

**Care, Health and Wellbeing Overview and Scrutiny Committee
6 Month Update, Delivery and Performance April 18 to September 18**

December 2018

Portfolio:	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care - Cllr Michael McNestry Health and Wellbeing - Cllr Mary Foy
OSC Chair:	Cllr Stuart Green
Lead Officer:	Caroline O'Neill, Strategic Director CWL
Support Officer:	Jon Gaines, Service Manager Quality Assurance

1. Introduction

1.1 This Committee undertakes scrutiny in relation to:

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

1.2 This report sets out the 6-month performance update for April 2018 to September 2018 'assessment of delivery and performance' in line with the current Performance Management Framework. The report provides an update on the performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the Council Plan 2015-2020 outcomes of Live Well Gateshead and Live Love Gateshead.

1.3 Section 4 of this report updates on key achievements in adult social care and public health over the last 6 months, while section 5 identifies key activities being undertaken in each service area in the next 6 months.

1.4 "Making Gateshead a place where everyone thrives" is the new council approach aiming to narrow the gap of inequality across Gateshead resulting in more people living longer and leading healthier and happier lives. This approach has replaced the council plan.

1.5 We have considered the current indicators in the context of the Thrive agenda. For the next report cycle we will review and update the current strategic indicators, and our priority actions to ensure they are effectively measuring performance and delivering in respect of the Thrive agenda. We propose these revised indicators, measures and report format to be implemented for the 2019/20 performance reporting cycle.

2.0 Recommendations:

2.1 Members are asked to receive this report for information and consider:

- (i) whether the activities undertaken during April 2018 to September 2018 are achieving the desired outcomes,
- (ii) and asked to identify any areas they feel they require more detail about or feel require further scrutiny.
- (iii) Agree the reviewing of indicators and revising the format of the report in line with the Thrive agenda

3.0 Performance Summary

3.1 Of the 19 indicators monitored in this report, which are shown in their entirety in appendix 1, 16 have an updated position since the last 6-month report. The remaining 3 indicators will be updated in the next reporting period as the data becomes available.

- **Of the 16 updated indicators, performance trends against the previous 6 month report are positive with 9 indicators showing an improvement, including:**
 - a reduction in prevalence of excess weight 10-11 year olds,
 - a reduction in the gap in the employment rate between those with a learning disability and those within secondary mental health services and the overall employment rate,
 - a decrease in the rate of hospital admissions for self-harm,
 - an increase in healthy life expectancy for both males and females,
 - a reduction in the rate of preventable mortality and in the inequalities in life expectancy for males in Gateshead,
 - and an increase the proportion of older people still at home 91 days after hospital discharge into a reablement service.
- **6 of the 16 updated indicators have not improved, including:**
 - the percentage of people who are dissatisfied with life has increased,
 - an increase in the prevalence of 4-5-year olds who have excess weight
 - an increase in the gap in life expectancy at birth for males and females
 - increase in the inequalities in life expectancy for females
 - and the rate of delayed transfers of care from hospital has increased
- **1 of the updated indicators has remained the same:**
 - the number of BME carers supported through carer specific service or have had an assessment or review is the same as last year

4.0 Achievements and key activities over the last 6 months

Adult Social Care

Enhancing Lives

4.1 During April 2018 to 30th September 2018 we have:

- Agreed in principle the Vision for the Learning Disabilities Strategy and Learning Disabilities Accommodation Strategy. Recent data is being compiled to ensure a current picture and on completion of this the document will go through internal governance of both the LA and the CCG to be signed off.
- Made significant progress to the community transformation work undertaken with the Queen Elizabeth Hospital with daily conference calls being made between Council Domiciliary Care Managers and Locality Team Leaders to enable both teams to provide responsive and co-ordinated support to people in their own homes. Joint assessments and home visits are now operational alongside joint Making Every Contact Count training.
- Continued the work with the Achieving Change Together team to review packages of care and provide a range of Technology Enabled Support. This work will continue up to June 2019 with 13 clients so far having had new or additional technology provided.
- Completed a Digital Ways of Working review of Adult Social Care Direct over 2 months of shadowing and extensive data analysis- this identified failure within the processes and has produced a set of recommendations for future improvements, including improving the customer journey.
- Developed 2 locality teams within our social work assessment function. These 2 localities cover the 5 neighbourhood areas and assess people 18+ years of age who require support from social care
- Received recognition for the Harvest and Help user led enterprise for people with learning disabilities and autism, by winning the 'Making a difference award' at the National Learning Disability Awards in June 2018. The enterprise was acclaimed for being "an innovative service within the community that makes a difference to the lives of many. Passionate and unassuming, the service is led from the front with drive and enthusiasm".
- Created a mentoring programme between Newcastle United Head Coaches and Academy players and Special Olympics footballers, whereby athletes are mentored in the tactical, technical, physical and physiological aspects of football.
- We have continued to remain legally compliant with the Deprivation of Liberty Safeguards, therefore ensuring our most vulnerable citizens of Gateshead continue to be afforded legal protection within the Act.

