



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

31 January 2018

Thursday, 8 February 2018 in Room 0.02, Ground Floor, Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside commencing at **6.00pm**.

Agenda Item

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1. Apologies for Absence

To receive apologies for absence from the meeting.

2. Appointment of Substitute Members

To be notified of the appointment of any Substitute Members.

3. Declarations of Interest

You are invited to **declare** any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest.

You are also invited to disclose any dispensations in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

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<p>4. Minutes</p> <p>To confirm the minutes of the meeting held on 11 January 2018.</p>	3 -9
<p>5. Mental Health Crisis Pathway Review</p> <p>To receive information relating to a review into mental health crisis pathways. (20 minutes)</p>	10-12
<p>6. North Tyneside Mental Health Crisis Care Concordat</p> <p>To receive an update in relation to the progress being made on the North Tyneside Mental Health Crisis Care Concordat. (20 minutes)</p>	13-45
<p>7. Accountable Care Organisation</p> <p>To receive a presentation on the Northumberland Accountable Care Organisation. (15 minutes)</p>	46-50
<p>8. Better Care Fund</p> <p>To receive an update on the Better Care Fund. (20 minutes)</p>	
<p>9. Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Scrutiny Committee</p> <p>To receive verbal feedback from the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Scrutiny Committee meeting held on 15 January 2018. (5 minutes)</p>	

Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Ken Barrie
 Councillor Linda Bell
 Councillor Pamela Brooks
 Councillor Joanne Cassidy
 Councillor Karen Clark (Chair)
 Councillor Marian Huscroft

Councillor David McGarr
 Councillor Tommy Mulvenna
 Councillor Alan Percy
 Councillor Margaret Reynolds
 Councillor Lesley Spillard (Deputy Chair)
 Councillor Alison Waggott-Fairley

Adult Social Care, Health and Wellbeing Sub-Committee

11 January 2018

Present: Councillor K Clark (Chair)
Councillors L Bell, P Brooks, T Mulvenna, A Percy,
M Reynolds, L Spillard, A Waggott-Fairley

ASCHW48/01/18 Apologies

Apologies for absence were received from Councillors J Cassidy and M Huscroft

ASCHW49/01/18 Substitute Members

There were no substitute members.

ASCHW50/01/18 Declarations of Interest and Dispensations

Councillor Waggott-Fairley declared a non-registerable personal interest in item (7) Earsdon Park Medical Practice (ASCHW54/01/18), as her husband was a patient at Earsdon Park Medical Practice.

ASCHW51/01/18 Minutes

Resolved that the minutes of the meetings held on 9 November 2017 (Ordinary meeting) and 30 November 2017 (Extraordinary meeting) be confirmed and signed by the Chair.

ASCHW52/01/18 North Tyneside Joint Health and Wellbeing Strategy and Development of the Health and Wellbeing Board Work Programme 2018/19

The sub-committee received information on the review of the Joint Health and Wellbeing Strategy 2013-2023 and the proposed Health and Wellbeing Board's work plan for 2018-2020.

The Health and Wellbeing Board had responsibility to prepare a Joint Health and Wellbeing Strategy to improve the health and wellbeing of the local community and reduce inequalities for all ages, based on a continuous process of strategic assessment and planning. The North Tyneside strategy had been published in 2013. During 2017 the Health and Wellbeing Board had decided to review the strategy. This had involved two events with a range of stakeholders from across the health and social care sectors. A task and finish group had been established to reflect on the outcomes from the events, review the strategy and develop a work plan for the Health and Wellbeing Board.

The process had drawn the following conclusions about the current strategy:

- The policy context had changed since 2013 and there were new and significant policy drivers.
- The health and social care needs of the population had not changed significantly but the Joint Strategic Needs Assessment had been updated.
- The vision and the values of the strategy were broad enough to remain relevant.

- The objectives were broad enough to remain current but there were too many objectives that were similar and they were not 'SMART' (specific, measurable, attainable, realistic, timescales).
- There were no specific deliverable actions and measures.
- There was no responsibility and accountability for delivering aspects of the strategy.
- There should be a clear focus on prevention with action across the life course.
- Emotional and mental wellbeing should be a priority.
- Governance arrangements should be leaner and the Integration Board was no longer required.

Members were presented with a review of the strategy which highlighted the progress made to date and reflected on the strategic context and key system drivers to be faced now and over the next 5 years. The review proposed five refreshed strategic goals that would support the delivery of the vision set out in the strategy:

- To focus on outcomes for the population in terms of measurable improvements in health and wellbeing.
- 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 wherever possible.
- To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed.
- To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions, to deliver better outcomes for the public and better use of public money.

Members were also presented with a work plan for the Health and Wellbeing Board covering the period 2018-2020. It contained nine challenging objectives to support delivery of the strategic goals set out in the strategy. These objectives were deemed sufficiently challenging to support meaningful change and impact, were measurable and could only be successfully achieved through true partnership working by Board members and their respective organisations. The nine objectives were:

- To tackle childhood accidents
- To reduce the use of tobacco across the life course
- To tackle obesity across the life course
- To improve the mental health and emotional resilience of the of North Tyneside population
- An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)
- To reduce alcohol misuse
- Comprehensive support for people with dementia
- Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing
- To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen.

It was proposed that an accountable body would be responsible for each of nine objectives set in the work plan. The plan identified an existing partnership board to take responsibility for delivery of 7 of the 9 objectives. As there was no existing appropriate body to take responsibility for the two remaining objectives, relating to carers needs and social isolation, it was proposed that a new board be established for this purpose. It was acknowledged that this new board would have to involve the community and voluntary sector in recognition of its increasing role in providing services to tackle social isolation.

It would also be important to involve carers in the work of the board but expectations would have to be carefully managed in the light of the current financial pressures.

ASCHW53/01/18 Health, Wellbeing and Social Care Commissioning Intentions 2018/19

The sub-committee received a joint presentation from officers of the Council and North Tyneside Clinical Commissioning Group (CCG) in relation to their commissioning intentions for health, social care and wellbeing in 2018/19. In order to avoid duplication, the intentions were presented and considered jointly with the Health and Wellbeing Board (Minute HW33/01/18).

The sub-committee were presented with contextual data and details of the current drivers for the Council and CCG in terms of commissioning health, social care and wellbeing services. These included the gaps in the Northumberland, Tyne and Wear and North Durham Sustainable Transformation Plan which needed to be addressed, those services and issues where progress had been good and those where improvement was required, financial pressures and increasing demand on services.

