Health and Wellbeing Board

North Tyneside Council
7 November 2017

A meeting of the Health & Wellbeing Board will be held:-

on **Thursday 16 November 2017**

at **2.00pm**

in **Room 0.02, Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY**

Agenda Item **Page(s)**

1. **Apologies for Absence**

   To receive apologies for absence from the meeting.

2. **Appointment of Substitute Members**

   To receive a report on the appointment of Substitute Members.

   Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer named below must be notified prior to the commencement of the meeting.

Continued overleaf

Members of the public are welcome to attend this meeting and receive information about it.

North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

For further information please ring (0191 643 5359)

Contact Officer: Michael Robson (0191) 643 5359

Item		Page(s)
3.	**To Receive any Declarations of Interest and Dispensations** Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda. Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest. Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.	
4.	**Minutes** To confirm the minutes of the meeting held on 14 September 2017.	3
5.	**Better Care Fund Plan** To consider the 2017/19 plan. (A copy of the narrative plan has not been included in printed copies of the agenda but is available on the Council's website with the agenda.)	9
6.	**North Tyneside Commitment to Carers – Meeting Statutory Duties** To consider how North Tyneside Council and North Tyneside Clinical Commissioning Group supported by North Tyneside Carers' Centre are meeting their statutory duties in relation to carers.	21
7.	**Treating tobacco dependency and achieving a smokefree generation in North Tyneside by 2025** To consider the current contribution of the Local Authority and the NHS in the treatment of tobacco dependency a whole systems approach to reducing the prevalence of smoking to 5% by 2025.	60
8.	**Pharmaceutical Needs Assessment** To consider the draft refreshed assessment and consultation process. (A copy of the draft PNA has not been included in the printed copies of the agenda but is available on the Council's website with the agenda.)	70

Continued over the page...

9. **Healthwatch North Tyneside – Trends Report** 78

To consider the trends in the feedback gathered by Healthwatch North Tyneside from residents of North Tyneside during the period April 2017 to September 2017.

10. **Urgent Care** 100

To consider the revised proposals for a North Tyneside Integrated Urgent Care Service and the continued suspension of walk-in access to the urgent care centre at Rake Lane Hospital during the overnight period.

Members of the Health and Wellbeing Board:-

Councillor Margaret Hall (Chair)
Councillor Muriel Green (Deputy Chair)
Councillor Gary Bell
Councillor Tommy Mulvenna
Councillor Karen Clark
Wendy Burke, Director of Public Health
Jacqui Old, Head of Health, Education, Care and Safeguarding
John Matthews, North Tyneside NHS Clinical Commissioning Group
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group
Peter Kenrick, Healthwatch North Tyneside
Jenny McAteer, Healthwatch North Tyneside
Christine Keen, NHS England
Louise Robson, Newcastle Hospitals NHS Foundation Trust
David Evans, Northumbria Healthcare NHS Foundation Trust
Gary O'Hare, Northumberland, Tyne & Wear NHS Foundation Trust
Hugo Minney, TyneHealth
Craig Armstrong, North East Ambulance Service
John Pratt, Tyne & Wear Fire & Rescue Service
Alma Caldwell, Age UK
Andy Watson, North Tyne Pharmaceutical Committee
Richard Burrows, North Tyneside Safeguarding Children Board
Dean Titterton, Voluntary and Community Sector Chief Officer Group

Health and Wellbeing Board

14 September 2017

Present: Councillor M A Green (in the Chair)
Councillors K Clark and T Mulvenna
W Burke, North Tyneside Council
H Hudson, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
J McAteer, Healthwatch North Tyneside
D Evans, Northumbria Healthcare NHS Trust
J Jollands, Northumberland, Tyne & Wear NHS Trust
N Bruce, Newcastle Hospitals NHS Trust
C Armstrong, North East Ambulance Service
H Minney, TyneHealth
J Pratt, Tyne & Wear Fire & Rescue Service
S Blackman, North of Tyne Pharmaceutical Committee
A Caldwell, Age UK North Tyneside

Also Present
J Baker, S Woodhouse and M Robson, North Tyneside Council
J Stonebridge, Northumbria Healthcare NHS Trust

HW09/09/17 Chair's Announcements

Councillor Green reported that an additional meeting of the Board had been arranged to take place on Thursday 19 October 2017 at 2.00pm in The Langdale Centre, Howdon. The purpose of the meeting would be to refresh the Joint Health & Wellbeing Strategy and determine the Board's priorities and work programme for 2017/18.

HW10/09/17 Apologies

Apologies for absence were received from Councillors M Hall and G Bell, J Old (North Tyneside Council), L Young-Murphy (North Tyneside CCG), P Kenrick (Healthwatch North Tyneside), G O'Hare (Northumberland, Tyne & Wear NHS Trust), L Robson (Newcastle Hospitals NHS Trust), D Titterton, (Voluntary & Community Sector), R Burrows, (Safeguarding Children Board) and A Watson (North of Tyne Pharmaceutical Committee).

HW11/09/17 Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:
H Hudson for J Old (North Tyneside Council)
J Jollands for G O'Hare (Northumberland, Tyne & Wear NHS Trust)
N Bruce for L Robson (Newcastle Hospitals Trust)
S Blackman for A Watson (North of Tyne Pharmaceutical Committee)

HW12/09/17 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW13/09/17 Minutes

Resolved that the minutes of the meeting held on 15 June 2017 be confirmed and signed by the Chair.

HW14/09/17 North Tyneside Joint Health & Wellbeing Strategy and Development of the Health & Wellbeing Board Work Programme 2017/18

The Board were presented with details of the preliminary findings to emerge from its planning day held on 28 June 2017. A task and finish group had been established to consider the findings and prepare proposals for consideration by the Board on 19 October 2017 to refresh the Joint Health & Wellbeing Strategy and determine its priorities and work programme for the year ahead.

The objectives contained in the strategy were considered to be broad enough to remain current but there were too many saying the same thing, they were not "SMART", they needed tangible measures and they needed to be more focussed on prevention. It had also been acknowledged that there were too many partnership boards. The governance structures needed to be leaner, without an Integration Board, focussed on a work plan related to the strategy and balanced across children's and adult services.

Resolved that (1) the preliminary findings to emerge from the Board's planning day be noted;
(2) the notes of the planning day be circulated to all members of the Board to inform their deliberations at the meeting to be held on 19 October 2017; and
(3) the leads of all those partnership boards concerned with the delivery of the Joint Health & Wellbeing Strategy be invited to attend the meeting on 19 October 2017.

HW15/09/17 North Tyneside Children and Young People's Mental Health and Emotional Wellbeing Strategy 2016 – 2021(Previous Minute HW18/09/16)

In September 2016 the Board had endorsed the Children and Young People's Mental Health and Emotional Wellbeing Strategy and it had agreed to monitor its implementation. The strategy gave direction to all partners involved in working with children and young people across the borough to consider how they can build resilience and improve mental wellbeing.

The Board received a report setting out the progress made in relation to each of the four themes contained in the strategy relating to:
a) promoting resilience, prevention and early intervention;
b) improving access to support;
c) services for high risk and vulnerable groups; and
d) developing the workforce.

The Board examined in more detail the approach taken to developing the workforce so that all staff working with young people and children had confidence and competence to recognise and identify emerging mental health needs.

Reference was made to the range of services currently provided in the borough rated as good. It was recognised that the development of interventions in the early years should be a priority for the Board and for future investment. This would require resources to be diverted from more reactive services.

The Board considered how partners captured and analysed data relating to suicide attempts and self harm. It also identified the potential for further partnership working with the fire and ambulance services and pharmacies in relation to promoting mental wellbeing, through the development of referral pathways, signposting and access to support through the 101 telephone service.

Resolved that (1) the progress being made by the Children and Young People's Mental Health and Emotional Wellbeing Strategic Group in delivering the North Tyneside Children and Young People's Mental Health and Emotional Wellbeing Strategy be noted;
(2) the Children and Young People's Mental Health and Emotional Wellbeing Strategic Group be requested to continue its work to implement the Strategy taking into account the comments from the Board summarised above; and
(3) the Children and Young People's Mental Health and Emotional Wellbeing Strategic Group be requested submit further progress reports to the Board on the delivery of the Strategy and its impact.

HW16/09/17 Adult and Older People Mental Health Strategies (Previous Minute HW08/06/16)

In June 2016 the Board had endorsed the North Tyneside Joint Mental Health and Wellbeing Strategy 2016 – 2021 and it had agreed to monitor its implementation. Since then a detailed action plan had been developed, overseen by the Mental Health Integration Board, to drive forward a partnership approach to developing support for people with mental health needs in North Tyneside based around the following key priority areas; improving health and wellbeing, prevention, access, personalisation, integration and supporting recovery. The Board received details of the progress made to date in relation to each of the priority areas.

Officers undertook to circulate a copy of the action plan associated with the strategy to enable members of the Board to better assess the progress made in delivering the strategy. The Board asked which areas of the strategy would be prioritised next year and whether there may be challenges in delivering them. In response it was reported that the Integration Board was likely to focus its attention on further developing and embedding the initiatives commenced in 2016/17.

The Mental Health Integration Board had established a sub group to review older people's mental health and develop a Mental Wellbeing in Later Life Strategy. To date the actions that had been identified fell into five key areas: improving health and wellbeing, prevention and early intervention, community & primary services, secondary provision and supporting recovery & long term care. The Board waspresented with a summary of the key issues that had been identified as part of the development of the strategy: The final strategy would be presented to the Board for approval in 2018.

It was suggested that the strategy should specifically address dementia, as there was a risk the topic might be lost between mental health and older people's strategies. The Board also considered the importance of the sub group comprising appropriate representation from stakeholders, including Healthwatch North Tyneside.

Resolved that (1) the progress being made by the Mental Health Integration Board in delivering the North Tyneside Joint Mental Health and Wellbeing Strategy be noted;
(2) the Mental Health Integration Board be requested to continue its work to implement the strategy;
(3) the Mental Health Integration Board be requested to submit further progress reports to the Board on the delivery of the strategy and its impact; and
(4) the Mental Wellbeing in Later Life Sub-Group be requested to submit a draft Mental Wellbeing in Later Life Strategy to the Board by March 2018.

HW17/09/17 North Tyneside Council's Programme to Transform Children's Services

The Board received a report on the outcome of the Ofsted Inspection of the Council and partners services to children and the implementation and delivery of the Council's work to transform children's services, improve outcomes and offer value for money.

In February and March 2017, the Council and its partner's services for children in need of help and protection, children looked after and care leavers were inspected by Ofsted as part of their national inspection programme. Ofsted published its findings in June 2017 when it judged the overall effectiveness of children's services in North Tyneside to be 'Good'. This overall judgment was based on the following findings:

- the experiences and progress of children who need help and protection were judged to be 'Good';
- the experiences and progress of children looked after and achieving permanence were judged to be 'Good';
- adoption performance was judged to be 'Good';
- the experiences and progress of care leavers was judged to be 'Outstanding'; and
- leadership, management and governance was judged to be 'Good'.

The inspection placed North Tyneside among the top ten performing areas within the country the top performing within the North East region.

Prior to the inspection the Council had commenced work with partners to develop a new model of delivery to support children with the following overarching aims for children and young people:

- ensure, wherever possible, children can be supported to live safely at home
- ensure that families on the edge of care receive appropriate early help and targeted support to prevent avoidable entry into care
- ensure that, for those already in care, we focus upon their return to live safely at home at the earliest opportunity
- ensure decision making for high cost placements is in children's best interests – requiring evidence that all options for early help or family/carer reconciliation or crisis intervention have been attempted before any request is considered.
- ensure young people leaving care are prepared for independence and their transition to adulthood
- increase school stability and successful outcomes for all Looked After Children of school age.
- introduce a model of practice emphasising safe planning and partnership with families.
- ensure a sustainable approach to managing children's social care resources is maintained

The Board was presented with a brief synopsis of the activities currently being undertaken in relation to each of the following workstreams:-

1. Keeping children, young people safe at home
2. Keeping children and young people in school
3. Looking After children and young people safely
4. Enabling Projects
5. Innovation and New Models.

Resolved that (1) the positive findings of the Ofsted Inspection of the Council and partners services for children in need of help and protection, children looked after and care leavers, in particular that children have benefited from high-quality social work and well-coordinated partnership working to improve their lives be noted;
(2) the findings of the Ofsted Inspection place services for children within the top ten within the country be noted;
(3) assess the progress being made by North Tyneside Council and partners in implementing and delivering transformative work to improve outcomes for children and young people;
(4) the North Tyneside Council Transforming Children's Services Programme Board be requested to continue its work, taking into account any comments from the Health and Wellbeing Board; and
(5) the North Tyneside Council Transforming Children's Services Programme Board be requested to submit further progress reports to the Health and Wellbeing Board on the delivery of transformative services and its impact on outcomes for children and young people.

North Tyneside
Health and Wellbeing Board report
Date: 16th November 2017

ITEM 5

Title: Better Care Fund

Report from: **Kevin Allan, Programme Manager – Integrated Care for Older People**

1.1 Purpose:

This report presents a proposed plan for the Better Care Fund covering the period 2017/18 and 2018/19.

1.2 Recommendation(s):

It is recommended that the Health and Wellbeing Board agrees the Better Care Fund Plan.

1.3 Council Plan and Policy Framework

The report relates to the following objectives in the North Tyneside Joint Health and Wellbeing Strategy 2013-2023:

- To continually seek and develop new ways to improve the health and wellbeing of the population;
- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough;
- To shift investment to focus on evidence based prevention and early intervention;
- To build resilience in local communities through focussed interventions and ownership of local initiatives to improve health and wellbeing; and
- To integrate services where there is an opportunity for better outcomes for the public and better use of public money.

1.4 Information:

1.4.1 <u>Background</u>

The Better Care Fund ('the BCF') is now in its third year of operation. The current planning cycle covers two years, i.e. 2017/18 and 2018/19.

The Integration and Better Care Fund Planning Requirements 2017 – 2019 ('the Planning Requirements') were published jointly by the Department of Health, Department of Communities and Local Government, and NHS England on 4 July 2017. The Planning Requirements necessitate each local area develops a plan for the use of the BCF in that area ('the BCF Plan').

The Planning Requirements set out four national conditions ('the National Conditions') which each local area will need to meet in order to access the BCF funding. These are:

1. the BCF Plan must be signed off by the Health and Wellbeing Board, and approved by the constituent Local Authority and Clinical Commissioning Group ('CCG');
2. the BCF Plan must demonstrate how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the BCF fund, in line with inflation;
3. a specific proportion of the area's allocation must be invested in NHS-commissioned out-of-hospital services (or retained pending release as part of a local risk sharing agreement); and
4. Implementation of the High Impact Change Model for managing transfers of care.

The plan will be submitted to the Cabinet of North Tyneside Council on 13th November 2016

The plan will be submitted to the Governing Body of North Tyneside NHS Clinical Commissioning Group on 28th November 2017

1.4.2 <u>The Improved Better Care Fund</u>

2017/18 is the first year in which the Improved Better Care Fund (iBCF) has been implemented. This funding is paid directly to local authorities as a direct grant under Section 31 of the Local Government Act 2003 (power to pay grants to local authorities). There is a requirement that it is pooled into the local BCF Plan and the grant conditions stipulate that it must be spent on:

(a) meeting adult social care needs;

(b) reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and

(c) ensuring that the local social care provider market is supported.

There is no requirement to spend across all three purposes, or to spend a set proportion on each. For North Tyneside, the value of the iBCF is £5.043m in 2017/18 and £6.773m in 2018/19. The iBCF is paid subject to certain grant conditions. Briefly, the iBCF may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. A recipient local authority must:

a) pool the grant funding into the local Better Care Fund, unless an area has written Ministerial exemption;

b) work with the relevant CCG and providers to meet National Condition four (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and

c) provide quarterly reports as required by the Secretary of State.

The Plan proposes that the Improved Better Care Fund be used as follows:

	2017/18 Gross Contribution £'000	2018/19 Gross Contribution £'000
Meeting adult social care needs:		
Effect of demographic growth and change in severity of need	1,270	1,892
Reducing pressures on the NHS:		
Ensuring that the local social care provider market is supported:		
Impact on care home fees of paying the national living wage	2,145	2,776
Impact on domiciliary care fees of paying the national living wage	384	496
Impact on other increased fees (ISL, day care, direct payments, etc.) of paying the national living wage	1,244	1,609
TOTAL	5,043	6,773

1.4.3 Contribution to Adult Social Care from the CCG Minimum Contribution

The Integration and Better Care Fund planning requirements 2017-19 states that:

"Local areas must include an explanation within their plans of how the use of BCF resources will meet the national condition that the NHS contribution to adult social care is maintained in line with inflation. This condition gives effect to the commitment in the Spending Review to continue to maintain the NHS minimum mandated contribution to adult social care to 2020. This contribution to social care can be used to support existing adult social care services, as well as investment in new services. Maintaining existing services is essential in managing demand, maintaining eligibility and avoiding service cuts."

The minimum contribution to adult social care has been calculated nationally using the figure agreed through the 2016/17 assurance process as a baseline, plus 1.79% inflation in 2017/18 and 1.90% inflation in 2017/18.

1.4.4 National metrics

The BCF guidance stipulates four metrics, which will be used nationally to measure the impact of the BCF.

Four metrics have been retained from the previous year:

- Emergency hospital admissions
- Permanent admissions to residential care
- Delayed transfers of care
- Effectiveness of Reablement

'User experience measure' is no longer being used nationally as a metric through the BCF.

Appendix 1 summarises the target levels for the national BCF metrics and current performance against those metrics.

1.4.5 Size and Composition of the BCF

Table 1 below shows the size and composition of the Better Care Fund for 2017/18 and 2018/19 (the two years covered by the plan under consideration) together with the figures from the previous two years for comparison.

Table 1

	£'000			
	2015/16 Gross Contribution	2016/17 Gross Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Local Authority Contributions				
Disabled Facilities Grant	790	1,307	1,417	1,527
Social Care Capital Grant	574	-	-	-
Improved Better Care Fund	-	-	5,043	6,773
LA Additional Contribution	-	-	-	-
Total Local Authority Contribution	1,364	1,307	6,460	8,300
CCG Contributions				
CCG Minimum Contribution	15,233	15,265	15,538	15,833
CCG Additional Contribution		504	0	0
Total CCG Contribution	15,233	15,769	15,538	15,833
Total Value of BCF	16,597	17,076	21,998	24,133

The value of the Fund has increased substantially in 2017/18, primarily because of the inclusion of the Improved Better Care Fund for the first time.

Table 2 shows the value of the minimum contribution to adult social care from the CCG minimum contribution.

Table 2

	£'000			
	2015/16 Gross Contribution	2016/17 Gross Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Actual contribution	10,660	10,027		
Contribution stated in planning template			9,898	10,086
Adjustment to take account of intermediate care changes (see para 1.5.6)			-435	-443
Contribution agreed locally			9,463	9,643

1.4.6 Changes to the BCF plan

As suggested by the national BCF guidance, the BCF Plan is a continuation of the 2016/17 plan, featuring many of the same services.

There are differences from the previous year, due to the full-year effect of changes to intermediate care, which were agreed in 2016/17, but only took effect in the last quarter of 2016/17.

The Cedars Intermediate Care Centre closed in 2016/17 and therefore does not feature in the 2017/18 BCF plan. The CCG commissioned a new Community Rehabilitation Service, which commenced in January 2017. The full-year effect of the closure of that service and the full year cost of the new Community Rehabilitation Service is included in the 2017/18 BCF plan.

The CCG and Local Authority will work in collaboration during 2017/18 to review and rebase existing schemes within the BCF document, ensuring value for money and positive quality outcomes, identifying opportunities to include (where appropriate) system and service changes, working within the current financial envelope. Any changes to services provided will take effect from April 2018 for 2018/19, or later as agreed between the two organisations. Any changes must ensure that the North Tyneside BCF plan continues to comply with the BCF national requirements. Both organisations will work together to ensure that the residents of North Tyneside get the best return for investment in the BCF.

1.4.7 Metrics

Appendix 2 summarises the target levels for the national BCF metrics and current performance against those metrics

1.5 Decision options:

The following decision options are available for consideration by Cabinet

Option 1
Approve the Better Care Fund plan

Option 2

Not approve the final Better Care Fund Plan and to instruct officers to carry out further work on the Plan to enable approval by Cabinet within a timescale which will enable the Authority to meet the externally prescribed timetable for submission of the plan to the BCF assurance process.

Option 1 is the recommended option.

1.6 Reasons for recommended option:

Option 1 is recommended for the following reasons:

To ensure North Tyneside is able to continue to provide the health and care services funded through the BCF Plan.

1.7 Appendices:

Appendix 1 : Changes to the BCF plan compared to 2016/17
Appendix 2 : BCF Metrics
(The North Tyneside Better Care Fund narrative plan has not been included in the printed agenda papers but is available on the Council's website with the agenda.).

1.8 Contact officers:

Kevin Allan, Programme Manager – Integrated Care for Older People, Tel (0191) 643 6078

Alison Campbell, Finance Business Manager, Tel (0191) 643 7038

Scott Woodhouse, Strategic Commissioning Manager, Adults Tel (0191) 643 7082

1.9 Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

(1) North Tyneside Joint Health and Wellbeing Strategy 2013-23 (http://www.northtyneside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=547453)
(2) Integration and Better Care Fund planning requirements for 2017-19 (https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf)

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

The agreement of the BCF Plan has involved meetings of the North Tyneside Better Care Fund Partnership Board, which includes senior representatives of the Authority and the CCG, and additional ad-hoc meetings.

The BCF Plan does not of itself create additional demands for Authority services above those, which are created by the growth of our population and in particular the number of elderly people we serve. As in previous years, the Authority will hold discussions with the CCG to create a s75 pooled budget to operationalise the BCF and the agreement of the Authority to the creation of the s75 agreement will be subsequently sought. The majority of the Improved Better Care Fund grant award for 2017/18 was announced after Council approved its 2017/18 Budget and as such £4.579m is not included in the budget. Agreement with the CCG that this money will be available to the Authority to fund Adult Social Care and that there will be no reduction by the CCG to the 2016/17 Better Care Fund funding levels in 2017/18 means that the authority will be able to allocate all of the Improved Better Care Fund towards Adult Social Care spend.

2.2 Legal

The guidance issued by NHS England requires each local BCF Plan to be signed off by the Health and Wellbeing Board and approved by the constituent Council and Clinical Commissioning Group.

2.3 Consultation/community engagement

2.3.1 Internal Consultation

Initial consultation has been undertaken with staff and relevant stakeholders, including Cabinet Members and the Overview and Scrutiny Adult Social Care, Health and Wellbeing Sub-Committee.

2.3.2 External Consultation/Engagement

This plan is a continuation of the Better Care Fund plans for 2015/16 and 2016/17, which are themselves based upon the CCG Commissioning Intentions and the Adult Social Care Commissioning Intentions, which have been discussed by the Health and Wellbeing Board and the Overview and Scrutiny Adult Social Care, Health and Wellbeing Sub-Committee.

2.4 Human rights

There are no human rights implications arising directly from this report.

2.5 Equalities and diversity

There are no equality and diversity implications directly arising from this report.

2.6 Risk management

A risk assessment has been undertaken and is included within Appendix 1.

2.7 Crime and disorder

There are no crime and disorder implications arising directly from this report.

2.8 Environment and sustainability

There are no environment and sustainability issues arising directly from this report.

PART 3 - SIGN OFF

- Director of Public Health [X]
- Chair/Deputy Chair [X]
- Chief Finance Officer [X]
- Head of Law & Governance [X]

Appendix 1 : Content of the BCF plan compared with 2016/17

Scheme ID	Scheme Name	Area of Spend	Commissioner	Provider	Source of Funding	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
POOLED FUND								
iBCF								
14	Impact on domicilliary care fees of national living wage	Social Care	Local Authority	Private Sector	Improved Better Care Fund		**384,000**	496,000
13	Impact on care home fees of national living wage	Social Care	Local Authority	Private Sector	Improved Better Care Fund		**2,145,226**	2,775,688
16	Effect of demographic growth and change in severity of need	Social Care	Local Authority	Private Sector	Improved Better Care Fund		**1,270,000**	1,892,000
15	Impact on other increased fees (ISL, day care, direct payments etc) of national living wage	Social Care	Local Authority	Private Sector	Improved Better Care Fund		**1,244,000**	1,609,000
	Improved Better Care Fund					**0**	**5,043,226**	**6,772,688**
LA Provide								
1	Community-based support, including Carepoint; reablement; immediate response and overnight home care; adaptations and loan equipment service; and CareCall / telecare	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	7,013,000	**7,138,533**	7,274,165
12	Independent support for people with learning disabilities	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	600,000	**610,740**	622,344
9	Care Act implementation	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	597,000	**607,686**	619,232
10	Carers support	Social Care	Local Authority	Charity / Voluntary Sector	CCG Minimum Contribution	560,000	**570,024**	580,854
3	Intermediate Care - community services	Social Care	CCG	Local Authority	CCG Minimum	103,000	**421,411**	429,417

Scheme ID	Scheme Name	Area of Spend	Commissioner	Provider	Source of Funding	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
					Contribution			
7	Seven-day social work	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	63,000	**64,128**	65,346
8	Improving access to advice and information	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	50,000	**50,895**	51,862
	The Cedars					1,041,000	-	-
	CCG Funding to Local Authority					**10,027,000**	**9,463,417**	**9,643,220**
CCG Commission								
4	Liaison Psychiatry - Working Age Adults	Mental Health	CCG	NHS Mental Health Provider	CCG Minimum Contribution	212,000	**617,859**	629,598
5	Liaison Psychiatry - Older People	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution		**132,132**	134,643
24	Admission avoidance and discharge planning services	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	723,000	**724,177**	737,936
2	Intermediate Care beds	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	4,493,000	**3,653,432**	3,722,847
21	CarePlus (New Models of Care)	Community Health	CCG	CCG	CCG Minimum Contribution		**620,208**	631,992
19	End of Life Care - RAPID	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	314,000	**227,380**	231,700
6	Enhanced Primary Care in Care Homes	Primary Care	CCG	CCG	CCG Minimum		**100,000**	101,900

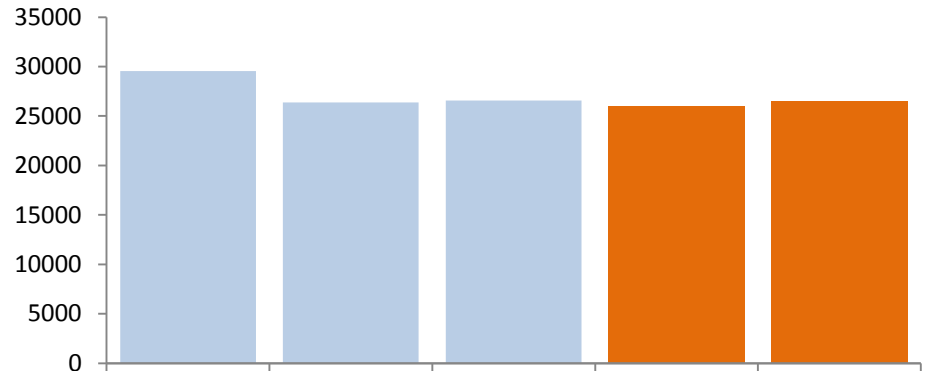
Scheme ID	Scheme Name	Area of Spend	Commissioner	Provider	Source of Funding	2016/17 Expenditure (£)	2017/18 Expenditure (£)	2018/19 Expenditure (£)
					Contribution			
	CCG Commission from own funding					**5,742,000**	**6,075,188**	**6,190,616**
TOTAL POOLED FUND						**15,769,000**	**20,581,831**	**22,606,524**
NON-POOLED FUND								
11	Disabled Facilities Grant	Social Care	Local Authority	Private Sector	Local Authority Contribution	**1,307,000**	**1,416,617**	**1,526,533**
TOTAL VALUE OF BETTER CARE FUND						**17,076,000**	**21,998,448**	**24,133,057**

Appendix 2 – BCF metrics

Emergency Hospital Admissions

Figure 1 below shows the year-on-year trend in emergency hospital admissions and the planned trajectory for 2017/18 and 2018/19.

Figure 1



	2014/15	2015/16	2016/17	2017/18 plan	2018/19 plan
Non-elective emergency admissions	29557	26372	26562	25949	26526

- There were 26,562 emergency admissions in 2016/17. This was 190 more than the previous year, an increase of 0.7%.
- The BCF plan called for a reduction in emergency admissions to 26,172; hence the outcome was 1.5% above the plan.
- Across England, there was a 2.3% increase in emergency admissions over the same time period.
- The plan for 2017/18 calls for a reduction of 2.3% compared to the 2016/17 outturn

The official BCF measure of emergency hospital admissions does not include all elements of urgent activity which impact on hospital workload or NHS costs; for example it does not include ambulatory care.

- In April 2016-June 2017 there were 7,916 emergency admissions including ambulatory care.
- This increased to 8,504 in April 2017-Jun 2017, an increase of 7.4%

Delayed transfers of care (DTOCs)

The Department of Health have set very challenging targets for reductions in the levels of delay. These targets are expressed in delayed days per 100,000 patients:

Total delayed days per day. (Per 100,000 population aged 18+)	Baseline Feb-April 2017	Target November 17-March 2018
NHS responsible	3.5	3.4
Social care responsible	0.4	0.2
Both responsible	0	0
Total	4.0	3.5

These ambitions are reflected in our BCF plan and we will aim to achieve them, whilst noting the following risks to delivery:

a) North Tyneside has a very low starting point – the ninth lowest rate in England – which reflects the adoption of best practice over many years, leaving less opportunity available for further reductions.
b) Only 16% of our delays are social care responsible and yet the national ambition proposes that 50% of the desired improvement comes from social care.
c) Despite a generally low level, there have been an increased number of delays from April-June 2017, which reflects the growing level of acute hospital activity, and the fragile state of the social care provider market.

Whilst the level of delays in North Tyneside are relatively low, we are committed to maintaining them at that low level and to seek further reductions

Effectiveness of reablement

The target for the number of patients at home 91 days after discharge from hospital to reablement remains at 93.1%. Current performance is marginally below at 92%. In 2015/16 the England average was 82%.

Permanent admissions to residential care

Our BCF trajectory is for a rate of permanent admissions to residential care, per 100,000 persons aged 65+, of 739, which would equate to 300 admissions per annum. In Q1 there were 75 admissions, which is on target for 300 per year.

North Tyneside
Health & Wellbeing Board Report
Date: 16 November 2017

ITEM 6

Title: Meeting statutory duties and North Tyneside Commitment to Carers'

Report from : North Tyneside Council, People Based Commissioning
North Tyneside Clinical Commissioning Group
North Tyneside Carers' Centre

Report Authors:

Susan Meins, Commissioning Manger	Tel: 0191 643 7940
Tom Dunkerton, Commissioning Manger	Tel: 0191 293 1156
Claire Easton, Chief Executive North Tyneside Carers Centre	Tel: 0191 643 2296

1. Purpose:

In March 2017, following an update on progress made with the actions within the North Tyneside Commitment to Carers' the Health and Wellbeing Board requested a further report be submitted to provide assurance that progress is being made in improving the health and wellbeing of all carers living in North Tyneside, and in supporting them to have a life outside of caring, and that carers in need are receiving the service they are entitled to, particularly where authorities were under a statutory obligation to provide them.

This report provides information about how North Tyneside Council and North Tyneside Clinical Commissioning Group supported by North Tyneside Carers' Centre are meeting their statutory duties in relation to carers.

2. Recommendation(s):

The Board is recommended to:

a) acknowledge the work undertaken to date;
b) recognise the gaps that have been identified in supporting carers which are highlighted in this report;
c) support a collaborative system wide approach to deliver on the actions in the Health and Wellbeing Work Programme to support carers; and
d) for all partner organisations to identify a lead person to take this work forward.

3. Policy Framework

Carers of all ages are identified within the Joint Health and Wellbeing Strategy 2013-18 as one of the key vulnerable or high priority groups who are more likely to experience poorer health and wellbeing.

In particular this item relates to the key joint initiative - Improving the health and wellbeing of families.

The Health and Wellbeing Action Plan 2017-18 includes the following priority:

An Integrated approach to identifying and meeting carer health and wellbeing needs (all ages)

4. Information:

4.1 North Tyneside's Commitment to Carers'

The North Tyneside's Commitment to Carers' was developed in partnership between: Carers; North Tyneside Clinical Commissioning Group; North Tyneside Carers' Centre; North Tyneside Council; Carers Voluntary Sector Forum; and Healthwatch North Tyneside.

The Commitment builds on previous achievements in working with carers, and aims to achieve the best possible outcomes for all carers and the people they support.

Our commitment to carers is:

'To improve the health and wellbeing of all carers living in North Tyneside, and support them to have a life outside of caring.