- Presented an Older Person's Extra Care Housing options paper to Housing Solutions group to seek agreement on development of new extra care facilities in Gateshead. This resulted in progressing with the development of a new facility in Lobley Hill with Homegroup.

Quality of Life

4.2 During April 2018 to 30th September 2018 we have:

- Commenced the process for the new contract and cost model for under 65 residential care to go through the governance frameworks in the Council. Once this is complete, a formal 12-week consultation will commence. It is anticipated that the new model will be in place Spring 2019.
- Approved the Market Position Statement and will be published by the end of November.
- Undertaken a 'walk the wall approach' to look at the Care Home Market with Newcastle Gateshead CCG. Initial discussions have taken place with providers about looking at a new approach through the Care Home Provider Forum. Newcastle Gateshead CCG are still negotiating the CHC fees with the Care Home Federation.
- Completed the evaluations for the extra care tender and the successful appointment of a new provider took place. Work has been ongoing with colleagues in Provider services and Legal to complete the contracting process and ensure transfer of provision. The services transferred on 19 November 2018, and whilst still very early days, feedback thus far has been positive.
- Completed a Quality Assessment Framework visit and score for all adult statutory social care services. Work has been carried out with those providers who were given an action plan to improve the quality of the services. Key themes have been identified and there will be a Risk Summit planned for 2019 to look into the strategic and operational themes with key partners.
- Further developed the Trusted Assessor model at Eastwood which is delivering excellent outcomes with 50% fewer hospital admissions post implementation versus pre-trusted assessor operations. Similar success with Discharge Liaison Nurses admitting into PRIME has led to the expansion of Trusted Assessor operations to designated clinicians on four QE wards.
- Had positive fee negotiations with Care Home Providers resulting in care home fees being agreed in a timely manner and agreement reached about future Quality Excellence Frameworks to be completed and homes rebranded where necessary.
- Achieved an 'outstanding' rating by the Care Quality Commission at Blaydon Lodge for the excellence of its provision to people with complex learning disabilities and autism. The Registered Manager and staff team were described as being "extremely committed and dedicated to providing excellent care in line with the service's values of meaningful and personalised care".

- Started setting up the first Orthodox Jewish Independent Supported Living scheme. The development is in its early stages and exact timescales cannot be confirmed at this point, but it is hoped to be within the next 6 months.

Positive Lives

4.3 During April 2018 to 30th September 2018 we have:

- Been unable to move forward with the mobilisation of the new carers contract following a legal challenge being received. Current services continue to be funded to ensure Carers have access to the support they need whilst we await the outcome of the challenge. Once the legal challenge is resolved, providers will be notified accordingly and will be given 12 weeks' notice to terminate the contract and the mobilisation period will commence.
- Worked jointly between the ASC Provider service and Waste Services has led to the creation of paid employment for 6 people with learning disabilities and weekly provision of "OTAGO" strength and exercise programme to older people

Protecting Lives

4.4 During April 2018 to 30th September 2018 we have:

- Updated our Safeguarding Adults Multi-Agency Policies and Procedures which are now available on the council's website. Meetings have taken place between CCG and Safeguarding, and a process has been developed to manage safeguarding referrals for adults funded by Continuing Health Care.
- Went live with the Safeguarding in Gateshead website in August 2018 (www.gatesheadsafeguarding.gov.uk). Positive feedback has been received from a wide range of partner organisations.
- Produced Adult Sexual Exploitation Practice Guidance which was approved by the Safeguarding Adults Board (SAB) in April 2018 and the Gateshead Adult Missing, Sexually Exploited and Trafficked group (AMSET) now meet monthly and utilise this practice guidance.
- Set up the Care First Client Recording system to manage the process of Deprivation of Liberty applications more efficiently, with all information being integrated into the electronic client record. This will also make the production of statutory data returns more efficient.
- In relation to Best Interest Assessments we have continued to meet demand and utilise innovative ways of working to ensure that demands are met within available resources. To reduce the reliance on external assessors and improve consistency we have increased our team to ensure that almost all assessments are completed in house without having to procure from the independent sector.

Health and Wellbeing Key Achievements and Activities (Public Health)

Health and Wellbeing Strategy

4.5 During April 2018 to 30th September 2018 we have:

- Brought a report to the HWB on 20th April providing an update on the progress of the Health and Care integration. The Board endorsed the next steps and forward work programme for each workstream. A 'report-out' was also provided to Board members on 15th June on the outcomes from a week-long workshop in June to develop our approach to health and care integration in Gateshead.
- Across the Care, Wellbeing and Learning Group we have undertaken a mini-review of Health and Social care systems on 11th May by an external team who have experience of CQC whole system reviews. The feedback report was positive of the work that is taking place in Gateshead and identified some areas to focus on going forward. The report was considered by the HWB on 20th July.
- A scoping report to renew the Health & Wellbeing Strategy was considered and endorsed by the HWB on 7 September. The Board agreed an approach, including the establishment of a steering group and the holding of a conference to engage with a wide group of stakeholders to help shape the strategy.
- Developed a Gateshead Healthy Weight Needs Assessment which was completed and considered by the HWB on 20th July. This will feed into the development of a Healthy Weight Whole System Strategy for the borough.