Within this context, officers provided an overview of the Council and CCG's priorities 2018/19 in relation to adult social care, children and young people, public health and the NHS locally. These were presented with reference to how they contributed towards the five refreshed strategic goals contained within the Joint Health and Wellbeing Strategy.

The commissioning intentions and budgets for the Council and CCG would be subject to consultation and further review. Some specific service changes may require further consultation throughout the year. The Council's detailed service plans were also due to be subject to further examination by the Council's relevant scrutiny sub-committees in due course.

In examining the commissioning intentions members of the Adult Social Care, Health and Wellbeing Sub-Committee, together with members of the Health and Wellbeing Board discussed the following key points:

- The possibility of producing a guide on social prescribing services and for the guide to be made available to all councillors.
- As the commissioning intentions were framed in the context of financial constraints, clarification was sought on whether any services would not be procured going forward. It was explained that rather than stopping services the main aim was to look at how services could be re-designed to be more efficient and effective. It would be important to continue investing in and retaining early preventative services as they offered the biggest cost benefit.
- There was potential for the Tyne and Wear Fire and Rescue Service to signpost and promote the 'My Care North Tyneside' service through its preventative programmes in the community.
- To date there had been a soft launch of 'My Care North Tyneside' but plans were in place to promote it further. It was suggested that details of the 'My Care North Tyneside' service be reported to the Board at an appropriate time to monitor its progress.
- The annual planning guidance issued to the CCG had been delayed and so there were potential further changes to the commissioning intentions. The Board asked that any such further changes be fed back.

- A key objective of the Joint Health and Wellbeing Strategy was to engage with and listen to local communities. In light of this the Board stressed that all partners should reflect this in its commissioning intentions.
- Reference was made to gaps in mental health services for adults and older people identified by Healthwatch North Tyneside but not addressed in the presentation. The Board heard that Healthwatch wished to support further work in this area in conjunction with the CCG and the Council and report the outcomes to the Board. In response officers explained that the presentation had been focussed on the specific services to be commissioned over the next year and so there were many other services which would continue to be delivered as usual during this period.
- The sub-committee would have the opportunity to review the Council's and CCG's service plans 2018/19 in more detail at its meeting on the 8 March 2018.

The Chair thanked officers for the comprehensive presentation.

It was **agreed** that the Council's and North Tyneside Clinical Commissioning Group's commissioning intentions for health, social care and wellbeing 2018/19 be noted.

(At the conclusion of the above item, members of the Health and Wellbeing Board left the meeting.)

ASCHW54/01/18 Earsdon Park Medical Practice

James Martin of the North Tyneside Clinical Commissioning Group (CCG) and Jenny Long and Leanne Douglas of NHS England attended the meeting to provide an update on progress towards the closure of Earsdon Park Surgery.

The current contract for the practice ended on 31 March 2018, and after careful consideration North Tyneside Clinical Commissioning Group (CCG) had taken the decision to close the practice.

The CCG had considered the full range of options when making this decision, including procurement of like-for-like contracts. The practice had a relatively small number of registered patients using two sites which were more than five miles apart, and the current provider was unable to continue to provide the contract. These factors alongside the nature of the National Contract for this practice meant that the CCG reluctantly concluded that in the current climate it was extremely unlikely that it would be able to secure a new provider willing to take the practice on. Unfortunately, a number of other practices across the North East with this type of contract had also resulted in a practice closure.

Given the number of practices in close proximity it was agreed that patient needs could best be met by registering with other local practices. This direction of travel was also in line with the local Primary Care Strategy, where smaller practices were coming together to deliver a wider range of services to patients and working productively together.

As a result, the practice would close on 31 March 2018, and patients would need to register with another GP practice instead. There were five other GP practices with open lists within 1.5 miles of Shiremoor Resource Centre, including two GP practices within the same building, and over six within 1.5 miles of the Oxford Centre.

The CCG had written to every household affected by this change, explaining the situation and providing practical information to help them register with another practice.

There was also a process to identify vulnerable patients registered with the practice and actively look to support them through this change.

Two drop in sessions for patients had been held at both practice sites on the 5th December and 6th December. The CCG, NHS England, and Healthwatch were available to answer questions that patients had, listen to their concerns, and offer advice and help with choosing a practice to register with or the registration process. Around 80 patients attended over the two sessions.

The CCG and NHS England had set up regular meetings with the practice and a Dispersal plan had been developed in line with the regional List Dispersal Policy. This plan sets out the actions to be completed to ensure the safe closure of the practice. This included further communication to patients yet to reregister, transfer or storage of patient records, prescriptions and repeat medication, and the identification of at risk patients and steps to ensure continuity of care or immediately necessary care. The GPs at Earsdon Park had also offered to do a verbal handover for patients or answer questions that the receiving practice may have relating to their care.

There were safeguards in place to monitor the number of patients that had moved to a new practice. To date 969 patients had registered with a new practice in the local area, and 397 had a planned registration date for their new practice. Patients that hadn't moved would get reminded that they needed to register with a new practice. There was also processes in place to either allocate any patients who still remained registered at Earsdon Park at the end of March to a new practice, or store their records until they registered with a new practice.

The CCG had met with all neighbouring practices to both the Shiremoor and Oxford centre sites to see what additional support they needed to help manage the registration of new patients and minimise the impact on existing patients. This had included some up front financial support, prescribing management resource, and estates support. One practice, Bridge Medical had requested a closure of its patient list due to concerns over the ongoing ability to safely provide services for existing patients based on the current workforce. This had been supported by the CCG for six months with additional help for the practice to recruit to vacant roles.

Following discussions with neighbouring practices the CCG remained confident that there was capacity in neighbouring practices to register and care for the patients of Earsdon Park Surgery.

In examining the closure of the Earsdon Park Medical Practice the sub-committee sought clarification on a number of issues, including:

- The significance of the type of contract the Earsdon Park Medical Practice had which was an Alternative Provider Medical Services (APMS) and how this type of contract differed to other contracts such as the General Medical Services (GMS) contract. James Martin explained that an APMS contract was time limited for 5 years however if appropriate and possible it could be extended beyond this period. GMS contracts were usually held by a partnership made up of a number of GPs and were held in perpetuity; this type of contract couldn't be broken unless there was a serious safety risk. It was confirmed that the GP practice at the Battle Hill Health Centre also had an APMS contract but it had recently been extended for five years as a new provider had been identified and was willing to take it on.
- The sub-committee queried why Battle Hill GP practice was not on the list of GP practices that were close to the Shiremoor centre as it was closer than the Hadrian Park practice which was on the list. James Martin explained that the distances had

measured using google maps which measured the distance as the crow flies. In hindsight if a different method had been used it may have been picked up that other surgeries such as the GP practice in Battle Hill and some in the Seaton Delaval area were closer.