To actively promote open, honest working in co-production with carers'

The North Tyneside Commitment to Carers' is based upon six priorities:

1. Earlier identification of carers and the provision of quality information;
2. Improved communication;
3. Improved carer health, wellbeing and support;
4. Support that enables carers to go to/continue to work or in education;
5. Carers have access to emotional support; and
6. Smooth transition of support from children's to adult services.

An Action Plan was developed to support delivery of the Commitment. The plan outlines the key actions that were needed to address each of these priority areas.

See **Appendix 1** for the latest update on the actions.

Whilst the Commitment is still relevant, it is now time to refresh the Action Plan to ensure that we are addressing the current issues that are important to carers. Significant progress has been made on many of the priority areas contained in the plan; however limited progress has been made in other areas which require an integrated whole system approach. The following areas have been highlighted for action:

- Primary Care
- Hospital Discharge
- Crisis Support
- Young Carers Assessment process
- Provision of good quality Carers Wellbeing Assessments

Whilst all organisations can provide reassurance that carers feature in their policies and plans, it is now time to identify some key actions that are needed for these plans to be translated into practical support for carers.

4.2 Legislation

4.2.1 The Care Act 2014 and a whole system approach

The Care Act 2014 placed additional duties and responsibilities on local authorities with regard to supporting carers. The provision of advice and information which needs to be timely and in an appropriate format was given a greater focus. The Care Act placed greater responsibility on local authorities to assess a carers own needs for support; explore the outcomes that a carer wants to achieve in their daily life; and the impact of caring responsibilities on their desire and ability to work and to partake in education, training or recreational activities.

The Care Act 2014 also makes integration, co-operation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, some housing functions, and the Care Quality Commission (CQC).

The central aim of the legislation is to keep the carer at the centre. This preserves the carers' independence, their family and social network relationships, and their ability to undertake their caring role.

The integrated approach to identifying and assessing carer health and wellbeing needs rests on seven supporting principles:

1) We will support the identification, recognition and registration of Carers in primary care
2) Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health
3) Carers will be empowered to make choices about their caring role and access appropriate services and support for them and for the person they look after
4) The staff of partners to this agreement will be aware of the needs of Carers and of their value to our communities
5) Carers will be supported by information sharing between health, social care, carer support organisations and other partners to this agreement
6) Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services
7) The support needs of Carers who are more vulnerable or at key transition points are identified early

4.2.2 Children & Families Act 2014

The Children and Families Act 2014 amended the Children Act to make it easier for young carers to get an assessment of their needs and to introduce 'whole family' approaches to assessment and support. Local authorities must offer an assessment where it appears that a child is involved in providing care.

This legislation is aligned with similar provision in the Care Act 2014 requiring local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to

provide, care. In these circumstances the Authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development.

4.3 NHS England Commitment to Carers

This document sets out a series of commitments that NHS England will do to support carers, reflecting what NHS England has heard from carers during a number of engagement events.

- "Recognise me as a carer" (this may not always be as '*carers*' but simply as parents, children, partners, friends and members of our local communities);
- "Information is shared with me and other professionals";
- "Signpost information for me and help link professionals together";
- "Care is flexible and is available when it suits me and the person for whom I care";
- "Recognise that I may need help both in my caring role and in maintaining my own health and well-being";
- "Respect, involve and treat me as an expert in care"; and
- "Treat me with dignity and compassion".

4.4 CQC Inspection Framework

In January 2017, CQC released a consultation on their plans to change the way they inspect regulated care providers, including GP Practices. They have since published their updated assessment framework which they will use to inspect GP Practices and GP out of hours services from November 2017.

CQC recognised the need to improve primary care identification of and support for carers and included new key lines of enquiry in their inspection framework:

- KLOE E5.4: Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?
- KLOE C2.6: Are people's carers, advocates and representatives, including family members and friends, identified, welcomed and treated as important partners in the delivery of their care?
- KLOE R2.5: Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?

4.5 Provision of Carers Services

North Tyneside Carers' Centre (NTCC) is a local independent charity which was established in 1994. It is the only generic carer support service in the Borough providing a range of services to support to both young and adult carers.

In addition to formal contracts with the Local Authority and North Tyneside Clinical Commissioning Group, the service is funded by a range of charitable trusts. 52% of the funding the NTCC receives comes from statutory sources.

NTC & NTCCG commission the following direct support to carers from North Tyneside Carers' Centre.

- Provision of advice, information and signposting
- Two Carer Support Workers who are employed by the Carers' Centre and who have delegated responsibility for conducting statutory carer's assessments on behalf of the Council. Additionally they also provide direct one to one support to carers where this need is identified through assessment
- A Specialist Mental Health Carer Support Worker
- Funding towards the Young Carers Project

NTCC holds regular awareness raising events, including focussed events in Carers' Week in June, on Carers' Rights Day in November and on Young Carers' Awareness Day in January each year.

NTCC co-deliver training for LSCB in the impact of substance misuse on children and families and work in partnership with NTC Workforce Development Team to develop Adult Social Care training.

Other funding to support carers:

The NTC provide funding to P.R.O.P.S North East – (Positive Response to Overcoming Problems of Substance Misuse) to support carers/family members of all ages who care for drug and/or alcohol users in North Tyneside.

North Tyneside CCG has commissioned an Admiral Nurse from Age UKNT and there are two additional Admiral Nurses which Age UKNT has acquired funding for. The service provides one-to-one practical, clinical and emotional support and expert advice for people living with dementia and their families, dealing with more complex issues including loss and bereavement.

A Community Navigator for Dementia and Memory Loss is now in post and based within Care and Connect Team providing dedicated support to people with dementia, memory loss and their carers.

There is also a range of other independent condition specific support services for carers e.g. Stroke, Cancer etc which carers are referred to for support.

Other forms of support include support provided directly to the cared for person which support the carer, for example, short breaks and day services.

See **Appendix 2** for a breakdown of funding for carers services.

4.6 Adult Carers

The 2011 Census identified 22,208 adult carers in North Tyneside and highlighted a 19% increase in the number of people who are caring for more than 20 hours: the point at which caring starts to significantly impact on a carer's health and wellbeing and their ability to have a life alongside caring.

There are almost 3000 carers providing between 20 and 49 hours of unpaid care per week and over 5000 providing more than 50 hours of care.

2,870 adult carers are known to North Tyneside Carers' Centre. 68% are women and 32% are men: the UK gender split is 58% of carers are women and 42% of carers are men.

4.7 Adult Social Care Outcomes Framework (ASCOF)

The Adult Social Care Survey (ASCS) asks questions about the quality of life of clients and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and wellbeing. Data is also used to populate several measures in the Adult Social Care Outcomes Framework (ASCOF).

A survey of carers takes place every two years and the last one was conducted in November 2016. A total of 1920 carers were eligible to take part in the survey. A random sample of 1184 carers were selected and posted the relevant surveys. 380 clients responded to the survey and the results were collated independently by the Community Health Care Forum and then shared with the Authority for final analysis and submission.

See **Appendix 3** for regional comparisons on the results of the survey. A validation exercise is currently being carried out by NHS digital to confirm results, so the findings from North Tyneside and the other Local Authorities are subject to change.

Unfortunately like most other regional local authority areas, results in many of the areas measured have declined over the last three surveys.

The only indicator North Tyneside has improved on since the previous survey is 3D - the proportion of people who use services and carers who find it easy to find information about services (carer-element only) where we have improved by 0.2 percentage points. However this is still 10.2 percentage points lower than the results in 2012/13.

Whilst we recognise the impact of austerity and cuts to services on carers the results are disappointing in light of the progress made in relation to our Commitment to Carers.

4.8 Care Act – Meeting our Statutory Requirements

The Care Act states:

The local authority must have regard to the importance of identifying carers in its area with needs for support (Part 1 Section 2 Clause 2 (c))

The local authority and the NHS must cooperate with each other in relation to preventative services and the identification of carers (2.34).

Whilst health and social care services report that carers feature as a priority in their delivery/operational plans, unfortunately carers are still reporting that they do not feel recognised or supported therefore more work is needed.

The following section outlines the work that has been undertaken locally in respect of each requirement of the Care Act and how organisations are delivering or working toward meeting these requirements.

The Authority and NTCC have worked together to review the information we are collecting in relation to carers and what information we want to collect in the future. A Carer Dashboard has been developed to report on carer activity and interventions to support carers. This information is being used to measure future progress in a range of areas.

4.8.1 Care Act Priority Areas

<table>
<tr><th colspan="3">Adults</th></tr>
<tr><th>Statutory Requirement and evidence</th><th>Comments and challenges</th><th>RAG Rating</th></tr>
<tr><td colspan="3">Identifying Carers</td></tr>
<tr>
<td>Carers data is collected by NTC and NTCC, however this data needs to be used more efficiently to ensure support is provided where needed.
We know more carers live in the most deprived areas of the Borough in line with the number of people who are in poorer health and living with long term conditions.

Demand from carers of people with dementia, mental health problems and people with physical disabilities receive the highest requests for carer support from the Carers' Centre.

Carer Support Workers have access to NTC IT Systems to support easy transfer of information and data between organisations.

New measures introduced in Liquid Logic to strengthen the way carers information and assessment is required to be recorded by workers. NTCC have introduced a new database Charity Log to provide more rigorous reporting and report outcomes.

GP Register Data now being examined.
Patients on the GP Practice Carers Register as at September 2017
<table>
<tr><th>Locality</th><th>Practice List Size - June 2017</th><th>Carers</th><th>% Carers</th></tr>
<tr><td>North Shields</td><td>55,488</td><td>1,215</td><td>2.2%</td></tr>
<tr><td>North West</td><td>53,833</td><td>992</td><td>1.8%</td></tr>
<tr><td>Wallsend</td><td>47,389</td><td>980</td><td>2.1%</td></tr>
<tr><td>Whitley Bay</td><td>62,091</td><td>1,032</td><td>1.7%</td></tr>
<tr><td>North Tyneside CCG Total</td><td>218,801</td><td>4,219</td><td>1.9%</td></tr>
<tr><td colspan="4">Information provided by NECS October 2017</td></tr>
</table>
</td>
<td>The opportunity to collect additional carer data should be explored in primary and secondary care (no statutory requirement to do this at present)

Would sharing carer data between all organisations strengthen support?

Is targeted work is needed in the most deprived areas of Borough?

What information is needed by primary care, to identify what additional support and resources are needed for GPs to improve identification and support for carers.

More targeted work is needed in schools to support the identification of more young carers. The opportunity to undertake some additional work with the School Improvement Team should be explored.

Supporting Carers: An action guide for general practitioners and their teams second edition states amongst every 100 patients on a GP's practice list, we would expect:</td>
<td>AMBER</td>
</tr>
</table>

NTW Foundation Trust has 'Getting to know You' for carers. Meetings have been held with Care Point and also GP Practice managers to promote the identification and support of carers. Work is planned with District Nurses.	- 2 to be caring for at least 50 hours a week - 3 or 4 to be caring for more than 20 hours each week Not all carers will require support. However, by GPs increasing the numbers on the GP carers register this will provide GPs with the opportunity to ask specific questions to those patients who may be caring for someone and to have a conversation about what additional support they require. Work is ongoing at locality level to support practices to become aware of carers needs. This includes working in collaboration with TyneHealth in embedding Carers awareness in the new Care Navigators programme. Work is underway to develop a carer pathway for carers of people with a mental health condition. Explore what opportunities there may be to collect and share data from the Trusts.	

Wellbeing and preventing		
A wide range of services provided free of charge to carers by NTCC and other CVS organisations including: peer support groups; training courses; access to support workers; emotional support; and advocacy. NTCC has developed self-care resources for carers which are available online and included in their training programme to support carers to maintain their wellbeing. Health and wellbeing sessions are also delivered which include relaxation, mindfulness, and healthy eating to prevent and delay the need for further support. A first stage proportionate assessment has been introduced by NTCC. In the last 12 months only two carers who had a first stage carers assessment progressed to a second stage statutory carers assessment. Carers can access assessment via a NTCC Carer Support Worker, or by a worker from Adult Social Care according to preference or need. Healthwatch and CAB have carried out promotional work to help carers understand their rights. Work is currently underway with TyneHealth to deliver training to Primary Care Navigators and work with the Navigators to deliver additional training to practice staff where requested. All new Adult Social Care contracts now include references to identifying, working with and supporting carers. Providers are also expected to agree to the principles of the Carers' Charter and promote the inclusion of carers in planning and decision-making. Impact of carer support is now being measured following NTCC interventions.	An integrated approach is needed between all partners to support the early identification and support of carers. To ensure that carers are viewed on an equal footing to the person they care for a significant cultural shift is still required; workforce development will take time and investment. Under the duty to cooperate all NHS providers who have contact with a provider should be asking carers a number of questions to identify whether or not they feel they are in need of additional support, either in order to continue their caring role or to continue contributing to their family and social networks. Also whether the carer is able and willing to continue in the role – is this happening? There is still a significant amount of work that needs to be undertaken to be confident that all partners are delivering on their statutory responsibilities. NTCC has developed a self assessment tool for providers to demonstrate how they are delivering the principles set out in the NT Carers	AMBER

	Charter. It is envisaged that this information could be collected as part of annual contract monitoring - this is an area that needs to be implemented. There is scope for the NT Carers Charter to also be included in CCG provider contracts.	
Information and advice		
Main provider of information and advice to carers is NTCC. A professionally trained team support carers in a number of ways using a variety of methods, for example; telephone, email, face to face or in group situations. Where appropriate carers are directed to specialist support services e.g. PROPS, LDNE, AGE UKNT, Stroke, and Cancer. Carers are routinely provided with information and advice as part of the ASC assessment process of the person they care for. During 2016/17, 2,812 carers were included in the assessment or review of the person they support. Of these carers 1,964 were provided with advice and information to support them in their caring role. NTCC provides a wide range of information for carers on their rights, benefits and entitlements, services available and also information for professionals that support carers. Their website receives over 5,000 hits per month. https://www.northtynesidecarers.org.uk/ During the 6 month period April to September 2017, 2870 carers were registered with NTCC and had access to a monthly newsletter. In addition to this, 687 carers were provided with advice, information and guidance via the telephone or face to face. A Carers specific page has been added to SIGN www.sign-nt.co.uk – this provides information to support carers and links to other specialist organisations.	Local authorities are responsible for ensuring that all adults including carers in their area, with a need for information and advice about care and support, are able to access it. It is however recognised that this will only be achieved through working in partnership with health and social care providers, the wider public and other local advice and information providers. Information and advice is the only ASCOF indicator that we have improved however there is clearly still work to do in this area. What information is provided to carers in primary and secondary care about their rights to assessment and options for support?	AMBER

Care and Connect continues to support carers to access support for themselves and also the person they care for. Carers of people with dementia are supported through the specialist Community Navigator for Dementia and Memory Loss. Age UK dementia services and Admiral Nurses provide specialist support to carers of people with dementia.		
Assessment and eligibility		
The Carer's Wellbeing Assessment was developed with carers; this includes prompts to help carers to think about the impact on them and their own family situation. The Care Act makes it clear that assessments should be proportionate to the needs of the carer. The Carers Centre has developed a First Stage Assessment to prevent carers from having to undergo a full assessment only to have access to some free training or signposting to a specialist service. From April 2017 to September 2017: • 129 carers received a First Stage Assessment by NTCC • 37 carers received an individual Carers Wellbeing Assessment (the majority of these assessments have been conducted by the Carers Support Workers in NTCC) • 415 carers have been jointly assessed with the person they care for (this figure is being queried as there are some inaccuracies in the recoding of joint assessments) To increase the range of ways carers to support carers to access an assessment, an online assessment has been developed. The process includes prompts throughout to alternative sources of carer support. https://mycare.northtyneside.gov.uk/web/portal/pages/help/carerassess	In the ASCOF survey only 45% of carers said they were aware they were entitled to a carers assessment more work is needed by all professionals so they can direct carers for support when needed. Any carer who appears to have needs for support should be offered an assessment – is this happening routinely? Do all organisations understand how to refer carers for assessment? Not all carers will be eligible for care and support; however they may still benefit from the opportunity to talk about their situation. Can we assure ourselves that all carers are encouraged to undergo an assessment of their own needs? Issues have been identified in relation to the recording of joint assessments; however a solution to this problem	AMBER

NTCC has developed a system to evaluate the experience of the carer assessment process carried out by NTCC workers. 17 evaluations have been returned to date: the feedback is very positive: • 15 carers reported that they were fully able to discuss the impact of caring on their physical and mental wellbeing and 2 reported they were partly able; • 16 carers reported that the advice and support they received was very helpful and 1 reported carer report the support was partly helpful.	has been identified through the new NTC IT systems. This should strengthen our confidence in the data provided on joint assessments. NTC has recently commissioned the Community Health Care Forum to conduct some interviews with carers who have had a Carer's Wellbeing Assessment. The first round of interviews will be carried out in December 2017 – this information will be used to feedback to the teams on the carers views and also develop the process further. ASCOF Survey – 59% of those who have undergone assessment are very or fairly satisfied with the process – therefore there is scope to improve.	
Care and support planning and reducing or delaying needs		
The support many carers require involves a service delivered to the person they care for. Other forms of support are often provided by access to a peer support group, training or being provided with advice and information on the condition of the person being cared for. **During 2016-17** • 387 actual episodes of respite were delivered to provide carer relief. • 94 people received a day care service to support the carer. • 94 people received a sitting service as a carer service to support the carer. • 11 carers received their own Personal Budget (PB) to purchase something to directly support themselves as a carer.	In the ASCOF survey: 14% of carers say they miss their own health appointments as a result of their caring role. 24% carers say they sometimes can't look after themselves. 43% of carers said they had reached breaking point in the last 12 months. More work is needed by all organisations to ensure that carers needs are being appropriately met	AMBER

April 2017 to September 2017 • 138 carers were provided with 1-1 support by a Carer Support Worker • 75 carers of people with a Mental Health problem were referred to the specialist MH Worker for support	and that carers know who to contact when things deteriorate. Social Work pressures mean that the focus of support is still on the cared for person. How can we assure ourselves that carers are on an equal footing? Hospital discharge has been highlighted as an area of particular concern. Carers do not always feel part of discharge planning and often feel pressurised to take on caring responsibilities. A new pathway for carers of people with mental health problems is currently being developed. Once implemented the effectiveness of this pathway needs to be reviewed. Numbers of carers with Personal Budgets is low. How can we assure ourselves that outcome focused support is being provided to carers, their needs are being fully met by utilising community assets; replacement care; and one to one support or personal budgets? The use of personal budgets for carers needs to be clarified for social work teams.	

Advocacy		
NTCC continues to be the main source of advocacy for carers. Carer Support workers support carers by liaising with employers when needed and through the safeguarding process when appropriate.	Whilst advocacy provision is available, are all carers aware of their rights to advocacy? Do Providers understand their role in this? How can all organisations support sharing this information?	AMBER
Transition for Young carers		
At present we have no established way of identifying young carers who are reaching adulthood – this area needs to be urgently reviewed.	The Care Act introduced new obligations to young carers 'in transition' to adulthood. Councils are required to undertake an assessment for a young carer if it considers that she/ he is likely to have needs for support after becoming 18 and that the assessment would be of significant benefit to him / her. The collection of young carer assessment data will support identification of young people approaching adulthood. However a process will need to be developed to progress this work.	RED

4.9 Young Carers

The 2011 Census identified 166,363 young carers in England, an increase of over 26,000 since 2001. The number of five to seven year old young carers in England also increased by around 80% in the previous 10 years to 9,371. Data is not available per local authority area. It is estimated that there are up to 7,000 young carers living in North Tyneside.

It is recognised that data available on the number of young people providing care is likely to be an under representation of the reality. This is due to various reasons including: families wanting to manage alone; not recognising the caring role of young people; and fear of involvement from services.

438 young carers are known to North Tyneside Carers' Centre, of which 55% are girls and 45% are boys. This is representative of the UK gender split in young carers.

4.9.1 Young Carers Project

NTCC's Young Carers' Project work with young people with caring responsibilities for a family member aged 5-18 where their caring role is impacting them socially, emotionally, educationally or physically. One to one and family support is offered as well as a breaks and activities service incorporating term time age, specific clubs, holiday activities and targeted group support for young carers facing specific challenges. 438 young carers across North Tyneside are currently registered with the Young Carers' Project.

Of the young carers' registered with the project:

- 14% are under 10
- 86% are over 10
- 7% of referrals are aged 5-7
- 39% of referrals are female and 61% are male

29% of the overall project is funded by NTC and NTCCG. 71% is funded by trusts e.g. Children in Need, Henry Smith Charitable Trust.

Over the last 12 months:

- 70% of referrals have come from the 27 lower super output areas equating to the 10-20% most deprived areas in England.

- 61% of referrals have been for someone who is caring for someone with a mental health issue.

- 32% of referrals have been for someone who is caring for someone with a physical health issues

- 7% of referrals have come from someone who is caring for someone with substance misuse issues.

In 2017, 48% of the young carers that have accessed the family support service have reported that they have had to miss school due to their caring. 40% have reported that

they have experienced bullying and 36% report having their own mental health difficulties.

The Family Support pathway involves young carers being supported to complete a holistic assessment to explore the impact of their caring role on their mental health, emotional wellbeing, education, life outside of caring, friendships, physical health and family relationships.

From this assessment and gathered information from schools and family members, the Family Support Worker draws up a support plan with the young carer from which they will work over an agreed amount of sessions to reduce the impact of caring. Comparative data is collected at the start and the end of the work to identify the difference the work has made to the life of the young carer through use of NTCC internally designed impact assessment and a subjective wellbeing questionnaire made up of six questions from the ONS datasets chosen to explore the young carers' satisfaction with their life.

Nationally recognised tools for understanding and measuring caring responsibilities and the impact of interventions are completed. Any inappropriate caring responsibilities that are identified as part of this process result in a referral to Children's Services for assessment. Feedback is collected from professionals and family members to supplement the subjective information.

4.9.2 Meeting our Statutory Requirements

Both the Care Act 2014 and the Children and Families Act 2014 address the needs of young carers clearly and directly. The Children and Families Act 2014 has amended the Children Act 1989 and clarified the law relating to young carers' and addresses the local authority as a whole (applying to both adult and children's services). The new provisions include:

- Ensuring the right to an assessment of needs for support to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it;

- Placing a clearer duty on local authorities to undertake an assessment of a young carer's needs for support on request or on the appearance of need;

- Requiring local authorities to ensure that young carers are identified and that consideration is also given as to whether they are a 'child in need';

- Making links between children's and adults' legislation to enable local authorities to align the assessment of a young carer with an assessment of an adult they care for (preventing inappropriate care); and

- Requiring local authorities to be proactive about identifying young carers in their area and acting to help reduce their need for support through the provision of information and preventative measures (for example in schools).

4.9.3 Young Carers Priority Areas

Statutory requirement	Comments and challenges	RAG Rating
Identification of Young Carers		
Work has been undertaken to look at what systems and processes we currently have in place to identify and support young carers. New processes to support roll out of Young Carer identification and assessment have been developed in partnership with NTCC Young Carers Service. As part of the procurement of Liquid Logic, the Authority has had the opportunity to develop a young carers module that will meet our requirements/ needs for recording and reporting on young carer data. Until Liquid Logic is rolled out, a separate email has been set up so completed assessments can be logged. This email address will remain in place for Young Carers Needs assessments, to be sent in if the author cannot access Liquid Logic. Young Carer training has been developed with NTCC to include: • Identification of Young Carers / why we need to support them; • What a Young Carers needs assessment is; • What support can be put in place for the family; and • Recording and reviewing the case. Training is scheduled to take place from early 2018 and can be accessed via the Learning Pool. For those staff that have already completed the EHA training, 2 hour briefing sessions are being delivered across several days. Young Carer training will be incorporated into the EHA training for new staff	The only current generic pathway we have for identifying and recording young carers is through the Early Help Assessment (EHA), but this does not include any young carers known to Adult Services or Children's Social Care. It has been agreed that where an Early Help Assessment (EHA) identifies a young person who may have caring responsibilities. A Young Carers Assessment would be offered to the child /young person. This will be carried out by whoever the young carer chooses, so a range of professionals will require training. This includes Locality Staff /Health Visitors/Youth Offending) / Social Workers (both Adults and Children's) / Schools and Connexions. Adult Services are required to identify children in the household/ family network and ensure that young carers are not left with unreasonable levels of caring responsibilities. Additional work is needed with ASC to support this.	AMBER

The Centre has maintained a good level of awareness raising around young carers' needs by delivering school assemblies and presentations to senior school staff. A separate session will be added to the learning pool for other staff that are not required to undertake the EHA training.	Additional resources may be needed if the critical work in schools is to be successful.	
Assessment of Young Carers		
Young Carers Needs Assessment documentation has been developed with support from NTCC. Two assessments have been produced, one for young carers under the age of 12 and one for young carers over the age of 12. Staff guidance has also been developed to support the process. All documents can be accessed on the following link: NTC Early Help After a period of implementation, the Young Carers Assessment and review processes will be evaluated by a group of young carers, to ensure they are fit for purpose. NTCC Family Support Workers have contributed to or initiated Early Help Assessments for 32 young carers and contributed to Children's Services plans for 20 young carers.	Although the process has been agreed for conducting young carers assessments, there is still a lot of work to be undertaken ensure that all staff in both adult and children's services and also in the wider system, are trained to recognise and respond to the needs of young carers.	AMBER
Supporting Young Carers		
Young carers of disabled children are the responsibility of Children's Services. Many services that Adult Social Care put in place to support young carers are similar to those provided to support adult carers, for example; home care and respite provision. Schools clearly have a significant role to play in identifying and supporting young carers. The NTCC Young Carer Project Manager and the team are available to support schools and other	There are currently twenty young carers waiting to access Family Support. We need to ensure the resources we have are sufficient and that these young people are being appropriately supported to ensure their caring responsibilities are not becoming too great a burden whilst they are waiting to access support. Additional work with schools is still required to support this area.	AMBER

professionals in how to support young carers. Strong relationships have been developed with 10 schools that have been supported to implement young carers' support groups. Between October 2016 and October 2017, 109 young carers and their families accessed support through NTCC Family Support Service**.** 138 young carers have accessed the NTCC Breaks and Activities Service since October 2016 through a combination of school holiday activities, term time clubs and regular targeted group sessions. Targeted groups respond to patterns that emerge amongst the young carers that are supported by the project, including groups to support sibling carers and groups to support those caring for someone with mental health issues.		
Parent Carers		
The only requirement under the Children and Families Act is to provide an assessment for the parent. Support is then provided by way of services to the child with disabilities. Work is underway with the Parent Carers Forum to enhance the Local Offer (next session is planned 10th November) this will involve a deep dive into the current website offer, to ensure that parents are fully aware of what is available.	Although there is no statutory requirement to provide it during consultation Parent Carers often describe being unable to access emotional and practical support for themselves. NTCC currently receives Big Lottery funding, part of which can be used to support Parent Carers, however no other forms of support are directly commissioned.	AMBER

4.10 Summary

The Care Act placed carers on an equal footing to the people they care for, however in line with national reporting, not all carers feel that their needs are being fully met.

Carers have reported some really good practice in both health and social care but we need to reduce the variation in experience and the inconsistency in approaches.

Significant progress has been made toward the actions carers themselves identified as important when the North Tyneside Commitment to Carers' was developed. In 2015 when the Commitment was first published, we were not even able to say who our carers were or how they were being supported. A considerable amount of work has been undertaken 'behind the scenes' to introduce new systems and processes, however this alone will not improve support to carers.

The Action Plan that supports the North Tyneside Commitment to Carers' was a high level plan that covered all the areas identified by carers. Whilst progress has been made in many areas, some actions have been more challenging than others. There are key areas that require further action which are highlighted in section 4.1.

To truly make a difference to carers a whole system change is needed. Partnership working and co-operation is key. Joint working between the Authority, the NHS, voluntary organisations, education, public health, housing and local communities is needed to support carers. We need to maximise resources and opportunities to help carers to identify themselves and also know what help is available if they need it.

The person with care and support needs still appears to be the focus of professional attention. There is pressure to move people through the system at any cost. Understanding what carers need requires investment in time, including helping them to understand that they are carers in the first instance.

5. Decision options:

The Board is recommended to:

a) acknowledge the work undertaken to date;
b) recognise the gaps that have been identified in supporting carers which are highlighted in this report;
c) support a collaborative system wide approach to deliver on the actions in the Health and Wellbeing Work Programme to support carers; and
d) for all partner organisations to identify a lead person to take this work forward.

6. Reasons for recommended option:

1. To ensure that all health and social care partners are delivering on their statutory responsibilities; and
2. To improve the health and wellbeing of carers.

7. Appendices:

Appendix 1: North Tyneside Commitment to Carers' and Action Plan
Appendix 2: Funding for Carers Services
Appendix 3: ASCOF Survey Results

8. Contact officers:

Susan Meins	Tel: 0191 643 7940
Tom Dunkerton	Tel: 0191 293 1156
Claire Easton	Tel: 0191 643 2296

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

1. An integrated approach to identifying and assessing Carer health and wellbeing https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf
2. The Care Act – Factsheet 8 the law for carers https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-8-the-law-for-carers
3. No Wrong Doors working together to support young carers and their families https://www.local.gov.uk/sites/default/files/documents/no-wrong-doors-working-to-27d.pdf
4. Young Carers Needs Assessment https://www.local.gov.uk/sites/default/files/documents/Young%20Carers%20needs%20assessment.pdf

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10. Finance and other resources

There are no known financial implications arising from the report.

11. Legal

The Care Act 2014 and the Children and Families Act 2014 both outline the legal responsibilities with regard to carers, these include:

- The provision of information, advice and support;
- A focus on the wellbeing of carers and the outcomes they want to achieve; and
- Duties in relation to identification, assessment and planning.

12. Consultation/community engagement

A significant amount of consultation with carers was carried out to agree the priorities in the North Tyneside Commitment to Carers', this included; focus groups with adult and young carers; online surveys; sessions held by Healthwatch North Tyneside; feedback from members of the Carers' Voluntary Sector Forum and the All Together Better group; and information collected as part of the Adult Social Care Carers Survey.

Events held on Carers Rights Day and during Carers Week provide the opportunity for carers to give their views on services and support and this information is used to develop local work.

North Tyneside Carers' Centre has recently conducted their annual survey of carers they support. The main findings from this survey are:

- GPs – 24% of carers reported that their GP is aware they are a carer and offer support to them as a result. However 61% of carers report their GP knows they are a carer but do offer any support in relation to this.
- Employment – 49% of carers have left employment/education or training as a result of their caring role.
- The main concerns carers reported were:
    - The health of the person they care for; and
    - Deterioration of their physical and mental health as a result of their caring role.
- 94% of carers who accessed support from the Centre felt their needs had been fully or partially met. However some carers report that their needs were not met in other parts of the system.

Healthwatch has recently conducted a piece of work with carers. The draft report has highlighted some concerns in relation to the identification of carers, carers not being informed of their rights to assessment and the quality of assessments that have been undertaken. The recommendations in their final report will be reviewed and included in any future work.

13. Human rights

There are no human rights implications directly arising from this report.

14. Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15. Risk management

A risk assessment has not taken place. There are no known risks arising from this report.

16. Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

North Tyneside Commitment to Carers - Action Plan 2015-16 (incl H&WB Sub Actions)

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
1a	**Quality information**				
	a) Increase opportunities for carers to find out what is available to support them & how to access it	Explore other tools/systems used elsewhere Develop a universal access support tool if appropriate Develop resources and methods of sharing information detailing what is available in North Tyneside Providers in children's services describe and implement their Local Offer for Young Carers and Parent Carers of Disabled children and young people 0 - 25 years	1 Carers know how and where to access an assessment of needs and support with clear information re eligibility 2.A range of good quality information is available to professionals and there is consistency in messages given 3.We have clarity re the menu of services & support that is available in a range of key access points 4.Carers report that feel better informed - *The proportion carers who find it easy to find information about services increases (65.90% 2014) *Evidenced through Carers Centre Survey (annually January) *100% of schools and facilities accessed by young people have a local offer	Explored other tools used across the carer support network. Carers' Centre produced 'Key to Support' tool which has only been distributed to GP Surgeries due to limited resources/funding.*(R3 H&WB Sub)* Work in progress to update the Council website and also with SIGN for better information sharing. Disabled Children & Young People - SEND Local Offer is available on Web but offer needs to be updated Need to add Scrutiny report to Local Offer so parents know what we are doing Need a plan - share info etc (Parent Carers used to do it; SENDIAS now do it; Tyne Gateway) - is this sufficient? LO Comms dissemination group has been established(incl CCG) - this action needs to link with this	Local Offer update - work in progress with SEND IASS and also Parent Carer Forum Carers info included in new SIGN directory & SIGN http://www.sign-nt.co.uk/Carers/ CCG has added North Tyneside Carers' Centre leaflet and key on GPTeamNet CCG has circulated carers presentation to all GP Surgeries requesting they display the information on the patient information section on TV Screens in GP Surgeries re support available for carers Agreement by GP Federation to provide Carer information in their newsletter Carers' Centre is involved in training Primary Care Navigators in GP practices to increase awareness of Carers needs and possibly provide advice and signposting . Information about the Carers Centre is also included in Primary Care Navigators workbooks. New online resource for Carers Assessments https://mycare.northtyneside.gov.uk/web/portal/pages/help/carerassess During 2016/17, 2,812 carers were included in the assessment or review of the person they support. Of these carers 1,964 were provided with advice and information to support them in their caring role.