Making Every Contact Count (MECC)

4.6 During April 2018 to 30th September 2018 we have:

- Explored accreditation for the MECC training programmes and this is an ongoing piece of work for future programmes. Currently local training is being piloted and this meets the current needs of the programme.
- Commenced the early stages of MECC delivery with the identified pilot sites in the three council directorates; library services, Domiciliary care workers in adult social care and The Gateshead Housing Company. This work builds further capacity for the MECC approach, to help embed MECC into everyday practice across the Council. This work will be evaluated as part of the overall programme.
- Focused on the delivery of a 'Train the Trainer' model, to further increase sustainability and to help ensure key information can continue to be delivered within organisations by identified leads. There has been 1x train the trainer 'Mental Health First Aid' course and 1x 'Have a Word' (alcohol brief interventions) training sessions. For the other work areas, MECC leads have worked alongside Voluntary Community Sector (VCS) identified staff to co-deliver the training in house. The aim for this work is to ensure organisational leads can continue this ongoing training with support from MECC leads.

- Explored the possibility of the development of E-learning modules and following feedback from organisations across the sectors, it was felt that face to face delivery was preferential at this time of the programme and would provide better outcomes. A regional e-learning resource is available for organisations to access.
- Built in an option for people from the 20 VCS organisations to access a Mental Health First Aid (MHFA) Train the Trainer course. This will result in around 20 members of the local community being trained to deliver further training on the programme into the future. First cohort of training has been delivered to 10 candidates and a further course is planned for January 2019 when another 10 people will access training.
- Held a MECC celebration event in September 2018. The event brought together a number of Gateshead organisations to promote good practice and to showcase how local VCS organisations are embedding MECC within their organisational practice. A number of case studies were highlighted of innovative practice.
- Delivered a comprehensive MECC training programme including with four core modules; Introduction to MECC, Five Ways to Wellbeing, Behaviour Change and Motivational Interviewing Skills. All the core modules are approximately two hours long and focus on skills that can be utilised to influence positive lifestyle changes within the VCS within one to one interactions as well as group work and adapted for different audiences for those working in specialist areas. Courses have been adapted for specific audiences and modules combined where it was felt a better learning outcome would be achieved. This will continue to happen on an ad hoc basis.

Substance Misuse (Including Alcohol)

4.7 During April 2018 to 30th September 2018 we have:

- Awarded the new Drug and Alcohol contract for the Gateshead Recovery Partnership to CGL (lead provider) in partnership with 6 GPs and Recovery Connections, to commence on 1st November 2018.
- Continued to be an active Responsible Authority, providing representations to licensing review and applications and an active partner when discussing future developments including the revision of the 'Statement of Licensing Policy'.
- Made successful representations to the Licensing Committee resulting in licence revocations for under age sales at several premises.
- Following the work identified by the Alcohol-Free childhood working group this is now being led by Balance North East and an Alcohol-Free Childhood Regional Steering Group. Local work was incorporated into the Substance Misuse Strategy Action Plans.
- Public Health are working with colleagues in the intelligence and performance teams to analyse data on alcohol-related hospital admissions. Findings will be shared with the Strategy Group and operational work resulting from the findings will be developed with partners.

- Held a Drug Related Death (DRD) workshop in response to the high number of drug related deaths in Gateshead this year to examine how this process can be timelier and less bureaucratic.
- Undertaken work with Community Safety colleagues and the Drug Treatment service needle exchange to agree and implement measures to address the increase in needle finds across the borough.
- Coordinated work with partner agencies via the Complex Needs (seeking to address the needs of those with multiple and complex needs) workstream to reduce duplication and coordinate efforts - facilitating pathways, addressing information governance concerns and coordinating care around the person.
- Worked in partnership with Community Safety colleagues and Newcastle partners to increase the reporting of intelligence into the police force to enable them to take swifter action to tackle drug dealing.

Reducing Smoking

4.8 During April 2018 to 30th September 2018 we have:

- Completed the CLear self-assessment of the Gateshead Smokefree Alliance. An external peer CLear assessment session is planned for December 2018.
- Completed Care, Health and Wellbeing's Overview and Scrutiny Committee's review of work to address tobacco harms in Gateshead. Actions arising from the review were approved by Cabinet in July and are now being implemented. The Committee will hear an update on progress to implement the recommendations in December 2018.
- Completed an external review of stop smoking support in Gateshead. Undertaken by the National Centre for Smoking Cessation and Training, the recommendations will inform the development of the Stop Smoking Service in 2019/20.
- Completed a Health Equity Audit of the stop smoking service. The audit found low levels of uptake of the service amongst BAME groups and pregnant women. Plans are being put in place to address this.
- Re-established a Single Point of Contact for the Gateshead Stop Smoking Service. Staffed by the Public Health team, people can find advice on the best way to stop smoking on the Council's website, and also by phone and email. People can now refer themselves directly to the service via an online form. For more information, see www.gateshead.gov.uk/SmokefreeGateshead.