- The sub-committee expressed concern about the closure of GP surgeries in the Shiremoor and Longbenton areas, especially in light of the huge new housing developments which were currently happening or planned in surrounding areas. These developments would greatly increase the local population and families moving into the area. James Martin explained that in real terms there would not be a reduction in GPs as they would be employed in larger practices with the facilities to deliver a wider range of services to residents. The CCG would be offering support and funding to GPs to upsize their practices and believed that clinicians were keen to do this.
- In relation to future housing developments, the sub-committee stressed the need to maximise the use of Section 106 funding to ensure that there were sufficient health facilities and GP practices to meet the future needs of the expanding population. James Martin gave assurance that Section 106 funding would be sought for the provision of health facilities which was evidenced in the plans for Murton Gap and Killingworth Moor. He reiterated that this didn't need to be a new build surgery but could be an expansion of existing GP practices.
- In response to a member's query about whether checks had been carried out to see if a new provider could be found for the Earsdon Park Medical Practice, James Martin explained that off the record the CCG had approached a number of providers about taking on the practice but there had been very limited interest as it wasn't seen as a viable business. This had been an issue in other parts of the region where providers were unwilling to take on practices with less than 6,000 patients.
- The sub-committee expressed concern about the capacity of the surrounding GP practices on the list and the potential impact on waiting times for existing patients if huge numbers started to register at these practices. Members were especially concerned about the possible time lapse between the end of March when the practice closed and the time needed to recruit more GPs. James Martin explained that the CCG didn't hold capacity figures for GP practices, but they could intervene if there were concerns about the quality and safety of service. At this point in time only the Bridges Medical Practice had closed its registration list. The remaining practices on the list seemed to have reasonable capacity however the CCG would closely monitor this and if any practices started to have an issue in terms of numbers they would work with the practice to come up with solutions.
- The sub-committee expressed concern and disappointment for patients directly affected by the closure of the Earsdon Park Medical Practice, in particular older patients who had built up good relationships with their GP and were worried about registering with a new GP. Members also pointed out that many residents did not own a car and would find it difficult to walk to or get public transport to some of the GP practices that were on the list. In light of this the sub-committee stressed the need for the CCG to support vulnerable residents.

Jenny McAteer of North Tyneside Healthwatch informed the sub-committee that Healthwatch had forwarded a letter to the CCG which outlined the main feedback received from patients about the closure of the Earsdon Park Medical Practice and that they had subsequently received a response from the CCG. Jenny McAteer forwarded this to the Democratic Services Officer for circulation to sub-committee members.

Whilst it was appreciated it would be difficult to get a provider to take on the Earsdon Park Medical Practice the Chair expressed disappointment on behalf of the residents and people who felt there had not been enough consultation, and stressed the need to

manage the process effectively for everyone involved. She also reiterated the need to ensure that there was adequate health provision and services to meet the increasing demand as a result of future housing developments in the area.

The Chair thanked officers for the update and requested that they attend a future meeting to provide a further update.

It was **agreed** that the Democratic Services Officer forward the key points/concerns from the discussion to the North Tyneside Clinical Commissioning Group.

ASCHW55/01/18 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Scrutiny Committee

The Chair provided verbal feedback on the first meeting of the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) Joint Scrutiny Committee, which had taken place on 13 November 2017.

The main topic on the agenda had been the outcome of the STP engagement exercise. The draft STP had identified a number of gaps which included prevention work and the need to work collaboratively to improve the quality of care. The need to close the financial gap had also been identified as a key priority. One of the main issues raised was that key stakeholders felt that to date they had not been involved as much as they should have been in the process.

The Joint Committee had identified that it would be useful to have updates on Prevention, Urgent Care and Workforce at future meetings as well as information about the role of Accountable Care Organisations.

It had recently come to light that legislation did not allow the appointment of members of an Authority's executive onto a joint overview and scrutiny committee, therefore our three appointed members Councillors Gary Bell, Margaret Hall and Iain Grayson could no longer continue to be appointed to the Joint Committee and the membership would need to be re-confirmed.

Jenny McAteer informed the sub-committee that Healthwatch had also raised concerns about STP engagement exercise and the lack of meaningful consultation to date. Healthwatch were representatives on the workstreams but had not yet been invited to any meetings.

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 8 February 2018

Title: Mental Health Crisis Pathway Review

Author: Anya Paradis & Jenny McAteer Tel: 0191 2931157

Organisation: North Tyneside CCG and
North Tyneside Healthwatch

Wards affected: All

1. Purpose of Report

The purpose of this report is to inform the sub-committee of a review into mental health crisis pathways

2. Recommendations

It is recommended that Adult Social Care, Health and Wellbeing Sub-committee note the contents of this report.

3. Details

This review was instigated by the CCG and Healthwatch. Both organisations had been receiving information about access to crisis mental health services and how it appeared that some people were not able to access appropriate services within an appropriate timeframe.

Specifically, a series of Serious Incidents had been reported by the North Tyneside Talking Therapies service, over a relatively short period of time, about people who were being referred or were self-referring to its service but who were unable to engage in therapy because of their mental health. Some of these patients displayed behaviours which of high risk to either themselves or staff.

The Serious Incident Framework details how serious incidents should be investigated and describes the role of providers and commissioners in that process. It details the process and procedures to help ensure Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.

It is acknowledged that the number of Serious Incidents were very small (4 during 2017) but this is unusual in the Talking Therapies service which is a primary care level service offering therapies for low level depression and anxiety. It is also pertinent to highlight that the Talking Therapies service were not actively involved in some of the cases. However, we are waiting for the outcome of the investigation into these Serious Incidents and the outcomes re not yet known.

However, the CCG considered that, due to the unusual level of Serious Incidents and the severity of the incidents that a review into the mental health crisis pathways is necessary.

As well as the above, North Tyneside Healthwatch had raised that patients have contacted them who appear to be experiencing a mental health crisis but do not know what service to access. This was also an issue that had arisen during the Healthwatch report into mental health provision in 2016.

As Healthwatch was considering undertaking a more focussed piece of work on this issue, it made sense for both organisations to join forces. This will allow Healthwatch to be fully involved in the discussion on the pathways, understand the issues and challenges as well as what is working well. The CCG's work would benefit from having that direct patient input and, through the work of Healthwatch, will be able to feed the patient experience and voice into the review.

