.270 for social/affordable rent • c.400 for sale / shared ownership
Housing with care (extra care housing). Use class C3/C2	c.190 homes: • c.135 for social/affordable rent • c.60 for sale /shared ownership	c.250 homes: • c.175 for social/affordable rent • c.75 for sale /shared ownership	c.435 homes: • c.305 for social/affordable rent • c.130 for sale /shared ownership
Residential care. Use class C2	c.10 bedspaces	c.10 bedspaces	c.15 bedspaces
Nursing care. Use class C2	c.75 bedspaces	c.105 bedspaces	c.230 bedspaces

Housing for older people (retirement housing for sale and for social/affordable rent).

- The estimated need for housing for older people to 2040 is c.670 homes of which c.270 homes are estimated to be required for social/affordable rent and c.400 are estimated to be required for shared ownership/sale.
- Based on the qualitative evidence about older people's housing preferences it is assumed that potentially up to 50% of this estimated need could be met through the provision of mainstream housing that is designed for and accessible to older people even if it is not technically 'designated' for older people, for example housing that is 'care ready' and suited to ageing as distinct from 'retirement housing'. This may include mainstream housing to accessible and adaptable standards M4(2) and M4(3).

Housing with care (extra care housing).

- The estimated housing with care net need to 2040 is c.435 homes of which c.305 homes are estimated to be required for social / affordable rent and c.130 homes are estimated to be required for shared ownership/sale.
- This will meet the housing and care needs of older people who are self-funders as well as older people who need rented accommodation and are eligible for social care

[8] Gateshead Specialist and Supported Housing Need Assessment (2023)

funded by the Council. This need could be met in part through mixed tenure development of extra care housing.

Residential care and nursing care.

- The estimated residential care net need is not anticipated to increase significantly over the period to 2040. It is likely that residential care bed capacity will need to be increasingly focussed on older people with more complex social care needs, such as people living with dementia.
- The estimated nursing care net need to 2040 is c.230 bedspaces. It is likely that nursing care bed capacity will need to be increasingly focussed on older people with more complex health and social care needs, including people living with dementia. This is aligned with the Council's integrated residential/nursing care delivery model.

Delivery

In the short – medium term, by 2025, based on the summary of need in the table above, the requirements for additional specialist housing are summarised in the table below.

Short term supported and specialist housing requirements

By 2025	c.1-2 additional extra care housing schemes c.1 retirement housing scheme for affordable rent/shared ownership c.2-3 retirement housing schemes for shared ownership/sale c.1 additional nursing care home

In the medium term (by 2030) to longer term, based on the summary of need, the requirements for additional specialist housing are summarised in the table below.

Medium and longer term supported and specialist housing requirements

By 2030 and beyond	c.1 additional extra care housing scheme c.2 retirement housing scheme for affordable rent/shared ownership c.2-3 retirement housing schemes for shared ownership/sale c.1 additional nursing care home

Summary of actions

1	The Council will commission extra care housing that is identified as being required in the short-medium term.

2	The Council will work with Registered Provider and private housing developers to develop and enable contemporary retirement housing for sale, shared ownership and for affordable rent
3	The Council will review its own sheltered housing stock and associated services and work with its RP partners to do the same.
4	The Council will work with its RP partners to ensure that switch to digital technology is planned for and delivered in specialised housing for older people.
5	The Council will use the Specialist and Supported SPD to encourage and require, as appropriate, developers of mainstream housing, for sale and for affordable rent, to provide housing that is better suited to the needs of older people, for example in terms of adaptability of homes; providing bungalows as part of a mix of housing types
6	The Council will work with care home operators to develop new, modern nursing care provision that can support people with complex health and care needs. The Council will work with providers of existing care homes to ensure they are positioned to meet the increasing complexity of care and health needs amongst the local older population
7	The Council will consider the potential for increasing the scale of its provision of disabled facilities grants to enable more older people to be able to adapt their existing homes to meet their needs.

Indicators of success

- More people will have access to extra care housing, both for shared ownership and for affordable rent.
- More people will have access to new retirement housing for sale, for shared ownership and for affordable rent.
- The standard of existing forms of sheltered housing will be improved where this is feasible and viable.
- Extra care housing will be designed to support people with high/complex care needs (for example, people living with dementia), catering for both older people and working age people with high/complex care needs (for example, people with learning disabilities).
- More mainstream housing for sale and for affordable rent will be developed that is attractive to older people.
- There will be increased provision of new build and repurposed nursing care homes that can support people with complex health and care needs.
- More older people will have access to technology enabled care to support them to live independently, both in mainstream housing and in specialised housing.

B. To commission and develop a range of specialist and supported housing, with associated care and support services, that enable adults with longer term care and support needs to have a home in the community.

This will involve the commissioning and delivery of supported housing that reflect the needs and preferences of people with learning disabilities, autistic people, and people with serious and enduring mental ill health. This will include a range of homes, for example, self contained supported housing, shared supported housing, home ownership options, and, for some people, bespoke housing arrangements.

B1. Specialist and supported housing for people with learning disabilities/autistic people

What is required?

The Council's vision for housing for people with learning disabilities, autistic people and people with neurodiversity related needs, drawing on the views of people with learning disabilities/autistic people, local evidence of need for supported accommodation, stakeholder views and commissioners' insights is that there is a desire to develop a *housing pathway* which includes a mix of housing and supported accommodation options, which offer people different housing choices, from housing options with 24/7 support through to mainstream housing with packages of care/support tailored to individuals' needs.
This pathway of housing and supported housing options is required, in part, to reduce the use of residential care, as well to maximise the range of housing options for people with learning disabilities/autistic people. The Council wishes to make it easier for people with learning disabilities/autistic people to access these housing options. as well as making available a range of assistive technology that enables people to live independently.

The specialist and supported housing need assessment indicates that the following 'components' of a housing pathway are required.

a) There is a need for a small number of specialist supported housing schemes for people with complex care and support needs (c.5 -6 self contained units), with 24/7 support, which for example can also provide 'step down' accommodation for people being discharged from inpatient or care home settings. However, some individuals with very complex housing and support needs may need individualised, bespoke 1:1 housing and support options.

b) There is a need for additional small 'clusters' of self-contained supported housing both for people who need 24/7 support and for people with lower support needs (typically c.8-10 self-contained units). This is consistent with recent development of supported housing in Gateshead for people with learning disabilities, including 'concierge' developments of clusters of self-contained flats.

c) There needs to be a mix of types of supported housing which enables people to have housing choices. This will include self-contained accommodation but shared supported housing will be preferred by some people, for example it may be preferred by a group of

younger people who are 'in transition' to adult social care and who may wish to share a home together. However, over time it is expected that the use of shared supported housing will decrease, as the majority of people are seeking self contained housing.

d) There is a need for fully wheelchair adapted homes for some people with learning disabilities who also have significant physical disabilities.

e) There is a need for an increased range of tenure choices, such as home ownership through the Home Ownership for people with Long Term Disabilities (HOLD) scheme.

f) Shared Lives options will increase as a complementary housing offer alongside supported housing or individuals accessing mainstream housing.

g) People with learning disabilities need to be able to better access mainstream general needs housing. This can be a realistic option for people where floating support or individualised care/support packages are provided.

Summary of evidence of need for specialist and supported housing

The specialist and supported housing need assessment identified that, in summary, an additional c.90 units of supported accommodation are estimated to be needed by 2030 for people with a learning disability/autistic people and an additional c.215 units of supported accommodation by 2040.

Of these additional c.215 units, c.25 units are estimated to be for Shared Lives accommodation and c.190 units are estimated to be for supported housing. This is summarised in the table below.

Net additional need for supported housing to 2040

	Net additional homes required in 2023	**Net additional homes required by 2025**	**Net additional homes required by 2030**	**Net additional homes required by 2035**	**Net additional homes required by 2040**
Shared Lives	0	2	7	13	23
Supported housing	22	43	85	145	193
Total	**22**	**45**	**92**	**158**	**216**

Delivery

In the short term, by 2025, the requirements for additional supported housing are summarised in the table below.

Short term supported housing requirements

2025	• 2 additional specialist supported housing developments for people with the most complex support needs. 5-6 s/c units. 24/7 support. (However, some individuals with very complex housing and support needs may need individualised, bespoke 1:1 housing and support options).

	• 2 additional 'clusters' scheme of self-contained supported housing. 6-8 s/c units. 24/7 support • 1 additional 'concierge' type scheme of self-contained supported housing. 8-10 s/c units. Support level to be determined (less than 24/7)

In the medium term (by 2030) and beyond, the requirements for additional supported housing are summarised in the table below.

Medium term supported housing requirements

By 2030 and beyond	• 3 additional 'cluster' schemes of self-contained supported housing. 6-8 s/c units. 24/7 support • 2 additional 'concierge' type schemes of self-contained supported housing. 8-10 s/c units. Support level to be determined (less than 24/7)

Summary of actions

1	Review the needs of people currently living in residential/nursing care homes to identify people whose needs can be better met in a supported housing alternative.
2	Commission supported housing that is identified as being required in the short-medium term. As part of the specification, confirm the number of units required to be adapted for wheelchair users.
3	Develop a specification for commissioning supported housing for people with very complex support needs which can provide alternative homes for people being discharged from inpatient settings or moving from care home.
4	Review the sustainability of existing shared supported housing services and the extent to which tenants' needs may be better met in self-contained supported housing or in mainstream housing with support.
5	Identify people for whom home ownership through the HOLD programme is a feasible housing option.
6	Increase the number of Shared Lives carers who can support people with learning disabilities/autistic people.

Indicators of success

- Fewer people with learning disabilities/autistic people will be living in residential and nursing care settings.
- More people will have access to a wider range of types of supported housing.

- People with very complex support needs will have access to supported housing to enable discharge from inpatient settings and as an alternative to care home placements.
- Fewer people will live in shared supported housing settings.
- Some people will become home owners through the HOLD programme.
- More people will have access to Shared Lives.
- More people will have the opportunity to move on from supported housing to independent housing with support.
- Young people with learning disabilities/autistic people will have an improved experience of transition to adult social care eligibility.

B2. Specialist and supported housing for people with serious and enduring mental ill health

What is required?

The Council's and its NHS partners' vision is for a *housing pathway* for people with mental health needs, drawing on the views of people with mental health needs, evidence of need for specialist and supported housing, the views of local stakeholders and commissioner insights.

This pathway of housing and supported housing options is required to maximise the range of housing choices for people with mental health needs and, in part, to reduce the use of residential care. Where possible in future, people who may have used residential/nursing care, for example on discharge from inpatient settings, will ideally use supported housing with 24/7 support as an alternative. The intention is that there is a range of housing and supported housing options, which provide an 'enabling' model of support, which supports peoples' recovery and complement mental health clinical pathways.

The specialist and supported housing need assessment indicates that the following 'components' of a housing pathway are required.

a) There is a need for of specialist supported housing for people with complex mental health needs as short to medium term accommodation (for example for up to 2 years) consisting of a small number of self contained flats (c.5 -6 units). This is typically a small 'cluster' of flats with 24/7 support, which can also provide 'step down' accommodation for people being discharged from inpatient settings, to provide accommodation for people experiencing a crisis and to support young people with mental health needs who transition to adult services eligibility.
b) There is a need for additional small 'clusters' of self-contained supported housing (similar to recent supported housing developments in Gateshead) that provides medium term supported housing (for example for up to 3 years), both for people who no longer need 24/7 supported housing and people who need a supportive environment before moving to independent housing. This the equivalent of the 'concierge' type of supported housing schemes (typically 8-10 self contained units) that have been developed recently in Gateshead.
c) There is a need for people with significant mental health needs to have better access to mainstream general needs accommodation and to be supported with floating support to enable people to live within the community. This is also necessary to facilitate 'move on' housing options from supported housing.
d) This could include expanding community support networks as a model of support as this would enable people to live in mainstream accommodation as well as providing support for people to access community life.

Summary of evidence of need for specialist and supported housing

The specialist and supported housing need assessment identified that, in summary, that there is an estimated net need for c.30 units of additional supported housing for peoplewith

significant mental health needs by 2030 and c.65 units of additional supported housing by 2040. This is summarised in the table below.

Net additional need for supported housing to 2040

Type of accommodation	Net additional homes required (2023)	Net additional homes required (2025)	Net additional homes required (2030)	Net additional homes required (2035)	Net additional homes required (2040)
Supported housing	5	14	31	45	63

Delivery

In the short term, by 2025, the requirements for additional supported housing are summarised in the table below.

Short term supported housing requirements

By 2025	1 additional specialist supported housing scheme for people with complex mental health needs. c.5-6 s/c units. 24/7 support 1 additional 'concierge' type scheme of supported housing. C.8-10 s/c units. Support level to be determined (less than 24/7)

In the medium term, by 2030 and beyond, the requirements for additional supported housing are summarised in the table below.

Medium term supported housing requirements

By 2030 and beyond	1 additional specialist supported housing scheme for people with complex mental health needs. c.5-6 s/c units. 24/7 support 1 additional 'concierge' type scheme of supported housing. 8-10 s/c units. Support level to be determined (less than 24/7)

Summary of actions

1	Review the needs of people currently living in residential/nursing care homes to identify people whose needs can be better met in a supported housing alternative.
2	Develop a specification for specialist supported housing for people with complex mental health needs, which can also provide 'step down' accommodation for people being discharged from inpatient settings.
3	Review the sustainability of existing shared supported housing services and the extent to which tenants' needs may be better met in self contained supported housing or in mainstream housing with support

4	Commission supported housing that is identified as being required in the short-medium term.
5	Identify a process for people to move on from supported housing to mainstream housing, with support where necessary.
6	Consider expanding community support networks as a model of support to enable people to live in mainstream housing, with tailored support where necessary. This will form part of the recommissioning of floating support which will offer step down/move on options from supported housing

Indicators of success

- Fewer people with mental health needs will be living in residential and nursing care settings.
- More people will have access to different types of supported housing.
- People who require 24/7 support will have access to supported housing to enable discharge from inpatient settings and as an alternative to care home placements.
- More people will have the opportunity to move on from supported housing to independent housing.
- Fewer people will be living in shared supported housing settings.

C. *To commission and develop a range of specialist and supported housing, with associated support services, for young people and adults who are homeless, or who are at risk of homelessness;. and homes for young people who are care experienced.*

This is intended to be for people who need supported housing on a shorter term basis linked with being homeless, or being at risk of homelessness. This is specifically aligned with the aims of the Council's Homelessness and Rough Sleeping Strategy, specifically *Aim 2: Homelessness to be as brief as possible and result in positive outcomes: Access to housing and support services*.

What is required?

This includes supported housing for young people with a support need (such as care leavers), people experiencing domestic abuse, and people who may have multiple and complex needs linked to, for example, drug or alcohol dependence and offending.

An objective of this supported housing is to assist individuals to move to less intensive supported accommodation options (depending on level of need) or into mainstream general needs housing.

The homelessness review has set out proposals for a new 'gateway' to housing and support services. This gateway is a single point of access for supported housing for people experiencing homelessness, and it will involve the assessment and placement of homeless households in commissioned housing and support services, and potentially internal services and, what are currently, non-commissioned supported housing services.