Sexual Health

4.9 During April 2018 to 30th September 2018 we have:

- Completed the Integrated sexual health service (ISHS) tender and procurement process on time with all the relevant documents (e.g. specification, KPIs) fully

updated, including stakeholder, patient, public consultation, health needs assessment and service review

- Introduced as per NICE guidelines a 2nd drug option for Emergency Hormonal Contraception; however, this is only available from certain pharmacies. Contracts require to be arranged with a further two companies which will increase availability
- Published the new GP sexual health and contraception specification and contract.
- Developed a specification for the temporary funding for sex worker / sexual exploitation service. This also conducted a service review to inform future budget proposals.
- Completed the Emergency Hormonal Contraception Audit.

Mental Health and Wellbeing

4.10 During April 2018 to 30th September 2018 we have:

- Convened a Strategic group which has now met on several occasions. It has developed a brief proposal which sets out a public mental health approach which has a focus on both universal and targeted action. There is agreement within the Strategic group to focus on promoting positive mental health messages at a population level to challenge negative attitudes and stigma. Existing campaigns and awareness events will be used to this end, for example; Time to Change, Five Ways to Wellbeing and World Mental Health Day. There has also been provisional agreement reached on four priority campaigns for the partnership to support in the 2019 calendar year. In relation to targeted work across the life course, there is agreement that the initial focus should be on working age men with the aim of preventing mental ill health and suicide. This proposal was discussed at the Mental Health and Wellbeing Partnership on 07 November 2018.
- Been engaged with Northumbria and Newcastle Universities and the Institute for Local Governance (ILG) up to August 2018 when the report on the Better Care funded Social Isolation programme was completed by the Universities. This paper must go through Public Health SMT, other relevant internal Council groups and then will be circulated around various networks. The recommendations of the report will be showcased at an event in Newcastle, "Tackling Loneliness and Isolation in Northern England – devising visible strategies to address hidden problems", on the 07 December 2018 and will help influence the direction of local work on social isolation as part of the Public Mental Health agenda from October 2018 onwards.
- Participated in Sector Led Improvement work on Suicide Prevention, working with neighbouring Local Authorities in the development of a Suicide Prevention Action Plan for the area.
- Conducted Focus Group research with a range of Primary based staff including Head Teachers, Special Educational Needs (SEN) Coordinators, Teachers, School Nursing staff and Emotional Wellbeing support. The findings of this were shared with participants and then with the Director of Education to look for advice

and support for agreeing a way forward for emotional wellbeing work in Primary Schools.

- Been involved with the Integrated Care Partnership for the Northern geography of the Northern Region in bidding for funding to develop Suicide Prevention work across the area. Funding in the region of £450K is available to support joint working.

NHS Health Checks Programme

4.11 During April 2018 to 30th September 2018 we have:

- Included the new standardised invitation letter and results letters in the 2018/19 NHS Health Checks Specification, and Training to raise awareness for the use of the letters. The letters have also now been added to the GP Clinical system. This took longer than anticipated to implement, so the use of the letters is now being monitored by the Health & Wellbeing Intervention Lead on support visits to providers. Along with this the Diabetes Risk Score has also been added to the NHS Health Check.
- Developed an approach to monitor quality assurance testing for point of care testing in NHS Health Checks and completed the training and support visits for NHS Health Check Providers.
- Contributed to and been included in two pieces of research around the sharing of good practice and the performance of the Gateshead NHS Health check programme.

Healthy Weight

4.12 During April 2018 to 30th September 2018 we have:

- Undertaken background work to develop the outdoor app, however Public Health England decided not to pursue this piece of work.
- Completed the Healthy weight needs assessment which was presented to the Health and Wellbeing board where the actions and next steps were outlined.
- Outlined the key actions for the 'Whole Systems approach, however this still needs to be taken forward as a wider partnership group in order to align with the whole systems obesity approach.
- Developed a workplace physical activity group which meets fortnightly. A work plan has been developed by the multi-disciplinary staff group and a number of programmes are to be piloted.
- Held a 'Town and Country Planning Agency' (TCPA) event focusing on 'How Green Infrastructure can tackle obesity across the life course and how planning can help influence this. The event attracted much interest and the next steps following the event need to be outlined for the TCPA.

- Accepted abstract and poster presentations for 2 International obesity and physical activity conferences. The work highlighted a different approach to address inequalities in health through a community-led, place-based approach.