In relation to the review itself, the CCG convened a pathways review workshop. This involved representatives from older peoples mental health services, the CAMHS service, and the talking therapies service, all provided by Northumbria Healthcare Trust. It also involved representatives from the Liaison Psychiatry service, the Crisis Team, and Community Treatment Teams all provided by Northumberland Tyne & Wear Trust. Launchpad and Healthwatch were involved as was the North East Ambulance Service and the Local Authority.

An intensive mapping exercise was undertaken which involved input from all organisations. This was based on following a fictional experience of a male child experiencing particular mental health needs through the pathway into adulthood and then as an older person. Each organisation described the input, scaffolding and transitions involved in that pathway.

The CCG's Transformation Team has visited some of the individual services to follow up on the information that was providing at the mapping exercise to gain more detail about some of the issues and challenges raised.

During the event, Healthwatch had opportunity to describe the research work it was about to commence and how it will link into and influence the pathways work. Healthwatch have formed a steering group involving service users, carers and staff to develop the methodology. Healthwatch are using a mixed method approach to reach a wide range of local people:

1. One of the key methodologies of the Healthwatch research is a survey which is aimed at adults who have experienced crisis, carers and staff who work with crisis. This survey is anonymous and is intended to help us to understand how well services are currently working and identify any recommended improvements.
2. Healthwatch are also running a number of focus groups with service users in partnership with local VCS groups
3. Healthwatch are using their Enter and View powers to gather real time experiences of people using the Crisis Resolution and Home Treatment Team and the Psychiatric Liaison Team. This involves gaining patients consent to share contact details as they leave both services and then hearing their feedback via a semi-structured telephone interview.

Another event has been arranged in April 2018 to review the outcomes from the first mapping event and from Healthwatch's survey. It is intended that an Action Plan will be developed based on these outcomes.

We are aware that this new joint way of working between the CCG and Healthwatch has been gaining national attention. Healthwatch has been contacted by both Healthwatch England and by NHS England for further details as it is being recognised that this way of working is something that can potentially be recommended as good practice throughout the country.

4. Appendices

There are no appendices to this paper.

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 8 February 2018

Title: North Tyneside Mental Health Crisis Care Concordat

Author: Anya Paradis Tel: 0191 2931157

Organisation: NHS North Tyneside CCG

Wards affected: All

1. Purpose of Report

Adult Social Care, Health and Wellbeing Sub-Committee requested an update in relation to progress being made on the North Tyneside Mental Health Crisis Care Concordat.

2. Recommendations

This report was requested to provide members with an update on the North Tyneside Mental Health Crisis Care Concordat. Members are requested to note the contents of this report.

3. Details

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then five more bodies have signed the Concordat, making a total of 27 national signatories.

The Concordat focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. It should also be noted that the concordat relates to all ages

Following signature of the national level concordat, it was expected that each local area would agree and sign a local Declaration outlining the principles by which we would work together to implement the national Concordat. The North Tyneside Declaration was signed in December 2014.

Following this an Action Plan was developed involving the partners to the Declaration. This had to be submitted to the national team for scrutiny and oversight. The North Tyneside Action Plan was submitted within the timescales of March 2015 and was approved.

Since then the North Tyneside Crisis Concordat Group has met bi-monthly to ensure that the actions are progressing within the given timescales and also to consider new actions, ensuring that the Concordat is an iterative document.

A copy of the current Action Plan has been attached for information. It can be seen that the Action Plan is split into 2 sections. The latter section lists the actions which have been completed over the period of the Concordat. The Concordat Group is therefore focussing on those actions which are contained in the first section.

Positive areas to highlight include the system-wide simulation training. Developing a cross system approach to mental health training had a feature of the Action Plan since its inception in March 2015 and was initially thought of as being too difficult to overcome. However, the concept of simulation training was developed with the leads being Northumbria Police and NTW Trust. Through excellent cross-agency working, the simulation training has been provided across a number of organisations, including voluntary sector organisations in North Tyneside. The training is based on a particular fictional mental health crisis scenario which evolves throughout the training day. Organisations develop their responses to the scenario which they then adjust and adapt according to the developing scenario. It enables organisations to better understand one another's remit, limitations, systems and processes and also highlights gaps in systems. The scenarios can be tailored to meet the needs of the particular organisations taking part in the training. Feedback has been extremely positive.

Development of the cross-agency Children & Young Peoples Emotional Health & Wellbeing Board and its strategy is another positive move. This area of work obviously focuses on children and young people and, through a joint understanding of system working, we are able to target resources to those areas where we expect to achieve most benefit. This includes the work on the Emotionally Healthy Schools Resource Pack and opening up CAMHS access to direct referrals. The Resource Pack is a prime example of the prevention aspect of the Crisis Concordat while direct access to CAMHS is intended to ensure appropriate and urgent referrals from schools to the CAMHS team.

There are still a number of challenges. A key piece of work of the Concordat was to develop the "Cohort 50" work. This was a piece of work to identify the most frequent users of services across the system and to allow organisations to work together to create a more bespoke package of care for those individuals. However, although organisations were willing to undertake this work, information governance regulations prevented the sharing of patient information for this purpose. The issue has been raised at a national level and we are waiting for guidance from the national teams looking into the Information Governance issue before we can progress this work any further than we have to date.

We are also conscious of the unintended impacts of service changes. Of particular concern is the national requirement to reduce the bed base across the North East. The CCG, through its contract meetings, receives information on bed occupancy and it is noted that for adult acute inpatient services that the occupancy level is very high. It was intended that NTW pathway

configuration which started in 2015 would release funding from bed consolidation into its community service provision. The new community services are now operational. However, anecdotally, it appears that the new system has left some gaps in service provision, particularly around people who are presenting with risky behaviours but who are unable to engage in therapeutic services.

The CCG has brought together a group, primarily consisting of Concordat group representatives, to review mental health crisis pathways to identify and evidence what gaps have been created. Following the pathway mapping, an Action Plan will be developed which will inform future commissioning. A positive aspect to this work is that Healthwatch has been requested by the CCG to be closely involved and to enable the patient and carer voice to inform future commissioning decisions. Healthwatch is undertaking a particular piece of research and patient survey which will feed into the Action Plan. This is a new way of working between the CCG and Healthwatch and we are aware that it has been receiving national attention.

As mentioned above, the Action Plan is an iterative document. This is to ensure that it reflects new issues that may have arisen or new developments in service areas. It also provides an opportunity to consider developments in other areas of the country which could potentially be implemented in North Tyneside or across a wider regional/STP footprint.

The work of the North Tyneside Crisis Concordat reports into the Mental Health Integration Board and to the Health & Well-Being Board. Several of the specific action points on the Concordat are reflected in the joint action plan for Adult Mental Health. This provides robust governance for the Crisis Concordat Action Plan.