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	b) Ensure good quality information is available at key points of access	Explore points of information for carers including: *Schools *GP Surgeries *Hospitals and community health settings *Clinics *Libraries *Psychologists *Employers *Healthwatch *SIGN Members *Care & Connect *Carers Champions *Places of Worship/Faith Groups		Carers' Centre new website launched, updated marketing information produced. Now separate young carers website. Improved Carers Newsletter available for carers and professionals Young carers APP launched on National Young Carers Awareness Day and promoted with schools. Healthwatch and CAB have developed carer assessment awareness raising poster and leaflet (Nov 2016) Pilot introduced to transfer carers who contact the Councils Gateway Team, to the NT Carers' Centre to ensure they are able to speak to a trained professional immediately Still more work to do in this area - need to ensure that more services are aware of carers support that is available *(R4 H&WB Sub)* Work in progress with Children's Care & Connect Need publicity material to publicise the Local Offer to ensure people are aware of availability SENCO Handbook - how is Local Offer referenced Links to roll out of YC assessment	Healthwatch NT are still supporting carer awareness raising Carers Champions network has been relaunched. Carers' Centre is working with the network to map out information available at access points for carers and is in the process of recruiting volunteers to support dissemination of information to access points. More work could be done in this area to involve more partners to support info sharing
		Identify opportunities for provision of information within the access points		Action Outstanding *(R4 H&WB Sub)*	Carers leaflets are widely distributed Healthwatch/CAB leaflets are well distributed Care Navigators will support info provision in GP surgeries The Carers' Centre will work with the Carers' Champions to map out what information is available for carers and will use this network to support wider sharing of information. Planned meeting with the Patient Forums Thursday 11 January 2018 to see how they could support in this area
		Link with the SIGN Smartphone application developments		SIGN APP launched, Carers' Centre involved - work ongoing Development of the SIGN information system where an online local directory of information and services will be accessible to residents and professionals *(R1 & 3 in H&WB Sub report)*	Comprehensive Carer section on SIGN & My Care http://www.sign-nt.co.uk/Carers/ Action compete

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
		Develop the Social Media offer for carers		Carers' Centre now has a regular programme of Tweets, Facebook etc to reach more carers.	Carers' Centre has invested in increasing Marketing & Communication post to full time to support the use of social media with young carers.

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	c) Update the Carers' Health & Wellbeing Guide	*Update the Guide *Make guide accessible on-line in the range of information points	Guide is widely available	Carers' Centre are currently reviewing guide - will be available as an online tool and for professionals/organisations who support carers to access	Carers' Centre is developing a range of themed factsheets as an alternative
1b	**Early identification of carers**				
	a) Ensure a targeted workforce is trained to recognise adult, young carers and parent carers & assess their needs across education, health and care	Establish a task and finish group inclusive of the targeted workforce to carry out this work .	*Sound understanding of what is available and by whom it is delivered *The targeted workforce is trained (?% of people attend/access training (TBA) *The definition of a young carer is agreed *There is a year on year increase in identification of carers	NTC - adult and young carers to be included in all elements of social care training rather than stand alone The Early Help Assessment has been amended to include 3 Q's to support young carer recognition. This will prompt a Young Carers Assessment A training plan has been agreed to roll out new procedures to the workforce Carers' Centre is scoping out on line training - potential to work with regional carers centres. Workforce development also looking at online training. Opportunity to develop an online training resource for carers of people with dementia being explored with Newcastle Uni Parent Carers - developing the specialist knowledge within the Front Door SW carry out Children in Need Assessments if threshold met - Parent Carers will be identified Need to add Safe Families on to Local Offer	Training has been developed re YC's Young Carer Identification and Assessment process agreed but roll out needed - planned from Jan 2018 Need to agree how ASC will access training in relation to YC's Adult Training is being reviewed and changed- possible DVD being made on 'what good looks like' in terms of assessment
		Review existing carers training provision for professionals in health and social care			
		Develop an ongoing programme of carer training for staff			
		Scope out the possibility of developing an online carer awareness training tool			
	b) Ensure the views of the young carers are incorporated into Early Help Assessment (EHA) / Child in Need Assessment	Working with the EHA training team ,we monitor the numbers of people trained in EHA training and monitor impact on identification of young carers		EHA now includes 3 prompt questions to identify young carers. Young Carers Assessment documentation will be complete in December - roll out from January Additional actions have been agreed to support the roll out of YC's assessments	Action complete - to be backed up with ongoing training/roll out of YC process
	c) Ensure a targeted workforce is trained to assess the needs of parent carers (0-25) across education, health and care	Establish a task and finish group inclusive of members of the targeted workforce to carry out this work	* The pathway and process for carrying out parent carers assessments is finalised *Staff from Education Health and Care understand their individual responsibilities.	Specialist SW's ensure that a Parent Carer Assessment is included in the CIN assessment Suggest an audit of current Children in Need Assessments to ensure that the needs of Parent Carers are being identified	System in place to Assess Parent Carers. Childrens Disability Team - Any case which comes to authorisation panel, the question has to have been asked if a Parent/Carers assessment has been offered and the reason for refusal.
		The tools developed for assessment of parent carers needs are tested across a range of parent carer cases	TBA	Identification and assessment of Parent Carers at Front Door under development - links with transformation work on the MASH (Multi Agency Safeguarding Hub)	Work in progress with Parent Carer Forum

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	d) Ensure carers of people being discharged from hospital are identified & supported	Review the process for carer identification and support in: *Northumbria Tyne & Wear FT Sites *Northumbria NHSFT Sites *Ensure there are links with the planned 'Care Point'	Carer reported satisfaction with discharge process	Carers needs and requirements presented to Older Peoples Integration Board to ensure any future developments are inclusive of carers needs. Priority area to progress, meeting to be arranged the Trust	Links made with Care Plus - attended clinical meeting to discuss Carers in September CCG met with staff at Newcastle upon Tyne Hospitals and Northumbria Healthcare to discuss Carers and the Discharge Process - linked with Carers' Centre to strengthen relationship A new whole system apprach is needed as hospital discharge still is reported as an issue for carers
	e) Introduce a Quality Assurance process across Children & Adult Services to ensure carer needs are identified and met during assessment and review processes	*Review of cases known to the Disabled Children's Team *Develop a specific carer audit tool *Audit a selection of Adult cases with carer involvement *Audit of Adult Carers Wellbeing Assessments *Address areas for development *Share best practice with teams to improve quality	*Carers receive support to meet assessed needs and outcomes *Carers receive the support they need *Increase in Carer 'quality of life' indicator	Adult Social Care have developed a quality assurance process for carers assessments. Dataset being developed (Carers' Centre) for 'first stage' assessments to understand the impact of intervention. To be developed in CYPL once system is in place (estimated from Jan 2017) Parent/Carers of disabled Children - Audit tool to be developed and implemented in SW practice identify the good practice required in the assessments to comply with the requirements of the Care Act. Audit a selection of assessments to monitor compliance with good practice. Make recommendations to social work teams and monitor ongoing progress through 6 monthly themed audits	QA process in place for ASC Adult Carer Assessments to be reviewed Process for YC's assessments to be developed Manager of Whole Life Disability Team has changed the authorisation panel sheet. There are now have specific questions relating to Carers Assessments for Parents and for siblings. This means at every new referral requiring services or at any review, where authorisation for continuation of resources is required, the question is asked. Co production project underway to strenghthen Person Centred in Whole Life Disability team Process agreed for review to be undertaken with carers by CHCF on their experience of assessment

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
2	**Improved Communication**				
	a) Ensure that carers are seen as expert partners in care	Parent Carers and Young Carers co produce all aspects of work in relation to parent /carers and young carers actions	The SEND local offer is updated to reflect changes required by parent /carers/young carers	ADHD - Parents have been involved in providing info to the Scrutiny Group (supported by HWNT) Local Offer Development Group continues to meet monthly	Work in progress with Parent Carer Forum
		Relaunch the Carers Charter	Increase in the proportion of carers who report that they have been included or consulted in discussion about the person they care for (74.6%)	Carers' Centre campaign in Carers' Week - unfortunately limited success. Need plan to address and progress this action	Carers Charter was relaunched. Still opportunities to embed the Charter in health and social care contracts The proportion of carers who report that they have been included or consulted in discussion about the person they care for 2016 result DOWN 73.0%
		Recruit more Carer Champions to support services to be more carer focussed	50% increase in Carers Champions within the local authority and partner organisations	Carers' Champions in local authority need to be linked into training Need to develop links with NTW Carers' Champions. Carers in Employment Pilot has identified a number of people within organisations they are working with who can act as Champions CYPL Communities of Interest to include young carers champion Need to explore opportunities to work with parent care forum which is supported by LDNE *(R8 H&WB Sub)*	New campaign to recruit Carers Champions launched in Carers Week in June 2017 Total of 26 Champions registered @ July 21st 2017 Subsequent events for Champions have not been well attended, therefore the approach needs mmore consideration Carers' Centre now has developed links with the NTW Carers' Champions lead to strengthen support for carers of people with MH problems
		*Develop a self-assessment tool to measure progress against the Carers Charter *Build into Quality Monitoring processes	*Action plans are developed to address shortfalls *Good practice is celebrated and shared	Need to progress tool that can be used to measure progress - Carers Centre Carers are now embedded into LA quality assurance quality monitoring processes with external providers. CCG needs to progress this action. *(R17 H&WB Sub)*	NTCC has developed and assessment for providers to evidence how they are meeting the needs of carers as identified in the Charter Meetings arranged with carers in November for their feedback and to develop a good practice guide to support Carers' Champions' in their role
		Include carer related performance measures in Council quality monitoring processes	*Carers have increased opportunities to have their say about services *The Special Education Needs local offer is updated to include information required by parent	Embedded into LA quality monitoring processes with external providers. Providers have been asked how they will support carers as part of the recent Day Service tender - the responses will be monitored as part of the QM processes.	Where appropriate Carer specific questions are included in tender - the response to this is monitored in the LA Quality Monitoring processes Still to be progressed in CCG contracts

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
		Develop processes to evaluate carers experience of: *Carers Wellbeing Assessment; and *Participation in the person cared for assessment (Link to development of audit tools)	carers *The information is used to develop processes and training *Increase in *Carers involvement %	The national carer survey, is sent bi-annually to a random selection of carers. CHCF do surveys re advice/info from randomly selected clients, carers could in this sample. However at present there is not a system in place to obtain feedback from carers on their experience of Assessment. - how do we progress this? Need to develop process for young carers to feedback. Carers' Centre to develop a mechanism to obtain feedback as part of their Assessment process.	Result Overall satisfaction of carers with social services ASCOF Survey 2016 DOWN to 40.3% Healthwatch NT have tried to capture carers views but low response rate, however info will be used to improve system YC Feedback on the system - Young carers will be consulted about the young carers assessment following roll out Carers' Centre has developed an evaluation form to routinely send to adult carers for their feedback. Results will be included in monitoring reports.
3	**Improved Carer health, wellbeing and support**				
	a) Targeted work with GP's	Develop a programme to support GP's to identify all carers	*GP's identify more carers *The number of carers referred for support increases	(R3 H&WB Sub) Carers' Centre and CCG developed an online survey for GP practices to understand what they have in place to identify and support carers. 8 practices have completed it to date. Carers' Centre has met with LMC re support they can provide re GP's. Carers' Centre has submitted a grant application to the BUPA Trust for a dedicated Primary Care worker. Carers' Centre is working with 2 practices Tool to be developed if still useful but need to cross ref NTCC work GP's have indicated that they are happy to share info on (TV'S) in practices about the Local Offer - to progress	Care Navigator work as ref in 1a Carers added to January Patient Forum agenda Carers info now being displayed in Carers Surgeries via TV screens Carers' Centre Leaflet uploaded on to GPTeam Net system for easy access to information to signpost carers No funding opportunity as yet for dedicated Carer GP Link worker - Carers' Centre continues to look for funding opportunities Need to see if there is still appetite for a Risk Threshold Tool to be developed for GP's - this could be added to GPTeam Net
		Explore opportunities to recruit a dedicated carer worker to liaise with GP's			
		Produce a Risk Threshold Tool for GP's to identify all carers who may be at risk			
		Develop annual health checks for all known Young Carers	*Outcomes for Young Carers improve *Public Health School Nurse's have an improved understanding of the health needs of young carers	LA & CCG are working together to identify how current statutory duties are being met and conduct a GAP analysis - act on findings	Meeting held with Veronica Hetherington and Katharine Taylor to explore ways School Nursing could support young carers
		Explore ways to include specific carer element for all carers in existing health checks	% Carers who report their own health needs are considered (TBA)	CCG arranging meeting with Public Health and Carers' Centre re health checks - update needed	Can this be taken forward by under the H&WBB actions?

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	b) Increase opportunities for carers to access breaks	*Ensure assessment and support planning is meeting carers needs for a break (links to 1B & training) *Explore opportunities to establish funding for preventative work with carers	% Carers who report that they have time for themselves (TBA)	Need data re Carers PB and take up from assessment £10,000 pilot operating, slow take up so far (R8, 11 & 13 H&WB Sub) Plan developed to review the short breaks offer . The requirements to consider support for the use of direct payments will be included within the review. August –October 2016 - ongoing capacity issues have delayed progress on this (R10 H&WB Sub) Review access arrangements to the respite service and the role of FSO as the commissioned provider to operate the service flexibly and to meet the needs of individuals as part of planned access as well as emergencies. Review scoped and work plan identified to complete the work including engagement with parents and others - March 2017.	Need to include some data re: Respite provision for Carers Breaks Carers PB and use of them Pilot update - very little take up by carers. Reasons appear to be that people need an 'immediate' solution, however we are unable to resource this. Where carers have time to put plans in place, they usually use family and friends to support and can arrange this themselves Need update from Scott on FSO work ASCOF 43% of carers had reached a 'breaking point' in the last 12 months 2016-17 • 387 actual episodes of respite were delivered to provide carer relief. • 94 people received a day care service to support the carer. • 94 people received a sitting service as a carer service to support the carer. • 11 carers received their own Personal Budget (PB) to purchase something to
	c) Explore options for crisis response for all carers	Identify a reference group of carers to support this work	% Reduction in the number of carers who report that they have reached breaking point.	Adult Social Care - to be included in training currently being developed - to ensure that Carers are aware how to respond in a crisis and who to contact - work still needed	This is outstanding: How will this groups be resourced? Who will train and support them?
	d) Explore assistive technology options to support carers	Test out 'Jointly' app to support carers to develop networks of support	*Greater carer awareness of Assistive Technology solutions to support carers *Increased take up of Assistive Technology solutions *Better reported Health & Wellbeing of carers	Limited take up through Carers in employment pilot. Carers' Centre will include as part of offer through carers assessment. Pilot with 16 - 18 year old Carers' Centre group. Explore options to use with young adult carers	Jointly is offered to carers during 1st stage impact assessment at Carers' Centre and to families in Young Carers Project. Now included as part of the offer on SIGN carers pages - NTCC will register interested carers - still very low take up
		Hold sessions for carers to raise awareness of what assistive technology is available		Sessions have been held at Carers' Centre and built into training programme. CIE Project has been closely linked with AT Team	CIE project now ended no further action, however need to maintain links with the Carers' Centre. Carers' Centre is maintaining links a with employers from the pilot.

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	e) Improve support for carers of adults with mental health problems	*Establish a steering group *Review current support *Ensure principles of the Carers Charter are embedded in quality monitoring frameworks of providers	Improved support is available for carers of people with mental health problems	**Priority to progress.**	Work is in progress with CMHT to redesign the carer pathway in MH services. Roles of health and social care staff in relation to carer support agreed. Agreement gained around embedding the NTW Getting to Know You, carers process in the pathway. Staff have been briefed however additional training is being developed to support the new process - work to be finalised
	f) Support Carers to understand the importance of Safeguarding Adults & Children	*Develop specific information for Carers - keeping themselves and the person they care for safe *Link to the training offer	Carers understand what help and support is available and how to access this	Explore how young carers needs/issues a re represented on the LSCB -QILP Group (sub group of LSCB) - group have requested feedback on early identification of YC's 'How to keep yourself and the person you care for safe' training developed and included in Caring with Confidence. Further work needed to promote with Adult Social Care.	Adult Social Care developed information leaflet for carers. Included in carers' centre training programme.

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
4	**Support to enable Carers to go/continue to work or access education**				
	a) Ensure Young Carers have access to the same opportunities as their peers in access to work / Education	Monitor the educational development of young carers in a pilot in 2 schools	Process is piloted in 2 schools, reviewed and implemented as appropriate	Carers Centre actively working with 8 Schools to achieve Carers Trust Young Carers in Schools award. Carers' Centre has applied for funding for specific post to target primary schools. Meeting arranged with Education to Employment team in November to explore opportunities to develop a course specifically for young carers Connexions will be targeted to identify and assess young carers	Other local Carers' Centre are funded through alternative funding streams to support schools re young carers . This needs to be explored further.
		Provide a range of options to support young carers with education and career choices inclusive of solutions to barriers faced			Connexions are keen to support this work
		Identify barriers for young carers in accessing work and education	*Through a better understanding of the issues, we are able to address issues and implement plans to support young carers		
		Train careers advice staff to be able to recognise young carers and provide independent advice and support	*100% IAS staff are trained to identify young carers *The choices available and access are monitored by Connexions *Outcomes for young carers are monitored *Young carers report a consistent approach on 95% occasions	Connexions are engaged with EHA and identification of young carers Included in roll out of YC Assessment process	Should be included in the roll out of the YC identification as assessment process

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	b) Explore options to enable parent carers to access training and employment / or return to employment	*Continue work to consider options available to increase access to employment *Establish links with child care sufficiency to maximise support to parent carers	*Child care is available to support parents to access training courses *Request for additional grants to support specific work opportunities for parent carers of disabled children	*(R5 H&WB Sub)* From response to Cabinet: 1. Meetings with Carers Centre to be arranged with representatives from All Together Better parent group to understand the courses available and to arrange for the information to be distributed to parents and to obtain feedback on impact i.e. attendance at current courses. Timescale - September to December 2016 2. Task and finish group to be arranged to review the current training programme for parents of children with ADHD and to obtain feedback re impact. To consider things liked / things to change from parental feedback. To consider whether we need more of the current course or whether changes are required in the course content. To develop a business case to present to the Carers Centre. To monitor the impact of new courses. January 2017 to March 2017	Task group established - NTC working in partnership with Parent Carer Forum
	c) Raise awareness of support available to return to employment	*Produce information for health and social care professionals so they understand support available for carers *Produce information for Carers so that they understand what support if available	*Increase in the number of carers seeking employment *Workforce is able to support carers	Established links with the Adult Learning Alliance - Information to be added to Carers' Centre website	

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	d) Explore options to support carers to remain in employment	Use the learning from the Supporting Carers in Employment Project to develop support systems for carers in paid work	*Local employers will understand the business benefits of supporting carers in the workplace and implement carer friendly policies *Carers receive better quality information and advice on the practical and financial support that is available to them *Carers will feel less isolated and are more aware of the support available *Young carers are routinely provided with information and support to facilitate better understanding of their rights as carers in the workplace	CIE Pilot is underway - 13 Large employers are now engaged with the project and 229 individual carers have received, support, information or advice. Carers are being supported through work placed roadshows and also one to one support. A full report will be produced and learning identified will be use to identify future services and development	Adult Social Care - new workforce training will include support for carers to remain in employment so carers know their rights and are supported. Carers' Centre website has resources for carers and employers to support carers in the workplace. Scope to include this in Better Health at Work programme
5	**Carers have access to emotional support**				
	a) Ensure that Adult Carers can access emotional support	*Establish a Task & Finish Group to review current provision *Links to strengthened Wellbeing Assessment process	?? Measure -reported increased satisfaction regarding access to emotional support (TBA)	Carer support pilot underway direct access to Carers' Centre from Gateway to ensure access to an appropriately. Carers Centre have undertaken mapping exercise re current groups and highlighted gaps. Support for carers of people with dementia - to be explored through the Self Care and Prevention Board	Carers' Centre delivering 8 monthly peer support groups across the borough. Gaps were identified in relation to male carers and carers of early on-set dementia: groups have now been developed in these areas. In the last 12 months there has been 722 attendances by 142 carers.
	b) Explore options for Parent carers to access support	Review the local offer for emotional support to include: *Peer Support *Counselling services *One-to-one support *Family support	Support options available for parent carers within the local offer	Links to previous actions to update the Local Offer - 1b	Task group established - NTC working in partnership with Parent Carer Forum
	c) Explore options for Young Carers and Families to access support		Support options for Young Carers within the local offer	Carers' Centre funding for young carers support at risk from March 2017. High priority.	Carers' Centre secured funding for the Young Carers' Project. Additional funding is being sought to expand the service. Current waiting list of 20 young carers waiting for family support.
6	**Smooth transition of support from children's to adult services**				
	a) Ensure that the transition from children to adult service for young people with SEND is smooth	Clarify the process for transition from children to adult service for young people with SEND	Parents are clear regarding the process for asking for an assessment of need from adult services	Assessment Board - Whole Life Disability has established a task & finish group specifically to look at preparation for adulthood - co produced with an adult parent carer - this need to be on their agenda - Michael Johnson	Area to progress Local Offer being updated

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	b) Ensure young carers receive quality information advice and support to maximise their transition into adulthood	*Careers information and advice is available and provides a range of careers options	Young Carers are prepared for Adulthood	Links with Education to Employment teams established - may be relevant for some young carers Links made with the Alternative Education programme More work needed with Connexions.	To progress
	c) Develop support options for 16-25 year olds with caring responsibilities	Establish a focus group of young people to support delivery of this work	TBA	Carers' Centre 16 - 18 years group. Process needed for LA re identification of young adult carers (16+) and a range of appropriate contact and support.	There is a gap in support for young adult carers.
		Explore options for Social Media to support young carers			Carers' Centre has invested in increasing Marketing & Communication post to full time to support the use of social media with young carers.

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
7	**Additional Work required to support this plan**				
	a) Review Memorandum of Understanding between Children and Adult Services in light of the Care Act and Children and Families Act	Identify a task and finish group to review and implement changes	*Increase in the amount of Young Carers identified *Young carers are supported appropriately	Due to change of management arrangements (JO now directs both areas) Query re need for Memorandum. Work is progressing, however protocol needed for ASC/CYPL link to EHA and Whole Family assessment work that is underway	Work is underway however still needs firm agreement between all service areas
	b) Develop systems that will improve our knowledge of adult, young carers and parent carers through the collection and analysis of information	Collate the data sets currently available to us	*Increased knowledge regarding the prevalence in relation to carers in the borough * We have a sound understanding of the services and support that is needed in the borough and this will inform our commissioning decisions *We are able to improve our ability to target support and engagement	Work is underway to produce a Dashboard of carer information (Adult & Young Carer) which can be used by children and adult services	We now collect information on a wide range of Carer stats from the LA & NTCC Issue identified with the recoding of joint assessments - solution identified through implementation of new IT systems GP register data now being examined Need to explore the need for data from other providers. Process established for recording YC assessments
		Develop a baseline for data for: *Health *Education *Social Care *Public Health			How do we want to use this data?
		Develop reference information regarding the social return on investment	Commissioners understand social return on investment in relation to carers	Summer/Autumn 2017	This area has not been progressed
	c) Review services for carers review to include: ***Counselling Services** ***Provision of support for carers of people with dementia** ***Access to emotional support**	*Map current provision *Develop new model if needed *Develop clear referral pathways *Identify opportunities for additional resources	Range of universal and targeted provision available to support assessment and provision of assessed needs, implementing and monitoring good practice guidelines.	Work to be taken forward in the Self Care and Prevention Board	Work still needed in this area
	d) Identify a range of people who want to be involved in shaping this work	*Advertise for carers who are willing to support us *Use the Carers Voluntary Sector Forum	We have a reference group of carers who support people with a range of health problems who are able to support this work	Need to progress - How do we get reps from a range of caring groups that can feed into this work?	How can this be progressed? What resources are needed?

Priority Area	What we will do	How we will do it	Success criteria	Update @ November 2016	Update @ Oct 2017
	e) CCG to conduct the NHS England Commissioning for Carers Principles self-assessment	Identify appropriate people to support this work Complete Assessment and analyse the results Action Plan developed to address shortfalls	*CCG able to benchmark against the 10 key principles *Scorecard available showing where the CCG believes to be doing well and areas of improvement	CCG have carried out their own assessment and asked for partner feedback. This will be the focus of Carers Rights Day in Nov 2016. An Action Plan will be developed from the findings	CCG have developed their own action plan following this work. More focussed work is needed in Primary and Secondary care
	f) Review advocacy support for carers	Conduct a review of support	Carers understand their rights and access to advocacy support	To be included in training	This is an area that could be progressed further

Appendix 2

Funding for direct carer support services

Amount (per annum)	Purpose
North Tyneside Council	
£ 154, 694	• North Tyneside Carers' Centre to provide information and advice; and • Two Carer Support Workers who are employed by the Carers' Centre and work in Adult Social Care
£98,829	P.R.O.P.S North East – (Positive Response to Overcoming Problems of Substance misuse) to support carers/family members of all ages who care for drug and/or alcohol users in North Tyneside
£ 36,093	North Tyneside Carers' Centre Young Carers Project Manager
North Tyneside CCG	
£19,373	North Tyneside Carers' Centre to fund strategic work
£30,332	Specialist Mental Health Carer Support Worker (North Tyneside Carers' Centre)
£30,000	Young Carer's Project Funding
£369,321	

Personal Social Services: Survey of Adult Carers in England

Produced by North Tyneside Council

1D: Carer reported quality of life

Local Authority	Year 2012-13	2014-15	2016-17
Darlington	8.4	7.9	7.6
Durham	8.7	8.7	8.4
England	8.1	7.9	7.7
Gateshead	9.0	8.7	8.3
Hartlepool	9.3	8.9	8.9
Middlesbrough	8.7	7.9	8.6
N'land	8.5	8.5	8.5
Newcastle	8.5	8.4	8.3
North Tyneside	8.7	8.3	8.2
Redcar & Cleveland	8.7	8.1	8.3
South Tyneside	8.0	7.5	7.4
Stockton	8.9	8.7	7.9
Sunderland	8.0	8.0	7.9

1I: Proportion of people who use services and carers, who reported that they had as much social contact as they would like

Local Authority	Year 2012-13	2014-15	2016-17
Darlington	47.6%	34.9%	37.3%
Durham	52.0%	52.0%	51.0%
England		38.0%	35.5%
Gateshead	57.0%	49.7%	46.4%
Hartlepool	58.5%	52.6%	50.5%
Middlesbrough	47.1%	40.0%	80.5%
N'land	48.7%	46.5%	44.7%
Newcastle	52.0%	47.0%	44.5%
North Tyneside	50.5%	45.3%	41.1%
Redcar & Cleveland	53.2%	41.7%	40.6%
South Tyneside	39.6%	30.7%	31.7%
Stockton	53.0%	50.3%	35.8%
Sunderland	40.6%	40.7%	39.9%

3B: Overall satisfaction of carers with social services

Local Authority	Year 2012-13	2014-15	2016-17
Darlington	52.2%	49.0%	41.4%
Durham	47.9%	54.4%	43.3%
England	42.6%	41.5%	39.0%
Gateshead	50.8%	54.0%	43.3%
Hartlepool	65.4%	56.4%	59.2%
Middlesbrough	53.4%	50.9%	55.0%
N'land	42.1%	41.9%	42.1%
Newcastle	52.6%	44.4%	44.8%
North Tyneside	41.3%	43.4%	40.3%
Redcar & Clevela..	55.0%	52.4%	52.5%
South Tyneside	45.6%	44.8%	34.0%
Stockton	45.8%	49.6%	46.2%
Sunderland	45.8%	42.9%	43.3%

3C: The proportion of carers who report they have been included or consulted in discussions about the person they care for

Local Authority	Year 2012-13	2014-15	2016-17
Darlington	74.6%	76.5%	71.7%
Durham	79.2%	86.1%	79.8%
England	72.6%	71.7%	70.6%
Gateshead	80.5%	81.1%	74.8%
Hartlepool	92.1%	84.0%	82.8%
Middlesbrough	80.8%	81.6%	80.5%
N'land	80.6%	74.3%	74.9%
Newcastle	79.4%	79.6%	73.2%
North Tyneside	78.3%	74.6%	73.0%
Redcar & Cleveland	78.0%	74.6%	80.9%
South Tyneside	74.8%	63.5%	71.9%
Stockton	73.1%	77.6%	81.3%
Sunderland	77.7%	83.4%	73.8%

3D: The proportion of people who use services and carers who find it easy to find information about services

Local Authority	Year 2012-13	2014-15	2016-17
Darlington	75.6%	74.1%	64.3%
Durham	75.7%	78.7%	71.5%
England	68.7%	66.0%	64.2%
Gateshead	79.3%	78.2%	67.2%
Hartlepool	84.7%	80.1%	80.6%
Middlesbrough	68.4%	72.9%	73.1%
N'land	76.7%	68.4%	72.1%
Newcastle	75.6%	67.8%	61.3%
North Tyneside	76.3%	65.9%	66.1%
Redcar & Cleveland	71.0%	73.7%	77.1%
South Tyneside	72.7%	73.3%	67.1%
Stockton	75.3%	67.8%	73.1%
Sunderland	68.1%	67.7%	65.2%

NHS 2.4 Enhancing quality of life for carers

2.4 Health-related quality of life for carers (ASCOF 1D)

Year 2011/12	2012/13	2013/14	2014/15	2015/16
0.82	0.79	0.81	0.80	0.78

North Tyneside
Health & Wellbeing Board Report
Date: 16th November 2017

ITEM 7

Treating tobacco dependency and achieving a smokefree generation in North Tyneside by 2025

Report from :	North Tyneside Council, North Tyneside CCG and Northumbria Healthcare Trust	
Report Authors:	H Douglas, T Dunkerton and J Stonebridge	(Tel: 0191 643 2120)
Relevant Partnership Board:	North Tyneside Smokefree Alliance	

a) Purpose:

This paper presents the current contribution of the Local Authority and the NHS in the treatment of tobacco dependency. This paper also contextualises how we will achieve a whole systems approach to reducing the prevalence of smoking to 5% by 2025.

b) Recommendations:

The Health and Wellbeing Board:

a) takes a lead role in reducing the prevalence of smoking across North Tyneside in line with the agreed national and regional ambitions by embedding this work into the Boards action plan for 2018/19 and beyond;

b) endorses the following actions outlined below:

North Tyneside Council will:

- Continue to invest in community based universal stop smoking services
- Support services with low quit rates to improve the quality of the provision
- Provide training for stop smoking advisors (community, primary care and secondary care)
- Continue to coordinate and resource North Tyneside Smokefree Alliance
- Work with Northumberland, Tyne and Wear NHS Trust (NTW) and Northumbria Healthcare Foundation Trust (NHCFT) to treat tobacco dependency targeting those with mental health conditions and pregnant women.
- Work in our most deprived areas ensuring that stop smoking services are accessible
- Evaluate our electronic cigarette pilot, with a view to learn and further develop harm reduction services alongside the treatment of tobacco dependency

Northumberland Health Care Foundation Trust will:

- Continue to roll out of very brief advice training for all front line practitioners
- Systematically record of smoking status on all admitted patients
- Systematically offer nicotine replacement therapy (NRT) to all admitted smokers
- Systematically offer support to access behavioural support for all admitted smokers
- Audit practice in maternity services against NICE standards

North Tyneside CCG will:

- Develop a business case for an incentivisation scheme for all GP practices in North Tyneside to ensure that staff are trained in the delivery of very brief advice
- Introduce a new procedure to ensure that all respiratory patients who are current smokers will, at their annual review be offered treatment for tobacco dependency
- Develop guidelines on when primary care clinicians can prescribe pharmacotherapies to treat tobacco dependency alongside very brief advice.

North Tyneside Smokefree Alliance will:

Continue to oversee the smokefree work undertaken by all of the partners and ensure that this work complements the programme of work outlined in the Cancer Locality Network and the Respiratory Rightcare Group. This includes the following actions that are jointly owned by North Tyneside Council, North Tyneside CCG and the acute trusts.

