



CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 19 April 2016 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Jane Robinson

Item	Business
1.	Apologies for absence
2.	Minutes (Pages 3 - 8) The minutes of the meeting held on 19 January 2016 are attached for approval.
3.	Blaydon GP Provision Update Matt Brown NHS England will provide the OSC with a verbal update.
4.	Healthwatch Gateshead (Pages 9 - 28) Report of Healthwatch Gateshead
5.	Deciding Together Consultation - Update Report to Follow
6.	Review of Mental Health & Wellbeing - Monitoring Report (Pages 29 - 38) Report of Interim Strategic Director Care, Wellbeing and Learning
7.	Health and Wellbeing Board - Progress Update (Pages 39 - 44) Report of Interim Strategic Director Care, Wellbeing and Learning
8.	Annual Work Programme 2016-2017 (Pages 45 - 52) Report of Chief Executive and Strategic Director Corporate Services and Governance
9.	Review of GP Access - Final Report (Pages 53 - 62) Report of Interim Strategic Director Care, Wellbeing and Learning

Contact: Helen Conway - email helenconway@gateshead.gov.uk, Tel: 0191 433 3993
Date: Monday, 11 April 2016

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

19 JANUARY 2016

PRESENT: Councillor S Green (Chair)

Councillors: M Hood, B Coates, D Davidson, M Goldsworthy, B Goldsworthy, C Bradley, M Charlton, W Dick, K Ferdinand, F Hindle and J Simpson

CHW30. APOLOGIES FOR ABSENCE

There were no apologies for absence received.

CWW31. MINUTES

The minutes from the meeting held on 1 December 2015 were agreed as a correct record.

CHW32. DECIDING TOGETHER CONSULTATION

The Committee received a report and a question and answer session on the Deciding Together Consultation. The report sought to update the Care, Health and Wellbeing OSC on the current position regarding the Committee's involvement in the formal consultation in relation to the deciding together process.

The Committee asked the CCG if they would be prepared to provide a new build facility if an appropriate site in Gateshead could be found. The Committee were advised that if an appropriate site could be found it would be considered as part of the consultation process. The CCG also reported that they had the necessary finance in place for a new build but not the land.

The Committee expressed reassurance that bed capacity within Gateshead would not be reduced until the correct community services were firmly in place.

The Committee were still not satisfied with the length of time taken to conclude the transport survey and expressed concern about the lack of clarity surrounding patient transportation services due to the availability of ambulances and cost implications for all parties.

The Committee felt unable to reach a decision as there were still outstanding questions contained in the consultation document which had not been fully addressed or updated by the CCG. The Gateshead scenario does not stipulate a specific site and does not state if any proposed site would be in the town centre or the wider borough.

The Committee were worried about the timescales with still so many unanswered questions. The Governing Body of the CCG are making their recommendation at a public meeting on 24 May 2016.

The Committee expressed concern that although research seems to indicate that the need for in patient beds are reducing, they do not feel that this was taken into account when Hopewood Park was built, especially if the Gateshead facility is to close. If the Tranwell unit is to close this will then add extra pressure on Hopewood Park as they will then have to accommodate patients from potentially Gateshead, Newcastle, South Tyneside, North Tyneside and Sunderland.

The Committee were concerned that if a patient from Gateshead was accommodated at Morpeth or Sunderland and the family wished to visit every day would this funding be provided and would it be available for the whole length of the patients stay.

- RESOLVED -
- a) The initial view of the Committee was that the proposals as outlined in the consultation document were not beneficial to the people of Gateshead and were placing Gateshead residents at a disadvantage and would in turn be detrimental to residents mental health recovery.
 - b) that the formal response in relation to the Deciding Together consultation proposals will be made via the Joint Gateshead/Newcastle OSC at the meeting scheduled for 26 January 2016.

CHW33. BLAYDON GP PRACTICE – PROGRESS UPDATE

The Committee received an update from Matt Brown, Head of Primary Care NHS England.

The Committee were advised that no bids had been forthcoming through the procurement process for the Blaydon Primary Care site.

The current position being looked at is a branch surgery with reduced hours and this scenario is currently out for consultation/engagement with the public.

The Committee expressed concern that patient details have been reported as lost and councillors who reside in the west of the borough had not received any information or consultation documents.

This would be looked into as a matter of urgency.

- RESOLVED -
- i) that the information be noted.
 - ii) that further updates be provided as soon as practicable

CHW34. REVIEW OF GP ACCESS – EVIDENCE GATHERING

The Committee received a report and presentation as part of the third 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.

Jane Mulholland, Director of Delivery and Transformation, Newcastle Gateshead CCG and Helen Lumley, Chief Executive of Community Based Care provided the Committee with a presentation which set out the national context arising from the Forward View and recent NHS Planning Guidance as well as the local context from the CCG's Primary Care Strategy for High Quality and Sustainable General Practice 2016-19. Consideration was then given to the following issues and how they impact on access to GP services and the quality of care:

- IT
- Workforce
- Estates
- 7 Day Services
- Prime Ministers Challenge Fund
- Inter-practice referrals and other initiatives being taken forward through Gateshead Community Based Care Ltd

Following on from the two site visits already undertaken to Trinity Square Health Centre and Oxford Terrace practices, arrangements are being made for the two remaining site visits to:

- 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 in improving the quality care. As part of the visit links will be made with the committee's review topic.
- A GP practice to observe a patient engagement forum meeting.

Dates will be circulated in due course.

The Committee has already had a presentation from Healthwatch Gateshead on the findings of its own survey on GP Access and Out of Hours Provision at the first evidence gathering session on 20 October 2015. This report was subsequently provided to the Committee and was attached to the agenda papers.

RESOLVED - That the information be noted.

CHW35. MULTI AGENCY SAFEGUARDING HUB (MASH) UPDATE AND CASE STUDY

The Committee received a report providing an update in relation to Multi Agency Safeguarding Hub (MASH) that has been established by Gateshead Council, in collaboration with a range of partner agencies, in order to support and protect vulnerable adults within the Borough. The report also provided a brief update in relation to Operation Encompass as well as a detailed case study of a recent case in

order to demonstrate the type of positive work that is being carried out by agencies involved within the MASH and an update on the Serial Victims Project.

The initial phase of the MASH commenced in November 2014 and the secondment of two Police Officers onto the Safer Communities team – and was enhanced further in January 2015 (with the commissioning of support services).

The MASH has been extended until March 2017, as a result of the successful Home Office Innovation Fund Bid, and will include a greater focus on the identification and support offered to protect serial victims of domestic abuse. As a result, MASH is comprised of: a dedicated MASH Business Manager and Partnership Support Officer as well as 2 Police Officers. A range of specialist staff have also been commissioned including: 3 x Support Workers (from Oasis Aquila, Victim Support and Northumbria Community Rehabilitation Company), 2 Serial Victims Domestic Abuse Workers (from Oasis Aquila and Barnardos) and 1 x Mental Health Worker (from NTW); whilst decisions have also been undertaken with STFT and Evolve.

The MASH continues to meet twice-weekly and is now receiving all ‘lower-level’ concerns from Northumbria Police and the North East Ambulance Service. All referrals are inputted into CareFirst, so we can ensure information is captured, and monitored, using a standardised and consistent format. This also enables the MASH to identify in a timelier manner, if individuals are already and/or were previously known to services within Gateshead Council.

Since April 2015, there have been a total of 333 separate referrals received into the MASH. As expected, Northumbria Police continue to submit a higher proportion of referrals followed by the North East Ambulance Service.

On average, the MASH received approximately 30 to 40 referrals per calendar month, with the most referrals received in November 2015 at 65 – and is due to the change in referral process (i.e. referrals of all lower level concerns).

The Committee also received an update on Operation Encompass performance. This is the initiative that has been established to share information with schools to be able to support children who are affected following a domestic abuse incident. Since the inception of Operation Encompass in April 2015 to 4 January 2016, the following referrals have been received:

- 529 separate domestic abuse incidents reported – of which, a total of 1,185 children were involved.
- Average age of the child involved, 9 years
- 172 Incidents were open/opened to Children’s Services
- 132 Repeat incidents recorded
- 58 incidents were both repeat incidents and open to Children’s Services
- 73% of incidents involved households where two children reside

The Serial Victims Project is funded through the Home Office Innovation Fund until March 2017. The project is currently developing with the Serial Victims Domestic Abuse workers in post from Oasis Aquila and Barnardos.

The analyst for the MASH create a list based upon Northumbria Police data which is refreshed on a monthly basis, ensuring that those clients with the most serial victims will receive support at the earliest stage. To date 21 serial victims have been allocated to workers.

A draft process and toolkit is currently being developed by the Domestic Abuse Workers to highlight what services can be delivered to each client, although each client will receive a tailored service depending on their needs.

RESOLVED -

- i) that the information be noted
- ii) that the Committee agreed to receive regular updates in relation to MASH

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Healthwatch Gateshead Annual Activity Report April 2015 to March 2016

1. Introduction. This report outlines the key activities undertaken by Healthwatch Gateshead to support, promote and encourage residents to have a stronger voice in their health and social care by either being the representative of diverse communities or by providing intelligence – including evidence from people’s views and experiences – to influence the policy, planning, commissioning and delivery of health and social care.

2. Healthwatch Gateshead. The Health and Social Care Act 2012 set out that Healthwatch would be established in April 2013 in order to provide local citizens and communities a stronger voice to influence and challenge how health and social care services are delivered within their locality.

3. Governance. Healthwatch Gateshead (HWG) has undergone a great deal of change at board level over the last year. The long term chair Robert Buckley stepped down after suffering a serious illness early last year. Sharon Stewart was initially appointed as interim Chair and then replaced by Douglas Ball in October 2015 who’s position as Chair was confirmed by the board in February 2016 for a period of 3 years. This has brought much needed stability and strategic leadership to the organisation.

4. The Board has undergone a major refresh with five new board members and one founder member, committed to enabling Healthwatch Gateshead become an independent self-governing body in 2016. Under the new chair the board is working with Carers Federation and Gateshead Commissioners to achieve this aim during the 2016/17 contract year.

5. Healthwatch Gateshead is a registered Community Interest Company and is putting in place the plans, policies and procedures necessary to deliver the Healthwatch contract from Gateshead Council independently of Carers Federation. The management of the local staff team has undergone a review and restructure, and a senior strategic manager is being recruited to manage the operations, to be the contact point for the contract management and delivery and support the board to deliver on their strategic priorities over the course of 2016/17.

6. Research Projects. Healthwatch Gateshead engages with residents, commissioners, service providers and stakeholders to inform the type of research and engagement activities that Healthwatch Gateshead may be undertaken based on residents’ experiences of health and social care. From the evidence gathered we have undertaken the research projects and engagement activities identified below.

7. Health issues of Refugee and Asylum Seekers in Newcastle and Gateshead. This was a joint piece of work with Healthwatch Newcastle and the Regional Refugee Forum. Two events were held in June & October 2015 with the Regional Refugee Forum. The first event was to give Regional Refugee Forum members the opportunity to describe the unique and distinctive health and wellbeing issues affecting them. The second event brought together members of the refugee and asylum seeker communities with those responsible for planning and commissioning health and care services in Newcastle and Gateshead.

*The findings within the draft report are at **Appendix 1.***

8. Survey of patients experiences of GPs and Out of Hours Provision.

8 ct’d. Healthwatch Gateshead (HWG) was receiving anecdotal comments from residents on problems with access to GPs and the Out of Hours Provision. HWG acknowledge that there appeared to be a common theme both regionally and nationally and decided to establish a clearer picture for Gateshead residents.

9. This work was undertaken with support from the Gateshead Clinical Commissioning Group, who helped define a base point for the level of service Gateshead patients should expect. A questionnaire was developed to gauge patients' experiences on the following aspects: -

Booking appointments.
Out of hours' provision.
Dignity and respect.
Continuity of care.
Patient information.
Prescription services.

10. The report was presented to, and well received by the Care, Health and Wellbeing Overview and Scrutiny Committee, and the committee will have regard to this information when preparing its recommendations in relation to their review of GP Access. The report was also presented to the Primary Care Joint Commissioning Group and a copy of the report was provided to the MP David Anderson who passed it to the Public Accounts Committee examining the issue of 'Access to General Practice in England'.