4. Appendices

Appendix 1 – Declaration Statement for North Tyneside

Appendix 2 – North Tyneside Action Plan

The mental health Crisis Care Concordat is a national, joint statement published by the government and signed by senior representatives from organisations committed to improving mental health care. In addition to listing a set of core principles, the document includes a national action plan agreed by the organisations who have signed the Concordat.

Each regional has committed to the national agreement by signing a local declaration and developing a borough-wide action plan. This is North Tyneside's Declaration Statement:

The 2014 North Tyneside Declaration on improving outcomes for people experiencing mental health crisis 25 November 2014.

We, as partner organisations in North Tyneside, will work together to put in place the principles of the national Concordat to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage and supporting individuals to manage their recovery and avoid relapse.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes for the individual.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in North Tyneside by putting in place, regularly reviewing and updating a Mental Health Crisis Concordat action plan for North Tyneside.

This declaration supports 'parity of esteem' (see the glossary) between physical and mental health care in the following ways:

- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in **North Tyneside** for help in a crisis. This will result in the best outcomes for people with suspected mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.

- By making sure services for people in crisis are safe and effective with clear and agreed policies and procedures in place, and that organisations can access services and refer people to them in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to patients and service users carers, staff or the wider community and to support people's recovery and wellbeing.

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in North Tyneside.

Who should sign a local Declaration?

Many local organisations want to support the Declaration because of their commitment to improve mental health care and may want to make a specific contribution within the action plan for continuous improvements.

In addition, certain organisations have a formal (statutory) responsibility and/or a professional duty of care regarding people presenting in mental health crisis:

- Clinical Commissioning Groups
- NHS England Local Area teams (primary care commissioners)
- Commissioners of social services
- The Police Service
- Police and Crime Commissioners
- The Ambulance Service

- NHS providers of Urgent and Emergency Care (Emergency Departments within local hospitals)
- Public / independent providers of NHS funded mental health services
- Public / independent providers of substance misuse services

Agreed Signatories:

Northumberland Tyne & Wear NHS Foundation Trust

John Lawlor – Chief Executive

Northumbria Police

Sue Sim – Chief Constable

British Transport Police

Superintendent Edward Wylie - Sub Divisional lead for the Region

Police & Crime Commissioners Office

Vera Baird – Police & Crime Commissioner

North East Ambulance Service

Dr Kyee Han - Medical Director

Tyneside Mind

Stuart Dexter – Chief Executive

NHS England (Cumbria, Northumberland, Tyne and Wear)

Dr Mike Prentice - Acting Area Director / Medical Director

Changing Lives

Ollie Batchelor - Executive Director of Client Services

North Tyneside Clinical Commissioning Group

Maurya Cushlow – Chief Officer

North Tyneside Council

Jacqui Old, Director of Adult Social Care

Lifeline Medical Transport Service Ltd

Michael Hedley, Contracts Manager

Mental Health Concern

Brendan Hill – Chief Executive

Northumbria Healthcare NHS Foundation Trust

Jim Mackey – Chief Executive

Glossary of terms used in this declaration

Concordat	<p>A document published by the Government.</p> <p>The Concordat is a shared, agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental-health crisis need help.</p> <p>It contains a set of agreements made between national organisations, each of which has a formal responsibility of some kind towards people who need help. It also contains an action plan agreed between the organisations who have signed the Concordat.</p> <p>Title: Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis Author: Department of Health and Concordat signatories Document purpose: Guidance Publication date: 18th February 2014</p> <p>Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf</p>
Mental health crisis	<p>When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.</p>
Parity of esteem	<p>Parity of esteem is when mental health is valued equally with physical health.</p> <p>If people become mentally unwell, the services they use will assess and treat mental health disorders or conditions on a par with physical illnesses.</p> <p>Further information: http://www.england.nhs.uk/ourwork/qual-clin-lead/pe</p>

<p>Recovery</p>	<p>One definition of Recovery within the context of mental health is from Dr. William Anthony:</p> <p>"Recovery is a deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles.</p> <p>It is a way of living a satisfying, hopeful, and contributing life.</p> <p>Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability"</p> <p>(Anthony, 1993)</p> <p>Further information http://www.imroc.org/</p>
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NORTH TYNESIDE CRISIS CARE CONCORDAT ACTION PLAN

Overview

In North Tyneside, our JSNA predicts a rise in our local population with the older people population being the most significant rise. We are aware that long term conditions and dementia will be an increasing challenge for us. Smoking and alcohol are major local issues and we are also conscious that poor mental health and wellbeing are linked to socio-economic deprivation and vulnerability.

We have two mental health providers in North Tyneside. Approximately half of our service provision is provided by Northumberland, Tyne & Wear NHS Foundation Trust (NTW), while the other half is provided by the acute Trust, Northumbria Healthcare NHS Foundation Trust (NHCT). NTW mainly provide secondary and specialist services to the adult population in North Tyneside. NHCT provide Talking Therapies services (including IAPT), CAMHS services, Older Peoples Mental Health services (including dementia services) and learning disabilities community services.

Governance

One of the areas that we intend to improve is the quality of the response received by individuals experiencing mental health crises in the community. We have established a North Tyneside Crisis Concordat Stakeholder Group which aims to achieve improvement, through partnership working and the sharing of good practice. We will support the development and review of effective service models and help inform the cost-effective commissioning of these service models.

The Stakeholder Group's work is overseen and governed by the Mental Health Integration Board and this will continue to ensure that the Action Plan will deliver. The Mental Health Integration Board forms part of North Tyneside's Health and Social Care Integration Programme which is a partnership between NHS North Tyneside Clinical Commissioning Group, Northumbria Healthcare NHS Foundation Trust, North Tyneside Council and their health and wellbeing partners. The Health & Social Care Integration Programme reports to the Health & Wellbeing Board.

Progress and Challenges

A major transformation of mental health services provided by Northumberland, Tyne & Wear Foundation Trust is currently taking place. The aim of the Transformation Programme is to avoid admission to hospital for people with mental health problems, unless it is absolutely necessary. People should have the opportunity to receive high quality services and support in their own homes wherever that is possible and safe. This system change will give rise to some challenges. We need to consider the impact of this change programme on services that will be provided in North Tyneside and ensure it will not adversely affect any patient groups, including people experiencing a mental health crisis. One of the major issues we need to consider, are transitions between provider organisations and services. To manage this, we have established a number of Transitions Sub-Groups which report to the Mental Health Integration Board and which are responsible for identifying and resolving any transitions issues.