Overall summary of actions (as part of the Homelessness and Rough Sleeping Strategy)

1	Review and remodel existing floating support services (both internal and commissioned) to match the levels of needs identified.
2	Review and remodel existing accommodation based services (both internal and commissioned) to match the needs identified.
3	Consider introducing a Housing First model for those who have additional barriers to accessing accommodation/support, with wrap around support in independent housing.
4	Carry out a commissioning exercise to source the types of supported accommodation and support services required as a result of the needs analysis, in particular services for people with multiple complex needs including ex offenders, young people and those experiencing domestic abuse.
5	Develop a pathway into commissioned accommodation and support services through a new Gateway to ensure that those most in need are targeted at appropriate services.
6	Develop service specifications for those services that are to be commissioned including Psychologically Information Environment (PIE) principles for those with complex needs to provide a trauma informed approach to support.
7	Develop a 'tenancy ready' framework for commissioned services to ensure that individuals remain in supported accommodation for right length of time with the right support to become tenancy ready.

Indicators of success

- A greater proportion of homeless people with multiple disadvantage are placed in supported housing or are in receipt of support services.
- An increase in the number of planned moves from supported housing to independent housing as a result of preparing individuals to become 'tenancy ready'.
- The introduction of a new homelessness 'gateway' and associated pathway that matches needs with accommodation and support and results in positive outcomes.

D. To enable and provide a range of accessible and adapted homes of different tenures suited to the needs of people with physical disabilities and/or long term conditions

This is to ensure that there are sufficient homes for sale and for affordable rent that are adapted to accessibility standards M4(2) and M4(3) (for people who are wheelchair users), in line with the requirements in the Council's Specialist and Supported Housing Supplementary Planning Document.

What is required?

Drawing on evidence of the perspectives and views of people with a physical disability, commissioner insights, and the perspectives of other stakeholders, including Registered Providers and other housing providers, there are the following requirements:

- The majority of people with a physical disability would typically prefer to live in adapted mainstream housing with any care/support they require rather than in supported housing. There is a need for additional accessible housing in Gateshead, including fully wheelchair accessible housing.
- However, for some people, extra care housing will be an attractive housing option.
- People are seeking properties that are a 'home for life' and enable them to live there as long as possible.
- Some people with physical disabilities are seeking larger properties as they need space to store equipment and some people may need an extra bedroom for an overnight carer.
- There is a need for additional bungalow accommodation to be developed as part of the mix of housing types on general needs housing development sites.
- There is an ongoing need for housing adapted to both M4(2) and M4(3) standards, however, there needs to be careful matching of people in need for fully wheelchair adapted homes. This reflects the current approach of the Council which has an ongoing planning policy for 25% of homes on new housing developments over 15 dwellings to be built to M4(2) standards.

Summary of evidence of need for accessible and adapted housing

The specialist and supported housing need assessment identified that, in summary, that there is an estimated net need for c.15 fully wheelchair-adapted homes required per year to 2035 for the all-age population and a need for c.25 accessible and adaptable homes required per year to 2035, for the all-age population. The table below summarises the need for accessible homes in Gateshead.

Estimated need for accessible homes to 2035 for the all-age population and the population aged 0-64.

People with physical disabilities	Estimated need (homes) by 2023	Estimated need (homes) by 2025	Estimate need (homes) by 2030	Estimated need (homes) by 2035
(All age population)				
• Fully wheelchair adapted homes	15	30	105	180
• Accessible/adaptable homes	25	50	175	300
Total	**40**	**80**	**280**	**480**
(0-64 years population)				
• Fully wheelchair adapted homes	6	12	42	72
• Accessible/adaptable homes	10	50	70	120
Total	**16**	**62**	**112**	**192**

Based on the tenure breakdown of the population in Gateshead, it may be expected that this need would be approximately c.58% for home ownership and c.42% for social/affordable rent.

Delivery

In summary, by 2035, it is estimated that there will be c.480 people with an unmet need for accessible housing, of which:

- It is estimated that c.180 wheelchair users require *fully wheelchair adapted homes*, i.e. similar to Part M(4) Category 3 broadly equivalent to the Wheelchair Housing Design standard.
- This is the equivalent of a need for c.15 fully wheelchair-adapted homes required per year to 2035 for the all-age population.
- Among the working-age population, this is the equivalent of a need for c.6 fully wheelchair-adapted homes required per year to 2035.
- It is estimated that c.300 people require *accessible and adaptable homes* (i.e. not fully wheelchair adapted dwellings), similar to Part M(4) Category 2, broadly equivalent to the Lifetime Homes standard.
- This is the equivalent of a need for c.25 accessible and adaptable homes required per year to 2035, for the all-age population.
- For the working age population, this is the equivalent of a need for c.10 accessible and adaptable homes required per year to 2035.

Summary of actions

1	The Council will seek to deliver c.15 fully wheelchair-adapted homes per year to 2035 for the all-age population.
2	The Council will seek to deliver c.25 accessible and adaptable homes per year to 2035, for the all-age population.
3	The Council will use the Specialist and Supported Housing SPD and Making Spaces for Growing Places (MSGP) Policy 10 Accessible and adaptable dwellings to require housing developers to deliver 25% of homes on new housing developments over 15 dwellings to be built to M4(2) standards
4	The Council will use the Specialist and Supported Housing SPD and Making Spaces for Growing Places (MSGP) Policy 10 Accessible and adaptable dwellings to encourage developers to deliver homes on new housing developments to be built to M4(3) standards, where there is evidence to support this.

Indicators of success

- More people with physical disabilities/long term conditions will have access to homes built to M4(2) standards.
- More people with physical disabilities/long term conditions who are wheelchair users will have access to homes built to M4(3) standards.
- More people with physical disabilities/long term conditions with care needs, both older people and working age people, will have access to extra care housing.

8. How the Council will deliver this strategy

We are a proactive organisation, focused on enabling the right developments within the Borough to meet need. We pride ourselves on being solution focused, supportive and engaging.

The Council will adopt a range of approaches to the delivery of the specialist and supported accommodation that is required in supporting a well-managed supported housing sector.

The Council will work in partnership with its local partners from NHS services, the Probation service, and local community and voluntary groups and organisations to implement this strategy to ensure that the supported housing that is commissioned and provided is effective in meeting the needs of local people.

The Council will work with Registered Providers and other housing developers/providers, including through our Housing Providers Partnership and Homelessness Forum, to develop specialist and supported housing to achieve the requirements of this strategy.

The Council will:

- Seek to align both relevant capital and revenue budget planning as part of its Medium Term Financial Strategy.
- Given constraints on financial resources, prioritise and communicate these priorities accordingly, and keep these under regular review.
- Maximise funding, investment opportunities provided by Government, the NHS, and the Integrated Care Board.
- Work with key partners such as the voluntary/community sector, Registered Providers, developers and other stakeholders to maximise inward investment and secure value for money.
- Will maximise the use of technology (alongside staff support) to provide cost effective supported housing services.

The Council is committed to working alongside people who need supported housing. The Council will co-produce with a range of people with lived experience its commissioning of supported housing services and the approach to managing the quality of supported housing, including challenging where service quality does not meet acceptable standards.

This strategy is part of a dialogue with these organisations and individuals that are interested in delivering specialist and supported housing.

The Council has a single point of contact for all supported housing enquiries (see over).

Contact

To insert in final version

GATESHEAD HEALTH AND WELLBEING BOARD

21 July 2023

TITLE OF REPORT: **Gateshead Better Care Fund Submission 2023-25**

Purpose of the Report

1. To set out the Better Care Fund Plan submission requirements for 2023-25, how they have been met and to seek the retrospective endorsement of the Health and Wellbeing Board to the Gateshead submission to NHS England in order to support integrated health and care the benefit of local people.

How does the report support Gateshead's Health & Wellbeing Strategy?

2. The Better Care Fund (BCF) submission for Gateshead supports Gateshead's Thrive agenda and our Health and Wellbeing Strategy 'Good Jobs, Homes, Health and Friends' and, in particular, its policy objectives to:

   - Enable all children, young people and adults to maximise their capabilities and have control over their lives
   - Strengthen the role and impact of ill health prevention

3. The narrative BCF Plan recognises that the health and care needs of local people can only be addressed by partners working together through a whole system response. It is also recognised that interventions and approaches that are multifaceted and complementary are more likely to be successful in helping people in Gateshead to thrive. Prevention is embedded within key programmes of work.

Background

4. The Better Care Fund (BCF) has been in place since the 2013 spending round, with the goal to secure a transformation in integrated health and social care. The BCF created a local single pooled budget to incentivise the NHS and local government to work more closely together around the needs of people, placing their wellbeing as the focus of health and care services, and shifting resources into community and social care services for the benefit of local people, communities and the health and care economy.

5. The most recent BCF submission for Gateshead to NHS England (NHSE) was for 2022/23 which was submitted last September. As part of the current NHS planning round, there is a requirement for areas to prepare a BCF submission for the 2023-25 period. Colleagues across the system have worked together to meet the planning requirements, including the submission of a plan by the deadline of 28th June 2023, set by NHSE.

BCF 2023-25 Planning Requirements

6. NHSE guidance on BCF Planning Requirements for 2023-25 sets out details of national conditions to be met including around funding requirements, expected capacity and demand, metrics to be included in plans (against which the progress made by local areas will be monitored), the process for agreeing plans and providing necessary assurance to NHSE.

7. The policy objectives remain the same as for 2022-23:

   - Enable people to stay well, safe and independent at home for longer.
   - Provide the right care in the right place at the right time.

8. The objectives link to priorities on reducing pressure on urgent and emergency care and social care, as well as tacking pressures in delayed discharges. It is envisaged that the two-year framework will help to enable areas to deliver tangible impacts in line with these objectives.

9. For 2023-25, there are four national conditions that all BCF plans must meet to be approved. These are:

   (i) A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.

   (ii) Plans to set out how services the area commissions will support people to remain independent for longer and, where possible, support them to remain in their own home.

   (iii) Plans to set out how services the area commissions will support people to receive the right care in the right place at the right time.

   (iv) NHS contributions to adult social care and NHS commissioned out of hospital services to be maintained in line with the uplift to the NHS minimum contribution to the BCF (for Gateshead, this represents an uplift of 5.6%).

10. The core requirements of the submission largely remain the same as for previous years:

    - A BCF Planning template that sets out details of income and expenditure against schemes, demand and capacity for intermediate care (to support hospital discharge and people in the community), metrics and compliance with national conditions.
    - A Narrative Plan that accompanies the Planning template and which provides details of:
      - Our approach to integration;
      - Our priorities for 2023-25;
      - How we will meet the BCF policy objectives to:
        - enable people to stay well, safe and independent at home for longer
        - provide the right care in the right place at the right time
      - How BCF funded activity will support delivery of these objectives and ensure that duties under the Care Act are being delivered

- The rational for estimates of demand and capacity for intermediate care to support people in the community and to support discharge from hospital
- How use of the Disabled Facilities Grant (DFG) will support independence at home
- How the needs of particular groups will be met and how the plan will contribute to reducing health inequalities
- Our governance arrangements

BCF Schemes 2023-25 and Metrics

11. Schemes have been grouped under the following broad areas:

- Managing discharges and admissions
- Service pressures
- Planned care
- Discharge to Access
- Discharge Funding 2023-24
- ICB Growth
- Carers
- Disabled Facilities Grant
- Market shaping and stabilisation
- Transformation

12. A brief description is provided for each scheme within the Planning Template. They are also categorised by scheme type descriptors which have been set nationally.

13. There are five core BCF metrics against which performance will be measured, including a new metric on Falls:

- Admissions to residential care homes
- Avoidable admissions to hospital
- Falls (new) – emergency hospital admissions due to falls in people over 65
- Discharge to usual place of residence
- Reablement/rehabilitation

From Quarter 3, areas will also be required to set ambitions for a new metric that will measure timely discharge.

BCF Funding 2023-25

14. Details of the BCF financial breakdown for Gateshead for 2023/25 is set out below:

BCF Contribution	2022/23 (£)	2023/24 (£)	2024/25 (£)
Minimum NHS Contribution*	£18,715,926	£19,775,248	£20,894,527
Disabled Facilities Grant (capital funding for adaptations to houses)**	£ 2,111,149	£2,111,149	£2,111,149
Improved Better Care Fund	£ 11,386,636	£11,386,636	£11,386,636

			(provisional as per guidance)
Discharge Funding***	£ 1,936,358	£2,623,076	£4,354,306
Total	**£34,150,069**	**£35,896,109**	**£38,746,618**

* i.e. an uplift of 5.7% on the Minimum NHS Contribution from 2022/23 to 2023/24
** Additional funding has been announced in relation to the Disabled Facilities Grant from 2023/24. Individual area allocations are not yet available.
*** i.e. an uplift of 35.5% on Discharge Funding from 2022/23 to 2023/24

15. At the time of submission of our BCF Plan (28th June 2023), we were already at the end of quarter one of 2023-24. As well as ensuring the continuity of schemes in the current year in line with planning guidance requirements, we have also sought to make best use of the uplift to:

- Support a range of discharge initiatives;
- Strengthen the core Council commissioning service to enable it to deliver its ambitious commissioning and service development programme;
- Support further investment in Occupational Therapy capacity, including improved triage, dedicated Occupational Therapy duty service as well as the introduction of an enablement service.

Gateshead BCF Submission for 2023-25

16. Existing joint working arrangements in place have been used to develop our BCF submission for 2023-25, including the Integrated Commissioning Group and Gateshead Cares System Board.

17. The completed documents have been submitted to NHSE and can be accessed through the following link: https://www.gateshead.gov.uk/article/3933/Gateshead-Better-Care-Fund

Approval and Monitoring of BCF Plans

18. Assurance of final plans will be led by Better Care Managers with input from NHS England and local government representatives.

19. National monitoring and reporting requirements during 2023/24 will cover progress in implementing BCF plans, progress against metrics and ongoing compliance with the national conditions of the fund.

Recommendations

20. The Health & Wellbeing Board is asked to:

(i) note the key components of the national BCF planning requirements for 2023-25 and how they have been met, as set out in this report;
(ii) endorse the 2023-25 BCF submission for Gateshead.

Contact: John Costello (0191) 4332065

North East and North Cumbria

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www.northeastnorthcumbria.nhs.uk

Ref: 109/SA

05 July 2023

Dear colleague,

North East and North Cumbria Joint Forward Plan

Following the publication of our Integrated Care Strategy in December 2022, we have been working closely with our partner organisations to produce our Joint Forward Plan.

The integrated care strategy requires a sustained collaboration across a broad range of partners and stakeholders, beyond the improvements to outcomes that health and care services can deliver in isolation.

Our draft Joint Forward Plan is complementary to the Integrated Care Partnership Strategy. It is a delivery plan for the parts of our strategy related particularly to NHS delivered or commissioned services, but within the broader partnership context.

Publication of this plan is a national requirement for all Integrated Care Boards (ICBs) and partner Foundation Trusts covering the period 2023/24 – 2028/29.

Our Joint Forward Plan provides:

- A strategic overview of our key priorities and objectives for the medium term.
- A high-level summary of our priorities and objectives.
- A summary of the work programmes we will deliver to achieve our medium-term objectives.