- The design of data packs for GP practices that captures the current baseline of smoking prevalence. These data packs will be updated annually and will include data and intelligence on smoking related activity such as the number of very brief advice interventions and numbers receiving pharmacotherapies.
- Design clinical pathways that cut across organisations e.g. stop before u op and discharge of patients from secondary care into the community and primary care
- Design patient specific pathways e.g. pregnant women and mental health service users.
- Design a digital platform to offer evidenced based tobacco dependency treatment for those who want to quit without formal support from services.

c) receive a six-month update on the progress report on the action and recommendations outlined in this report.

c) Policy Framework

This item relates directly to delivery of the vision, objectives and priorities contained within the Joint Health and Wellbeing Strategy 2013-23.

d) Information:

North Tyneside has made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08) to 16.4% (2016/17). Whilst this progress is positive, smoking still remains the key driver for health inequalities with around half of the difference in life expectancy between the most and least affluent due to smoking, and smoking is one of the key causes of premature deaths and placing a significant burden across the whole local health economy and society.

Smoking remains the single largest cause of premature death, and accounts for half of the health gap between the poorest and the most affluent people in our populations.

Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. 77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18. One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke.

The tobacco control plan for England sets out the national ambition to achieve a smokefree generation; which is defined as a smoking prevalence rate of 5% or below. In order to achieve a smokefree generation the following targets have been set:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by 2022.
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by 2022.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.by 2022
- Make all mental health inpatient services sites smokefree by 2018
- Create a smokefree NHS by 2020 through the 5 Year Forward View mandate
- Provide access to training for all health professionals on how to help patients – especially patients in mental health services - to quit smoking
- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.
- Maximise the availability of safer alternatives to smoking.

The national ambition as set out in the tobacco control plan has been used to inform the regional sustainability and transformation programme (STP) prevention board work on treating tobacco dependency. There is a regional taskforce that has been tasked with responsibility for the delivery of a smokefree NHS across the North East by 2020.

e) Decision options:

The Board may:-

a) Note the report and take no further action; or
b) Take a lead role in reducing the prevalence of smoking across North Tyneside in line with the agreed national and regional ambitions by embedding this work into the Boards action plan for 2018/19 and beyond, endorse the actions identified and receive a progress report in 6 months.

c) Reasons for recommended option:

The recommended option is b). The rationale for this preferred option is that the Board is appropriately placed to provide whole systems leadership and oversight for this ambitious programme of work.

d) Appendices:

Appendix 1: Treating tobacco dependency and achieving a smokefree generation in North Tyneside by 2025
Appendix 2: Percentage of patients with a hypertension, asthma, COPD, stroke or CHD who, when asked reported smoking – GP Practice North Tyneside 2016/17

e) Contact officers:

Heidi Douglas: Consultant in Public Health North Tyneside Council Tel: 0191 643 2120
Judith Stonebridge: Consultant in Public Health Northumbria Healthcare Foundation Trust Tel: 0191 293 2746.
Tom Dunkerton: Commissioning Manager North Tyneside CCG Tel: 0191 293 1156

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

- Modelled estimates using the Health Survey for England 2006-2008
- Smoking prevalence adults: Adult Population Survey 2016.
- DH analysis on Health Survey for England 2014 data
- PHE Local Tobacco Control Profiles
- PHE Segment Tool (North Tyneside)
- QOF database: NHS North Tyneside CCG; Smoking Prevalence 2016.
- ASH. Cost to Social Care: Local and Regional Estimates.
- NICE Return on investment tool for interventions and strategies to reduce tobacco use (2015)
- Towards a Smokefree Generation - A Tobacco Control Plan for England: (2017)
- NHS England. Next steps on the NHS five year forward view. 2017.
- PHE Models of delivery for stop smoking services: (2017). London.
- North East – North Tyneside Tobacco Commissioning Support Pack
- NICE PH Guidance 48: Smoking: acute, maternity and mental health services (2013)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are resource implications in securing and commissioning a whole system approach to smoking cessation and treating tobacco dependency. However the cost of the resources required will release resources in health social care, as well as reducing demand as a result of the harm to health caused by smoking.

11 Legal

In accordance with the Health & Social Care Act 2012 the Board is responsible for encouraging the commissioners of health and social care services to work in an integrated manner to improve the health and wellbeing of people.

12 Consultation/community engagement

Staff and patients in the NHS trusts that have either achieved or are working towards being smokefree have been consulted with and have informed organisational approaches to becoming smokefree.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

A key driver for the treatment of tobacco dependency is to reduce prevalence rates amongst the following groups where the current prevalence rate is significantly higher than the general population:

- Routine and manual workers
- People with mental health conditions
- People with long-term conditions
- Economically disadvantaged communities

The actions arising from this report will directly impact upon health inequalities in North Tyneside and reduce the gap in life expectancy and healthy life expectancy in North Tyneside by reducing the harms to health caused by tobacco dependency.

15 Risk management

There is a risk to reputation for the Local Authority, the CCG and the NHS acute trusts; both regionally and nationally if North Tyneside does not achieve the targets set out in the national tobacco control plan and those agreed by the regional Sustainability and Transformation Partnership.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

Appendix 1

Treating tobacco dependency and achieving a smokefree generation in North Tyneside by 2025

1. A national ambition for a smokefree generation

The tobacco control plan for England sets out the national ambition to achieve a smokefree generation; which is defined as a smoking prevalence rate of 5% or below. In order to achieve a smokefree generation the following targets have been set[1]:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by 2022.
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by 2022.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.by 2022
- Make all mental health inpatient services sites smokefree by 2018
- Create a smokefree NHS by 2020 through the 5 Year Forward View mandate[2]
- Provide access to training for all health professionals on how to help patients – especially patients in mental health services - to quit smoking
- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.
- Maximise the availability of safer alternatives to smoking.

The NHS Five Year Forward View[2] prioritises the role that prevention has in supporting people to live healthier lives. The treatment of tobacco dependency is key component of the preventive programme within NHS settings.

The national ambition as set out in the tobacco control plan has been used to inform the regional sustainability and transformation partnership (STP) prevention board work on treating tobacco dependency[3]. There is a regional taskforce that has been tasked with responsibility for the delivery of a smokefree NHS across the North East by 2020.

2. Purpose of the paper

This paper presents the current contribution of the Local Authority and the NHS in the treatment of tobacco dependency and it contextualises a whole systems approach to reducing the prevalence of smoking to 5% by 2025[3]. This regional ambition was endorsed by all 12 North East Health and Wellbeing Boards in 2014.

The focus of this paper is on the treatment of tobacco dependency; however it is important to highlight that there are other interventions and approaches in place that addresses tobacco control and health education including:

- Tobacco control (age of sale restrictions and illicit tobacco products)
- Health education in schools and workplaces on the harms of tobacco
- Smokefree environments (home and work place)

The delivery of the treatment of tobacco dependency and the above work streams is strategically overseen by North Tyneside Smokefree Alliance. The treatment of tobacco dependency is also a priority for the North

Tyneside Cancer Locality Network and the Northumberland and North Tyneside Rightcare Respiratory Group. The actions outlined in this report complement the work programmes of these groups.

3. Introduction

North Tyneside has made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08)[4] to 16.4% (2016/17)[5]. Whilst this progress is positive, smoking still remains one the principal causes of premature death and is the key driver for health inequalities with around half of the difference in life expectancy between the most and least affluent of the borough attributable to smoking. Smoking places a significant burden across the whole local health economy and society.

Smoking is an addiction which is largely taken up in adolescence and the majority of smokers start as teenagers. A survey undertaken in 2014 identified that 77% of smokers aged 16 to 24 began smoking before the age of 18[6]. One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke in the population.

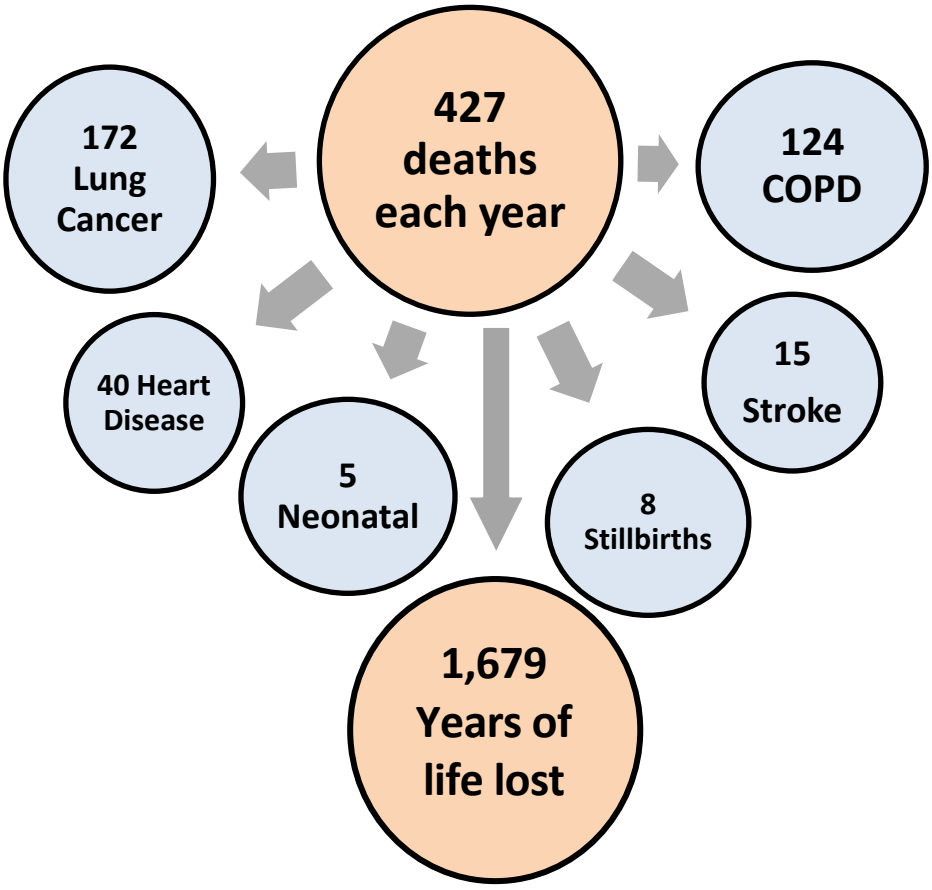
4. The burden of tobacco dependency in North Tyneside

Tobacco dependency has a huge impact upon mortality and morbidity in North Tyneside. The chart below presents smoking attributable mortality based upon three years of data (2013-2015). Chart 1 below presents the deaths in North Tyneside that are attributable to tobacco dependency[7-8].

There are around 200 lung cancer registrations each year in North Tyneside, of which 80% are attributable to tobacco dependency[5].

Each year there are 170 new cases of lung cancer in North Tyneside that could have been prevented.

Chart 1: Annual smoking attributable mortality in North Tyneside 2015/16 (data source PHE Tobacco Profiles[5])



The burden of tobacco dependency is not equally distributed. 40.5% of adults with a serious mental illness smoke; this is 2.5 times higher than the national rate[9]. People with a mental health condition die on average 10-20 years earlier than the general population[10].

Smoking prevalence amongst routine and manual workers in North Tyneside is 27.6% this is more than 10% points higher than the general population prevalence rate[5].

The burden of smoking related illness falls heaviest on our poorest and most disadvantaged communities. This is reflected at a GP practice level in North Tyneside by the percentage of patients with a hypertension, asthma, COPD, stroke or CHD who, when asked reported smoking. The GP practice with lowest prevalence rate is 7.8% in Beaumont Park Surgery and the practice with the highest prevalence rate is Redburn Park at 29.3% (2016)[11]. A graph outlining this data for each GP practice in North Tyneside is available in appendix 2.

5. The cost of tobacco on health and social care

Based upon the current smoking prevalence rate, the total annual cost of smoking in North Tyneside is in excess of £16m. Table 1 below presents the estimated cost of smoking on the health and social care system[12-13].

- There are around 3,000 smoking attributable hospital admissions in North Tyneside each year (2015/16)[5].
- The cost of smoking attributable hospital admission in North Tyneside is £53.50 per capita this is 41% higher than the England average[5].
- The cost per capita for smoking attributable hospital admissions in North Tyneside is amongst the highest in England. North Tyneside is ranked as the 8th highest spending area (2011/12)[5]
- It is estimated that smokers will need to access social care 4 years earlier than non-smokers[12]

Table 1: The estimated annual cost of smoking in North Tyneside 2017

Costs to local economy (loss productivity)	£2,398,119
The total additional spending on social care as a result of smoking for adults aged 50+	£ 6,129,033
Costs to non-smokers (passive smoking costs)	Adults: £293,681
	Children: £64,916
Healthcare costs:	£7,661,500

6. The challenge of achieving a smoking prevalence rates of 12% by 2022 and 5% by 2025

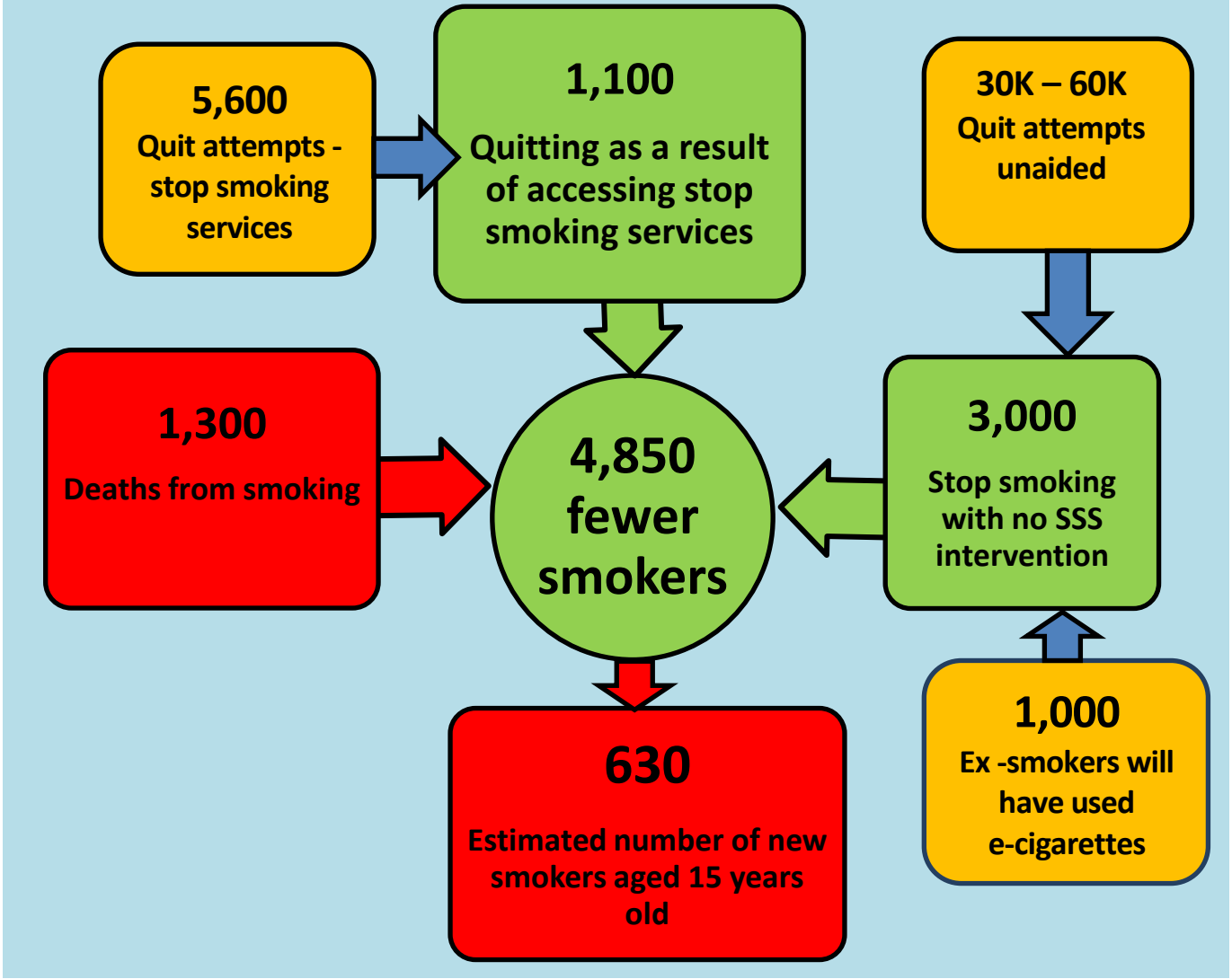
Since 2014 there has been an estimated 4,850 fewer adult smokers in North Tyneside. The chart below (chart 2) presents an estimation of how this reduction in smoking prevalence was achieved over a 3 year period. This model also estimates the number of quit attempts made either within the commissioned stop smoking services or as an unaided quit attempt. Notes on the data used in this model are detailed below.

It is important to highlight that tobacco dependence is one of the hardest addictions to break. The majority of regular smokers are addicted to nicotine. Nicotine is a substance that is inhaled when smoking tobacco in cigarettes. When nicotine is inhaled, it immediately rushes to the brain, activating the areas which produce feelings of pleasure and reward. When the blood level of nicotine falls this changes the levels of dopamine and noradrenaline and withdrawal symptoms such as restlessness, increased appetite, inability to concentrate, irritability, dizziness, constipation, nicotine craving, or just feeling awful will result. These withdrawal symptoms begin within a few hours after having the last cigarette. If they are not relieved by the next cigarette, withdrawal symptoms become worse.A person will crave nicotine when they stop smoking and those cravings can be very strong, making it extremely difficult to quit smoking using willpower alone. Nicotine withdrawal symptoms usually reach their peak 2 to 3 days after quitting, and are gone within 1 to 3 months. It takes at least 3 months for the brain chemistry to return to normal after quitting smoking.

Two in every three smokers want to stop smoking but, without help, many fail to succeed. The main reason why smokers don't succeed, even though they want to stop smoking, is because nicotine addiction is so strong and so difficult to break.

The chart below highlights that the majority of smokers in North Tyneside quit smoking as a result of an unaided quit attempt. The model also provides the estimated number of quit attempts required to achieve the population level shift in prevalence rates. The large numbers required to attempt to quit presents some very real challenges, particularly in light of the national ambition.

Chart 2: Modelled estimate of reduction in smoking prevalence in North Tyneside 2013 - 2016



Notes on modelling:

1. Estimated number of new smokers was calculated using the number of 15 year olds reporting smoking (WAY Survey 2014) and applying this rate to 2013 – 2016.
2. Number of deaths was calculated using smoking attributable mortality (2013 – 2015) as a proxy measure. This will include ex-smokers and excludes smokers that died from non-smoking attributable causes.
3. Quitting as a result of accessing SSS was calculated using service use data for the period 2013-2016. A 12 month quit rate was calculated at 20% (SSS) by applying R West and R. Owen (2012) estimates of 52-continuous quit rates.
4. The estimate of those quitting with no support was derived by subtracting deaths and quitters from SSS, and adding in new smokers aged 15.
5. Number of quit attempts required for unaided quits was calculated by applying R West et al estimates
6. The 4,850 fewer smokers was calculated using APS North Tyneside prevalence data for years 2013 – 2016 and applying to 2016 mid-year population estimates.
7. E-cigarette use among ex-smokers was calculated at 30% (based upon 2016 data for ex-smokers that had reported having either used an cigarette or were still currently using one)

7. Translating the national tobacco control plan to North Tyneside

The national plan sets out some challenging targets, in particular the 5% prevalence rate. In 2016 there were around 27,400 regular smokers in North Tyneside, in order to achieve a 5% prevalence rate 19,000 current smokers would need to quit and uptake amongst young people would need to fall to 3%.

The table below (table 2) presents a comparison between the smoking prevalence rates for England and North Tyneside (2016). North Tyneside has significantly higher prevalence rates for the rate of 15 year olds smoking and the rate of pregnant smokers; North Tyneside has comparable rates for adults and routine and manual workers.

Table 2 also presents the estimated number of smokers that need to quit (non-tobacco dependent) in order to achieve the national targets in North Tyneside.

Table 2: Current position North Tyneside compared to tobacco control plan for England

National Targets	2016		Numbers needed to quit	Prevalence rate target
	England	North Tyneside		
Prevalence of 15 year olds who regularly smoke	8.2%	10.3%	153	3%
Smoking prevalence amongst adults	15.5%	16.4%	7,348	12%
			19,038	5%
Prevalence in routine and manual occupations is the same as general population	26.5%	27.6%	2.094	16.4%
			2,917	12%
			4,226	5%
Prevalence of smoking in pregnancy	10.7%	13.2%	164	6%

Significantly worse than England Average **Similar to England average**

The number of adult smokers that will be required to stop smoking by 2022 is 7,348, of this group 2,971 (40%) will need to be manual and routine workers.

The number of smokers needed to stop smoking to reach a 5% prevalence rate in North Tyneside is 19,038, of which 4,226 (22%) will need to be manual and routine workers.

Furthermore; we will need to stop the uptake of smoking amongst young people. A proxy measure for this is that there are around 150 fewer smokers each year aged 15 years old.

The number of women required to stop smoking during pregnancy is around 160 per year.

8. The numbers of smokers needed to attempt to quit in North Tyneside

Over the next four years (2018-2022) we need to help facilitate 7,348 smokers to become non-tobacco dependent, in order to achieve a 12% prevalence rate. The tables below presents a modelled estimate of the numbers needed to recruit in order to achieve this. The breakdown is based upon an assumption that the proportion of smokers who will die from smoking related illness will remain the same over the next 4 years, and that 65% of smokers will quit unaided (i.e. not via a formal stop smoking support provided in the community and/or healthcare setting) and 33% will quit as a result of accessing evidence based stop smoking support. Conversion rates (number of quit attempts) to achieve a 52 week continuous quit rate have been applied based upon the National Centre for Smoking Cessation and Training (NCSCT) research[14]

Table 3: Number of smokers required to attempt to quit to achieve a 12% prevalence rate 2018-22

Method	2018 - 2022		
	Numbers required to quit per year	Numbers needed to attempt to quit	
		Per year	Per month
Unaided	1,200	12,000	1,000
Stop smoking services	600	3,000	250
Total	**1,800**	**15,000**	**1,250**

Table 4: Number of smokers required to attempt to quit to achieve a 5% prevalence rate 2018-25

Method	2018 - 2025		
	Numbers required to quit per year	Numbers needed to attempt to quit	
		Per year	Per month
Unaided	1,800	17,500	1,500
Stop smoking services	900	4,500	400
Total	**2,700**	**22,000**	**1,900**

The tables above present the scale of the challenge, and at present the current configuration of services that support the treatment of tobacco dependency, in particular the pharmacy based stop smoking services are not able to achieve the national and regional ambition alone. Therefore a whole system response to the treatment of tobacco dependency is required alongside other approaches that includes; reducing the numbers of young people commencing smoking and providing evidence based interventions to help smokers quit unaided.

9. National models of treating tobacco dependency

Public Health England published an evidence based appraisal of options for service models in the treatment of tobacco dependency[15]. The table below presents these interventions and where in North Tyneside these are currently provided and commissioned.

Table 5: Interventions to increase successful quit rates

Intervention	Improves quit rates	Commissioning recommendation	Provided
Face-to-face individual support with pharmacotherapy Weekly sessions for an individual smoker with a trained stop smoking practitioner	200-300%	This is the current most common form of SSS delivery, needs to be supported via on-going training	Commissioned by NTC Provided in community pharmacies
Supported use of Pharmacotherapy Providing smokers with stop smoking medication(s) (varenicline, nicotine replacement therapy (NRT), bupropion) and give appropriate information and support to use it in a way that will maximise effectiveness. It just needs one appointment to get started and one follow-up to check progress.	50-100%	The easiest way to commission this is through GP prescriptions, but pharmacies may also be an option.	Not commissioned in primary care. Secondary care (NHCFT and NTW) Will start a patient on pharmacotherapy, and on discharge patients are signposted to the pharmacy service and primary care.

Online **And;** **Mobile digital applications**	Unknown	Websites/apps should not be the only support offered to smokers and should be offered in conjunction with the above.	Not provided or promoted

The new model options of service delivery makes recommendations for Local Authorities and NHS Commissioners on proving the following to the local population:

A. Universal specialist service that includes behavioural support and pharmacotherapy provided by a specialist service.
Trained practitioners, for whom delivering stop smoking interventions forms all or most of their role, provide weekly sessions of around 30 minutes, ideally face to face although later sessions may be conducted over the phone, to smokers who set a quit date in the second or third week of the programme and receive their choice of medication (either on prescription or through a locally devised voucher system). People are supported for at least four weeks following the quit date and may be seen in groups or on a one-to-one basis. Outcomes are biochemically validated by carbon monoxide (CO) readings at the end of treatment.

B. Pharmacy only services
Pharmacy staff are trained to deliver the specialist service as detailed above; the role of pharmacy staff is to provide one-to-one behavioural support, pharmacotherapy and CO readings at the end of treatment.

C. Stop smoking plus
This model has a three-tier approach that includes; providing specialist service or a pharmacy based service as well as providing brief advice alongside pharmacotherapy in a primary and secondary care setting and offer self-support for those who do not want professional support (digital and online support).

D. Hospital based stop smoking services
Providing behavioural support and pharmacotherapy to specific patient groups within a hospital setting e.g. pregnant women, patients with long-term conditions (diabetes, respiratory conditions).

The new models options report recommends that commissioning a universal specialist service should be the first consideration for all commissioners; however the report does acknowledge that if funds are not available for a full universal offer then consider providing this to priority groups, rather than taking a universal approach. The targeted groups include:

- Pregnant women
- People with mental health conditions
- Economically deprived communities
- Patients with long-term conditions

10. Current configuration of stop smoking services in North Tyneside

10.1 Universal services
At present North Tyneside Council commissions via the public health ring fenced grant, a specialist stop smoking service provided in 27 pharmacies across North Tyneside. The service engages 6% of the smoking population (national target to reach 5%). Outcomes for self-reported quits (35%) and CO validated quits (30%) are below the national average; 51% (self-reported) and 37% (CO validated)[16].

10.2 Targeted services
There are a number of priority groups that have been identified by the national tobacco control plan. In North Tyneside there are gaps in how the needs of these groups are met.

Pregnant women: North Tyneside has low numbers of pregnant women successfully reporting a quit in comparison to the national rate and this is evident in the higher rates of smoking at time of delivery in North Tyneside. However, implementation of the Babyclear initiative across maternity services (NUTH and NHCFT) has facilitated a reduction in rates of smoking at time of delivery. CO monitoring and smoking prevention and interventions are routinely undertaken at key points across the maternity care pathway. Women identified as smokers are offered advice and signposted to community based services for on-going support.

Mental Health: NTW NHS FT has successfully implemented a stop smoking pathway for inpatients. North Tyneside Council is working with the drug and alcohol service to train staff to become stop smoking advisors and enable staff to refer clients to their local pharmacy for on-going behavioural support and access to pharmacotherapies.

Economically deprived communities: North Tyneside Council is working with community organisations to train staff to become stop smoking advisors and to enable better access to the pharmacy based provision. In a review of the commissioned stop smoking services it was crucial that there was a concentration of pharmacies commissioned to treat tobacco dependency in our most deprived communities.

Patients with long-term conditions: Patients that have an inpatient stay in NHCFT will be offered behavioural support and pharmacotherapies, on discharge will be sign posted to the pharmacy based services and primary care.

11. Smokefree NHS by 2020

Smoking is a major contributor to hospitalisation; estimates suggest that 5% of all admissions are attributable to smoking and that approximately 1 in 4 hospital beds are occupied by smokers. Smokers tend to have longer lengths of stay, higher incidence of wound infections and readmissions than non-smokers and smoking during pregnancy carries significant health risks for both mother and baby[17].

The national tobacco control plan and the STP prevention board are committed to achieving a smokefree NHS by 2020. This means that all NHS acute trusts are compliant with NICE Guidance[18] which sets out the requirement to identify and treat patients for tobacco dependency. Further to this the Regional STP Prevention Board is requiring all CCGs have a clear collective vision on their commitment to a Smokefree NHS which includes treating tobacco dependence and implementing relevant NICE guidance by April 2019.

11.1 Smokefree Northumbria Healthcare NHS Foundation Trust

Significant progress has been made across the organisation to implement the policy which builds upon earlier work in outpatients to help reduce tobacco use prior to surgery. An overview of progress against the recommended standards is set out below:

Admitted patients:

- Systematically and consistently recording smoking status on every patient – Recording of smoking status is being embedded into the electronic nursing assessment document which will be implemented in January 2018. This will ensure that all patients have their smoking status recorded and facilitate a systematic approach to identifying nicotine dependence in admitted patients. Smoking status is already recorded as part of the routine assessment in Accident & Emergency.

- Offering rapid access to NRT – As part of the admission assessment those identified as smokers will be offered NRT to manage their nicotine dependence during their hospital stay. The outcome of the offer will be documented in the nursing assessment record.

- Offering access to support to quit and onward referral to on-going behavioural support –an in house stop smoking support team is being established which will provide support and advice for smokers during their hospital stay and advice and support on how and where to access on-going support on discharge. The Trust will continue to work collaboratively with the wider system to help inform and shape the pathway for patients following discharge from hospital to help increase the sustainability of their quit attempt.

- Training of front line staff to support them in delivering effective brief information and advice – brief intervention advice training on treating tobacco dependency has been embedded in the induction process for all staff. All nursing staff will complete this training as part of the implementation of the electronic nursing assessment document. The training is to be incorporated in the statutory and mandatory training requirements from April 2018.

The work is underpinned by a comprehensive communications and engagement plan aimed at patients and visitors. This includes messages about what being smokefree means and what advice and support is being made available to support this. Healthwatch North Tyneside are supporting this work.

Staff: The policy requires that staff are completely smokefree whilst at work, supporting staff to stop smoking is a key element of the organisations strategy to improve the health and wellbeing of its staff. The Trust provides all staff with access to in house stop smoking support which includes access to NRT. Regular communications and briefings are being disseminated to raise awareness about how and where to access support.

Recruitment literature has been refreshed informing new staff of the organisational policy in relation to smokefree.

11.2 Smokefree North Tyneside Primary Care

North Tyneside CCG and primary care are fully aware of the impact of smoking on the health and wellbeing of patients. Previously primary care was commissioned to provide behavioural support and pharmacotherapies as outlined by the NCSCT, however this intensive model of treating tobacco dependency did not work in a primary care setting.

Smoking is not permitted in or near GP practices in North Tyneside. Whenever a person attends a GP surgery they are encouraged to give their smoking status. During a consultation with any health care professional, smoking cessation advice will be given to any patient who is recorded as being a smoker.

11.3 Smokefree Northumberland and Tyne and Wear NHS FT

The most recent developments across the Trust have been the development of locality specific Smokefree referral pathways. These have been designed in conjunction with local community smoking cessation providers and are to be embedded within local clinical arrangements. This will be a significant achievement given the complexity of variation across such a large geographical area.

To support their use and to ensure on-going compliance to NICE guidance[20], there are now specific prompts added to the electronic health care record (Rio) to ensure that there is a seven day follow up of patients who have commenced treatment for tobacco dependency. In addition, in-patient areas now have a specific

Smoking Cessation clinical record, including care plan, stop smoking course assessment form, record of smoking cessation report and a weekly record of NRT/ Smoking cessation medication report.

11.4 Smokefree Newcastle upon Tyne Hospitals

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to providing an environment that is safe and protects its staff, patients and visitors without risks to health and has had a clear Smoke Free Policy in place for many years.

The Trust routinely enquires about patients smoking status and actively offers help and advice for patients to quit across all of its care settings, referring to local stop smoking services and providing Nicotine Replacement Therapy. Patients are informed of the Trust Smoke Free status in Patient Information leaflets relating to attendance or admission to hospital, or receiving care from Trust staff in patients own home

Staff can access training to support them delivering Smoking Brief Advice and Interventions and this is promoted as part of Making Every Contact Count

12. National tobacco control recommendations

Alongside the recommended treatment/service models there are a number of recommendations that support the smokefree agenda. This includes the following:

A. Reducing the number of young people taking up smoking

Discouraging young people from smoking remains a priority. Tobacco control is a key component of this, in particular enforcing age of sale laws. North Tyneside Trading Standards collates and responds to intelligence on illegal sales of tobacco.

North Tyneside School Improvement Service is implementing the NICE guidance and youth advocacy to support Young People to including; Stop Smoking Service information/campaign activity in schools/ Colleges/ Youth and other informal settings. This is due to be complete by December 2018.

B. Promoting the use of electronic cigarettes

Stopping smoking is hard and many smokers are turning to e-cigarettes to help them in their attempts. Stop smoking advisors are being trained on the use of e-cigarettes from a harm reduction perspective, this means that anyone using an e-cigarette alongside tobacco based products will be supported to quit in North Tyneside.

At a national level it has been recognised that there is a need to evaluate the effectiveness of e-cigarettes as a method to stop smoking. In North Tyneside we are currently running a six-month pilot in two pharmacies on the effectiveness of e-cigarettes as an alternative method to treat tobacco dependency. The findings from this evaluation are due September 2018.

13. Benefits to the Local Health Economy

Treating tobacco dependency is the job of the whole health and care system. The benefits of reducing the prevalence of smoking are experienced across the whole system. The tables below present the costs saved to the NHS (based upon the NICE return on investment tool[11]).