A multi-agency Suicide Prevention Task & Finish Group is being led by Public Health which, following a process of baseline mapping and gap analysis is developing an action plan aiming to reduce the number of suicides in North Tyneside.

We have recently implemented liaison psychiatry services in North Tyneside, based at A&E and also in older peoples and rehabilitation wards. We will be reviewing and evaluating these services to determine, and commission, the most appropriate future model of liaison psychiatry. We have also identified funding for and are in the process of establishing a Universal Crisis Team and Street Triage in North Tyneside.

We are aware, though, that we need to continue to build on this work. Prior to beginning work on development of the Action Plan, the Stakeholder Group partners undertook a detailed, facilitated service mapping process to identify areas where there were issues with the mental health crisis pathway, duplications, gaps etc. which provided us with the foundations for our Action Plan. The Action Plan therefore built upon this work and has been developed to focus on the issues that the Stakeholder Group has identified as being particularly key to delivery of successful mental health crisis services in North Tyneside and which focus on areas of joint delivery or joint commissioning.

The Stakeholder Group will continue to lead on implementation of the actions identified in the Action Plan. We recognise that the Action Plan is challenging and ambitious particularly in relation to some of the whole system approaches we intend to take and the timescales we have set ourselves. Part of the Plan therefore describes the infrastructure and processes that we will implement which will form the foundations for delivery of some of the more service delivery focussed actions. We will review the Action Plan on a 6 monthly basis to ensure that the Actions remain appropriate or if they need to be revised or updated. We will also continue to report on progress to the Mental Health Integration Board.

Despite the challenges and ambitions we have set ourselves, we are confident that this Action Plan is achievable and, crucially, will considerably improve the response to people in North Tyneside who are experiencing a mental health crisis.

1. Ensure effective commissioning, provider partnerships and infrastructures are in place to secure delivery					
No.	Purpose/Action	Timescale	Led By	Progress/Outcomes as at 25.09.2015	RAG Status
Ensuring Effective Partnerships					
1.5	<p>Review training needs of all agencies to develop a multi-agency framework of training to improve understanding of mental health, relevant legislation and the roles and responsibilities of each partner agency. This will include training to Police staff and to ambulance staff regarding mental health.</p> <p>Develop new codes of practice.</p> <p>Explore joint training opportunities to include:</p> <ul style="list-style-type: none"> - IAPT & CMHTs (joint workshops already taken place and follow-up work underway) - police on MH awareness, - NTW nurses to take on AMPH role (Council agreed to support placements) - A multi-agency training forum to be developed and take place on a regular basis - NEAS plans to deliver mental health training to all NEAS ambulance clinicians <p>Use information and analysis from sources to include, for example, complaints, direct service user feedback, Points of View, working with service users in IRS to get feedback, to understand people with mental health needs, carers and families' perspective.</p> <p>Ensure that staff who encounter people experiencing mental health crises will develop an evidence based understanding of mental health crisis from the perspective of people with mental health needs, carers and families</p>	ongoing	All partners	<p>Simulation training has been provided involving a number of organisations and a variety of scenarios. Feedback has been extremely positive and is gaining national recognition. There are concerns about future funding for continued training and partners across the NTW area and Police Authority are working to identify continued funding to enable further training.</p> <p>An Introduction to Mental Health training video and information booklet has been developed for police officers, again involving service users. Questions & answers and frequent issues scenarios are being developed. The College of Policing is launching mandatory mental health training towards the end of 2016 which will be an intensive 2-3 day course.</p> <p>Guidance s being developed about how much MH training police officers should have – 3 days for all, 4 days for MH Specialist Officers. Northumbria Police is reviewing this.</p> <p>MH training day for new recruits is already underway.</p> <p>Brief mental health awareness training is taking place with NEAS new ICAT emergency recruits and good feedback has been received. NTW is also working with NEAS therefore improving the mental health response, including call handling responses. An NTW clinician now sits within the NEAS clinical hub, strengthening mental health response.</p>	

				A survey has been circulated to gain more detailed information about training needs and to identify training gaps. NHS England is working with HENE to increase the priority and also to identify dedicated resourced to take this work forward.	
1.6	<p>Develop an inter-agency information sharing protocol and IT interface solutions:</p> <ul style="list-style-type: none"> - Review processes in other areas of the UK and consider how they may inform development of guidance on all areas of information sharing across agencies. - Look at joint risk planning where services overlap as well as solo plans - Maximise efficiency and effectiveness. 	Ongoing	All partners	<p>The Local Authority already uses a flagging system to identify people who may come to the police's attention and share info with the police.</p> <p>NTW also exploring what and how information can be shared with the police. Some inter-agency work has been undertaken.</p> <p>Data sharing and information governance is recognised at a national level as a barrier to further progress on managing individuals identified as high users of services. This remains a high priority.</p>	
1.7	<p>Review existing protocols and processes around staff safety and training.</p> <p>Safe working practice / safe workforce.</p> <p>Once we know who the agencies are we will contact them for assurance.</p>		All agencies	<p>Police and NEAS are doing some work together to look at upskilling paramedics to manage low level aggression.</p>	

2. Prevention, Early Intervention and Support					
No.	Purpose/Action	Timescale	Led By	Progress/Outcomes	RAG Status
Ensuring Effective Partnerships					
2.1.	Continue work to implement NTW Trust Transformation Programme to improve access to appropriate types and level of care and service appropriate to patient's needs, aiming to prevent admission into hospital and to provide care in peoples own homes when safe and appropriate to do so.	June 2018	NTW/ CCG CCG/ Healthwatch c/f 2.11 and Section 3 below	<p>Following a period of development, NTW Trust has now implemented its new service model. This has taken effect across South of Tyne initially and now also North of Tyne, including Northumberland, Newcastle and Gateshead at the same time.</p> <p>The impacts of these changes are being assessed to ensure that patients are able to access the level of service they need in a timely manner.</p> <p>Initial analysis indicates specific service pressures, particularly for people not able to engage in a therapeutic service but who present with risky behaviours. The CCG is leading pathways work involving Concordat members to review the crisis pathways, and involving Healthwatch to provide detailed research into the patient experience to help inform future commissioning. Pathways have now been mapped and a second meeting to review the outcome of this pathway mapping has been arranged for April 2018. By this time, Healthwatch will also have undertaken its research. An Action Plan will then be developed to inform future commissioning.</p>	
2.2	<p>Scope prevention and early intervention support services available to children and young people, including those with behavioural problems. This will include:</p> <ul style="list-style-type: none"> increasing early help seeking behaviour of young people equipping appropriate staff with the knowledge and skills 	May 2017	Local Authority	The North Tyneside Young Persons Health & Well-Being Reference Group undertook a review which identified a gap in prevention and early intervention support services available to children & young People. A report was presented to the Children, Young People	