As part of our Joint Forward Plan, we have developed detailed action plans for each of:

- The integrated care strategy goals.
- The integrated care strategy enablers.
- Our local authority place.
- Our service areas, e.g. urgent and emergency care and mental health.

In the same spirit as we have engaged with our system partners to create our integrated care strategy, we are seeking feedback and views from you on the plans that will now deliver these ambitions.

Professor Sir Liam Donaldson
Chair

Samantha Allen
Chief Executive

Please see below link to the Joint Forward Plan on the North East and North Cumbria ICB website draft-joint-forward-plan-202324-202829.pdf (northeastnorthcumbria.nhs.uk)

Could we please ask for your assistance in returning any comments by **31 August 2023**, sending all feedback to our ICP Planning mailbox necsu.icbplanning@nhs.net

Once we have received all feedback, it is our intention to re-publish in September. We will also continue review and update our Joint Forward Plan each year going forward and will publish a revised version every March in line with the national guidance.

Yours sincerely,

Samantha Allen
Chief Executive

NHS
North East and
North Cumbria

Draft:

Joint Forward Plan 2023/24 – 2028/29

Version: 3 July 2023

Better health and wellbeing for all

Contents

Foreword – Samantha Allen

Following the publication of our Integrated Care Strategy, Better Health and Wellbeing for All, in December 2022, we have been working closely with our partner organisations to produce our Joint Forward Plan.

The Integrated Care Strategy, developed with the Integrated Care Partnership (ICP), requires a sustained collaboration across a broad range of partners and stakeholders, beyond the improvements to outcomes that health and care services can deliver in isolation.

Our draft Joint Forward Plan is complementary to this Strategy. It is a delivery plan for the parts of our strategy related particularly to NHS delivered or commissioned services, but within the broader partnership context.

Publication of this plan is a national requirement for all Integrated Care Boards (ICBs) and partner Foundation Trusts covering the period 2023/24 – 2028/29.

Our Joint Forward Plan provides a:

- strategic overview of our key priorities and objectives for the medium term.
- high-level summary of our priorities and objectives
- summary of the work programmes we will deliver to achieve our medium-term objectives.

As part of our Joint Forward Plan, we have developed detailed action plans for:

- the integrated care strategy goals
- the integrated care strategy enablers
- each local authority Place or groups of Places
- our service areas.

In the same spirit as we have engaged with our system partners to create our integrated care strategy, we are seeking feedback and views on the Plan to deliver the ambitions agreed.

We look forward to working with all our NHS and system partners to deliver the commitments in the Joint Forward Plan, and together making a lasting contribution to improve the health and wellbeing of our population.

Samantha Allen

Chief Executive

North East and North Cumbria Integrated Care Board

1 Introduction to the Joint Forward Plan

What is the Joint Forward Plan?

The Joint Forward Plan is a national requirement for all Integrated Care Boards (ICBs) and partner NHS Trusts covering the period 2023/24 – 2028/29. NHS England published national guidance on developing Joint Forward Plans in December 2022 and January 2023. The guidance includes three key principles:

- Principle 1: Fully aligned with the wider systems ambitions
- Principle 2: Supporting subsidiarity, building on existing local strategies and plans and reflecting universal NHS commitments
- Principle 3: Delivery focussed, specific objectives, trajectories and milestones

The national guidance gives flexibility on how Joint Forward Plans are structured, but should as a minimum demonstrate how the ICB and its partner NHS Trusts:

- intend to arrange and/or provide NHS services to meet their population's physical and mental health needs
- will deliver of the NHS Mandate and NHS Long Term Plan in the area
- will meet the legal requirements for ICBs

Is this different to the Integrated Care Partnership (ICP) Strategy?

The North East and North Cumbria ICP is a statutory committee of fourteen local authorities and the Integrated Care Board (ICB). The ICP published the North East and North Cumbria integrated care strategy, Better Health and Wellbeing For All, in December 2022. It is an ambitious strategy organised around four key goals:

Longer and healthier lives
Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England.

Fairer outcomes
As we know not everyone has the same opportunities to be healthy because of where they live, their income, education and employment.

Better health and care services
Not just high-quality services but the same quality no-matter where you live and who you are.

Giving our children the best start in life
Enabling them to thrive, have great futures and improve lives for generations to come.

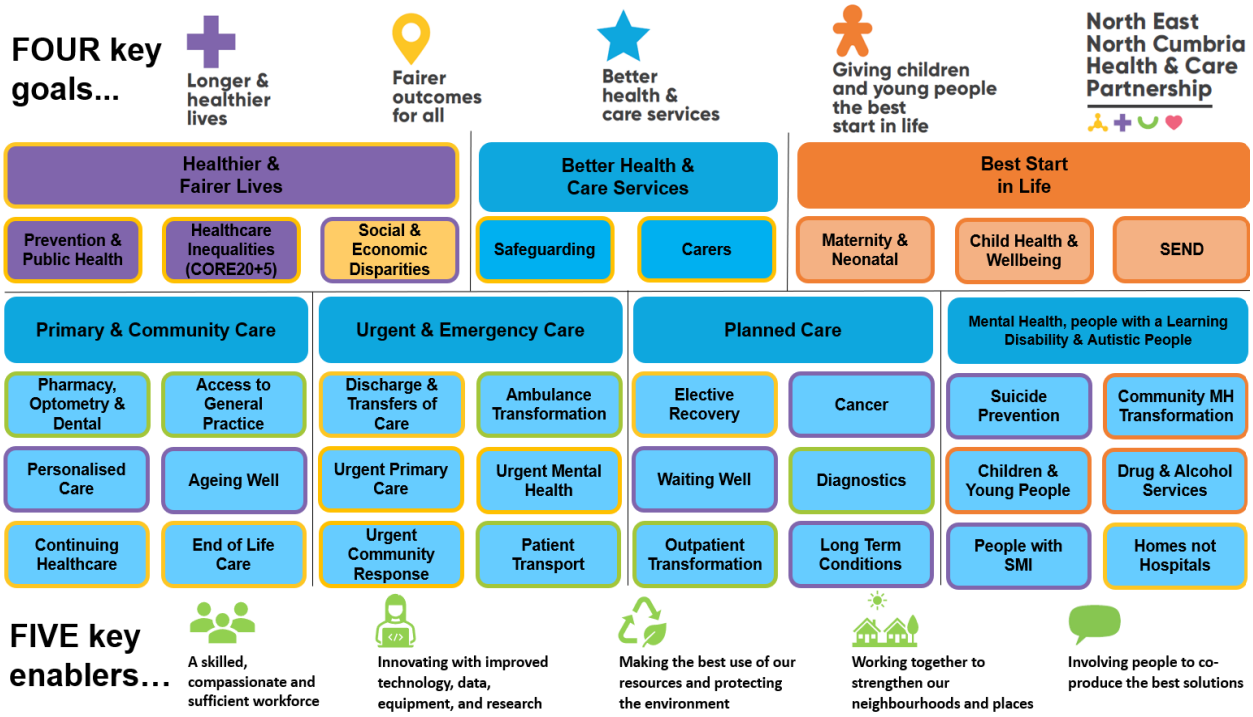
Our joint forward plan is complementary to the ICP Strategy. It is a delivery plan for the parts of our strategy related to NHS delivered or commissioned services, but in the broader partnership context.

What does the Joint Forward Plan cover?

Our Joint Forward Plan is aligned to ICP Strategy. It covers:

- Integrated Care Partnership Strategy **Goals**: to support the delivery of each goal, focussed on NHS delivery as a good partner.
- Integrated Care Partnership Strategy **Enabler Delivery Plans**: An NHS plan for each enabler, in the context of partnership working.
- **Service Delivery Plans**: A Plan for NHS services, such as mental health and primary care, across the North East and North Cumbria.
- A summary of the key work programmes included in each of our **Place Delivery Plans.**

Each of these sections of the Plan are interdependent. A key challenge is to ensure links between the different elements of the Plan, summarised in the graphic below.



Are there any more detailed plans to support the Joint Forward plan?

As part of our Joint Forward Plan, we have developed action plans including:

- the integrated care strategy goals
- the integrated care strategy enablers
- each local authority Place or groups of Places
- key service areas, e.g., urgent and emergency care

The action plans are intended to address the immediate priorities and key deliverables, but also the longer-term transformation/development priorities. Our action plans include key deliverables – what we will deliver, and by when, and Measures of impact. Wherever possible the plans have been developed in

partnership, often through an existing integrated care system wide workstream or clinical network. Our action plans are informed by:

- Health and Wellbeing Plans, Joint Strategic Needs Assessments and the ICP integrated care strategy
- NHS National Operating Plan ambitions 2023/24, NHS Long-Term Plan and relevant National guidance.

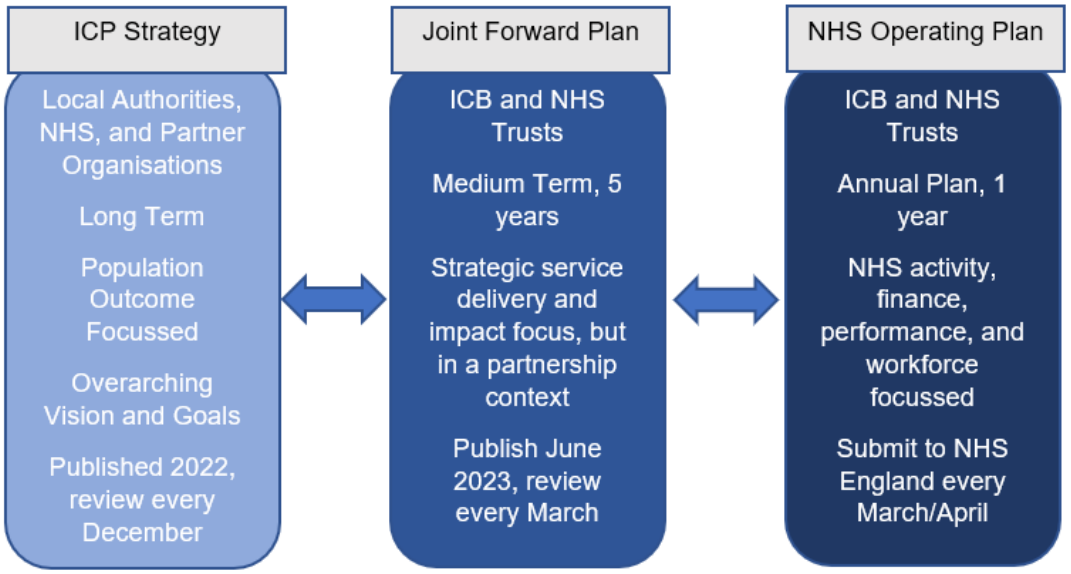
Will the Joint Forward Plan be Reviewed and Updated?

Like all ICBs and partner NHS Trusts across England, this is our first Joint Forward Plan. It will be reviewed and updated annually. The first updated version will be published in March 2024, and then updated again every subsequent March. The updated plan each year will be informed by:

- Our implementation over the previous year and our maturing partnerships, integration and/or aligned programmes of work.
- Our learning, as we seek to be the 'best at getting better'.
- Changes in population needs, national policy, good practice, and legislation.
- The views of service users and communities, partners and partnerships including Health and Wellbeing Boards.

How do the different Plans fit together?

We know NHS and broader partnership structures can be confusing. For the NHS, our three key documents are summarised below:



Our Healthcare Services

The NHS workforce across the North East and North Cumbria totals nearly 90, 000 full time equivalent. **Within the NHS our system includes:**

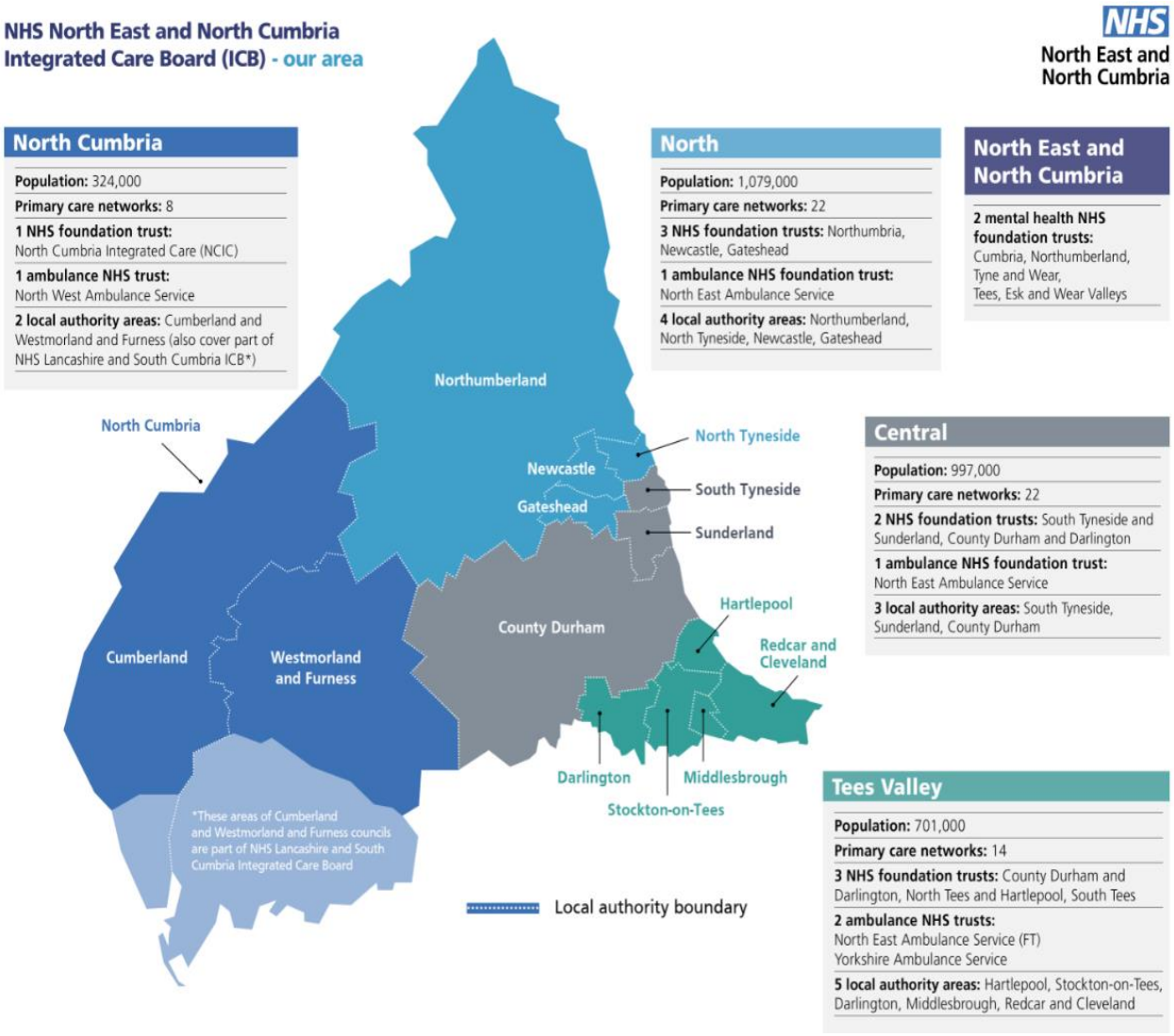
- General Practices, grouping together across 64 Primary Care Networks

- Community Pharmacies and Dental Practices
- Eight NHS Trusts predominantly (though not exclusively) delivering physical health community and hospital-based services
- Two mental health and learning disability NHS Trusts
- North East, and North West, Ambulance Services delivering NHS 111, non-emergency patient transport services and 999 paramedic emergency services
- NHS commissioned independent sector free at the point of delivery services.