*A summary of the report is at **Appendix 2.***

11. Understanding Patients experience of Queen Elizabeth Hospital discharge process.

This report presents the outcome of the Healthwatch Gateshead review of discharge arrangements at the Queen Elizabeth Hospital in Gateshead. The aim of the study was to examine the experience of patients who have recently been discharged from the Queen Elizabeth Hospital and where necessary make recommendations for improvements based on the evidence received from patients. This project was undertaken with the Patient Experience Team of the Queen Elizabeth Hospital.

12. The review process consisted of: -

- Gathering information on the discharge experience from patient's and carers perspectives.
- Collecting information about how patients and carers are involved in the hospital discharge process.
- Exploring the extent to which the discharge process is 'joined up'
- Making recommendations to improve the discharge process from the perspective of patients and carers.

13. For the purposes of this report, discharge from hospital is defined as: -

'the point at which the patient leaves the hospital and either returns home or is transferred to another facility such as one for rehabilitation or to a nursing home'.

The report and the recommendations have been accepted by the Trust.

*A summary of the report is at **Appendix 3.***

14. Access to Adult Safeguarding Team. Healthwatch Gateshead had expressed concerns to the Safeguarding Manager about difficulties in contacting or raising issues directly with the Safeguarding Team. After meeting with the Safeguarding Manager Healthwatch Gateshead was given a direct dial number to contact the team. Reviewing the new procedure, Healthwatch Gateshead found it was not working properly and after further discussions with the Safeguarding Manager a further direct dial number was established that allows Healthwatch Gateshead direct access to the Safeguarding Team. This has resulted in a much closer working relationship between Healthwatch Gateshead and the Safeguarding Team.

15. Empowering and Informing Gateshead Residents. Healthwatch Gateshead has a statutory duty to empower local residents to enable them have voice in both national and local consultations which could impact on their health and social care and to represent their views to those who commission and provide health and social care services.

16. Healthwatch Gateshead undertakes this activity by informing residents of national and local consultations which could affect the health and social care. This is undertaken by either holding special events, participating in local events across the borough, through our social media, website, our electronic newsletter, council newsletter or through partners, our contacts database and Survey Monkey. Our electronic newsletter goes to over 500 organisations and individuals,

*A summary is shown at **Appendix 4.***

17. We have developed “**Have your say**” comment cards: which gathers the experiences people have received in respect of Health & Social Care services they’ve received. The comment cards are on an A5 card with a Freepost return address to Healthwatch Gateshead. These comments are analysed to influence and shape our areas of work.

18. We continue to hold local events across the borough to engage with residents, one series of events is in partnership with the police at ‘**Cuppa with a Copper**’ where we provide Gateshead residents the opportunity to raise any social or health care issues. Residents are encouraged to either put forward their views as individuals or to use Healthwatch Gateshead to represent their views where they feel unable or vulnerable.

19. Healthwatch Gateshead has observed that Public bodies which undertake consultations via the web can disfranchise a significant number of local residents who do not have the tools, skills or aptitude to access the web to read or download the appropriate information. Paper version of any consultation is often sparse. In addition, the language used in most consultations is not the language used by Gateshead residents, and generally do not explain the impact of the decisions they are being asked to consider. Glossy consultation documents which are dominated by confusing facts and little real information regarding the options being offered makes it difficult for individuals to understand exactly what choices they can make. Healthwatch Gateshead tries to ensure through its partnership network that it can reach those residents for whom social or electronic media is an inappropriate mechanism.

20. **Major Consultations**, two were undertaken this year to encourage and provide Gateshead residents with the opportunity to have a voice and influence the proposals as identified below.

21. **Gateshead Council Social Care Budget consultation for 2016/17.** Healthwatch Gateshead did not have the resources to hold consultation events on all eight of the councils’ budget proposals, therefore the board decided to concentrate on the consultation on the Social Care Budget. Residents had raised concerns early during the consultation period that the use of the web for dissemination of the proposals was restrictive and limiting, that there were no available paper copies or the consultations available. The central library did have 12 paper copies available for Gateshead residents, but none appeared to be available from the civic centre. These issues were raised with the council as they arose.

22. A special event was held at the Gateshead Masonic Hall on the 3rd December 2015 to ensure residents were aware of the consultation, what the timescales was for responses, to discuss how the proposed changes could affect them. Michael Laing the Director of Social Care and Independent Living presented the proposals.

*A summary of Healthwatch Gateshead response on behalf of Gateshead residents is at **Appendix 5.***

23. **Deciding Together Consultation on the Future of Specialist Mental Health Services in Newcastle & Gateshead.** Concern was expressed that the consultation document was confusing and did not provide sufficient information or provide a concrete local solution for Gateshead residents. Healthwatch Gateshead publicised the consultation and gathered together resident concerns and issues to produce a formal response which it submitted to Newcastle Gateshead Clinical Commissioning Group.

*A summary of the report is at **Appendix 6.***

24. Healthwatch Gateshead has a duty to inform promote and feed into local consultations which impact upon local services. Here are some examples of consultations where we have been actively promoting and/or undertaking further consultations: -

- **Safeguarding Adults strategic plan for 2016/17.**
- **North East Ambulance Service.**
- **North East Combined Authority (NECA) Transport plan.**

A more complete list is available at **Appendix 7.**

25. Strategic Partnerships Representing Gateshead Residents

Healthwatch Gateshead Chair, Board members and Staff team represent Healthwatch Gateshead at a variety of forums, networks and strategic boards. Their role is to ensure that the voice and opinions of local people are taken into account when decisions are being made about health and social care services. We have had regular representation and input to the following: -

- **Primary Care Joint Commissioning** - is the body responsible for the planning and commissioning of healthcare services to meet the needs of the local community.
- **Gateshead Safeguarding Adults Board**- the overarching purpose is to help and safeguard adults with care and support. Healthwatch Gateshead has provided an Interim Chair for this committee until a new chair is appointed.
- **Local Engagement Board** - Members of the public are invited to these quarterly Local Engagement Boards (LEBs) to discuss important health issues and services and to help shape, improve and develop local NHS services.
- **Health and Wellbeing Board** - established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.
- **Health and Wellbeing OSC** - Council overview of provision of health services to the local population.
- **Gateshead Patient User Carer Public Involvement Group (PUCPI)** - aims to ensure that the needs and issues identified by members are brought to discussion with commissioners.
- **Gateshead Smokefree Tobacco Alliance Gateshead Ten Year Tobacco Plan** - reducing the number of residents who smoke in Gateshead. Healthwatch Gateshead is providing the Vice-Chair for this committee.
- **Gateshead Care Home Vanguard** - a joint approach by NHS Newcastle Gateshead CCG and Gateshead Council to deliver improved health and social care into homes for local residents and their families.
- **North East Commission for Health & Social Care Integration** - The purpose is to establish the scope and basis for integration, deeper collaboration and devolution across NECA's area to improve outcomes and reduce inequalities. (The area covered by NECA and the Commission is County Durham, Gateshead, Newcastle, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland.).

- **Joint Integrated Care Programme Board/STP** - response to NHS England regarding the future structure of healthcare in the North East.
- **Achieving More together** - Gateshead Strategic partnership to enable residents make the most of their capabilities.
- **Gateshead Voluntary Sector Advisory Group** - provide input to Health and Wellbeing Board.

26. Signposting activities. Healthwatch Gateshead recognises that the delivery model and priority for this service needs reviewing against the other demands within a constrained budget. In the last 12 months take up has been slow through face to face email and telephone contact, from the beginning of the year but we have seen an increase in take up of around 15% over the last quarter.

27. The website has been refreshed and offers more information on local services and our marketing and promotional activities are increasing, including closer working with Citizens Advice. We provide an A to Z list of services for all kinds of health and social care information, advice, complaints, care pathways, patient and support groups. There is also a section on frequently asked questions which is reviewed on a regular basis to save individuals time if we have already responded to a similar question. We do however encourage new questions.

28. Signposting queries have ranged from: -

Care pathways

Complaints – referrals to Independent Complaints Advocacy (ICA)

Care costs

Specific patient group information i.e. Stroke groups

Alcohol dependency support services

Eating disorder support services

Partner to partner referrals / networks i.e. Readers at Home Service (RAH) Dementia specialist

*A list of some of the issues dealt with are at **Appendix 8***

*A list of some of the comments received are at **Appendix 9***

29. Partnership Working. Healthwatch Gateshead works in partnership with both voluntary organisations and statutory bodies to reduce duplication of effort and provides greater value for money in an era of austerity. Our partners inform Healthwatch of issues raised by their members or who may be affected by the various consultations.

30. Some examples of this are: Healthwatch Gateshead was contacted by Action On Hearing Loss, they informed Healthwatch Gateshead that there were issues within GP practices being able to interact with individuals who had hearing loss, or are deaf with BSL as their first language. Healthwatch Gateshead passed on the information to the Primary Care Commissioning group for their consideration.

31. Healthwatch Gateshead promoted a listening and engagement event held by CQC as part of their inspection of Gateshead Foundation Trust (Queen Elizabeth Hospital). In addition, Healthwatch Gateshead provided anonymous patient experiences regarding services they've received from the Queen Elizabeth Hospital to feed into their inspection process. Healthwatch Gateshead is providing input and publicising the CQC inspection of the North East Ambulance Service NHS Foundation Trust.

32. Volunteering Opportunities. In recognition of the key role volunteers play in enabling Healthwatch reach and involve residents across the Borough Healthwatch Gateshead have invested in a Volunteer Programme Manager to develop this role within Healthwatch. The programme enables residents to contribute back to society or maintain their skill set while seeking work.

33. A framework for volunteer involvement has been developed in line with national guidance and using good practice examples from other Healthwatch organisations. This framework has direct links to the

Investing In Volunteers (IIV) Quality Standard, the Volunteer Involvement Plan and priority action plans are also linked.

34. A comprehensive risk assessment of volunteer involvement has been undertaken. A 'Volunteering Toolkit' been developed which covers every aspect of volunteer involvement including branded publicity, safe recruitment and selection processes, induction training and ongoing support to placed volunteers. A series of outreach events have been undertaken, in conjunction with the staff team and partners, in a range of community venues. This was to promote volunteering and also the wider work of Healthwatch. Four volunteers have been recruited directly as a result of this approach, which is a significant return on investment.

35. Developing Enter and View is a priority area of work over the coming months. A toolkit has been developed based on Healthwatch England's guidance. A pilot Enter and View has been carried out on 31 March 2016 at Teams Medical Practice with a small team of volunteers supported by staff. Planning with volunteers will be undertaken in advance (29 March 2016) to ensure clarity of purpose, roles and responsibilities. Collaborative work is ongoing with the Practice Manager ahead of this visit.

36. Meaningful involvement of young people is another priority and initial work has been undertaken about how this could be developed.

37. Future activities. During the course of 2016/17 HWG has a number of activities planned. As in 2015-16 these represent a mix of activities to develop Healthwatch Gateshead as a separate entity, activities to work with local communities and activities to work with and influence on behalf of Gateshead residents' other key stakeholders within the local health and social care sectors.

38. We will try to encourage commissioners and service providers to move more towards an asset based approach where the resident is the centre of the service and delivery mechanisms take into consideration the practicalities issues faced by recipients of the services.

39. Throughout the coming year we will continue to offer our assistance, information informing key stakeholders of the views HWG has gathered. This includes: -

- participating whenever possible in consultation events run by Health and Social Care commissioners and providers.
- continuing to work closely with the Care Quality Commission to help inform and shape their forward plans. We will assist CQC in their inspections, provide detailed information received from Gateshead residents.
- working with the North East Commission for health and social care integration to try and ensure that any future design is resident orientated, rather than institution based.
- working with the joint integrated care programme board to develop a sustainable transformation plan with is more patient based then institution based.
- delivering the agreed contract with Gateshead Council.
- chair the Safeguarding Adults board until a permanent chair is appointed.
- promote and support the Council 10 Year Tobacco reduction programme.
- considering how we can support the focus on housing and its impact on the health and wellbeing of residents.
- considering how we support the issues around delayed discharges, specific challenges and examples of good practice
- consider how we can support ensuring that end of life policies in hospitals and care homes respect a patient's dignity.

There will no doubt be many further areas of actual or potential activity which will crop up during the year. HWG will continue to respond positively wherever possible to requests for our involvement.