5. Key Action and Activities over the Next 6 Months

5.1 The following have been prioritised as key actions over the next 6 months.

Adult Social Care

Enhancing lives

5.2 During October 18 to March 19 we will:

- Complete a wholesale review of ASC procedures, policies and processes. This will produce a future state and provide ASC with a specification to go to market to procure a new case management (IT) system that will ensure the efficacy of ASC is improved and the customer journey and experience will be optimised.
- Complete the transition of extra care at Angel and Callendar Court to new provider on 19 November 2018.
- Older person's accommodation and support strategy to be finalised to set out the strategic vision and priorities for Gateshead.
- It is envisaged that the rescore of the Carers tender by an expert panel will result in contracts being awarded to new providers and transition of services will take place by March 2019. However, this is wholly dependent on completion of the re-scoring by the independent panel.
- We will be looking at the outcomes from the Promoting Independence Centre technology enabled care project and continue to work with the Achieving Changed Together team.
- Market Position Statement to go online linking in with the JSNA.
- All communication for Direct Payments will be refreshed and relaunched for staff and the public.
- Continue the ongoing development of the digital DoLS Portal which is anticipated to go live within the next 6 months.

Quality of Life

5.3 During October 18 to March 19 we will:

- Produce a digital strategy that will provide a roadmap for the next four years describing within each year the digital improvements that will eventually lead to a golden state whereby all health and social care practitioners in Gateshead can

access information on customers at the point of need, thus allowing decisions to be accurately made based upon the records of the customer.

- Look to extend the trusted assessor model to include therapists within the QE trust. The trust has identified 2 Occupational therapists and 2 Physiotherapists. The therapists will be shadowing our Enablement service to understand what their role is. The plan is to expand the trusted assessor model across the trust, however we need to ensure everyone understands what we mean by "trusted assessor" as different trusts and LA have interpreted differently.
- All Older Persons care homes will receive a Quality Excellence Framework visit between October 2018 and end March 2019 to assess the quality of the service and place each home into a fee band linked to the quality delivered.
- A Risk Summit event is planned for February 2019, to consider risks across the social care market and how those risks can be mitigated.
- A procurement exercise to take place to establish a framework or DPS for extra care and ensure providers are available for call-offs for any new developments.
- There will be continued development of the Multi Agency Adults Referral Team (MAART) to ensure service users are accessing universal services where appropriate.
- The ASC Provider service will continue to embed its Disability Enablement Framework, serving to ameliorate the growth of people with disabilities by securing Citizenship, Independence and Self-Management outcomes.
- Look at the use of Technology Enabled Care assessment prior to residential care placements.
- Work with North East Ambulance Service on a rapid falls response service.
- 3 Service Users have been identified with the plan that they will move in to the Orthodox Jewish ISL scheme within the next 6 months.

Positive Lives

5.4 During October 18 to March 19 we will:

- Complete a review of the ASC web pages which will produce new content and allow customers to find more appropriate and contemporary information for them to make self-judgements on whether they need to contact ASC direct.
- Begin discussions exploring the development of more Extra care housing. Although this is not an action that can be achieved over the next 6 months we have started these discussions. We know we have a number of older people primarily with a dementia who are admitted into residential care as there is no other support service that can meet their needs. By developing further Extra care housing we can reduce the number of people requiring long term residential care whilst promoting or maintaining their independence.

- The ASC Provider aims to convert the currently disused Almond Pavilion in Saltwell Park, into a user led enterprise for people with disabilities.
- Implement training sessions within Children's Service Teams on Technology Enabled Care.

Protecting Lives

5.5 During October 18 to March 19 we will:

- Complete the process of implementing an HSCN (Health and Social Care Network) connection to allow our AMHP's (Approved Mental Health Professional) to have access to NTW's IT systems to provide them with contemporary information about clients and support the practitioners to risk manage how they work with clients.
- Publish a statutory Safeguarding Adults Review for 'Adult B' which aims to identify whether there are lessons to be learned from the way in which agencies worked together for a case in which a person died as a result of potential neglect.
- We are looking at attaching social care workers to a cohort of independent residential and nursing homes in Gateshead. We are in early discussions around this however we do see it as a positive move in working closely with the homes. Our aim is to hopefully reduce the number of safeguarding enquiries and to ensure those that needs have deteriorated will be referred for Continuing Health Care assessment in a timely manner.
- The ASC Provider service has been successful in securing 31 employees and Shared Lives carers onto Northumbria University's Positive Behaviour Support workforce development programme. The programme will provide Level 7 and Level 4 qualifications to participants and be instrumental in enabling employees and Shared Lives carers to effectively respond to service users who display behaviours that challenge.
- Utilise a more streamlined recording system so that the application of DoLS will become quicker and easier for care home managers and hospital staff. We anticipate that the website on the portal will also raise awareness of MCA and DoLS

Health and Wellbeing (Public Health)

Health and Wellbeing Strategy

5.6 During October 18 to March 19 we will:

- Establish a steering group and hold a stakeholder engagement conference to help shape the development of a new health and wellbeing strategy.
- Provide an update on Health and Care Integration to the Health and Wellbeing Board.