Our Population

The North East and North Cumbria ICB includes a large and diverse geography, from cities and towns to rural and coastal communities:

- Our ICB covers the **largest resident population** of c3 million (2021 census)
- Our population is **older**, 21% are over 65 compared to 18.6% in England
- Our population experiences significant **socio-economic deprivation** - 1 in 3 people live in the most 20% deprived communities in England
- Our population experiences **health inequalities**. Life expectancy and healthy life expectancy at birth are significantly worse than the England average.



3 Longer, Healthier Lives and Fairer Outcomes

&

3.1 Partnership Working

The Healthier Lives, Fairer Outcomes Programme is a system-wide approach to prevent ill health, reduce healthcare inequalities and support the NHS to play a greater role in addressing social and economic inequalities. The Healthier and Fairer Advisory Group is a sub-committee of the ICB Executive and provides oversight of three thematic workstreams, and three enabling workstreams, shown below:

Three **Workstreams**

- Prevention
- Healthcare Inequalities
- NHS Contribution to reducing Social and Economic inequalities

Three **Enabling** Workstreams

- Prevention
- Healthcare Inequalities
- NHS Contribution to reducing Social and Economic inequalities

All the Healthier and Fairer work programmes are delivered in partnership:

Healthier and Fairer partnership membership:

Each workstream is co-chaired by an ICB Medical Director and a Director of Public Health, with membership drawn from across the health and care system, including local government, Office for Health Inequalities and Disparities (OHID), VCSE, academia, Healthwatch, local government, ICB

3.2 Achieving the NHS prevention ambitions

We know that life expectancy and healthy life expectancy at birth in our region are lower than the rest of the country. Using these measures, the North east and North Cumbria has some of the worse health outcomes in England. There are also inequalities in life expectancy at birth between the most deprived 20% and least deprived areas within our region. In 2020/21, the difference in life expectancy was

approximately 8.1 years for women and 10.4 years for men. The difference is much larger than the comparable inequality gap for England. The NHS has a greater role in secondary prevention.

Objectives:

- Reduce harm from alcohol
- Increase the rate of 'Healthy weight'
- Reduce the smoking rate to 5% by 2030
- Improve the detection and management of the 3 high risk conditions for cardiovascular disease (Atrial Fibrillation, Hypertension, and Raised Cholesterol).
- To contribute to the development of a sustainable VCSE sector and strengthening of communities at place

3.3 Reducing Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups. The health of the population is influenced by multiple factors, often referred to as the wider determinants of health. Healthcare inequality refers to inequalities experienced by people and groups within the population regarding the access to, uptake and experience of, and outcomes associated with, the delivery of healthcare services.

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The CORE20 are the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD), with one third of the NENC population falls within the 20% of the national population which is the most deprived.

Adults Objectives:

- Ensure annual health checks for 60% of adults living with a serious mental illness (SMI)
- Increase uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations for adults with Chronic Obstructive Pulmonary Disease (COPD)
- Ensure that 75% of cancers are diagnosed at stage 1 or 2 by 2030
- Increase the identification and treatment of hypertension and hyperlipidaemia to minimise the risk of myocardial infarction and stroke
- Embed smoking cessation in all appropriate delivery plans

Children and Young People Objectives:

- Reduce the over reliance on reliver medications and decrease the number of asthma attacks.
- Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and increase the proportion of those with Type 2 diabetes receiving recommended NICE care processes.
- Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
- Reduce the number of tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under
- Improve access rates to mental health services, for certain ethnic groups, age, gender, and deprivation.
- Embed smoking cessation in all appropriate delivery plans.

3.4 NHS contribution to reducing social & economic inequalities - Social and economic conditions are influenced by policy choices beyond the NHS's control. The ICB is committed to working collaboratively alongside partners to make change.

Objectives:

- Health literacy approach improving the way we communicate.
- Poverty proofing health settings to removes barriers to improving healthcare access, experience, and outcomes.
- Maximising digital solutions, while guarding against digital exclusion.
- Anchor institutions network to maximise their impact.

3.5 Embed Population Health Management - Our Population Health Management approach is a key *enabler*. Our approach is data driven to help plan and deliver care that maximise health outcomes and reduces health inequalities.

Note: This priority is closely aligned the **Digital** enabler in section 6.

Objectives:

- Create a full longitudinal dataset (primary, secondary, mental health, social care, community data, blue light services)
- Multi partner intelligence function and population health analytics
- Support culture change, behaviour and develop skills across the system to embed population health into mainstream decision making.

3.6 Pregnancy and postnatal healthcare.

Most babies and children in England are born healthy but children born into poorer families and vulnerable groups are more likely to have poorer outcomes. Giving every child the best start in life is key to reducing health inequalities, maternity care gives the first key opportunity for positive change. **Note:** This priority is aligned to the **Maternity** section 4.

Objectives:

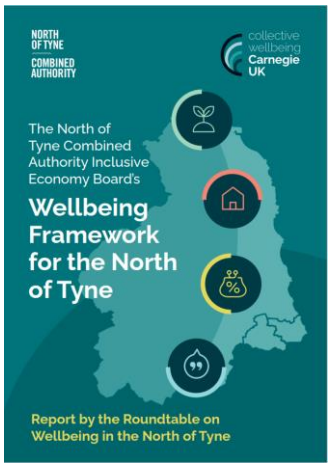
- Focusing on the Core20+ maternity framework, work with pregnant women to improve access and care for them and their support systems in the 20% most deprived deciles, with Black, Asian or Minority Ethnicities and/or with complex social factors.
- Anticipatory care for groups at highest risk of health inequalities.
- Resources to aid service delivery in relation to tobacco dependency, infant feeding, pre-conceptive health, and substance use.

3.7 Housing

We are working with partners to develop a plan, linked to the Healthier and Fairer programme, to effect positive change in relation to housing and its impact on health and wellbeing. An inaugural Housing, Health and Care Conference was held in May 2023. Based on feedback, the proposed that the key areas of work for this plan are:

- An increase in the number of older people, including those who are frail, have dementia and or complex health needs, who are able to live independently, especially in our most deprived communities
- An increase in the provision of extra care housing, for adults with complex physical health needs and for those with learning disabilities, and a reduction in admissions to hospital
- A framework for joint working across the housing, health and care sectors that improves the identification and reduction of cold and dampness in homes

3.8 Work and Health



The Department for Health and Social Care and Department for Work and Pensions Joint Work and Health Unit invited the North of Tyne Combined and Local Authorities to explore the development of a work and health strategy with the ICB. This focussed on tackling the health barriers people face in accessing and sustaining good work.

We will work with partners across the North East and North Cumbria, building on our shared learning from programmes like the Wellbeing Framework for the North of Tyne, while respecting local variation in delivery.

External mapping support from IPPR North identified:

- the opportunity of devolution to develop a shared programme to address inequalities in health and wellbeing outcomes
- Focusing on what works to inform the investment principles
- Co-designing a formal work and health system, connecting frontline services in our places
- Creating more 'good work' in the local public and private sector, including through anchor institutions to widen employment pathways
- Promote the principles of good work through initiatives such as the Better Health at Work Scheme and North of Tyne Combined Authority's Good Work Pledge
- Explore Community Wealth Building approaches to develop local supply chains, improve employment conditions, and increase the socially productive use of wealth and assets

3.9 **Carers and Volunteers –** Family and informal carers, including young carers, often experience significant challenges in accessing the right support for the person they care for and for themselves, and often experience a significant impact on their own health and wellbeing. We need to place carers at the centre of our work, including to improve their own health outcomes. Developing programmes for volunteers is a huge opportunity, building on the high levels of civic engagement across the North east and North Cumbria.

Objectives:

- Embed support for carers in all of our work programmes, improve access for support for carers, and consider the impact on carers in all of our assessments of service changes.
- Ensure the voice of carers is included in all of our engagement programmes.
- Maximise the opportunities to support volunteers and strengthen formal programmes for people who generously give their time and skills to support our services in voluntary roles.

4 Best Start in Life

4.1 Maternity and Neonatal

Partnership Working

Our ambition is to be the safest place to be pregnant, give birth and transition into parenthood. Our commitment to reducing health inequalities and unwarranted variation will be crucial. Mothers and babies from a Black, Asian, or mixed ethnicity background and those living in more deprived communities are more likely to experience serious complications during pregnancy and birth. The NENC Local Maternity and Neonatal System (LMNS) Board leads our work programme working with clinical networks, NHS England and the 10 Maternity Voices Partnerships. We will develop a Maternity and Neonatal Alliance which will bring all partners together under new revised governance arrangements.

Listening to women and families with compassion which promotes safer care - Listening, understanding, and acting improves maternity outcomes and experiences

Objectives

- Personalised Care: Women experience informed choice, an ongoing dialogue, personalised planning, and specialist care when needed.
- Listening to women from diverse backgrounds and targeted local action.
- Involvement through Maternity and Neonatal Voice Partnerships.

Supporting our workforce to develop their skills and capacity - good models of care can only be delivered by skilled teams with sufficient capacity.

Objectives

- Grow our workforce: sufficient staffing levels across the whole team supported undergraduate training and establishment.
- Value and retain our workforce and Invest in skills

Developing and sustaining a culture of safety to benefit everyone - a safety culture improves the experience of care for women and babies and supports staff.

Objectives

- Develop a positive safety culture: leaders understand 'how it feels to work here' and everyone takes responsibility for safer care.
- A compassionate approach to learning from safety incidents.
- Support and oversight: services receive support before serious problems arise, in line with the Perinatal Quality Surveillance Model.

Meeting standards that underpin our ambition - this plan does not introduce new standards but ensures that these enablers are consistently in place to support care.

Objectives

- Standards to ensure best practice: implementation of best practice such as Saving Babies Lives, and rationalisation of standards.
- Data to inform learning: improve the timeliness and accuracy of data and implement the Kirkup report to "read the signals."
- Make better use of digital technology: the implementation of electronic patient records supports flows of information and women to have digital access to their care records.

4.2 Children and Young People

Note: Children and Young People are included in all the service, enabler, and place plans in the later sections of this Plan.

Partnership Working

Our Child Health and Wellbeing Network provides a valued role in bringing together partners across the system to have a clear focus on children and young people's health and wellbeing. The wide reach of this work connects into other areas of governance both at place and in other regional work – for example in the Mental Health ICB workstream, and Local Authority LAC or First 1001 Days. Involvement of children, young people, and families, needs to take place in earnest, including media that is engaging to and initiatives addressing areas of importance to young people.

Mental Health and Wellbeing in Children and Young People and Mothers in the Perinatal and Maternal Health Phases - Mental Health was the highest priority following feedback, highlighted by professionals and the children and young people.
Note: This section is aligned to the objective in **section 5**.

Objectives:

- Improve access to mental health support in line with the national ambition accessing NHS funded services.
- Reduce reliance on inpatient care, while improving the quality of inpatient care for those who need it.
- Skill children, young people, and the workforce to support mental health and resilience.

Long Term Conditions in Children and Young People - Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever-increasing demand for healthcare services.

Objectives:

- NHS England's Children and Young People's Transformation Programme relevant to long term conditions including Epilepsy, Diabetes, Asthma, Clinics for Excessive Weight, and Transitions.
- Integration Centre to drive innovations into our most disadvantaged communities including areas relevant to long term conditions.
- Deliver Core20PLUS5 work focused into these areas enhanced by the NENC local application of the framework.

Complex and vulnerable and special educational needs, health inequalities and the impact of Covid – The impact of Covid on our children and young people is well documented. Core20PLUS5 is a national approach to reduce health inequalities. Specific consideration should be taken for the inclusion of young carers, inclusion health groups and other socially excluded groups.

Objectives:

- Equitable recovery of elective waiting for children and young people
- Deliver the children and young people's Core20PLUS5 framework
- Meet the regulatory framework and good practice for SEND.

Best Start in Life, Pre-school Needs, and Perinatal - Best Start in Life Vision for 1001 Critical Days.

Objectives:

- Connect especially with place and local authority partners.
- Initiatives that skill children, young people, and the workforce to support best start in life, preschool needs, and perinatal mental health.

5 Improving Health and Care Services

5.1 Overview

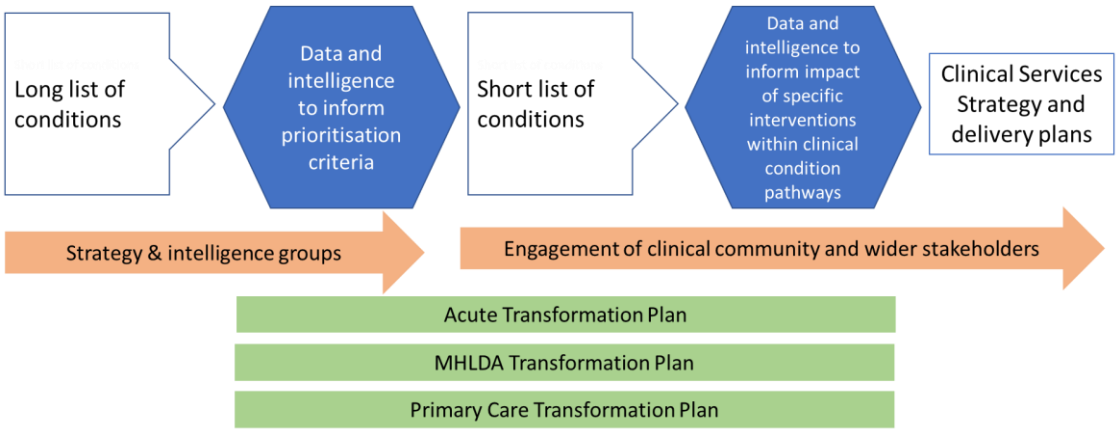
Health and care services in the North East and North Cumbria have a strong foundation to build on. Our integrated care strategy included the key goal to ensure that our providers in our Integrated Care System are rated as 'good' or 'outstanding' by the Care Quality Commission (CQC). To support our work across all the service plans outlined in this section we are developing an overarching framework.

Strategic Principles

- Shift towards self-management and care closer to or in the home
- Better care co-ordination and personalisation
- Step change in prevention and early intervention
- Evidence base interventions; reduction in unwarranted variation
- Improved sustainability of secondary and tertiary care; hub and spoke models, using technology and pathways to keep care as local as possible but not at expense of best possible outcome
- More holistic care towards end of life
- More timely access
- Fairer outcomes contribution reducing health care inequalities
- Improving the local integration of services with partners

The framework above will also support the development of our **Clinical Services Plan** led by the **Provider Collaborative** ICB Executive Medical Director with extensive clinical stakeholder involvement. This work is at an early stage.

Data, intelligence, and insight from system clinical engagement will be used to determine some initial, condition specific priorities for the clinical strategy. The approach is underpinned by population health data, to identify interventions that have the greatest impact on healthy life expectancy and reducing health inequalities.