- **Achieving a prevalence rate of 12% will save the NHS £1m per year**
- **Achieving a prevalence rate of 5% will save the NHS over £2m per year**

Table 6: Annual Health Care Costs Saved – 12% smoking prevalence rate

	2017	2022	Healthcare cost saved
	16.4% Prevalence	12% Prevalence	
GP consultations	30,233	22,179	£310,240
practice nurse consultations	8,845	6,458	£28,095
outpatient visits	5,369	3,923	£235,192
hospital admissions	1,879	1,774	£267,795
prescriptions	16,981	12,439	£194,398
			£1,035,720

Table 7: Annual Health Care Costs Saved – 5% smoking prevalence rate

	2022	2025	Healthcare cost saved
	12% Prevalence	5% Prevalence	
GP consultations	22,179	9,365	£564,087
practice nurse consultations	6,458	2,660	£51,082
outpatient visits	3,923	1,622	£427,607
hospital admissions	1,774	1,583	£737,074
prescriptions	12,439	5,212	£353,485
			£2,133,335

Alongside the direct savings within the NHS there are wider benefits to the health and social care system, as well as increased economic productivity at a population level.

The limitations of the NICE return on investment tool means that there is not a comparable estimate of the benefits of a reduced smoking prevalence rate for the social care system in North Tyneside. However, given that much of the demand placed on the adult social care system is as direct result of preventable ill health, reducing the number of smokers in North Tyneside will improve the health and wellbeing of the population and thus alleviate demand placed upon the social care system.

14. Summary – the challenges and the gaps

Achieving the national and regional ambition of a smokefree generation in North Tyneside will improve the health of the population, free up much needed resources in health and social care and have a positive impact upon the local economy and increase productivity.

14.1 Challenges

There are three key challenges that need to be addressed:

- We need to significantly increase the number of smokers attempting to quit i.e. to achieve the 12% prevalence rate we will need to recruit around 1,200 smokers each month. This figure acknowledges that the majority will experience numerous failed quit attempts before achieving a successful quit.
- Services need to achieve and sustain a higher 52 week continuous quit rate for those who have successfully stop smoking, this means that a higher 4-week quit rate is required within existing stop smoking services.

  And;

- We need to work collectively to identify the resources required to achieve a whole system's response to the treatment of tobacco dependency without any additional financial input

14.2 Gaps
There are a number of gaps in the current approach to treating tobacco dependency in North Tyneside:

1. There is no systematic targeted approach to treating tobacco dependency in the identified priority groups:
   - Pregnant women
   - People with mental Health conditions
   - Areas of high deprivation and high smoking prevalence
   - Patients with existing long-term conditions

2. Progress has been made within some specific parts of the system for example the significant work undertaken by Northumbria Healthcare Trust to implement NICE Guidance, the Trust's work towards smokefree status across all sites and the implementation of Babyclear within maternity services

There is a commitment from secondary care, North Tyneside Council and the CCG to work collaboratively to reduce smoking prevalence, however the current approach to this does not reflect the national proposed model and at present there are the following gaps:

- Very brief advice (VBA) is not systematically delivered in primary and some secondary care settings
- Prescribing pharmacotherapies alongside VBA, with four week follow-up is not being delivered in primary care and is not implemented in all secondary care settings
- Treating tobacco dependency amongst patients being referred for elective procedures is not being systematically delivered in primary care and community settings
- There is no digital platform in place that provides smokers with the tools and advice to help themselves to quit smoking.
- Services are not always targeted at the priority groups (outlined above), particularly when these groups have regular contact with health and social care services.

3. The clinical pathways across the whole system which includes community, primary and secondary care have not been fully developed. This means that patients being treated for tobacco dependency are unable to move seamlessly between services to continue their treatment.

15. Next steps
A whole systems response requires the components of the system to work together, so that the impact of the treatment of tobacco dependency in North Tyneside is greater than the sum of our parts.

North Tyneside Council, North Tyneside CCG, Primary care and the acute provider NHS trusts are committed to work collaboratively to establish a system wide model of stop smoking support that is underpinned by evidence of need and effectiveness.

The following describes the commitment and the actions that will be taken by each organisation to achieve a smokefree generation in North Tyneside:

15.1 North Tyneside Council will:
- Continue to invest in community based universal stop smoking services
- Support services with low quit rates to improve the quality of the provision
- Provide training for stop smoking advisors (community, primary care and secondary care)
- Continue to coordinate and resource North Tyneside Smokefree Alliance

- Work with NTW and NHCFT to treat tobacco dependency targeting pregnant women and those with mental health conditions.
- Work in our most deprived areas ensuring that stop smoking services are accessible
- Evaluate our electronic cigarette pilot, with a view to learn and further develop harm reduction services alongside the treatment of tobacco dependency

15.2 Northumberland Health Care Foundation Trust will:

- Continue the roll out of very brief advice training for all front line practitioners
- Systematically record of smoking status on all admitted patients
- Systematically offer of NRT to all admitted smokers
- Systematically offer of support to access behavioural support for all admitted smokers
- Audit practice in maternity services against NICE standards

15.3 North Tyneside CCG will:

- Develop a business case for an incentivisation scheme for all GP practices in North Tyneside to ensure that staff are trained in the delivery of very brief advice
- Introduce a new procedure to ensure that all respiratory patients who are current smokers will, at their annual review be offered treatment for tobacco dependency
- Develop guidelines on when primary care clinicians can prescribe pharmacotherapies to treat tobacco dependency alongside very brief advice.

15.4 North Tyneside Smokefree Alliance will:

North Tyneside Smokefree Alliance will continue to oversee the smokefree work undertaken by all of the partners and ensure that this work complements the programme of work outlined in the Cancer Locality Network and the Respiratory Rightcare Group. This includes the following actions that are jointly owned by North Tyneside Council, North Tyneside CCG and the acute trusts.

- The design of data packs for GP practices that captures the current baseline of smoking prevalence. These data packs will be updated annually and will include data and intelligence on smoking related activity such as the number of very brief advice interventions and numbers receiving pharmacotherapies.
- Design clinical pathways that cut across organisations e.g. stop before u op and discharge of patients from secondary care into the community and primary care
- Design patient specific pathways e.g. pregnant women and mental health service users.
- Design a digital platform to offer evidenced based tobacco dependency treatment for those who want to quit without formal support from services.

16. Recommendations

The committee supports the Local Authority, the CCG, Primary Care and Secondary Care in achieving a smokefree generation in North Tyneside by 2025.

The committee endorses the actions outlined in this report:

References

[1] Towards a Smokefree Generation - A Tobacco Control Plan for England: Department of Health (2017) London: Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf

[2] NHS England. Next steps on the NHS five year forward view. 2017. Available at: https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

[3] North East Sustainability and Transformation Programme; Prevention Work Stream Regional Ambition.

[4] Modelled estimates using the Health Survey for England 2006-2008, Available at http://fingertipsreports.phe.org.uk/health-profiles/2010/e08000022.pdf

[5] Smoking prevalence adults: Adult Population Survey 2016. https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132886/pat/6/par/E12000001/ati/102/are/E08000022

[6] DH analysis on Health Survey for England 2014 data

[7] PHE Local Tobacco Control Profiles: available at: https://fingertips.phe.org.uk/profile/tobacco-control/area-search-results/E12000001?search_type=list-child-areas&place_name=North%20East

[8] PHE Segment Tool (North Tyneside) available at:http://fingertips.phe.org.uk/profile/segment/area-search-results/E12000001?search_type=list-child-areas&place_name=North%20East

[9] Royal College of Physicians and Royal College of Psychiatrists. 'Smoking and Mental Health - A joint report by the Royal College of Physicians and the Royal College of Psychiatrists'. March 2013. https://cdn.shopify.com/s/files/1/0924/4392/files/smoking_and_mental_health_-_full_report_web.pdf?7537870595093585378

[10] Chang CK and others. 'Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London'. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0019590

[11] QOF database: NHS North Tyneside CCG; Smoking Prevalence 2016. Available at: https://www.gpcontract.co.uk/child/99C/SMO%20Prev/16

[12] ASH. Cost to Social Care: Local and Regional Estimates. Available at: http://ash.org.uk/localtoolkit/cost-of-social-care/

[13] NICE Return on investment tool for interventions and strategies to reduce tobacco use (2015) available from: https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/tobacco-return-on-investment-tool

[14] West R, Owen L (2012) Estimates of 52-week continuous abstinence rates following selected smoking cessation interventions in England. www.smokinginengland.info Version 2

[15] PHE Models of delivery for stop smoking services: Options and evidence (2017). London. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf

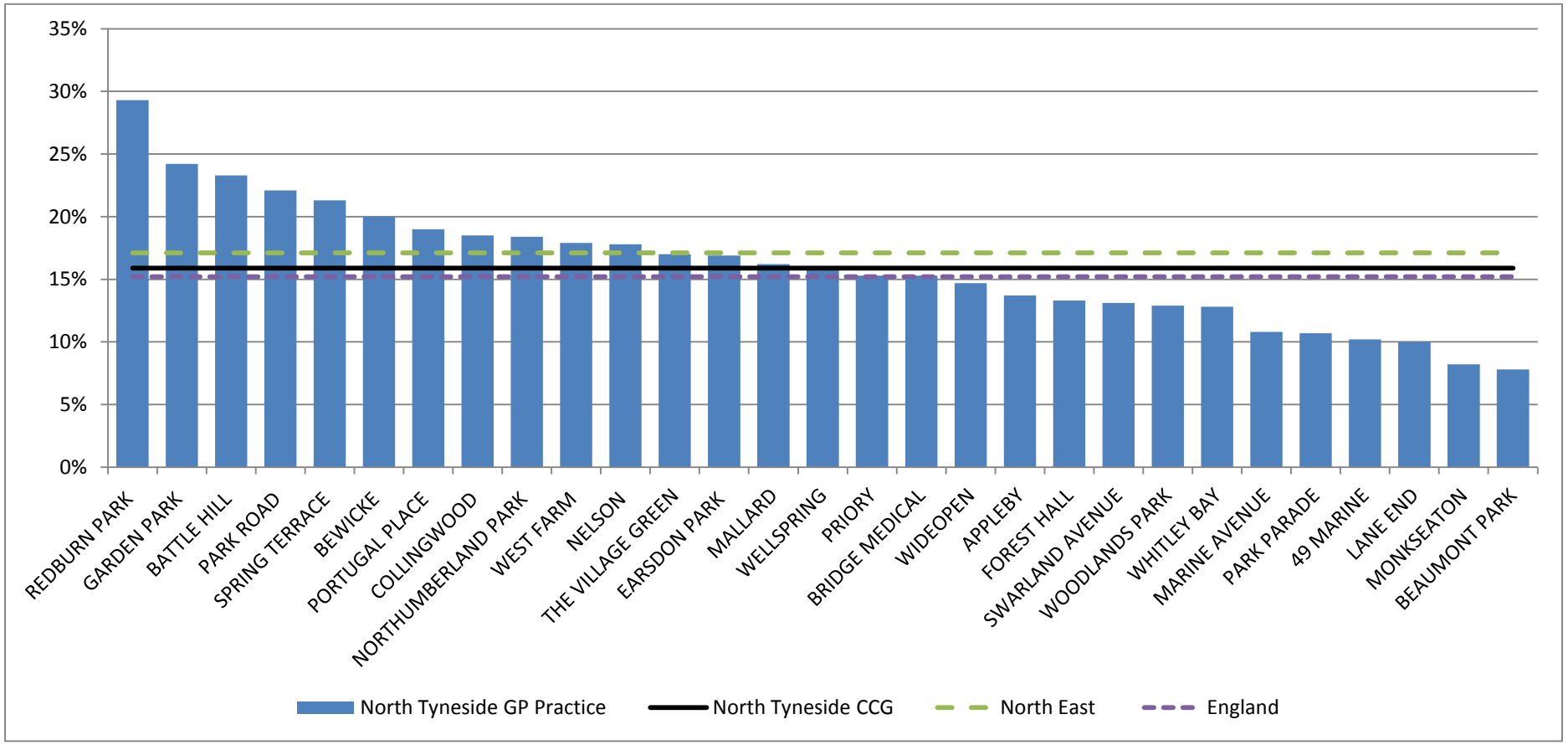
[16] North East – North Tyneside Tobacco Commissioning Support Pack – Key data 2018-19. PHE (2017). London

[17] Mullen KA, Manuel DG, Hawken SJ, et al Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes Tobacco Control 2017;26:293-299. Available at: http://tobaccocontrol.bmj.com/content/26/3/293

[18] NICE PH Guidance 48: Smoking: acute, maternity and mental health services (2013) Available at: https://www.nice.org.uk/guidance/ph48

Appendix 2

Chart: Percentage of patients with a hypertension, asthma, COPD, stroke or CHD who, when asked reported smoking – GP Practice North Tyneside 2016/17



North Tyneside Health & Wellbeing Board Report Date: 16th November 2017

ITEM 8
Title: First draft of the Pharmaceutical Needs Assessment

Report from :	North Tyneside Council and NHS North Tyneside CCG	
Responsible officer:	Wendy Burke, Director of Public Health, North Tyneside Council	Tel 0191 643 2104
	Lesley Young-Murphy, Executive Director of Nursing and Chief Operating Officer, NHS North Tyneside CCG	Tel 0191 293 1140
Report author(s):	Christine Jordan, Senior Manager Public Health, North Tyneside Council	Tel: 0191 643 2880
	Steve Rundle, Head of Planning & Commissioning, NHS North Tyneside CCG	Tel: 0191 2931158
	Neil Frankland, Medicines Optimisation Pharmacist, NHS North of England Commissioning Support	Tel: 0191 217 2778

1. Purpose:

The purpose of the report is to provide the Board with the first draft of the refreshed Pharmaceutical Needs Assessment (PNA) for North Tyneside.

2. Recommendation(s):

The Board is recommended to:

a) review the Pharmaceutical Needs Assessment (PNA) and approve the first draft;
b) approve the statutory consultation process outlined in Section 4.2 of the report; and
c) receive the final version of the PNA at the meeting in March 2018 in good time for approval and publication by 1st April 2018.

3. Policy Framework

There is a statutory duty under the Health and Social Care Act 2012 for Health and Wellbeing Boards to undertake a PNA. On 1st April 2013, Health and Wellbeing Boards of every local authority in England were required to develop a PNA for the first time and ensure that it was published by 1st April 2015. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 sets out the legislative basis for developing the PNAs. PNAs must be completely reviewed at least every three years. The current PNA has been reviewed, updated and a refreshed first draft has been produced. Following a statutory formal consultation process the document will be published by 1st April 2018.

The development of a PNA is a separate duty to that of developing a Joint Strategic Needs Assessment. PNAs inform commissioning decisions by local authorities, NHS England and by NHS Clinical Commissioning Groups (CCGs).

4. Information:

The purpose of the PNA is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of North Tyneside. NHS England uses the PNA to determine applications to open new pharmacies in the Local Authority area.
- To act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

At a previous meeting of the HWB on 16th March 2017 it was agreed that the 2015 version of the PNA should be updated and published on 1st April 2018 and the process would be jointly led by North Tyneside Council and NHS North Tyneside Clinical Commissioning Group. A steering group was developed to oversee the process.

4.1 Draft PNA report

A steering group with representatives from NHS North Tyneside CCG, NHS North of England Commissioning Support, NHS England, North of Tyne Local Pharmaceutical Committee, Healthwatch North Tyneside, North Tyneside Council (Public Health and Planning Department) and Elected Members has overseen the development of the first draft of the refreshed PNA. The draft PNA is available for inspection on the Council's website with the agenda papers.

4.1.2 Consultation with Community Pharmacies

An assessment of current pharmaceutical provision in North Tyneside was undertaken in August 2017, via an online questionnaire which was made available to all community pharmacy contractors across North Tyneside. The results of the survey identified the current provision of commissioned community pharmaceutical services.

4.1.3 Public engagement exercise

Healthwatch North Tyneside led a public engagement exercise during June-August 2017 in order to gather people's experience of using local community pharmacy services. Overall the survey results identified that community pharmacies perform well and are delivering to a high standard.

4.2 Formal consultation on the PNA

The draft refreshed PNA must now be subject to a minimum of 60 days consultation with stakeholders and members of the public in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising health services. It is proposed that the formal consultation period will commence on 20th November 2017 for 60 days until 18th January 2018.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders will be consulted during this time:

- North of Tyne Local Pharmaceutical Committee (LPC)
- Newcastle and North Tyneside Local Medical Committee (LMC)
- All persons on the pharmaceutical lists
- All GP practices
- NHS North Tyneside Clinical Commissioning Group (CCG)

- Tyne Health Ltd - GP Federation
- Healthwatch North Tyneside
- Northumbria Healthcare NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust, and Northumberland, Tyne and Wear NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Newcastle, Northumberland and South Tyneside
- VODA (Voluntary Organisations Development Agency)
- NHS North Tyneside Clinical Commissioning Group Patient Forum
- North Tyneside Council Residents' Panel

An email will be sent to all consultees with a link to the draft PNA and a response form. The following questions are included:

- Do you think the PNA is accurate?
- Do you think there are any omissions from the PNA?
- Please provide any further comments

Following the consultation a final draft of the PNA will be prepared taking account of any feedback and will be presented to the Health and Wellbeing Board at the meeting in March 2018 before being published on the Council website to meet the 1st April 2018 deadline.

5. Decision options:

The Board is recommended to:

a) Review the PNA and approve the first draft
b) Approve the statutory consultation process
c) Receive the final version of the PNA at the meeting in March 2018 in good time for approval and publication by 1st April 2018

6. Appendices:

Appendix 1 – Outline of the 60-day consultation process
(The draft PNA is available for inspection on the Council's website with the agenda papers.)

7. Contact officers:

Christine Jordan, Senior Manager Public Health and Wellbeing (Adults),
Tel: 0191 643 2880
Steve Rundle, Head of Planning & Commissioning, NHS North Tyneside CCG,
Tel: 0191 2931158
Neil Frankland, Medicines Optimisation Pharmacist, NHS North of England Commissioning Support, Tel: 0191 217 2778

8. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

- Pharmaceutical Needs Assessment: Information Pack for Local Authority Health and Wellbeing Boards (DH, 2013)

- The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)

9. Finance and other resources

The development of the PNA is being managed through existing resources within North Tyneside Council, NHS North Tyneside CCG and NHS North of England Commissioning Support.

10. Legal

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for this report.

11. Consultation/community engagement

The PNA must be developed in consultation with a range of stakeholders in keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013). The consultation period will commence on 20th November 2017 for 60 days with the draft PNA on the Council website in keeping with the requirement of the Regulations:

> "a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60 day period for making responses to the consultation".

12. Human rights

There are no human rights implications directly arising from this report.

13. Equalities and diversity

The PNA identifies the health needs of the local population including issues around access to services, inequities in health experience and other inequalities experienced by specific groups in the population.

14. Risk management

If the PNA is not published by 1st April 2018, statutory obligations are failed to be achieved.

15. Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

PNA Statuary online 60-day Consultation

One of the statutory functions of the Local Authority Health and Wellbeing Board (HWB) is to publish a Pharmaceutical Needs Assessment (PNA) every 3 years. The first HWB-led PNA was published in April 2015. This is a 3 year assessment of the primary care pharmaceutical needs (pharmacies / dispensing doctors) in the Authority area. It is used by NHS England when it assesses new pharmacy applications, and by commissioners of pharmaceutical services; and links into the HWB Joint Health and Wellbeing Strategy.

The first draft of the April 2018 PNA will go to the HWB Board on 16 November 2017, before the statutory online 60 day consultation from 20 November to 18 January 2018.

Regulation 8 in Part 2 of the relevant pharmacy regulations (at http://www.legislation.gov.uk/uksi/2013/349/part/2/made) describes what the HWB needs to do as part of consulting on the PNA. Key points are:

Regulation 8 - Consultation on pharmaceutical needs assessments

1. When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB Board must consult the following about the contents of the assessment it is making:

(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(e) any Local Health watch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB Board has an interest in the provision of pharmaceutical services in its area.

2. The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

3. The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

4. For the purposes of paragraph (3), a person is to be treated as served with a draft if that person is notified by HWB Board of the address of a website on which the draft is available.

An email from the chair of HWB Board with a link to the draft PNA on the council website and the consultation response form will be disseminated to a range of key stakeholders including:

- North of Tyne Local Pharmaceutical Committee (LPC)
- Newcastle and North Tyneside Local Medical Committee (LMC)
- All persons on the pharmaceutical lists
- All GP practices
- NHS North Tyneside Clinical Commissioning Group (CCG)
- Tyne Health Ltd - GP Federation
- Healthwatch North Tyneside
- Northumbria Healthcare NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust, and Northumberland, Tyne and Wear NHS Foundation Trust
- NHS England

- Neighbouring HWBs in Newcastle, Northumberland and South Tyneside
- VODA (Voluntary Organisations Development Agency)
- NHS North Tyneside Clinical Commissioning Group Patient Forum
- North Tyneside Council Residents' Panel

A link to a consultation response form will be included in the email asking consultees:

- Do you think the PNA is accurate?
- Do you think there are any omissions?
- Please provide any further comments

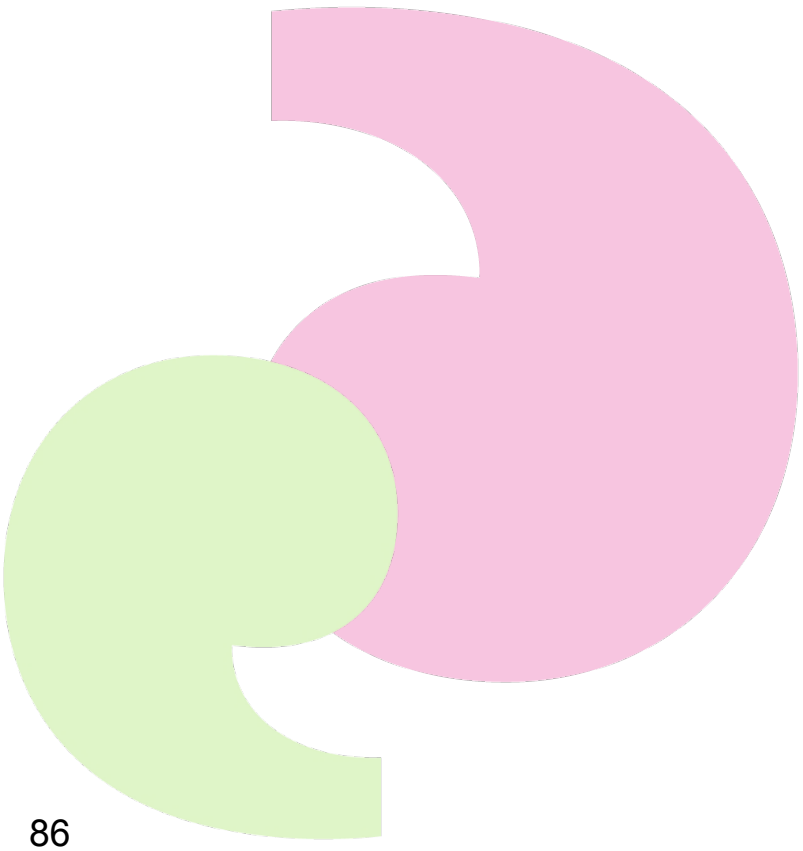
Articles about the draft PNA will be placed in organisational newsletters such as LPC, Healthwatch and CCG newsletters.

The draft PNA will be updated to reflect the feedback from consultees during the consultation period and will be published on the 1st April 2018.

healthwatch North Tyneside

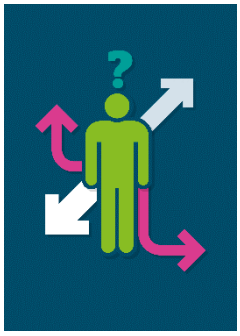
Trends Report

April 2017 to September 2017



The Highlights

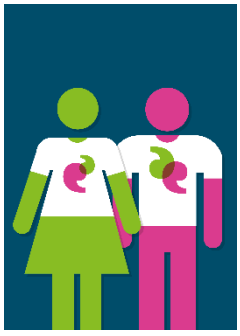
- We received 855 pieces of feedback about services from local people



- We signposted 162 people to access services from more than 24 organisations

We published reports on:

- Making mealtimes matter in care homes
- Local people's experiences of using pharmacy services
- Our Annual Report



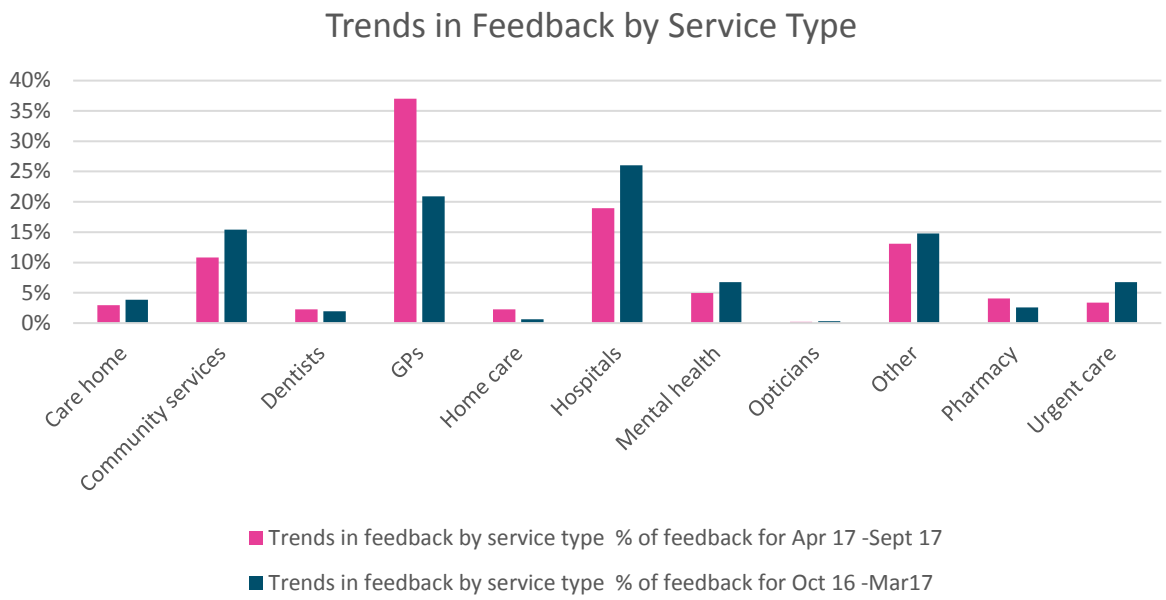
- We carried out 55 outreach and engagement activities around North Tyneside
- Through this we met more than 1019 people.

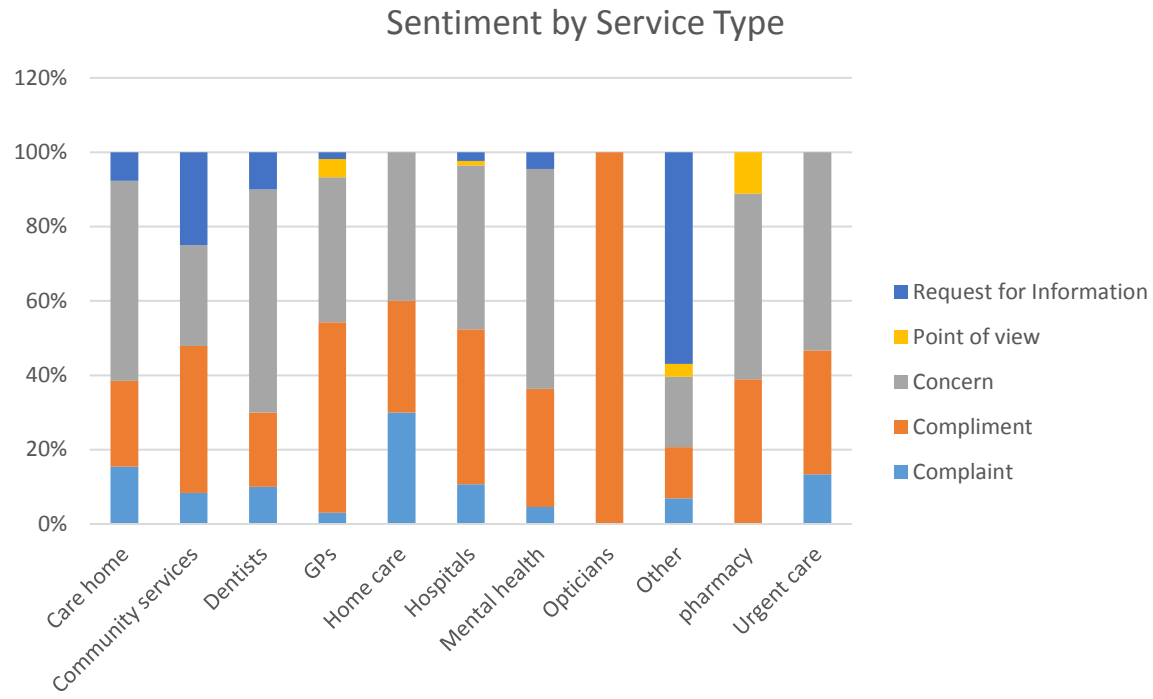
A. Introduction

This report sets out the trends in the feedback gathered from residents of North Tyneside during the period April 2017 to September 2017.

This report aims to provide commissioners and providers of health and social care services the opportunity to reflect and where appropriate take action on the feedback gathered. It is reported back to North Tyneside Health and Wellbeing Board. The activity of Healthwatch North Tyneside (HWNT) is also reported for information and accountability.

B. Your Voice - What local people told us





The top five service areas of feedback are:

1. **GPs**

    - 37% of feedback (164 instances of feedback) was about GPs (up 6% from previous period)
    - 27% of the time was spent on recording and handling issues related to this feedback
    - 51% of the feedback were compliments, 39% were concerns and 3% complaints.

2. **Hospitals**

    - 19% of feedback (84 instances of feedback) related to hospitals (down 7% from previous period)
    - 18% of the time was spent on recording and handling issues related to this feedback.
    - 42% of feedback was compliments, 44% were concerns and 11% of the feedback was complaints.

3. **Other**

    - 13% of the feedback (58 pieces of feedback) related to other services (down 2% from previous period)
    - 13% of the time was spent on recording and handling issues related to this feedback.
    - 57% of feedback was requests for information, 14% were compliments, 19% concerns and 7% complaints.

4. **Community services**

    - 11% of feedback (48 pieces of feedback) related to community services (down 4% from previous period)
    - 16% of the time was spent on recording and handling issues related to this feedback.
    - 40% compliments, 27% concern, 25% information request, 8% complaint

5. **Mental health**

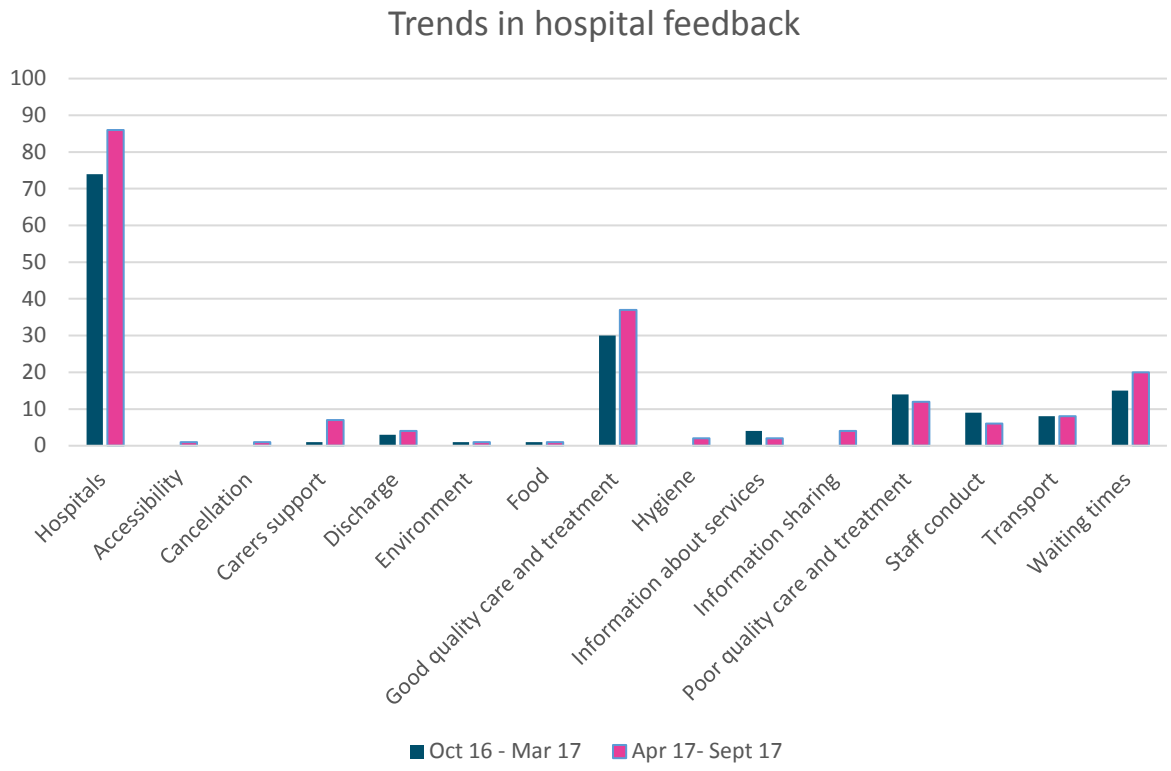
    - 5% of feedback (22 pieces of feedback) related to mental health services (down 2% from previous period)
    - 12% of the time was spent on recording and handling issues related to this feedback.
    - 59% of feedback was relating to concerns, 32% to compliments, 5% to complaints.

