



## **CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA**

**Tuesday, 1 December 2015 at 1.30 pm in the Bridges Room - Civic Centre**

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From the Chief Executive, Jane Robinson

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Item	Business
1.	<b>Apologies for absence</b>
2.	<b>Minutes of last meeting</b> (Pages 3 - 8)  The minutes of the meeting held on 20 October 2015 are attached for approval.
3.	<b>Review of GP Access - Evidence Gathering</b> (Pages 9 - 44)  Report of the Strategic Director, Care Wellbeing and Learning
4.	<b>Vision 2030 and Council Plan - Delivery and Performance</b> (Pages 45 - 90)  Report of the Strategic Director, Care, Wellbeing and Learning
5.	<b>Review of Annual Work Programme</b> (Pages 91 - 94)  Report of Chief Executive and Strategic Director Corporate Services and Governance

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Date: Monday, 23 November 2015

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## **CARE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**

**20 October 2015**

**PRESENT:** Councillor S Green (Chair)

Councillors: M Hood, W Dick, B Coates, D Davidson, P Ronan,  
M Charlton, F Hindle

### **CHW17. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors C Bradley and J Simpson.

### **CHW18. MINUTES**

The minutes from the meeting held on 15 September 2015 were agreed as a correct record.

### **CHW19. REVIEW OF GP ACCESS – EVIDENCE GATHERING**

The Committee received a presentation from Dr Neil Morris, Medical Director, Newcastle Gateshead CCG which set out the context relating to access to GP services in Gateshead, relevant contractual arrangements in place with GP practices and key findings from the recent NHS GP Patient Access survey for Gateshead. In presenting the key findings, comparator information was also provided on how Gateshead practices compare with Gateshead and national averages and previous patient access surveys. Other information and intelligence relating to the core issues of GP Access was also provided.

The Committee received a presentation from Kim Newton and Andrew Moore, Healthwatch Gateshead on findings of a recent survey carried out by Healthwatch Gateshead on access to GP services. The presentation set out the background to the survey, the areas covered, how it was undertaken and key findings relating to appointment systems, out of hour's provision, continuity of GP care and consultations with GPs.

As part of the evidence gathering stage of the OSC review, it has been agreed that committee members will have an opportunity to visit a GP practice in order to see its backroom telephone and appointments system in operation and to look at opportunities and challenges linked to GP premises.

The first site visit took place to Trinity Square Health Centre on 12 October 2015, which is a new purpose built health centre and members of the Committee found the visiting very helpful and interesting.

The second site visit is scheduled to take place on 2 November 2015 at Oxford Terrace Medical Practice and a further update on this visit will be given at the next meeting of the Committee.

The Committee were also advised that the GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK and includes a number of questions relevant to the first evidence gathering such as how easy or difficult it is for patients to make an appointment at their surgery, waiting times, satisfaction with opening hours etc.

The latest survey data is from the July 2015 publication, collected during July - September 2014 and January – March 2015. Charts were also provided to the Committee on key findings for Gateshead and include:-

- Ease of making contact with local GP surgery by telephone
- Ease of making an appointment, convenience of appointment, waiting times
- Overall experience of making an appointment
- Awareness of and use of on-line services provided by GP surgeries
- Patient satisfaction with opening hours
- Patient views on additional opening times
- Out-of-hours services; ease of contact, timeliness of care provided and experience of care.

The next evidence gathering session will focus on the quality of care provided including patient experience of care and work that is taking place by NHS England and Newcastle Gateshead CCG working with GP practices across Gateshead.

The Committee welcomed the report but were still concerned about the variation in results and experiences from practice to practice across Gateshead. It was suggested that the Committee may want to scrutinise individual GP practices and in particular the poor performing ones.

The Committee would like to see the whole picture across Gateshead once the CQC inspections are complete and hoped to see a report

RESOLVED -           i)       that the information be noted.  
                              ii)       that further updates be provided in due course.

**CHW20.       WINTER PRESSURES/URGENT CARE PROGRESS UPDATE**

**CHW21.       UPDATE ON ISSUES ARISING FROM GATESHEAD HEALTH NHS  
                  FT QUALITY ACCOUNT**

**CHW22.       HEALTH AND WELLBEING BOARD – PROGRESS UPDATE/CASE  
                  STUDY ON INTEGRATION**

The Committee received a report providing an update on progress highlighting key issues considered by the Health and Wellbeing Board since April 2015 and a look at the Board's Forward Plan for 2015/16.

In developing the Forward Plan, 5 key areas of work have emerged, one of which relates specifically to the Board's integration agenda:

- Strategy/policy development and commissioning intentions
- Transformational/integration agenda and ways of working
- Health and care service developments/reviews
- Performance Management Framework
- Assurance Agenda

The Committee were advised that other issues considered by the Board included:

- An update on strategic commissioning arrangements for children and young people focusing on the priority areas of special educational needs and disabilities, child and adolescent mental health services and an integrated approach to the design of the offer for children 0 to 19. The Board asked that membership of the Gateshead Children's Strategic Commissioning Group be extended to include representation from the voluntary sector and providers will be engaged through working groups established to progress work on the three priority areas.
- Personal Health Budgets – a progress report on the implementation of Personal Health Budgets in Gateshead, including work to review existing processes, challenges, future opportunities and next steps. A further update has been sought by the Board by April 2016.
- Social isolation – the impact of social isolation on people's wellbeing and how this can be addressed.
- The Learning Disability Joint Health & Social Care Self- Assessment for 2013/14.
- Substance Misuse Strategy Group – a revised terms of reference and work plan for 2015/16 was endorsed by the Board.
- Housing and Health – an overview of the role of housing providers in promoting health and wellbeing was considered by the Board to help identify issues for future consideration during 2015/16.
- Impact of Place Shaping on Health and Wellbeing – a progress update and next steps was agreed by the Board.

The Committee were advised that the Board's Forward Plan for 2015/16 will include the following topics:-

- Refresh of key strategies and operational plans
- 2016/17 commissioning intentions for the Gateshead health and care economy
- Integrated Children's Agenda : 0-19 years, including the transfer of public health services commissioning (0-5 years) to the Council
- Children & Adolescent Mental Health Services (CAMHS) Transformation Plan
- The Director of Public Health's Annual Report 2014/15
- Mental health employment trailblazer pilot – development of the model
- Learning Disability Transforming Care Programme – Regional Fast Track Plan
- A Tobacco Control 10 year plan
- Older people's health and wellbeing

- Health protection assurance arrangements in Gateshead and associated work programme.
- Role of the housing provider in promoting health and wellbeing – housing conditions; housing provision for people with specialist support needs etc.
- Alcohol – consultation on the draft statement of licensing policy
- Adult social care Local Account 2014/15
- Emerging issues linked to current health service reviews
- Better Care Fund quarterly returns to NHS England
- Performance management updates
- Development of OSC work programmes for 2016/17
- A whole system event on the integration agenda

The Committee were also advised that work will be undertaken to shape a Forward Plan and work programme for 2016/17.

RESOLVED - that the information be noted.

### **CHW23. ADULT SAFEGUARDING AND ADULT SOCIAL CARE IMPROVEMENT UPDATE**

The Committee received a report which provided an update regarding Safeguarding Adults, Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS) and the Multi Agency Safeguarding Adults Hub (MASH) and an update regarding improvements within Adult Social Care.

The Committee requested that local and national target figures be provided to a future meeting of the Committee.

The Committee suggested that Skills for Work be invited to attend a future meeting of the Committee and provide a presentation on their experiences of gaining employment.

RESOLVED -

- i) that the information be noted
- ii) that further updates as requested be provided to the Committee in due course.

### **CHW24. ADULT SOCIAL CARE LOCAL ACCOUNT**

The Committee received a report which set out the main findings from the Adult Social Care Local Account, and outlined the identified areas for improvement and future priorities in order to develop adult social care in Gateshead.

In recent years, the demand for social care services in Gateshead has increased, placing extra demand on the adult social care budget during a time of financial strain.

More people in Gateshead suffer from poor health compared to the rest of the country. It is projected that by 2037 there will be an additional 16,400 people aged 65 years or older – an increase of 45%/. The greatest increase is amongst those aged 85 or over, the people most likely to require social care support.

The Care Act came into effect on 1 April 2015. New requirements include providing clearer information and advice to people, a national minimum eligibility threshold and more rights for carer. At the same time, more closer working with health services and other partners to provide more integrated care and support services for residents.

In 2014/15:

- 6,559 people contacted Gateshead Council's social services for help or advice
- 2,340 new service users had an assessment of their needs
- 82.3% of people took more control of their own support, in the form of a Personal Budget or Direct Payment
- 69.2% of people said that they were extremely satisfied or very satisfied with the care and support services they receive (above the England average of 64.9%)

Notable achievements in the last year include:

- Created a Quality Excellence Framework Policy for residential and nursing care homes
- Developed service improvement groups involving carers, people who use services and members of the public
- Established a single point of contact available 24/7 for the public and professionals who need intermediate health or social care services
- Re-commissioned home care services to provide more robust provision
- Conducted a carer's survey. 81% of carers report that they have been included in discussions about the person they care for.
- Implemented preventative approaches for safeguarding adults, as well as the identification of cross-cutting areas of work via the Multi Agency Safeguarding Hub (MASH)

Identified areas for improvement in 2015/16 include:

- Increase the number of people with a personal budget choosing to have a direct payment
- Reduce the number of permanent admissions to residential and nursing care and help more older people to stay in their homes
- Implement a project to improve the lives of working carers in partnership with Gateshead Carers' Association and the design school at the University of Northumbria
- Work with the Local Safeguarding Children's Board to ensure that vulnerable children and young people are protected as they become adults.

RESOLVED - that the information be noted and the Local Account be endorsed.

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CARE, HEALTH & WELLBEING  
OVERVIEW AND SCRUTINY  
COMMITTEE  
1 December 2015

**TITLE OF REPORT: Review of GP Access – Second Evidence Gathering Session**

**REPORT OF: David Bunce, Strategic Director, Care, Health & Wellbeing**

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## **Summary**

Care, Health & Wellbeing Overview and Scrutiny Committee agreed that the focus of its review in 2015/16 would be GP Access. This report sets out the arrangements for the second evidence gathering session of the review which is being jointly led by the Council, NHS England and Newcastle Gateshead NHS CCG with input from Healthwatch Gateshead.

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## **Background**

1. The Committee agreed the scope of the review of GP Access at its meeting on 15<sup>th</sup> September as well as the process and timetable for the review (re-attached as appendix 1). A map of Gateshead GP practices is also attached at Appendix 2.
2. This report sets out the arrangements for the 2<sup>nd</sup> evidence gathering session of the review which is focusing on the quality of care provided and issues relevant to this, drawing upon GP Patient survey findings and other evidence as required.

## **Second Evidence Gathering Session**

3. The second evidence gathering session consists of the following components:

**Presentation by Jane Mulholland, Director of Delivery & Transformation, Newcastle Gateshead CCG and Jenny Long, Primary Care Assistant Contracts Manager, NHS England**

The presentation will set out the context regarding quality of care issues relating to GP practices in Gateshead and key findings from the recent NHS GP Patient Access survey for Gateshead. In presenting the key findings, comparator information will also be provided on how Gateshead practices

compare with Gateshead and national averages and previous patient access surveys. Other information and intelligence relating to the quality of care issues will also be provided.

In this way, Committee will be able to consider the findings for Gateshead practices within a local and national context as well as the direction of travel for key questions that were also included within previous GP Patient access surveys.

**Follow-up to issues identified by OSC members at the first evidence gathering session relating to access to GP services**

At the last meeting of OSC, it was queried whether it was possible for data on GP access to be provided at a ward level. Members also expressed an interest in getting a better understanding of what patients do when they can't get an appointment with their GP or where the appointment offered wasn't convenient. Reference will also be provided to these issues.

**Questions and discussion of the issues raised**

Committee will then have an opportunity to pose questions and discuss the evidence which has been presented.

**Site Visits to GP Practices**

4. As part of the evidence gathering stage of the OSC review, it was agreed that committee members would have an opportunity to visit a GP practice(s) in order to see its backroom telephone and appointments system in operation and to look at opportunities and challenges linked to GP premises. Site visits took place at Trinity Square Health Centre on the 12<sup>th</sup> October and to Oxford Terrace on 2<sup>nd</sup> November. A note of the issues raised at the site visits are attached at Appendices 3.1 (Trinity Square) and 3.2 (Oxford Terrace) and will be added to the evidence base of the review.

**The GP Patient Survey – Advance information of key findings relating to quality of care issues**

5. The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK and includes a number of questions relevant to the second evidence gathering session.
6. The latest survey data is from the July 2015 publication, collected during July-September 2014 and January-March 2015. In advance of the presentation that will be made to Committee, charts have been produced on key findings for Gateshead. These are attached at appendix 4 and include:
  - How helpful did patients find the receptionists at their GP surgery?
  - Questions on how patients found their last contact with a GP from their surgery, such as whether they felt they were:
    - given enough time;
    - listened to;

- provided with an explanation of any tests or treatments required;
  - involved in decisions about their care;
  - treated with care and concern; and
  - whether they had confidence and trust in the GP they saw or spoke to?
- Similar questions on how patients found their last contact with a nurse from their surgery.
  - How patients would describe their overall experience of their GP surgery?
  - Whether they would recommend their GP surgery to someone who has just moved to the local area?

### **Third Evidence Gathering Session on 19 January 2015**

7. The next evidence gathering session will focus on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.

### **Recommendations**

8. Overview and Scrutiny Committee is asked to:
  - (i) Note the information set out in this report.
  - (ii) Consider the evidence and issues raised.

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**Contact: John Costello (0191) 4332065**

## Review of GP Access – Process and Timeline

The key stages and timeline for the Review of GP Access is set out below.

### Stage 1

The scope of the review should firstly be agreed by Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

#### OSC Meeting

- 15<sup>th</sup> September 2015 – Scoping report to be considered by Overview and Scrutiny Committee

### Stage 2

Evidence may be gathered by the Overview and Scrutiny Committee making visits as necessary or inviting people and organisations to give evidence before it. Relevant Strategic Directors and the Chief Executive will assist the Overview and Scrutiny Committee as necessary. The evidence gathered by OSC will be written up by officers.

#### OSC Meetings

- 20<sup>th</sup> October 2015 – this will focus on core issues relating to ‘Access’ to GP services, drawing on survey findings and other evidence as required on GP appointments, opening hours, out-of-hours etc.
- 1<sup>st</sup> December 2015 – this will focus on issues relating to the quality and experience of care.
- 19<sup>th</sup> January 2016 – this will focus on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.
- VISITS – the following site visits will be arranged:
  - In advance of its meeting on 20 October, OSC will be invited to visit a GP practice to see its backroom telephone and appointments system in operation. Also, as part of the visit to the practice, to look at opportunities and challenges linked to GP premises.
  - In advance of its meeting on 1<sup>st</sup> December 2015, OSC will be invited to visit CCG headquarters at Riverside House, Newburn in order to be taken through the CCG’s ‘Visibility Wall’ which has been developed to provide an overview of its work on improving the quality care. As part of the visit, links will be made with the committee’s review topic.

- In advance of its meeting on 19 January 2016, OSC will be invited to observe a patient engagement forum meeting at a GP practice.

### **Stage 3**

The Overview and Scrutiny Committee will then meet to analyse the information and evidence gathered and prepare its conclusions.

#### **OSC Meeting**

- 1<sup>st</sup> March 2016 – OSC to analyse the evidence presented and to consider an Interim report.

### **Stage 4**

Officers will then prepare a report on the issue based on the views of the OSC. Officers will submit this report to the next practicable meeting of the OSC to secure agreement that the report is a fair, accurate and complete reflection of the OSCs conclusions.

#### **OSC Meeting**

- 19<sup>th</sup> April 2016 – draft Final report to be considered by OSC.

### **Stage 5**

The Chair of the Overview and Scrutiny Committee will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation.

#### **OSC Meeting**

- May 2016 (subject to confirmation)

# Appendix 2

## NHS North of England Commissioning Support - Primary and Secondary Care Services - Gateshead (July 2015)

Source: NHS North of England Commissioning Support - Business Information Services



- Healthcare Services**
- Branch Surgery (4)
  - Main (21)
  - Multi-Site Facility (19)
  - Primary Care Centre (2)
  - Support Facility (1)
  - Treatment Centre (16)
  - Trust Site (1)

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<p><b>Key</b></p> <ul style="list-style-type: none"> <li>● 001. A85026 - Beacon View Medical Centre</li> <li>● 002. Bede Centre (void space = 31.20%)</li> <li>● 003. A85002 - Bensham Family Practice</li> <li>● 004. Bensham Hospital (17.51%)</li> <li>● 005. A85017 - Bewick Road Surgery</li> <li>● 006. Birtley Children's Centre</li> <li>● 007. Birtley Nursing Unit</li> <li>● 008. Blaydon Leisure &amp; Primary Care Centre (29.51%)</li> <li>● 009. Briarwood Sector Base (0.00%)</li> <li>● 010. A85614 - Bridges Medical Practice</li> <li>● 011. Carr Hill Clinic (0.00%)</li> <li>● 012. A85019 - Central Gateshead Medical Group</li> <li>● 013. Chowdene Children's Centre</li> <li>● 014. A85014 - Crawcrook Medical Centre</li> <li>● 015. A85009 - Crowhall Medical Group</li> <li>● 016. A85617 - Dr A J Hunt &amp; Pttrs</li> </ul>	<ul style="list-style-type: none"> <li>● 017. A85021 - Dr A Kumar</li> <li>● 018. A85010 - Dr D J Matheson &amp; Pttrs</li> <li>● 019. A85011 - Dr Eccles &amp; Pttrs</li> <li>● 020. A85003 - Medical Centre</li> <li>● 021. A85601 - Dr Mandal &amp; Ptnr</li> <li>● 022. A85609 - Dr Muthu-Krishnan</li> <li>● 023. A85012 - Dr S M Imam</li> <li>● 024. A85605 - Dr SM Hilton</li> <li>● 025. Dunston Health Centre (40.13%)</li> <li>● 026. A85007 - Fell Cottage Surgery</li> <li>● 027. A85001 - Fell Tower Medical Centre</li> <li>● 028. Felling Health Centre (44.76%)</li> <li>● 029. Gateshead Health Centre (52.86%)</li> <li>● 030. Gateshead Health NHS Foundation Trust &amp; Gateshead Walk in Centre (0.00%)</li> <li>● 031. A85006 - Glen Medical Group</li> <li>● 032. A85006 - Glenpark Medical Centre</li> </ul>	<ul style="list-style-type: none"> <li>● 033. Grassbanks &amp; Keegan Court (2.71%)</li> <li>● 034. A85616 - Hollyhurst Medical Centre</li> <li>● 035. A85004 - Longrigg Medical Centre</li> <li>● 036. Low Fell Clinic (0.00%)</li> <li>● 037. A85008 - Medical Group Centre</li> <li>● 038. A85018 - Oldwell Surgery</li> <li>● 039. A85005 - Oxford Terrace Medical Group</li> <li>● 03b. A85002 - Dr Roberts &amp; Pttrs</li> <li>● 040. A85611 - Pelaw Medical Practice</li> <li>● 041. A85024 - Primary Care Health Care Centre</li> <li>● 042. Queens Park - Equipment Store (0.00%)</li> <li>● 043. Regent Terrace (0.00%)</li> <li>● 044. Ryton Clinic (0.00%)</li> <li>● 045. A85011 - St Albans Medical Group</li> <li>● 046. Teams Children's Centre</li> <li>● 047. Teams Family Centre</li> </ul>	<ul style="list-style-type: none"> <li>● 048. A85023 - Teams Medical Practice</li> <li>● 049. The Croft (0.00%)</li> <li>● 050. A85025 - The Medical Centre</li> <li>● 051. A85013 - The Millennium Family Practice</li> <li>● 052. A85020 - The Whickham Practice</li> <li>● 053. Trinity Square (15.98%)</li> <li>● 054. Tyne View Centre</li> <li>● 055. Walker Terrace (0.00%)</li> <li>● 056. Whickham Cottage Medical Centre (12.24%)</li> <li>● 057. Wrekenton Health Centre (15.24%)</li> <li>● 058. A85016 - Wrekenton Medical Group</li> <li>● 059. A85015 - Wrekenton Medical Group</li> <li>● 14b. A85014 - DR Chapman &amp; Pttrs</li> <li>● 15b. A85009 - Crowhall Medical Group</li> <li>● 20b. A85003 - Dr Liddle &amp; Pttrs</li> </ul>
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### Trinity Square Health Centre Site Visit - 12 October 2015

Attended by: Cllrs Green, Hood, Hindle, Coates and Simpson (apologies received from Cllr Ronan); J Costello.

The Group met with Val Hempsey, Practice Manager Bridges Medical Practice and Tracy Atkinson, Practice Manager, Millennium Family Practice.

The Group were given a tour of the building which hosts a number of services provided by different agencies – in addition to the two GP practices located at the Health Centre, services are also provided by the QE and South Tyneside FTs. The CCG also has a presence at the centre. Services that are co-located within the Centre include diabetes services, x-ray services and sexual health services.

The Group was then shown the back office functions at the Bridges and Millennium practices, including the appointments system and processes in place and staffing arrangements to deal with busy periods.

Issues raised and discussed during the course of the site visit included:

- The different appointments systems and processes in place across GP practices in Gateshead. This is partly due to different practice list sizes and different staffing levels across practices – as in the case of Bridges and Millennium practices.
- The pressures on practice administrative staff early in the morning when the majority of calls are received requesting appointments and arrangements for dealing with this.
- Practices have different cultures, which impact on how they engage with and relate to their patients.
- How the two GP practices at Trinity Square work together to meet the needs of patients – informal working arrangements.
- Impact of the new student accommodation nearby on the two practices - opportunities it has provided to grow the practices; how the practices are working together to promote their services to students living in Trinity Square (e.g. during Freshers week - stalls to promote their services within the students accommodation block etc.)
- The importance of location – GP practices that patients can access easily through public transport and ideally close to other facilities they routinely access such as shopping areas.
- Overview of the locality working arrangements in place where GP practices within a particular locality area (i.e. East, Central, South, Inner

West, West) work together, share best practice and seek to bring the standards of practices that perform less well up to the standards of those recognised as the best performers.

- Recognition that GP practices are businesses and the implications of this in seeking to raise standards.
- The limitations of current parking facilities for Trinity Square health centre staff (there is a maximum stay of 4 hours in the car park managed by the Trinity Square Centre Manager – however, clinics often run for longer periods).
- Involvement with the Prime Minister’s Challenge initiative, where Gateshead was successful in its bid to provide extra appointments for all residents registered with a Gateshead practice with acute conditions and some planned care via GP’s and Nurses, seven days a week, at 2 hubs across the borough (one being Trinity Square Health Centre) and home visits for more frail/vulnerable patients (the purpose of the initiative is to try and avoid avoidable emergency admissions). Also, awareness by patients of this new initiative, how it can be promoted and the role of practices themselves in informing their patients that they can access weekend appointments/home visits.
- How practices use the EMIS system to share information and records as required – it was noted that this has facilitated the implementation of the Prime Minister’s challenge initiative in Gateshead.
- The importance of practices having sufficient scope to innovate V the value of consistent arrangements in place e.g. in such areas as appointments systems and procedures.
- Awareness by patients of the scope to book appointments on-line and how this is promoted.
- The opportunities for practices located within new build accommodation and how the two practices have made the most of these opportunities.

OSC Members greatly appreciated the time and input of the two practices to the review of GP Access and expressed their thanks to the practice managers. They found the site visit very informative and useful which has enhanced their understanding of the issues.

JC



### Oxford Terrace Site Visit – 2<sup>nd</sup> November 2015

Attended by Cllrs S. Green, M. Hood, F. Hindle, B. Goldsworthy, M. Goldsworthy, P. Ronan, J. Simpson and M. Charlton; J Costello.

The Group met with Sheinaz Stansfield, Practice Manager, Dr. Peter Young, Dr John Farrow and Louise Smith.

An overview was provided of the practice, arrangements in place for the planning and scheduling of appointments and initiatives the practice has taken forward to address key challenges facing primary care (including initiatives to enhance access to timely and quality care).

As the telephone appointments system was down while the site visit was taking place, a presentation was given by the practice manager (slides attached), which was followed by a discussion on a range of issues linked to the review of GP access.

It was noted that:

- The Oxford Terrace/Rawling Road Medical Group has a practice size of 15,200 patients; however, the practice feels that it needs a practice list of 20,000 plus to make the most of its existing and planned infrastructure.
- The practice is open on Saturdays (this complements the practices at Trinity Square where weekend appointments are now available through the Prime Minister's Challenge Initiative – the OSC site visit of 12 October to Trinity Square refers). The practice is also open two evenings per week until 7.30pm.
- The Practice acts as a 'link practice' for 8 local care homes.
- There are good relations between the practice and other practices across Gateshead and, in particular, within the central Gateshead locality.
- The practice has purchased a new telephone system and work is ongoing to maximise its capacity, including synchronising the new system with the Rawling Road site.
- Even though the practice has 6 receptionists answering phones at any one time, its appointments system is under pressure, especially early in the mornings.
- A complex care team is located at the Rawling Road site. It has weekly multi-disciplinary team meetings to manage care for patients with complex and often long term care needs (this is unique to the Oxford Terrace & Rawling Road Medical Group) - the workforce has been transformed to deliver this function.
- Patient engagement is undertaken by the practice on a number of fronts - free wifi at the practice for patients, patient champions, NHS choices feedback, the practice forum and the practice's complaints process.
- The practice has good alliances with the third sector which it identified as an important component of multi-agency working (e.g. social prescribing).
- The practice has received 9 awards from national and other bodies in recognition of its innovative work to enhance patient care e.g. managing

frailty in the community through personalised care planning; improving access and managing long term conditions in general practice; and improving dementia care through care navigation and social prescribing.

- In responding to the temporary disruption to the telephone system at Oxford Terrace, staff from the practice went to its Rawling Road site to deal with appointment requests and also liaised with NHS 111. The telephone system fault was rectified by the telephone provider by mid-morning and was reported as a critical incident.

### **Issues Raised**

Issues raised and discussed during the course of the site visit included:

#### *Appointments System*

- The practice indicated that a review of its appointment system found that it was set up to deliver 9.5 appointments per patient per year (i.e. double the national average). A further audit indicated that the practice was actually delivering 5.4 appointments per patient per year. GPs undertook a retrospective review of their surgeries and found that a third of the patients they were consulting could be seen by a nurse. A similar review of nurse appointments showed that 22% of their appointments were not used. In the light of this, the appointment system was changed to make more appropriate use of practice staff time and skills. The practice is now working with NHS Improving Quality to review the system using general practice quality improvement tools to improve the planning, scheduling and management of frequent flyers.
- There seems to be a mismatch between Government policy of patients being able to see a GP of their choice and the reality on the ground – if patients wish to see a particular doctor they may have to wait up to two weeks, although they can be offered earlier appointments with other doctors at their practice. Patients with urgent problems, particularly children, are always able to be seen on the day or have telephone advice if they wish by the duty GP.
- When the telephone system at the practice was temporarily down, callers will have heard an automated message to say that the telephone number is temporarily unavailable. It was queried whether there was scope to tailor the automated message linked to the practice so that information could also be given at the same time on alternative options available to patients who wish to access a service e.g. to contact NHS 111. Unfortunately, this default message was outwith the remit of the practice, but this will be addressed with BT, who in the past the practice feels has been unresponsive.

#### *Working Arrangements*

- The practice does not employ locum doctors to cover scheduled GP leave. Working arrangements are agreed by the practice Demand and Capacity GP lead and there is careful oversight of the working day of doctors and practice staff to ensure their available time and skills are

maximised. A business case is needed if a GP undertakes extra work outside of the practice. It was noted that different arrangements were in place at Oxford Terrace and Rawling Road prior to the merger – consistent arrangements have been put in place across the two sites, with all staff rotating across the sites to provide equitable access for skills and expertise and choice of appointments.

- Larger practices such as the merged Oxford Terrace and Rawling Road practice have a greater pool of skills to draw upon and greater flexibility in responding to and meeting patient needs, including the management of demand pressures when they arise. Single-handed practices will have much less flexibility in managing patient demand and meeting changing needs. The future of such practices was raised and whether they will continue in the medium to longer term. In the meantime, there is scope to further develop alliances between single-handed practices and other local practices - currently, Oxford Terrace liaises with local single handed practices e.g. through the provision of its primary care navigator role.
- The traditional route followed by GPs joining a practice is not being followed by an increasing number of GPs who prefer to remain as 'salaried' GPs rather than become a partner of the practice and taking on the additional responsibilities that being a partner entails. Though there is no distinction between the clinical skills and knowledge, there is a formal structure in place to develop all doctors as leaders in the organisation through mentorship, peer review and personal development opportunities.
- A community matron has been linked directly to the practice following negotiations with South Tyneside FT, making her more visible, available and a core part of the practice's multi-disciplinary working arrangements. The community matron comes to the practice a few times every week. However, the practice confirmed that it would wish to have similar close working relationships in place with district nurses who also play a key part in the local health system. The practice believes that the most efficient and patient responsive system would be for the whole district nurse and community matron team to be integrated into the practice team and be based at the practice. GPs work both in the practice and in the community and it is felt that the nursing team would work best in this way, although some members of the nursing team would work primarily in the community (reflecting their particular skills) and others would work primarily in the practice.
- The practice also felt that the potential for 'link' social workers for individual practices is also worthy of further exploration to enhance working arrangements for the benefit of patients.
- The importance of having strong corporate, financial and clinical governance arrangements in place around access to and quality of care was emphasised. This is practice wide involving all staff from receptionists and administrative staff to GPs, led by practice boards and practice partners. It also needs to be borough-wide.