The ICB will work in partnership with provider collaboratives and clinical networks to ensure sustainable services, maximising opportunities to develop our our highly skilled and committed workforce. The clinical services strategy will support our clinical community in understanding the impact they can have on ensuring the best start in life, healthier lives, fairer outcomes, and ultimately improving health and care services for the people of the North East and North Cumbria.

5.2 Provider Collaboratives

North East and North Cumbria
Primary Care Collaborative

We are working with partners to develop a Primary Care Collaborative covering General Practice, Pharmacy, Optometry and Dentistry. The proposed functions are:

- relationships across all four primary care contractor groups.
- representative voice into the Integrated Care System.
- co-design the Primary Care Strategy as an equal partner.
- collaborate across the North East and North Cumbria where beneficial.
- work with and influence other provider and clinical networks.
- Fuller Stocktake delivery and the transformation and stability of primary care.

Mental Health, Learning Disability and Autism Provider Collaborative

The Collaborative is a group of providers of specialised mental health, learning disability and autism services who have agreed to work together to improve the care pathway for their local population. This includes delegation from NHS England for some elements of the budget and pathway, beginning with:

- Children and Young People Mental Health inpatient services

- Adult Low and Medium Secure Services
- Adult Eating Disorder Services.

Over time there is potential for the Collaborative to develop to fulfil a leadership function over a broader range of services.

North East and North Cumbria Provider Collaborative

The Collaborative was formed in 2021 to create a vehicle for foundation trusts to collaborate to achieve better outcomes than each provider could deliver on their own. Th Collaborative contributes to the delivery of the NENC Integrated Care Strategy, in particular its long-term goal of 'Better Health and Care Services' by:

- improving the quality and sustainability of health services, towards a goal of all statutory organisations regulated by the Care Quality Commission being rated either 'Good' or 'Outstanding'.
- efficient and effective use of resources, with a focus to collaborate and/or share resources and to identify and reduce unwarranted variation.
- strategic workforce planning in collaboration with national and regional teams.
- opportunities to act as 'anchor institutions', including supporting economic development by leveraging their power as large employers and purchasers.

The Collaborative is a key point of collective leadership and has potential to develop further as an important part of our governance structures.

NENC Provider Collaborative Members:

- Northumbria Healthcare NHS Foundation Trust
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Gateshead Health NHS Foundation Trust

- South Tyneside and Sunderland NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust

- North Tees and Hartlepool NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust

- North Cumbria Integrated Care NHS Foundation Trust

- North East Ambulance Service NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust

5.3 Ageing Well Service Plan

Partnership Working:

The Ageing Well programme operates at a system-level but driven by place-based partnerships. Our approach is to foster real change, supporting delivery through relationships, collaboration and sharing of best practice.

Urgent Community Response - Providing urgent care to people in their own homes within two-hours if their health suddenly deteriorates.

Objectives:

- Increase the number of people accessing UCR services within 2-hours.
- Increase the number of UCR referrals from all key routes, including step-down recovery (when needed).
- Increase the number of UCR services that offer all 9 clinical conditions/needs including a 24/7 falls.
- Improve patient access (equitable), safety, experience, and staff satisfaction within UCR services.

Proactive Care (Formally known as Anticipatory Care) – proactive, personalised care and support for people living with frailty and/or multiple long-term conditions.

Objective: Improve support for Integrated Neighbourhood Teams (INTs) to implement the national Proactive Care model.

Enhanced Health in Care Homes (EHiCH) - Enabling proactive care and support to residents and their families.

Objectives:

- Support Integrated Neighbourhood Teams on the EHiCH model.
- Reduce variation in EHiCH outcomes across the ICB.

Community Health Services Digital - Driving forward digital transformation with community health services to improve patient care.

Objectives

- Improve the use and quality of data within the Community Service Data Set (CSDS)
- Increase the number of community providers utilising the Great North Care Record (GNCR) / Shared Care Record
- Increase learning and sharing of digitally enabled community care and support across the ICB

Supporting the workforce - the Enhanced Care for Older People (EnCOP) workforce competency framework

Objective: Increase the uptake and utilisation of EnCoP as a workforce development programme across the ICB.

5.4 Autism & Neurodevelopmental Service Plan

Note: This section is interdependent with the **Learning Disability** section 5.6.

Partnership Working: ICB and partners are developing a broad and inclusive Mental Health, Learning Disability and Autism Collaborative. Inclusive groups will be codesigned and form part of the overall governance structure for the learning disability and autism programme. There will be a separate group focused on autism.

Improved autism and neurodevelopmental pathways - Commissioners, providers, and delivery partners across all pathways will listen and learn from people who have a lived experience and their families and supporters.

Objectives

- Improve our early help and support offer so that people do not have a diagnosis to receive help and support.
- Work with partners and lived experience experts to design a new 'needs led' pathway to help support children, young people, adults, parents, and carers where a person has a need associated with autism or a neurodevelopmental difference
- Improve the diagnostic element of the service to ensure people do not have to undergo unnecessary assessments over a long period of time
- Improve our post diagnostic support offer

Improving outcomes for autistic people and people with neurodiversity - by addressing stigma, enhancing access to support, improving education and employment opportunities, fostering acceptance, and providing appropriate healthcare, we can work towards a more equitable future.

Objectives

- Tackling health and care inequalities for autistic people
- Right support in the community and supporting people in inpatient care

5.5 Cancer Service Plan

Partnership Working

The Northern Cancer Alliance aim to improve cancer care through collaboration. We do this by bringing together clinical, commissioning, and operational leaders from different hospital trusts and other health and social care organisations, to transform the diagnosis, treatment, and care for cancer patients. The Alliance is committed to involving the public in all of its work and joint work with other system workstreams.

Early Diagnosis - Increase cancers diagnosed at an early stage.

Objectives:

- Improve timely presentation and access to Primary Care, specifically target 20% most deprived and other communities of health inequality.
- Continue to support both national and local innovation programmes.
- Targeted Lung Health Checks (TLHC rolled out across the region.
- Delivery of expansion plans for TLHCs in 2023 – 2027.
- Ensure uptake of lung health checks is above 50%
- Continue to support the clinical trial of NHS Galleri technology (specifically targeting most deprived 20%)
- Support early diagnosis, non specific symptoms pathways, and the extension of the NHS bowel screening programme to 54-year-olds.

Faster Diagnosis Standard and Operational Performance - Faster Diagnosis standard and reducing the number of the longest waiting patients on pathways.

Objectives:

- Statutory cancer waiting time standards, improving year on year.
- Maintain priority pathway changes for lower GI, skin (tele-dermatology) and prostate cancer.
- Place based primary care cancer leads to promote and improve the pathways locally for people presenting with non-specific symptoms.
- Combined pathway for upper and lower Gastro-intestinal cancers.
- Robotic data processes to improve data quality and reporting.
- Rollout of the Digital patient tracking list dashboard.
- Capacity and demand in patient pathways against waiting times.

Treatment variation and Personalised Care - Improving the quality and uptake of personalised care, identify gaps in access and address health inequalities.

Objectives:

- Address variation in care for breast surgery, prostate radical treatment, and radiotherapy treatment for rectal cancer patients.
- Reduce variation in patient experience, diagnosing cancer within the cancer waiting times standards, and improving access to services.
- Ensure the personalised care interventions are available for all.
- Deliver the psychosocial support development plan.
- Personalised, stratified follow up pathways for all suitable patients in breast, prostate, colorectal, and endometrial cancer.
- Embed a universal offer of prehab for all cancer patients.

Improving Experience of Care - capacity within the workforce and involving patients in developing services is key to a good experience of care.

Objectives:

- Community engagement structure to enable Coproduction throughout
- Use insight and feedback to coproduced (with people with relevant lived experience and staff) quality improvement action plans.
- Enable skill mix and maximise the productivity of the current workforce
- Ensure supply, recruitment and retention and upskilling of the Cancer Clinical Nurse Specialist workforce.
- Work with national and regional teams to address the need to expand the cancer workforce, particularly in non-surgical oncology.

5.6 Elective Care & Diagnostics Service Plan

Partnership Working:

The Strategic Elective Care Board (SECB) has senior representation from the Provider Collaborative, Primary and Secondary Care, the ICB, NHSE, the Northern Cancer Alliance and the Diagnostic Programme Board. The SECB feeds into the Provider Leadership Board which is made up of Chief Executives of all 11 FTs in the system including Mental Health and Ambulance providers. Chief Operating Officers from the 8 acute Trusts also meet regularly with specific focus on Elective Recovery.

Elimination of long waits and reduction in the overall size of the waiting list - Achieve national ambitions and constitutional.

Objectives

- To eliminate long waits for elective care, achieving the national objectives for 23/24 and future years
- Eliminate waits of over 65 weeks by March 2024 except when patients choose to wait longer and complex spinal surgery (with reduced waits)
- Deliver the system specific value weighted activity target as agreed through the operational planning process
- Choice at point of referral and at subsequent points in the pathway
- To support Trusts with the greatest challenges
- Digital solutions that support patient choice and elective recovery.

Clinical Transformation and reduced unwarranted variation - Excellence in Basics programme to optimise capacity with potential for centres of excellence.

Objectives:

- To achieve national targets for productivity and efficiency
- Deliver Right Procedure, Right Place
- Reduction in outpatient follow-up in line with the national ambition

Specialty Based Development Work - Specialty-based approach to improvement harnessing shared learning through the establishment of Clinical Alliances.

Objectives

- Implement the high volume, low complexity best practice pathways
- To have choice for patients where appropriate
- To have the right clinical workforce

Diagnostic programme - Reduce variation and therefore increasing equity of access to services in all geographical locations. Focusing on areas of greatest need using a wide range of metrics including health inequalities.

Objectives:

- Increase capacity to meet demand, delivering activity to meet elective and cancer backlogs as well as the diagnostic waiting time ambition.
- Diagnostic workforce supply, retention, skill mix and ways of working.
- Network maturity in Imaging, Pathology and Endoscopy.
- Digital diagnostic roadmap, developing interoperability.

5.7 Learning Disabilities Service Plan

Partnership Working

We are developing a broad and inclusive Mental Health, Learning Disability and Autism Collaborative. We will improve quality by giving people, their families and supporters a strong voice in through co-production. We will keep people at the centre of their own care and treatment. **Note**: This section is interdependent with the Autistic People section 5.3.

Reduce reliance on inpatient care - reducing reliance on inpatient care and developing the housing care and support (based on each person's needs and preferences) to enable people to live healthy and positive lives in the community.

Objectives:

- Increase community-based support options.
- Dynamic Support Registers at Place and community model investment.
- Appropriate Hospital length of stay reflecting the treatment needed.
- Discharge planning begins on admission using tools such as the 12 Point Discharge Plan.
- Reduce the number of patients in long term segregation and seclusion through application of the Independent C(E)TR process.

Improving the quality of care and support - Ensure people receive high-quality care and support that respects their rights, promotes their well-being, and enables them to lead fulfilling lives as valued members of society.

Objectives:

- Host commissioner oversight visits to all specialist inpatient services.
- Ensure the quality of advocacy is improved.
- Ensure lessons from the Whorlton Hall Safeguarding Adults Review.

Improving health outcomes - Making reasonable adjustments standard across services, carrying out more annual health checks and vaccinations, and adopting the learning from Learning Disabilities Mortality Reviews (LeDeR.

Objectives:

- Use learning from LeDeR to prevent avoidable deaths and ill health.
- Influenza and Covid -19 vaccinations to prevent serious illness.
- Ensure cancer pathways are reasonably adjusted.
- Ensure treatment for long term conditions is reasonably adjusted.

5.8 Mental Health Plan

Partnership Working:

Mental Health, Learning Disabilities and Autism Sub-Committee - The sub-committee provides leadership for the delivery and commissioning of NHS mental health and learning disability services across the life course, including Children, Young People, Adults and Older adults. It is a decision-making body with executive representation and delegated authority from the ICB.

North and South Partnerships - Our Partnership Boards are responsible for providing leadership across their allocated geographies of NENC ICB, which are co-terminus with CNTW and TEWV.

Place based Partnerships - Our place-based partnerships form a link between places and whole system.

Community Transformation and Improving Access to Services - integrated primary and community care for adults and older adults with severe mental illnesses (SMI) and more common mental health problems, such as anxiety and depression.

Objectives:

- Access to support close to home.
- Personalised specialist care early enough to make a difference.
- Increase the number of people on the General Practice SMI registers who have received a physical health in line with national standards
- People will be able to call NHS 111 and speak directly to a mental health crisis service. Mental health clinicians will work alongside ambulance colleagues so that people do not have to go to hospital unnecessarily for treatment and / or support.
- People with common mental health problems will have quicker access to NHS Talking Therapies and will benefit from a wider range of integrated community support based around primary care.

Preventing Suicide- increasing knowledge and skills to include prevention and work with partners including local authority public health teams.

Objective

- Halve the difference in the suicide rate between our ICP and England in 2019/2021 (three year rolling average) by 2029/31.
- Improve access to services for people who express suicidal ideation.
- Develop and deliver public information campaigns to raise awareness of ways to support people experiencing mental health difficulties.
- Use data to inform targeted interventions to prevent suicide clusters.

Transformed Neurodevelopmental Pathways - Children, young people and Adults wait too long to be assessed in neurodevelopmental diagnostic pathways, delays to assessment can delay the implementation of Education, Health, and Care Plans.

Objectives

- Improve our early help and support offer so that people do not have to be diagnosed with a neurodevelopmental disorder to receive help.
- Work together to design a new 'needs led' pathway to help support children, young people, adults, parents, and carers where a person has a need associated with a neurodevelopmental difference.
- Improve the diagnostic element so people do not have unnecessary assessments over an elongated period to receive a diagnosis.
- Improve our post diagnostic support offer.

Children and Young Peoples' Mental Health- access closer to home, reduce unnecessary delays, and specialist mental health care based young people's needs.

Objectives

- Coverage of mental health support teams for schools as national funding / workforce development allows.
- Work in partnership to deliver new models of care.
- Commission early-intervention "getting help" services particularly those with reach into underserved communities.
- Seamless working between primary care, paediatric inpatient units, and mental health providers to improve the eating disorder pathways.
- Crisis/intensive home treatment teams to minimise inpatient admissions, but where necessary, beds as near to home as possible.
- Increase access to perinatal services and move towards offering 2-year support across as investment and workforce challenges allow.

Developing safe, therapeutic, rights-based approach to in-patient care - co-produce the model for trauma and autism informed therapeutic inpatient care.

Objectives

- A culture within inpatient care that is safe, personalised and enables patients and staff to flourish.
- Oversight and support structure that identifies issues early. Challenged services will have timely, effective, and coordinated recovery support.
- Line of sight into the mental health inpatient pathways with the same parity as physical health.
- Eliminate out of area admissions in mental health pathways.

5.9 Palliative and End of Life Care (PEoLC) Service Plan

Partnership Working:

Palliative and End of Life Care is part of clinical subject areas and workstreams such as Primary Care and Urgent and Emergency Care. The PEoLC Network reports to the National PEoLC Team via the North East and Yorkshire PEoLC Strategic Clinical Network (SCN) and sits within the Northern Cancer Alliance. Further work is required to ensure that this is the best governance framework for this NENC Network.

Improving access - remove the barriers preventing access to PEoLC services.