There are no significant shifts in the balance of sentiment by service area during this period in comparison with the last 6 months.

Please note this does not include all data for thematic work (for example surveys) which is included in thematic reports. The data trends may be biased by events in the period (for example upcoming CQC inspections or thematic work).

The key trends[1] in the issues raised with HWNT in this period are outlined below under each service area.

Hospitals



The majority of feedback about hospitals continues to be related to people being satisfied with the level of care and treatment received. Comments relate to standard of staff, speed of treatment and good standard of treatment. These comments relate to all trusts and hospital sites. There is a trend of positive feedback for the pain management clinic due to engagement carried out there.

The second largest group of feedback continues to relate to people feeling dissatisfied with the length of time it takes to access diagnostics and treatment. This relates to the wait for appointments at A&E, waits for foot care appointments, waits for musculoskeletal operations and physio.

[1] HWNT are reporting as trends issues which have been raised by more than 5 people during the period.

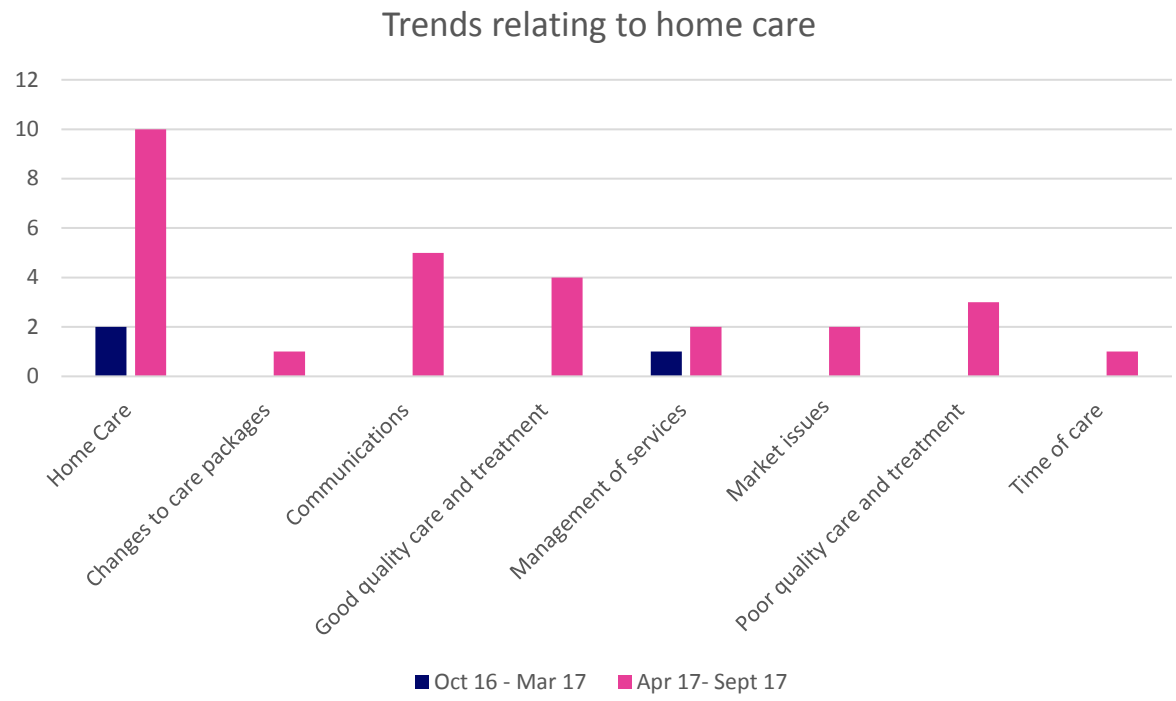
Poor quality care and treatment was the next largest trend in feedback. The majority of this feedback are accounts of patients who feel that there was a poor outcome as a result of their treatment (for example ongoing symptoms or arising from complications during procedures).

There continue to be a number of people who report difficulties with accessing public or hospital transport to the Northumbria Hospital and difficulty parking and North Tyneside General Hospital and the Freeman Hospital.

Carers have reported difficulty when they or the cared for person are required to stay in hospital. Their concerns relate to the lack of facilities for carers during hospital stays, long delays in planning admissions, lack of availability of respite and social care in wards and lack of information for carers.

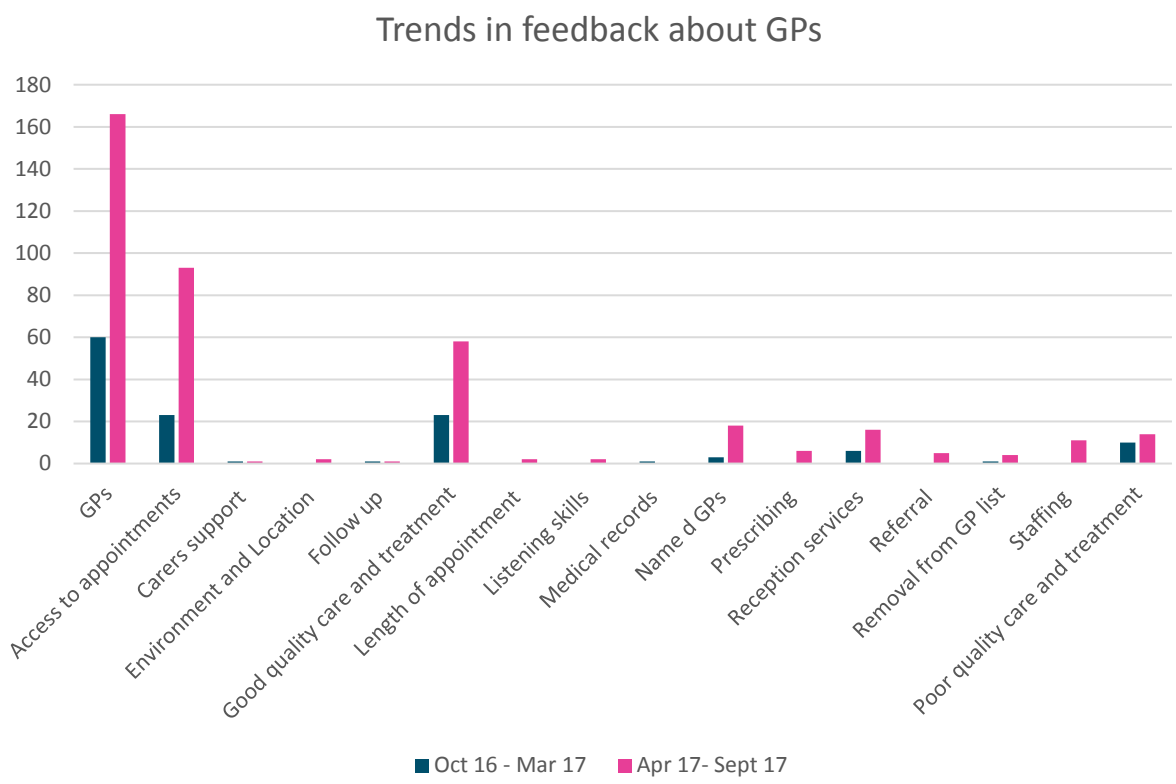
There were a number of people who reported poor experience in relation to how staff behaved towards them during their care and treatment. This mainly related to how patients were spoken to by staff members.

Home care



The majority of feedback relating to Home Care specifically relates to two home care providers and the only significant trend in this period is in relation to poor communications by providers to the clients about their care including lack of ability by the clients to contact the office and poor communication about changes of care.

GPs



The majority of feedback about GPs during this period relates to access to appointments. Of these the majority of feedback relates to poor access to appointments. In particular patients are concerned about the system of booking appointments, the lack of availability of appointments (both urgent and advance bookings), longer waits for named GPs. There were some positive experiences.

The next largest category of feedback relates to people reporting good quality care and treatment including the warmth and caring nature of the staff, good diagnosis and treatment.

People reported concerns about the lack of named GPs or the lack of availability of appointments to see named GPs. Those who reported positive experience of named GP felt it contributed to better quality of care.

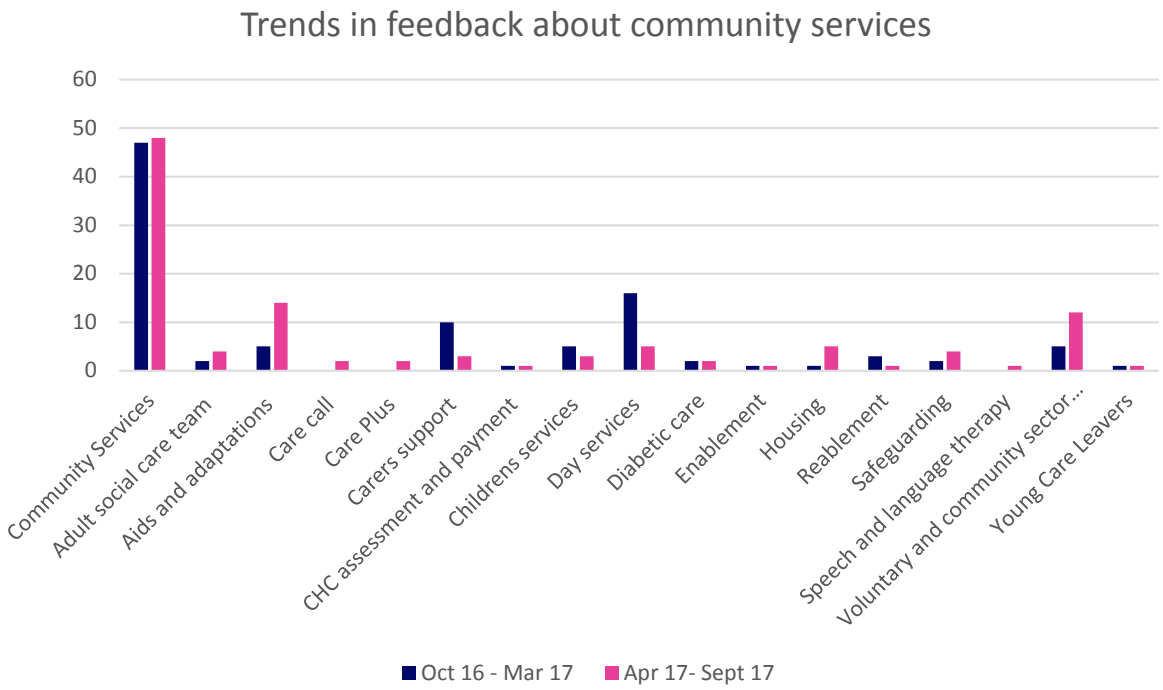
People continue to report concerns about reception services acting as a barrier to accessing appointments, being used to triage for appointments without proper training and that this breaches confidentiality. People have reported some good experience where receptionists were warm and caring but unfortunately others report experiences of receptionists being abrupt and chastising them.

People also reported poor quality treatment including concerns about diagnosis, concerns about the changes in the Health Visitor service and inappropriate treatment.

A new trend has emerged in this period of people raising concerns about the staffing of practices following staff retirement and the impact of this on appointment availability.

Another new trend relates to the handling of referrals between primary and secondary care where patients experienced lack of communication about referrals in particular where referrals are refused or people experience long waits.

Community services



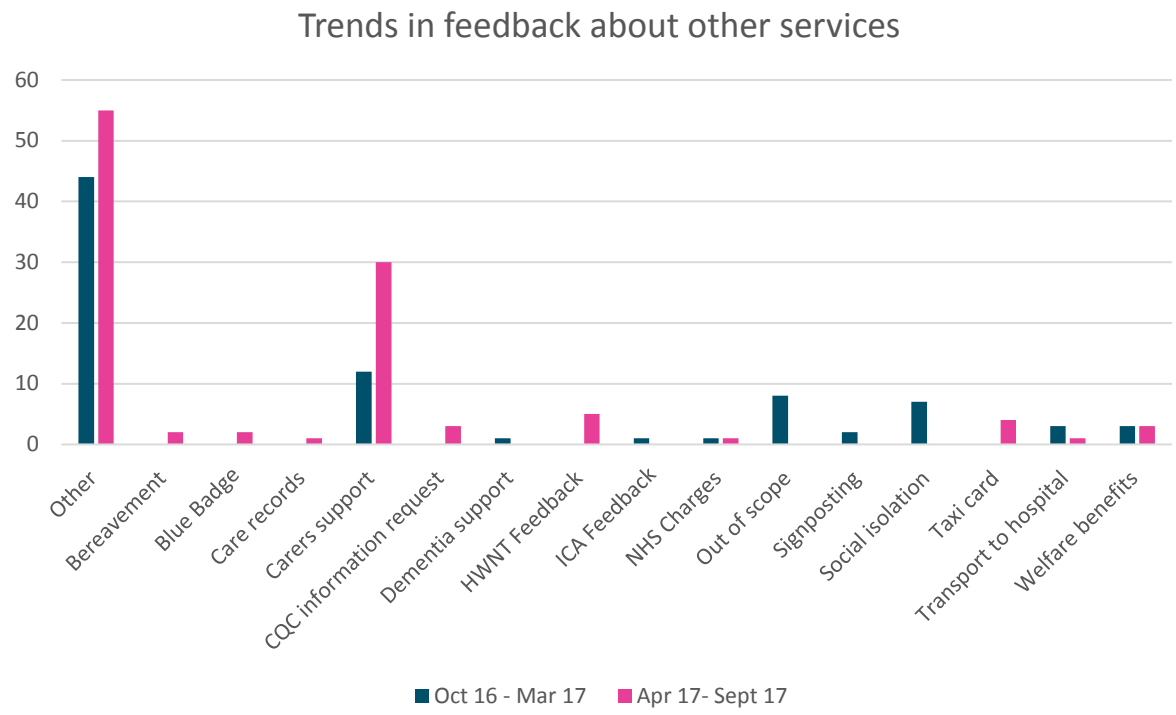
The majority of the feedback about community services this period relates to aids and adaptations. This is a significant increase from the last period. Though there are a small number of people who have reported a positive experience and some who requested information or signposting to services, the majority of feedback in this area relates to concerns. The concerns relate to lack of access to aids and adaptations where there have been refusals to support necessary changes, waiting times and lack of communication about planned support and in some cases inability of the team to source the required equipment. HWNT have made two safeguarding referrals relating to this.

The second largest area of feedback relates to voluntary and community sector provision. All of the feedback in this area are positive experiences of service provision.

Day services continue to meet the threshold for trend on the basis of one provider promoting the feedback centre. Feedback is all positive experience.

There is a trend in people approaching HWNT for information and signposting in relation to their housing needs.

Other

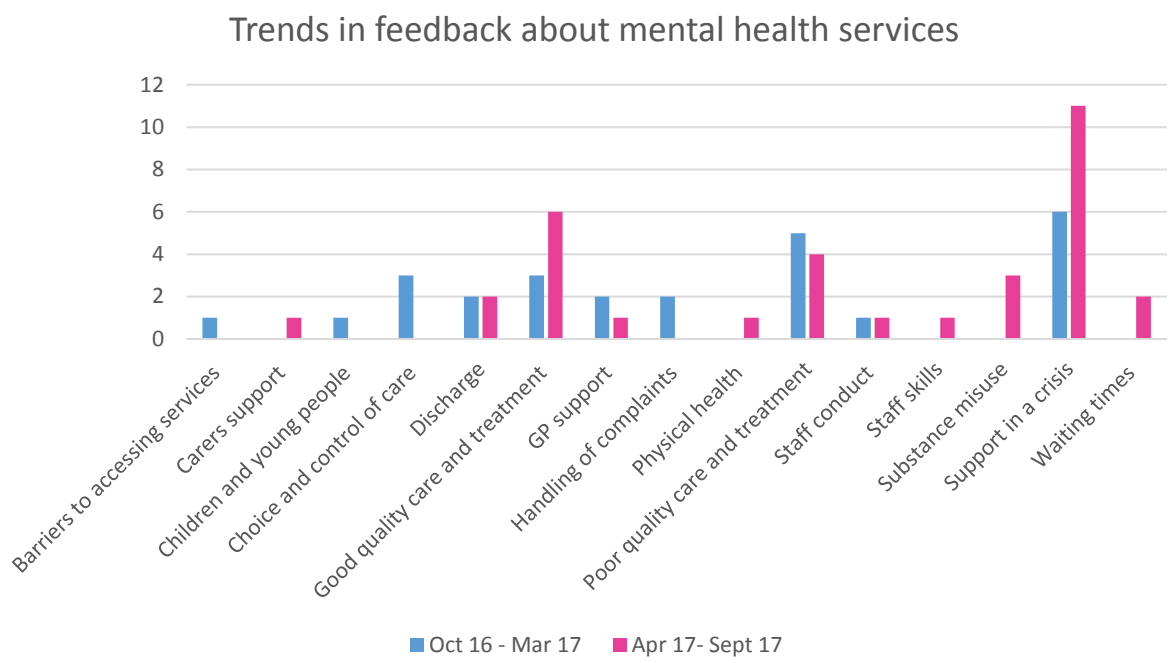


Overall there was an increase in feedback that relate to 'other services'. There was a considerable increase in feedback about carers support. This is linked to engagement work undertaken for the carers' project.

Carers continue to ask for information and advice about where to access support for their caring role.

There is also an increase in feedback about Healthwatch North Tyneside services linked to both improvements in the gathering and recording of feedback following contact with the organisation.

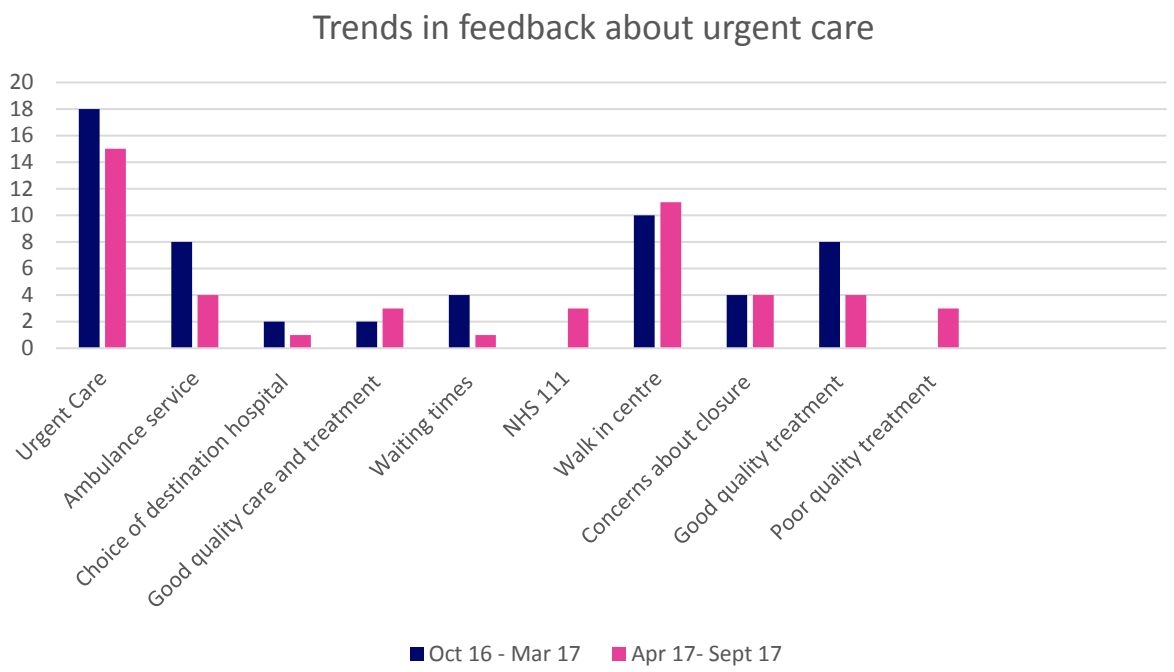
Mental health services



Concerns about crisis mental health services continue to grow. It should be noted that this data is not skewed by HWNT crisis mental health project which had not commenced at this time. In the past 6 months disclosures of intent or attempt to end their lives were made seven times by members of the public. This is a worrying trend and HWNT is working with the CCG to carry out a pathway review.

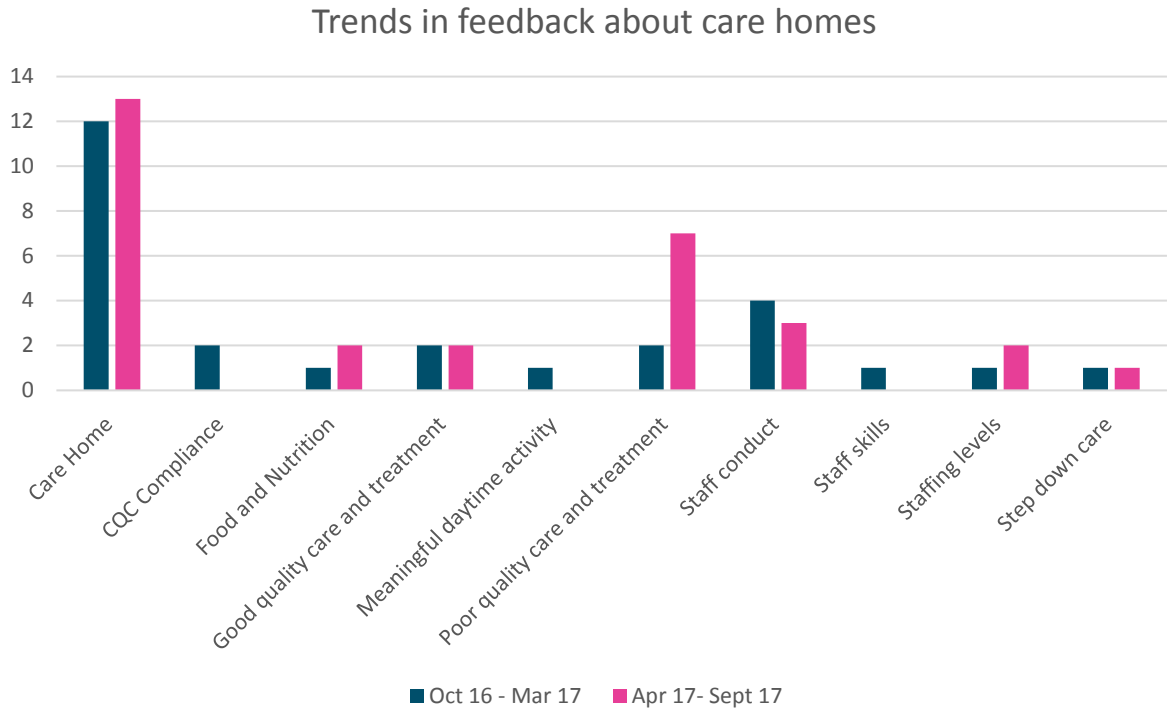
There is a small increase in the number of people reporting good quality care and treatment.

Urgent care



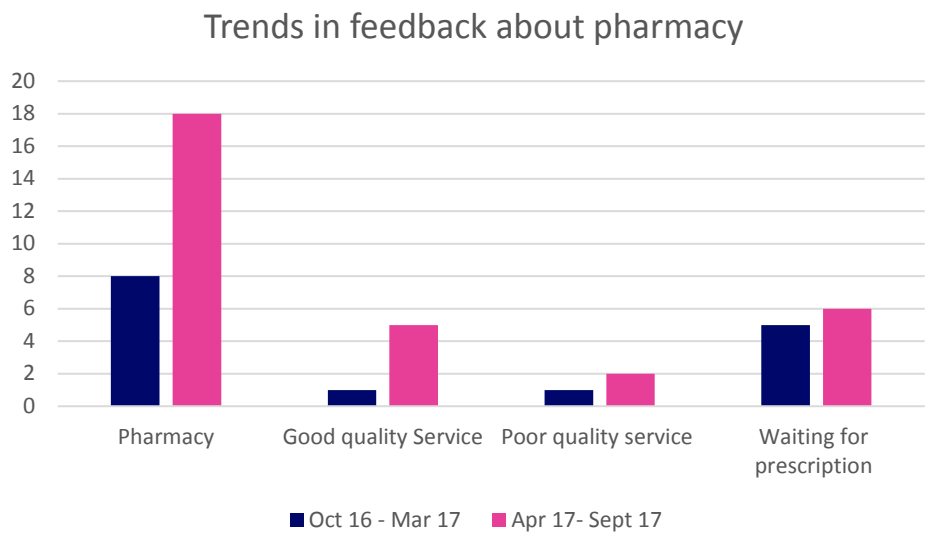
The majority of feedback about urgent care services in this period relates to walk-in centres. There is a small increase in overall feedback from the previous period. Most feedback relates to good quality treatment. There are no other significant trends about urgent care services in this period.

Care homes



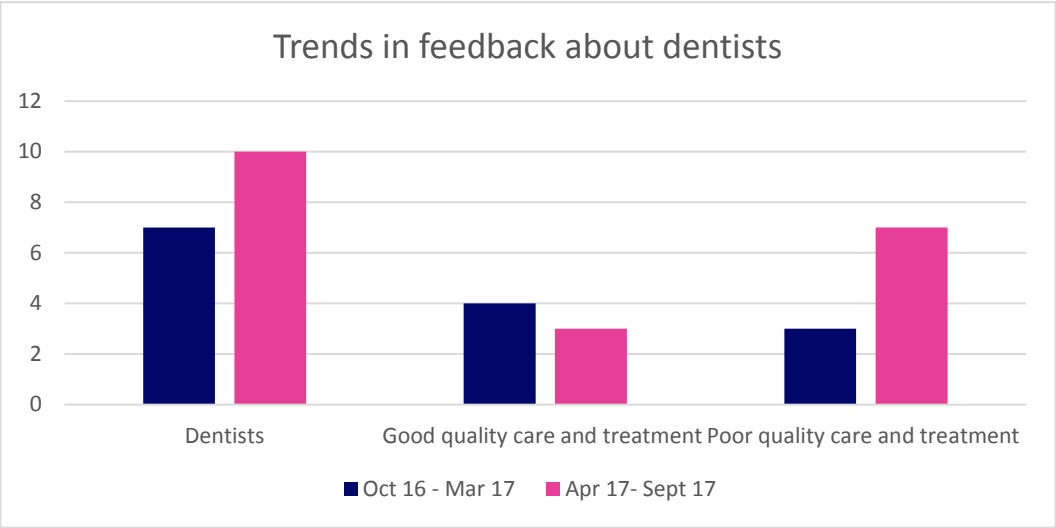
The only category of trend in the feedback about care homes relates to reports about poor quality care and treatment the majority of which have been raised as safeguarding issues with the council.

Pharmacy



There was a notable increase in feedback about pharmacy from the previous period. This is attributable to the engagement focusing on pharmacy feedback and the distribution of surveys linked to our pharmacy report. The majority of feedback related to people's concerns about waiting for prescriptions due mainly to stock levels in the pharmacy. An increased number of people reported positive experiences.

Dentists



The majority of feedback about dentists in this period was about poor quality care and treatment. This relates to treatment which has not been effective or caused problems, waits for appointments and customer service.

Safeguarding Issues

Healthwatch North Tyneside have made 16 safeguarding referrals in the past 6 months which are broken down by the following service areas:

- Mental Health 5
- Community Services 4
- Residential Care 5
- GPs 1
- Home Care 1

C. Organisational update

Healthwatch North Tyneside has welcomed Shirley Anne Emmerson to the organisation in the role of volunteer coordinator. We have had some changes in the board with David Robinson and Oliver Williams leaving the board and Sokhjinder Morgan joining the board. We would like to thank David and Oliver for their contribution to the organisation and warmly welcome Sokhjinder.

D. Update on thematic priorities

Mental health

HWNT have now received all responses to the Mental Health report which has been published on the website.

The work with Tyne and Wear Museums on the video documenting experiences of mental health service users has completed filming and is currently being edited.

HWNT has begun the scoping and consultation phase of its research into service user's experience of mental health crisis services. We have met with many of the stakeholder and have agreed with NT CCG that the work will feed into their review of crisis pathways.

Plans for the next 6 months:

HWNT hope to launch the mental health video.

HWNT will kick off the Crisis Mental Health project with a project team meeting and begin to gather data. It is the intention of the organisation to publish findings early in 2018 and report findings into the CCG crisis pathway review.

HWNT will begin the scoping for a deep dive into the support available to people during mental health crisis. This will include engagement with users of services, commissioners and providers in the design of the project

Pharmacy

HWNT sat on the steering group of the Pharmaceutical Needs Assessment (PNA) and in support of this carried out research on local people's experiences of using pharmacy services. We were able to gather views from 371 people in a short period of time and the report has been promoted to the Healthwatch national network as an example of good practice. The findings have been integrated into the draft PNA.

Plans for the next 6 months

HWNT will formally respond to the PNA draft.

Small grants process

Healthwatch North Tyneside have begun a pilot of a local voices fund, small grant process for local groups to carry out their own research which is quality assured by HWNT. The closing date is 31st October 2017.

Children and young people's experiences of services

HWNT continued to gather the views of young people about the health and social care services they access as follows:

- Participation in the National Citizenship service

Plans for the next 6 months:

HWNT will research, design and implement a Youth Healthwatch with young volunteers who will carry out their own research.

Carers

HWNT has completed the draft carers report and has met with CCG and North Tyneside Council (NTC) to discuss amendments to the report.

HWNT has gathered stories from people who have experienced challenges when the person they care for has been admitted to hospital in order to approach NHS Trusts about learning from these case studies.

Plans for the next 6 months:

HWNT will publish the carers report and responses.
We will also engage NHS Trusts in relation to the carers' hospital experience.

Residential care homes

HWNT continues to work with activity coordinators to embed the recommendations from our report for improvement in the provision of meaningful daytime activity in care homes through the support and facilitation of an activity coordinators forum.

The report into the mealtime experience in care homes was published and the council responded. Many of our recommendations were implemented to make alterations to the contract and monitoring templates for care homes. We also produced a summary document which highlights good practice for care home staff and relatives to embed the findings into practice

Plans for the next 6 months

HWNT will continue to support the activity coordinators forum and hope to secure funds to develop a tool kit which looks at the 'whole home approach' to activity in care homes.

Other

Healthwatch North Tyneside also delivered the following during this period:

- Submitted views on all of the NHS Trusts Quality Accounts
- Published our Annual Report
- Undertook our contract monitoring visit increasing our compliance score to 84%.
- Commenced consultation on our performance against Healthwatch England quality standards.
- Continued to work with other local Healthwatch on STP common issues
- HWNT continued to support the review of the HWB Strategy by sitting on the steering group.
- Supported the induction of the GP based care navigators
- Distributed feedback forms and posters in every GP practice, pharmacy, IAPT and many other health and social care provider locations.
- Carried out annual reviews with all volunteers

Plans for next 6 months

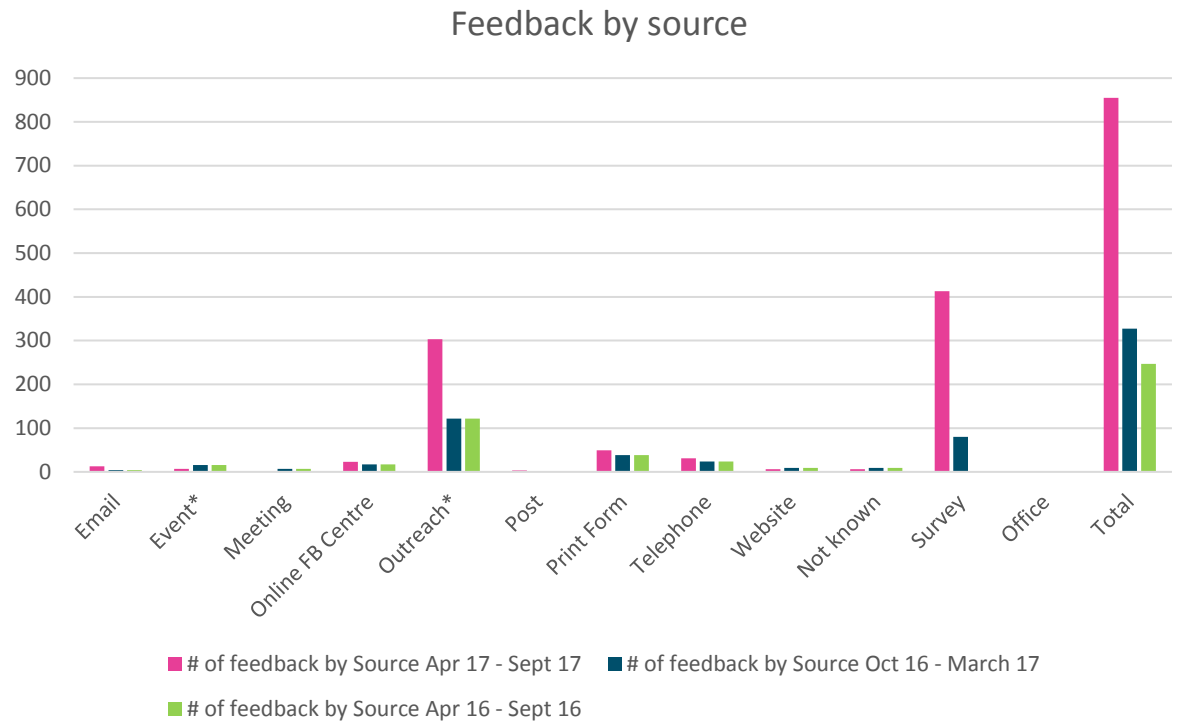
- We will have our conference and AGM on 6 November.
- We will begin recruitment and induction of engagement volunteers
- We will explore the use of enter and view in GP practices
- We will publish our first GP Digest for the Primary Care Quality Committee
- We will begin to plan hospital discharge project and deliver the report.