- It is important to recognise that GP practices are businesses and that financial sustainability in the medium and longer term is a key issue – this needs to be factored in. Also, individual GP practices will want to work in different ways and there needs to be a degree of flexibility to facilitate this as part of locality working arrangements.

#### *Sharing Good Practice across Practices in Gateshead*

- The importance of sharing good practice across the borough was raised so that the standards of practices can be brought up to those of the best. It was noted that the Gateshead Practice Managers network is considered to be very useful, not only in sharing good practice, but also in providing support to one another when needed.
- Learning from the recent round of CQC inspections of GP practices in Gateshead can be used to ‘up the standard’ of those practices where issues have been identified relating to access and quality of care for their patients. As well as using contract monitoring arrangements, the CCG/NHS England can use incentives to help raise standards. However, it was noted that levels of influence over practices can vary e.g. if partners at a practice are close to retirement it can be more difficult to secure changes in the way the practice operates.

#### *Federated Working*

- A move towards a more federated approach across GP practices in Gateshead, which is being encouraged by the CCG to address some of the key challenges facing primary care e.g. the NHS £5 per patient initiative to help meet the needs of frail patients – this is being managed by Oxford Terrace for some practices in central Gateshead.

#### *Workforce Planning – GP Shortage*

- The shortage of GPs (both a local and national issue). As doctors retire, it is becoming increasingly difficult to secure replacement GPs. Oxford Terrace is a designated training practice for GPs and participates in the training of GPs and medical students. In November, this extended to include nurses. However, new models of care are needed to make the most of available GP resources supported by multi-disciplinary teams e.g. nurses have an important role to play in meeting the needs of frail patients registered with a practice. The Complex Care Team established at the practice is an example of workforce transformation needed to address population health and increasing complexity and frailty.

#### *Continuity, Navigation and Co-ordination of Care*

- A key issue is ‘continuity of care’ and both practices and patients need to consider how this can best be achieved in ways that meet the needs of patients whilst also being manageable for individual practices e.g. making the most of the skills/areas of expertise of all doctors at a practice which patients can access to meet particular needs, side by side

with other appointments with their named GP. It was felt that this is also linked to patient expectations and further consideration needs to be given to promoting continuity of care in different ways within practices settings and seeking to change the culture relating to the provision of care.

- The primary care navigator role introduced by the practice to support patient's, their families and carers through better navigation to access health and social care. It also enables the sign posting of patients to wellbeing services through 'social' rather than 'clinical' prescribing. It was noted that it aims to secure benefits for patients through a more co-ordinated and planned approach to their care, provided by the most appropriate professional, whilst also enabling the practice to deploy its available staffing and other resources effectively.
- The importance of the whole package of care and support available at a practice and how this is co-ordinated to enhance access to primary care and other services, including the promotion of volunteer health champions linked to individual practices.
- The practice is moving towards the 'House of Care' approach to the management of long term conditions. It aims to take a whole system approach and reduce the number of appointments patients need for the management of more than one long term condition. It will also enable the practice to engage patients more actively in self-management/self-care.

### *Patient Engagement*

- Patient engagement is considered key, which needs to take place on a number of fronts that complement and reinforce one another. Methods need to embrace new technology, whilst also recognising that this is not accessible to all and alternative arrangements need to be in place. The practice has developed practice champions (volunteers) that work with the practice to improve quality and has developed innovative ways of engaging with the whole population. This has included a tea dance to launch the long term conditions strategy, a Christmas dinner to support isolated lonely people, a health fair to encourage people to use both sites etc. Several self-help groups have also been set up to enable supported self-management.

### *Patient Choice*

- Patients do have a choice - if a practice is not performing well and not considered to be moving fast enough to address this, patients can 'vote with their feet' and register at an alternative practice (although it was also acknowledged that the scope to do so varies depending on where patients live and the range of alternative choices available locally that are accessible). As GP practice income reflects their practice list size, if patients leave a practice, there is a knock-on impact on their income levels.

### *Impact of NHS Reforms*

- Since the national NHS reforms were introduced in 2013, the practice feels that commissioning and contracting arrangements have become more disparate and fragmented, with a range of organisations taking over functions previously undertaken by the Primary Care Trust. It was felt that this has inevitably impacted upon the management and operation of GP practices and that arrangements need to be simplified. An example of this was that contracting and performance management had previously been undertaken through one organisation - now it is through five different organisations.
- It was also felt that the introduction of 'any qualified provider' arrangements by the Department of Health with a view to 'extending patient choice' has meant that the provision of care locally has become more disparate, impacting on local arrangements to co-ordinate care in the round.

### *Premises*

- It was noted that there was an opportunity for the Oxford Terrace practice to relocate to the refurbished health centre on Prince Consort Road. Though this was considered by the practice, the space offered was not felt to be adequate for a merged practice of 15,500 patients. It was also noted that service charge levels have been an issue at the Prince Consort Road Health Centre involving NHS Property Services (it has likewise been an issue at the Blaydon primary care centre).
- Issues relating to the practice premises were raised, including plans to extend the premises at Rawling Road. However, the Practice has now decided not to seek infrastructure fund monies in the current round (through the primary care transformation fund) to extend the premises as the estimated cost of underpinning the foundations due to the presence of a nearby tree was considered to be excessive. The timescales for delivery set by NHS England had been prohibitive and there were many unexpected exclusions to the development relating to clinical care e.g. IT cabling, toilet and shower facilities for staff. Following initial expenditure of £15,000, the practice felt that it was not in a position to take further financial risks. If the development was not completed within the required short time frame (end of March 2016), funding would not be provided, thereby leaving the practice exposed to significant financial liability.
- The practice also mentioned that it would ideally wish to extend a further 10 to 15 metres at its Rawling Road site onto adjoining land, although this is earmarked for housing development. The practice has had discussions with Council officers regarding the matter, which are continuing. With the support of the CCG and Council, the practice hopes to apply to a future round of the primary care transformation fund. It feels that failure to do this would compromise future primary care provision for the population of Bensham, particularly with regard to regeneration plans in the area.

OSC Members greatly appreciated the time and input of the practice to the review of GP Access and expressed their thanks to the practice staff. They found the site visit very informative and useful which has enhanced their understanding of the issues.

JC

### Information on NHS GP Patient Survey Results

The attached charts summarises key findings from the GP Patient Survey (July 2015 report) relating to the quality of care provided by GP practices in Gateshead. It draws on aggregated data collected from July to September 2014 and January to March 2015.

Practice Number	Practice Name
Practice 1	FELL TOWER MEDICAL CENTRE
Practice 2	BENSHAM FAMILY PRACTICE
Practice 3	ROWLANDS GILL MEDICAL CENTRE
Practice 4	LONGRIGG MEDICAL CENTRE
Practice 5	OXFORD TCE & RAWLING RD MEDICAL GROUP
Practice 6	GLENPARK MEDICAL CENTRE
Practice 7	FELL COTTAGE SURGERY
Practice 8	BIRTLEY MEDICAL GROUP
Practice 9	CROWHALL MEDICAL CENTRE
Practice 10	CHAINBRIDGE MEDICAL PARTNERSHIP
Practice 11	ST. ALBANS MEDICAL GROUP
Practice 12	METRO INTERCHANGE SURGERY
Practice 13	MILLENNIUM FAMILY PRACTICE
Practice 14	CRAWCROOK MEDICAL CENTRE
Practice 15	WREKENTON MEDICAL GROUP
Practice 16	BEWICK ROAD SURGERY
Practice 17	OLDWELL SURGERY
Practice 18	CENTRAL GATESHEAD MEDICAL GROUP
Practice 19	WHICKHAM COTTAGE MEDICAL CENTRE
Practice 20	SECOND STREET SURGERY
Practice 21	TEAMS MEDICAL PRACTICE
Practice 22	CHOPWELL PRIMARY HEALTHCARE CENTRE
Practice 23	BEACON VIEW MEDICAL CENTRE
Practice 24	ELVASTON ROAD SURGERY
Practice 25	108 RAWLING ROAD(RAWLING ROAD PRACTICE)
Practice 26	PELAW MEDICAL PRACTICE
Practice 27	THE BRIDGES MEDICAL PRACTICE
Practice 28	HOLLYHURST MEDICAL CENTRE
Practice 29	SUNNISIDE SURGERY
Practice 30	GRANGE ROAD MEDICAL PRACTICE
Practice 31	BLAYDON GP LED PRACTICE



**BAR CHARTS TO BE INSERTED FROM GP PATIENT SURVEY**

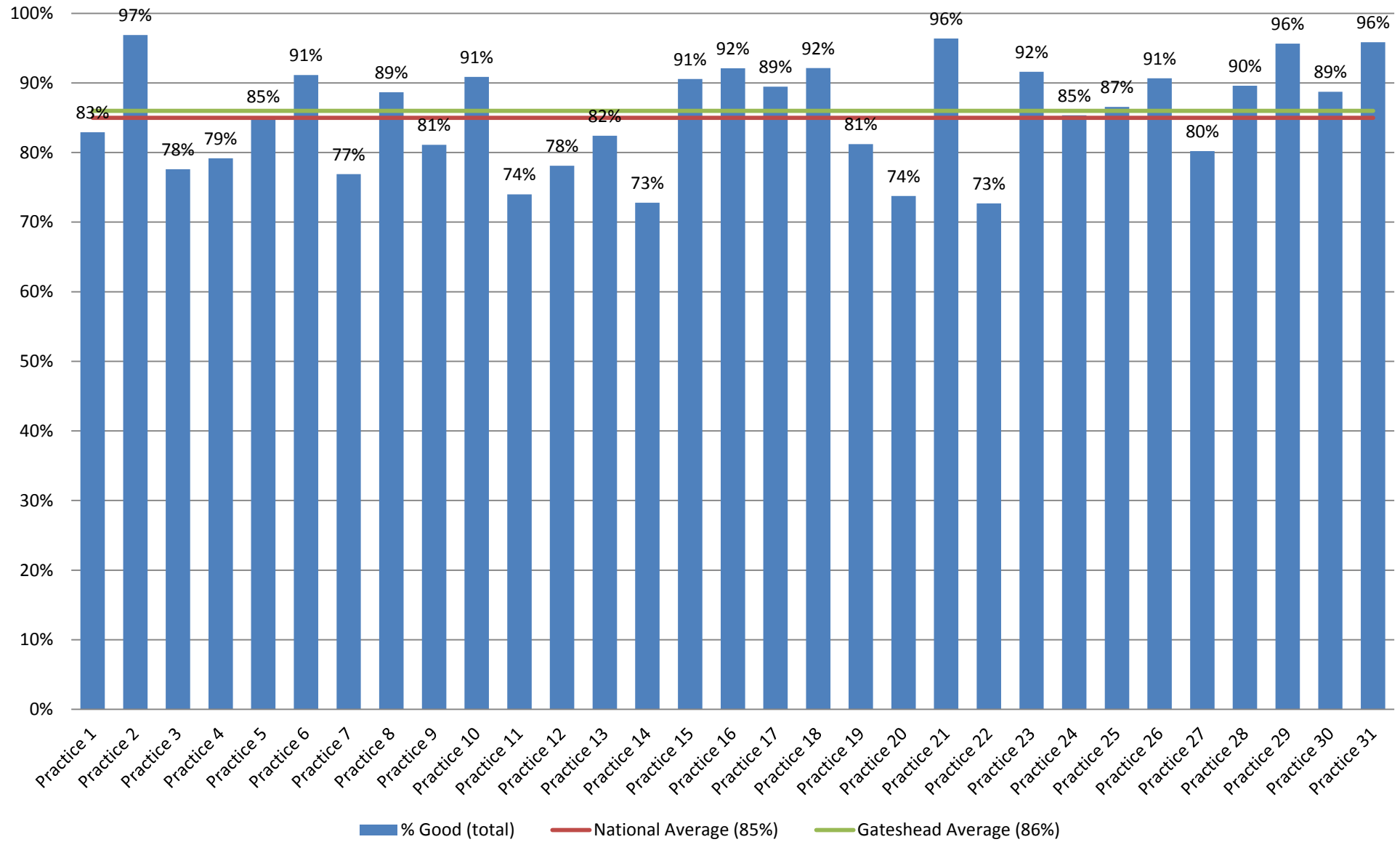
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	Rating of GP giving you enough time - total responses	% Good (total)	Rating of GP listening to you - total responses	% Good (total)	Rating of GP explaining tests and treatments - total responses	% Good (total)	Rating of GP involving you in decisions about your care - total responses	% Good (total)	Rating of GP treating you with care and concern - total responses	% Good (total)	Confidence and trust in GP - total responses	% Yes (total)	Rating of nurse giving you enough time - total responses	% Good (total)	Rating of nurse listening to you - total responses	% Good (total)	Rating of nurse explaining tests and treatments - total responses	% Good (total)	Rating of nurse involving you in decisions about your care - total responses
Practice 1	114	83%	114	87%	114	85%	113	76%	114	89%	114	95%	113	96%	113	89%	112	92%	113
Practice 2	75	97%	74	94%	75	90%	73	83%	74	93%	73	99%	74	73%	73	69%	72	69%	73
Practice 3	109	78%	108	87%	109	87%	109	73%	108	80%	108	94%	105	78%	105	79%	107	82%	105
Practice 4	157	79%	155	86%	157	85%	156	83%	155	75%	157	98%	157	83%	157	79%	157	79%	156
Practice 5	228	85%	231	86%	219	86%	231	76%	231	83%	231	89%	220	86%	219	79%	220	76%	218
Practice 6	142	91%	141	92%	141	83%	142	78%	139	79%	142	91%	141	91%	140	85%	141	84%	141
Practice 7	130	77%	130	83%	129	77%	128	70%	130	80%	121	93%	128	84%	126	81%	127	74%	126
Practice 8	248	89%	248	89%	246	88%	247	80%	247	84%	248	94%	245	86%	249	86%	247	84%	249
Practice 9	107	81%	106	83%	106	77%	106	63%	106	79%	107	88%	102	86%	101	83%	100	87%	98
Practice 10	173	91%	173	93%	171	89%	170	81%	173	88%	173	98%	173	87%	173	86%	171	82%	171
Practice 11	124	74%	126	80%	126	81%	126	74%	125	80%	125	92%	125	82%	125	80%	125	81%	125
Practice 12	65	78%	65	74%	64	81%	65	65%	65	75%	65	93%	62	87%	62	89%	61	90%	62
Practice 13	51	82%	51	82%	49	79%	50	74%	48	78%	50	94%	51	84%	51	84%	48	87%	51
Practice 14	118	73%	118	76%	118	70%	117	62%	118	77%	117	86%	115	82%	115	78%	114	73%	115
Practice 15	124	91%	124	91%	124	83%	123	82%	123	88%	124	97%	123	78%	123	78%	123	76%	123
Practice 16	77	92%	77	96%	73	87%	75	82%	77	89%	77	96%	73	91%	74	83%	71	73%	75
Practice 17	80	89%	81	94%	79	89%	79	75%	79	89%	80	98%	79	91%	81	90%	81	87%	80
Practice 18	161	92%	162	93%	162	90%	163	86%	165	91%	165	95%	164	78%	164	78%	161	78%	164
Practice 19	262	81%	262	84%	260	81%	259	68%	257	82%	259	94%	260	85%	259	83%	255	77%	260
Practice 20	35	74%	34	81%	35	83%	35	74%	35	85%	35	85%	33	61%	33	53%	32	60%	33
Practice 21	80	96%	79	95%	79	90%	78	90%	80	90%	79	96%	76	89%	77	88%	77	88%	76
Practice 22	43	73%	43	70%	41	62%	42	63%	42	70%	42	84%	43	88%	43	90%	43	86%	43
Practice 23	69	92%	68	93%	68	87%	68	80%	68	90%	69	94%	69	94%	69	89%	69	87%	69
Practice 24	39	85%	39	87%	39	80%	39	75%	38	77%	39	92%	39	82%	39	81%	39	79%	39
Practice 25	27	87%	27	80%	27	79%	27	77%	27	79%	27	86%	25	84%	24	88%	24	88%	24
Practice 26	80	91%	80	92%	78	86%	79	83%	79	90%	80	96%	80	87%	80	87%	77	82%	80
Practice 27	62	80%	62	82%	62	78%	58	74%	62	81%	62	85%	62	71%	62	69%	62	65%	61
Practice 28	39	90%	39	95%	39	87%	39	83%	38	90%	38	96%	39	79%	38	82%	38	79%	39
Practice 29	48	96%	48	90%	48	87%	48	86%	48	91%	48	100%	45	85%	45	86%	44	86%	44
Practice 30	54	89%	54	92%	53	81%	54	77%	52	92%	54	93%	53	76%	53	77%	53	73%	53
Practice 31	20	96%	20	93%	20	92%	20	83%	20	93%	20	96%	20	91%	20	88%	20	87%	20
	99	86%	99	87%	98	84%	98	77%	98	84%	98	93%	97	83%	97	82%	96	80%	97
	837,532	85%	835,249	87%	830,419	81%	833,064	74%	832,996	83%	834,817	92%	824,201	79%	818,825	78%	810,622	76%	815,741

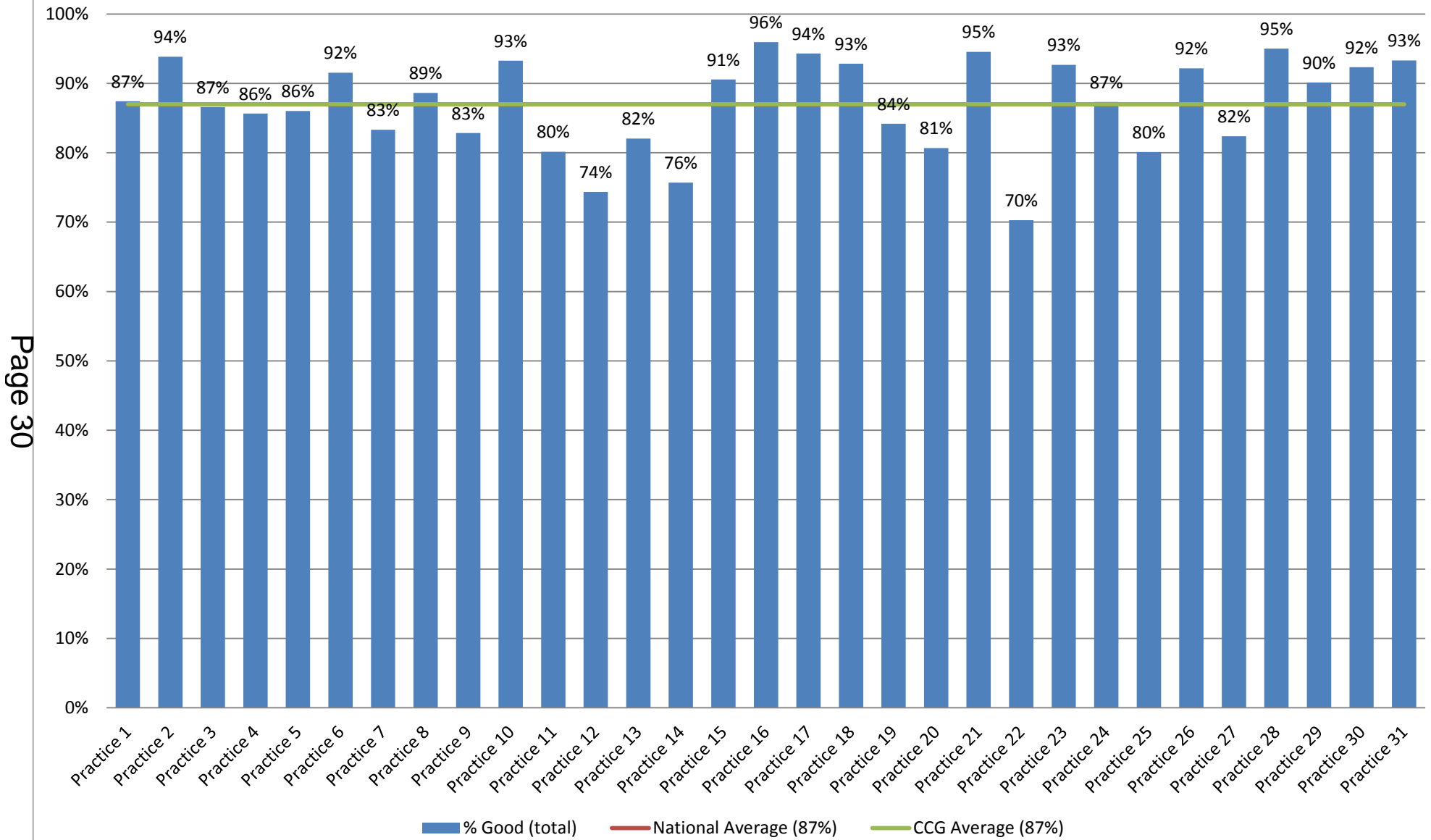
	% Good (total)	Rating of nurse treating you with care and concern - total responses	% Good (total)	Confidence and trust in nurse - total responses	% Yes (total)	Overall experience of GP surgery - total responses	% Good (total)	Helpfulness of receptionists at GP surgery - total responses	% Helpful (total)
Practice 1	80%	113	87%	113	92%	114	92%	114	94%
Practice 2	56%	73	68%	71	73%	76	95%	77	93%
Practice 3	61%	107	78%	106	88%	109	68%	109	71%
Practice 4	72%	157	84%	145	94%	172	83%	168	88%
Practice 5	71%	216	76%	217	84%	235	89%	239	74%
Practice 6	79%	141	88%	137	90%	145	74%	144	75%
Practice 7	66%	128	77%	124	88%	130	84%	134	81%
Practice 8	64%	249	80%	245	90%	248	82%	250	70%
Practice 9	75%	99	86%	101	95%	106	74%	106	82%
Practice 10	76%	173	85%	169	92%	171	94%	173	84%
Practice 11	68%	126	80%	125	85%	127	74%	126	88%
Practice 12	82%	62	88%	60	91%	65	84%	67	95%
Practice 13	71%	50	77%	48	91%	51	93%	51	93%
Practice 14	62%	115	79%	108	89%	117	79%	121	80%
Practice 15	67%	123	75%	119	83%	126	89%	128	82%
Practice 16	61%	76	85%	74	93%	77	74%	77	80%
Practice 17	77%	80	87%	81	92%	82	93%	84	95%
Practice 18	63%	164	80%	160	87%	165	92%	165	85%
Practice 19	54%	259	79%	258	90%	266	85%	264	82%
Practice 20	51%	33	58%	30	69%	35	87%	35	83%
Practice 21	74%	78	88%	76	91%	80	98%	80	96%
Practice 22	69%	43	87%	43	90%	44	74%	44	90%
Practice 23	77%	68	88%	69	93%	69	89%	70	88%
Practice 24	72%	39	80%	37	87%	39	91%	39	88%
Practice 25	80%	24	86%	23	91%	27	90%	28	99%
Practice 26	72%	80	85%	78	92%	82	89%	82	91%
Practice 27	50%	62	70%	56	83%	65	83%	65	86%
Practice 28	69%	38	80%	38	83%	39	94%	40	97%
Practice 29	68%	44	88%	44	93%	48	99%	49	99%
Practice 30	66%	53	77%	49	78%	55	92%	55	96%
Practice 31	80%	20	88%	20	94%	20	98%	20	98%
	69%	97	81%	95	88%	100	87%	101	87%
	65%	815,343	77%	803,954	85%	841,444	85%	853,740	87%

What did you do on that occasion - total responses	% Went to the appointment offered	% Got an appointment for a different day	% Had a consultation over the phone	% Went to A&E / a walk-in centre	% Saw a pharmacist	% Decided to contact surgery another time	% Didn't see or speak to anyone
13	18%	54%	0%	0%	0%	28%	0%
5	~	~	~	~	~	~	~
27	19%	32%	6%	13%	0%	16%	13%
29	72%	19%	0%	0%	0%	8%	0%
43	25%	24%	0%	3%	0%	44%	3%
38	46%	12%	16%	4%	0%	11%	11%
18	12%	31%	0%	27%	0%	26%	4%
53	47%	36%	0%	0%	0%	20%	0%
25	11%	26%	7%	34%	0%	15%	7%
20	39%	28%	0%	5%	0%	12%	15%
31	60%	5%	0%	15%	0%	5%	14%
7	~	~	~	~	~	~	~
4	~	~	~	~	~	~	~
31	38%	9%	3%	13%	3%	18%	16%
10	51%	22%	6%	0%	0%	13%	8%
9	~	~	~	~	~	~	~
12	15%	75%	0%	0%	0%	0%	10%
37	31%	20%	2%	21%	5%	11%	10%
59	28%	8%	3%	16%	8%	20%	16%
2	~	~	~	~	~	~	~
3	~	~	~	~	~	~	~
7	~	~	~	~	~	~	~
14	41%	10%	9%	5%	0%	6%	30%
2	~	~	~	~	~	~	~
1	~	~	~	~	~	~	~
19	29%	19%	9%	5%	4%	24%	13%
9	~	~	~	~	~	~	~
1	~	~	~	~	~	~	~
1	~	~	~	~	~	~	~
3	~	~	~	~	~	~	~
1	~	~	~	~	~	~	~
17	34%	26%	4%	10%	1%	16%	10%
141,303	37%	21%	6%	10%	3%	13%	13%

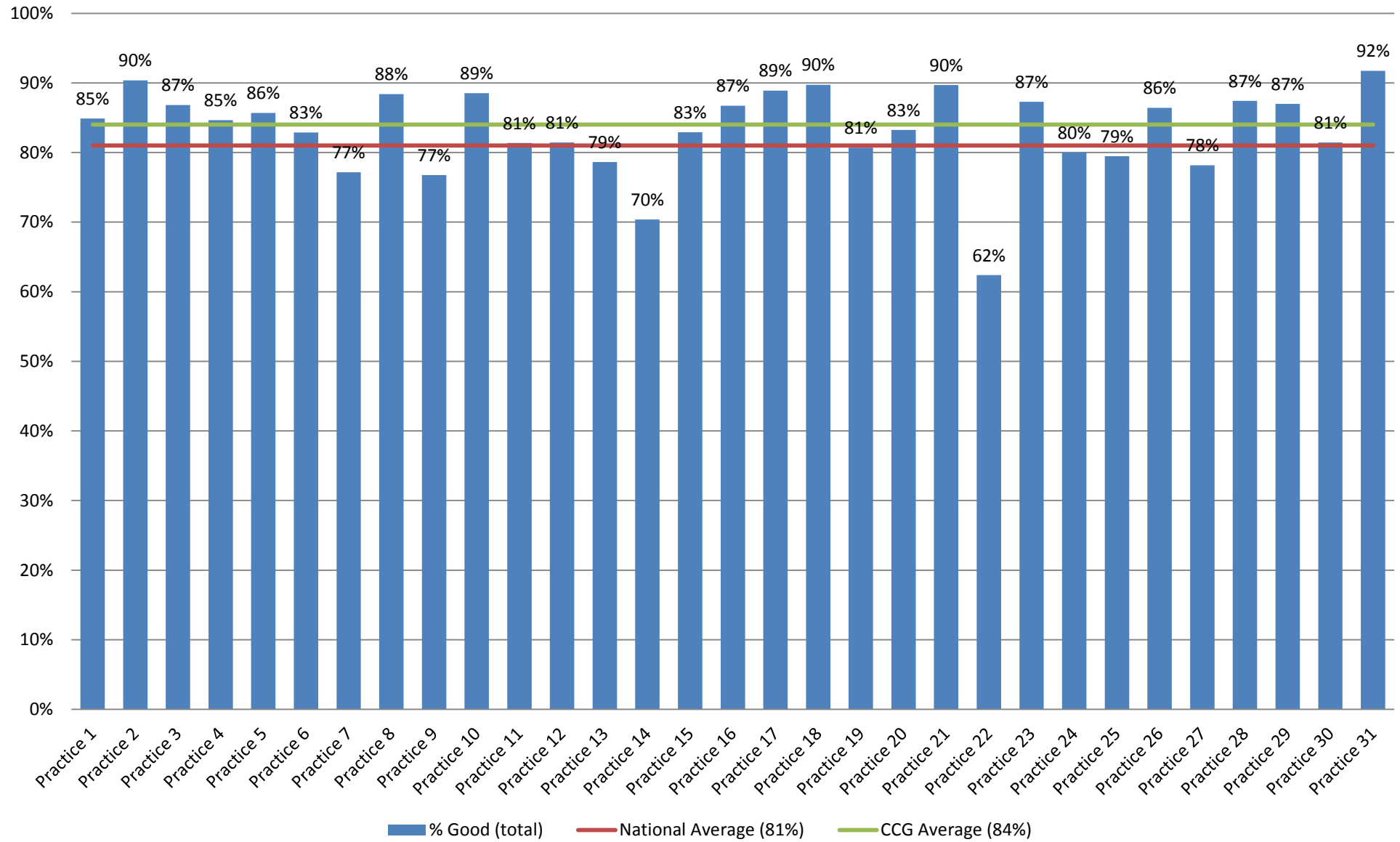
# Rating of GP giving you enough time (%Good)