- Ensure a focus on children and young peoples' issues within the agenda of the HWB.
- Ensure that regular updates are provided on an emerging Integrated Care System and Integrated Care Partnerships for the north east and Cumbria.
- Consider the Director of Public Health's Annual Report for 2018.

Making Every Contact Count (MECC)

5.7 During October 18 to March 19 we will:

- Plan and finalise an independent external evaluation of the MECC programme in partnership with FUSE, the Centre for Translational Research in Public Health. FUSE brings together the five North East Universities of Durham, Newcastle, Northumbria, Sunderland and Teesside in a unique collaboration to deliver robust research to improve health and wellbeing and tackle inequalities.
- Follow on from the first phase of the grant fund applications by identifying additional groups and communities who have been identified as a priority but have not yet accessed MECC training and information. This will include work with four specific communities working in Gateshead; Veterans, LGBTQ+, Grandparents Plus and the Jewish Community.
- Develop MECC resources and information to spread the message about the role of MECC and opportunities for health improvement and utilise accessible methods for ensuring accessibility for groups where appropriate.

Substance Misuse (Including Alcohol)

5.8 During October 18 to March 19 we will:

- Work with the Gateshead Recovery Partnership to mobilise the new substance misuse contract. This includes holding workshops (in October – invitations were sent to Elected Members, key partner agencies, and service users) to raise awareness of the new service.
- Public Health will be piloting a new Rapid Responses Drug Related Deaths Panel review process to more quickly determine the causes and circumstances of these deaths and to determine the lessons learned in a timelier manner. This work will also link with the developing Central Drugs Alliance (Reducing Supply) work.
- There will be ongoing monitoring of the number and location of needle finds reported which will be reviewed if supplementary actions are required to address this issue.

Reducing Smoking

5.9 During October 18 to March 19 we will:

- Complete CLear peer assessment of the Gateshead Smokefree Alliance. The assessment will inform the further development of the Alliance's activity.
- Use information from the stop smoking service review and Health Equity Audit to inform the development of a new stop smoking support offer for Gateshead.
- Provide support for Gateshead NHS Foundation Trust's implementation of the Smokefree NHS agenda, including work to improve the delivery of Very Brief Advice across the Trust and the referral pathway to stop smoking services.
- Establish a time limited working group to look at smoking in pregnancy as part of work around the "Best Start in Life" and system led improvement.

Sexual Health

5.10 During October 18 to March 19 we will:

- Appoint Provider for new ISHS contract start date April 1st, 2019.
- Aim to complete contracts process for all pharmacies to supply 2nd Emergency Hormonal Contraception drug option.
- Deliver upon all recommendations of EHC Audit.

Mental Health and Wellbeing

5.11 During October 18 to March 19 we will:

- Further develop the Public Mental Health approach in Gateshead by engaging key partners in boosting participation in initiatives such as Time to Change and Five Ways to Wellbeing, as well as promoting positive messages through publicising a number of key national events scheduled throughout the year.
- Explore with the Gateshead Mental Health and Wellbeing Partnership opportunities and the potential for targeted partnership work across the life course with an initial focus on working age males and suicide prevention. Further scoping of options for targeted work on children and young people's mental health and social isolation.
- Carry out an audit of the files from the Coroner's Office that are listed as Suicide or injury undetermined deaths on 18 October 2018. This is an annual audit and helps to identify high risk groups, risk factors and identify potential preventative measure that can be built into the Suicide Prevention Action Plan.
- Explore local buy in for Public Health England's Prevention Care Concordat. The Prevention Concordat for Better Mental Health Programme aims to facilitate local and national action around preventing mental health problems and promoting good mental health. A set of resources is designed to help local areas to put in place effective prevention planning arrangements. These are aimed at health and

wellbeing boards, local authorities, clinical commissioning groups and their partners

NHS Health Checks Programme

5.12 During October 18 to March 19 we will:

- Carry out an audit of the Health Checks Programme currently being carried out by Gateshead Council, this will include looking to see if the recently implemented elements of the Health check are being delivered.
- Explore approaches to more targeted NHS health checks.

Healthy Weight

5.13 During October 18 to March 19 we will:

- Present the Gateshead Director of Public Health report for 2017/2018 to be produced focusing on 'healthy weight' at Cabinet in January 2019.
- Follow on from Gateshead's selection as a pilot area to review the draft whole systems obesity (WSO) guide and resources from Public Health England and Leeds Beckett University.
- Consult and draft the 'Gateshead Healthy Weight Declaration' to ensure commitment and sign up from partners to a vision which encapsulates the promotion of healthy weight and to highlight the need for all policy areas to address healthy weight.
- Hold a whole systems healthy weight workshop event for Gateshead stakeholders to discuss and identify collective action going forward.
- Submit a trailblazer bid for 300k of funding to tackle childhood obesity over a 3-year period. The approach will focus on a whole system place-based approach.