40. Summary. This OSC is asked to note the contents of the report and the significant contribution that Healthwatch Gateshead has made in enabling residents of Gateshead have a voice in the health and social care they receive.

Appendix 1

Summary of Health issues of Refugee and Asylum Seekers in Newcastle and Gateshead

Mental health and Stigma of mental health

Service providers should provide a range of treatment options for those with mental health issues and actively publicise and promote these within the refugee community

Staff attitude

- Organisations should offer training to staff to increase their understanding of issues asylum seekers and refugees face.
- Newcastle Gateshead CCG to look at refugee and asylum seeker issues at one of its Time Out (training) sessions with GP practice partners and staff
- Providers and commissioners should proactively engage with the refugee and asylum seeker community to better understand the issues they face

Interpreting services and language barriers

- Newcastle Gateshead CCG should review interpreter services with BME communities and with asylum seekers and refugees in particular, to make sure that they are meeting the needs of the communities that use them
- Include accessible information about classes in English for speakers of other languages (ESoL) which they can access immediately in the initial welcome package and encourage/support people to take this up
- Refugees and asylum seekers should receive information about the right to access interpreting in the initial welcome package for asylum seekers. All relevant organisations should actively publicise this right in their public areas

Causes of mental health problems

- Asylum seekers and refugees should be enabled to take a more active role in society, through volunteering etc., and be treated with dignity and respect
- Better education for service providers about the mental health issues facing asylum seekers and refugees.

Healthy living - being active

- Provide more information and support to access free activities such as walking, bike riding etc. (most of the information that people access already is via word of mouth from people currently active)
- Produce a hard copy directory of free services in Newcastle and Gateshead, in different languages. Include where to find out about health activities and volunteering opportunities
- Give asylum seekers and refugees free access to healthy activities
- Identify people that can act as buddies or motivators to help encourage people to exercise regularly
- Support to develop exercise plans
- Investigate activities from 'back home' and reproduce them locally with support for resources etc.
- Ensure that culturally appropriate activities are available e.g. women only swimming sessions
- Public Health to work together across Newcastle and Gateshead and have shared events to support asylum seekers and refugees
- Include accessible information about how to lead an active lifestyle in the initial welcome package for asylum seekers. Include details of the services/organisations that can give support

Information on healthy eating

- Put information in community access points such as community centres and places of community activity
- Use local knowledge, information and contacts to share information about healthy eating
- Use community leaders to help spread information
- Include accessible information about healthy eating and how to lead an active lifestyle in the initial welcome package for asylum seekers. Include details of the services/organisations that can give support
- Hold more cookery courses that give advice on healthy eating and how to make healthier versions of traditional food

Access to services and information

- Use community leaders and community access points as community centres and places of community activity to share health appropriate messages
- Resource local communities to enable them to run community activities that are relevant to local needs
- Consider the use of technology: e.g. health apps
- Share information about opticians/doctors/dentists etc. through refugee centres

Appendix 2

Summary of survey of patients' experiences' of GP's and Out of Hours Provision.

The review of the information gathered by Healthwatch Gateshead demonstrates a variety of positive and negative experiences in using GP Services. "One size" does not fit all; therefore, it is essential that a range of methods are available to access GP appointments.

Communication is essential to ensure that the general public are clear on the various ways they can make appointments and what services /options are available to them if an appointment is not available or if it is out of hours.

It is also important that patients are aware that they can request a longer appointment if they feel it is necessary.

Patients that have an ongoing medical need who perceive they may benefit from the continuity of seeing the same GP's should be able to book in advance appointments with the same to ensure they are guaranteed this essential ongoing support.

It is clear that patients have a lack of awareness of their surgery's Patient Forums. It would be a positive initiative for some marketing to take place to raise awareness of the Patient Forums and their purpose. Healthwatch Gateshead could also play an active role in this by bringing the information to the wider public.

Appendix 3

Summary of Patients experience of Queen Elizabeth Hospital discharge process

Discharge Planning -To review and better establish discharge planning commencing on admission – this could be done at ward meetings.

Medication - Review and where possible improve the process by which medication is issued for discharge. Healthwatch Gateshead is aware that the Patient Public and Carers Involvement and Experience Group have been looking at this issue. The preparation and delivery of medication appears to cause the delay and this is for a number of reasons that are not covered in this report.

The Trust should investigate using the same electronic prescription method used by GP's. This would mean that where it is appropriate for the patient prescriptions could be electronically sent to their local pharmacy and delivered or collected whichever the patient prefers. An agreement could be put in place between the hospital and pharmacy's that sign up to the arrangement that prescriptions are received no later than an agreed time for same day delivery. If this was in place it would certainly reduce this area of delay in the discharge process for some patients.

Discharge Lounge - To promote the use of the discharge lounge as this was very low for patients who completed this survey and if it is not being used effectively to ask 'why'.

Adaptation's, Equipment and Care Packages – The Trust to better establish the 'Care Pathway' process to ensure that it is operating effectively.

Transport – At ward meetings promote the importance that transport crew are aware of the type of property a patient may be returning to especially if the patient is not mobile. Explore with the ambulance service the average waiting time for transport and the importance of advising the ward staff if a long delay is expected so patients and carers/families can be kept up to date.

Communication - The Trust is asked to better establish the consistency of information provided to patients.

- Every patient should receive a discharge leaflet.
- Every patient should receive clear information about who to contact if there are any issues post discharge.
- A discharge letter should be readily available to patient and carers.
- On discharge, every patient should have personal contact with a member of staff detailing the discharge process including medication and time of discharge etc.

Appendix 4

Recipients of Healthwatch Gateshead Electronic Newsletter

- All Care Homes in Gateshead
- All Residential Homes
- All Nursing Homes
- Individuals
- All Schools
- Various Council departments i.e. Communities, Neighbourhoods and Volunteering, Community Safety, Wellness Hub, Looked After Children, Safeguarding Team etc.
- Public Health department
- Various healthcare personnel – Sexual Health Lead, Dementia Leads, Volunteering Lead, Patient Experience Teams, Hospital Communication Department, PALS, NTW, CCG staff, Health Champions Lead etc.
- Ambulance Service
- All GP surgeries and Practice Managers
- Many voluntary sector organisations – i.e. Age UK, Carers Association, Hearing Loss Support, Your Voice Counts, Rape Crisis Centre, Changing Lives etc.
- All Community Centres
- All Leisure Centres
- Readers At Home Service
- All Councillors
- Local MP's
- All Dentists
- All Opticians
- Local Media - including radio and newspaper
- Hospital Radio
- ICA – Independent Complaints Advocacy
- All Pharmacies
- All Children's Centres
- Specific Black and Minority Ethnic Community Groups
- All Advocacy Projects in the Borough
- HWG staff, volunteers and Board members
- Other local Healthwatch's
- Health and Wellbeing Board
- All Libraries
- Clinical Professional Networks – pharmacy, dentistry, ophthalmology
- Northumbria Police
- Tyne and Wear Fire Service
- Care Quality Commission

Appendix 5

Summary of feedback from Gateshead residents re: Gateshead Councils Social Care Budget Proposals consultation.

The feedback to Healthwatch Gateshead from engaging with residents, carers and stakeholders regarding Gateshead Council's Budget Proposals on Social Care covered the following areas:

- Impact on the voluntary and community sector,
- Impact on carers and
- Impact on service users

Impact on the Voluntary and Community Sector

- In this economic climate there is concern from the voluntary and community sector that the major impact of the cuts in service will fall on them and in the current economic climate they are already struggling to meet increased demands and are having to make hard decisions regarding whom they can help. These proposed cuts will make matters worse.

Impact on carers

- Carers are concerned that some of the budget proposals may have a massive detrimental impact on their lives. Carers stated change is often traumatic, particularly for vulnerable people and their carers. Carers need to be re-assessed to ensure that they and those they support are able to live a full life in the local community. Carers have raised concerns around the quality of care that could be delivered in the future, in the light of the proposals to re-commission services. Carers have raised concerns around ensuring robust safeguarding is in place in the event Local Authority services are re-commissioned. Some of the proposals are unclear and carers are unable to make an informed decision on the impact of the budget proposals for them.

Impact on service users

- Service users want the focus to be on preventative services and interventions. The Winlaton, Wrekenton base and the Promoting Independence Centres were quoted as examples of good preventative services. In the event proposals go ahead around changes to services, service users that live independently are seriously concerned that they may have to travel further or move to access services. This can be particularly difficult for those who heavily rely on public transport.

Residents with learning disabilities and their carers

- Service users and carers still need to have an element of independence, choice and have a voice in the services they receive. Arrangements need to be put in place for service users and carers making them aware of support that is available as services go through transition. Having plans such as this in place will ease the worry for service users and carers. It is vital to ensure that the current level and quality of care continues.

Residents who are older people and their carers

- Service users and carers are worried about changes in re-assessments and eligibility criteria of services and the cost of contributing to services. Carers of older people believe that putting services in place earlier is more cost effective in the long-term i.e. early intervention services.
- Appropriate support needs to be made available as services go through transition. Having plans such as this in place will ease the worry for service users and carers. The lack of information on the proposed changes to services caused serious concern.

Appendix 6

Deciding Together Response

The key concerns that have been brought to the attention of Healthwatch Gateshead are as follows: -

- Insufficient information for Gateshead residents to be able to make an informed choice. Gateshead is such a huge borough therefore depending upon which site was chosen would affect Gateshead residence choice.
- Concerned that options offered are not based around patients but more around the existing buildings, leases and reducing costs by concentrating services in a single point.
- Currently service provision favours locality of patients and families, providing the ability for patients to be gradually integrated back into their normal environment. The proposed Newcastle and Morpeth options would not suit Gateshead residents. Travelling for families would be more difficult and negate against the current ability of families to drop in while passing by. Maintaining family contacts are an important part of patient's recuperation.
- Families are concerned regarding the proposed increased distance to visit family members and that access by public transport would be very difficult and costly. They are unsure on the level of financial support, but more importantly the amount of time it would take and the need to use private taxis rather than public transport. There are other issues that should be considered here, such as; the emotional impact on carers in travelling long distances.
- Families have expressed concern regarding the proposals to reduce the number of beds, currently some families reported that there are insufficient beds to meet local needs.
- Concern has been expressed that access to ambulance services for patient that need to be admitted is difficult and that families use their own transport which is more difficult the further away from the residence the facilities are based.
- Document confusing, lots of facts but less real information.
- A strong belief that the decision has already been taken.
- Newcastle Gateshead Clinical Commissioning Group has commissioned an organisation to carry out an impact assessment on carers travelling long distances to visit family. Why was this information not available at the time of the consultation?
- Insufficient consultation of the patients who use the service.

Included below are examples of the comments received by Healthwatch Gateshead to demonstrate the strength of feeling regarding the consultation process and options proposed. We request that the content of this document be considered in respect of the consultation for Mental Health Services in Newcastle & Gateshead.

Comments received by Healthwatch Gateshead on 'Deciding Together' Consultation

- At the consultation meeting on 18 November Guy Pilkington stated that 80% of available finances was spent on hospital care and 20% on community care. Caroline Latta also did not know the accurate figures for this, which she then found out for the meeting which was corrected to 52% for hospital care. Having such an important role within the Consultation process, not knowing these percentages and therefore having an inappropriate view of how the distribution of monies is spent, the Chair of the CCG might have contributed towards the Consultation with these incorrect figures in mind, and publicised them erroneously at other events and meetings.
- The misleading and wholly financially inaccurate 'Spending the Mental Health Pound' exercises are another example of how people's views have been totally ignored. The vast majority of people opted for Bundle 3 with the proviso that there would be no ward/bed reduction i.e. five wards. This again came to nothing. No ward information was given for Scenario 4 unlike the other options.

When asked staff informed us that 'more wards could be built'. So how was it costed? It was thus inaccurate, arbitrary, ineffective in responding to people's views, and as an explanation of the financial situation useless.

- The travel consultation was commissioned so late in the day (despite being requested a year beforehand), those involved in the consultation did not have access to its findings in time. This is another reason the Consultation lacked appropriate detail.
- Reducing the bed capacity of Newcastle/Gateshead from 86 to 54 beds (37.2%) is clearly presently unworkable, and may continue to be so in the future. The Sunderland example of greatly improved community services leading to a much reduced need for hospital beds is misleading. It has only resulted in an admission rate the same per 100,000 of the population as it already is in Newcastle/Gateshead. This was not highlighted in the Consultation document only in the very lengthy 'Case for Change'. The assumption, therefore, that bed capacity can be reduced as much as 40% by the improvement of community services is unlikely and unproven, and as such no realistic or safe viable option was given as a choice.