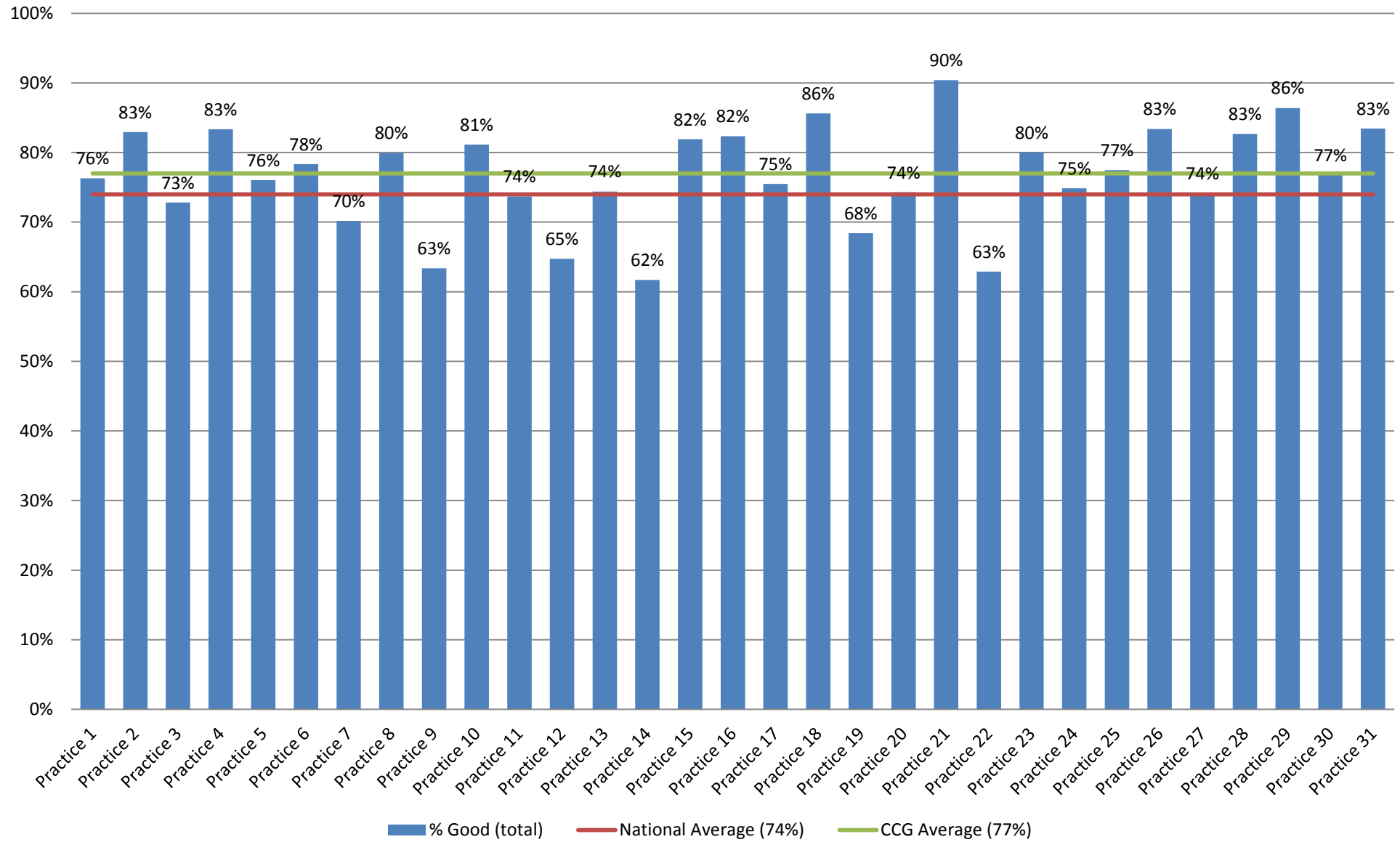
# Rating of GP listening to you (%Good)



# Rating of GP explaining tests and treatments (%Good)

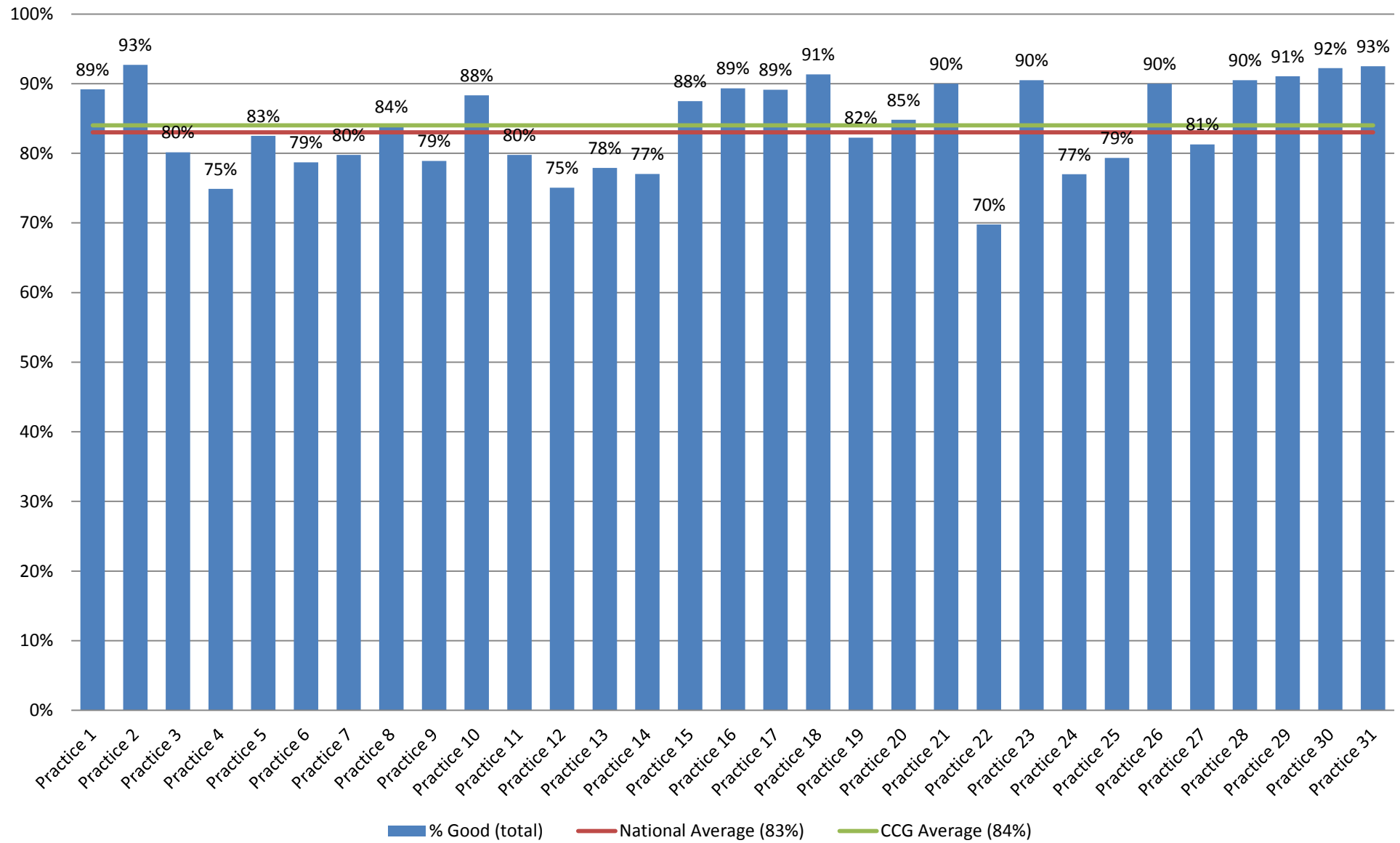


# Rating of GP involving you in decisions about your care (%Good)

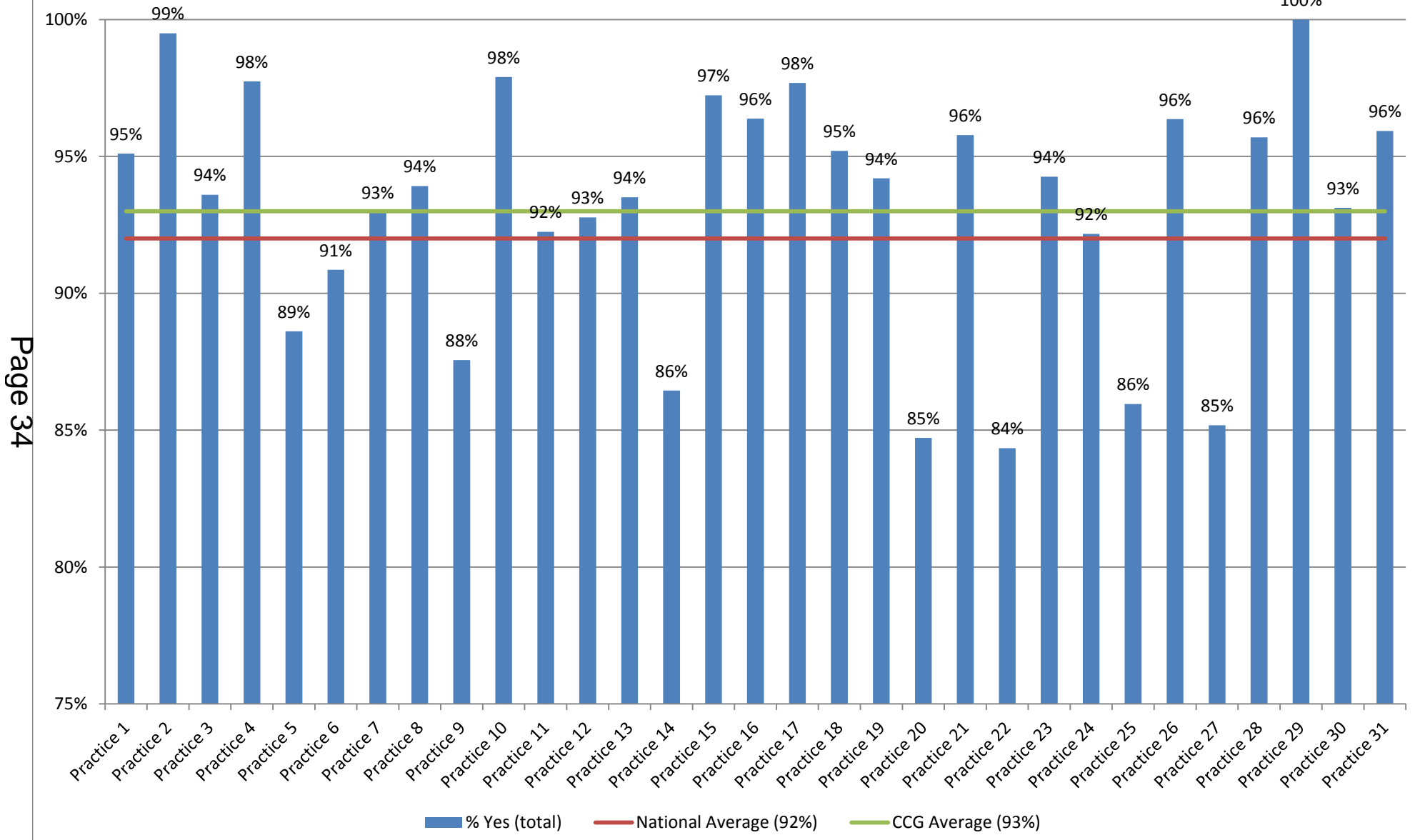




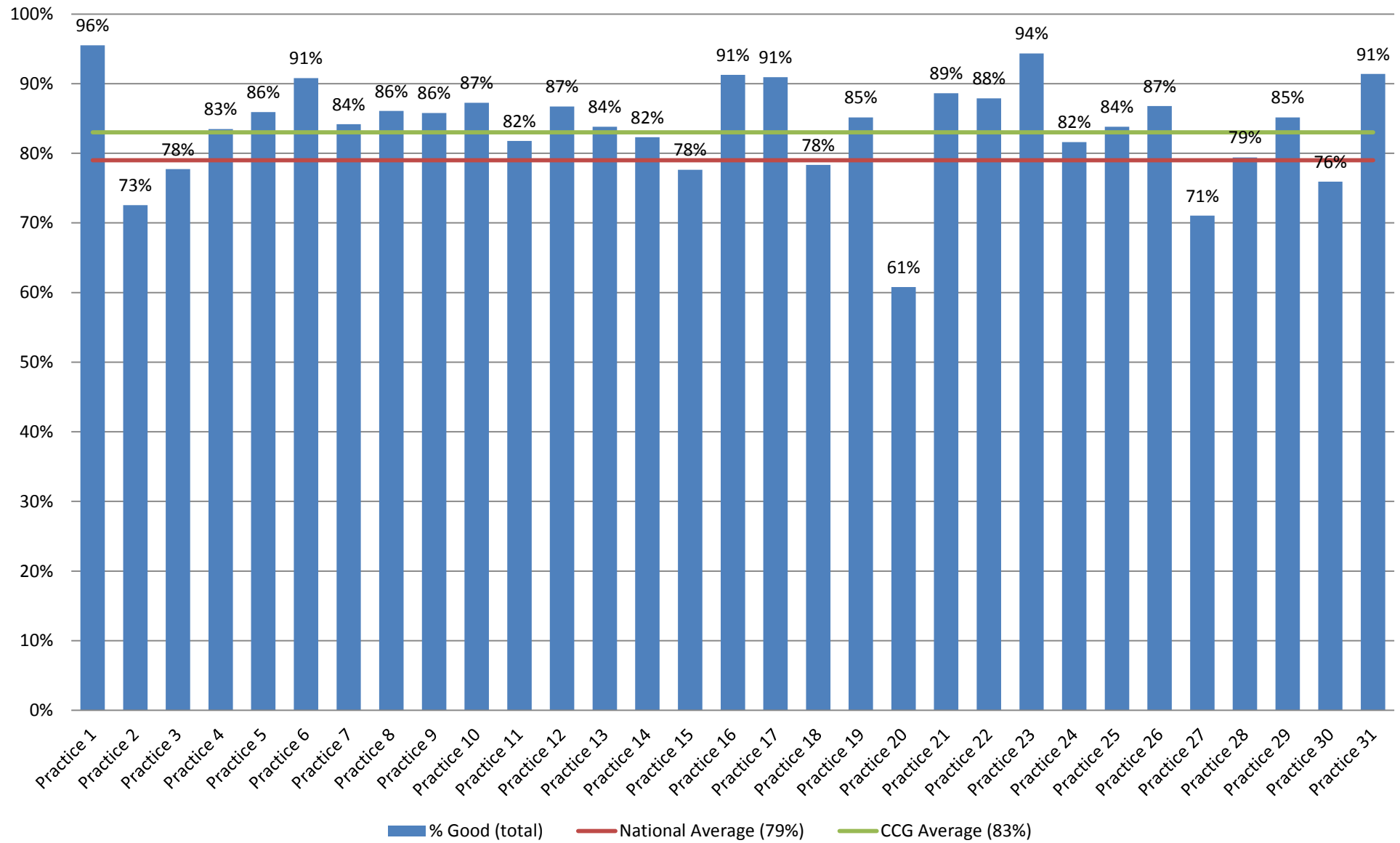
# Rating of GP treating you with care and concern (%Good)



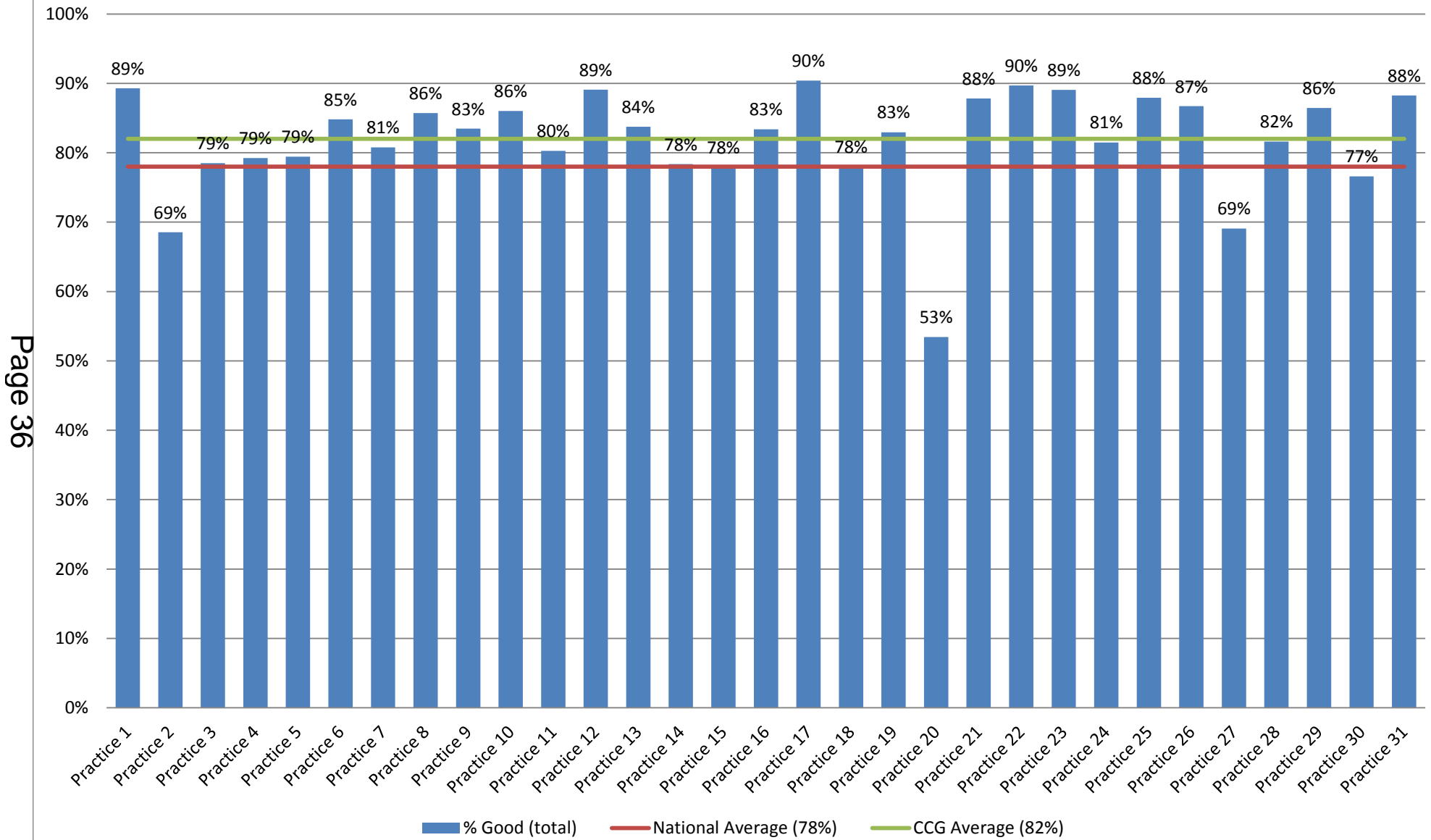
# Confidence and trust in GP (%Yes)



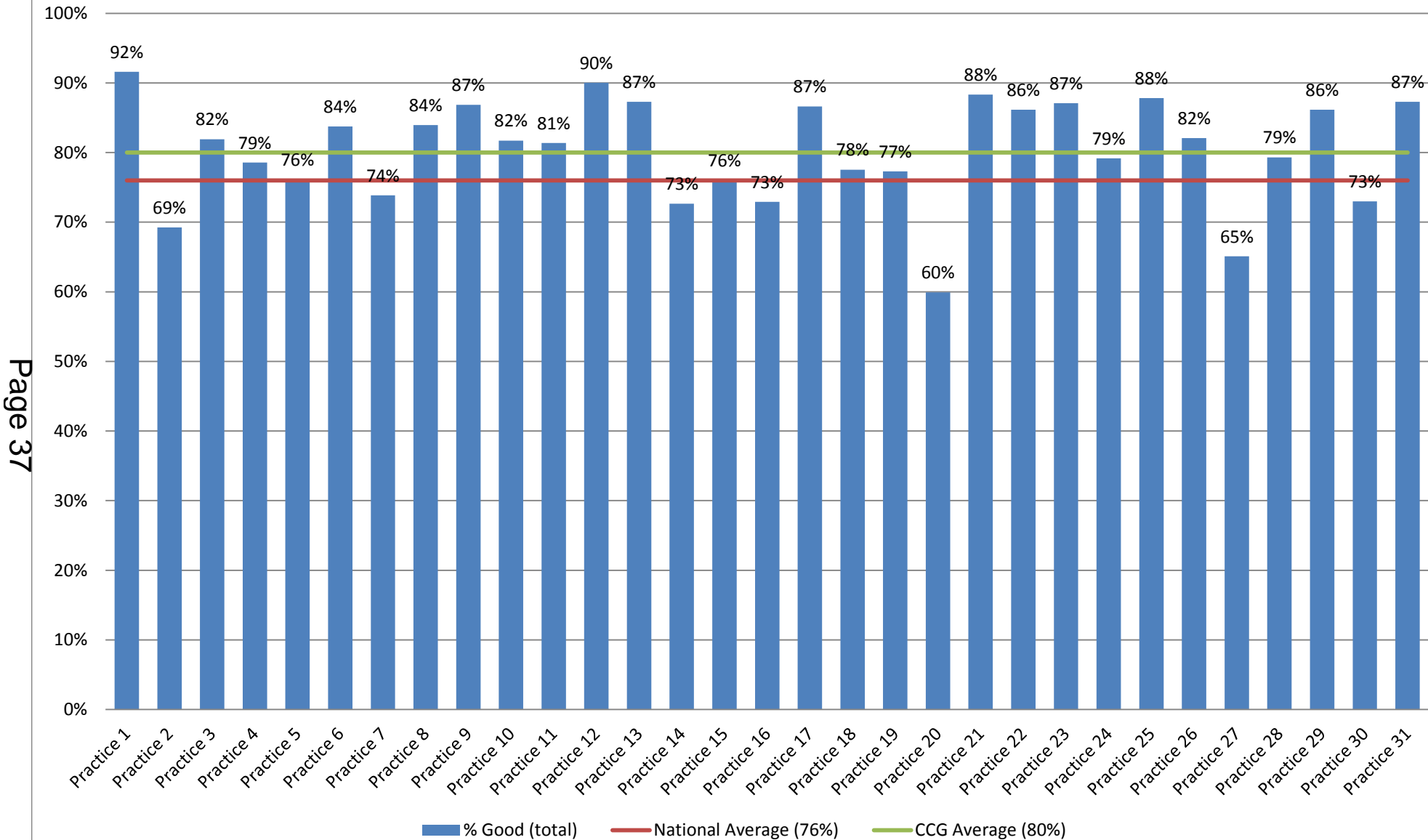
# Rating of nurse giving you enough time (%Good)



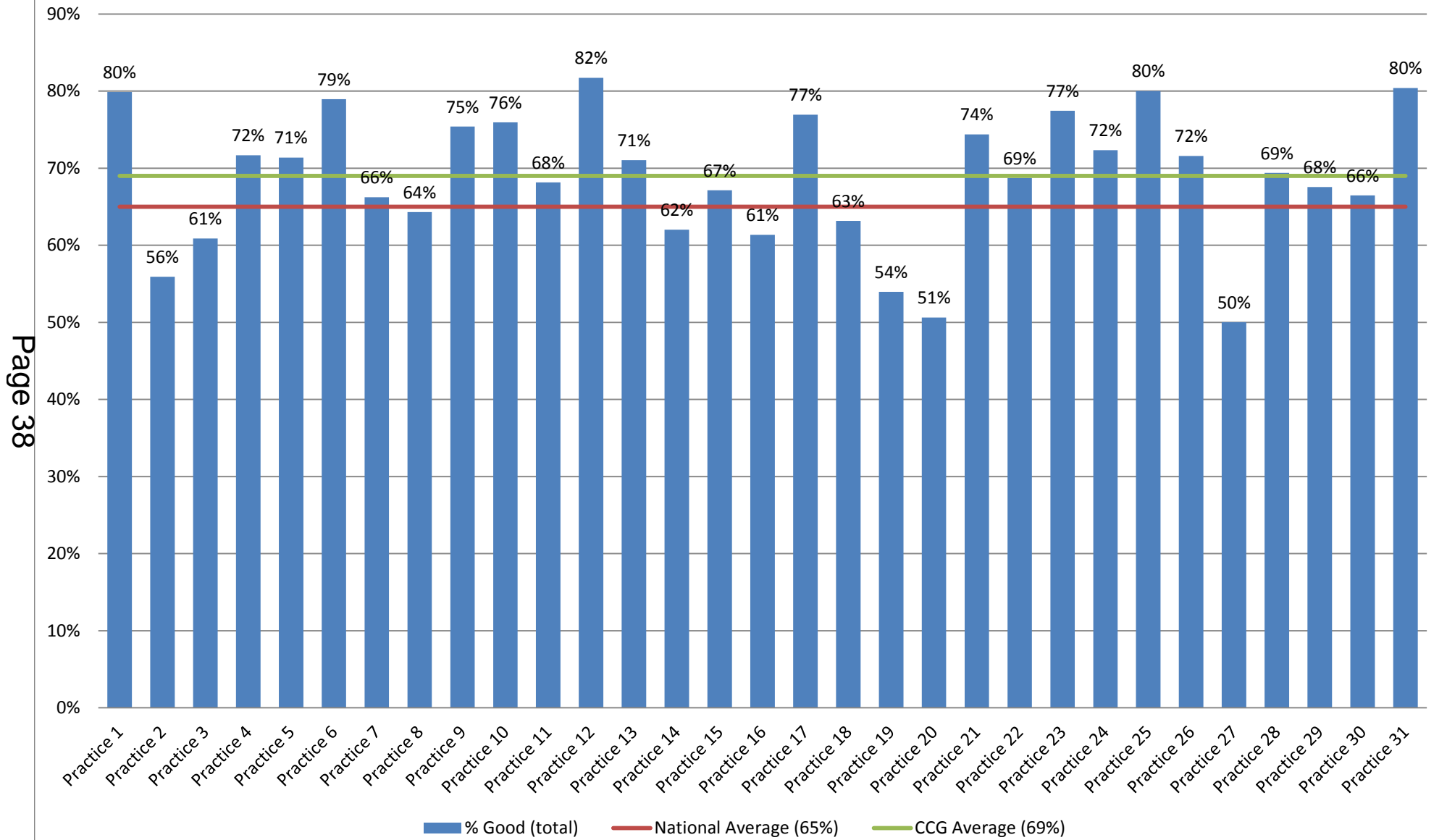
# Rating of nurse listening to you (%Good)



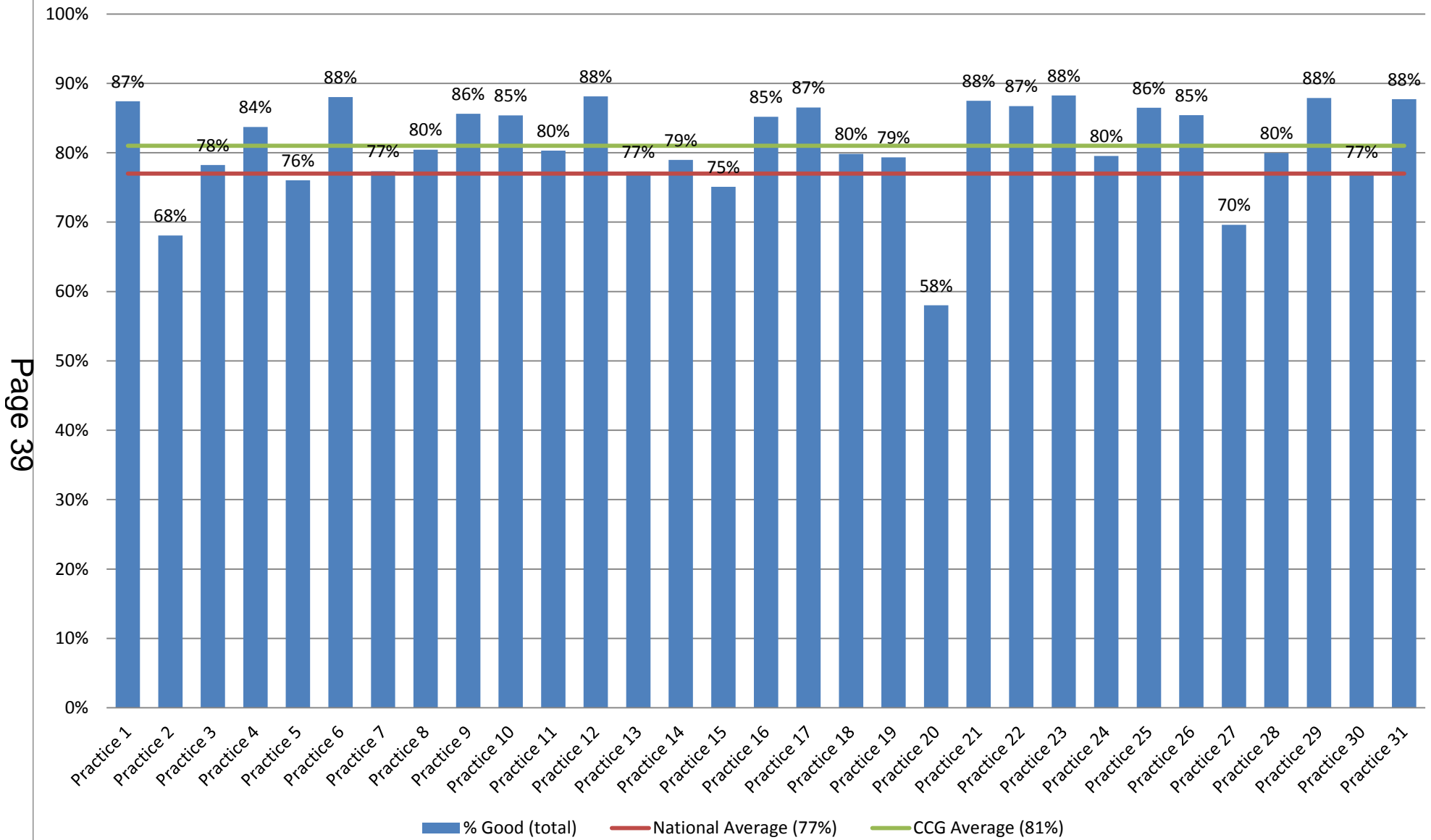
# Rating of nurse explaining tests and treatments (%Good)