E. Feedback received during the period

HWNT received 855 instances of feedback between April and September which continues the upward trend of increase in the yield of feedback from the previous 12 months.

The majority of issues were gathered via survey (413) and during outreach activities (303). We are continuing to see an upward trend in local people's use of the feedback centre has generated 72 pieces of feedback in the past 6 months with the majority of these coming via print and return forms (49). This high spike includes success in relation to the large reach of our pharmacy survey which has been highlighted nationally by Healthwatch England.

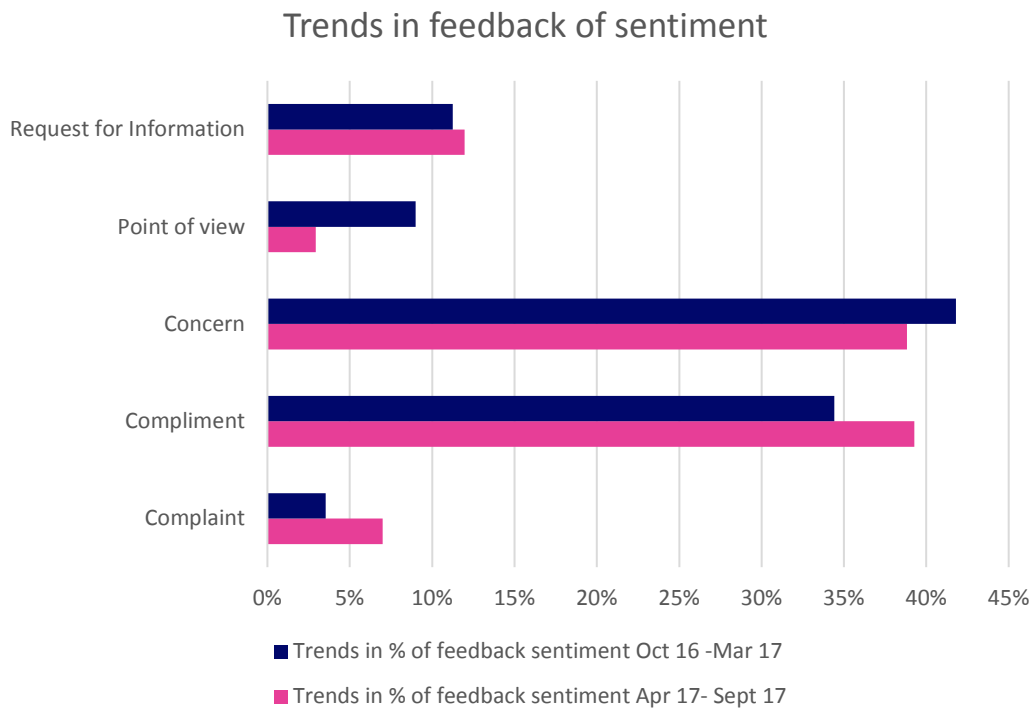
Staff spent 114 hours in the recording and following up of issues arising from the feedback given. Methods of gathering feedback which takes the least time is through the online feedback centre which takes just 2 minutes on average per feedback. The feedback which takes the team the most time to respond to comes via email (average of 39 mins), the website (average of 40 mins) and telephone (average of 45 mins). This reflects the complexity of the feedback, information gathering and signposting required by people who feedback in this way.



Comments by nature

The majority of issues raised in general engagement with Healthwatch North Tyneside are concerns and compliments (39% each).

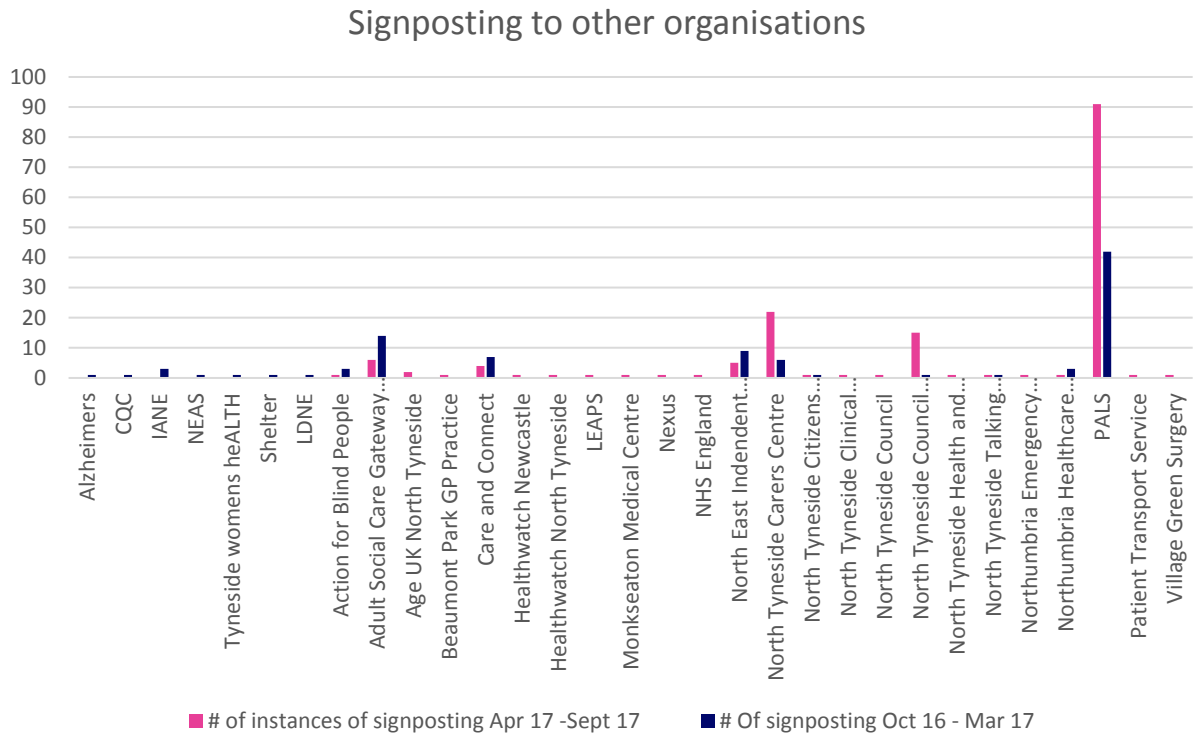
Since the last reporting period there has been a small decrease in the proportion of complaints about services (down by 3%) matched by a decrease in the proportion of concerns (down by 3%). The proportion of compliments has increased by 5%.



On average complaints are the most time consuming for HWNT at 30 minutes each, followed by concerns which take an average of 20 minutes each and requests for information which take 17 minutes each.

Signposting activities

Healthwatch North Tyneside signposts members of the public to other organisations to assist them to gain further information or to discuss their concerns or needs further. In the past 6 months, HWNT signposted people on 162 occasions which is a 69% increase from the previous 6 months.

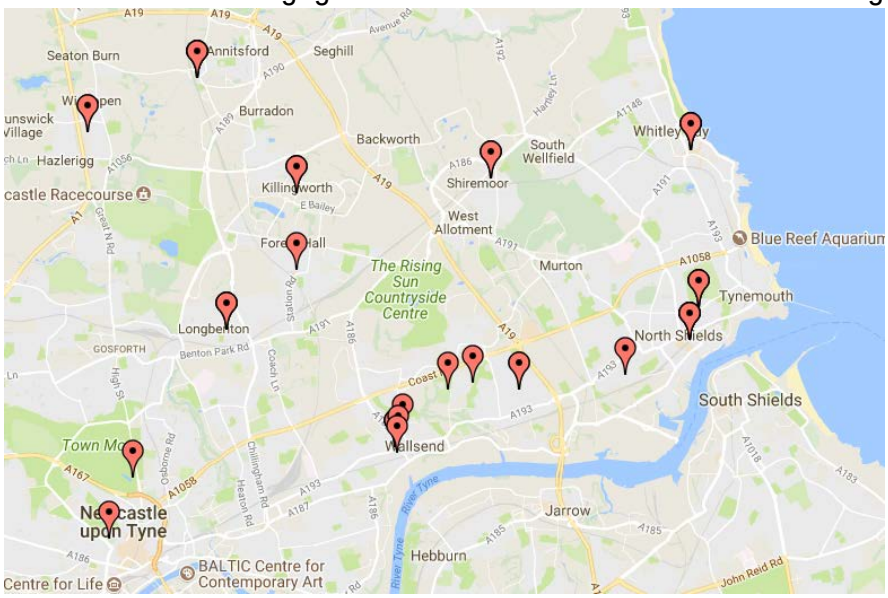


HWNT demonstrates a trend of signposting people to PALS, Independent Complaints Advocacy, Adult Social Care, North Tyneside Carers' Centre.

F. Engagement and outreach activity

There have been 49 outreach and engagement activities delivered in this period. 101 hours of staff time were spent in the delivery of this outreach and engagement. 1019 people have been engaged with through this method.

This map illustrates HWNT engagement and outreach across the borough.



The majority of the engagement and outreach was targeted at the general public.

Target	Number of engagements
Carers	5
General public	31
Mental health	2
Older people	7
Professionals	4
Unemployed	2
Young people	1
Disability	2
BAME	1

G. Healthwatch North Tyneside events

HWNT have facilitated four public events in the area within the period. The list below illustrates regular board meetings (which are held bi-monthly) and regular volunteer meetings. We also facilitated meetings focused around some of our thematic projects.

Event date	Focus
8 May 2017	Board Meeting
3 July 2017	Board Meeting
4 September 2017	Board Meeting
31 July 2017	Volunteer meeting

H. Work with the Care Quality Commission

Healthwatch North Tyneside have worked closely with the Care Quality Commission during the period as follows:

Adult social care:

- Attendance at the Information Sharing Meetings regarding adult social care providers.
- Submission of evidence in relation to residential care homes and domiciliary care providers in advance of inspections (including IOS reports).
- Sharing of intelligence in relation to providers where concerns have been raised locally.

General Practice:

- Discussion about the use of Enter and View powers within GP practices.
- Sharing of intelligence about General Practice in advance of inspections

I. Work with Local Healthwatch and Healthwatch England

HWNT continue to attend the Local Healthwatch Network meetings for the North East.

HWNT had 3 delegates attend the HW England conference in Nottingham in July 2017.

HWNT is represented on the HWE communications group and CRM stakeholder group.

In addition the Chair has also attended meetings with other Healthwatch Chairs in Tyne and Wear, Northumberland and Durham. Discussions have included the North East Health and Social Care Commission; Sustainability and Transformation Plans, and common issues facing Healthwatch in the Region.

J. Use of enter and view powers

HWNT has not used it's enter and view powers in this period.

K. Volunteer update

HWNT has 13 enter and view volunteers and 12 have been active in the period.

HWNT volunteers have supported us in the following ways during this period:

- Engagement with carers for the carers project
- Attendance at meetings
- Contributing issues through volunteer meetings
- Supported the planning and delivery of Activity Coordinator Forum meetings

L. Communications

General update on communications activities

During this period, outside of maintaining HWNT usual communications channels, HWNT has delivered the following communications outputs:

Healthwatch North Tyneside audience

As at 1 October 2017 HWNT had 563 registered on the mailing list:

- 450 enewsletter subscribers
- 6 large print subscribers
- 9 audio cd subscribers
- 98 mailing by post subscribers

Social media

HWNT Twitter profile now has 1153 followers. We have 'tweeted' on average 51 times per month, which have been seen 10,200 times per month on average, are mentioned by other users an average of 21 times per month and receive an average of 336 profile visits per month.

HWNT Facebook page has 205 'likes' and has a reach of on average 255 people per day.

Staff regularly use social media to share information about HWNT, to share information on behalf of partners, and to engage with followers live from events we are attending.

Healthwatch North Tyneside newsletters

During the period, HWNT has delivered 9 enewsletters. The open rate ranged from 25.8% to 43.2% with click through ranging from 4.7% to 13%. Where there are lower open rates, this is attributed to enewsletters sent about a single issue.

Website

The average number of visitors to the website per month was 1008 this is a increase from the previous period average of 761.

The monthly number of visitors ranges from 705 (April 2017) to 1220 (September 2017).

Over the six month period visitors reached our website by:

- 67% by organic search (using search engines and searching for any words that pick up our site, this could be Healthwatch or simply Tyneside or a health or social care term or issue) and increase from the last period
- 20% direct to www.healthwatchnorthtyneside.co.uk
- 7% by referral from other websites, primarily North Tyneside Council and Healthwatch England
- 6% by referral through social media

It starts with you

Your care, your feedback

Share experiences and feedback on local services:

www.healthwatchnorthtyneside.co.uk/services

Or pick up a freepost feedback leaflet

Healthwatch North Tyneside Parkside House,

Elton Street East, Wallsend, NE28 8QU

www.healthwatchnorthtyneside.co.uk

Email info@healthwatchnorthtyneside.co.uk

Phone 0191 263 5321

North Tyneside
Health & Wellbeing Board Report
Date: 16 November 2017

ITEM 10

Title: Urgent Care

Report from : North Tyneside CCG

Report Author: Mathew Crowther (Tel: 0191 293 1161)

Relevant Partnership Board: Health & Wellbeing Board

1. Purpose:

As part of the North Tyneside CCG's urgent care engagement exercise, Health & Wellbeing Board are being asked for their views on:

- The revised proposals for a North Tyneside Integrated Urgent Care Service.
- The continued suspension of walk-in access to the urgent care centre at Rake Lane Hospital during the overnight period.

2. Recommendation(s):

The Board is recommended to provide feedback on the contents of the attached paper and the presentation.

3. Policy Framework

The proposals are aligned with the following objectives of the Joint Health and Wellbeing Strategy 2013-18:

- To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed
- To integrate services where there is an opportunity for better outcomes for the public and better use of public money

They also fulfil the national policy requirements set out in NHS England, Urgent Treatment Centres, Principles and Standards (2017).

4. Information:

See attached reports.

5. Decision options:

Not applicable.

6. Reasons for recommended option:

Not applicable.

7. Appendices:

Appendix 1 - North Tyneside Integrated Urgent Care Service

Appendix 2 - Impact assessment – overnight closure of urgent care services at NTGH

8. Contact officers:

Mathew Crowther, Commissioning Manager, North Tyneside CCG, 0191 293 1160

9. Background information:

The following background papers have been used in the compilation of this report and are available from the author:

- Right Care, Time & Place – Commissioning an Integrated Urgent Care Service for North Tyneside (2016)
- Urgent Treatment Centres, Principles and Standards (2017)
- North Tyneside Urgent & Emergency Care Strategy, 2014 – 2019 (2013)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The CCG is proposing a financial envelope of £3.8m per annum for the new service on a contract lasting for 3 years with an option to extend for a further 2 years.

11 Legal

The CCG will ensure that it meets its legislative requirements in relation to communications as detailed in the Health & Social Care Act and in relation to procurement legislation under the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.

12 Consultation/community engagement

The CCG is carrying out a 4 week engagement exercise as an adjunct to the public consultation which was undertaken in 2016. The purpose of this exercise is to explain the proposed changes to the type of urgent care service the CCG proposes to commission and the consequent need to maintain the current closure of walk-in services in North Tyneside during the overnight period.

The engagement exercise will run from 23 October – 17 November and consist of:

- Online public survey
- Public meetings
- Drop-in sessions
- Focus groups targeting hard to reach and under-represented groups within the local population
- Social media activity
- Promotion at Healthwatch North Tyneside AGM
- Meetings with OSC, Health & Wellbeing Board, Healthwatch

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

The CCG has completed a revised equalities impact assessment associated with the proposed changes to the urgent care service specification and the continuation of overnight closure of walk-in services in North Tyneside.

15 Risk management

Risk assessments have been completed and plans to implement mitigating actions are in place.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.'

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

NHS
North Tyneside
Clinical Commissioning Group

NORTH TYNESIDE INTEGRATED URGENT CARE SERVICE

TABLE OF CONTENTS

1. Introduction

This report marks the beginning of a new phase in the CCG's efforts to reconfigure urgent care service in North Tyneside. The CCG committed to review local urgent care services as part of its five year *Urgent & Emergency Care Strategy 2014 – 2019.* Major reconfiguration of local services is necessary because the current system is:

- Unaffordable. The opening of the Northumbria Specialist Emergency Care Hospital (NSECH) in June 2015 increased the cost of the urgent and emergency care system in North Tyneside by around £2 million per annum and has contributed significantly towards the CCG's financial deficit. The CCG must therefore take action to place the local urgent care system on a financially sustainable footing for the future.
- Inefficient. The current system consists of a mixture of different services all offering overlapping access to urgent care within a relatively small geographic area. This represents poor value for money and an inefficient use of our finite clinical resources.
- Confusing. Patients have told us that they find the existing urgent care system confusing and difficult to access properly. They do not always understand the distinction between urgent and emergency care and have difficulty identifying which services are most appropriate for their needs. Many have indicated that they would prefer a simplified 'one stop shop' for urgent care in North Tyneside.

The CCG launched the *Right Care, Time & Place* initiative in January 2015 with the aim of:

- Consulting with the public on future scenarios for the delivery of urgent care in North Tyneside.
- Decommissioning the existing urgent care centres and out of hours service from 30th September 2017.
- Commissioning a single integrated urgent care service from 1st October 2017.

Unfortunately the CCG was unable to identify a provider capable of delivering the new service and a procurement exercise ended in July 2017 without a contract being awarded.

The CCG has subsequently taken stock of its positions and engaged in discussions with a number of partner organisations about the best way to achieve the desired outcomes for patients and the local health economy. After careful consideration the CCG has concluded that:

- None of the issue which prompted the decision to reconfigure urgent care services have been satisfactorily addressed. The local urgent care system is still unaffordable, inefficient and confusing for patients.
- Procurement remains the most effective way of securing an improved service model and greater financial efficiency.
- Changes to national guidance and the application of 'lessons learned' from the first procurement make it more likely that another procurement would be successful.

The CCG has therefore decided to:

- Extend the existing urgent care centre and out of hours contracts for a further 12 months
- Revise the service specification and financial envelope for the new urgent care service
- Competitively tender the contract with the aim of mobilising the new service by 1st October 2018.

2. Urgent care services in North Tyneside

2.1. Current state

North Tyneside CCG currently commissions the following urgent care services:

- North Tyneside General Hospital ('Rake Lane') Urgent Care Centre (Northumbria Healthcare)
- Battle Hill Walk-in Centre (Freeman Clinics)
- GP Out of Hours Service (Vocare)

North Tyneside residents also frequently access the following services with urgent care needs:

- Northumbria Specialist Emergency Care Hospital (NSECH) (Northumbria Healthcare)
- Royal Victoria Infirmary (RVI) (Newcastle upon Tyne Hospitals)
- Newcastle walk-in centres at Ponteland Road and Molineux Street (Newcastle upon Tyne Hospitals)

North Tyneside residents with urgent care needs will also have access to GP extended access services at evenings and weekends from September 2017 onwards.

2.2. Future state

The specification for the new urgent care service will be different from the one the CCG tried to procure in 2016/17 because:

- The outcome of the procurement indicated that there were not providers capable of delivering this service specification.

- This specification does not comply with new guidance issued by NHS England in July 2017.
- The commissioning requirements for urgent care during the out of hours period will change as a result of the regional re-procurement of NHS 111 in early 2018/19.
- The local urgent care system has changed since the original specification was drawn up in 2016/17, with A&E streaming and extended access to primary care services all being rolled out later this year.

However our overall objectives will remain exactly the same:

- Consolidate urgent care services onto a single site in North Tyneside.
- Integrate the delivery of in hours and out of hours services.
- Integration of emergency care, urgent care and primary care.
- A financially sustainable urgent care system.

2.3. National and local context

NHS England has instructed CCGs to replace the existing mix of urgent care centres, walk-in centres and Type 3 A&E departments with Urgent Treatment Centres by December 2019. The new Urgent Treatment Centres will:

- Open for at least 12 hours a day.
- Be staffed by a GP-led clinical workforce.
- Have access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
- Offer patients booked appointments via NHS 111 and general practice as well as walk-in options.
- Increasingly be able to access routine and same-day appointments, and out of hours general practice, for both urgent and routine appointments, at the same facility.

Requirements for the out of hours period are also changing as a result of:

- Further integration between in-hours and out of hours care and extended access services in primary care reducing the need for a distinct GP centre visiting service.
- Responsibility for telephone-based appointments during the out of hours period will be passed to a regional clinical hub within NHS 111.
- Increased use of skill-mix solutions and technology will reduce the cost of delivering the home visiting element of the out of hours service.

3. Patient and public involvement

The CCG carried out a public consultation on the future of local urgent care services in 2015/16 and tried to secure an outcome which was consistent with the views expressed by the public. Unfortunately it was not possible to award a contract for that service and consequently the CCG has had to revisit the type of urgent care service it wishes to commission. In doing this we have been mindful of the need to adhere to the principles which underpinned the original consultation and to address as many of the issues raised by the public as possible.

Those issues were:

- Negative past experiences of accessing walk-in services in North Tyneside made some members of the public hesitant about using a new urgent care service.
- There was uncertainty about the differences between emergency care and urgent care and which services it was most appropriate to access for a given healthcare need.
- The perceived value of the service would depend on the facilities available and the skill-mix of the staff.
- Concern about the closure of services and the impact that additional activity would have on waiting times at the new urgent care center.
- The most important factor was the location of the urgent care center and its accessibility by car and public transport.
- The public preferred a single site solution because they wanted a simple urgent care system that was easy for them to navigate.

The following table contains a list of frequently asked questions from the original urgent care consultation and a response from the CCG, outlining how the proposal to commission an Urgent Treatment Centre will address those needs.

Frequently asked questions	**Response**
Why can't we keep all of the existing services in place?	The CCG cannot afford to continue funding two separate walk-in services and a separate GP out of hours services. The current system results in money being wasted on the duplication of services within a relatively small geographic area. National policy has also changed and all CCGs are required to have urgent treatment centres in place by December 2019. Therefore doing nothing is not an option we can consider.
Will these new proposals make the current urgent care system easier to	Yes. The CCG plans to replace an array of services offering similar levels of care in different locations, at different times of

understand and navigate?	the day, with a single integrated Urgent Treatment Centre.
How will I access the new service?	Patients will be encouraged to book an appointment via NHS 111. Those who choose to walk-in will still be seen but may have to wait longer.
Will one urgent care service be able to cope with the level of demand?	Yes. This will be a brand new service that is different from the existing walk-in centres and out of hours service. It will have the staff and equipment needed to cope with the increased level of demand.
Will I be able to walk into the new service 24 hours a day?	No. The CCG tried to procure a 24/7 urgent care service earlier this year and couldn't. Demand for urgent care during the overnight period is so low that the cost of keeping a service running overnight cannot be justified. The Urgent Treatment Centre will be open from 08.00 to 22.00. Outside those hours patients with an urgent care need will be able to access out of hours services via NHS 111 or attend A&E.
Why can't the CCG just commission a new service at Rake Lane / Battle Hill?	The CCG is required to follow public sector procurement rules which state that contracts should be awarded in a way which is fair, transparent, and achieves value for money. This should be achieved through competitive tendering process, unless there are compelling reasons not to do so. Awarding a contract to an existing provider simply because they own a particular set of premises, when other suitable locations are available in the borough, could be construed could be construed as a breach of those regulations and may result in the CCG being subject to legal action.
Does the outcome of the public consultation – which showed a clear preference for the service to be located at a particular site – make any difference?	No. The outcome of the public consultation does not override UK and EU law on public sector procurement. The CCG has to allow any suitable provider an opportunity to bid to deliver this service.
Where will the new service be based?	Organisations that bid to provide the service will have to nominate a suitable site from which to deliver it. The CCG will

	define what constitutes a 'suitable site' but will not pre-determine the location. This will be decided by the outcome of the procurement.
Will the new service be accessible by public transport and will it have adequate parking facilities?	Transport and accessibility will be one of the areas that will be assessed as part of the procurement. The CCG will ensure that proposed location is as accessible as possible.

4. Service model

The development of the service model has been informed by:

- Lessons learned from the urgent care procurement in 2017/18.
- NHS England commissioning guidelines
- The regional Urgent & Emergency Care Network strategy for developing clinical capacity within NHS 111
- The local context in which the service will operate, particularly with regards the proposed implementation of extended access to primary care services and A&E streaming in 2017/18.
- Evidence of what works well in other parts of the country.

The core aims of the service will be to:

- Provide safe, high quality, care to the people of North Tyneside.
- See, treat and discharge at least 95% of patients within four hours of arrival at the Urgent Treatment Centre.
- Provide care to patients presenting with minor ailments and minor injuries (Type 3 A&E) and ensure that patients presenting with more serious conditions are rapidly escalated to a Type 1 A&E.
- Ensure that an appropriate clinician is available to complete out of hours home visits within nationally agreed timescales during the commissioned service hours.
- Improve integration with the relevant parts of the local health economy, including primary care, A&E services, and NHS 111, to ensure that patients the most appropriate care for their needs.

The service will consist of an Urgent Treatment Centre and an Out of hours Home Visiting Service.

4.1. Urgent Treatment Centre

4.1.1. Acceptance criteria

The Urgent Treatment Centre will operate as a Type 3 A&E unit for patients presenting with minor injuries and minor illnesses. This will include (but not necessarily be limited to) the conditions set out below.

Minor Injuries:

- Superficial cuts including wound closure (Suturing, stapling, gluing, steri-strips)
- Bruises
- Ear Injury
- Minor eye conditions/infections – conjunctivitis, styes, removal of superficial foreign bodies
- Injury of severity not amenable to simple domestic first aid
- Trauma (minor) to hands, limbs or feet
- Minor Burns and scalds
- Insect, animal or human bites
- Risk of tetanus
- Minor head injuries without loss of consciousness
- X-ray diagnostics for potential fractures and foreign bodies
- Muscle and joint injury
- Sprains and strains
- Back pain and tendonitis
- Suture removal
- Dressings
- Urinalysis
- Nebuliser and oxygen therapy
- ECG
- Plastering
- Physiological Observations (BP, HR, Sp02, Temp, RR, BM, Peak Flow)

Minor Ailments:

- High Temperatures
- Abscesses
- Headaches
- Headaches & dizziness
- Coughs, colds, flu-like symptoms
- Hay fever / allergies
- Ear, nose and throat infections
- Eye care e.g. conjunctivitis, styes, removal of superficial foreign bodies
- Abdominal pain, indigestion, constipation, vomiting and diarrhoea
- Dermatological and skin complaints e.g. rashes, minor allergic reactions, burns, scabies, head lice, sunburn
- Genito-urinary problems e.g. urinary infections, thrush and menstrual problems
- Falls in patient of any age without history of dizziness or blackout
- Breathing problems e.g. asthma
- Chest infections
- UTI

The Urgent Treatment Centre will not treat patients who have an 'emergency' (i.e. potentially life-threatening) condition and those cases must be stabilized and immediately referred to a Type 1 A&E. Examples of conditions which will not be dealt with by the service include:

Conditions Requiring Emergency Care:

- Haemodynamically unstable
- Sepsis
- Significant trauma
- Fluctuating levels of consciousness
- Breathing unsafe
- Acute abdominal pain
- Suspected stroke
- Acute severe headache
- Overdose
- Suspected meningitis
- Cardiac chest pain suspected myocardial infraction or unstable angina
- Status epilepticus
- Sub-arachnoid haemorrhage
- Major burns
- Major Motor Vehicle Traffic Accident (MVTA)

4.1.2. Service specification

The key features of the service specification are:

- A GP-led Type 3 A&E unit open 08.00 – 22.00, 365 (366) days per year.
- Open to patients of all ages.
- An appointment based service. Appointments available via NHS 111 and the A&E streaming services at NSECH / RVI (for North Tyneside patients only).
- Patients with a pre-booked appointment will be seen, treated and discharged within 30 minutes of arrival.
- Patients without a pre-booked appointment (walk-ins) will be seen, treated and discharged within 4 hours of arrival.
- Patients without a pre-booked appointment will be clinically assessed with 15 minutes of arrival and may be offered a booked appointment with a local GP (in the extended access to primary care hubs) or other suitable service, e.g. community pharmacy, as appropriate.
- The service will have access to the following diagnostics on-site at all times:

- D-dimer/XDP
- Troponin
- Blood Monitoring
- Electrolytes (K+)
- Lactate
- Ultrasound or clear referral pathway for ultrasound
- Urine Dipstick

- The service must also provide a minimum of 24 hours per week of on-site radiography (imaging and interpretation) and clear referral pathways for patients who require an x-ray outside of those times.

4.1.3. Integration with other relevant services

Type 1 A&E departments

Patients with emergency care needs will be transferred to a Type 1 A&E via an ambulance or their own transportation.

The Urgent Treatment Centre will also integrate with Type 1 A&E assessment and streaming services to ensure that, wherever possible, patients who attend A&E with an urgent care need can be referred back to a booked appointment in the Urgent Treatment Centre.

Mental health liaison services

Patients with a mental health need could be referred to a number of existing services, including the psychiatric liaison service, crisis service and/or their own GP.

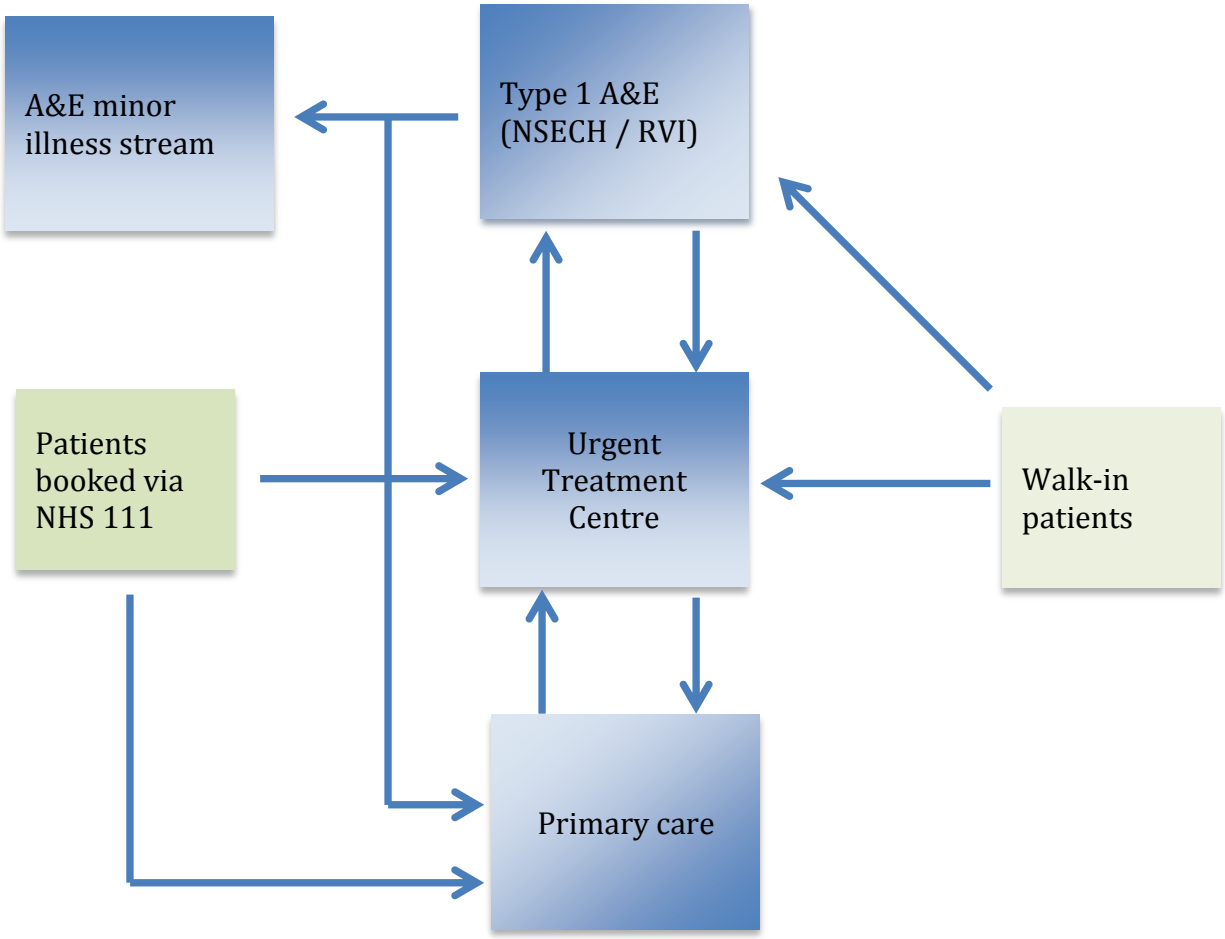
Primary care

Patients who present at the Urgent Treatment Centre with minor ailments should be offered to the opportunity to access the same-day appointments which are being made available to support the extended access to primary care scheme that will begin from September 2017. The CCG will also seek to support the integration of community pharmacies within the local urgent care system.