Readmission rates are also noted as being more or less in line with those of Newcastle/Gateshead for both 28 and 90 days and yet are somehow perceived to be improved.

- *The Commission To Review The Provision Of Acute Inpatient Psychiatric Care For Adults* February 2016 states admissions should be 'as local and as short as possible' (p.26). It goes on to recommend: 'Commissioners, providers and Strategic Clinical Networks in each area together undertake a *Service Capability Assessment and Improvement Programme* to ensure they have an appropriate number of beds as well as sufficient resources in their Crisis Resolution and Home Treatment teams to meet the needs for rapid access to high quality care by October 2017'. (p.120) Although the CCG could not have been aware of this report while compiling the Consultation, an assessment should have taken place of this nature, to enable the CCG to see if the three ward capacity replacing five wards option was at all viable. For this reason the options available in the consultation are not proven to be adequate or appropriate and render the consultation a sham. To claim 'we will not reduce bed capacity until it is safe', when we don't know if three wards will ever be safe, has created a consultation flawed as it is based merely on assumption. Implementation based on any findings thus far in this consultation should not be allowed to go ahead until these issues are looked at and resolved.
- The Gateshead option of a new build is the only one that could accommodate four or five acute wards which may be needed (if not more), with a complex care rehabilitation ward, even when community care is improved. It is the only option that has all future services in the same geographical area, and the scope to expand if needed.
- There were no Health Impact Assessments from a range of clinicians.
- No general Impact Assessments to help form a viable view.
- When questioned on the previous 'listening' consultation giving bias quotes and examples in July, Chris Piercy conceded they had relied on the Trust and didn't 'get it right'. There are no examples in the new consultation of patient experience, and no evidence of their views. How well, if at all, did the

CCG focus on getting the views of current and past acute ward service users and their loved ones? Although visitors were asked in hospital wards for their travel situations, why were they not also informed by NTW staff of the consultation and survey?

- The financial situation has not been clearly explained. For example, the 2% held for 'parity of esteem' it would seem has been wholly ring fenced for Community services (consultation meeting 6 Feb). 3 million of capital costs had also already been allocated to community services. The consultation document was worded as such that to choose anything other than the Trust wide option would eat into community service money, without explaining the extra funding already available.
- The 'Quality of Clinical Care' being only 'most consistent with best practice' for the Trust wide option is at best wholly biased, goes into no detail, even in the long 'case for change', and incorrect. The best site for acute services is close to home for patient experience, in improved buildings. At a meeting 19 January for the Gateshead Health Overview and Scrutiny committee, Caroline Wild stated, when asked about the enormous travelling/time costs for NTW staff travelling between the two hospitals and the areas staff work in, that at individual Tribunals, case meetings or just visiting their patients, case co-ordinators from the community, many of whom have worked with people for years, would not individually attend, but one person would deal with a range of cases at hospitals. How can this be best practice? If the hospitals continued to be in the Newcastle/Gateshead area the appropriate member of staff could still attend as is now the case. Also, patient experience of being so far from home, isolation, suicide rates, lack of visits due to time and financial restraints, were ignored. Home visits for patients, also essential for improving health, would also be made more difficult and expensive in the Trust wide option. The term 'Less consistent with best clinical practice' for the Gateshead and Newcastle scenarios was not explained and seem highly unlikely, leaving the terms used in an undefined way bias to the cheapest option.
- The presentation of the documents was, despite being very glossy and filled with photographs, was both confusing and lacking in detail. The 'survey was also confusing and had far more questions bias towards spending more on community care, with fewer details on hospital service user/friends and family experience.
- The consultation meetings were too structured, leaving little or no time for personal points to be made to the whole group, or individual questions to be asked.
- NTW were far too involved in the CCG set of consultations, leading to bias documents and opinions. This has led to an emphasis on the Newcastle/Gateshead area being unnecessarily linked to the NTW financial and general projected plans to move services to the Trust wide option.

For the above reasons respondent believe information provided was inaccurate and potentially misleading. It was felt to be totally bias in favour of the Trust wide option therefore putting hospital service users potentially in an inappropriate setting too far from home; it was overly confusing yet gave little detail. It refrained from important detail, for example the financial situation, the details of best clinical practice, health impact assessments.

Respondents do not believe the CCG has taken into account how isolated the hospital service users would feel, or how this would impact on their health, if the Trust wide option went ahead. They are seen as part of a 'trade off' (Guy Pilkington 6 February) where community services take priority, and hospital service users potentially get a worse service to save money.

Appendix 7

Other Consultations promoted

- Care Costs – Deferred Payment Arrangements in Gateshead
- National Maternity Care
- Blaydon Medical Practice
- 0 – 19 yr old services and their families
- Outpatient Appointment Options
- Long Term Conditions
- Cancer Drugs Fund
- Patients Voice Representation in Public Participation
- Lesbian, Gay, Bi-sexual and Transgender healthcare views
- Overseas and migrants – extending charges for NHS services
- Developing Mental Health Services for Veterans, Lesbian, Gay, Bi-sexual and Transgender Sexual Health Clinics
- Dementia Friendly Swimming Sessions

Appendix 8

Examples of Signposting

My husband is a hearing aid wearer and can't hear on the phone – is there anything or anyone to help him hear on the phone?

Referred to Action on Hearing Loss and Hearing Loss Support – 2 local charities operated by and for deaf / hard of hearing people. Also referred to Adult Social Care for an assessment, to perhaps pick up other issues in the home that may make general life and chores easier.

The doctor suggested my husband and I get some help around the house because we're both in our late 80's now and need some help with the heavier chores. Do you know who can help? My husband has recently come out of hospital too.

Referred wife to Adult Social Care for re-enablement team services, Age UK and Happy to Help Scheme via Teamwork Services.

How do I get a Power of Attorney for my mother?

Referred to Age UK Gateshead and either a family solicitor or any local solicitor firms.

My father has just been diagnosed with Alzheimer's and my mother's health is failing. They are both in their 80's, is there any help we can get for them?

Staff referred family to Alzheimer Society for specific advice information and support. Also Gateshead Carers Association (GCA) for advice, help, support, breaks etc. for family members caring for individual. Made reference to the Care Act to make family aware of their rights and GCA could provide a more detailed explanation. Also referred to Citizens Advice Bureau (and Carers Association) to see if household income needs altering / reviewing. See Healthwatch Gateshead's website for in depth information on Dementia Directory. Keep in touch with Dementia Lead at local GP, memory clinic or hospital (whichever healthcare family member is under).

I'm worried about my neighbour; I think she's got undiagnosed Dementia – what shall I do?

If neighbour is in immediate danger for herself or others call 999. If you know family well perhaps approach family (only if you feel comfortable doing so) and explain your worries / concerns / fears. Call Adult Social Care and raise a safeguarding alert and explained to caller you can do this anonymously. (gave caller the phone number and website address so they can look at in further detail).

Where can I get my wheelchair fixed from?

Check it's under guarantee from supplier first. Consumer rights via Trading Standards if no resolve. If purchased secondhand, try Shopmobility Scheme and / or Peacocks (a private company in Newcastle).

My brother is recovering from poor mental health is there anything he can access to reduce his isolation?

Healthwatch Gateshead asked if there was any "underlying" issues i.e. veteran, alcohol dependent, age etc. in order to identify any specific services. Staff gave details of community mental health services and Talking Therapies service care pathways. Provided Samaritans and Initial Response Team number/details given for emergencies, also provided details of local charity organisations given i.e. Library, MIND and Gateshead Clubhouse that offer drop in's, courses, wellbeing activities, peer support groups etc. Also gave details of Our Gateshead website which details voluntary activity and events in Gateshead i.e. walking groups, history groups etc (i.e. hobby related interests). Gave NTW website details too for patient information leaflets <https://www.ntw.nhs.uk/pic/selfhelp/>

Appendix 9

Public Feedback

Information you gave us was perfect thank you very much. My father in law now has carers attending 4 times a day. He may have to go into a hospice now but we find out tomorrow. We will definitely call you again if we need anything else. Thank you.

You are the first person I've spoken to that I actually feel I have been listened to. I feel better thank you.

Thanks for getting back to me so quickly Victoria I appreciate it.

That's great, you've been a great help. I really appreciate it. Thanks so much for your help.

It's great to have a staff members name so I know who to ask for next time. Thank you Victoria.

Once again, thank you for all your help and support. Let me know if I can do anything to support your cause in terms of government budget or funding reductions.

Great, Thank you. I just didn't know where to turn. Thanks again.

Thanks for listening to me.

I can't thank you enough for this information it is very, very useful to us.

Eh gosh, thank you so much. I've got all this information now I'd better get cracking.

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TITLE OF REPORT: Mental Health Review – 1 Year update

REPORT OF: Carole Wood, Director of Public Health.

Summary

The Committee focused their 2014-15 review on mental health and well-being. This was due to the fact that the proportion of people in Gateshead diagnosed with mental health conditions, including common disorders such as anxiety or depression, is higher than Regional and national averages (*See Appendix 1*).

A final report, which analysed the issues identified during the review and made recommendations for future action, was discussed and agreed at the committee on April 21st 2015. A 6 month update was given on 15th September 2015 identifying progress against each of the six identified recommendations. This report provides a further progress update.

Background

1. One in four people in the UK will suffer a mental health problem in the course of a year. The cost of mental health problems to the economy in England have been estimated at £105.2 billion (Centre for Mental Health, 2010), and treatment costs are expected to double in the next 20 years.
2. Mental health is high on the government's agenda, with a strategy, 'No Health without Mental Health', published by the Department of Health in 2011. The strategy takes a cross government approach with a focus on outcomes for people with a mental illness. This has been backed up by The NHS Five Year Forward View which sets out some new ideas about how health services can adapt to meet new challenges and offer a better service for people's mental as well as physical health (NHS England, 2014).

Specifically in relation to Mental Health "Closing the gap: Priorities for essential change in Mental Health" (DH: 2014) sets out 25 priorities for change. It details how changes in local service planning and delivery will make a difference to the lives of people with mental health problems in the next 2 or 3 years. and includes a focus on; Increasing access to Mental Health services, Integrating physical and mental health care, starting early to promote mental wellbeing and prevent mental health problems and improving the lives of people with Mental Health problems.

3. In Gateshead, the percentages of those diagnosed with mental health conditions are higher than regional and national averages. This could be due to a number of local factors, including higher detection and diagnosis of these illnesses. However local partnership work has also suggested that austerity and Welfare Reform is impacting negatively on the mental health and wellbeing of affected residents.
4. The rates of hospital admission for self-harm and unintentional injury for both under 18s and adults are higher than national averages. The figures point towards a very clear difference in admission rates per 100,000 population for self-harm with the North East of England recording triple the rate of admissions according to population size than London.
5. The recovery rate for those people being treated by the Improving Access to Psychological Therapies (IAPT) Service is higher than the national average. The national average recovery rate is around 40% and Gateshead is regularly performing at 50% or above. The service is also above average for access rates. Figures for Q4 2014/2015 show:
 - 56.2% completed treatment i.e. 880 of 1565.
 - 53.4% hit recovery and 52.3% hit reliable recovery.
 - 72.7% hit "Reliable improvement" i.e. 640 out of 880. This is those who may not have hit recovery but made significant enough progress to be classed as a reliable improvement.
6. The Gateshead suicide rate is below the national average, but small numbers annually means that looking at the rate for a single year must be viewed with caution. A suicide audit was completed in 2015 and this will be repeated in June 2016 for the two year data 2014 & 2015. The suicide rate as calculated by the Office of National Statistics is among the lowest in the North East region, there are on average 12 deaths per annum in Gateshead. The rate does not appear to be changing significantly over time although for half year figures in 2014 there appeared to be an upward trend.
7. The use of anti-depressant medication is quite high in the North East in comparison to England as a whole, averaging 1.7 against an England average of 1.3 in 2015/2015. Newcastle / Gateshead CCG area has the second highest spend in the North East and Cumbria area, only North Durham spending more on anti-depressants. Both these have increased since the last reporting period of 2013/2014 (PHE Community Mental Health Profiles website).