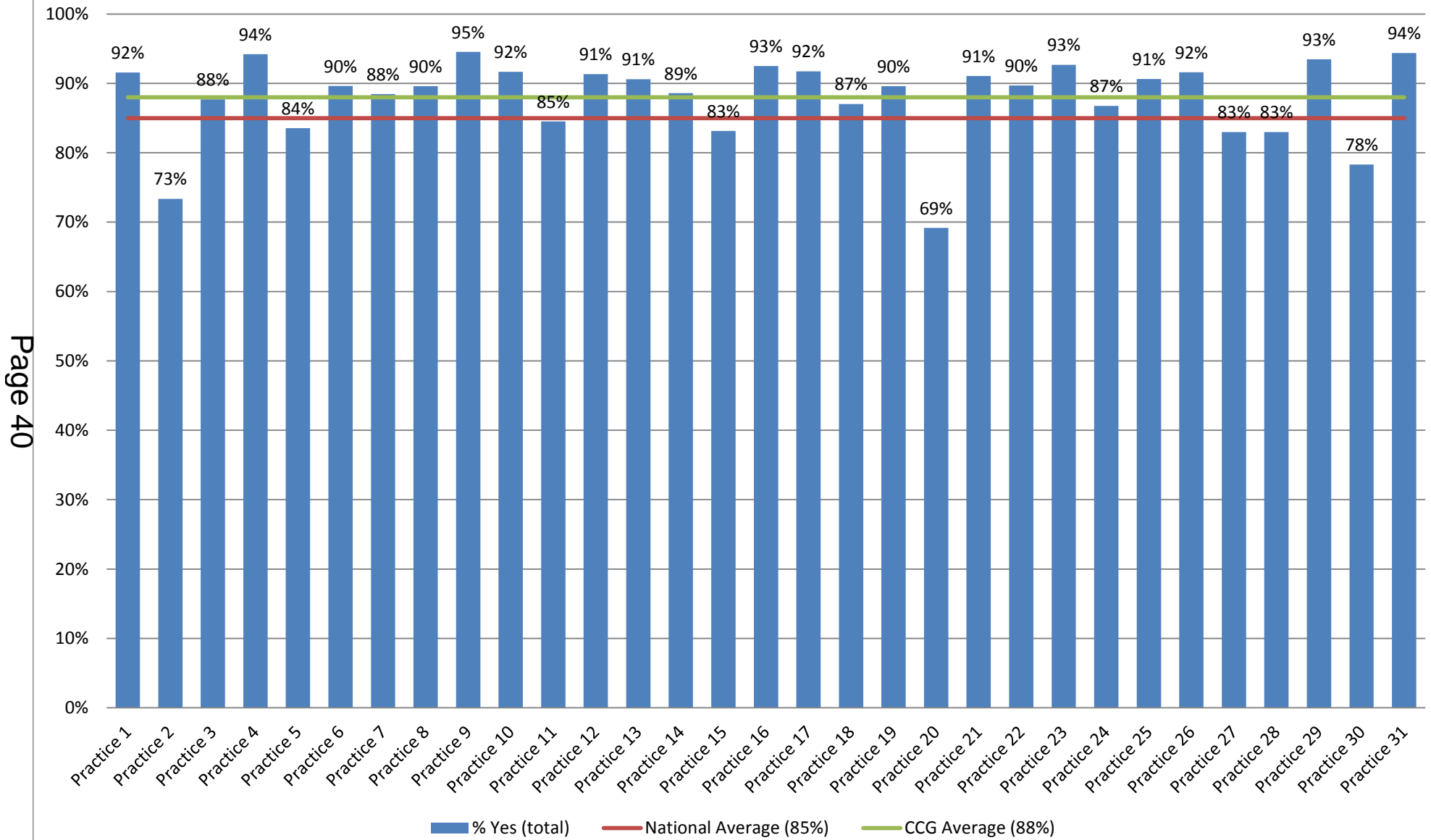
# Rating of nurse involving you in decisions about your care (%Good)



# Rating of nurse treating you with care and concern (%Good)

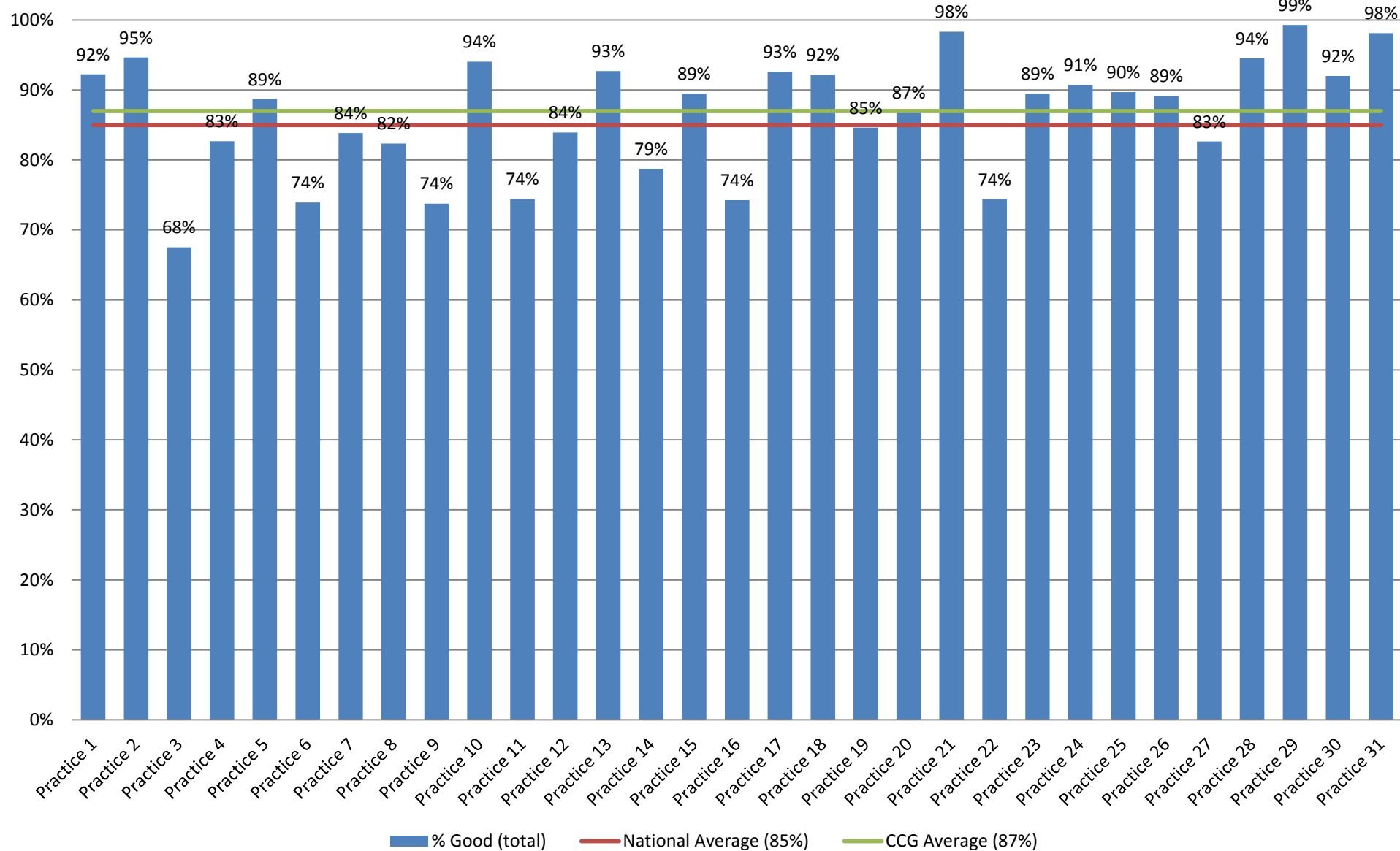


# Confidence and trust in nurse (%Yes)

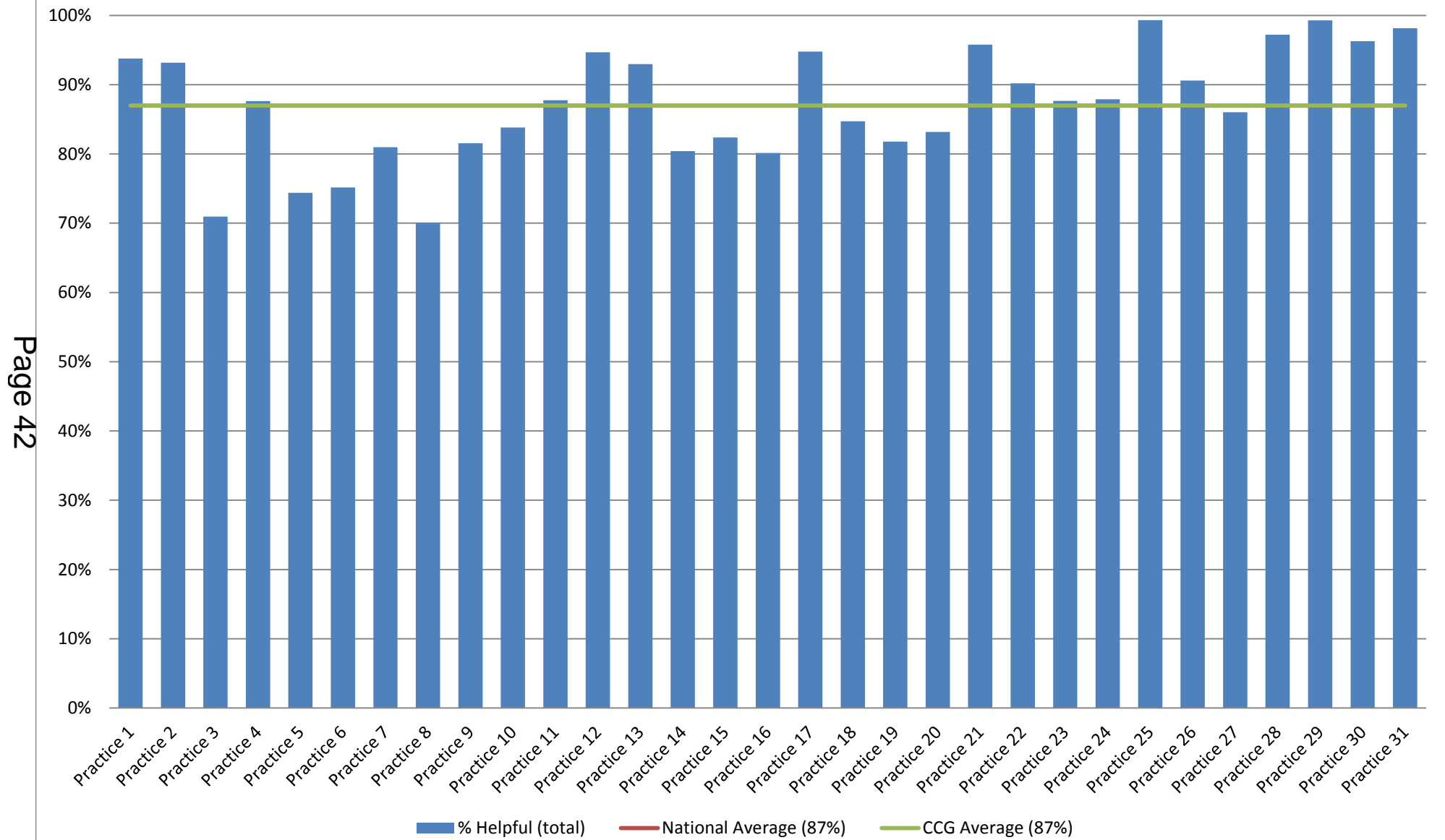




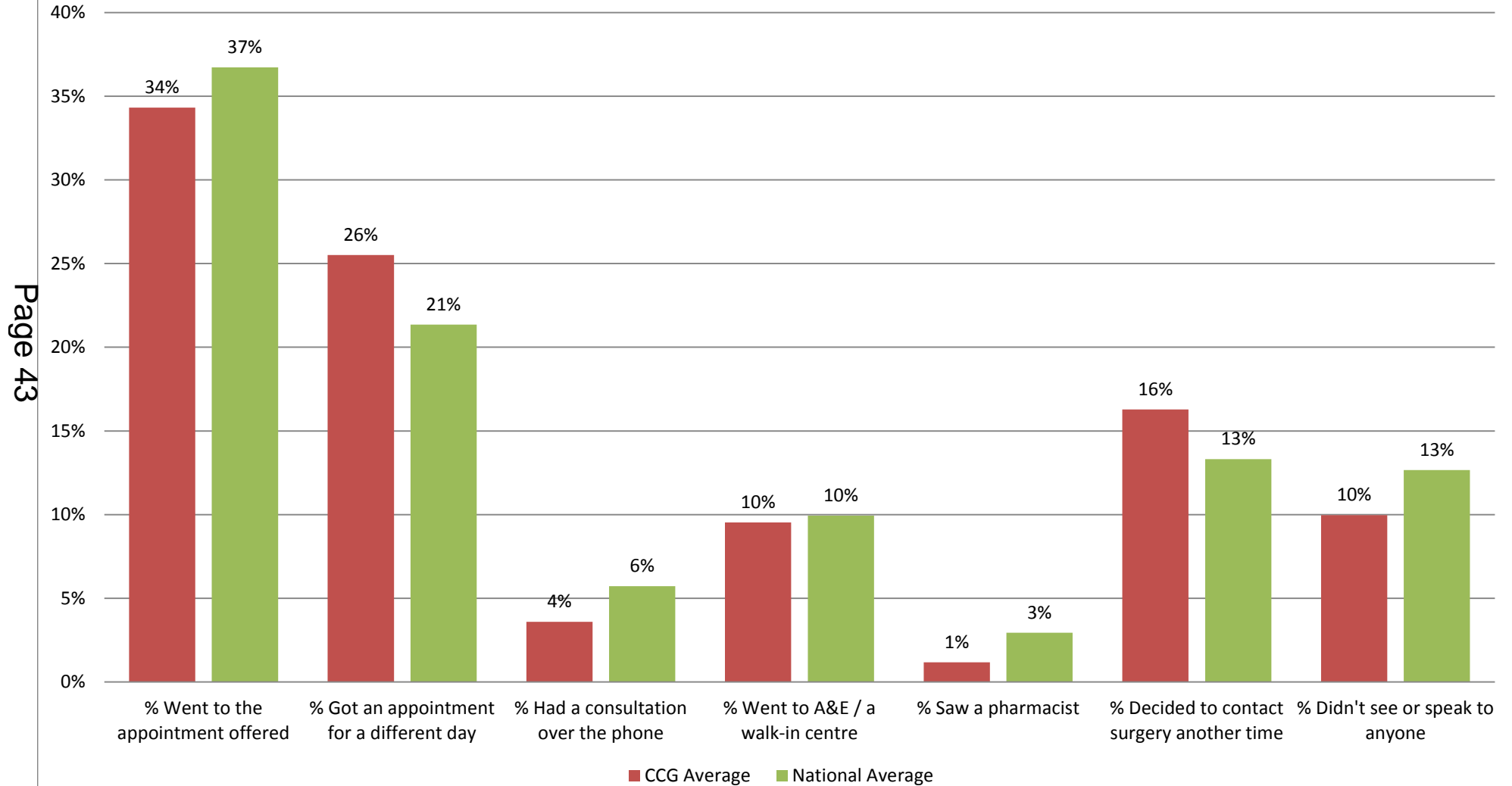
# Overall experience of GP surgery (%Good)



# Helpfulness of receptionists at GP surgery (%Helpful)



## If you were unable to get appt at a convenient time - What did you do on that occasion?



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**TITLE OF REPORT:** The Council Plan – Six Month Assessment of Performance and Delivery 2015/2016

**REPORT OF:** Jane Robinson, Chief Executive  
David Bunce, Strategic Director, Care, Wellbeing and Learning

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## SUMMARY

This report provides the six month assessment of performance for 2015/2016. It provides an update on the performance and delivery of the Council Plan 2015-2020.

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### Background

1. The report forms part of the Council's performance management framework and gives an overview of progress for the priorities appropriate to the Care, Health and Wellbeing Overview and Scrutiny Committee (OSC).
2. The six month performance report monitors progress against the Council Plan 2015-2020.

### New Council Plan 2015-2020

3. Following significant changes in the national policy landscape and the challenging financial climate the Council has, and is still facing, a new approach to the Council Plan was developed as part of the strategic planning framework.
4. The new Council Plan 2015-2020 was approved by Cabinet on 14 July 2015 and will enable the Council, along with partners, to be better placed to achieve positive outcomes for the people of Gateshead and deliver the ambition of Vision 2030 over the next 5 years.

### Five Year Target Setting 2015/16 – 2019/2020

5. As part of the Council's Performance Management Framework, five year targets were set for the period 2015/2016 to 2019/2020 which will enable performance to be monitored to ensure continuous improvement. These targets were approved by Cabinet on 14 July 2015.

### Delivery and Performance

6. The six month 2015/2016 assessment of performance report relates to the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and focuses on achievements, areas identified for improvement and future actions.
7. Progress as to how well the Council is performing in relation to the equalities objectives where information is available at the six month stage is also reported in this report.

### Recommendation

5. It is recommended that the Care, Health and Wellbeing Overview and Scrutiny Committee:

- (i) consider whether the activities undertaken during the last six months are achieving the desired outcomes in the Council Plan 2015-2020;
- (ii) agree that the report be referred to Cabinet on 9 February 2016, with the recommendations from the Care, Health and Wellbeing Overview and Scrutiny Committee for their consideration.

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**Contact: Marisa Jobling**

**Ext: 2099**

**Care, Health and Wellbeing Overview and Scrutiny Committee  
Council Plan – 6 Month Assessment of Delivery and Performance 2015/16  
1 December 2015**

Portfolio	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care – Councillor Michael McNestry Health and Wellbeing – Councillor Catherine Donovan
Lead Officer	David Bunce, Strategic Director, Care, Wellbeing and Learning
Support Officer	Louise Rule, Service Director, Commissioning and Business Development

**This committee undertakes scrutiny in relation to:**

- All the functions of the Council as a social services authority except those services provided to children and young people;
- The provision of health services in the Borough, including the function of reviewing and scrutinising matters relating to the health service to adults as set out in the Health and Social Care Act 2001 and associated regulations;
- The provision of health services to children and young people in the borough;
- The health functions discharged by the Health and Wellbeing Board and the Director of Public Health under the Health and Social Care Act 2012 and the National Health Service Act 2006 (as amended) and any related enactment.

## Summary

This report sets out the six month performance for the period 1 April 2015 to 30 September 2015 in line with the Performance Management Framework. The report gives an update on performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the new Council Plan 2015-2020 outcome Live Well Gateshead.

### **Our Achievements**

- Secured funding to offer free telecare to the over 75's.
- A Multi-agency Steering Group has now been established to ensure that the Care Home Vanguard Programme works to improve the care for older people in Gateshead.
- Secured funding from the Home Office Innovation Fund to develop the Multi-agency Safeguarding Hub (MASH) in Gateshead.
- Finalised the Cancer Strategy and agreed the Action Plans.
- Engaged 3 new organisations in the Better Health at Work Award, Teleperformance, Cross Roads Care and Virgin Media.
- Supported the development and engagement of the Local Government Alcohol Declaration. Gateshead Council was an early signatory and has been leading the discussions across the region.

- Held an event to further develop the Tobacco 10 year plan. Several ambitious actions were identified to help with Gateshead's aim of reducing smoking prevalence in Gateshead to 5% by 2025 with the Gateshead Smoke-free Alliance continuing to lead on this work.
- Commissioned mental health and wellbeing training to include suicide prevention, mental health first aid and a specific session focusing on eating disorders.
- Completed and published the Suicide Audit in July 2015. Following on from this the outcomes from the audit were used to inform Gateshead's new Suicide Prevention Plan.
- Launched the new JSNA portal in June 2015.

#### **Key Actions over the next 6 months**

- Deliver the outcomes of the Vanguard Programme with focus on the development of the new care pathway, engagement and communications strategy and begin to develop the concept of a 'Provider Alliance Network' with partners and stakeholders as appropriate.
- Produce a strategic plan and annual report for the Safeguarding Adults Board.
- Launch the seamless falls pathway.
- Community Safety Board and Health and Wellbeing Board to develop a joint Substance Misuse Strategy for Gateshead.
- Develop an additional NHS Health Check Plus+ Families pilot with 3 GP Practices as part of the CCG British Heart Foundation House of Care Project.
- Redesign the pathway around breast cancer follow up.
- Develop the Tobacco Control 10 year plan for Gateshead.
- Finalise the development of the Mental Health and Wellbeing Strategy.
- Complete a Health Needs Assessment of people who are homeless or vulnerably housed.
- Organise a workshop for November 2015, with the Health and Wellbeing Board, to agree the approach for Social Prescribing in Gateshead.

#### **Future Actions - Areas for Improvement**

##### **Enhancing Lives**

- Undertake training with digital volunteers within Sheltered Housing Schemes to improve skills of older people on android tablets, iPads and phones.
- Develop a range of events for older people living in Sheltered Housing Schemes.

##### **Quality of Life**

- Work toward 3 year accreditation to retain accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).
- Work in partnership with the CCG to develop two health outcomes for the Quality Excellence Framework for Medicine Management and Infection Control.



**Positive Lives**

- Increase the use of specialist book collections for dementia sufferers and people with learning disabilities.
- Continue to work with Blaydon Resource Centre to develop options to extend the service to reach more users and carers from a wider geographical area.

**Protecting Lives**

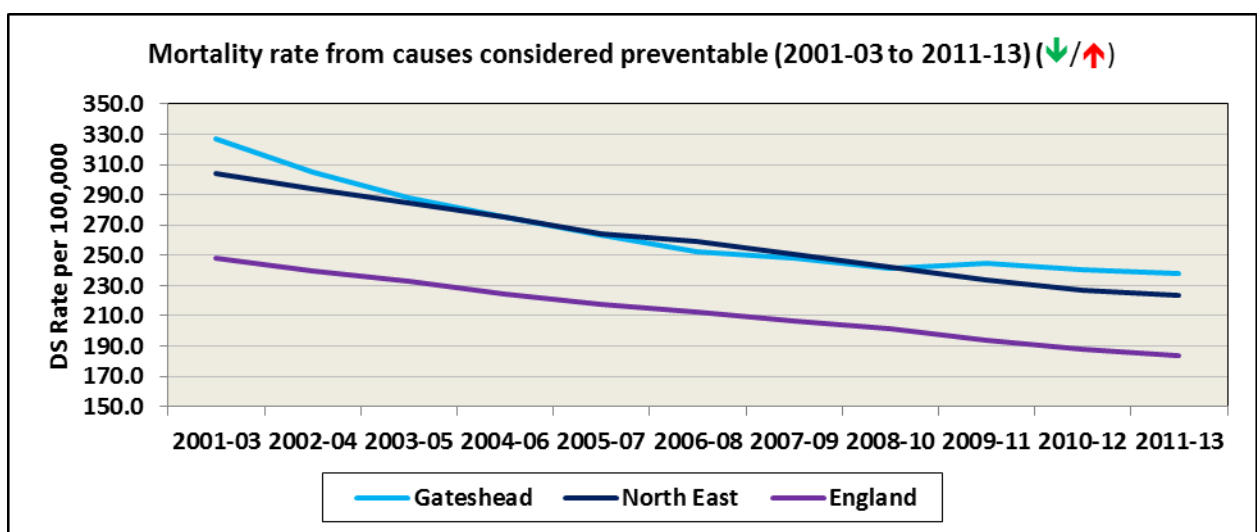
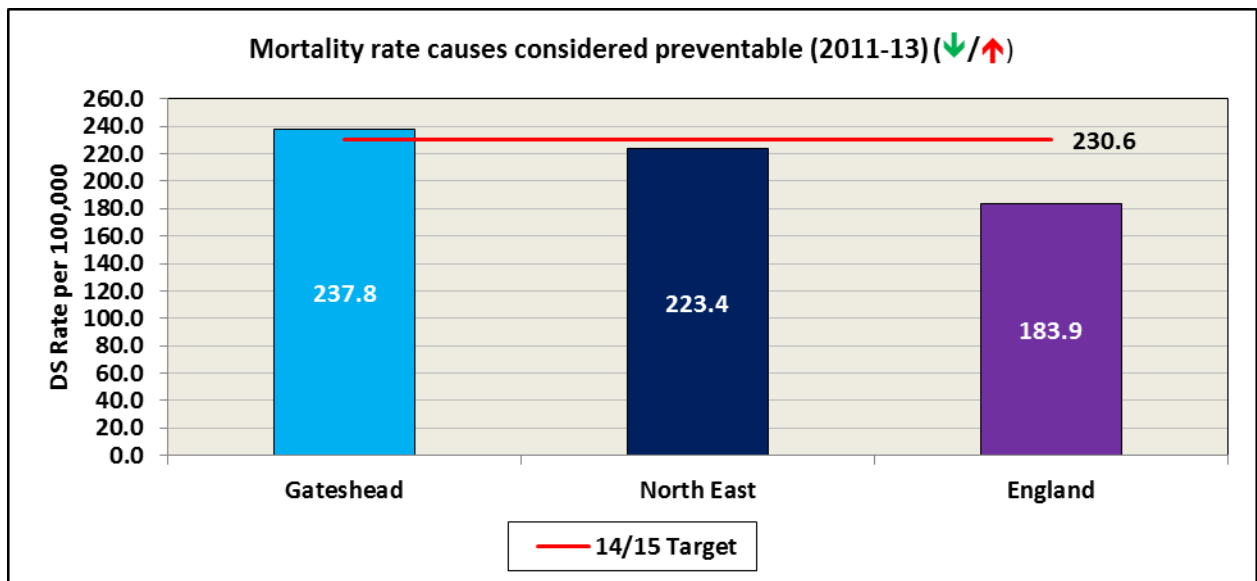
- Strengthen data collection processes for Deprivation of Liberty Safeguards with the purchase of a bespoke system.
- Conduct a mapping exercise to explore the falls prevention programmes available in Gateshead.

**Health and Wellbeing**

- Review the role of housing providers in promoting health and wellbeing.
- Develop nutrition and cooking sessions in partnership with Food Nation targeting homeless men.
- Respond to Public Health England review of the evidence about how to best reduce the population's sugar intake.

**Section 2 – Delivery of the Council Plan 2015-2020  
Strategic Outcome Indicators - Summary of Performance**

**CHW01 – Reduce Mortality from Causes Considered Preventable (PHOF 4.03)**



**Key message:** At this stage the year -end data for 2014/15 is not currently available. It is due to be published around November/December 2015. The data currently available is for the 13/14 year (2011-13 data). This strategic outcome indicator currently shows there has been a slight reduction in the mortality rate from causes considered preventable (per 100,000) from 240.6 (2010-12 Data) to 237.8 (2011-13 Data) deaths. The target set for 2014/15 was 230.6 (per 100,000) which was a required drop of 3% on the 2013/14 data. The target for 15/16 is 223.6 (per 100,000) which is a 3% drop on the target for 2014/15.

Data shows that whilst the gap between the Gateshead and the England rate has been gradually narrowing since 2001-03 this narrowing had recently reversed with a slight increase between 2008-10 and 2009-11 before falling again for the second period in succession with the current data set in 2011-13.