NHS 111

The Urgent Treatment Centre will be an appointment-based service with the appointment ledger being fully open to direct booking via NHS 111.

The chart below illustrates how the activity will flow between the various parts of the reconfigured urgent and emergency care system.



4.2. Out of Hours Home Visiting Service

The current Out of Hours service consists of three distinct elements:

- Centre visits (booked appointments) at Rake Lane Hospital
- Telephone appointments
- Home visits

By October 2018 the constituent parts of the current service will be replaced with the following:

- Centre visits will be delivered by the Urgent Treatment Centre. The rollout of extended access to primary care services will also provide North Tyneside residents with access to 224 hours of additional clinical time at evenings and weekends.
- Telephone advice and appointments will be delivered by the Integrated Urgent Care Service (commonly referred to 'the clinical hub') in NHS 111. This

service will be commissioned separately as part of the re-procurement of NHS 111 due to take place in early 2018/19.
- The CCG will commission a separate Out of Hours Home Visiting Service to provide North Tyneside residents with access to home-based care at evenings, weekends and bank holidays.

This model is similar to the one currently being implemented in South Tyneside and is based upon the principle of improving patient experience and outcomes through the integration of service delivery. The integration of the disparate elements of in-hours and out of hours urgent care also makes much more efficient use of finite clinical resources and creates financial efficiencies.

4.2.1. Out of Hours Home Visiting Service Specification

The key features of the service specification are:

- The service will operate from 18.30 – 08.00 Monday to Friday and 08.00 – 08.00 on weekends and bank holidays.
- Initial call handling, triage and the booking of appointments will be handled by NHS 111.
- The service will be delivered from an accessible clinical hub.
- A GP-led workforce. Providers must ensure that patients are treated by the clinician best equipped to meet their needs. Where it is clinically appropriate, patients must be able to have a face-to-face consultation with a GP.
- Appointments must be delivered within the timeframes specified by the relevant National Quality Requirements (NQRs).
- Activity dealt with by the Home Visiting Service will include (but not be limited to):
    - Patients with terminal illness
    - Patients who are housebound or have mobility issues that prevent them accessing care in an Urgent Treatment Centre / A&E setting
    - Patients for whom a physical journey could lead to unnecessary deterioration of their condition or unacceptable discomfort
    - When necessary, in accordance with local agreement, to pronounce life extinct
- Clinicians in the Home Visiting Service will have access to the following as a minimum:
    - defibrillator
    - oxygen
    - oxygen saturation monitor
    - nebuliser
    - non-controlled drug box
- The Provider will put in place arrangements to be able to access controlled drugs should these be deemed to be necessary. Practitioners must be up to date with required training in the use of this equipment.
- Clinicians undertaking home visits must be accompanied by a driver who will act as security and support.
- Alliance working arrangements with NHS 111 will be mandated via the service specification and contract.

4.3. Comparison with the previous urgent care procurement

The following table outlines the key differences between the specification for this service and the one which the CCG tried to commission previously.

Original model	New model	Rationale for change
Open to walk-in activity 24/7	Open to walk-in activity between 08.00 and 22.00	Overnight activity levels did not justify the cost of 24/7 opening. The proposed opening hours cover the existing peaks in urgent care activity.
GP on-site 24/7	GP-led. Patients who require a GP appointment must receive one within the nationally specified timeframe (or 4 hours if the patient walks into the service). Staff must have sufficient access to a GP to allow them to see, treat and discharge patients within the required timeframe.	Availability of GPs to staff a 24/7 service and the affordability of doing so.
Radiography services available on-site 16 hours per day, 7 days a week.	A minimum of 24 hours on-site provision per week.	Availability of radiographers to adequately staff the service.
Patients seen, treated and discharged within 2 hours of attending the walk-in centre	Walk-in patients seen, treated and discharged within 4 hours of attending the Urgent Treatment Centre. Patients with a booked appointment seen within 30 minutes of arrival.	Affordability of operating a 2 hour waiting target.
Non-clinical assessment of walk-in patients within 15 minutes of arrival	Clinical assessment of walk-in patients within 15 minutes of arrival	Compliance with NHSE commissioning guidelines.
Contract includes telephone-based appointments during the out of hours period	Telephone-based care during the out of hours period commissioned separately as part of a regional clinical hub	This service will be commissioned via the regional contract for NHS 111 from 2018/19.

5. Activity analysis

The CCG carried out a ward-level analysis of urgent care activity to determine the likely impact of centralising provision on a single site. The following assumptions underpinned this work:

- The results were split into two scenarios looking at the potential impact of a coastal location and a location in the western wards of the borough
- 40% of the minor ailments activity displaced from a closed service will not re-present in the new Urgent Treatment Centre. Evidence from other parts of the country indicates that a significant proportion of patients will be reabsorbed back into primary care or revert to self-care once a conveniently located access point to urgent care is closed.
- Activity displaced from closed services will be reapportioned according to existing patterns of service usage at ward-level.
- Activity levels will increase by 0.5% per annum as a result of demographic pressures.
- The activity forecasts **do not** include any assumptions about the ability of clinical streaming, extended access to primary care, and other service changes to alter the flow of activity into or out of the new service.

The data is shown in the tables below.

WESTERN LOCATION	16/17	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
NTGH	23,528	23,528					
Battle Hill	30,393	30,393					
GP Out of Hours	8,345	8,345					
NSECH	23,646	23,646	25,065	26,569	28,163	29,853	31,644
RVI	12,419	12,419	12,494	12,556	12,619	12,682	12,745
Molineux St	4,021	4,021	4,041	4,061	4,082	4,102	4,123
Westgate Road	486	486	488	491	493	496	498
New UTC			**58,241**	**58,532**	**58,824**	**59,119**	**59,414**
Total	102,838	102,838	100,328	102,209	104,181	106,251	108,424

COASTAL LOCATION	16/17	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
NTGH	23,528	23,528					
Battle Hill	30,393	30,393					
GP Out of Hours	8,345	8,345					
NSECH	23,646	23,646	23,764	23,883	24,002	24,122	24,243
RVI	12,419	12,419	13,164	13,954	14,791	15,679	16,619
Molineux St	4,021	4,021	4,262	4,518	4,789	5,076	5,381
Westgate Road	486	486	515	546	579	614	650
New UTC			**52,945**	**53,209**	**53,475**	**53,743**	**54,011**
Total	102,838	102,838	94,650	96,110	97,637	99,234	100,905

Activity in the Out of Hours Home Visiting Service was calculated by applying a demographic inflator to the baseline figure for 2016/17. As the location of the service

is unlikely to influence the number of people requiring a home visit during the out of hours period, the results are shown on a single table below.

	16/17	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Home Visiting Service	1,626	1,626	1,634	1,642	1,651	1,659	1,667

The activity forecasts indicate that:

- The new Urgent Treatment Centre will receive 52,000 – 58,000 attendances in its first full year of operation.
- Activity levels will depend on the location of the service.
- A coastal location will attract fewer patients and result in higher activity flows into Newcastle-based services.
- A service located in the west of the borough will result in an increase in the number of patients presenting at NSECH with urgent care needs.
- Activity levels will decrease overall as a result of these changes, regardless of where the new service is located.
- There will be no significant change in demand for home visits.

6. Financial analysis

The CCG needs to set a contract value which strikes an appropriate balance between quality, value for money and attractiveness to potential providers. This will be done by applying national tariff prices and local cost indicators to the different elements on the service in order to arrive at an overall financial envelope for the procurement.

The new service will be commissioned on a block contract basis in order to minimise the level of financial risk to the commissioner and encourage the provider to manage demand more effectively. This will be a single contract for both in-hours and out-of-hours urgent care provision that may be held by one provider, or a number of providers working on an alliance basis. The contract will be for three years initially, with an option to extend for a further two years if necessary.

The baseline financial position for the current urgent care system is set out below.

Contract	**Current contract value (£m)**	**16/17 activity levels**	**Unit costs. (£)**
Rake Lane walk-in centre	3.0	23,528	127
Battle Hill walk-in centre	1.1	30,393	36
Out of Hours	1.5	15,592	96
NSECH	4.9	23,646	207
RVI	2.1	12,419	169
Newcastle walk-in centres	0.1	4,507	23
Total	**5.6**		

The data highlights the significant funding disparities that exist between current services and the need to move urgent care onto a footing that is financially sustainable for the CCG and the wider system.

The activity forecasts in Section 4 indicate that the Urgent Treatment Centre element of the service will see 52,000 – 58,000 attendances per annum in its first full year of operation. If the service were funded as a Type 3 A&E unit via a tariff-based contract then the cost of the contract would fall within the range of £3.2m to £3.6m per annum.

The Out of Hours Home Visiting Service will see 1,634 patients in its first full year of operation at an estimated cost of £280 per patient (based on 2017/18 prices). This equates to a total estimated cost of £457,520 per annum.

The cost of providing the service is therefore forecast to be between £3.6m and £4m. On that basis the CCG has opted to set the value of the proposed contract at £3.8m per annum, which represents the mid-point of our forecast estimate.

The CCG will also set aside a contingency fund of £0.6m to offset any increase in tariff-based activity costs that occur as a result of increased patient flows into Type 1 A&E units. The contingency will also be used to cover any other unforeseen costs which may occur as a result of service provision being centralised on a single site.

7. Impact on the local health economy

One of the strategic aims of these proposals is to create a local urgent care system that is capable of facilitating a significant downward shift of low acuity activity into more appropriate clinical settings. In practical terms this means making it easier for patients who have unnecessarily presented at a Type 1 A&E to be directed back to their local urgent care service, whilst also shifting non-urgent primary care activity from the Urgent Treatment Centre back to routine and extended access primary care services.

The following section provides a summary of the anticipated impact of the new service on patients and the other constituent parts of the local health economy.

7.1. Patient population

The new service will provide the residents of North Tyneside with a clear and accessible route into the local urgent care system. The offer of booked appointments should help smooth existing peaks and troughs in activity and reduce waiting times for patients using the service. The financial efficiencies realised from the current system will also improve the sustainability of the local health economy as a whole, reducing the need for further reductions in spending in other areas of the local NHS.

7.2. Type 1 A&E departments

The Integrated Urgent Care Service will help reduce pressures on neighbouring Type 1 A&E departments by providing them with access to booked appointments for patients who present at NSECH and the RVI with minor ailments. This will ensure that the highly specialised clinical resources which are available at our A&Es are reserved for those patients who need them the most, improving the quality and performance of the local health economy.

7.3. Primary care

The Urgent Treatment Centre will integrate with extended access primary care services in order to help spread demand for same-day access across a wider array of local services. The service will also provide an 'overspill' for local GP practices struggling to accommodate requests for same-day appointments and in turn will direct patients with very minor conditions and routine primary care needs back an appointment with their GP.

7.4. Community pharmacies

Community pharmacies are an under-utilised resource within the current urgent care system and could play a much greater role in the management of patients with minor ailments. The CCG hopes to increase integration between the Urgent Treatment Centre, community pharmacies and NHS 111 to ensure that patients with very minor ailments can be safely dealt with in a pharmacy setting.

7.5. Newcastle and Northumberland

The activity forecasts in Section 4 indicate that any change to the local urgent care system is likely to result in an increase in the number of North Tyneside residents travelling out of the borough for urgent care. The CCG has already discussed the various scenarios that are under consideration with are partners in Newcastle and Northumberland and they are aware of the potential consequences of the proposed changes.

8. Market analysis and procurement

8.1. Market Engagement

The aims and objectives of market engagement are:

- Explore service model solutions for delivery of urgent care services
- Assist in the development of service models which are innovative, sustainable, provide equitable access to high quality and safe and effective services at the right time and in the right place
- Gain an understanding of the markets preferred financial and contractual models
- Gain an understanding of the workforce required to deliver services
- Explore how the social, economic and environmental well-being of the North Tyneside area could be improved
- Gain an understanding of the required duration of a suitable mobilisation phase for the service
- Gain an understanding of the capability and capacity of providers interested in delivering the service.

Having already undertaken one complete round of market engagement and procurement, the CCG has already gained a number of insights into market conditions and used these to inform the revised service specification and financial envelope.

8.2. Feedback from providers

The following feedback was gathered from providers during previous rounds of market engagement.

Service Model

- The market shows a good understanding of the rationale for developing a more integrated approach to urgent care services and the particular issues in North Tyneside.
- There are differing attitudes and approaches to the appropriate management of clinical risk in an urgent care setting, with some providers being more open to the idea of redirecting patients to services located off-site.
- There were also differing attitudes towards demand management and particularly the issue of who has responsibility for managing patient expectations and demand. Some providers felt that this sat wholly with the commissioner, whilst others adopted a more collaborative approach.
- All providers were capable of delivering a GP-led multidisciplinary workforce.
- All providers confirmed that they could see, treat and discharge at least 95% of patients within 4 hours.

Premises

- Rake Lane and Battle Hill were both identified as potentially suitable sites for the new service.
- Wallsend Library was also identified as a potentially suitable site.
- Providers without existing access to premises in North Tyneside were willing to enter into partnership agreements with other organisations in order to deliver some or all of the service.

Financial / Contractual Models

- Single provider, prime-provider and partnership-based contractual arrangements were all put forward as possible mechanisms for delivery of the service.
- Providers were generally satisfied with the suggestion of a three year contract with the option to extend for a further two years. However five years plus two years was also put forward by one provider.
- A variety of financial models were suggested, including tariff, a ‘cap and collar’ arrangement and block payments, with various pros and cons associated with each.

- Two providers advised the CCG to adopt a tariff-based model, one suggested a block allocation that was sufficiently generous to mitigate activity risks, and three providers outlined a block and tariff combination.
- Three providers advised that any model adopted should ensure that risk is shared.
- Two providers asked that the CCG should consider the cost implications of setting KPIs i.e. targets for responsiveness may require additional staff.
- One provider suggested that an open procurement was not necessary given the outcome of the original public consultation.

Capability & Capacity

- There is sufficient understanding, level of interest and competition between potential providers within the marketplace
- Providers who participated have experience in delivering urgent care services and four providers currently deliver these within the North East region
- One provider outlined support would be required in respect of workforce planning to ensure recruitment of qualified GPs.
- Support will be required from the CCG for promotion of new services.
- One provider indicated that a single tender action could be justified on the grounds of access to suitable premises.

Mobilisation

- Providers suggested mobilisation periods ranging from 3 to 6 months, with responses being largely dependent on individual circumstances (i.e. whether the provider was already delivering an existing urgent care service in North Tyneside).

Integration

- All providers could advise how integration would be achieved but advised there would be cost implications in achieving interoperability across the North Tyneside area.

8.3. Lessons learned from the previous urgent care procurement

The following learning was also used to inform the development of the new service model:

- The value of the contract has been increased from £3.3m to £3.8m
- The service specification has also been altered to reflect the latest national guidance, reducing the need for comprehensive on-site access to radiography and the continual presence of a GP on-site.
- The accessibility of existing premises will be determined before the procurement starts

- Providers without access to existing premises will be required to submit a joint memorandum of understanding, co-signed by their partner organisation, as part of the compliance and control checks of the procurement process.

8.4. Procurement options

The following table describes the options that are available to the CCG and their suitability in the context of this procurement.

Procurement Process	Description	Consideration
Not to procure	Allow the current provision to expire.	This option would leave a gap in service provision.
Open Procedure (Part B Services – therefore the basic principles of the Open Procedure will be followed to commission this service)	This allows an unlimited number of interested providers to tender against defined parameters. This procedure is open and transparent and is the recommended procedure if low numbers of interested providers are known.	Market engagement exercises have demonstrated a relatively low number of providers who can deliver services, however it does demonstrate that there is sufficient competition to run a competitive procurement process.
Restricted Procedure	This is a two-stage procedure. The first stage allows an unlimited number of interested providers to tender but allows the contracting authority to set the minimum criteria relating to technical, economic and financial capabilities that the suppliers have to satisfy. Following evaluation and short-listing, a minimum of five suppliers (unless fewer qualify) are invited to tender in the second stage.	A longer timescale is required for this process but it is important to use this process if there are a significant number of providers within the market likely to respond. As identified in the market engagement exercises there are a limited number of interested providers.
Competitive Dialogue	This procedure is appropriate for complex contracts where contracting authorities are not objectively able to define the technical means capable of satisfying their needs or objectives, and/or are not objectively able to specify the legal and/or financial make-up of a project. A pre-qualification questionnaire should be completed to select the candidates to participate in the dialogue. The contracting authority enters into a dialogue with bidders to identify and define the means best suited to satisfying	There are lengthy and variable timescales associated with this process. There is a known service model and evidence from potential providers that this could be delivered through market engagement exercises.

Procurement Process	Description	Consideration
	their needs. The dialogue may be conducted in successive stages with the remaining bidders being invited to tender. Must consider if there is any reason (artistic or technical expertise or the need to protect exclusive rights) that warrants the contract being carried out by a particular person or authority - If no: competitive dialogue, if yes: negotiated procedure may be considered.	
Negotiated Procedure	The Negotiated Procedure is sometimes referred to as a single tender action where a contract is awarded to a provider without competition. Although it is not a term that is defined in the EU Directives or UK Regulations, Regulation 14 of The Public Contracts Regulations 2006 refer to the "negotiated procedure without prior publication of a contract notice" (see para 5.1). This allows a contracting authority to depart from the Regulations' usual obligations on open competition and transparency and negotiate a contract directly with one or more providers. **Its use is limited to a few defined circumstances in which it is considered strictly necessary.** If the negotiation is being conducted with one provider then this is in effect a single tender action.	Justification on the decision to award without open competition is critical for audit purposes and to overcome challenges that there are no other providers within the market with capability and capacity to provide the required service. Through market engagement and analysis a number of providers have been identified. There are no compelling reasons for the CCG not to invite competitive tenders.

8.5. 'Open' versus 'closed' procurement

During the previous rounds of market engagement it was suggested that the CCG run a closed procurement process with the owner of the Rake Lane site on the grounds that the consultation had identified that as the public's preferred location for a new urgent care service.

The CCG obtained the following legal advice on this matter:

- The CCG must comply with public sector procurement regulations which state that "contracts should be awarded in a way which is fair, transparent, and achieves value for money. This should be achieved through competitive tendering process, unless there are compelling reasons not to do so."
- The outcome of the consultation does not constitute a compelling reason to exclude other potential providers from bidding to deliver the service.
- The CCG should therefore seek to commission the service from any suitable site in North Tyneside.

- Failure to carry out a competitive tender could be construed as anticompetitive behaviour and expose the CCG to the risk of legal challenge.
- The CCG should write to the owners of the existing urgent care centres to ascertain whether they are willing to allow other providers to bid to deliver services from their premises.

9. Recommendations

Although the CCG failed to secure a new urgent care service in 2017/18 the rationale for carrying out a re-procurement remains sound. The local urgent care system is still confusing for patients, financially unsustainable and makes poor use of limited clinical resources. It is therefore necessary for the CCG to press ahead with a second round of procurement in order to secure as many of its original objectives as possible.

CCG Governing Body is asked to approve the following:

- North Tyneside CCG will decommission the existing urgent care services at Rake Lane, Battle Hill, and the Out of Hours service from 30th September 2018.
- These services will be replaced by an Integrated Urgent Care Service consisting of an Urgent Treatment Centre and an Out of Hours Home Visiting Service from 1st October 2018.
- The contract will be awarded for three years (with the option to extend for a further two years) at an annual value of £3.8m.
- The contract will be awarded by a competitive procurement.
- The CCG will specify that the service can be provided from any suitable location in North Tyneside. The location of the service will therefore depend on the outcome of the procurement and the chosen site of the winning bidder.

10. Related documents

North Tyneside Integrated Urgent Care Service Specification

Integrated Urgent Care Procurement Evaluation Strategy

Engagement Strategy

Right Care, Time & Place – Lessons Learned

NHS
North Tyneside
Clinical Commissioning Group

Impact assessment of the suspension of overnight access to urgent care services at North Tyneside General Hospital – October 2018

1. Background

Northumbria Healthcare initiated the suspension of overnight access to urgent care services at North Tyneside General Hospital ('Rake Lane') in December 2016. The trust argued that the service was poorly utilised between 24.00 – 08.00 and that more effective use of the clinical workforce could be made if provision was centralised at NSECH during the overnight period. This was part of a wider reconfiguration which resulted in urgent care services in Hexham, Wansbeck and North Tyneside being closed overnight.

In late September 2017, Northumberland CCG announced that it planned to re-introduce overnight urgent care services in Hexham and Wansbeck from 30th October 2017. North Tyneside CCG declined to follow Northumberland's decision on the grounds that:

- The Urgent Care Service at Rake Lane Hospital was not well-used during the overnight period.
- The CCG could not justify a decision to withdraw clinicians from front-line A&E services in order to staff an under-utilised walk-in service which only deals with minor conditions.
- The CCG is no longer proposing to commission 24 hour walk-in access as part of the new Integrated Urgent Care Service for North Tyneside.

2. Utilisation of urgent care services in North Tyneside during the overnight period

North Tyneside CCG uses the Secondary Uses Service system (SUS) to monitor the volume and types of clinical activity presenting at local A&E departments and urgent care centres. The following tables show the average number of North Tyneside urgent care attendances per hour at Rake Lane Hospital, the Northumbria Specialist Emergency Care Hospital (NSECH) and the Royal Victoria Infirmary (RVI) between 23.00 and 08.00.

Table 1 shows the average number of attendances per hour at North Tyneside General Hospital (Rake Lane) in the 6 months prior to the suspension of overnight access in December 2016.

Table 1 - Average attendances per hour at NTGH 01/06/16 - 30/11/16							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	0.56	0.83	0.78	0.94	0.53	0.82	0.76
00	0.22	0.33	0.22	0.24	0.76	0.29	0.24
01	0.06	0.28	0.33	0.00	0.35	0.18	0.47
02	0.11	0.06	0.22	0.18	0.12	0.24	0.12
03	0.11	0.06	0.11	0.18	0.18	0.35	0.00
04	0.11	0.00	0.11	0.18	0.06	0.00	0.29
05	0.06	0.22	0.11	0.06	0.35	0.18	0.24
06	0.17	0.33	0.50	0.29	0.12	0.24	0.29
07	1.44	1.39	1.56	1.59	1.47	1.12	1.53
Total average attendances per night	**2.83**	**3.50**	**3.94**	**3.65**	**3.94**	**3.41**	**3.94**

Table 2 shows the average number of attendances per hour by North Tyneside residents with urgent care needs at NSECH in the 6 months prior to the suspension of overnight access to walk-in services at Rake Lane in December 2016.

Table 2 - Average attendances per hour at NSECH 01/06/16 - 30/11/16 NORTH TYNESIDE RESIDENTS ONLY							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	1.33	0.72	0.83	0.71	0.82	0.71	0.41
00	0.72	0.22	0.56	0.41	0.47	0.29	0.94
01	0.22	0.61	0.56	0.29	0.76	0.24	0.59
02	0.28	0.44	0.44	0.24	0.53	0.29	0.71
03	0.11	0.33	0.44	0.18	0.65	0.47	0.59
04	0.33	0.22	0.17	0.18	0.12	0.41	0.41
05	0.11	0.17	0.61	0.35	0.47	0.29	0.53
06	0.28	0.39	0.28	0.35	0.35	0.12	0.12
07	0.39	0.56	0.50	0.35	0.53	0.35	0.35
Total average attendances per night	**3.78**	**3.67**	**4.39**	**3.06**	**4.71**	**3.18**	**4.65**

Table 3 shows the average number of attendances per hour by North Tyneside residents with urgent care needs at NSECH in the 6 months after the suspension of overnight access to walk-in services at Rake Lane in December 2016.

Table 3 - Average attendances per hour at NSECH 01/12/16 - 31/05/17 NORTH TYNESIDE RESIDENTS ONLY							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	0.92	0.81	0.92	1.16	0.69	0.81	1.31
00	0.54	0.58	0.88	0.52	0.54	0.23	1.12
01	0.42	0.54	0.50	0.52	0.42	0.65	0.62
02	0.42	0.31	0.62	0.28	0.54	0.31	0.69
03	0.35	0.27	0.27	0.20	0.23	0.46	0.69
04	0.27	0.19	0.38	0.24	0.50	0.46	0.54
05	0.35	0.23	0.42	0.32	0.23	0.35	0.31
06	0.38	0.46	0.15	0.16	0.42	0.15	0.42
07	0.54	0.31	0.46	0.68	0.35	0.35	0.31
Total average attendances per night	**4.19**	**3.69**	**4.62**	**4.08**	**3.92**	**3.77**	**6.00**

Tables 4 and 5 show the same data for North Tyneside urgent care attendances at the RVI

Table 4 - Average attendances per hour at RVI 01/06/16 - 30/11/16 NORTH TYNESIDE RESIDENTS ONLY							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	0.89	0.56	0.83	0.82	0.65	0.82	1.06
00	0.89	0.61	0.61	0.29	0.29	0.29	0.82
01	0.50	0.56	0.61	0.12	0.47	0.59	0.41
02	0.22	0.44	0.17	0.35	0.41	0.47	0.35
03	0.22	0.28	0.50	0.65	0.18	0.41	0.53
04	0.17	0.33	0.17	0.18	0.18	0.29	0.53
05	0.06	0.22	0.33	0.18	0.12	0.41	0.18
06	0.28	0.17	0.17	0.29	0.18	0.18	0.12
07	0.00	0.22	0.50	0.59	0.24	0.18	0.35
Total average attendances per night	**3.22**	**3.39**	**3.89**	**3.47**	**2.71**	**3.65**	**4.35**

Table 5 - Average attendances per hour at RVI 01/12/16 - 31/05/17 NORTH TYNESIDE RESIDENTS ONLY							
Hour / Day	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
23	0.54	0.65	0.77	0.60	0.65	1.00	0.38
00	0.73	0.88	0.73	0.56	0.42	1.15	0.96
01	0.81	0.31	0.58	0.48	0.54	0.58	0.58
02	0.35	0.23	0.23	0.44	0.50	0.54	0.50
03	0.19	0.19	0.19	0.08	0.31	0.19	0.58
04	0.27	0.27	0.31	0.28	0.27	0.23	0.46
05	0.19	0.19	0.19	0.24	0.31	0.12	0.42
06	0.15	0.27	0.23	0.04	0.08	0.12	0.23
07	0.12	0.08	0.42	0.36	0.35	0.19	0.27
Total average attendances per night	**3.35**	**3.08**	**3.65**	**3.08**	**3.42**	**4.12**	**4.38**

A total of 763 patients used the urgent care service at Rake Lane Hospital between 23.00 – 08.00 between June 2016 – December 2016. Overnight attendances accounted for 5% of the total activity dealt with by the service during this period. 483 of those patients (63%) required either no medical investigation or treatment, or only the most basic forms of healthcare (e.g. provision of written advice, booster inoculation, oral administration of medication, application of steristrips). 316 (41%) of the 763 patients who attended the walk-in service at Rake Lane during the overnight period were referred on to other services, including A&E and fracture clinics located at the hospital sites in Cramlington and Newcastle.

The next table shows the total volume of activity referred to the North Tyneside GP Out of Hours Service during the period June 2016 – May 2017. Out of hours activity is collected via a different reporting system and therefore it is not possible to provide an hourly breakdown of activity. This data includes all activity seen by the service between 18.30 – 08.00 on weekdays and 08.00 – 08.00 at weekends. It is therefore not directly comparable to the hospital datasets shown above which only relate to overnight activity.

Table 6 North Tyneside GP OOH service activity			
Month	Telephone Advice	Home Visits	Centre Visits*
Apr-16	457	124	635
May-16	483	160	764
Jun-16	440	136	618
Jul-16	476	146	700
Aug-16	456	120	605
Sep-16	452	129	618
Oct-16	497	164	697
Nov-16	437	115	654
Dec-16	555	164	918
Jan-17	512	156	792
Feb-17	429	115	663
Mar-17	427	97	681
Apr-17	590	164	842
May-17	534	197	658

*Centre visits (face-to-face appointments with a healthcare professional) are available from 18.30 to 23.00 on weekdays and 08.00 – 23.00 at weekends.

3. Impact analysis

The data indicates that:

- Rake Lane urgent care centre dealt with an average of 3.6 attendances per evening between 23.00 – 08.00 in the six months prior to December 2016.
- 63% of the people using the service required only the most basic forms of investigation and / or treatment or no treatment at all.
- In the six months after overnight suspension of the Rake Lane service came into effect, the average number of North Tyneside residents presenting at NSECH with urgent care needs has increased by 0.4. This is equivalent to 1 extra patient every 2-3 days arriving at an A&E department which typically receives around 300 attendances per day.
- There is no evidence to suggest that overnight closure has had any impact on the provision of A&E services in Newcastle, with the average number of North Tyneside urgent care attendances at the RVI increasing by 0.08 in the six months after December 2016. This is equivalent to 1 additional North Tyneside patient arriving at the RVI every 20 days and is well within the bounds of normal demographic activity growth.
- The average number of North Tyneside patients accessing the North Tyneside Out of Hours Service also increased during the six months after walk-in access to the urgent care centre at Rake Lane Hospital was suspended in December 2016. The average number of patients accessing telephone based appointments with a healthcare professional increased by 1.6 per day, while the average number of clinician home visits increased by 0.4 per day. However it should be noted that an hourly breakdown of out of hours activity is not available and therefore these figures represent all clinical activity dealt with by the service between 18.30 – 08.00 and weekdays and 08.00 – 08.00 at weekends and bank holidays. It is therefore not possible to determine whether there is a direct correlation between the removal of walk-in

services between 23.00 – 08.00 and a rise in the number of people accessing the Out of Hours Service.

4. Impact of the implementation of North Tyneside Integrated Urgent Care

The CCG is proposing to commission a revised model of integrated urgent care which does not include 24 hour *walk-in* access to a single Urgent Treatment Centre.

Under the proposed model, walk-in access to the North Tyneside Urgent Treatment Centre would cease at 22.00 instead of 24.00. The current walk-in service at Rake Lane Hospital sees an average of 1.6 patients per evening between 22.00 and 24.00.

The evidence set out above would suggest that only 10% of the patients currently accessing urgent care services in North Tyneside on a walk-in basis are likely to be displaced to A&E once the proposed changes come into effect. This equates to an additional 60 A&E attendances per year, split across 2 A&E sites which typically deal with an average of 300 attendances per day. The remaining 90% of patients will either access the Urgent Treatment Centre earlier in the day, be absorbed into existing out of hours provision, or practice self-care.

5. Conclusion

- There is no evidence to suggest that the overnight closure of urgent care service at Rake Lane has had a detrimental impact on clinical standards across the local health economy or placed undue additional pressure on other services.
- The number of patients using the urgent care centre during the overnight period was extremely small and often involved only the most minor of healthcare needs.
- In the six months after overnight closure was introduced there appears to have been a net reduction in the total volume of urgent care activity occurring in North Tyneside during the hours between 23.00 and 08.00.
- This pattern is typical of those seen elsewhere in the region following the closure or suspension of services and suggests that a significant proportion of overnight attendances were driven by discretionary factors rather than clinical need.
- As a consequence of the closure patients appear to be accessing local urgent care services earlier in the day, making better use of the Out of Hours Service, or practicing self-care.
- It should also be noted that patient satisfaction data collected by both the NHS and Healthwatch indicates that the number of complaints relating to urgent care services appears to have dropped in the first six months of 2017.
- Further qualitative data on the impact of service closure will be collected as part of the planned patient survey.

- There is no evidence to suggest that the proposed plans to replace the two existing urgent care centres in North Tyneside with a single Urgent Treatment Centre open from 08.00 – 22.00 will result in significant numbers of patients being displaced to services located out of the borough.

Mathew Crowther
Commissioning Manager
October 2017