8. **Progress against the recommendations identified in OSC report of April 2015**

Priority 1: Ensure the physical health needs of people with mental illness are addressed alongside their mental health. This includes the need to address aspects of lifestyle behaviours that negatively impact on physical health e.g. smoking.

Action	Progress
<p>Action 1: Public Health should complete a health needs assessment of people with mental illness to understand the physical health needs of this group.</p>	<p>Public Health carried out a Health Needs Assessment in relation to Suicide Prevention during 2015 and carried out an Audit of suicides over a three year period, 2011 – 2013.</p> <p>Work was completed as part of the Deciding Together Process to understand mental health needs across Gateshead and Newcastle.</p>
<p>Action 2: Public Health should work with the Gateshead coroner to complete an audit of deaths which may have been suicide to identify any common themes.</p>	<p>A suicide audit has been completed and a report was presented to the Gateshead Mental Health and Wellbeing Board.</p> <p>A repeat Audit will be carried out in June 2016.</p>
<p>Action 3: Public Health should establish some focussed work with mental health treatment providers to address lifestyle issues e.g. reduce the prevalence of smoking in mental health services.</p>	<p>Work has commenced with NTW, supported by regional programme FRESH, to specifically consider ways to mitigate the impact of smoking on this group of people. The initial focus is on inpatient services but it has been acknowledged that future work will be needed to consider an appropriate approach for those in community services.</p> <p>On the 09 March 2016 NTW went SmokeFree, i.e. smoking is not permitted in any premises and grounds owned by the Trust.</p> <p>Service users and staff are being supported to either quit or manage their nicotine addiction through a new SmokeFree Policy. There are three options available to smokers:</p> <ol style="list-style-type: none"> 1. Temporarily abstain from smoking whilst on Trust sites (including buildings and grounds) with support via a nicotine management programme 2. Temporarily abstain from smoking whilst on Trust sites (including buildings and grounds) without support 3. Make a quit attempt and get support via a nicotine management programme <p>As part of this development, public health has been working with NTW to ensure a consistent training package is</p>

	<p>developed across the region. Work is also ongoing with the community and voluntary sector to help them support clients in their cessation attempts.</p> <p>In addition to this, Gateshead CCG has chosen to target “reduction in the number of people with severe mental illness who are currently smoking” as one of four mandatory indicators that all practices have to focus on in 2015 – 2016. Prevalence remained static between April 2015 and December 2015 (Quarters 1 – 3) at 42.1%. There was a slight improvement up to end February 2016 with the prevalence at 41.16%.</p> <p>In year performance at a locality level has remained largely unchanged; with Gateshead improving slightly from 40.5% to 40.3% at the end of Quarter 3. A slight improvement was seen by end February 2016 with 39.58% prevalence.</p>
<p>Action 4: Public Health should support the development a local suicide prevention plan through the Gateshead Mental Health and Wellbeing Group.</p>	<p>A Draft Gateshead Mental Health and Wellbeing strategy has been developed. This was developed following a consultation event with key local stakeholders.</p> <p>The outcome from the suicide audit was also presented and a suicide prevention plan is now included within the Draft Gateshead Mental Health and Wellbeing strategy.</p> <p>The Strategy will be presented to the Gateshead Mental Health and Wellbeing Partnership for sign off in April 2016.</p>

Priority 2: Ensure the review of mental health services results in the provision of high quality and accessible services for the Gateshead population.

Action	Progress
<p>Action 5: The OSC and Council Departments (e.g. Adult Social Care and Public Health) should continue to work with the CCG and NTW to ensure the review of mental health services results in the provision of high quality and accessible services for the Gateshead population.</p>	<p>The Deciding Together consultation was launched on 12 November 2015 and several events have been arranged to enable Gateshead residents to express their views on the proposed changes. The consultation ended on 12 February 2016 and we are awaiting the final report and recommendations.</p> <p>Two public feedback sessions have been arranged; one in Newcastle on the 24 March 2016 and one in Gateshead on 6 April 2016, and reports will be available on the CCG website.</p> <p>The Overview Scrutiny Committee were engaged in the consultation which included an additional session arranged at Gateshead Civic Centre near the end of the process to enable key issues to be raised for clarification.</p> <p>Council Departments were also engaged throughout the</p>

	<p>consultation phase ensuring partner organisations were aware of the opportunities for engagement and encouraging community members to have their say.</p> <p>A public decision will be announced at a CCG Governing Body meeting of 24 May 2016 and communicated to stakeholders and the public on the same day.</p>
<p>Action 6: Ensure the analysis of travel, undertaken by the Council, is formally fed into the consultation around the future model of service delivery for secondary care mental health treatment services.</p>	<p>The CCG have received a copy of the travel analysis reports prepared for the OSC. Travel was identified as one of the considerations for future commissioning arrangements during the early engagement phase.</p> <p>The CCG commissioned an independent travel survey.</p>
<p>Action 7: Ensure OSC members are notified and invited to future consultation events related to the CCG review of mental health treatment.</p>	<p>An event took place to consider the 'mental health pound'. The event was hosted by CCG and NTW colleagues and participants were asked to consider the most important elements for the future model.</p> <p>Consultation took place at a range of venues across Newcastle and Gateshead including:</p> <ul style="list-style-type: none"> - Launch event on 12th November 2015 - Brunswick Methodist Church, Newcastle on 18th November 2015. - Newcastle City Library 3rd December 2015. - Gateshead Civic Centre 13th January 2016. - St Edmund's Chapel, Gateshead 6th February 2016. - A joint OSC with Gateshead and Newcastle was held at Gateshead Civic Centre on 26th January 2016. A follow up meeting to consider the outcome of the public consultation was held on March 31st in Newcastle. <p>OSC members have also attended site visits for three of the options presented during the consultation.</p>

Priority 3: Review current working arrangements for the management of people with dual diagnosis (substance misuse and mental illness) in order to identify opportunities for improving outcomes.

Action	Progress
<p>Action 8: Establish a working group which includes, Public</p>	<p>A working group was established including representation from the CCG, Public Health, Housing, treatment services, NTW and Primary Care (GP with a special interest). Actions</p>

<p>health, Adult Social Care and the CCG to streamline working arrangements so that outcomes are improved for individuals.</p>	<p>were agreed and the group has met several more time to progress this subject area.</p> <p>In addition an operational forum has been established between NTW and the Drug and Alcohol service to discuss cases where dual diagnosis is an issue.</p> <p>Further work has progressed with the partnership including work on a Heath Needs Assessment of Homeless people, a high proportion of who have Dual diagnosis.</p> <p>Learning from this forum has been taken into other areas of work with the Drug Related Death (DRD) process being used for real time suicide death reporting.</p>
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Priority 4: Develop a sustainable model of social prescribing in Gateshead.

Action	Progress
<p>Action 9: Through the Gateshead Mental Health and Wellbeing group, review the evidence base for social prescribing and agree a 'Gateshead approach' to social prescribing.</p>	<p>Further work has been carried out on establishing a Social Prescribing model for Gateshead. This includes: Establishment of a working group between council staff, CCG and the VCS. The group has been considering the definition and approach for Gateshead.</p> <p>A study visit was arranged in October 2015 to a nationally recognised social prescribing project in Bromley by Bow. A workshop was held on 23 November 2015 with stakeholders consulting on key areas linked to social prescribing.</p> <p>A report will be taken to the Health and Well Being Board in April 2016 proposing next steps based on feedback from the workshop and work carried out by the social prescribing working group. Options in the report for Gateshead will include the proposal to develop a social prescribing framework for Gateshead.</p> <p>Members of the group are also attending and linking into a national forum on social prescribing.</p> <p>The Social Prescribing Network consists of health professionals, researchers, academics, social prescribing practitioners, representatives from the community and voluntary sector, commissioners and funders, patients and citizens. Gateshead is helping inform the national debate around social prescribing. The network looks to share knowledge and best practice, to support social prescribing at a local and national level and to inform good quality research and evaluation.</p>

<p>Action 10: The Gateshead Mental Health and Wellbeing Group should complete a feasibility study for the implementation of a robust, sustainable social prescribing model for Gateshead.</p>	<p>The workshop, as outlined above, was held on 23 November 2015 to complete the feasibility study and consider the implications for Gateshead.</p>
<p>Action 11: The Health and Wellbeing Board should consider the output from the social prescribing feasibility study.</p>	<p>Following the workshop the Health and Wellbeing Board will consider and agree the next steps. A report will be taken to the Health and Well Being Board in April 2016 proposing next steps based on feedback from the workshop and work carried out by the social prescribing working group. Options in the report for Gateshead will include the proposal to develop a social prescribing framework for Gateshead.</p>

Priority 5: Build on existing work to reduce social isolation through the mental health and the older people's partnership.

Action	Progress
<p>Action 12: Review existing work to address social isolation ensuring it is linked closely to the actions identified on social prescribing.</p>	<p>A report on social isolation was presented to the Health and Wellbeing Board on 5 June 2015. It was agreed that social isolation would be considered further within the work stream around social prescribing.</p> <p>The Gateshead Innovation Fund award process opened in January 2016. Funding awards, totalling £200,000 will be made to organisations in the voluntary community sector, charities or social enterprises. Applicants were asked to submit applications for projects that address social isolation across the life course. The winning applicants will be informed April 2016.</p> <p>The joint bid between the Older People's Assembly and Equal Arts to the Accelerating Ideas Fund (Big Lottery) was unsuccessful.</p> <p>Over the next few months partners in Gateshead and Newcastle will be undertaking work to consider what more can be done to make these areas into places where people make and maintain good quality relationships.</p> <p>The work, entitled Connected People, Connected Communities, intends to build on and add value to existing developments such as; introducing asset based approaches, health and care integration and developing social prescribing</p>

	<p>models. It will also enable us to consider how other areas of activity, such as housing, urban design or transport, can make a difference to social relationships. The event on the 7th June 2016 will aim to bring together a range of people from Gateshead and Newcastle to draw on conversations to date and consider where we should be focussing our energy in the future. Around 160 people are expected at the event who will be invited on the basis of the perspective they bring, ensuring that diverse views are surfaced and shared and we reach into a range of networks and professions.</p>
<p>Action 13: In response to needs identified through the Care Act 2015 ensure the availability of good quality information on preventative services.</p>	<p>Work is underway to further develop the 'Our Gateshead' website.</p> <p>Social Care and the Council web team have updated the website relating to information and advice. Early feedback is very positive which is particularly shown through an increase in access to the site.</p> <p>Colleagues are considering the development of a prevention and early intervention strategy. Models from around the country have been reviewed and are being considered with regard to Gateshead.</p>

Priority 6: Continue to build on the work within the Financial Inclusion Partnership to ensure the holistic needs of people affected by welfare reform are considered, particularly mental health.

Action	Progress
<p>Action 14: Review the membership for the Financial Inclusion partnership to ensure representation from all key partners including mental health.</p>	<p>The newly formed Gateshead Financial Inclusion Partnership has now been formed and had its first sitting as its new entity in February 2016. Public Health are represented in the partnership as are key strategic partners such as CAB, Jobcentre Plus, Credit Union and local support organisations and charities. The first meeting helped identify some key areas of work and will see all partnership members working within their organisations to deliver on those goals. Growth of Credit Unions to offer fair and affordable finance was one such key area of work, which clearly works alongside money related mental health issues.</p>
<p>Action 15: Monitor priorities emerging from the implementation of welfare reform through the financial inclusion partnership. This needs to include consideration of mental illness.</p>	<p>Universal Credit has been live in Gateshead since June 2015 and to date a number of issues are yet to be resolved locally, regionally and nationally. The council's revenue and benefits section are maintaining a two way dialogue with DWP/JCP colleagues in a bid to address some of the most common issues, as are The Gateshead Housing Company. The changes to Universal Credit have been stressful for many residents, and are particularly difficult to cope with for those residents with poor mental health or with already stressful lifestyles due to circumstances and debt. The Gateshead Financial Inclusion Partnership is working together to</p>

	<p>develop a system that will see residents knowing where to access the right support at the right times, although there is little that can be done about government policy where waiting times for payments are concerned.</p> <p>The recently reduced benefit cap is also due to come into effect from autumn this year, where maximum household benefit will reduce from £26K to £20K per year. Early scans from DWP indicate that up to 400 Gateshead households could be affected and lose a significant portion of their income. Work is already underway to ensure every household that will be affected is contacted and offered support to manage this reduction.</p>
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9. Recommendations

It is recommended that Overview and Scrutiny Committee is asked to:

- Note the progress made against each recommendation
- Give views on progress
- Identify any aspects that could be strengthened.