**Overall between 2001-03 and the most recently released data for 2011-13 the mortality rate for Gateshead from causes considered preventable has reduced by 27.19% which is a higher percentage decrease than the England rate which dropped by 25.97%.**

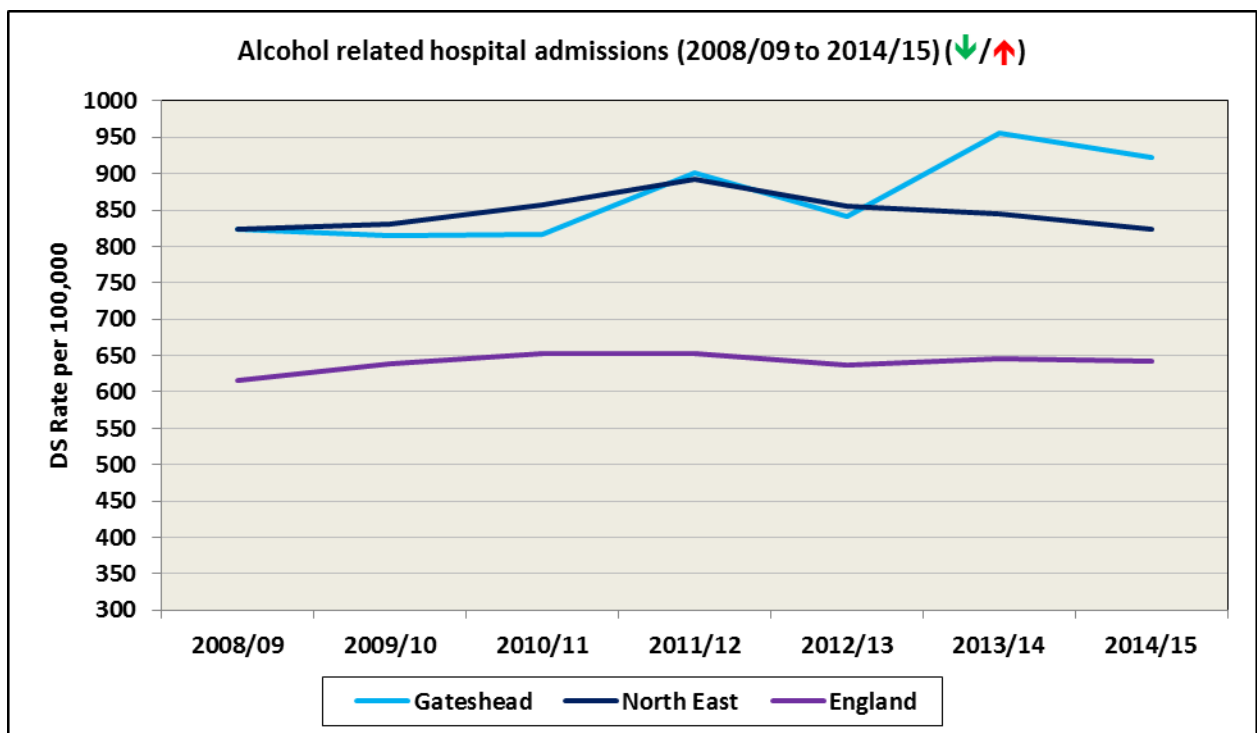
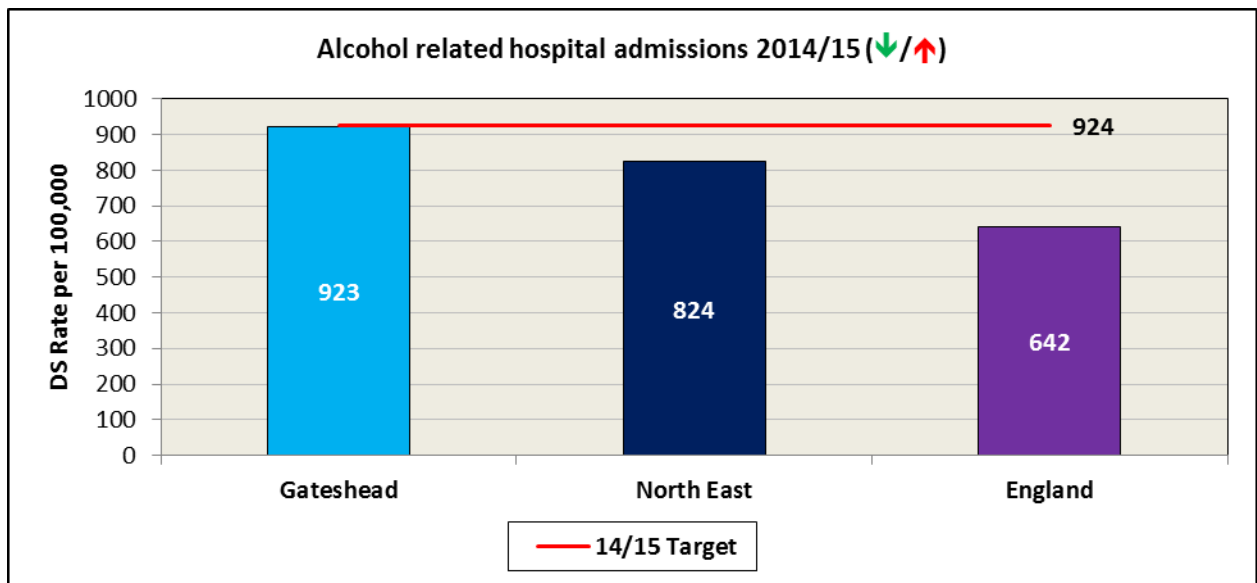
The basic concept of preventable mortality for all ages is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases. All Public Health programmes and the work of the Health and Well-being Board contribute to a reduction in premature mortality.

Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

In line with the concept, the Gateshead mortality rate from causes considered preventable (per 100,000) in 2011-13 was 237.8 deaths. The long term trend since 2001-03 has been down for Gateshead, the North East and England and this has continued with the new figures for 2011-13. This data represents the actual rates after the Population data and the European Standard Population calculation method were revised.

This definition for this new strategic outcome indicator which was identified for inclusion in the suite of strategic outcome indicators is one of the new key indicators included in the Public Health and NHS Outcome Framework. Since the strategic outcome indicator was introduced, the calculation methodology for this indicator has been revised. 5 year targets up to 2018/19 have been agreed with the intention of continuing the downward trend shown above, these will be checked in January 2016 to confirm they are still relevant.

**CHW02 - Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow) (PHOF 2018)**



**Key message:** The latest data for year end 2014/15 is now available and shows we have had a decrease in the number of alcohol related hospital admissions from 956 (per 100,000) in 2013/14 to 923 in 2014/15 however this data is currently provisional as it is based on the Local Alcohol Profiles for England (LAPE) quarterly flow data for 2014/15. As a result of this decrease Gateshead has successfully surpassed the target for this indicator that was set for 2014/15 of 924 (per 100,000). The date for publication of the 14/15 final figures is currently unknown.

This change in the rate represents a 3.45% decrease on the previous year. Based on

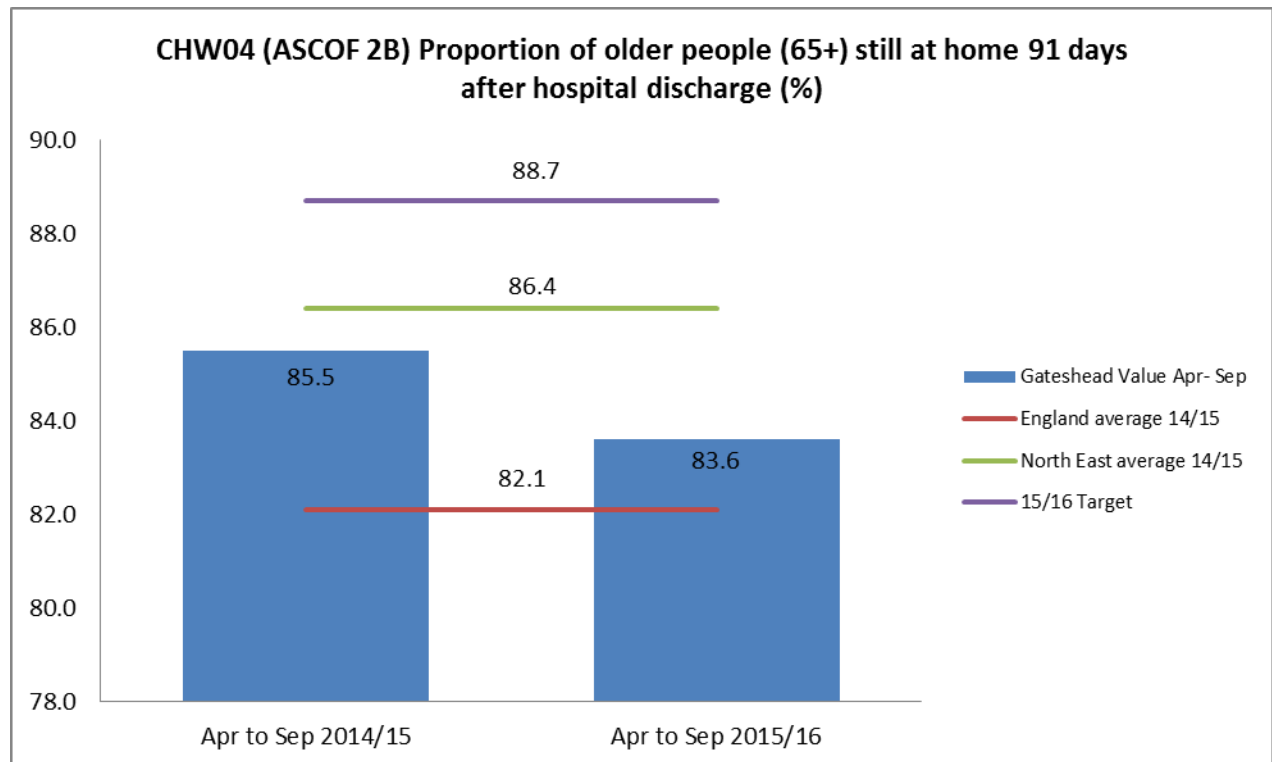
**this provisional data the rate in Gateshead is still significantly higher than the North East average (2<sup>nd</sup> highest rate in the North East) and remains significantly higher than the England rate. Given the differences between previous year's provisional figures and the final published data it is not anticipated that there will be a significant change when the final figure for 2014/15 is published.**

The narrow measure of alcohol harm is a lot less sensitive to the changes that have occurred in NHS coding over the years. This indicator provides a much fairer comparison between the levels of harm in different areas and over time. It is also far more responsive to changes that result from any local action around alcohol which will enable Gateshead to more accurately see the results work targeted in this area.

The current methodology for collection for this strategic outcome indicator includes a wide range of diseases and injuries in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Details of the conditions and associated proportions can be found in the report Jones et al. (2008) Alcohol-attributable fractions for England: Alcohol-attributable mortality and hospital admissions <http://www.lape.org.uk/downloads/AlcoholAttributableFractions.pdf>.

The five year target setting exercise has established targets up to 2018/19 based around a year on year 3% reduction with the intention of reducing Gateshead's rate of alcohol related admissions to hospital to below both the current and predicted (18/19) North East rate. These targets will be revisited in January 2016 to confirm that they are still relevant.

#### **CHW04 – Helping Older People to Live Independently**



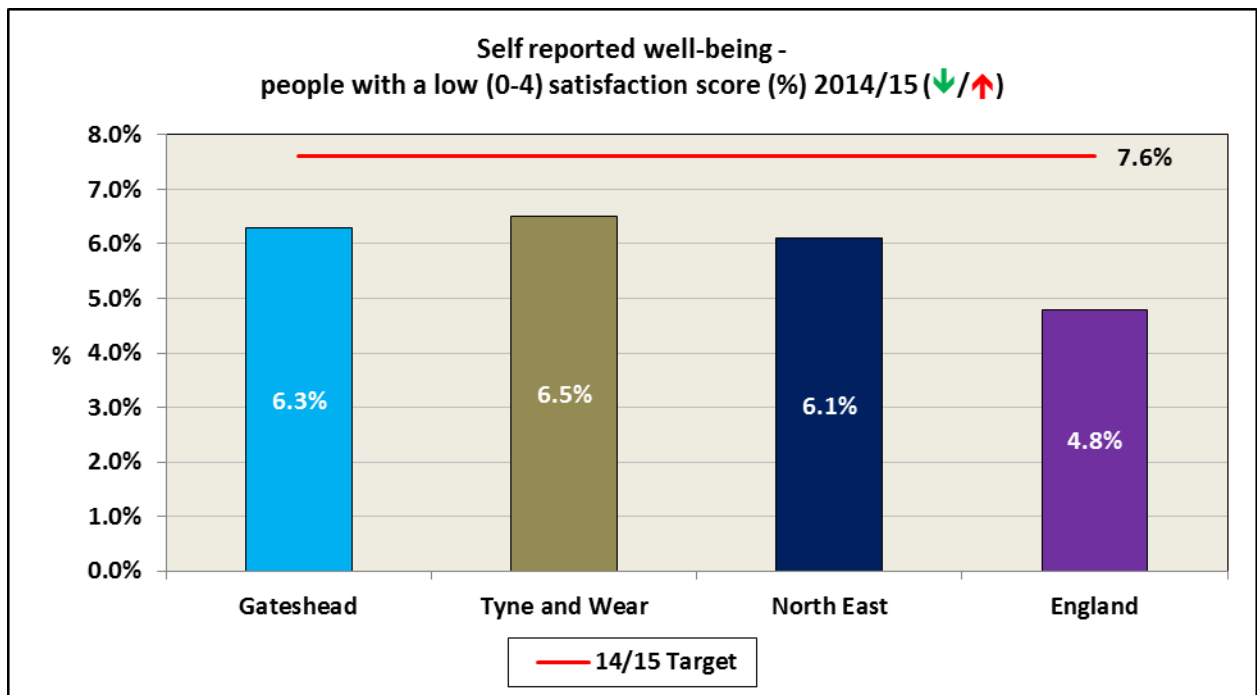
This strategic outcome indicator measures the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into a rehabilitation or

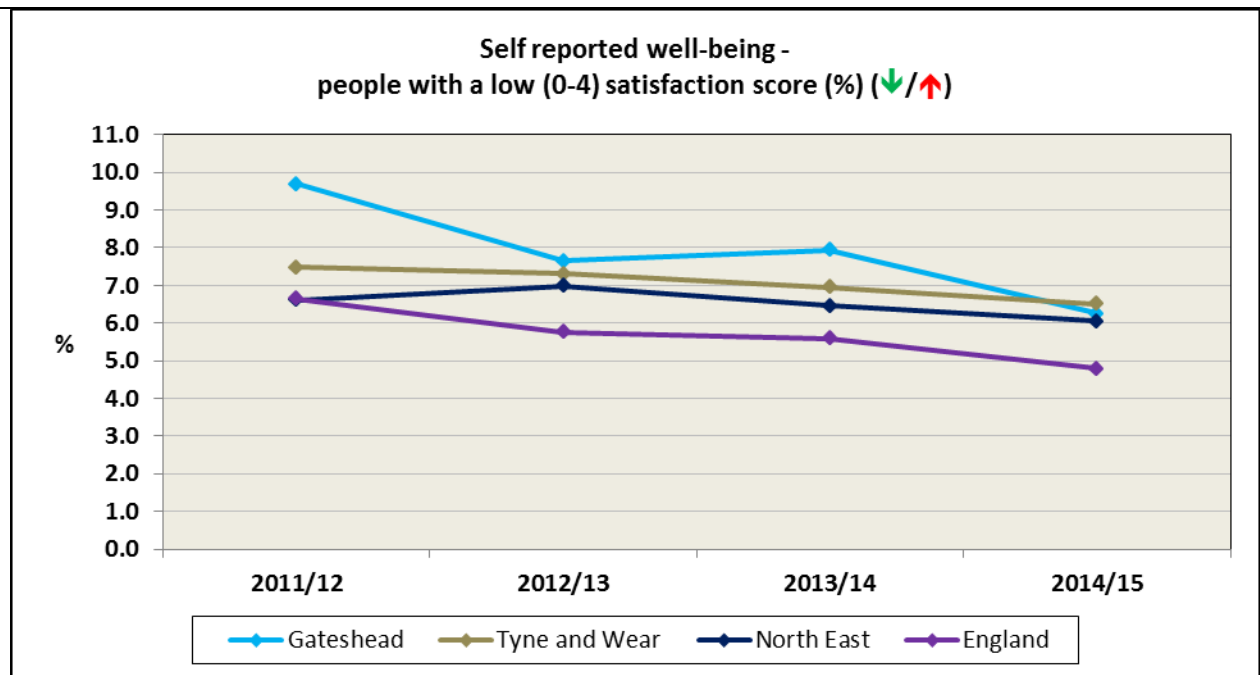
reablement service. This indicator is part of the Department of Health's Adult Social Care Outcomes Framework.

The indicator value stands at **83.6%** (404 out of 483) for all of those that were discharged from hospital in January to June, and followed up 91 days later during April to September 2015. This represents a decline in performance compared to the same period last year and is below the 2015/16 target of 88.7%. However, it is still above the England average for 2014/15 (82.1%) and an increase from the period October to December 2014 (81.2%).

It should be noted that year end performance will be based solely on those that were discharged from hospital between October and 31 December 2015 where the intention is for the person to return home after receipt of reablement, rehabilitation or intermediate care services.

### CHW05 - Wellbeing – Decrease the Percentage of People who are Dissatisfied with Life (PHOF 2.23i)





**Key message: The latest data for year end 2014/15 is now available and shows we have had a reduction in the percentage of people in Gateshead reporting a low satisfaction score. This has dropped from 7.9% in 2013/14 to 6.3% in 2014/15. As a result of this decrease Gateshead has successfully surpassed the target for this indicator that was set for 2014/15 of 7.6% (per 100,000). This reduction is in line with the drops shown by the figures for England, the North East and the Tyne and Wear area.**

This strategic outcome indicator was included in the suite of strategic outcome indicators and originates from the Public Health Outcomes Framework for 2013-16. It is one of a series of four indicators intended to provide insight into levels of mental well-being and its determinants as opposed to levels of mental illness. The Office for National Statistics (ONS) advises that this statistic remains experimental in nature. Since introduction into the suite of strategic outcome indicators, there has been a revision in the calculation methodology of the indicator since reporting at year end 2012/13. Previously a low satisfaction score was defined as 6 or less. However, the indicator calculation has been revised to consider low satisfaction as a score of 4 or less. Data for the revised definition was made available for 2011/12 and 2012/13 and these years are comparable with each other.

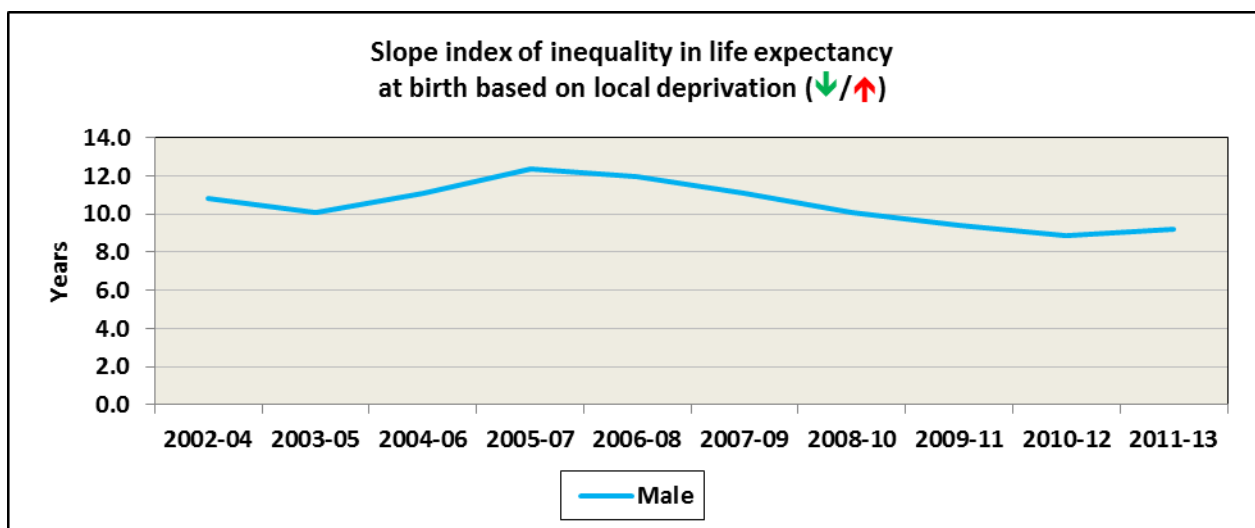
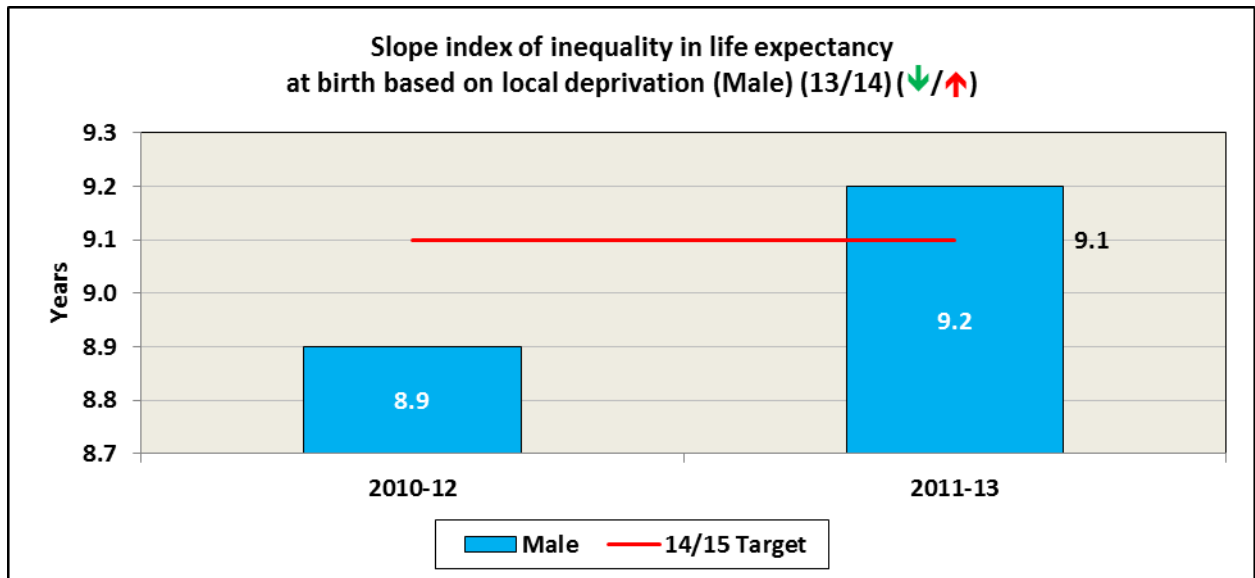
The data is collected from the ONS Annual Population Survey. Dissatisfaction with life is interpreted as those respondents providing a score of 4 or less (out of a possible 10) to the question "Overall, how satisfied are you with your life nowadays?"

Wellbeing is seen as a key issue for the Government as people with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

The five year target setting exercise has established targets up to 2018/19 with the baseline year set as the 2013/14 period. The intention of the new targets is to reduce Gateshead's percentage of people reporting a low life satisfaction score to the predicted

(18/19) North East rate. These targets will be revisited in January 2016 to confirm that they are still relevant.

**CHW06a - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male) (PHOF 0.2iii)**



**Key message:** At this stage the data for the 2014/15 year is currently unavailable. It is anticipated this will be released around November/December 2015. The target established for the 2014/15 year end was set at 9.1 years.

**Overall inequality in the life expectancy gap for males has reduced by 14.8% since 2002-04.**

**The most current data release for this indicator is for the 2011-13 period (2013/14 year) and shows the first increase in the rate of inequality since 2005-07 and is a 3.4% increase on the 2010-12 period.**

Data for 2010-12 to 2011-13 shows an increase in the life expectancy gap between the

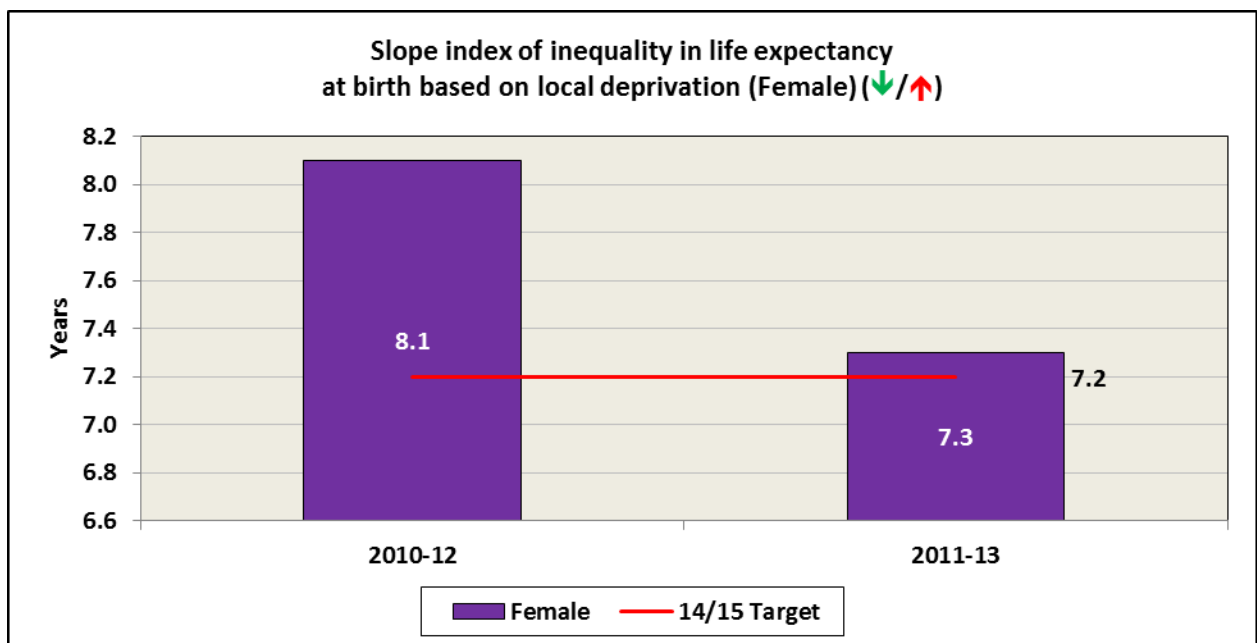


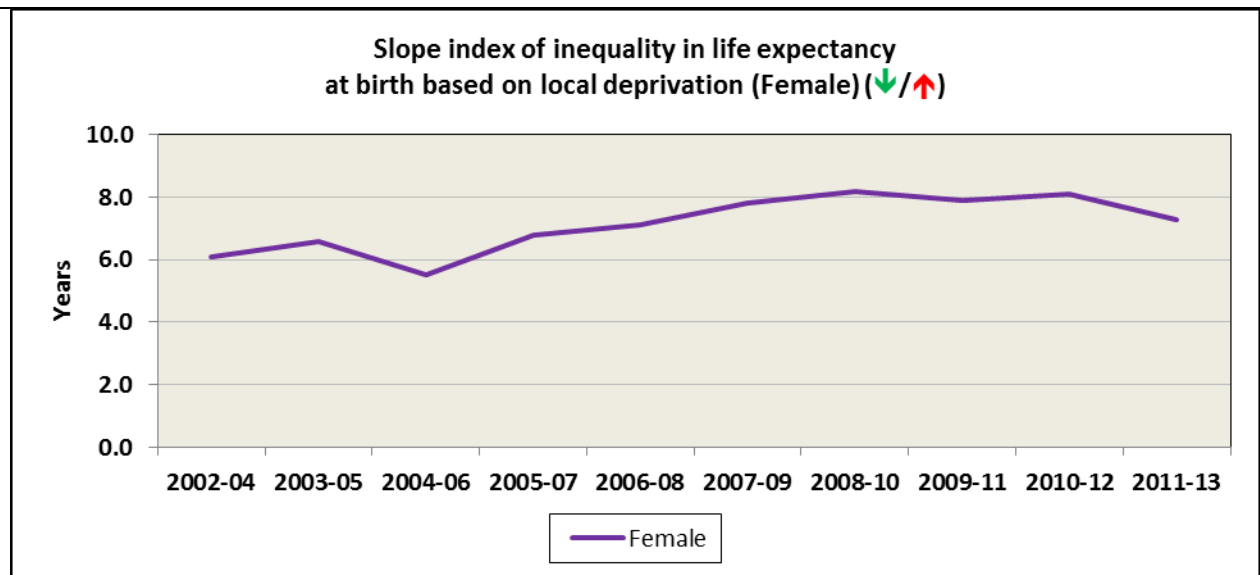
most deprived and most affluent communities going from 8.9 to 9.2 years. This data is the first increase in the last 5 periods and has halted the previous downward trend from its peak in 2005-07. It is unclear at this stage if this will be an exception to the previous trend or if this represents a clear change in the gap in inequality between the lowest and highest deprived communities in the Gateshead area for males.

This is the only indicator in the Public Health Outcomes Framework (PHOF) set that is explicitly an inequalities indicator. It shows inequalities within local areas, enabling a focus on small areas of deprivation that exist everywhere as well as areas where the whole local authority area has poor health status. The indicator was included into the suite of strategic outcome indicators and is a key high-level health inequalities outcome and is core to the aims of Public Health.

The target setting exercise for this indicator has revised the previous 5 year target plan and has established targets up to 2018/19. The target intention for this indicator is to try to continue with the previously shown downward trend and look for a year on reduction in the rate of inequality. The baseline year for this data has been set as the data published as of Feb 2015 (2011-13 period).

### CHW06b - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Female) (PHOF 0.2iii)





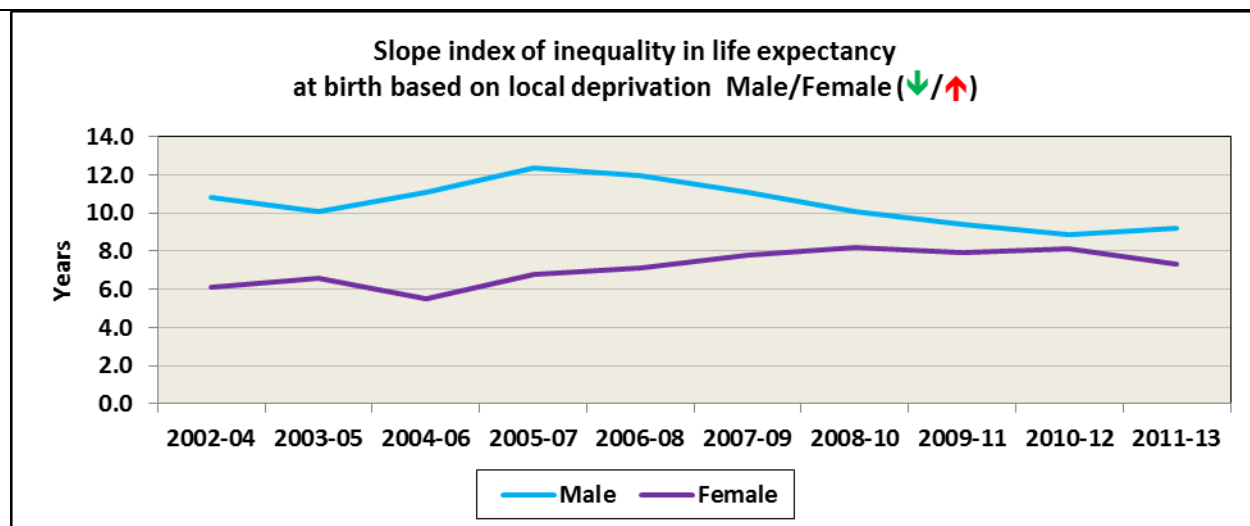
**Key message:** At this stage the data for the 2014/15 year is currently unavailable. It is anticipated this will be released around November/December 2015. The target established for the 2014/15 year was set at 7.2 years.