Objectives:

- Increase the number of patients captured on primary care PEoLC registers including children and young people
- 24/7 generalist PEoLC services provided across all places
- 24/7 remote access to specialist palliative care (SPC) advice for staff and carers across all places
- 7-day face to face SPC services provided across all places including the use of Virtual Wards or other models for PEoLC

Improving Quality – using data to address variation in PEoLC service provision.

Objectives

- Improve the quality of services for locally identified priority groups
- A confident workforce across statutory and VCSE sectors with the support and capability to deliver high quality PEoLC.
- Personalised and community focused approaches to improve the PEoLC experience for patients and carers (including Social Prescribing).
- High quality PEoLC for all, irrespective of age, condition, or diagnosis.

Improving Sustainability - patients of all-ages will be able to access a range of PEoLC services, which are equitable and meet diverse needs.

Objectives

- All-age PEoLC services that are sustainably commissioned.
- PEoLC services for children and young people including in transition.
- Increase the use of Virtual Wards for this population
- Ensure commissioning and clinical leadership at place for PEoLC.

5.10 Personalised Care Plan

Partnership Working:

Personalised Care needs to be embedded throughout all workstreams as an enabler to transformation. Delivery of the ICB's legal responsibility relating to the consistent provision of Personal Health Budgets and Personal Wheelchair Budgets needs to be a priority. Personalised care needs to take a whole system approach.

Embed personalised care approaches across all workstreams – Harness the universal approach to personalised care throughout all workstreams.

Objectives:

- Engage with all workstream to identify where personalised care approaches can be maximised in their service transformation work.
- Workforce development with the ICS Workforce workstream.
- Implement Schedule 2 of the NHS Standard Contract.

Support PCNs to recruit Additional Roles Reimbursement Scheme (ARRS) - social prescribing link workers, care co-ordinators and health and wellbeing coaches are key to the NHS Long Term Plan commitments on personalised care.

Objectives

- Ensure all PCNs have social prescribing link workers.
- Expansion of ARRS roles, for example in perinatal mental health and for autistic people.

Maternity - ensure all women have personalised and safe care through a personalised care plan and are supported to make informed choices.

Objectives

- Support LMNS colleagues in embedding Personalised Care, in line with the Three-Year Delivery Plan for Maternity and Neonatal Services.

5.11 Pharmacy and Medicine

Partnership Working

Medicines are the most common and most evidence-based intervention in healthcare. Managing the use medicines well is a statutory responsibility of the ICB

and contributes to the goals within its Integrated Care Strategy. The ICB spends £560 million on prescribing in primary care each year, nearly 10% of the ICB budget.

Decreasing Antibiotic Prescribing Report implementation - The reduction and appropriate use of Antimicrobial Resistance (AMR).

Objectives

- Delivery of bespoke practice level AMR reports to every practice in the ICB every 2-months for three years
- Practice engagement with the reports to affect behavioural change.
- A reduction in antibiotic prescribing and variation across the region

Increasing capacity for Point of Care (POC) Testing - to support antimicrobial stewardship in primary care

Objectives

- Resources for POC testing capacity and support to effectively utilise POC testing in primary care.
- Support stakeholders to undertake POC testing within the pathways
- Evaluate impact of the pathways

Point of care testing service in community pharmacies.

Objectives:

- Increase use of community pharmacies to manage common infections, supported by pathways, point of care testing and supply of medicines.

Proactive medicines optimisation system across all GP practices

Objectives:

- Roll out of Analyse Rx medicines optimisation system for all 'EMIS' system practices within 2023/24.
- Utilising the dashboards to identify areas for further improvement.

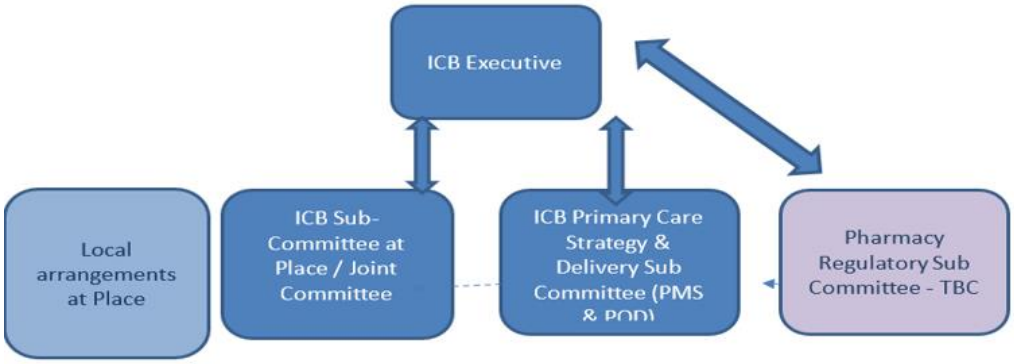
Deliver the national programme to **reduce over medication of people with a learning disability (STOMP/STAMP)**

Objectives:

- Recruit Consultant Pharmacist in employed to deliver change ICB wide.
- Reduction in inappropriate prescribing across the ICB.
- Education and support to address over and inappropriate prescribing for children and young people with a learning disability.
- Comprehensive ICB plans to address STOMP/STAMP.

5.12 Primary Care

Partnership Working - the chart below summarises the governance arrangements supporting Primary Care, which continue to be under review.



Access - Eliminate the challenge to access appointments.

Objectives:

- Ensure equitable and good access to general practice services to meet future demand.

Integrated Neighbourhood Teams - The Fuller Stocktake vision for integrating primary care, bringing together teams to improve care for whole populations.

Objectives:

- Establish integrated neighbourhood teams to cover the full population.
- Neighbourhood services that address inequalities and support Core20PLUS5 populations.
- Integrated neighbourhood teams with active all community partners.
- The collaborative provision of services leading to improved patient journeys, joined up systems, and patient centred personalised care

Stability & Resilience - Improve the delivery of general practice services and understand how to deal with the growing patient demand and complexity.

Objectives:

- A stable and resilient General Practice
- Provider change with minimum negative impact for patients
- Primary care voice is represented at place and system level
- Establish a NENC ICB wide Primary Care Provider Collaborative

Workforce / Estates / Digital - There is a need to upgrade Practice telephony to support patient communication with Practices.

Objectives:

- Sufficient and diverse workforce that provide high quality services
- A fit for purpose estate that meets the needs of practice and PCNs
- IT solutions that support the transformation including telephony systems

Pharmacy / Optometry / Dentistry – From April 2023, the ICB became responsible for the pharmacy, optometry and dental services enabling partnership working.

Objectives:

- Ensure pharmacy, optometry, and dental responsibility transfer well.
- Support pharmacy, optometry, and dentistry transformation
- Provision of high quality, accessible services to all, improving access.

5.13 Safeguarding and Cared for Children (including Care Leavers)

Partnership Working:

Each priority will be led by a senior NHS safeguarding lead (denoted as workstreams), will be reviewed with oversight from the Integrated Care System Health Safeguarding Executive, and updated in line with national guidance.

Cared for Children including Care leavers - The poor physical and mental health outcomes for care leavers and care experienced are stark. Children in care have often experienced significant trauma and face difficulties accessing health support. Children from the poorest 10% of neighbourhoods are 10 times more likely to be in foster or residential care than children from the least poor 10%.

Objectives:

- Reverse the trend in statutory health care for cared for children.
- Well-coordinated, targeted, proactive, and preventative health provision to ensure equitable access to mental and physical health and care.
- Deliver the NENC ICB commitments in the Care Leavers Covenant.
- Integrated care pathway for cared for children.
- Align support to care leavers until up to 25 years of age.

Transitional Safeguarding - Investing in support to address harm and its impacts at this life stage can help reduce the need for more costly intervention later in life.

Objectives

- Embed a trauma and psychologically informed approach across all commissioned health services, recognising the lifelong impact of trauma
- Ensure cared for children experience a smooth transition from child to adult mental health services with appropriate support.

Domestic Abuse - The Domestic Abuse Act 2021 puts an emphasis on strengthening the response across all agencies and making domestic abuse everyone's business. The ICB is subject to the statutory Serious Violence Duty and must collaborate with other duty holders to prevent and reduce serious violence. The ICB has a particular duty to ensure that the needs of victims of abuse and children and young people are specifically addressed. Experience of violence increases health inequalities. Young females are most likely to experience domestic abuse.

Objective

- Ensure that the ICB wide working environment adopts and promotes the view that domestic abuse is unacceptable and will not be tolerated.
- Domestic Abuse Act 2021 principles of prevention, early intervention and multi-agency working for victims and survivors are embedded.

Self-Neglect - Self-neglect poses complex challenges to practitioners and is one of the most common forms of abuse in adults. The prevalence of self-neglect are higher among certain ethnic groups, the elderly and those with lower levels of education and income. Chronic illness and disability increase the risk of self-neglect.

Objectives:

- Support the approach of Making Safeguarding Personal when working with individuals who self-neglect and address the challenges in practice
- ICB wide approach to 'Was Not Brought' for children and adults

5.14 Specialised Commissioning Plan

Partnership Working: Specialised Commissioning

There is a national plan to delegate the commissioning of some specialised services to ICBs from April 2024. During the 2023/24, the ICB and NHS England will work together via a Joint Committee and associated sub-groups. This infrastructure will be used to track progress on transformation priorities such as the 3 included in this thematic plan. Details of how this will operate from April 2024 are to be determined.

Ensure the ICB is ready for the delegation of specialised commissioning from April 2024 - delegation of specialised commissioning is anticipated from April 2024.

Objectives:

- Model for how specialised commissioning will operate from April 2024.
- Conduct due diligence on services due to transfer to the ICB.

Transform non-surgical oncology service delivery - Treatments and pathways across radiotherapy, genomics and chemotherapy continue to advance.

Objectives:

- Provide long term sustainability of the service (workforce and capacity)
- Reduce clinical risk and variation.
- Contracting and finance model to facilitate a new commissioning model.
- Improve digital connectivity across provider systems.

Transform Gynaecology Oncology service provision

Objectives:

- Clinical model making to reduce variation and fragmentation.
- Improve coordination and management of patients across the system
- Provide long term sustainability of the service (workforce and capacity.
- Commissioning model with contracting and finance agreements in place.

Transform Neuro-rehabilitation services - The pathway spans NHS England and ICB commissioned services providing an opportunity for joint-working.

Objectives:

- Improve patient flow in and out of in-patient provision.
- Ensure appropriate and timely referrals into in-patient provision.
- Ensure appropriate pathways and care closest to home where possible.
- Improve data reporting and review in line with targets.

5.15 Urgent & Emergency Care Service Plan

Partnership Working:

System leadership is provided through the Urgent and Emergency Care (UEC) Network Board. Its membership includes Trust Chief Executives who chair the five Local Accident and Emergency Delivery Boards (LADBs).

Increasing urgent and emergency care capacity - Reduce bed occupancy rates, increase the number of staffed hospital beds, and increase ambulance capacity.

Objectives:

- Reducing adult general and acute bed occupancy to below 92%.
- Increasing ambulance capacity through single points of access for paramedics for specific services; increasing clinical assessment in ambulance control centres and mental health expertise
- Eliminate ambulance handovers over 59 minutes
- Improved ambulance response times for Category 2 incidents

Improving Discharge - Once people no longer need hospital care, being at home or in a community setting is the best place for them to continue recovery.

Objectives:

- Joint discharge processes building on Home First, Discharge to assess and Transfer of Care Hubs.
- Digital solutions to ensure accuracy and access to data including 'live' discharge dashboards.
- Implement a stronger approach to 'own' medically optimised lists
- Scaling Up Intermediate Care
- Scaling Up Social Care Services, learning from Winter 2022/23
- Review of neuro rehabilitation

Expanding care outside hospital - Care closer to, or at, home to avoid the deconditioning and prolonged recovery that can accompany a hospital stay.

Objectives:

- Expanding new types of care outside hospital including virtual ward pathways, urgent community response, same day emergency care, acute respiratory infection hubs and unscheduled care across systems.
- Sustainable services with defined criteria to admit patients onto virtual wards whilst supporting patients at home and in the community.
- Expanding virtual ward provision for step-up and step-down care, increasing utilisation, and extending access into additional specialties.

Making It Easier to Access the Right Care - Ensure that the urgent and emergency care system is responsive to the needs of patients.

Objectives:

- Further expansion of 111 online and clinical assessment models.
- Increase direct booking into primary care.
- Improve access for people needing mental health support including 24/7 urgent mental health helplines accessible via the 111.
- Alternative offers to 999 and A&E for urgent care.
- Implement 24/7 co-located urgent treatment centres (UTC) in emergency departments maximising the "see and treat" approach.
- Expand Same day Emergency Care services (SDEC) to at least 12 hours a day, 7 days a week
- Greater integration with GP out of hours services and greater clinical support for community-based teams.

6 Our Enablers

6.1 Skilled, Sufficient and Empowered Workforce

Note: This section will be reviewed when the National People Plan is published.

We are working with partners to develop a shared People and Culture Plan. The North East and North Cumbria will be a better place to live and work, supporting our ambition of becoming the employer of choice and increasing our job fill rate across health and social care services by 50% by 2029. The plan requires commitment and collaboration from all our partners, led by our system wide People Board.

Workforce supply across the system, including a key focus on retention - Covid recovery depends on a healthy, supported and engaged workforce.

Objectives

- Ensure safe staffing levels across all our services and sectors.
- Widen participation to allow people to join the NHS and Social Care.
- Work effectively with Higher Educational Institutions.
- Campaign highlighting opportunities of working in health and social care.

Workforce health and wellbeing across the system - There is wide variation in staff experience in our system, with examples of good practice to build on.

Objectives:

- Wellbeing culture that improves equitable access to health and wellbeing support regardless of employer
- Collaborate to develop a system approach to health and wellbeing where it makes sense to work together
- Maximising the terms and conditions of staff across sectors, wherever possible ensuring that people are appropriately rewarded
- To improve our staff engagement and morale by sharing the outputs of our staff engagement surveys.

System Leadership and Talent - integration is dependent on how we work and learn together. Good leadership is at the centre of our model for ensuring that we work beyond organisational and professional boundaries.

Objectives

- We will develop a proactive and inclusive talent management approach that increases our leadership supply pipeline
- We will develop compassionate and inclusive leaders that represent our diverse communities and amplify our strength as a system.
- We will create a system of leadership development focusing on sharing best practice for integrated working.

Equality, Diversity, and Inclusion (EDI) - a long-term plan to become the most equitable and inclusive place to work in the health and social care sector.

Objectives:

- Improved EDI capability and knowledge.
- Legal compliance and exceeding expectations.
- Listen to people to build psychological safety, improve their lived experience, to create the best workplace environment.

Retention - Support offers so we are an employer of choice. Listening to our people we will review human resources pathways and induction, so staff have the best start.

Objectives

- Valuing our workforce, enabling them to make their best contribution.
- Career structures across and between health and social care, removing barriers preventing people to entering the workforce.

New Ways of Working - adapt to technological advances and role development.

Objective:

Review role functions to allow for different workforce models, and as technology progresses, including incorporating artificial intelligence.

The development of the learning and improvement community - Our aim is to be **'the best at getting better',** embedding learning and improvement at every layer.