Appendix 1- PHE Health Profiles Common Mental Health Disorders



Indicator	Period	Gateshead		Region	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Prevalence of Mixed anxiety and Depressive disorder: Estimated % of population aged 76-	2012	14,220	9.63%*	8.91%	8.92%	5.27%		14.70%
Prevalence of Generalised anxiety disorder: Estimated % of population aged 16-74	2012	8,227	5.6%*	5.1%	4.5%	2.8%		7.8%
Prevalence of Depressive episode: Estimated % of population aged 16-74	2012	5,192	3.51%*	3.24%	2.48%	1.11%		4.10%
Prevalence of All phobias: Estimated % of population aged 16-74	2012	3,269	2.21%*	2.05%	1.77%	0.96%		3.59%
Prevalence of Obsessive compulsive disorder: Estimated % of population aged 16-74	2012	1,594	1.08%*	1.02%	1.10%	0.53%		2.45%
Prevalence of Panic disorder: Estimated % of population aged 16-74	2012	1,570	1.06%*	0.98%	0.65%	0.12%		1.20%
Prevalence of eating disorders: Estimated % of population aged 16+	2012	10,064	6.81%*	6.57%	6.73%	5.74%		7.90%
Prevalence of post traumatic stress disorder (PTSD): Estimated % of population aged 16+	2012	4,538	3.07%*	2.99%	3.02%	2.53%		3.25%
Perinatal mental health: Estimated number of women requiring support during pregnancy or postnatal period	2012	275	275	-	-	-	-	-
Depression and anxiety among social care users: % people who use services who report that they feel moderately or extremely anxious or depressed	2013/14	-	52.2%	52.2%	52.8%	36.7%		61.2%
Self-reported well-being: % of people with a low satisfaction score	2013/14	-	7.9%	6.5%	5.6%	-	Insufficient number of values for a spine chart	-
Self-reported well-being: % of people with a low worthwhile score	2013/14	-	5.1%	5.0%	4.2%	-	Insufficient number of values for a spine chart	-
Self-reported well-being: % of people with a low happiness score	2013/14	-	12.4%	11.6%	9.7%	5.8%		15.0%
Self-reported well-being: % of people with a high anxiety score	2013/14	-	24.9%	21.6%	20.0%	9.3%		29.3%
Future prevalence of Mixed anxiety and Depressive disorder: Estimated % of population aged 16-74	2021	14,262	9.51%*	8.81%	9.26%	5.25%		14.65%
Future prevalence of Generalised anxiety disorder: Estimated % of population aged 76-	2021	8,291	5.5%*	5.0%	4.7%	2.8%		7.8%
Future prevalence of Depressive episode: Estimated % of population aged 16-74	2021	5,247	3.50%*	3.20%	2.62%	1.09%		4.19%
Future prevalence of All phobias: Estimated % of population aged 16-74	2021	3,283	2.19%*	2.00%	1.85%	0.95%		3.56%
Future prevalence of Obsessive compulsive disorder: Estimated % of population aged 76-	2021	1,603	1.07%*	1.00%	1.14%	0.51%		2.41%
Future prevalence of Panic disorder: Estimated % of population aged 16-74	2021	1,597	1.06%*	0.98%	0.70%	0.12%		1.23%



TITLE OF REPORT: Gateshead Health & Wellbeing Board – Progress Update

REPORT OF: Alison Elliott, Interim Strategic Director, Care, Wellbeing & Learning

Summary

To update and seek the views of the Care, Health & Wellbeing OSC on the work of the Gateshead Health & Wellbeing Board.

Background

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2015/16 work programme for Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the operation and work of the HWB – the first update focusing on the period 1 April to 30 September 2015 and a second update for the period 1 October 2015 to 31 March 2016.
3. This report provides an update on the operation and work of the HWB for the period 1 October 2015 to 31 March 2016.

Gateshead Health & Wellbeing Board – Progress Update October 2015 to March 2016

4. The following update highlights key issues considered by the HWB and progress made since the previous update to Care, Health & Wellbeing OSC in October 2015.

Strategic & Operational Plans and Delivery

5. The Board considered a number of strategic and operational plans during the period October 2015 to March 2016 and their delivery arrangements:

- *Children and Adolescent Mental Health Services (CAMHS) Transformation Plan* covering Gateshead and Newcastle which sets out the current position of mental health services for children and proposed areas for development in the future. This included proposals to redesign our child and adolescent mental health provision from prevention to intervention.
- *Children and Young People (0 to 19) delivery framework* using a whole system approach to improve services and outcomes, underpinned by a set of principles for delivery.
- *'Deciding Together' mental health consultation* led by Newcastle Gateshead CCG and Northumberland, Tyne & Wear NHS Foundation Trust. In particular, the consultation set out options on how in-patient adult mental health services could be provided in the future.
- *Learning Disability Transforming Care Programme Fast Track Plan* for people with learning disabilities and/or autism in the north east and Cumbria. The Plan is aimed at improving our community infrastructure, earlier intervention and prevention to better support people in the community, thereby avoiding the need for hospital admission.
- *Health & Wellbeing Strategy Refresh* – arrangements for the refresh of the Strategy was considered.
- *10 Year Plan for Tobacco Control in Gateshead* – an update was provided on the development of the 10 year Plan for Gateshead.
- *Older Peoples Strategy* – a progress update was provided and consideration was given to links with current initiatives such as the Vanguard work (community beds and home based care).

Director of Public Health Annual Report

6. The Board considered the Director of Public Health's Annual Report for 2014/15 at its January 2016 meeting which focused on health inequalities and the wider determinants of health, health in childhood and, in particular, the role of services and schools in child health improvement.
7. The report's main theme, childhood health, was chosen to highlight the significance that achieving the best start in life has in reducing health inequalities in subsequent years.
8. Details were also provided of action taken in response to the previous Director of Public Health Annual Report which focused on alcohol.

Integration Agenda

9. Work to promote and support integrated working across health and social care continues to be a key focus of the Board. The Better Care Fund (BCF) Plan for Gateshead centers around a 'Care' service that is community based, aligned, responsive and empowering. It provides a

platform for more care to be provided in out-of-hospital settings and closer to peoples' homes through schemes that have been developed to take this work forward.

10. The Board endorsed the 2nd and 3rd quarterly return to NHS England for 2015/16 at its December 2015 and February 2016 meetings respectively. The returns focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators. The Board also received performance updates on the BCF as part of the performance management framework introduced for the Board (see paragraphs 15 and 16 below). These updates informed the quarterly returns submitted to NHS England.
11. The Board considered an update on the Gateshead Vanguard project (community beds and home based care) at its February 2016 meeting. Details were provided of the Vanguard work streams on care pathways, commissioning and contract arrangements, outcomes framework development, and monitoring and evaluation arrangements. An update was also provided on governance and delivery arrangements for the programme.

Assurance Agenda

12. The Health Protection Assurance Annual Report was considered by the Board at its meeting in October 2015 and was subsequently published as a chapter of the Annual Report of the Director of Public Health (paragraphs 6 to 8 above refers). It set out details of health protection issues and arrangements put in place over the previous twelve months in line with the council's health protection assurance role.
13. Details of local arrangements for responding to the Ebola outbreak were also reported to the Board.
14. The views of the Board were sought on the 2014/15 Adult Social Care Local Account which described the delivery of adult social care services in Gateshead between April 2014 and March 2015 and outlined priorities and plans for the future.

Performance Management Framework

15. Arising from the Board's Forward Plan for 2015/16, the Board's agenda includes a performance management section which is used to update the Board on progress in relation to key indicators linked to its health and wellbeing agenda which have been drawn from:
 - The Public Health Performance Management Framework
 - Gateshead Better Care Fund Plan
 - Newcastle Gateshead CCG Strategic Indicators
 - Children's and Adult Social Care Strategic Outcome Indicators
16. Performance update reports were considered by the Board at its October 2015 and January 2016 meetings.

Other issues

17. Other issues considered by the Board included:

- The council's budget proposals for 2016-18.
- The NHS funding gap and Newcastle Gateshead CCG's funding position.
- An update on key messages from NHS England planning guidance 'Delivering the Forward View' (2016/17 to 2020/21).
- The impact of housing conditions on promoting health and wellbeing.
- A review and evaluation findings of the 'Fulfilling Lives' programme to better support people with multiple and complex needs.
- The 'Achieving More Together' programme of work to strengthen an asset based approach in order to build stronger, more resilient and connected communities.
- An update on the Mental Health Employment Trailblazer Pilot.
- A refresh of the council's statement of licensing policy (alcohol).
- The emerging themes for the Council's main Overview and Scrutiny Committee (OSC) work programmes for 2016-17 – the Board commented on the emerging themes for OSC reviews and case study topics for 2016/17, including those for the Care, Health & Wellbeing OSC.

The Year Ahead - 2016/17

18. As the HWB commences its fourth year as a statutory committee of the Council, the health and care landscape continues to undergo change both in response to financial and other pressures facing the system and opportunities to work in new ways to better meet the needs of local people. The Board will need to be clear on the key strategic issues for Gateshead and how it can best influence this agenda for the benefit of local people.

19. Building upon the progress made in 2015/16, the Board will need to develop a revised Forward Plan and work programme for the year ahead having regard to such areas of work as:

- Continued development of the JSNA and its evidence base to inform commissioning arrangements and intentions across the health and care sector, building upon work undertaken during 2015/16.
- Refreshing the Health & Wellbeing Strategy for Gateshead.
- Development of our approach to addressing health inequalities within Gateshead, including the development of a health inequalities framework.
- Development of our strategic commissioning arrangements for health and social care.
- Continuing to strengthen arrangements for monitoring performance against key health and wellbeing outcomes.
- Oversight and assurance in relation to the Better Care Fund for Gateshead and consideration of the next steps towards integrated health and care for Gateshead.

- Input to and shaping service reviews as required.
- The Director of Public Health's Annual Report.
- Supporting the continued development of our integrated wellness approach in Gateshead.
- Future action to address the key areas of tobacco control, alcohol, healthy weight and social isolation within communities.
- 'Achieving More Together' and social prescribing programmes of work, building community resilience.
- The role and contribution of the voluntary and community sector, including that of Healthwatch Gateshead, to enhancing the health and wellbeing of local communities.
- The roles of Housing and Place Shaping in delivering health and wellbeing outcomes as part of the wider determinants of health.
- Oversight of health protection issues and considering any actions required as part of the Board's assurance role.
- Other assurance roles of the Board e.g. to receive the safeguarding children and adults annual reports and business plans.
- Responding to national policy changes that impact on the health and wellbeing agenda.
- Opportunities to continue to lobby government on key issues impacting upon the health and wellbeing of local people.

Recommendations

20. The views of OSC are sought on:

- (i) the second progress update on Gateshead's Health & Wellbeing Board for 2015/16 set out in this report.

John Costello (Ext 2065)

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TITLE OF REPORT:	Annual Work Programme
REPORT OF:	Jane Robinson, Chief Executive Mike Barker, Strategic Director, Corporate Services & Governance

Summary

The report details proposals for the development of the work programme for Overview and Scrutiny Committees (OSCs) and sets out the provisional work programme for the Care, Health and Well-being OSC for the municipal year 2016-17.

Background

1. Every year each Overview and Scrutiny Committee draws up a work programme based on the Council's policy framework which is then agreed by the Council as part of the policy planning process.
2. The Committee's work programme is a rolling programme which sets the agenda for its six weekly meetings. It is the means by which it can address the interests of the local community, focus on improving services and seek to reduce inequalities in service provision and access to services.
3. Under the Council's constitution the issues which will be considered by the Overview and Scrutiny Committees come from a number of sources:
 - During the year the Committee may choose to scrutinise decisions made by the Cabinet to ensure decisions are taken properly;
 - The Committee may be requested by the Cabinet to carry out reviews of particular issues in accordance with the Council's policy priorities;
 - The Committee will receive six-monthly reports on performance for comment to Cabinet;
 - The Committee will receive reports on relevant service improvement reviews at key stages of development to confirm to Cabinet that reviews are progressing appropriately;
 - Section 119 of the Local Government and Public Involvement in Health Act 2007 and Section 126 of the Police and Criminal Justice Act 2006 enable any member of the Council to refer to a relevant Overview and Scrutiny Committee any local government matter and any crime and disorder matter which affects their ward or constituents (Councillor Call for Action - CCfA).
 - Members of the Committee may identify particular issues for consideration;
 - Members may also examine issues in the Council's Forward Plan; and
 - In addition, where the Committee has reasonable concerns about a particular executive decision the call-in mechanism is available.