For women, from its lowest point in 2004-06 at 5.5 years the gap in inequality between the least and most deprived communities in the Gateshead areas for females had previously been gradually rising year on year. With the 2011-13 data this is the first time that this rate has fallen going from 8.1 to 7.3. This represents a decrease of 9.9% on the previous period. As with the male figure for inequality it is currently unknown whether this represents a change in the previously seen upward trend or is just an anomaly in the data.

The target setting exercise for this indicator has revised the previous 5 year target plan and has established targets up to 2018/19. The intention for this indicator is to try to establish downward trend following on from the reduction in 2013/14 shown above and look for a year on reduction in the rate of inequality.

**Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male/Female)**

Given the way that these two indicators have been split up it was felt that it would be beneficial to provide some context to the two sets of data using a third graph with the male and female inequality rates over-laid so that it is possible to see change in rate compared to each other.



**Key Message:** As indicated by the above graph the gap between male and female inequality has narrowed considerably since its largest gap in 2005-07. The data for the year 2011-13 shows for the first time that this gap has increased since that point. Unless this proves to be a reversal of the previously seen trend it is expected that at some point within the next 5 year period the gap between the lowest and highest areas of inequality in life expectancy in Gateshead will be largest between those of female gender.

**CHW07 – Equalities Objective – Deliver targeted support to carers, LGBT carers, young people who are carers within the Jewish Community**

**CHW07a – Equalities Objective – Delivered Targeted Support to BME Carers**

At this stage, 7 out of 1019 BME Carers have accessed a carer’s assessment during April to August 2015 (0.7%). Performance has declined from the figures reported in the 2014/15 year end report and for the same period last year (both 0.9%). However, it needs to be borne in mind that small numbers affect this indicator

The above figures have been collated from Gateshead Council’s Social Care database.

**CHW07b – Equalities Objective – Delivered Targeted Support to Young Carers**

The number of new young carers identified during April to September 2015 was 83 (new referrals to Crossroads Young Carers Service). This is already above the target for the whole year (65). 85 coordinated assessments and/or support plans were also completed during the period.

### CHW07c – Equalities Objective – Delivered Targeted Support to LGBT and Jewish Carers

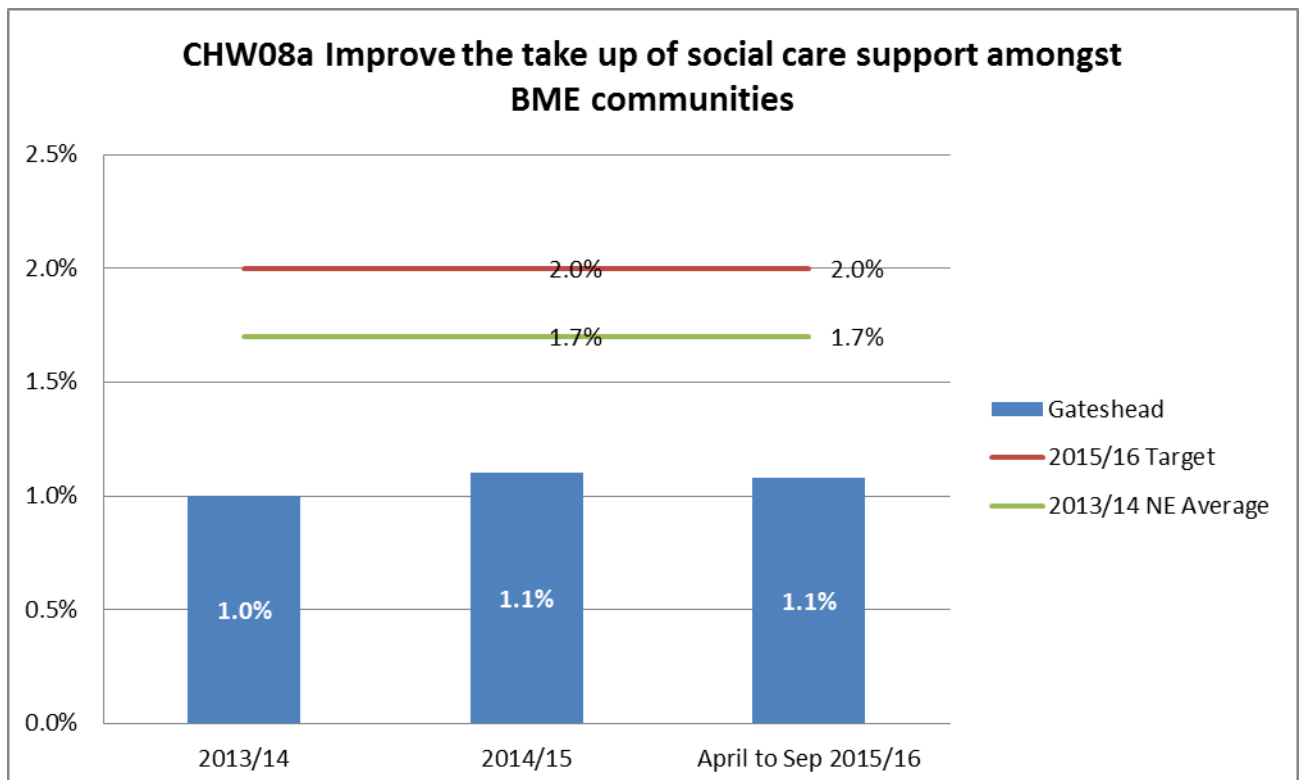
At this stage, 1 out of 1019 carers assessed jointly / separately during April to August 2015 were Jewish (0.1%). This is the same performance as the equivalent period last year. Please note: LGBT status is not recorded within Gateshead Council’s Social Care database.

### CHW08 – Equalities Objective – Improve the take up of social care and health support amongst BME communities

#### CHW08a – Equalities Objective – Social Care

At this stage, 4,717 people were helped with social care funded services during the period of April to September 2015. Of these, 51 are from a BME background (1.1% of the total number of people).

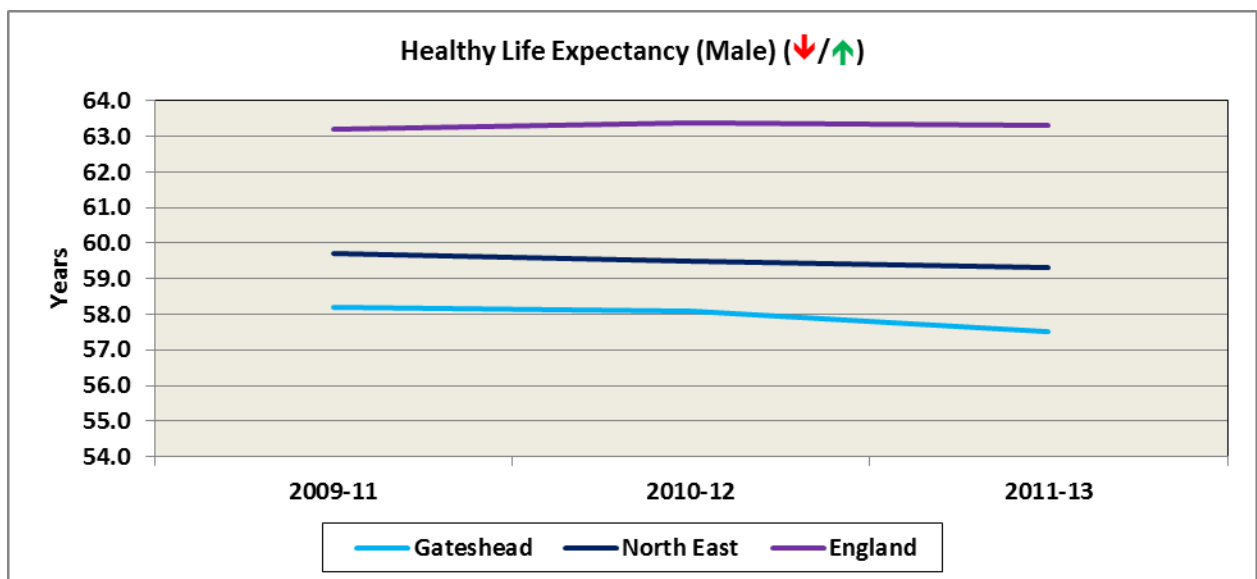
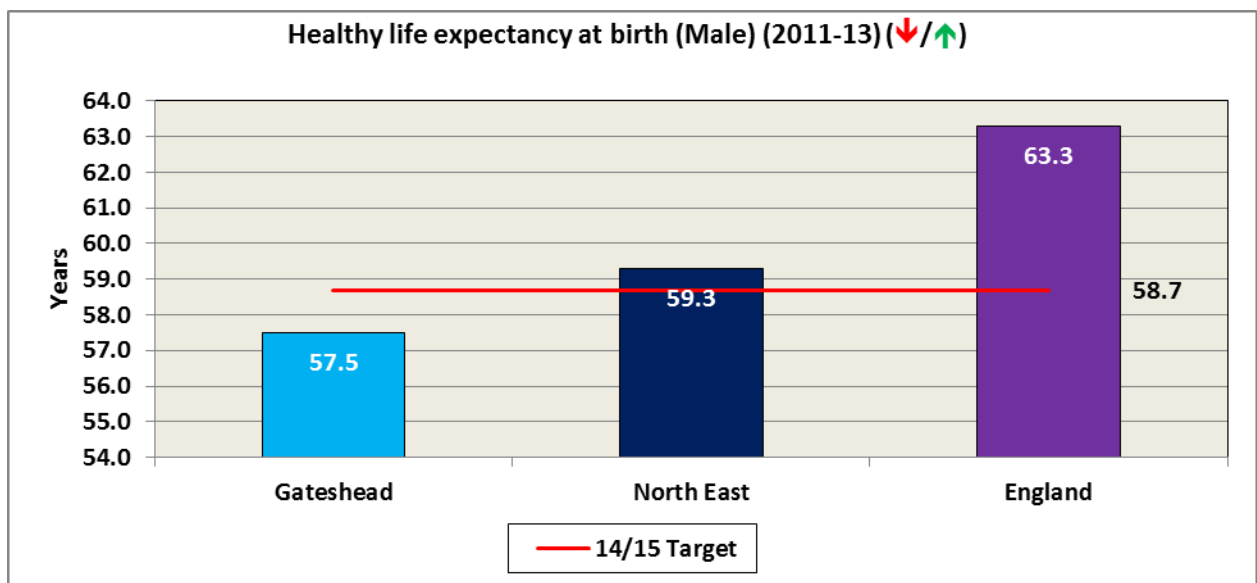
This strategic outcome indicator has an annual year end 2015/16 target of 2.0%. In order to meet this target, based on the same number of people receiving services, a total of 95 people of BME background would need to have been in receipt of social care funded services.



## HC08b – Equalities Objective – Health Support

This new strategic outcome indicator is under development in terms of definition, target setting and data collection methods. It has been provisionally agreed that the initial focus for this will be the service users of the new Live Well Gateshead (LWG) service. The intention is for this indicator to be used as a method of monitoring the use of the LWG service and to see if this is meeting the equalities needs of the Gateshead populace by gender, age and ethnicity. Discussions are currently ongoing with colleagues in Care, Wellbeing and Learning (Public Health) to agree the nature of data collection necessary to be able to meet this requirement. Depending on the information provided by this indicator it may well be expanded in the future to encompass other delivered health services.

### CHW09a – Healthy Life Expectancy at Birth (Male) (PHOF 0.1i)



**Key message:** At this stage the data for year 2014/15 is currently unavailable at this stage. It is due to be published around November/December 2015 by the Office for

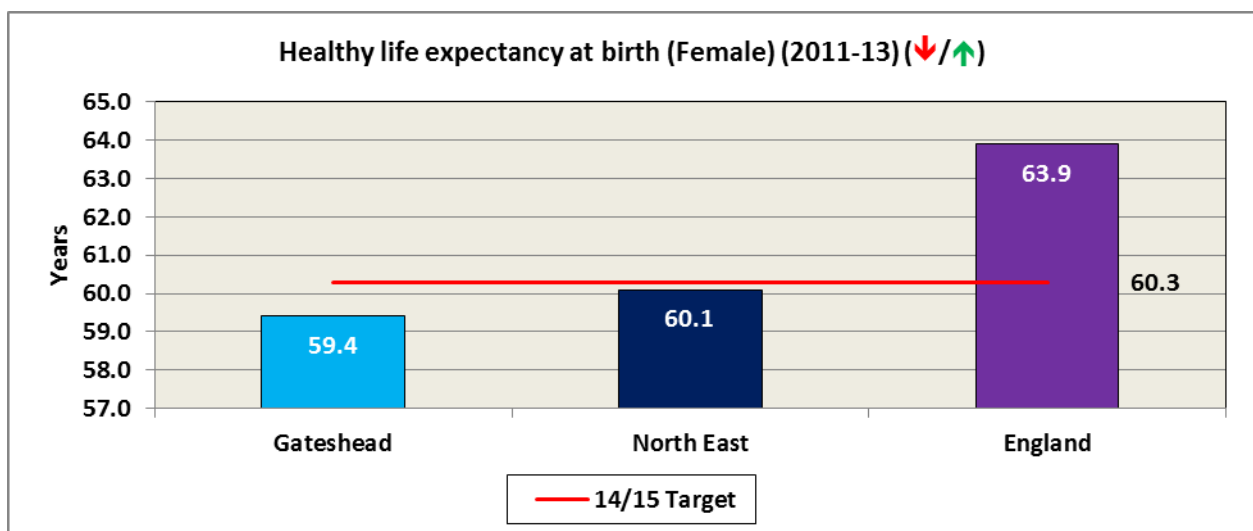
## National Statistics (ONS).

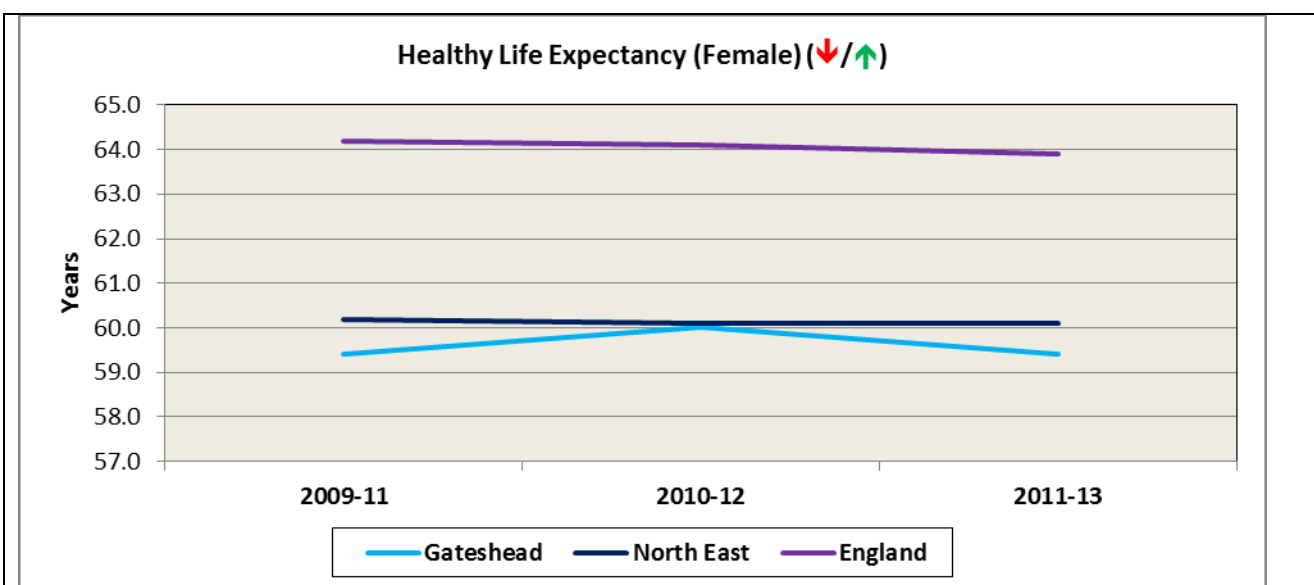
The current data available is for the 13/14 year (2011-13 data). This strategic outcome indicator shows there has been a slight reduction in the Healthy Life expectancy of males in Gateshead from 58.1 years to 57.5 years. The target set for 2014/15 was 58.7 years which was a required increase of 2.1% on the 2013/14 data. The target was established to ensure that Gateshead Local Authority spearheads a faster rate of improvement year on year than that shown by the overall England rate. Currently Gateshead is considered significantly worse than the England average of 63.3 years and is considered similar to the North East average of 59.3 years; however we currently have the second lowest rate of healthy life expectancy in the North East.

The healthy life expectancy indicators are considered to be an extremely important summary measure of both mortality and morbidity and are able to set a context with which Gateshead is able to assess other indicators both at health and economic levels to identify drivers of healthy life expectancy. It is a measure of the average number of years a person would expect to live based on contemporary mortality rates and prevalence of self-reported good health.

The target setting exercise for this indicator has established targets up to 2018/19 and set a challenging goal to be similar to the predicted England healthy life expectancy in 5 years' time of around 63.6 years which would start to put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with Vision 2030.

### CHW09b – Healthy Life Expectancy at Birth (Female) (PHOF 0.1i)



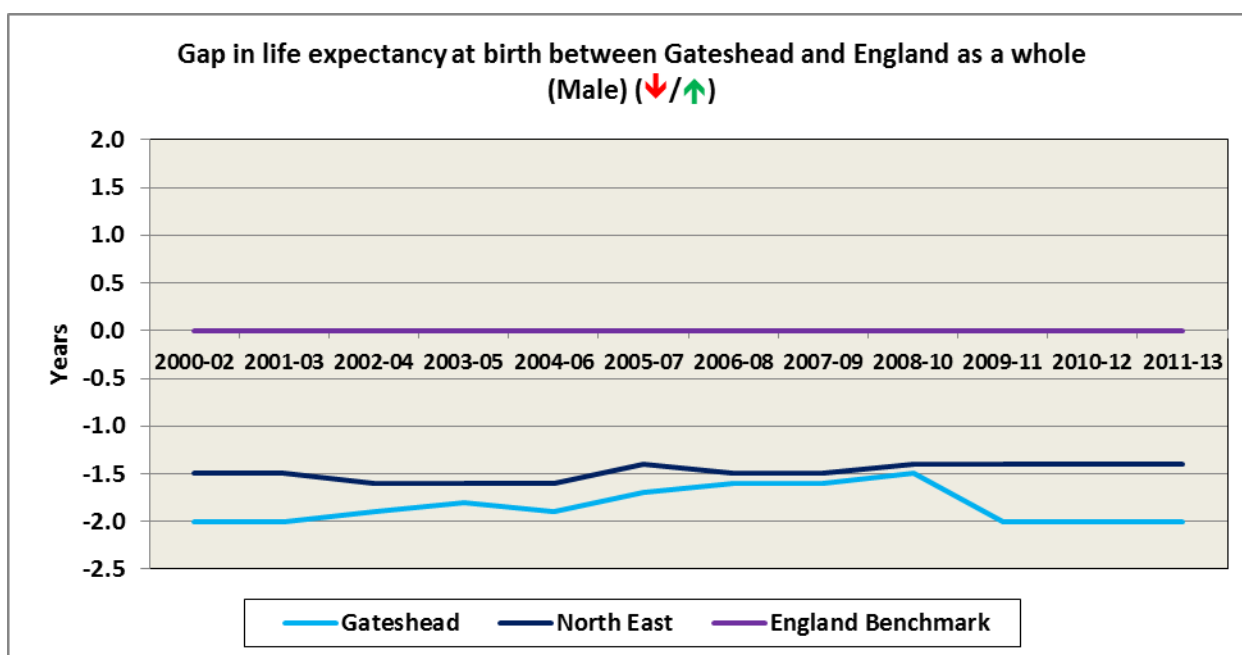
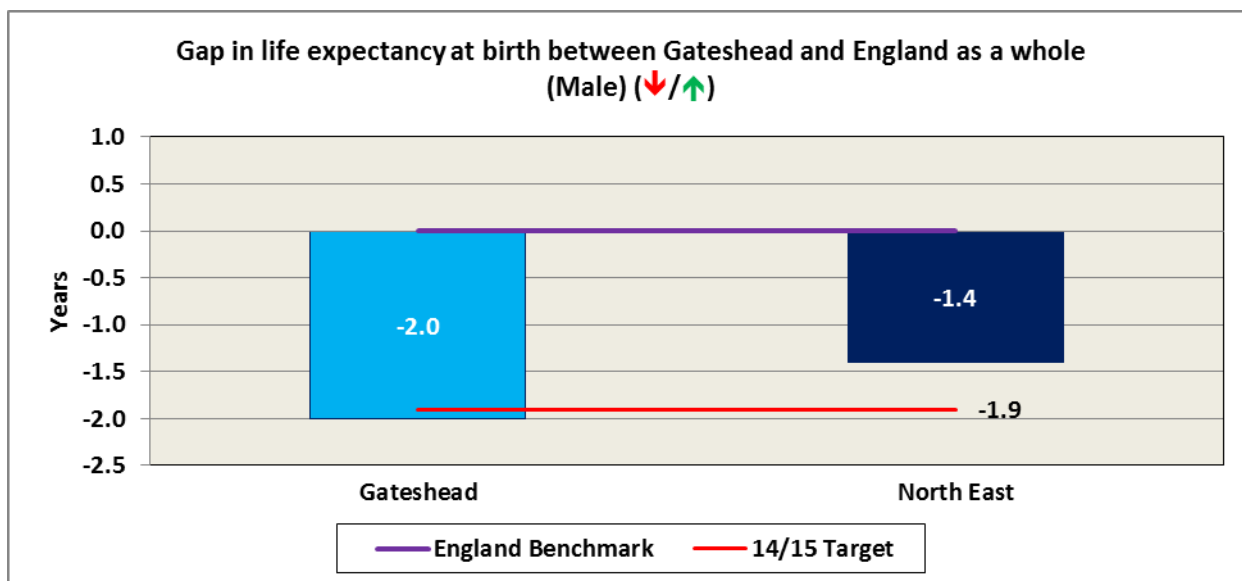


**Key message:** At this stage the year-end data for 2014/15 is not currently available and is due to be published around November/December 2015 by the Office for National Statistics (ONS).

The data available is for the 13/14 year (2011-13 data). This strategic outcome indicator shows there has been a slight reduction in the Healthy Life expectancy of females in Gateshead from 60.0 years to 59.4 years. The target set for 2014/15 was 60.3 years which was a required increase of 1.5% on the 2013/14 data. Similar to the target established for male healthy life expectancy the intention was to ensure Gateshead Local Authority shows a faster rate of improvement year on year than that shown by the overall England rate. Currently Gateshead is considered significantly worse than the England average of 63.9 years and is considered similar to the North East average of 60.1 years.

The target setting exercise for this indicator has established targets up to 2018/19. Given that the current England rate of health life expectancy for females has decreased for the past 3 periods in a row we have set a challenging goal to be better than predicted England healthy life expectancy in 5 years' time (63.2 years) and like the targets for male healthy life expectancy this would put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with the Vision 2030 plan.

**CHW10a Gap in life expectancy at birth between each local authority and England as a whole (Male) (PHOF 0.2iv)**



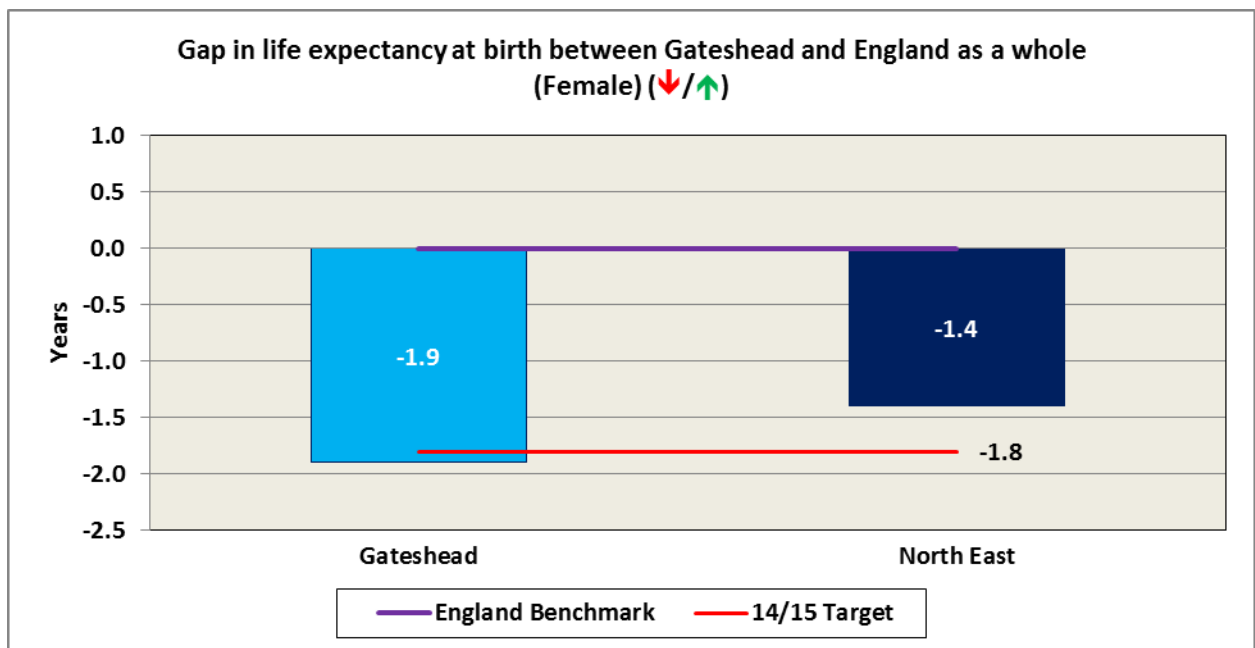
**Key message:** At this stage the year-end data for 2014/15 is unavailable and is due to be published around November/December 2015 by the Office for National Statistics (ONS). The data that is currently available is for the 13/14 year (2011-13 data). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has remained the same as the two previous periods of data at -2.0 years. Currently Gateshead is considered significantly worse than the North East average of -1.4 years and has the fourth highest gap in life expectancy compared to the England rate in the region. The target that was set for 2014/15 was to reduce the gap in life expectancy down to -1.9 years.

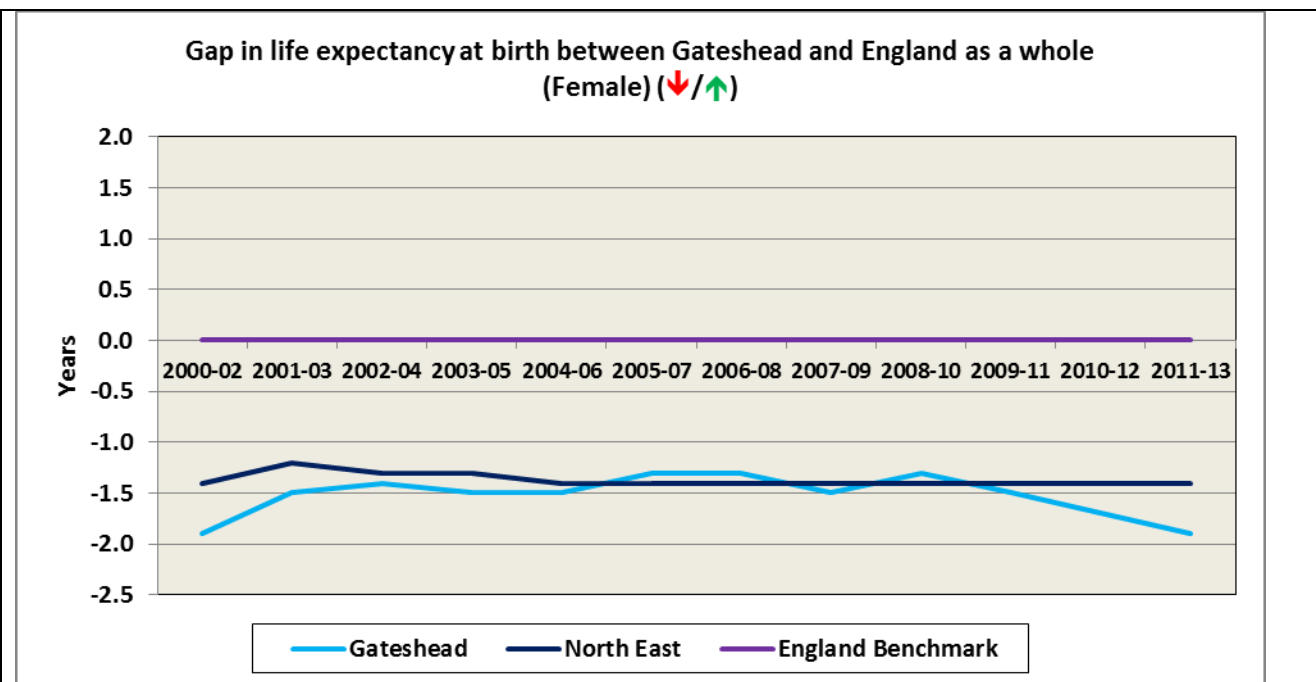


This indicator measures inequalities in life expectancy between each local authority area and that of England as a whole. It shows the absolute difference in years in life expectancy between the two areas for the given time period a negative figure means that the life expectancy of the area is lower than England, and a positive figure shows that the area has a higher life expectancy than England. This outcome focuses attention on the difference between life expectancy in local authorities and the overall England value and the need to improve the health of the whole area in relation to England. Gap in life expectancy at birth is considered to be one of the overarching outcomes for the nationally defined Public Health Outcomes Framework

The target setting exercise for this indicator has established targets up to 2018/19 with the intention of reducing the gap between Gateshead and England in terms of life expectancy. These targets are considered to be flexible and are designed to be adjusted based on the previous year's data so that we are always looking to gain a reduction on the previous year's data and maintain the desired goal of the Public Health Frameworks tool to show a reduction in the size of the negative figure.