Objectives

- To make learning and improvement the default approach in how we go about tackling our biggest challenges as an ICS.
- Bring people together from across the system to identify, share learning and collaborate on these challenges.
- Build collective capability in learning and improvement.

6.2 Working Together at Place and in Neighbourhoods

Partnership Working at Place

We will further strengthen our partnerships with governance and decision arrangements. The context for place-based partnerships includes:

- The preservation of well-established place-based working arrangements involving partners from health, local authorities and the voluntary, community and social enterprise (VCSE) sectors.
- Place-based partnerships are not statutory bodies. The 2022 Health and Care Act did not create a legal requirement for Place-Based Partnerships. It does allow for ICBs to delegate some functions and budgets to local committees as part of place-based partnerships.

Place-based partnerships focus on joining up and co-ordinating services, addressing the social and economic factors that influence health and wellbeing, and supporting the quality and sustainability of local services. Priorities vary depending on the vision and goals agreed locally through Health and Wellbeing Boards. Place-based arrangements will fulfil three interdependent functions:

a) Place partnerships - consultative fora with delivery focus, usually without delegated authority.
b) Place based delivery groups (PBDG) - ICB internal decision making.
c) Joint governance arrangements between ICB and Local Authority - to oversee the Better Care Fund and Section 75/256 agreements.

Strengthening our Partnerships - Timeline

From April 2023:

- ICB place committees – the ‘Part b’ element of place-based partnerships. This involves the ICB, local authorities, NHS trusts, primary care, VCSE partners and others in decision making on delegated ICB functions.
- The ‘Part b’/ICB Place Committee would remain accountable to the ICB.
- Further development on managing financial delegations locally.
- Alignment of the place partnership and Section 75 governance meetings.
- The relationship with their local health and wellbeing board..

Longer term development: Maximise joint working at place, building on our collective learning, as place-based arrangements continue to mature and strengthen.

6.3 Involving People to Co-produce the Best Solutions

Partnership Working

Triangulation of intelligence and stakeholder feedback is a key enabler to delivering our commitments. This is coupled with proactive engagement to gain the very best

understanding of service users, partners, and stakeholders. We cultivate partnership working across our Integrated Care Partnership and support our VCSE sector to flourish and build relationships at system and place.

Raise the profile of involvement across the ICB and ICP

Objectives

- Bring together involvement, building on existing assets and strengths.
- Forward plan for involvement and evaluating impact linking with community networks and research organisations.
- Priorities identified with our communities and partners.
- Develop a formal subcommittee of the Quality and Safety Committee.

Develop ways to **listen**, with mechanisms to collect **lived experience.**

Objectives:

- Establish a Citizens Panel to support engagement
- Involvement toolkit to support engagement across the ICB
- Demonstrate impact of the lived experience stories

Deliver a programme of **communications** to establish strong relationships with **internal and external stakeholders**.

Objectives

- Campaign programmes on access, prevention, and population health.
- Identity for the Partnership, ICB and 'Better health and wellbeing for all'.

Model for **communications delivery** for the organisation and system

Objectives

- Delivery unit with networks and communications system leadership
- Creative hub to deliver digital communications and campaigns
- Interactive web and digital presence for the Partnership and ICB

Effective **partnership** development.

Objectives

- Support the Strategic ICP, Area ICPs and system leadership groups.
- Networks with local authority professional forums
- Engagement mechanisms with the independent care provider sector.
- Support for health initiatives with the Combined and Local Authorities.

Deliver effective **stakeholder management**.

Objectives

- Stakeholder feedback processes including complaints and compliments, triangulating and analysing trends.
- Work with Scrutiny Committees and Health and Wellbeing Boards.
- Support the VCSE sector, ensuring their voice is heard.

6.4 Best use of Resources and Protecting the Environment

Financial Plan

Summary: Unique and longstanding challenges mean our healthcare system is dealing with a 'quadruple whammy', resulting in a vicious circle of ill health.

1. Greater health and care need – chronic ill health and health inequalities impacting our communities' ability to live healthier lives.
2. A position made worse because of the pandemic – our region was hit harder than other areas.
3. Our large and complex geography makes it more expensive to provide accessible services and population growth remains fairly static.
4. Our funding infrastructure does not target those who need it most.

The national funding formula considers the North East and North Cumbria to be over-funded, so funding growth will be lower than other areas. Convergence also reduces growth funding on a glide path to a level of funding that is reduced post-covid. Our priority now is to develop a sustainable medium and long-term financial recovery plan over the next three to five years.

Financial Sustainability - Living Within our Means

Objectives

- Move the ICS into financial balance - a break-even/surplus position
- Move the ICB into underlying financial balance
- Move the NHS provider sector into underlying financial
- Partners – ensuring ICB actions do not unfairly or unreasonably put at risk the financial position of third sector partners, other commissioned providers (e.g., primary care organisations) or local authorities

Financial Fairness - Investing in Health Equity

Objectives

- Allocating resources within the ICB to address inequalities
- Allocating resources within places to address inequalities
- Exceeding national aim to spend 1% of the ICB budget on prevention
- Directing discretionary resources where they can have biggest impact

Priority 3 - Allocative Efficiency - Allocating resources effectively

Objectives

- Secondary care sustainability, securing best value working efficiently across Providers
- Invest in primary and community services and early intervention services
- Fair investment in mental health, learning disability and autistic people
- Information technology to maximise the benefits of service integration.

Priority 4 - Maximising Value with Partners

Objectives

- Aligned investments with social care at place, and to improve the sustainability of the care sector.
- Work with public health teams to ensure best value from the "1%" spend on prevention and targeted in the places to have the most impact.
- Work with the 3rd sector to develop framework arrangements to deliver best value from the sector in a financially sustainable way.

Estates Service Plan

Partnership Working: Local Place based Strategic Estate Groups (SEGs) support the delivery of the ICB Estates Strategy. These groups include representation from: place based ICB teams, local Authorities, acute and mental health trusts, community services as well as wider estates partners NHS Property Services and Community Health Partnerships. All PCNs across the ICB supported the development of place-based estate plans.

Work with the **Provider Collaborative to prioritise and optimise our investment in estates** across health care services **is under development.**

Appropriate and integrated workplace - staff working in a more agile way.

Objectives:

- A range of workspaces with a high-quality and inclusive environment
- Create financial savings that can be recycled back into other services.

Reduction in the void budget – Review vacant estate to ensure efficiencies can be delivered (where appropriate) and space can be used to support frontline care. Our objective is to reduce cost of void estate by 1% per annum

6.5 Innovating with Improved Technology, Equipment and Estates

Research and Innovation

Partnership Working: In November 2022, the ICB organised a regional Research & Innovation Partnerships Forum. The forum brought together leadership from all six universities in the region, the foundation trusts, research active primary care providers, local authorities, voluntary sector organisations, regionally based National Institute for Health and Care Research (NIHR) bodies and those involved in regional economic development initiatives and set the framework for our priorities.

Increase **inward investment** in research funding and innovation

Objectives

- Regional, national, and international recognition of our research and innovation assets
- Support the development of new collaborations
- Increase overall research funding and innovation investment

Make research evidence **more accessible to decision makers** and increase research and innovation **directly relevant to the needs of the system**.

Objectives:

- Optimise research resources across the system
- Develop an inclusive research culture reflective of the needs of the full diversity of the North East & North Cumbria population
- Improve mechanisms for research dissemination and support

Stimulate a **culture of innovation** across the system and sectors

Objectives

- Enhance support for both early-stage innovation and for the adoption of evidence backed solutions
- Encourage collaborative innovation and knowledge sharing
- Concentrate efforts on key ICB priorities and system wide unmet needs
- Showcase and promote promising innovation

Digital Enabler Plan

Partnership Working - our governance for the Digital Care Programme include our Digital Planning Council, supported by the Digital Strategy and Innovation Group and the Digital Delivery Group. The partnership structures are supported by the ICB Digital Directorate and are connected to each of our workstreams as an enabling function.

Digital First Primary Care: Make sure the right digital tools are available to support Practices and PCNs to adapt to demand and capacity challenges.

Objectives

- Digital tools to allow patients to access GP practices digitally.
- Optimise the use of digital tools to modernise general practice access.
- Empower patients to manage their own health and ensure digital inclusion.

Supporting System Recovery: Through the expansion and adoption of digital, data and technology solutions and services, information sharing and interoperability.

Objectives

- Digitally enabled recovery of secondary care services, to reduce waiting times for elective and cancer care
- Digitally enabled access to primary care services
- Faster access to and sharing of digital diagnostics.
- Build on current interoperability capabilities and empower patients to contribute to their health and care.

Digitising Social Care (adult care homes and domiciliary care) – support the expanded use of digital social care records within adult social care.

Objectives

- Digital social care records in care homes and domiciliary care.
- Network of digital social care champions to build on and promote success amongst the harder to reach care providers.
- Identify resources for future care technology.
- Communication plan, to promote the opportunities and achievements.

Frontline Digitisation - Aim to ensure every trust has an electronic patient record system in place meeting key capabilities by March 2026.

Objectives

- To level up digital maturity of Electronic Patient Records (EPRs) across the ICS in secondary care provider organisations.
- Achieve the Minimum Viable Product (MVP) functionality for every EPR, as outlined by NHS England, across all Trusts.

Data Driven Decision Capabilities - To have the very best Business Intelligence (BI) service in the NHS, exploiting the digital and data assets available.

Objectives

- Intelligence functionality and population health management analytics.
- Longitudinal dataset (primary, secondary, mental health, social care, community data, blue light services)
- Increase access to reports & insight using self-service technologies
- Predictive analytics to move from a model of Hindsight (past) and Insight (present) reporting to Foresight (future)

Digital Inclusion - Aim to address and respond to mitigating against digital inequalities, for the residents with fair access for all.

Objectives

- Understand the scale of the problems and contributing factors.
- Develop and agree NENC ICS digital inclusion and strategy.
- Enhance access to services through digital tools, options, and resources.

7 Place

Introduction

Each local authority place has its own action plan, which forms part of the Joint Forward Plan. The Place plans are important to ensure that the ICB has a local focus across its footprint. This is underpinned by close working and engagement with Local Authorities, health and social care providers, local communities, and voluntary, community and social enterprise sector organisations. Plans have been developed with partners and delivery will be monitored with them, through Place Committees, pre-existing system wide partnership meetings, and/or the Health and Wellbeing Boards depending on local arrangements.

Some Place plans cover more than one local authority area. The North Cumbria plan covers the parts of both Cumberland and Westmoreland and Furness unitary authorities which are within the ICB boundary. The Tees Valley covers Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton on Tees local authority areas, recognising the strength and maturity of partnership arrangements across Tees Valley.

Place and North East and North Cumbria wide Plans

The active involvement of Place will span beyond the local priorities described in each place plan. Place is vitally important to the delivery of the goal and enabler thematic plans. Place will inform and influence the development and delivery of the North east and North Cumbria wide action plans, recognising the differences in population need and health and care partnership working at local level.

Focus of Place Plans

Place plans cover immediate priorities for 2023/24, and longer-term transformation and development plans until 2028/29. Place plans respond to local context and the needs of the area's population. The Plans also all cover consistent themes from the ICP strategy that are best delivered through working at Place. These areas of focus are summarised below, noting that the way they are delivered will appropriately vary between and across Places.

Healthier and Fairer – Improving population health and reducing health inequalities is clearly a key focus. This includes supporting the implementation of the Healthier and Fairer programme at a local level, but with a heavy focus on priorities from:

- the Health and Wellbeing Board
- the Joint Strategic Needs Assessment
- Joint Health and Wellbeing Plans.

Examples:

- Delivery of the adult and children and young people's CORE20plus5
- Focussed support on 'Deep End' General Practice and health inclusion groups, for example the street homeless.
- Smoking cessation, alcohol, and substance misuse related harms.
- Healthy weight, nutrition, and exercise.
- Addressing the impacts of the cost-of-living crisis in partnership.
- Partnership working on housing, employment, and broader social determinants of health, including Anchor Institution approaches.
- Case finding and early intervention for long-term conditions.

Best Start in Life – All of the Place Plans include a broad set of actions to support children and young people, some of which are summarised below. These are often a focus of joint working with local authority and other partners.

Examples:

- Joint approaches to meeting needs which services often find complex, including jointly commissioned packages of care
- Special Educational Needs and Disabilities.
- Safeguarding, and improving health outcomes for children in our care and those leaving care.
- Whole system approaches to mental and emotional wellbeing, and mental health services, support for people with a learning disability and improving neuro-developmental pathways.
- Specific pathways, for example speech and language therapies.

Improving Health and Care Services – All Place Plans support the delivery of the North East and North Cumbria wide service Plans; areas of focus include:

Integrated Neighbourhood Teams, Primary Care and Community Services

Examples

- Service models supporting the sustainability of primary care and improving access to primary care.
- Delivering the local model for integrated neighbourhood teams, and for the development of Primary care Networks.
- Integration between Primary Care and Community services.
- Personalisation programme, for example maximising the value of the additional role reimbursement scheme roles.
- Community based urgent care (see urgent care below).
- Medicines optimisation and partnerships with community pharmacy.

Urgent and Emergency Care

Examples

- Community based urgent care pathways, including virtual wards, urgent treatment centres, and alternatives to hospital admission.
- Urgent 2-hour community response, for example falls pathways.
- Improvement to hospital discharge processes.
- Services to reduce the reliance on residential care.
- Community based palliative and end of life care.
- Partnership approaches to support people who are high frequent users of emergency services, including accident and emergency.

Mental Health, Learning Disability and Autistic People

Examples

- Delivering the Community Transformation Programme.
- Local programmes supporting suicide prevention.
- Increasing the dementia diagnosis rate and support pathways.
- Reducing reliance on in-patient services, through improved discharge and community pathways.
- Improvements in peri-natal mental health pathways.
- Children and young people (as above in best start in life).
- Focus on improving the physical health of people with a severe and enduring mental illness, people with a learning disability, and autistic people, for example through annual health checks and access to screening programmes.

Enabling Plans – All Place Plans address each of the enabling Plans in section 6. Working together to strengthen our neighbourhoods and places is a particular focus.

Examples

- Overarching focus on **system integration, transformation, and partnership working,** including **partnership governance.**
- Opportunities to develop shared solutions to workforce, digital, environmental sustainability and aligned approaches to maximising our resources and financial efficiency, including aligned approaches to commissioning services.

8 Delivering the Joint Forward Plan

The overall approach to Strategy deployment is summarised in the graphic below:

Timetable and Engagement

NHE England requires ICBs, and their partner NHS trusts to publish their first Joint Forward Plan (JFP) by 30 June 2023 and share the plans with their Integrated Care Partnership (ICP) and Health and Well-being Boards. In March 2023, the ICB set out its approach to use the Joint Forward Plan as its delivery plan for the Integrated Care Strategy, and to work with its existing strategic programme and place-based teams and leads for the key enabling strategies to develop the plan content.