Proposals

4. The Council has consulted partner organisations on the emerging themes for each OSC for 2016-17.
5. Partners have been supportive of the emerging themes and the views outlined will be key in assisting the Committee in identifying the right priority areas to take forward and shape the initial focus of specific areas of work. Details of the emerging issues for potential review / case study topics and the feedback from partners are set out at Appendix 2.
5. The work programmes will continue to be subject to a formal review every six months. At this stage, feedback will be provided to the OSCs on the outcomes generated by the OSCs' reviews and information provided on how it is proposed to measure the resulting impact on local people.
6. The attached provisional work programme (Appendix 1) has therefore taken account of the following:-
 - Six-monthly performance reporting
 - Vision 2030, the Council Plan and partnership work generally
 - Current issues referred to Committees
 - Details of potential review topics
 - Proposed case studies
 - Legislative provisions and guidance on the Councillor Call for Action
7. The work programme remains provisional as:
 - Cabinet has not had the opportunity to fully review its work programme and it may wish to refer further issues to Overview and Scrutiny Committees for further consideration;
 - It does not take account of new policy issues which may be identified during the year, which Cabinet may refer to Overview and Scrutiny; and
 - It does not include issues identified by members of committees on an ongoing basis during the year as a result of scrutiny of decisions, call – in and councillor call for action.

Recommendations

8. The Committee is asked to:-
 - a) Agree the review topic and case study for 2016-17, having considered the proposals outlined at Appendix 2.
 - b) Endorse the Overview and Scrutiny Committee's provisional work programme for 2016 -17 attached at Appendix 1, and refer it to Council on 26 May 2016 for agreement.
 - c) Note that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

Contact: Angela Frisby

Ext: 2138

Draft Care, Health & Well-being OSC 2016/2017	
21 June 16	<ul style="list-style-type: none"> • The Council Plan - Year End Assessment and Performance Delivery 2015-16 • Five Year Target Setting 2016-17 • Safeguarding report and Social Care - Service Improvement Update (<i>Annual Report of Adult Safeguarding Board to be attached for consideration by OSC and Chair of Board to attend</i>) • OSC Review- Scoping report • Winter Pressures / Urgent Care Progress Update
13 September 16 (5.30pm meeting)	<ul style="list-style-type: none"> • Monitoring - OSC Review of GP Access • OSC Review - Evidence Gathering • Gateshead Healthwatch • Social Services Annual Report on Complaints and Representations - Adults
1 November 16	<ul style="list-style-type: none"> • OSC Review - Evidence Gathering • Social Care Service Improvement Update • Adult Social Care Account • Health and Well-Being Board - Progress Update
6 December 16	<ul style="list-style-type: none"> • OSC Review - Evidence Gathering • The Council Plan - Six Monthly Assessment of Performance and Delivery
24 January 17	<ul style="list-style-type: none"> • Care Act Update • Safeguarding and Social Care Service Improvement Update • OSC Work Programme Review
7 March 17	<ul style="list-style-type: none"> • OSC Review - Interim Report • Gateshead Healthwatch • Case Study - Delayed Transfers of Care (Linked to Evaluation of new model for Adult Social Care)
25 April 17	<ul style="list-style-type: none"> • OSC Review - Final Report • Monitoring - OSC Review of GP Access • Health and Well-Being Board - Progress Update

Issues to slot in

- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust

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Care, Health and Wellbeing OSC

Review Topic-

Review of the role of Housing in Promoting Health and Wellbeing” (to focus on housing conditions – impact of changes in the housing market, shift to private sector provision and vulnerability of specific tenants; low income families, people with complex issues and learning disabilities, isolated older people).

Links to

Vision 2030

Council Plan 2015-20

Partner Feedback**Health and Wellbeing Board**

The Board was supportive of the Review topic but suggested widening the focus to include the cost to the health and care system as well as individuals and the issue of fuel poverty. It was also considered important to link this work with any work carried out / to be carried out via Communities and Place OSC.

Gateshead Newcastle CCG

Support this topic as it brings the broader determinants of health into focus.

Gateshead Housing Company

Have indicated that they would wish to contribute to this Review.

The Housing Company has advised that two measures are likely to impact on this Review and lead to changes in the housing market

- Pay to stay – mandatory for council tenants in Gateshead when households are earning more than £30,000 – charged market rents
- Ending of secure tenancies replaced by fixed term tenancies

Case Study

Delayed Transfers of Care and Hospital Discharges (to focus on the joint work being progressed by the Council and Health Partners to avoid delayed discharges, specific challenges and examples of good practice / to be linked to evaluation of new model for Adult Social Care).

Links to

Vision 2030

Council Plan 2015-20

Performance Issue – (below 2015-16 target of 88.7% and decline in performance compared to the same period last year).

Partner Feedback**Gateshead Newcastle CCG**

Support this topic as it supports the CCG’s joint work on integrating care and the CCG’s BCF work. There is also a performance issue which the CCG needs to address and the case study will provide added focus.

Gateshead Housing Company

It has been suggested that it might be helpful to include information relating to a pilot that has been running between Health (NHS NTW), ASC and Housing relating to mental health which it is considered feeds into the work in relation to preventing delayed discharges and is classed as an example of good practice.

Corporate Resources OSC

It is proposed that this OSC focus on

Two Case Studies within its 2016-17 work programme

Case Study 1 – Implementation/Roll Out of Universal Credit (examine impact on residents in light of ongoing implementation / roll out and mitigating actions being put in place)

Links to:-

Vision 2030

Council Plan 2015-20

Partner Feedback

Department for Work and Pensions / Job Centre Plus – support both the areas identified for case studies and would be happy to participate / contribute in relation to the case study on Universal Credit.

Gateshead Housing Company

Suggest that the focus of the case study on Universal Credit is widened to cover other aspects of welfare reform.

Additional government Welfare Reform announcements are likely to impact further on tenants and reduce ability to sustain or maintain their tenancies including:-

- The Benefit Cap:- By 2017 it is expected that the maximum amount of out-of-work benefits working age families can receive will be £20,000, (£13,400 for single adults with no children).
- The social housing sector size criteria (bedroom tax). Currently 2300 tenants (almost 12%) of tenants have their housing benefit reduced by the social housing sector size measure.
- Local Housing Allowance Proposals affecting supported and sheltered housing.
- Local Housing Allowance Proposals for new tenants under 35. This will apply to tenancies signed after 1 April 2016, with housing benefit entitlement changing from 1 April 2018 onwards.

Health and Wellbeing Board

The Board was supportive of the themes and noted that implementation of welfare reform / universal credit can have important impacts on residents health and wellbeing.

Case Study 2 – Workforce Strategy (examine progress being made in preparing the workforce to meet the changing role of the Council and adapt working practices / meet the demands of the business / next steps)

Links to:-

Council Plan 2015-20

Families OSC

Review Topic

Review of Children's Oral Health in Gateshead (potential areas of focus – inequalities in access / ward variations, prevalence of dental decay in five year olds, levels of hospital admissions, commissioning and planning arrangements)

Links to:-

Vision 2030

Council Plan 2015-20

Director of Public Health Report – focus on health inequalities and wider determinants of health, health in childhood and particularly the role of health services in child health improvement.

Case Studies

Case Study 1 – Consequences of Alcohol Consumption in Pregnancy (potential focus on current position/ impacts across the system and longer term / progress in tackling the issue)

Links to:-

Vision 2030

Council Plan 2015-20

Director of Public Health Report – focus on significance of achieving best start in life to reduce health inequalities in subsequent years

Case Study 2 – Support for Care Leavers who are NEET (specific focus on how the Council is fulfilling its corporate parenting responsibilities in this area)

Links to:-

Vision 2030

Council Plan 2015-20

Area of Improvement highlighted by Ofsted

Partner Feedback

Newcastle Gateshead CCG

Has indicated that it is supportive of the review and case study topics outlined above.

Health and Wellbeing Board

The Board was supportive of the themes and suggested that Case Study 1 also include reference to prevention and dealing with the consequences of FASD.

The National Probation Service (NE)

Has also indicated it is supportive of the areas of work outlined.

Partner Suggestion for Families OSC future work programme

Newcastle Gateshead CCG

Has indicated that childhood obesity is a priority area for the CCG and a major threat to health and have asked whether the OSC might focus on this issue in some way in a future work programme

Communities and Place OSC

Review Topic

Review of Impact of Gambling on the Borough (to focus on the financial /health and wellbeing impacts on Gateshead residents /consider how these issues are currently being addressed / potential areas for improvement)

Links to

Vision 2030

Council Plan 2015 - 20

Area of concern identified by Cabinet members.

Case Study

Street Cleanliness – Enforcement, Education and Community Involvement (to focus on how Council and communities can work together to tackle issues such as dog fouling and litter / highlight best practice schemes being developed in communities)

Links to

Vision 2030

Council Plan 2015-20

Residents Survey 2012 – street cleanliness issue for improvement.

Partner Feedback

Health and Wellbeing Board

The Board indicated that it was supportive of the themes and asked that in relation to the case study on Street Cleanliness that account be taken of the potential impact on the use of outdoor spaces if levels of street cleanliness are not maintained.

TITLE OF REPORT: Review of GP Access – Final Report

REPORT OF: Alison Elliott, Interim Strategic Director, Care, Wellbeing & Learning

Summary

The Committee agreed that the focus of its review for 2015/16 would be GP Access.

The Committee has considered a significant amount of evidence as part of the review of GP Access in order to scrutinise the current position across the Borough, to review challenges faced locally and nationally and to identify opportunities to build upon existing work to enhance access for the benefit of local people.

Following a series of evidence gathering sessions and site visits, this final report analyses the issues presented throughout the review and suggests headline recommendations.

Background

1. This is the final report of the Care, Health & Wellbeing Overview and Scrutiny Committee review of GP Access.
2. The Committee decided, as part of its annual work programme for 2015/16 to carry out a review of GP Access. This final report has been prepared on behalf of the Committee setting out the main findings and emerging recommendations.

The Rationale behind the Review

3. GP Access was previously the subject of a case study by Healthier Communities OSC in January 2013. The case study examined work being undertaken to improve access to GP services, including service improvements across GP practices, major service developments impacting upon access to GP services, GP Practice mergers, and patient and public engagement arrangements.

4. The case study was undertaken at a time when significant health reforms were about to be introduced from 1 April 2013 with the newly established NHS Commissioning Board having responsibility for the commissioning of GP primary care services as PCTs were abolished. Clinical Commissioning Groups (CCGs) were also identified as having a key role to play in driving up the quality of primary medical care.
5. Since 2013, the NHS has continued to undergo significant change both structurally and functionally. The NHS Commissioning Board has become NHS England, with NHS England Cumbria and North East having statutory responsibility for GP primary care services in Gateshead. Gateshead CCG merged with Newcastle CCG's to become Newcastle Gateshead CCG from 1 April 2015 and is now also responsible for co-commissioning GP primary care services in Gateshead with NHS England.
6. Access to GP services continues to be a key issue for local communities across the borough as a whole, whether from urban or more rural areas. As well as providing a range of services directly to patients from their practices, GPs also provide onward referral to secondary and tertiary services as required. They also signpost and refer patients to community based programmes to assist with rehabilitation from illnesses, promote healthy lifestyles and to access other forms of support.

Scope and Focus of the Review

7. The scope and focus of the review agreed by Committee was as follows:

Access to GP appointments

- Ease of making contact with local GP (phone/online);
- Ease of getting an appointment, waiting times and convenience of appointment with local GP;
- Ease of ordering repeat prescriptions from GP;
- On-line services provided by GP and ease of navigation;
- 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.

Quality of Care

Whether patients feel that they:

- are given enough time by their GP / Practice Nurse;
- have been listened to;
- feel that tests and treatments are explained well;
- they are involved in decisions about their care;
- they have been treated with care and concern;
- they have confidence and trust in their GP / Practice Nurse;
- they have a good experience of care provided by their GP surgery.