**CHW10b Gap in life expectancy at birth between each local authority and England as a whole (Female) (PHOF 0.2iv)**

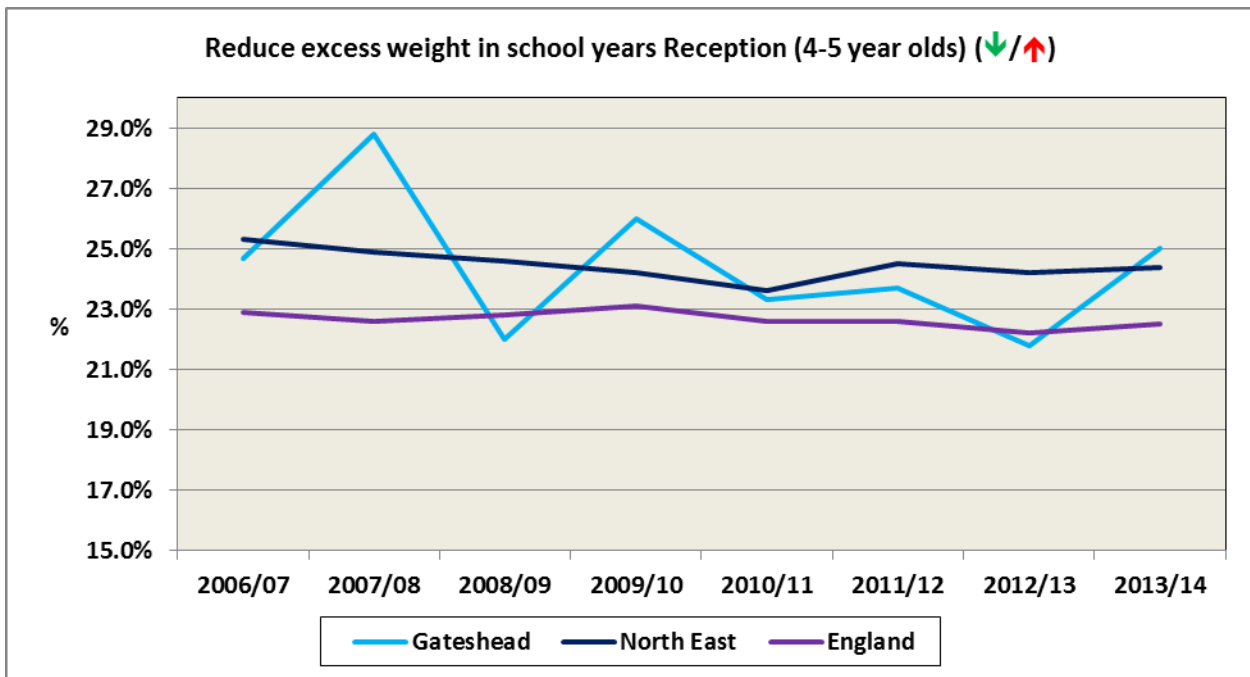
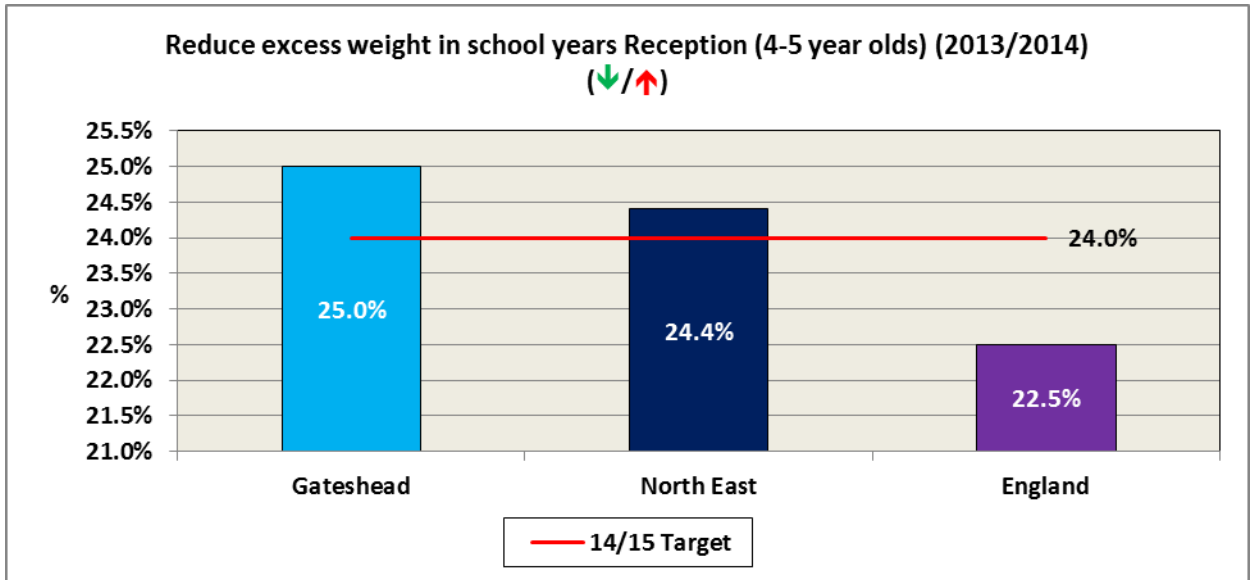




**Key message:** At this stage the year-end data for 2014/15 is currently unavailable and is due to be published around November/December 2015 by the Office for National Statistics (ONS). The data currently available is for the 13/14 year (2011-13 data). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has increased going from -1.7 years for 2010-12 to -1.9 years in 2011-13. Currently Gateshead is considered significantly worse than the North East average of -1.4 years and has the third highest gap in life expectancy in the region. The target that was set for 2014/15 was to reduce the gap in life expectancy down to -1.8 years.

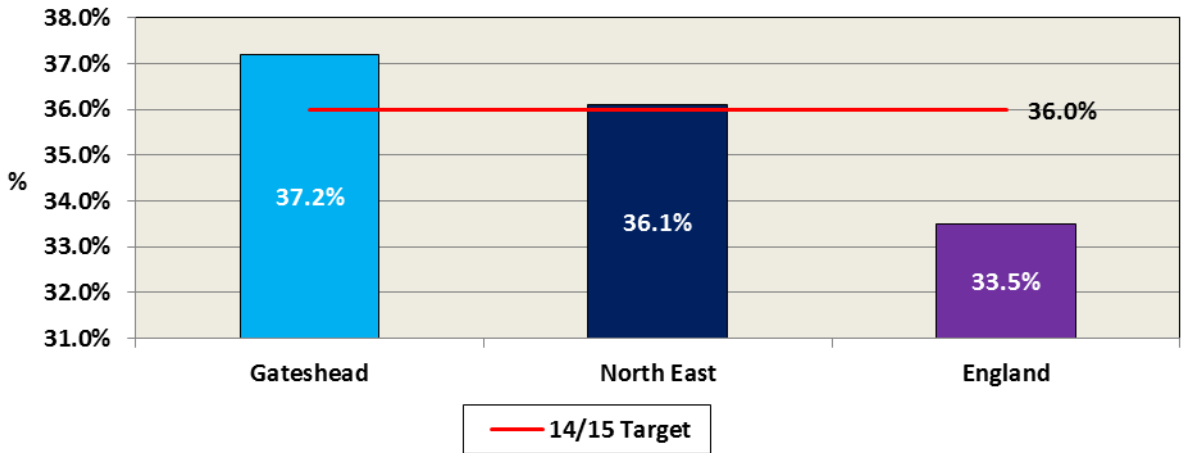
As with the gap in life expectancy for males the target setting exercise for this indicator has established targets up to 2018/19 with the intention of reducing the gap between Gateshead and England in terms of life expectancy. These targets are considered flexible and are designed to be adjusted based on the previous year's data so that we are continually striving to achieve a reduction in our current negative gap in life expectancy compared to the England average.

**CHW11 Reduce excess weight in school years Reception & Year 6 (Excess weight defined as a combination of 'Overweight' and 'Obese') (PHOF 2.06i and 2.06ii)**

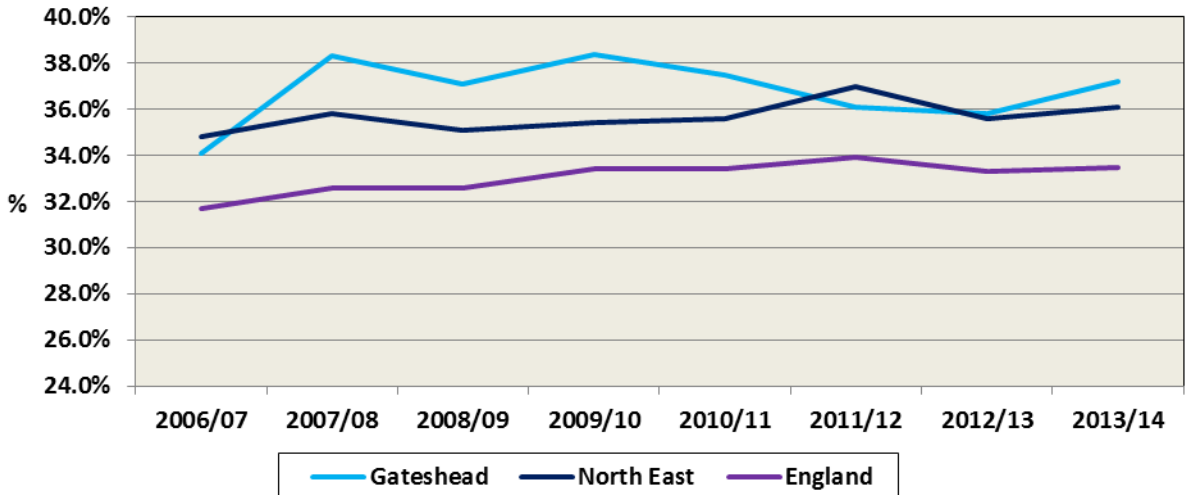


Reduce excess weight in school years Year Six (10-11 year olds) (2013/2014)

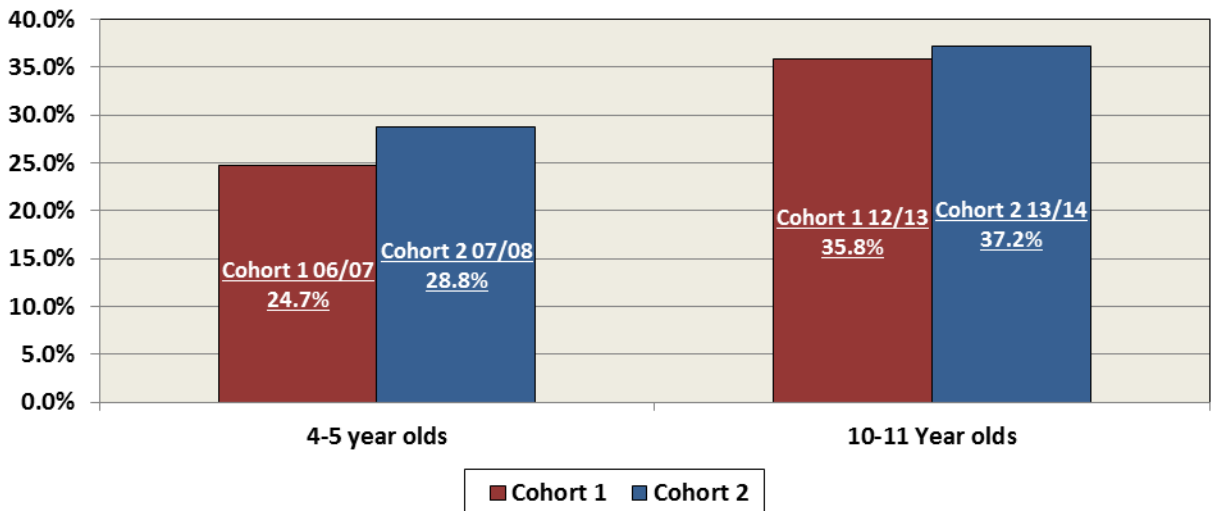
(↓/↑)



Reduce excess weight in school years Year Six (10-11 year olds) (↓/↑)



Reduce Excess weight 4-5 & 10-11 year olds



**Key message: At this stage the year-end data for 2014/15 is currently unavailable and is due to be published around November/December 2015 through National Child Monitoring Programme. The data currently available is for the 13/14 year. For children in reception (ages 4-5) 25.0% were considered to be of excess weight which was an increase on the figure in 2012/13 of 21.8%. For children in year 6 (ages 10-11) 37.2% were considered to be of excess weight which was also an increase on the figure from 2012/13 of 35.8%. In both age groups Gateshead is considered to be significantly worse than the England average but when compared to the North East average, Gateshead is considered statistically similar. In the 4-5 year old age group Gateshead has the 5<sup>th</sup> highest rate of excess weight in the North East and for 10-11 years olds Gateshead has the 4<sup>th</sup> highest rate.**

The two sets of excess weight data have been combined to enable us to monitor the difference between particular cohort groups at the two different measurement stages. Currently we have 2 years' worth of children who were measured at the 4-5 year old stage and have progressed to being measured at the 10-11 year old point. 4-5 year old Children measured in 2006/07 and 2007/08 have now been measured again in the 2012/13 and 2013/14 years respectively. In both these cohort years we have seen a marked increase in the percentage of children classified as excess weight. For the cohort measured in 2006/07 and then again in 2012/13 there was a 44.9% increase in the percentage of children classified as excess weight (increasing from 24.7% to 35.8%). In the cohort measured in 2007/08 and then in 2013/14 there was a 29.2% increase in those children classified as excess weight (increasing from 25.8% to 37.2%).

The long term trend for children at 10-11 years old has been showing a gradual increase since the first available set of data in 2006/07 and despite a period of 3 years between 2009/10 and 2012/13 when the rate was seen to be coming down slightly the percentage of excess weight children has risen overall by 9.09%. This indicator will hopefully be able to tell us whether there is a connection in the work with children at the 4-5 age categories around excess weight and whether this is having an effect on the numbers of children who are then reporting as excess weight by the ages 10-11.

The UK is experiencing an epidemic of obesity affecting both adults and children and there is currently a huge concern around the rise of childhood obesity and the implications of such obesity persisting into adulthood. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

By choosing to ignore this problem Gateshead would effectively be saying that we as a local authority are comfortable with having around a quarter of our 10-11 and 4-5 year olds being of excess weight. The 5 year targets up to 2018-19 that have been set for this reflect a commitment to reducing excess weight in both age categories and establishing children with a healthier childhood and consequently a healthier progression into adult life.

<b>Section 3 – Delivery of the Council Plan 2015-2020</b> <b>Progress made against the Live Well Gateshead outcome in the Council Plan and targeted action</b>
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## **Live Well Gateshead – a healthy, inclusive and nurturing place for all**

### **Our Achievements**

#### **Adult Social Care**

##### **Enhancing lives**

From 1 April to 30 September 2015 we have:-

- Developed marketing information and contacted GP practices to inform them that funding has been agreed to reduce the age limit for free telecare to the over 75's. The total number of residents to benefit from free telecare project to date is 1248, 398 within the current year.
- Identified a number of digital volunteers within Sheltered Accommodation Schemes, to be trained to teach older people about android tablets, iPads and phones.
- Continued to upgrade telecare equipment.
- Evaluated the Independent Supported Living Project (ISL). Data showed that savings could be made to the level of staffing in some of the sites but this can change dependent upon the requirements of the residents. The Telecare lifestyle monitoring has become an integral element with the ISL's so that resources can be monitored and adjusted accordingly.

##### **Quality of Life**

From 1 April to 30 September 2015 we have:-

- Retained annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).
- Implemented the Quality Excellence Policy for the next 4 years which explains how the Council will assess all older persons residential and nursing care homes.
- Progressed work at a fast pace in relation to the implementation of Gateshead's Vanguard Programme. To ensure that the programme is inclusive a work shop event took place in September which was well attended by a range of organisations including health, local authority, voluntary sector and independent care home providers. The feedback from this work shop has helped to inform the development of the key themes within this programme. A Multi-agency Steering Group has now been established and will meet on a monthly basis to ensure that the Care Home Vanguard Programme works to improve the care for older people in Gateshead. The Steering Group will primarily oversee the development and implementation of the identified work streams for the programme which include Care Pathway; Commissioning, Contracts and Payments; Outcomes; Evaluation and Monitoring; Communications and Involvement; Workforce (including training).

## **Positive Lives**

From 1 April to 30 September 2015 we have:-

- Commenced a project to improve the lives of working carers. Project plan on target, staff recruited, and the first meeting with the independent evaluators was held on 14 October 2015. New employers are being signed up to be carer friendly, and working with the employer's toolkit to deliver improved support and understanding of working carers.
- Presented work on dementia friendly communities at an international conference in Newcastle on 1 July 2015.
- Worked with Blaydon Resource Centre to develop options to outreach to more users and carers from a wider geographical basis.
- Agreed 3 key priorities for the All Age Autism Strategy - Awareness, Understanding and Early Intervention; Independent Living and Support and; Diagnosis. Improvement and Development Action Plans (IDAP's) are to be further developed in line with findings from the consultation exercise.
- Reviewed the Learning Disabilities Partnership Board (LDPB), the key priorities for the next 6 months focus on transforming care to identify key priorities. An Action Plan for the next 6 months is in place for the Sensory Impairment Partnership Board (PDSI).
- Completed a review of services to carers. A report has been compiled which outlines recommendations for how carers services could be configured moving forward.

## **Protecting Lives**

From 1 April to 30 September 2015 we have:-

- Worked in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally. During 2014/15 7575 Call Challenges were undertaken and 101 smoke detectors fitted. 3598 Home Safety Checks were completed.
- Moved the monitoring of smoke alarms within housing properties to Care Call to ensure rapid response and intervention.
- Begun work to develop an engagement strategy for Gateshead. Partners will also be taking part in Safe Week – a week-long campaign to engage staff, service users and their carers. This national campaign will involve coffee mornings, staff training and awareness raising activities.
- Revised Safeguarding Adults training sessions to ensure they are Care Act compliant. Dates for the Reporting Concerns and the Policy and Procedures training have been set up until March 2016.
- Provided bespoke information and guidance sessions in addition to the planned Safeguarding Adults training courses. Sessions have been delivered to organisations such as Age UK, Tyne and Wear Fire and Rescue Service and a number of GP surgeries.
- Continued the Sanctuary Scheme which operates effectively with referrals being made and security works carried out in good time to keep victims of domestic abuse safe in their own homes where possible. The homeless prevention budget

is not causing any concern for the continuation of the Sanctuary Scheme in its current form at this time. A joint funding bid has been made to extend the scheme and reach more victims of domestic abuse in Gateshead, through targeted promotion across the Borough. No indication has been given about the outcome of this funding bid or when this decision might be made, but it is hoped that this decision will be made before the end of the year.

- Launched the new Association of Directors of Adult Social Services (ADASS) documents in Gateshead. These have been designed by the Department of Health and ADASS to streamline the Deprivation of Liberty Safeguards process. In Gateshead, comprehensive practice guidance notes have been developed for managing authorities (care homes and hospitals) to assist them in completing these documents. We have worked with partners to revise and update the Mental Capacity Act/Deprivation of Liberty Safeguards Policy document. The document was approved by the Safeguarding Adults Board in September 2015 and the development of a suite of practice guidance notes has also been planned to assist practitioners when working with people who may lack capacity.
- Delivered two workshops on the theme of self-neglect. A practice guidance note has also been developed on this subject and will be revised in the coming months.
- With Northumbria Police have secured funding from the Home Office Innovation Fund to develop the Multi-Agency Safeguarding Hub (MASH) in Gateshead. The project will now run up until March 2017 and two additional domestic abuse workers have been commissioned to work with serial domestic abuse victims at all risk levels. A mental health worker and a substance misuse worker will also be recruited to complete the MASH team.

### Falls Prevention Strategy

From 1 April to 30 September 2015 we have:-

- Appointed a new Falls Educator/Coordinator commencing September 2015 who will lead on the launch of the falls prevention pathway.
- Trained NHS and 3 Council staff (with the responsibility for identifying people at risk of falling) in the Otago (evidence based strength and balance exercise programme).
- Worked in Partnership with the Older People's Assembly to obtain funding for Tai Chi Classes which start in November. Tai Chi is evidenced based exercise which reduces the risk of falls.
- Reformed the Falls Prevention Strategy Group with strong attendance from Primary and Secondary Care, Local Authority Employees, North of England Commissioning Support Unit (NECS) and the voluntary sector.
- Successfully obtained further funding for the Reablement Team to continue to receive Otago Training.
- Carried out 87 falls preventative home adaptations following Home Hazard Assessments at the request of residents who have fell in the home or who were at risk of falling in the home.



## Health and Wellbeing

### Active and Healthy Living

From 1 April to 30 September 2015 we have:-

- Completed the Rugby World Cup Community Engagement Programme. On 2 August 2015 the Trophy Tour arrived at Gateshead International Stadium, which was host to the Westfield Health NewcastleGateshead British Transplant Games and a Festival of Rugby. The Trophy Tour also visited the Angel of the North on the 3 August 2015, and involved Oakfield Primary School. The Gateshead Rugby Development Group formed with other rugby clubs across the Durham County region to coordinate a Durham Rugby World Cup 2015 Legacy Group to focus on 5 core themes: School Rugby; Community Rugby; Coach, Official, Volunteer Development; Club Development and Facility Development. The group developed a Rugby World Cup 2015 community and school engagement programme targeting those not involved currently in rugby, which will include Team base activity, a kid's first rugby young leaders course, Rugby Union Mega fests, family fun days and involvement in the official Fanzone in Newcastle. The group have also produced a Durham County RWC 2015 leaflet and brochure showcasing how the community can engage in rugby in their local areas.
- Established 4 Doorstep Sports Clubs –including a community sports programme specifically for the Jewish community, and a club specifically for young people with a learning disability. The programme is exceeding targets with over 100 young people engaged in the project.
- Supported the Get Active Project - the project is currently exceeding its 18 month target to engage new people into sport and physical activity, with activity expanding to include; an outdoor activity programme including walking, cycling and running activities across Gateshead, an Active Mums programme, development of a programme of work with the Gateshead Housing Company Sheltered Accommodation Scheme Officers to develop physical activity programmes in Sheltered Housing for older people, provision of a physical activity programme to support the Live Well Gateshead programme, provision of weekly sports coaching activity for participants engaged within Adult Social Care Provider Services' very successful Special Olympics Club. Deliver taster physical activity sessions as part of the wellness Service.
- Established a Physical Activity Rehab Programme – Referral pathways have now been established with QE Hospital and Community Cardiac Rehab and Pulmonary Rehab Services, and work is underway to expand the pathway for those with Diabetes. The programme is now delivering a 'Move Easy' activity programme aimed at those with Parkinson's disease, MS and Stroke Survivors.
- Delivered health promotions in libraries with 235 people taking part. These included Dementia Awareness Week, Men's Health (including free cookery workshop), National Gardening Week, Family Health promotion and Know Your Numbers Week (in partnership with Live Well coaches).
- Supported 800 people to take part in Local History month with 45 volunteers helping to organise walks, talks, tours and other activities.
- A range of events were delivered including the NE England Legacy Games, The Race for Life, The Blaydon Race, Skyride, Summer Tyne Festival, Gateshead

Primary Schools Athletics Festival, English Schools Track and Field Championship and the Mini, Junior and Great North Runs.

- Completed the final phase of the 100 Faces music project to celebrate The Sage Gateshead in May 2015. Event was successful and 100 Gateshead people took part in the performance and agreed to be photographed for the gallery.
- Conducted a programme of dances which have proved very successful and there are requests for more. The programme now includes a dance participatory event in each season. December 2015 will be Lindy Jazz and the Ballroom dance class is continuing to attract participants in the Caedmon Hall. Dance activity with Looked After Children has resulted in developing a GCSE offer for some of the young people with Gateway Dance studios and one young person achieving her GCSE in dance.
- Carried out a homeless health needs audit.

### Substance Misuse (Including Alcohol)

From 1 April to 30 September 2015 we have:-

- Supported the development and engagement of the Local Government Alcohol Declaration. Gateshead Council was an early signatory and has been leading the discussions across the region. Support for the declaration was provided from Association of North East Council (ANEC) Leaders and Elected Mayors and the Chief Exec Group, North East Ambulance Service (NEAS), Strategic Clinical Networks, the three PCC's across the region. Local support was provided by the QE Hospital, the CCG, Tyne and Wear Fire and Rescue Service and the Police. The Alcohol Declaration was presented by Public Health at the Global Alcohol Conference in Edinburgh.
- A letter was sent from the Health and Wellbeing Board Chair to the Chief Medical Officer for England asking for a review on Department of Health guidance on safe limits during pregnancy.
- Established regular meetings with Contract Monitoring, Information Management, Public health and the provider (EVOLVE) to address issues of data and performance monitoring, in line with the contract monitoring cycle and National Drug Treatment Monitoring Service returns (NDTMS). The previous service issues with the NDTMS data site have now been resolved and regular reports are once again available from this.
- Hosted with EVOLVE (new Drug and Alcohol service) several sessions with colleagues in Primary Care with the aim of improving the shared care arrangements.
- Established a quarterly monitoring programme to examine progress against Quality Assessments Framework and Key Performance Indicator outcomes.
- Commenced work to develop protocols and pathways to incorporate Nalmefene into treatment options for service users, including Medicines management, Evolve and Public Health.
- Hosted a workshop with Community Safety to consider the issue and risks presented by Novel Psychoactive Substances. The workshop led to the development of an action plan with agreed actions required across a range of organisations.

- Begun the process to jointly develop an ambitious Substance Misuse Strategy along with colleagues in Community Safety and Public Protection.
- Initiated a pilot programme, working together with Licensing, Evolve and Public Health to include questions in the initial assessment of Evolve service users to further understand what, where, how and in what circumstances the clients bought the alcohol. This information will provide additional evidence to support licence reviews and applications.
- Commenced work with Evolve, CCG, Medicines management and Public Health to explore the commissioning, protocols and pathways for the prescribing of Naloxone to service users.
- Delivered a number of training sessions in conjunction with the adults' and young people's substance misuse services to provide practitioners in Gateshead with information on drug and alcohol prevention, as well as the emerging trend of legal highs. Attendance at the sessions was very good and further sessions are planned for the future.
- Worked closely with the Licensing Team to support information sharing which will help inform the refresh of Gateshead Council's Licensing Policy 2015-20. Data on alcohol-related crime and disorder will be used to identify hotspot locations and help inform future decisions on licensing applications and reviews.
- Community Safety and Public Health have been working closely with Evolve and Platform to implement criteria linked with the Positive Requirements element of the ASB, Crime and Policing Act. As a result of these discussions, both partners have agreed to vary their existing contracts with Gateshead Council to ensure treatment service are able to legally pick up individuals that require positive requirements as part of any statutory order.

### Reducing Smoking

From 1 April to 30 September 2015 we have:-

- Held an event to further develop the Tobacco 10 year plan. Several ambitious actions were identified to help with Gateshead aim of reducing smoking prevalence in Gateshead to 5% by 2025 with the Gateshead Smoke-free Alliance continuing to lead on this work.
- Promoted a range of events to support the Mental Health Trust becoming Smoke-free in March 2016 and in relation to Smokers with long term conditions work took place to train staff on respiratory wards at the QE hospital on Brief and Active Intervention and the referral pathways to Live Well Gateshead.
- Re-examined the BabyClear pathways and amended to clarify the process's and to identify training needs to maximise opportunities to provide brief intervention and cessation support to pregnant women in the borough.
- Worked closely with NHS Gateshead QE (The Clinical Director is the lead contact) to develop a presentation to the Executive Board to receive sign up to develop and implement a work programme. This work programme has now been drafted for discussion and implementation locally. A work programme has also been agreed with Public Health England, Mental Health providers, Northumberland Tyne and Wear and also Tees Esk and Wear Valley NHS Trusts to work towards smoke free Hospitals from March 2016.

- Agreed to fund the work around underage sales and counterfeit tobacco. Work has been ongoing and there have been several raids on premises supplying counterfeit tobacco. There have also been some licensing reviews for premises that have failed their underage sales requirements.
- Commissioned a 6 month pilot programme 'No Butts', led by the Citizens Advice Bureau to support clients to consider the financial implications of their smoking habit, offer brief intervention and support them to quit.