Section 2: Performance Indicator Update (Performance is measured against the position at the previous 6-month report (April 17 – September 17))

Table 1: Strategic Outcome Indicators Summary of Performance, Public Health – Alice Wiseman

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
LL4 – Decrease the Percentage of People who are Dissatisfied with Life	Strategic	2020 Tracker	4.8%	-	5.4% (2017/18)	Declined	<ul style="list-style-type: none"> • Gateshead is higher than both the England (4.4%) and the North East (5.0%) rates. • Gateshead has the 6th highest % of people dissatisfied with life of the 16 comparable Nearest Neighbour Local Authorities. • This is the 2nd period in a row to show an increase in the rate • Gateshead was 28th highest of the 93 published English UTLA's • Despite the increase the indicator is just an estimate based on a sample of the population from each area. It is quite a big step to infer that the percentage of people reporting a certain level of well-being in an area is true for all people living in that area. There are a number of factors (not just the place) that influence personal well-being, for example; health, relationships and employment situation.
LW2 – Prevention of ill health: % of mothers smoking at time of delivery	Strategic	2020 Tracker	9.9%	-	14.5% (2016/17)	NA	<ul style="list-style-type: none"> • No change since last report (Update Unknown)
LW4a - Reduce Excess weight 4-5 year olds - excess weight =obese/overweight	Strategic	2020 Tracker	18.1%	-	22.5% (2017/18)	Declined	<ul style="list-style-type: none"> • This is the first increase in excess weight for 4-5 year olds in the last 3 years of data • Despite increase Gateshead is still significantly better than the North East (25.0%) and is worse but not significantly worse than the England average of 22.4%. • Gateshead had the 4th lowest prevalence of excess weight amongst the 16 CIPFA (nearest neighbour) LA's. • All 3 of the North East LA's in Gateshead's CIPFA group had a higher prevalence of excess weight. • Nationally Gateshead had the 77th highest prevalence of excess weight of the 150 published

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
							English upper tier local authorities.
LW4b - Reduce excess weight 10-11 yr. olds (excess weight =Obese/overweight)	Strategic	2020 Tracker	25%	-	36.8% (2017/18)	Improved	<ul style="list-style-type: none"> Excess weight for 10-11 year olds has decreased for the first time in 2 years of data Despite the decrease Gateshead is still significantly worse than the England average of 34.3% and is better but not significantly better than the North East (37.5%). Gateshead had the 8th highest prevalence of excess weight amongst the 16 CIPFA (nearest neighbour) LA's. Nationally Gateshead had the 55th highest prevalence of excess weight of the 150 published English upper tier local authorities.
LW13 – Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow)	Strategic	2020 Tracker	789 per 100,000	-	990 per 100,000 (2016/17)	NA	<ul style="list-style-type: none"> No change since last report. Date of next update is currently unknown
LW15 – Gap in the employment rate between those with a learning disability and the overall employment rate	Strategic	2020 Tracker	58.6% points	-	62.3% points (2016/17)	Improved	<ul style="list-style-type: none"> The gap in the employment rate between those with a learning disability and the overall employment rate has decreased on the previous 6-month report. Gateshead is currently significantly lower than the England average and is lower but not significantly lower than the North East average This is the second period in a row to show a reduction in the % point gap. Possible next update due in February 2019
LW16: Hospital admissions for self-harm rate per100,000 (aged 10-24 years)	Equality	2020 Tracker	Reduce	Reduce	422.7 per 100,000 (2016/17)	Improved	<ul style="list-style-type: none"> The rate per 100,000 for self-harm admissions has decreased on the previous 6-month report Gateshead is lower but not significantly lower than the North East rate and is higher but not significantly higher than the England rate. This is Gateshead's lowest rate per 100,000 for self-harm admissions since the data was first available (2011/12). Update due March 2019 for this indicator

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
LW17 – Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Strategic	2020 Tracker	59.4% points	-	65.8 %points (2016/17)	Improved	<ul style="list-style-type: none"> The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate has decreased on the previous 6-month report. This is the first decrease in the last 4 periods of data. Gateshead is now lower but not significantly lower than the England average, but is still significantly higher than the North East average. Gateshead has the 3rd highest % point gap of the 12 North East LA's Possible next update due in February 2019.
LW18 – Excess under 75 mortality rate in adults with serious mental illness (<i>indirectly standardised ratio</i>)	Strategic	2020 Tracker	351.8	-	397.3	NA	<ul style="list-style-type: none"> No change since last report (update unknown)
LW19: Reduce Mortality from Causes Considered Preventable	Strategic	2020 Tracker	182.7 per 100,000	-	236.8 per 100,000 (2015-17)	Improved	<ul style="list-style-type: none"> Preventable Mortality has decreased compared to the previous 6-month report Gateshead is significantly worse than both the England (181.5) and the North East rate (223.4) We have the 17th highest rate of preventable mortality in England
LW20 - Healthy Life Expectancy at Birth (Male)	Strategic	2020 Tracker	63.7 years	-	59.1 years (2014-16)	Improved	<ul style="list-style-type: none"> Healthy life expectancy has increased compared to the previous 6-month report and is at its highest reported level for males in Gateshead. Gateshead had the highest increase in years for healthy life expectancy of the 12 North East LA's compared to the previous period (2013-15) Gateshead is still significantly worse than the England average, but is considered not significantly different to the North East level. Next update is provisionally due December 2018
LW21 - Healthy Life Expectancy at Birth (Female)	Strategic	2020 Tracker	64.0 years	-	60.6 years (2014-16)	Improved	<ul style="list-style-type: none"> Healthy life expectancy has increased compared to the previous 6-month report and is at its highest reported level for females in Gateshead. This is the highest increase in years for female healthy life expectancy that we have seen since the first published data (2009-11)