The Approach to the Review

8. In taking forward the Review, consideration was given to:
 - The physical and socio-demographic characteristics of Gateshead.
 - The GP Patient Survey and other sources of information on patient views and experiences of care such as the survey undertaken by Healthwatch Gateshead.
 - CQC Inspection findings regarding access to and quality of GP services in Gateshead and action plans to address issues raised.
 - Current issues relating to the provision of GP services.
 - Initiatives underway locally to enhance access/quality of GP services, spread good practice etc.
 - National agenda around GP access and implications locally e.g. 7 day services, Prime Minister's Challenge Fund, extended opening hours etc.
 - Other aspects of quality of care.
9. A series of evidence gathering sessions were held which focused on:
 - Setting the scene
 - 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.
 - Issues relating to the quality and experience of care.
 - GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic.
10. As well as the evidence gathering sessions, the Committee was also invited to attend a range of site visits to better understand the issues and challenges relevant to GP Access. The site visits included:
 - Trinity Square (Bridges Medical Practice and Millennium Family Practice)
 - Oxford Terrace (Oxford Terrace & Rawling Road Medical Group)
 - CCG Offices, Newburn
11. In addition, arrangements were made for the vice-chair of this Committee to observe a meeting of the Birtley Medical Group Patient Engagement Forum.
12. Committee Members indicated that they greatly appreciated the time and input of the GP practices to the review and expressed their thanks to their practice managers. The Committee also expressed its thanks to Newcastle Gateshead CCG, NHS England Cumbria & North East, Healthwatch Gateshead and Gateshead Community Based Care Ltd. for their contributions to the review.

Evidence Gathering Session 1: Setting the Scene & Core Issues Relating to GP Access – 20th October 2015

13. The first evidence gathering session set out the context relating to access to GP services within Gateshead, relevant contractual arrangements in place with GP practices and key findings from the 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. Other information and intelligence relating to the core issues of GP Access was also provided. In this way, Committee was able to consider the findings for Gateshead practices within a local and national context.
14. The findings of a survey carried out by Healthwatch Gateshead on access to GP services was also considered by Committee and included views on appointment systems, out-of-hours provision, continuity of GP care, consultations with GPs etc.

Evidence Gathering Session 2: Issues Relating to the Quality and Experience of Care – 1st December 2015

15. The second evidence gathering session focused on the quality of care provided, including patient experience of care. Relevant findings from the NHS GP Patient Access survey for Gateshead were considered as well as other information relating to quality of care issues e.g. work that is being undertaken by NHS England and Newcastle Gateshead CCG in conjunction with GP practices across Gateshead.

Evidence Gathering Session 3: GP Access and Quality of care - the broader context – 19th January 2016

16. The third evidence gathering session focused on GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic. This included the national context arising from the NHS Forward View and NHS Planning Guidance, as well as the local context from the CCG's Primary Care Strategy for High Quality and Sustainable General Practice 2016-19. Consideration was also given to the following issues and how they impact on access to GP services and the quality of care:
 - IT
 - Workforce
 - Estates
 - 7 Day Services
 - Prime Ministers Challenge Fund
 - Inter-practice referrals and other initiatives being taken forward through Gateshead Community Based Care Ltd.

Site Visits – October 2015 to March 2016

Trinity Square (Bridges Medical Practice and Millennium Family Practice) – 12th October 2015

17. Committee members 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 Gateshead Health NHS and South Tyneside NHS FTs. Newcastle Gateshead 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.
18. Members were 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.

Oxford Terrace (Oxford Terrace & Rawling Road Medical Group) – 2nd November 2015

19. 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).
20. A presentation was also given by the practice manager which was followed by a discussion on a range of issues linked to the review of GP access.

CCG Offices, Newburn – 27th January 2016

21. Committee members were provided with an overview of the Practice Engagement Programme Visibility Wall which has been developed to provide an overview of the CCG's work on improving the quality care. As part of the visit, links were made with the committee's review topic.
22. The Visibility Wall lists all 31 GP practices in Gateshead, with a number of columns setting out details of the following for each practice:
 - Practice list size;
 - Designated facilitator and link GP for the practice;
 - Practice Training Record;
 - Practice Action Plan status;
 - CQC Inspection status;
 - How the Practice is performing against key quality indicators;
 - Any issues raised by a Practice, recorded within a Practice Issues Log.

Patient Engagement Forum – 30th March 2016

23. A final site visit was made to Birtley Medical Practice to observe a meeting of its Patient Engagement Forum. It was noted that 32 patients are currently registered with the Forum from a patient list size of 16,000 approx. and that the Forum meets twice a year. The meeting was facilitated by Joyce Mason and Deborah Dews from the practice.

24. The Patient Forum meeting focused on the following topics:

Building alterations (including parking arrangements):

25. The scope to locate a local pharmacy within the practice building was discussed as well as how some rooms could be utilised in new ways to enhance the range of services provided to local patients. The Forum discussed the potential benefits of having a pharmacy located within the building, including the implications for parking at the premises.

'Year of Care' update on arrangements for people with long term conditions:

26. An update was provided to the Patients Forum on the 'Year of Care' initiative to better join-up appointments and the care of people with long term conditions (LTCs). It was noted that the initiative seeks to co-ordinate the care of patients with LTCs, many of whom have multiple conditions. This is being done through nurse-led review meetings which assess the needs of patients in the round. Prior to the meetings, tests are arranged and managed as required by health care assistants at the practice, the results of which are then discussed with patients at their review meeting.

27. The Forum was also informed that an additional stage is now being introduced to the Year of Care approach whereby the results of tests undertaken are communicated to patients in advance of their review meeting so that they have access to the same information as practice staff. It was noted that this also provides an opportunity for patients to consider what actions they themselves can take to help manage their condition(s) as part of their care plan, supported by practice staff e.g. signposting to local groups on the 'Our Gateshead' website.

28. The Forum discussed the benefits of this approach both to patients themselves (through greater involvement in their own care planning to address their needs in the round) as well as to the practice (in ensuring that patient reviews are undertaken in a co-ordinated way that maximises the skills and resources of practice staff in responding to the multiple needs of patients with LTCs).

Online services:

29. Currently, around 1,700 patients are registered with the practice's online booking system. The practice has promoted online access and has seen a steady increase in numbers of appointments booked and scripts ordered online.

30. An update was provided to the Patients Forum on the practice's on-line services. It was noted that the online booking system is currently for GP appointments, repeat prescriptions and immunisations. The scope to extend online bookings to include nurse appointments was discussed. It was felt that if this is pursued, arrangements would need to be put in place to ensure that available online nurse appointments can be matched against the particular needs of patients so that they are always seen by the most appropriate professional.
 31. The Forum was also informed of the potential to provide patients with secure access to their medical records if they wish to have access, subject to appropriate safeguards being in place.
- Other points noted:*
32. The Patients Forum has been in existence for a number of years and is promoted through the practice's message board, posters within the practice, the bi-monthly practice newsletter, the Patient Participation page on the practice website and by practice staff.
 33. Each newly registered patient is given the opportunity to be a part of the Patient Forum. A current register of the Forum and those patients who have expressed an interest in participating in the future is kept by the practice.
 34. The Patients Forum had previously raised an issue regarding the cost to patients of using the practice's 0844 number. Subsequently, the practice changed phone companies and numbers to a local number to address this point.
 35. The profile of GPs has changed over time and it can now be more difficult to recruit male GPs to practices.

Headline Findings

36. The Committee has received a significant amount of evidence and information throughout the review which has enhanced its understanding of the key issues relating to GP access. It is evident that a strong partnership approach is essential to ensure appropriate, timely and quality GP services can be accessed by Gateshead residents. Patients themselves also have a key role to play in providing feedback to their practice e.g. through their practice Patient Engagement Forum.
37. It has been reported to Committee that Practice Action Plans are developed by all practices working with Newcastle Gateshead CCG and NHS England and are reviewed and updated annually. In continuing to develop these plans in the future, it is recommended that there is a specific focus on ways individual practices can enhance access to GP services for their patients and actions that can be taken in this area. It is

envisaged that practice facilitators will continue to support practices in taking these actions forward.

Priorities and Actions

38. The headline findings of this review provide an opportunity to build upon existing work and continue the direction of travel set by local NHS Partners and GP practices themselves to enhance access to GP services in Gateshead. Recommended priorities and actions are set out below:

Priority 1: Access & Appointments

Recommended Actions

- 1.1 Work with practices to ensure patients are aware of the different methods available to book an appointment and other options if an appointment is not available. This includes the promotion of online appointments and online prescription renewals (awareness of GP online services amongst Gateshead patients was reported as being below the national average).
- 1.2 Raise the awareness of patients of the scope to request a longer appointment if they feel it is necessary, so that appointments are less likely to overrun with a knock-on effect for other patient waiting times.
- 1.3 Communicate and explain to patients with long term conditions the 'Year of Care' approach to promote self-care for patients and to signpost them to available support, such as Live Well Gateshead.
- 1.4 Improve patients' reported experience of out-of-hours services - compare data from the GP Patient Survey with GatDoc data, explore the variation further and address any issues identified (the GP Patient Survey showed Gateshead GPs as below the national average for 'ease of contacting out-of-hours services, satisfaction with out-of-hours services and experience of out-of-hours services).
- 1.5 Ensure patients have access to 7 day GP services. Continue to review data and the experiences of patients as a result of the Prime Ministers Challenge Fund initiative – working to implement 7 day access to primary care.

Priority 2: Addressing Variation in Quality

Recommended Actions

- 2.1 Continue to improve quality in GP services through identification of outliers in terms of performance and standards of care through the GP

assurance framework and work with these practices to address variation through the CCG Practice Engagement scheme.

- 2.2 Ensure that Practice Action Plans agreed with individual practices identify areas for development/particular focus as required, working closely with their designated practice facilitator to achieve targets jointly agreed with practices.
- 2.3 Deliver two learning and sharing events a year, to share good practice, help raise standards and reduce variation across practices.
- 2.4 Make the most of the Gateshead Practice Managers network to share good practice across the borough and provide support to practices when needed.
- 2.5 To further improve quality in GP services, establish links and regular dialogue with CQC local managers to triangulate information and ensure a more holistic approach to quality improvement.

Priority 3: Estates

Recommended Actions

- 3.1 Make the most of opportunities presented by the NHS Primary Care Transformation Fund to upgrade/extend GP premises to meet current and future care needs of Gateshead patients.
- 3.2 NHS partners to continue to work with the Council to ensure that plans for housing development are factored into estate plans as required and that there is sufficient capacity within the primary care system to meet the needs of local communities.
- 3.3 Principal to be observed of making the most of the Gateshead £ when developing services by making the most of all stakeholders' property portfolios to rationalise estates and avoid void costs.

Priority 4: Workforce

Recommended Actions

- 4.1 Acknowledging the shortage of doctors entering the GP training scheme and the consequent impact upon recruitment and retention:
 - Develop a career start GP programme
 - Develop a nursing in primary care programme
 - Ensure workforce strategies are aligned
- 4.2 Support practices to make the most of the particular skills/areas of expertise of individual doctors and other practice staff in seeking to provide the best care for their patients.

4.3 As part of the broader Gateshead place shaping agenda, stakeholders to continue to work with the Council to make Gateshead an attractive place to live and work.

Priority 5: IT

Recommended Actions

5.1 Implement the NHS Digital Roadmap to support GP Practice appointment systems and help ensure patients receive the most appropriate care (the NHS Five Year Forward View included a commitment that by 2020 there would be “fully interoperable electronic health records so that patients’ records are paperless”).

Priority 6: Patient Engagement

Recommended Actions

6.1 Promote Patient Engagement Groups across all GP practices to raise awareness among patients and also promote within Practices themselves.

6.2 Look at new ways to promote Patient Engagement Groups and patient engagement generally e.g. through the Council Newsletter.

6.3 Consider how the role of practice champions (volunteers) can be used to work with practices in engaging with patients.

Recommendations

39. It is recommended that Overview and Scrutiny Committee:

- (i) Approve the final report of the review of GP Access.
- (ii) Agree the priorities arising from the review set out in this report.
- (iii) Agree the recommendations to be put forward to Cabinet and Council for approval and implementation.

Contact: John Costello (0191) 4332065