	required to support this.		CCG	<p>& Learning Commissioning Executive Board in January 2015 where it was agreed that recommendations will be progressed via an internal working group.</p> <p>Public Health undertook a communication process with children & young people and their families, as well as professionals involved in provision of services to children & young people which informed the draft Children & Young People Emotional and Mental Wellbeing Strategy for North Tyneside.</p> <p>We used the opportunity presented by production of our CAMHS Transformation Plan to implement services which focuses on prevention and early intervention services.</p> <p>A new Schools Information Pack has also been developed for schools. It draws together current evidence based best practice, training and existing resources into one place to promote a borough wide, whole school approach to supporting the mental health and emotional wellbeing of our young people. Feedback has been very positive.</p> <p>Also using Transformation Plan funding, there is now direct access to CAMHS from Headteachers and SENCOS as well as a professional telephone line which can be used by schools for advice and information before a referral to CAMHS is made. The CAMHS service now also offers an urgent appointment per day for school referrals.</p>	
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2.3	<p>Further evaluate the scope for NHS 111 to respond to mental health needs of people in North Tyneside.</p> <p>111 dispositions for calls MH. Going to warm transfer to Crisis Team to try to prevent them being advised to go to ED.</p> <p>North East Urgent and Emergency Care Network Clinical Hub development. Looking to develop clinical hub to support 111 and 999 call handlers to better assess need and provide advice. Mental health staff will be included in this development to reduce the number of people who are advised to go to ED inappropriately.</p>	Oct 2018	Urgent Care Network	<p>Work has been undertaken to review the current Directory of Services to ensure it contains all relevant mental health services Secure on-line access to the Directory of Services for healthcare professionals. Mental Health staff work alongside call handlers to reduce the number of people advised to attend ED inappropriately</p> <p>The response time for people who are experiencing a crisis or have an urgent mental health need and for whom primary care intervention is appropriate has also been reviewed.</p> <p>A procurement exercise is underway for NHS 111. Mental health dispositions and call handling is an integral part of the specification.</p>	
2.6	Implement a multi-agency single point of access for mental health services which provides expert advice and support for external agencies, service users and carers and which also has direct access to known patient records and ability to book an initial emergency, urgent or routine assessment.	Jan 2016	NTW/ Local Authority	<p>IT issues mean that a joint single point of access between NTW Trust and North Tyneside Council cannot be developed as hoped. Instead, alternative options are being explored such as Business Skype, teleconferencing facilities etc. to share information.</p> <p>The timescale for this action has been changed to match with those in action 2.1</p> <p>Northumbria Healthcare Trust to consider how and if they will be able to join the single point of access.</p>	
2.8	Develop an integrated model of voluntary sector neighbourhood delivery to facilitate befriending support, community resilience and access to the full range of community support for people and to provide early intervention and prevent crises arising.	Jan 2016	Local Authority/ North Tyneside	<p>Link in with, learn and expand on VODA's "Good Neighbours" project</p> <p>Integrate with Council's Community Navigators – Care</p>	?

	Do we know who Marcia's replacement is?		Launchpad	<p>and Connect.</p> <p>Explore opportunities to offer organisational peer support and develop peer support programmes.</p> <p>VODA continues to deliver the support volunteering programme and link into the Good Neighbours project. The coordinator of the Good Neighbours project is planning more localised volunteer/good neighbours networks.</p> <p>Marcia is exploring how this work will progress in conjunction with the Council and mental health provider forum. It has been suggested that there could be a focus on signposting</p>	
2.10	<p>Mental health employment integration trailblazer pilot.</p> <p>'Hub and spoke' model, with a central team resource of employment support brokered into existing psychological wellbeing services commissioned by Clinical Commissioning Groups (CCGs). Individually tailored support will be provided through joint case management with a six month intervention that continues in work.</p> <ul style="list-style-type: none"> Supporting people to compete in the open-labour market. Better job outcome rates Better job sustainability Improved clinical recovery rates, reduced relapse rates, earlier engagement Local economic benefit 	Introduce agreed delivery model April 2015 (see update note from June - revised to end of 2015 – this is a national pilot).	LA and Public health – including Newcastle and Gateshead	<p>Northumberland County Council is leading this work via the North East Combined Authority. Behavioural Insights Team (Cabinet Office) is involved in the development of the methodology of recruitment to the trial for those out of work. Some issues regarding consent and sharing information. Work ongoing but model is likely to be developed and working later this year – end of 2015. Therefore revise timescale</p> <p>North Tyneside CCG was selected to be part of the national programme to expand employment advisors within IAPT services. North Tyneside is part of wave 3 of the pilot so will begin this work in December 2018.</p>	
2.11	<p>CAMHS Transformation Plan</p> <p>Research into current pathways, services and benchmarking. Develop options for change. Focus on prevention and early intervention.</p>	Plan Developed October 2015	Children & Young Peoples mental Health &	<p>CYP's Crisis and Liaison elements are included in this plan.</p> <p>Pathways work crosses with that described in Section 2.1 above</p>	

		Refreshed October 2016	Emotional Well-Being Board		
		Refreshed October 2017			

3. Urgent and emergency access to crisis care

No.	Purpose/Action	Timescale	Led By	Progress/Outcome	RAG Status
3.7	<p>Paramedic call handlers need to have better awareness of mental health issues. NEAS are doing some work on this and linked to clinical hub.</p> <p>Clarify pathways of care across primary care – crisis services – acute mental health services.</p> <p>Ensure clarity and awareness on pathways of care</p>	Ongoing	<p>Multi-agency</p> <p>North East Ambulance out of hours services providers</p>	<p>NEAS, Tees Esk and Wear Valley Trust (TEWV) and NTW are developing improved cross-boundary working.</p> <p>More training on paramedical call handlers on mental health awareness is being provided by NEAS with NTW.</p> <p>NTW doing some work looking at response for people over 65 with non-cognitive symptoms being referred to Crisis.</p>	