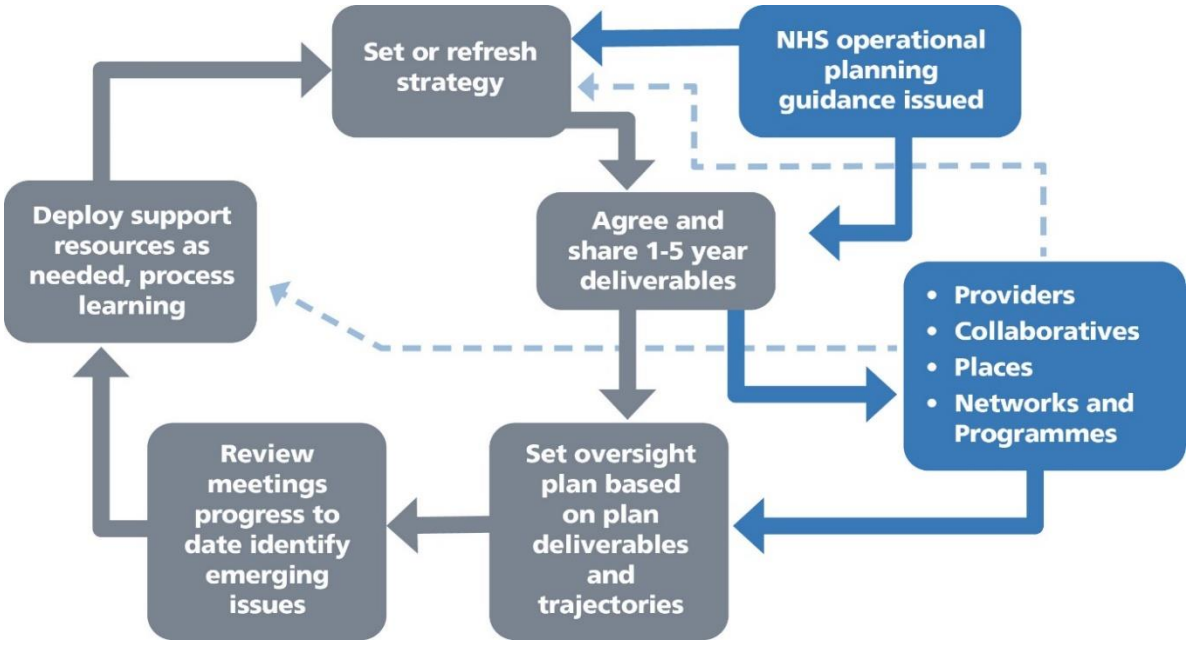
Collectively the ICP ensured a broad engagement approach to the development of the ICP Strategy 'Better Health and Wellbeing for all'. This included publishing an early draft to support stakeholder feedback. To maintain the commitment to stakeholder engagement, during July – August, stakeholders will be encouraged to provide feedback on the JFP and the associated action plans. This will specifically include the Integrated Care Partnership, NHS Trusts, Health Watch and Health and Wellbeing Boards. Endorsement of the Plan will be requested from those stakeholders as appropriate.

A revised version of the Joint Forward plan will be published in September 2023 Subsequently, ICBs and their partner NHS Trusts will be required to publish an annual update of the Joint Forward Plan, beginning in March 2024.

Deployment

Working with our partners, the ICB has developed a robust framework to deliver the Integrated Care Strategy set by the Integrated Care Partnership and this Joint

Forward Plan. The ICB Oversight Framework articulates the ICB Cycle of Business, as set out in the figure below:



Programme support

Each discrete plan that makes up the Joint Forward Plan will have a:

- Delivery plan, with clear actions, milestones, and measurable impacts.
- Lead ICB executive, a lead director, and an identified group within the ICB governance structure responsible for the plan.
- Regular reporting mechanism into the ICB Oversight Framework.
- Regular meeting with those working on the programme and the lead ICB Executive to discuss progress and to tackle any delivery difficulties.
- Facilitated leader forum to share good practice and learn with others.

Governance

In line with the national guidance the approach to the final approval of the Joint Forward Plan will be agreed by the ICB and partner NHS Trusts. The ICB will then receive regular reports on the progress in completing the actions identified within the plans. This will take the form of a 'strategy deployment milestone tracker' which will come to the Board twice each year. The Executive Committee has delegated responsibility for the delivery of plans and will ensure that it has a formal reporting line from all the groups with responsibility of a section of the Joint Forward Plan.

Taking a learning approach – being 'the best at getting better'

As set out in the workforce section, the ICB has set its Mission as becoming 'The best at getting better'. In 2023/24 the ICB will take its learning system to the next stage of development, and access to the resources within this system will be a key plank of support underpinning the delivery of our plans. Teams will have access to communities of practice through the learning community, and to training and resources to support them.

Using data and insight

The ICB is working with partners to ensure we maximise our capability to use data to drive our decision making and plans in line with the furtherance of our integrated care strategy. During 2023/24 we will reform our business intelligence and population health management capacity and capability to:

- Optimise our understanding of the population health and wellbeing needs, including variation within our places compared to the national picture.
- Have a systematic approach to using population health and other insight to shape the focus of our programmes and measure their impact.
- Have a comprehensive, well presented, and accessible architecture of information reports and programme updates.

Refining the ICB's operating model

There is a clear opportunity to refine the ICB operating model to ensure it is set up to deliver its vision and goals. In addition, ICBs are required to reduce their running costs by 30% over the next 3 years. During 2023/24, the ICB will develop and deliver its 'ICB 2:0 Programme, with the following measures of success:

1. An ICB set up to drive delivery of our Integrated Care Strategy.
2. An intelligence driven organisation that tracks, triangulates and forecasts; is responsive not reactive and truly knows its population and the impact of its interventions.
3. An organisation that develops and maintains excellent relationships and fosters collaboration with and between health and care partners.
4. An operating model that is transparent, reliable, effective, and efficient, does things once and to an excellent standard with a quality management system.
5. Ability to meet our statutory responsibilities and ensure quality and safety is prioritised.
6. Affordable within the running cost envelope.
7. A healthy, engaged, skilled, productive, inclusive, and diverse workforce
8. Clarity of role and responsibility for all, with clear alignment of clinical and managerial leadership to all elements of the operating model.
9. Continuation of a flexible and hybrid working model, with more sharing of work spaces with partners, optimising the use of technology.
10. An open, honest, equitable and compassionate change process to implement the new arrangements, driven by our values.

healthwatch Gateshead

Together

We are making health and social care better

Annual Report 2022–23

Contents

"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.

Michael Brown
Healthwatch Gateshead Chair

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.

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

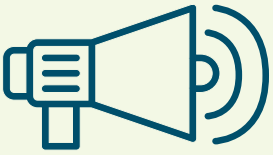
To demonstrate how user views can improve services in health and social care and to provide practical services, support, and advice to help that happen well

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

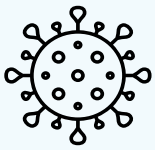
We're lucky to have
10
outstanding volunteers who gave up 40 hours to make care better for our community.

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

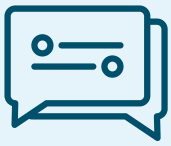


We worked to better understand how the COVID pandemic impacted on health and wellbeing.

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.

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.

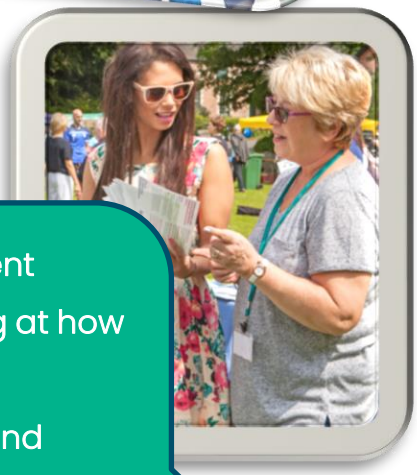
In line with our newly developed Engagement Strategy, we made a targeted effort to engage with one of the seldom heard groups, young people aged between 16 and 25, through the launch of phase one of our Youthwatch Project.

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



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.

CELEBRATING SUCCESS 10 YEARS OF HEALTHWATCH

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.

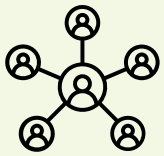
Building relationships to support local people together

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.

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 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.

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 Gateshead

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Ellison Place
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NE1 8XS

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gatesheadhealthwatch

healthwatch_gateshead

healthwatch-gateshead/

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Please note that the following pharmacy will change its hours as indicated below:

Elmfield Trading Limited	Birtley Pharmacy, Harras Bank	9 Harras Bank, Birtley, Chester-le-Street, DH3 2PE,

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 13:30-18:00,	12:30-13:30	09:00-18:00
Tuesday	09:00-12:30; 13:30-18:00,	12:30-13:30	09:00-18:00
Wednesday	09:00-12:30; 13:30-18:00,	12:30-13:30	09:00-18:00
Thursday	09:00-12:30; 13:30-18:00,	12:30-13:30	09:00-18:00
Friday	09:00-12:30; 13:30-18:00,	12:30-13:30	09:00-18:00
Saturday	None	None	None
Sunday	None	None	None
Total Hours per week	40 hours	5 hours	45 hours

Revised hours with effect from 13 June 2023

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 13:30-18:00,	08:30-09:00; 12:30-13:30	08:30-18:00
Tuesday	09:00-12:30; 13:30-18:00,	08:30-09:00; 12:30-13:30	08:30-18:00
Wednesday	09:00-12:30; 13:30-18:00,	08:30-09:00; 12:30-13:30	08:30-18:00
Thursday	09:00-12:30; 13:30-18:00,	08:30-09:00; 12:30-13:30	08:30-18:00
Friday	09:00-12:30; 13:30-18:00,	08:30-09:00; 12:30-13:30	08:30-18:00
Saturday	None	None	None
Sunday	None	None	None
Total Hours per week	40 hours	7.5 hours	47.5 hours

Please note that the total hours column represent the times that a pharmacist will be available to the public.

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17 June 2023

Reference: CAS-219438-R1V5X6

BY EMAIL
Market Entry Team
Primary Care Support England

Dear Colleague

RE: APPLICATION BY PARKSIDE CRAWCROOK LIMITED FOR A CHANGE OF OWNERSHIP AT PATTINSON DRIVE, CRAWCROOK, RYTON, TYNE & WEAR, NE40 4US

Thank you for forwarding the change of ownership application in respect of the pharmacy at Pattinson Drive, Crawcrook, Ryton. As an excepted application this has been considered and has been approved as:

- Confirmation has been received from the current owner (Lloyds Pharmacy Ltd) of their intention to transfer ownership to Parkside Crawcrook Limited should this application be approved;
- The applicant intends to provide the same services as the current owner;
- The applicant has confirmed that there will not be any interruption to the provision of services at these premises;
- Confirmation of unamended opening hours has been received;
- Satisfactory Fitness to Practise is in place.

I should be grateful if you would notify this decision to the applicant and interested parties, offering third party appeal rights to those on the attached list only.

Yours sincerely

Jane Horsfall
Senior Policy Manager
NHS England

Email: jane.horsfall@nhs.net

THIRD PARTIES WITH RIGHT OF APPEAL

Lloydspharmacy	PATTINSON DRIVE	CRAWCROOK	NE40 4US
Lloydspharmacy	ROCKWOOD HILL ROAD	GREENSIDE	NE40 4AX
Boots	2 DEAN TERRACE		NE40 3HQ

22 June 2023

Reference: CAS-234442-P7S5M9

BY EMAIL
Market Entry Team
Primary Care Support England

Dear Colleague

RE: APPLICATION BY LP SD FIFTY TWO LIMITED FOR A CHANGE OF OWNERSHIP AT TEAMS MEDICAL CENTRE, WATSON STREET, TEAMS ESTATE, GATESHEAD, NE8 2PQ

Thank you for forwarding the change of ownership application in respect of the pharmacy at Teams Medical Centre, Watson Street, Teams Estate, Gateshead. As an excepted application this has been considered and has been approved as:

- Confirmation has been received from the current owner (Lloyds Pharmacy Ltd) of their intention to transfer ownership to LP SD Fifty Two Limited should this application be approved;
- The applicant intends to provide the same services as the current owner;
- The applicant has confirmed that there will not be any interruption to the provision of services at these premises;
- Confirmation of unamended opening hours has been received;
- Satisfactory Fitness to Practise is in place.

I should be grateful if you would notify this decision to the applicant and interested parties, offering third party appeal rights to those on the attached list only.

Yours sincerely

Jane Horsfall
Senior Policy Manager
NHS England

Email: jane.horsfall@nhs.net

THIRD PARTIES WITH RIGHT OF APPEAL

Lloydspharmacy	TEAMS MEDICAL CENTRE	WATSON STREET, TEAMS EST	GATESHEAD	NE8 2PQ
N & B CHEMISTS LTD	1 LIDDELL TERRACE	BENSHAM	GATESHEAD	NE8 1YN
Boots	RAVENSWORTH ROAD	DUNSTON	GATESHEAD	NE11 9FJ
Bensham Pharmacy	181 COATSWORTH ROAD		GATESHEAD	NE8 1SQ
CENTRALCHEM LIMITED	217 COATSWORTH ROAD		GATESHEAD	NE8 1SR
PRINCE CONSORT ROAD PHARMACY	THE HEALTH CENTRE	PRINCE CONSORT ROAD	GATESHEAD	NE8 1NB
WELL	105 PRINCE CONSORT ROAD		GATESHEAD	NE8 1LR
Boots	UNIT 10	CRUDDAS PARK SHOPPING CTR	WESTMORLAND ROAD	NE4 7RW
WELL	17 THE CRESCENT	DUNSTON	GATESHEAD	NE11 9SJ
Bewick Road Pharmacy	13 Bewick Road		Gateshead	NE8 4DP
Boots	13-15 ELLISON WALK	TRINITY SQUARE	GATESHEAD	NE8 1BF
Lobley Hill Pharmacy	72 MALVERN GARDENS	LOBLEY HILL	GATESHEAD	NE11 9LJ
TESCO INSTORE PHARMACY	1 TRINITY SQUARE		GATESHEAD	NE8 1AG
WHITWORTH CHEMIST	132-136 ELSWICK ROAD	ELSWICK	NEWCASTLE UPON TYNE	NE4 6SL
K & A PHARMACY	292 OLD DURHAM ROAD		GATESHEAD	NE8 4BQ

Please note that the following pharmacy will change its hours as indicated below:

Bestway National Chemists Limited ta Well
31 Harraton Terace, Durham Road,Birtley, DH3 2QG

Existing hours

Days	Contracted Hours	Supplementary hours	**Total hours**
Monday	07:00 - 23:00	None	07:00 - 23:00
Tuesday	07:00 - 23:00		07:00 - 23:00
Wednesday	07:00 - 23:00		07:00 - 23:00
Thursday	07:00 - 23:00		07:00 - 23:00
Friday	07:00 - 23:00		07:00 - 23:00
Saturday	08:00 - 22:00		08:00 - 22:00
Sunday	10:00 - 16:00		10:00 - 16:00

Revised hours with effect from 9 July 2023

Days	Contracted Hours	Supplementary hours	**Total hours**
Monday	09:00-21:00	None	09:00-21:00
Tuesday	09:00-21:00		09:00-21:00
Wednesday	09:00-21:00		09:00-21:00
Thursday	09:00-21:00		09:00-21:00
Friday	09:00-21:00		09:00-21:00
Saturday	09:00-21:00		09:00-21:00
Sunday	10:00-16:00		10:00-16:00

Please note that the total hours column represents the times that a pharmacist will be available to the public.

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