### Sexual Health

From 1 April to 30 September 2015 we have:-

- An effective and efficient performance monitoring process has commenced with new providers. Quarterly contracts meetings have begun and although no formal KPI (Key Performance Indicator) submissions have been made the provider has agreed the terms & KPI content. A deadline has been agreed for submission of the first 6 months and 2 quarters of data before November. The process for analysing and understanding what the data is telling us will continue to evolve between the Public Health programme lead, contracts officer and performance information analyst.
- Achieved an increase in the number of Primary Care Providers across the whole of Gateshead, improved the performance monitoring and training available to practitioners to maintain competencies and have established an assured process that only those competent will be paid under the terms of the contract.
- Delivered workshops on TiTo and Long Acting Reversible Contraception to enable partners to understand the new service offers. As a result, the Sexual Health service has published a quarterly newsletter for Gateshead Primary Care staff. A detailed 12 month communications plan from the provider has been submitted to commissioners which will be reviewed through the contract monitoring process.
- Worked with Gateshead Hospitals to access real time conception data direct from maternity to enable more effective targeted work to reduce teen conceptions.
- Devised a training programme and commenced delivery, 40 Pharmacists have been trained along with an LD specialist project group providing information to service users and a universal training package devised for health and social care staff and voluntary groups.
- Identified a plan to develop understanding of the financial risks associated with a tariff based model.
- Agreed via a memorandum of understanding to reinvest the underspend from an expired contract to continue to support training of GP practice staff in long acting contraception.
- Negotiated and agreed the Key Performance Indicator workbook for the sexual health service.
- Brought providers together to combine outcomes e.g. learning disability, service user, sexual health and contraception awareness raising sessions.

## Mental Health and Wellbeing

From 1 April to 30 September 2015 we have:-

- Undertaken a range of reviews around Mental Health and Wellbeing. This includes the CCG review of mental health treatment, the OSC review of mental health, a review of the local strategy and health needs assessments across Newcastle and Gateshead. A range of actions were identified as part of the outcome from the OSC review and the local strategy has been re-written and refreshed. This was fed into the Health and Wellbeing Board.
- Commissioned mental health and wellbeing training to include suicide prevention, mental health first aid and a specific session focusing on eating disorders.
- Commenced work to specifically address the issue of smoking in secondary care following actions outlined by Mental Health OSC to address inequalities. A focus of this work was understanding the needs and also action to address smoking for people with Serious Mental Illness.
- Commenced work on social prescribing with a workshop for the HWB planned for 23 November 2015.
- Following an engagement event developed The Gateshead Mental Health Strategy. Further development of this strategy is now underway to ensure all partners are fully engaged for the next stage of implementation.
- Completed and published the Suicide Audit in July 2015 and commissioned Public Health England to complete the sub-regional Health Needs Assessment, this information was then fed into the sub-regional Suicide Prevention Plan. Using information we developed and integrated the Suicide Plan into the wider public mental health strategy.
- Supported Received funding from the Live Well Hub to fund 10 branded 'book-bins' for libraries to display health books and leaflets in a more prominent way.
- Libraries have worked with IAPT team to deliver Books on Prescription publicity to all practices in Gateshead. Letter sent to all practice managers requesting volunteers for case study. Nationally the Reading Agency are looking at electronic monitoring system for GP's to allow libraries to collect more data.
- Delivered a programme of short courses in Local History and family history from St Mary's that are popular and affordable.
- Completed further dementia friends training with front line library staff and key staff completing dementia champion training.
- Issued through libraries 391 supported self-help books for mild mental health conditions and people living with dementia.

## NHS Health Checks Programme

From 1 April to 30 September 2015 we have:-

- Commenced the NHS Health Check Plus+ cancer pilot for a 6 month pilot from July 2015 in two pharmacies and occupational Health (Gateshead Council). This involved adding a module into the NHS Health Check to include discussing cancer signs and symptoms, and asking about attendance for cancer screening programmes. Training was delivered for all staff involved and additional

promotional and support materials were provided. An analysis of outcomes will take place following the pilot.

- Established the NHS Health Check Implementation Group initially meeting monthly the group now meets bi-monthly to report on the programme and agree actions for the development of the programme. The NHS Health Check Mentor has met with all of the providers and identified training needs and training sessions are scheduled.
- Developed a regional programme of work with Northumbria Police to offer NHS Health Checks to the police workforce who live or work in Gateshead.
- Produced a NHS Health Checks Performance report for Quarter 1 (2015/16) - As of the end of quarter 1 2015/16 year 1717 people of the 3601 offered a Health Check had received one. This was 47.7% of the 3601 eligible people offered a check. This is now the third quarter in a row to have seen a fall in the percentage of people who were offered a check who received one.
- Been awarded a certificate of Excellence by the Public Service Transformation and Innovation Award 2015 (iESE Improvement and Efficiency Social Enterprise) for the NHS Health Check Programme. A submission was made under the Working Together category and was deemed as an excellent example of a high quality service in the sector with clear analysis of the evidence of the issues and linkage to the solutions.
- Promoted the Community Incentive Scheme through the NHS Health Check Mentor and the Live Well Gateshead Capacity Building Service to increase the uptake of NHS Health Checks in the community, and there has been interest from several community groups and even a School.

### Health and Wellbeing Strategy

From 1 April to 30 September 2015 we have:-

- Launched the new JSNA portal in June 2015 to allow both qualitative and quantitative information to be displayed allowing partners to contribute a wider range of information to the process.
- Through a health needs assessment identified key areas including black and ethnic minority communities, travellers, carers and the homeless that will feed into public health work streams for 2015/16.
- Developed a Forward Plan for the Health and Wellbeing Board (HWB) for 2015/16 to steer its work and areas of focus during the course of the year.
- Commenced initial scoping work on a refresh of the Health and Wellbeing Strategy.
- Discussed links between health inequalities and approaches to social value have at a workshop organised by the CCG, this will be considered further by the HWB.
- As part of the HWB Forward Plan for 2015/16, introduced a new performance management section which reports on performance against key indicators for the local health and care economy.
- Provided oversight and assurance through the Better Care Fund Programme Board. Regular reports on performance and quarterly returns are brought to the HWB.
- Continued to develop the Live Well Gateshead Service. A Kaisen event took place in August 2015 to consider further improvements.

- Considered an overview of the role of housing providers in promoting health and wellbeing at the HWB to help identify issues for future consideration. A progress update on the impact of place shaping on health and wellbeing has been considered by the Board and the next steps agreed.
- Considered the findings of the north east health needs audit of homeless people for the Gateshead area and agreed proposals for further research to better understand their needs, including those not currently engaged with local services.
- Signed up to St. Mungo's Broadway Charter for Homeless Health which includes commitments to address the health needs of homeless people within our JSNA, to provide leadership on addressing homeless health and to ensure that local health services meet the needs of homeless people.
- Reviewed the barriers experienced by the ex-Armed Forces Community in Gateshead to accessing services and agreed recommendations to be taken forward.
- Considered the Gateshead Cancer Strategy to address high rates of cancer incidence and mortality in Gateshead and a Malnutrition Prevention Strategy for Gateshead.
- Considered the impact of social isolation on people's wellbeing and how this can be addressed.

#### Improve population health and wellbeing, reduce mortality and tackle inequality

From 1 April to 30 September 2015 we have:-

- Through Live Well Gateshead (LWG) supported and promoted No Smoking Day, Mental Health Awareness Week, and Men's Health Week. We also delivered the Year of Walking as a campaign to promote walking as a free and easily accessible form of exercise.
- As agreed through the Healthier Communities OSC (21 April 2015) commenced work to develop a sustainable model of social prescribing in Gateshead. This work was agreed on the basis that the physical health and mental health outcomes of those affected by mental ill health could be improved through a social subscribing approach. Following on from that there has been extensive interest in social prescribing and a working group has now started to meet to discuss the scope and issues involved in this work. Members of the working group are currently Gateshead Public Health, Newcastle /Gateshead CCG, representatives from Live Well Gateshead and the Community Capacity building team, and a Gateshead Practice Manager representative.
- Through the Gateshead Wellness Service developed a 'targeted areas model' around helping people to lead an active and healthy lifestyle in the neighbourhoods in Gateshead experiencing the greatest health inequalities. The indicators used in the model covered a range of topics from Index of Multiple Deprivation scores, specific health indicators and economic indicators. Live Well Gateshead will use the top 35% targeted neighbourhoods to focus its activity towards to address the borough's poor health and inequalities. The Live Well targeted approach, along with intensive support for individuals through wellness coaches, should ensure greater impact in those communities with the poorest health. It goes beyond looking at single-issue, healthy lifestyle services with a

focus on illness, and instead aims to take a whole-person and community approach to improving health.

- Utilised a number of community venues by Live Well Gateshead to make the model more accessible to people in Gateshead. For example, group based sessions and one to one appointments are taking place at the Birtley Hub, The Clubhouse, Felling Community Centre, Winlaton Community Centre, Teams Life Centre and Dunston Drop In.
- Offered through the Wellness Service a range of group based sessions which are being delivered within the 35% targeted neighbourhoods on a weekly basis. These sessions include 12 Week Programme, Lifestyle 4 Life, Emotional Resilience, Cooking on a Budget, Made of Money (bitesize - 2 hr session), Walking 4 Wellness and Cycling 4 Wellness. The delivery of these sessions has also been informed by the Capacity Building Team liaising with the Wellness service.
- Offered through the Wellness Service a buddy scheme. A framework has been developed in terms of the support offered to volunteers who take up the role of a Health Buddy and the Health Buddy (volunteer role) will now be promoted to recruit volunteers to the scheme.
- Commenced a health needs assessment for the homelessness programme. A regional audit was completed during the first part of 2015 and the audit findings are being developed in Gateshead to gain a better understanding of the issues for this group.
- Following the acceptance of the Supplementary Planning Document in June 2015 a number of Hot Food Take-a-Way applications have subsequently been refused. In October the Council received a challenge to the policy and a response to this challenge is currently being prepared.
- Launched the Live Well Gateshead e-newsletter in August 2015 and circulated to partners. The newsletter will be circulated on a bi monthly basis to promote LWG to partners and continue to promote what is on offer through LWG.
- Implemented the Health Promotion Access Catalogue (HPAC) from August 2015 and is being promoted to partners and stakeholders to sign up to. This is an online library that enables you to search for and request resources from the Live Well Gateshead Hub. There is no charge for using the service. The online library has books, resource packs, leaflets, posters, models, displays available for loan. Registered users can keep up to date with the latest news.
- Supported over 30 groups to deliver health and wellbeing projects through the Gateshead Capacity Building fund and as part of the same fund supported 15 groups to establish walking activities in Gateshead as part of the Year of Walking campaign.

### Hearty Lives

From 1 April to 30 September 2015 we have:-

- During men's health week arranged a range of projects and events with the aim to engage new men into the project, raise the awareness of men's health issues and to celebrate the work and successes of the past quarter. Examples of work that took place included an organised walk for men involved in Hearty Lives from North Shields to Tynemouth, 50 Men's Health publications handed out to local men during the week, Men's health posters put up in all men's toilets within



Gateshead Council Civic Centre and attendance at the two junior football clubs presentations to distribute men's health information and complete health check questionnaires to all males attending the event.

- With Edberts House developed a social prescribing project with St Albans Practice. The Hearty Lives project is linking with the social prescribing project worker within the practice to link men into the Hearty Lives programme. The process is also being used as a consultation exercise to find out what type of activities men would like to engage in.
- Took part in the British Heart Foundation Hadrian's Wall Hike. This has now inspired the Hearty Lives Gateshead group to now take part in monthly walks. The project is working with them to organise a trip each month to participate in a more challenging walk.
- Working in partnership with Leam Rangers Football Club hosted the Walking Football delivery in East Gateshead. Over sixty men, ageing from 50 to 77 years attended the Walking Football event that included the guest appearance of ex Newcastle United and Sunderland Captain Bobby Moncur, who presented all, participates with medals and trophies. The event was aimed at raising the profile of Walking Football and in particular the benefits of participating in physical activity. All players were given key health information to take away as well as further information about the project.
- As part of the work in targeting sporting clubs in the East area of Gateshead work took place in partnership with Gateshead College and Fighting Chance Foundation (local boxing and martial arts club) to provide fitness sessions to men engaged in the project. A programme of activity has now been planned and is to be promoted to men within the East of Gateshead and those participating in sports clubs within the local area.
- Continued with our programme of weekly activities which are well attended with excellent retention rates. Some of the highlights include a link created with our Monday Health group and a local Community Kitchen Project. Over the past year the men have been working on a garden/allotment project at the rear of the centre, once harvested the fruit and vegetables will now be donated to the kitchen project and used for their Monday evening drop in. As this partnership develops it is envisaged that some of the men will support the Monday evening drop in and men attending will be signposted into the hearty lives programme.
- Developed a popular activity engaging men, many of them for the first time to bowls. The session has now been moved to a local bowls club to improve sustainability. The project has been working with the club to support them install a defibrillator, financed through fundraising with club members.

### Place Shaping

From 1 April to 30 September 2015 we have:-

- Consulted on the Hot Food Takeaway Supplementary Planning Document (SPD). The SPD was adopted and implemented by the council in June 2015.
- Facilitated a planning event to develop the ten year plan for tobacco control in Gateshead.

## Cancer

From 1 April to 30 September 2015 we have:-

- Finalised and submitted the Cancer Strategy and the agreed action plans to the HWB and the CCG Long Term Conditions Strategy Group.
- Distributed the narratives to support the practice supported by Practice Engagement Facilitators and funded by Cancer Research UK.
- Implemented the NHS Health Check Plus+ pilot, currently operational in two pharmacies, occupational health in Gateshead Council and in one work place.
- Developed the launch for the Safety Netting Pilot scheme to be launched at Time in Time out (TiTo) in November 2015.
- Completed a Cancer Diagnosis Audit and reported to the Gateshead Cancer Strategy Group.
- Successfully bid to be part of the Macmillan "Commissioning for Better Patient Experience" project

## Healthy Weight

From 1 April to 30 September 2015 we have:-

- Developed a proposal for the steering group around Healthy Weight has now been drafted and this will now be discussed with partners.
- Sent out parental feedback letters as required as part of the National Child Monitoring Programme (NCMP) including a leaflet and self-referral form for the Children's weight management programme (Balance It). Also included was a Change 4 Life branded leaflet which gives general advice around physical activity and signposts parents to the Councils website to find out more about local physical activity provision.
- Attended the Malnutrition Task Force to see what opportunities exist to develop this programme with local community groups and organisations that the team currently work with. Resources for this are now available through Live Well Gateshead Health Promotion Access Catalogue site.
- Linked with other Local Authority partners and Public Health England to look at the sugar and obesity agenda and the steps that can be taken at both a local and regional level around this.

## Clinical Commissioning Group Locality Working

From 1 April to 30 September 2015 we have:-

- Through the TiTo training programme practices are now aware of the new sexual health service and model.
- Completed the development of the Coronary Heart Disease (CHD) practice level profiles for distribution to practices.
- Meet with all the Practice Manager Locality Leads and the Community Capacity building section of the Live Well Gateshead model in order to agree the priorities within the next six months.

- Identified the GP practices which are not currently achieving the agreed primary care indicators.
- Delivered an overview of public health to the locality practice managers.

### Better Health at Work Award

From 1 April to 30 September 2015 we have:-

- Appointed a lead officer from within Environmental Health to lead on the delivery of the Better Health at Work Award across Gateshead, start date to be confirmed.
- Developed a training course engage workplaces and business in the Healthy Work place agenda. LWG will be approaching business and workplaces about the general offer in place from LWG which can be accessed. The workplace lead and training officer from the Live Well Service have linked in with the award to provide additional support and training to new businesses who engage with the award however due to the delay in appointing the Lead officer from Environmental health, this work is yet to begin.
- Engaged 3 new organisations with the award over the last 12 months, Teleperformance, Cross Roads Care and Virgin Media.
- Trained 3 members of the Public Health Team as award assessors.

## **Key Actions over the Next Six Months**

The following key actions have been prioritised for action over the next six months to support delivery against the shared outcome Live Well Gateshead – a healthy, inclusive and nurturing place for all.

### **Adult Social Care**

#### **Enhancing lives**

- Undertake training with digital volunteers within Sheltered Accommodation Schemes, teaching older people about android tablets, iPads and phones.
- Continue to upgrade Telecare equipment from the HRA capital programme.
- Work to develop a range of events within Sheltered Accommodation Schemes.
- The Vanguard Programme will focus on the development of the new care pathway, engagement and communications strategy to be finalised with a detailed Action Plan put in place, continuation to co-ordinate, work with and learn from the other Vanguard Care Home projects and begin to develop the concept of a 'Provider Alliance Network' with partners and stakeholders as appropriate.

#### **Quality of Life**

- Retain annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).
- Work in partnership with the CCG to develop the two health outcomes for the Quality Excellence Framework for Medicine Management and Infection Control.

#### **Positive Lives**

- Increase the use of specialised book collections for dementia sufferers and people with learning disabilities.
- Create new 'musical memories' group at the Central Library for people living with dementia.
- Enhance the children's gardening group with Live Well funding.
- Continue with the project to improve the lives of working carers.
- Continue to monitor the LDPB and PDSI over the next 6 months to assess whether they are fulfilling their purpose and should continue.
- Following recommendations made in the Carer's Review Report, forum meetings will continue with providers to start developing an Action Plan to move forward. Should the recommendation to fully reconfigure and change how services are commissioned, providers will be central to service design.
- Continue to work with Blaydon Resource Centre to develop options to extend the service to reach more users and carers from a wider geographical basis.

#### **Protecting Lives**

- Work in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally.
- Produce a strategic plan and annual report for the Safeguarding Adults Board.
- Produce a range of practice guidance notes for practitioners including:

- Modern slavery
- Female genital mutilation
- Domestic abuse
- Sexual exploitation
- Suicide
- Work with colleagues at Darlington Borough Council to develop peer case file audits. An audit tool has been produced and an information sharing agreement is being drafted to ensure all relevant information is shared freely between the two authorities. The first audit is due to take place in November 2015.
- Strengthen data collection processes for Deprivation of Liberty Safeguards with the purchase of a bespoke system.
- Carry out a review of the DoLS process in order to streamline the process where possible.
- Deliver Level 2 Mental Capacity Act training to housing providers, emergency services and targeted Local Authority staff.

### Falls Prevention Strategy

- Present a paper to the Health and Wellbeing Board to explain the situation in Gateshead in relation to falls.
- Conduct a mapping exercise to explore the falls prevention programmes available in Gateshead.
- Plan for a Falls Conference in Gateshead to take place on the 01 April 2016.
- Identify frontline staff that could prevent/identify fallers and ensure that these staff have the correct training in place.
- Launch the seamless falls pathway.
- Relaunch the Falls Prevention Scheme in Councils News targeting those 65(+) and those identified at high risk of falls.

### **Health and Wellbeing**

#### Active and Healthy Living

- To support strategic indicators CP01a and CP01b the following actions will be developed; implement the recommendations of the marketing and pricing review within Leisure Services to ensure programmes are equitable, accessible and cost effective. Complete the Leisure Options review which includes implementing any key service improvement recommendations. Be a team base (in partnership with Gateshead College) to South Africa and Samoa rugby union teams as part of the Rugby World Cup 2015. Both teams will have use of the following facilities; Gateshead International Stadium main pitch, Gateshead College Indoor training facility and gym and Gateshead leisure Centre swimming pool.
- Further research to be carried out to understand some of the messages in the baseline homeless health needs audit. That work will complement the health needs audit and seek to gather more in depth, qualitative information. The work will inform the Gateshead Joint Strategic Needs Assessment, the HWB and direct the focus of future work. It is hoped that by using peer engagement we will be able to reach some of those not currently engaged with services and who weren't interviewed as part of the health needs audit.

### Substance Misuse (Including Alcohol)

- Continue the review of contract monitoring to better establish and interpret the data provided by both NDTMS and the Quality Assessments Framework/Key Performance Indicator monitoring.
- Continue the current work around developing the joint substance misuse strategy for Gateshead in conjunction with colleagues in Community Safety and Public Protection.
- Work closely with providers to progress the implementation of both Nalmefene and Naloxone.
- Work closely with partners LMC, Primary Care to ensure a smooth transition from GP lead Central Prescribing service to new provider Gateshead Evolve.
- Public Health to look to maximise opportunities to engage with the community via both Alcohol Awareness Week and Dry January.
- Alice Wiseman to Chair the Drug Related Deaths Group. The remit of the group to be extended to include suicides.
- Community Safety to evaluate the pilot to improve data collected at Accident and Emergency in relation to presentations linked to violent crime.
- Implement actions linked with tackling the growing popularity of Novel Psychoactive Substances, legal highs.
- Community Safety Board and Health and Wellbeing Board to develop a joint Substance Misuse Strategy for Gateshead.

### Reducing Smoking

- Further explore and develop opportunities for brief intervention, and cessation support in the wider community, in line with evidence highlighting the drop in engagement with cessation support services.
- Develop the Tobacco Control 10 year plan for Gateshead.
- Evaluate the 'No Butts' pilot programme with Citizens Advice Bureau and explore ways to further develop this work across other community and voluntary organisations.

### Sexual Health

- Initiate an integrated tariff financial impact assessment project.
- Support and roll out the HIV home sampling service.
- Review the terms of reference of sexual health partnership and improve the strategic influence of the group.
- Review the Emergency Hormone Contraceptive Patient Group Direction.
- Embed an effective and efficient performance monitoring process with new providers, determining clear roles and responsibilities of officers throughout the process, with a clear accountable reporting structure to support the quarterly strategic contract monitoring process.

### Mental Health and Wellbeing

- Finalise the development of the Mental Health and Wellbeing Strategy.

- Undertake work to understand the physical health needs of people with serious mental illness. Meetings will take place to discuss the findings with the research lead for this work and a short desk top review of evidence in relation to physical health needs of people with severe mental illness will be conducted.
- Develop the model for the mental health employment trailblazer pilot, which includes Gateshead.
- Attend workshops to discuss the proposed restructuring of Mental Health in patient services in North of Tyne and Wear through the NHS 'Deciding Together' process.
- Undertake further work on the new Suicide Action Plan.
- Hold a workshop with the HWB on Social Prescribing on 23 November 2015.
- Expand Books on Prescription collections to key libraries including the Mobile Library to ensure good reach across the borough.

### NHS Health Checks Programme

- Further improve communications in terms of marketing and promoting NHS Health Checks, the focus will be on improving the invitation letter/method (to increase the numbers of eligible people invited and increase uptake), to improve the materials used for the communication of results to individuals, and to co-ordinate a resource pack.
- Develop an additional NHS Health Check Plus+ Families pilot with 3 GP Practices, as part of the CCG British Heart Foundation House of Care Project. The GP Practices will be in an area of high deprivation (in 35% most deprived population) and an area with a high incidence of CVD (Cardiovascular Disease) in its practice population, and will seek to develop innovative ways to increase NHS Health Check uptake by engaging with friends and/or families of people having their NHS Health Check (to have their NHS Health Check or to make lifestyle changes).
- Work with NECS (North of England Commissioning Support Unit) to have more detailed NHS Health Check performance and outcomes data routinely available.
- Undertake a Health Equity Audit (Specialty Registrar in Public Health) to assess and identify whether there are certain groups within the population of the north east who are under-represented in their use of NHS Health Checks, and make recommendations on how to increase uptake in such groups.
- Complete and evaluate the NHS Health Check Plus+ Cancer pilot and start to implement the NHS Health Check Plus Families work with the GP Practices one in the central locality and one in the south locality.

### Health and Wellbeing Strategy

- Develop the case study section of the JSNA website to include audio visual materials, creative writing and other ways to capture information about the experience of people in Gateshead.
- Continue to input to and shape major health service reviews.
- Progress alignment of 2016/17 commissioning intentions for the Gateshead health and care economy.

- Finalise the Children & Adolescent Mental Health Services (CAMHS) Transformation Plan and the Learning Disability Transforming Care Programme Locality Plan for Gateshead working with partners.
- Finalise the Health Protection Assurance Report for Gateshead for 2014/15 and work programme for 2015/16 as part of the Director of Public Health Annual Report (2014/15).
- Review the role of housing providers in promoting health and wellbeing – housing conditions and housing provision for people with specialist support needs.
- Continue to provide oversight and assurance in relation to the Better Care Fund for Gateshead and consider the next steps towards integrated health and care.
- Develop the model for the mental health employment trailblazer pilot, which includes Gateshead.
- Organise HWB Sponsored workshops e.g. on tobacco control 10 year plan, social prescribing.
- Develop the public health services commissioning (0-5 years) arrangements.

Improve population health and wellbeing, reduce mortality and tackle inequality

- Complete a Health Needs Assessment of people who are homeless or vulnerably housed.
- Organise a workshop with the HWB for November 2015. The objectives of the Social Prescribing Workshop are to bring together interested parties, learn more about social prescribing (national and local drivers), hear about the evidence base, hear from a national and a local example of Social Prescribing, to explore the potential of SP for improving health and social care outcomes in the Gateshead population, consider how to progress the social prescribing agenda in Gateshead and to agree key outcome measures.
- Promote Movember and encourage men in Gateshead to sign up. A series of events have been lined up to promote this and Live Well will have its own page on Movember and will be looking to encourage 250 men to sign up and support the campaign from Gateshead.
- Promote and support the 'Stoptober' campaign providing free support including packs, apps, emails, face-to-face support, tailored advice and hints and tips to help Gateshead residents quit smoking for 28 days and beyond.
- Consider the feasibility for delivery of another "A Year of" based on the Year of Walking to promote physical activity in Gateshead.
- Take part in a regional PHE campaign to focus on physical activity in 2016.
- Embed a researcher to undertake qualitative research of the Live Well Gateshead model with the fieldwork to begin in November 2015.
- Deliver health promotion campaigns in libraries using the Live Well Gateshead health calendar including, Stoptober, Movember, Dry January, No Smoking Day, National Wear Red Day.
- Work with Live Well Team to build use of library buildings, services and activities by those accessing Live Well Service.



### Hearty Lives

- Develop nutrition and cooking session in partnership with Food Nation targeting homeless men through the House on the Hill Project.
- Carry out a full evaluation of the Hearty Lives programme as the programme enters its last 5 months.

### Healthy Weight

- Develop a pilot project to look at a specific community within the East of Gateshead. This project will look at developing approaches to healthy weight by working with local communities to develop ideas and approaches.
- Respond to Public Health England (PHE) review of the evidence about how best to reduce the population's sugar intake (due to be released in Jan 2016).
- Take part in a regional Public Health England campaign to focus on sugar.

### Cancer

- Implement commissioning for better patient experience.
- Assess the impact of implementing National Institute for Health and Care Excellence (NICE) guidance.
- Redesign the pathway around breast cancer follow up.
- Respond to the practices around profiles and routes to diagnosis audit following the visit of primary care engagement facilitators.

### Clinical Commissioning Group Locality Working

- Support individual practices to achieve the primary care quality standards.

### Better Health at Work Award

- On commencement of the Environmental Health funded lead, engage and support more businesses through the award.

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**TITLE OF REPORT:** Review of Annual Work Programme

**REPORT OF:** Jane Robinson, Chief Executive  
Mike Barker, Strategic Director, Corporate Services  
and Governance

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### **Summary**

The report updates and seeks the Overview and Scrutiny Committee's views on the current position with regard to the annual work programme.

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### **Background**

1. At its meeting on 21 April 2015, the Care, Health and Well-being Overview and Scrutiny Committee agreed its work programme based on the Council's policy framework. This work programme was then agreed by the Council as part of the policy planning process.
2. In line with the process agreed by all OSCs this OSC selected its review topic and case studies using a process designed to help make linkages between potential topics and the Council's policy framework.

### **Proposals**

#### **OSC Review Topics for 2016/17**

3. In advance of the OSC agreeing its review topic for 2016-17, members of the OSC have been invited to identify any issues which may potentially be appropriate for a detailed review by 18 December 2015. It is proposed that those issues put forward by members are added to the list of potential review topics for consideration by the OSC at the start of the municipal year, unless the issue is already being, or would more appropriately be, dealt with through other processes within the Council. Members will be notified if this is the case and advised as to how their issue is being dealt with.

### **Monitoring of OSC Reviews**

4. All of the Council's Overview and Scrutiny Committee's have received feedback on the outcomes of the specific reviews undertaken by them during 2015-16. This Committee has received a monitoring report on the outcomes generated by its Review of Mental Health and Wellbeing on

15 September 2015 and will receive a further monitoring report on 19 April 2016.

## **Case Studies**

5. Case studies have been included within OSC work programmes to provide an additional means of examining specific issues of concern/carrying out more detailed work on a particular topic/measure the impact of a particular OSC's review recommendations over a specific period of time.
6. The case studies for 2015/16 are:
  - Carers (January 2016)
  - MASH (March 2016)
7. Each OSC has identified specific issues to be considered through the case study method and it was agreed that in view of the timing of case studies within the 2014-15 work programmes that feedback on their effectiveness be sought during its work programme review in 2015/16.
8. During 2014/15 the OSC considered the following case study :-
  - Health Protection and Assurance

The OSC focused on:-

- the progress being made in relation to the Council's new role in providing an assurance for health protection arrangements.
- the arrangements that the Director of Public Health for Gateshead has put in place to assure the Health and Wellbeing Board that their responsibilities are being delivered
- the level of performance against each activity and of major issues for Gateshead since April 2013 when the Council took over these functions.

Having examined the issues the OSC :

- expressed concern that six schools had not taken part in the pilot programme to deliver the national flu immunisation programme to primary school age children in year six
- noted that in the pilot there was a requirement for a parent to be in attendance and queried whether this was a factor in affecting take up.
- Received information that it is not mandatory for schools to participate and the school nursing service is used to encourage participation.
- Received information that the issue of parental attendance was being considered as part of the evaluation of the pilot and how it was to be taken forward in the future.

In light of the above, the OSC indicated it was satisfied with the progress made and requested that its comments be fed back to the Health and Wellbeing Board.

## Recommendations

9. The Committee is asked to

- (i) Note that any issues identified by members of the OSC as potential review topics by 18 December 2015 will be included in the list of review topics to be considered by the OSC at the start of the municipal year unless such issues are being or would more appropriately be dealt with via other Council processes.
- (ii) Give its views on the review monitoring process carried out so far.
- (iii) Give its views on the effectiveness of the case study carried out in 2015/16.

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