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
							<ul style="list-style-type: none"> • Gateshead is still significantly worse than the England average, but is considered not significantly different to the North East level • Next update is provisionally due December 2018
LW22 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Male)	Strategic	2020 Tracker	-1.2 years	-	-2.0 years (2014-16)	Declined	<ul style="list-style-type: none"> • The gap in life expectancy between Gateshead and the England rate for males has increased compared to the previous 6-month report. • Gateshead is currently significantly worse than the England benchmark, and is higher but not significantly higher than the North East average. • Gateshead is back at its joint highest gap in life expectancy. • Next update is provisionally due December 2018
LW23 – Gap in Life Expectancy at Birth between each local authority and England as a whole (Female)	Strategic	2020 Tracker	-1.2 years	-	-1.9 years (2014-16)	Declined	<ul style="list-style-type: none"> • The gap in life expectancy between Gateshead and the England rate for females has increased compared to the previous 6-month report. • Gateshead is currently significantly worse than the England benchmark, and is higher but not significantly higher than the North East average. • Gateshead is back at its joint highest gap in life expectancy. • Next update is provisionally due December 2018
LW24(a) – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Male)	Strategic	2020 Tracker	8.2 years	-	9.6 years (2014-16)	Improved	<ul style="list-style-type: none"> • The gap in inequalities in life expectancy for males has reduced on the previous 6-month report. • This is the first decrease in the gap in inequalities since the data was first published. • Gateshead is in the second highest deprivation quintile in England for this indicator. • Next update is provisionally February 2019
LW24(b) – Health Inequalities – Reduce the inequalities in Life Expectancy across Gateshead (Female)	Strategic	2020 Tracker	7.3 years	-	8.8 years (2014-16)	Declined	<ul style="list-style-type: none"> • The gap in inequalities in life expectancy for females has increased on the previous 6-month report. • This is the highest level of inequalities in life expectancy for females since this data became available. • This is continuing a year on year trend of increasing inequalities in life expectancy between the least deprived and most deprived areas of

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
							<p>Gateshead.</p> <ul style="list-style-type: none"> • Gateshead is in the highest deprived quintile in England for this indicator. • Next update is provisionally February 2019

Table 2: Strategic Outcome Indicators Summary of Performance, Adult Social Care – Steph Downey

(Performance is measured against the position at the previous 6-month report (April 17 – September 17))

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
Delayed Transfers of care from hospital, average days per day, per 100,000 population	-	-	-	4.0 per 100,000	8.31 per 100,000 population aged 18+ (Apr to Aug 18)	Declined	<ul style="list-style-type: none"> • In terms of DTOC, the targets for Gateshead are particularly challenging. The methodology used was to base the targets on the previous year Q3 performance (which was our best performing Quarter). The methodology does not consider improvements made by authorities previously and stretches the targets making 2018/19 even more of a challenge to achieve. • Gateshead is currently worse than the new delayed transfers of care target. • We are currently better than the provisional England rate for this period of 10.80 but worse than the provisional North East rate of 5.72. • Gateshead has the 7th highest rate of 16 CIPFA (nearest neighbour) LA's.
LW11 – Helping Older People to live independently – the proportion of older people 65+ still at home 91 days after hospital discharge to a reablement service	Strategic	2020 Tracker	87.5%	87.5%	89.9% (Jan 18 - Jun 18 discharges)	Improved	<ul style="list-style-type: none"> • The ASCOF definition monitors the indicator for only Oct, Nov and Dec discharges • Please note the following is based on 6 month's data (January to June 2018 discharges). • Performance across the year to date stands at 89.8% (360 out of 401) for all of those that were discharged from hospital in the reporting period and followed up 91 days later. • Performance has been declining as the year has progressed, however remains higher than at the same period last year (85.1%) and is higher than the 2018-19 target (87.5%).

Indicator	Objective	Target Type	Target		Most Recent Performance	Direction of Travel	Comments and Actions
			2020	18/19			
LW14(b) – Support for Carers in BME Communities	Strategic	2020 Tracker	2.0%	2.0%	0.7%	No change	<ul style="list-style-type: none"> • 6 BME Carers out of a total 859 carers have had an assessment, review or been in receipt of a carer related service during the period of April to September 2018 • There has been no change compared to the same time last year (Apr to Sep 2017) where the proportion of BME carers is the same (7 out of 1044).