4. Improved quality of response and pathway when people are detained under Section 135 and 136 of the Mental Health Act 1983					
No.	Purpose/Action	Timescale	Led By	Progress/Outcome	RAG Status
4.8	<p>Ensure that all the CQC Safer Place to Be standards are met by:</p> <ul style="list-style-type: none"> Ensuring designated places of safety, including those used for children and young people, are fit for purpose when housing a mental health patients are able to meet local needs/demands, including during the out of hours period Eliminate the use of police custody cells for those detained under s136 unless there is no other option to manage the person has been clearly identified as high risk, and only to be authorised by an inspector The NTW suites should be staffed so that police are only required to stay in high risk situations and should be available to leave at the earliest opportunity following handover. Ensure that relevant paperwork is available when the patient arrives at the place of safety There should be no exclusion criteria for the NTW suites. 	Apr 2016	NTW/ NHCT/ CCG/ Police/ BTP	<p>CQC suited have been audited, including A&E suite, at the end of 2015. Suites are being updated.</p> <p>We can confirm that no child or young person detained using s136 powers has been taken to police cells as a Place of Safety since 2014.</p> <p>Appropriate Places of Safety are commissioned and used for children & young people.</p>	

5. Availability and quality of treatment and care when in crisis					
No.	Action	Timescale	Led By	Progress	RAG Status
5.2	Promote the Carers Emergency Card to carers of people with mental ill health to provide reassurance that the person they care for will have their needs met in case of an emergency situation where the carer is unavailable in an emergency	Mar 2016	Local Authority	<p>The carer's emergency break service has been established for older people. The Carers Emergency Card can be accessed by carers of people with mental ill health. Additional work is being undertaken to promote this service which is expected to be completed by March 2016.</p> <p>The completion date for this action has changed to March 2016.</p>	
5.6	Dissemination of Crisis Cards Aimed at the general public to signpost to local Crisis Support services (broader than M H Services)	Ongoing	The Office of The Director of PH	<p>The wider population will have easily accessible information in relation to Crisis Support and self-refer to local services as identified through the suicide prevention action plan and meet the needs of at risk groups including debt services, employment and housing support.</p> <p>Frontline staff including the police will carry and use as a resource when working with at risk individuals, families and communities.</p> <p>Crisis cards will be available to the public e.g. in one stop shops and local betting shops other than more traditional settings to help reduce stigma and barriers attached to Crisis Services.</p> <p>Update October 2015: Crisis card updated Autumn 2015 to include new services (Alcohol and Drugs, Bereavement).</p>	

6. Recovery and staying well / preventing future crisis					
No.	Action	Timescale	Led By	Progress/Outcome	RAG Status
6.1	Ensure availability of tier 0 and Tier 1 (self-help/guided self-help/peer support) to promote recovery, avert crises and increase the protective factor of social integration.	Mar 2016	Local Authority/ NHCT	Development of a training and information initiative provided by CAMHS services and school nursing services to schools to prevent and identify self-harm.	Orange
		Mar 2017	Local Authority	The Council is leading on development of an Emotional Health & Wellbeing Strategy for children & young people. This is currently in draft format and will link to the Transformation Plan	Green
6.2	<p>Development of online mental health services guidance to include sections on guidance, processes, algorithms and procedures for use by supporting agencies to:</p> <ul style="list-style-type: none"> Enhance awareness across a wide range of organisations supporting mental health of each agency's roles, processes and responsibilities Enable quick identification of the most appropriate support services and signpost service users/patients Enhance cross agency working relationships <p>Guidance will include an escalation process to resolve any areas of dispute or where clinical discussion is required to determine the most appropriate route for particularly complex service users/patients.</p>	Jan 2017	All partner organisations	<p>Practical guidance is in the process of being developed by NTW Trust and Northumbria Police for consideration by all partner organisations.</p> <p>NTW and Northumbria Police, and with input from the voluntary sector, have been working on this particular action. The guidance has been drafted, been out for consultation and will be updated prior to sign-off, which is expected by end June 2016.</p> <p>Almost complete, just needs sign off.</p>	Green

Agreed Signatories:

North Tyneside Clinical Commissioning Group

Maurya Cushlow – Chief Officer

Northumberland Tyne & Wear NHS Foundation Trust

John Lawlor – Chief Executive

British Transport Police

Superintendent Edward Wylie - Sub Divisional lead for the Region

North East Ambulance Service

Dr Kyee Han - Medical Director

Northumbria Healthcare NHS Foundation Trust

Jim Mackie - Chief Executive

Tyneside Mind

Stuart Dexter – Chief Executive

Changing Lives

Ollie Batchelor - Executive Director of Client Services

North Tyneside Council

Jacqui Old, Director of Adult Social Care

Northumbria Police

Sue Sim – Chief Constable

Police & Crime Commissioners Office

Vera Baird – Police & Crime Commissioner

Lifeline Medical Transport Service Ltd

Michael Hedley - Contracts Manager

NHS England (Cumbria, Northumberland, Tyne and Wear)

Dr Mike Prentice - Director of Commissioning Operations/Medical Director

Mental Health Concern

Brendan Hill - Chief Executive

Launchpad

Alisdair Cameron – Team Leader

COMPLETED ACTIONS

3. Ensure effective commissioning, provider partnerships and infrastructures are in place to secure delivery					
No.	Purpose/Action	Timescale	Led By	Progress/Outcomes as at 25.09.2015	RAG Status
Ensuring Effective Partnerships					
1.1	Convene a multi-agency Crisis Concordat Stakeholder group including CCG, LA, Police, NHS providers, independent sector, users/carers to oversee and agree partnership approaches to mental health crisis care and ensure the Actions developed in this Action Plan are enacted.	November 2014	CCG	Group established and regular meetings taking place. Review the governance arrangements to ensure governance remains appropriate on a local basis and regionally.	
1.2	Review the remit, function and attendees at the Senior Police and Partners Group and ensure appropriate representation from key stakeholders from North Tyneside to input into regional initiatives and agree regional partnership approaches to mental health crisis care.	April 2015	NTW/ Police	A review of the remit and function of the strategic partnership will take place to ensure core groups of key partners are represented across the region, meetings take place regularly and the function provides output to the key areas. The review has taken place and Terms of Reference and membership have been updated. The newly reformed Group has established and had its first meeting in August 2015. Future meetings have been arranged.	
1.3	JSNAs are developed to include a clear understanding of need, patterns across communities and feed into commissioning plans that respond to gaps identified	April 2015	Local Authority	Review of mental health JSNA undertaken in 2014. Deep-dives to take place in identified areas including suicide prevention. Public Health has completed deep dives to identify areas for further collaborative, partnership work, timescales for completing this work and action plans.	
1.4	Develop Mental Health Needs Assessment to inform local discussions	April 2015	Local	A separate dementia Health Needs assessment has	

	on service redesign, gap analysis, and capacity planning and to inform commissioning decisions		Authority/ CCG	been undertaken and is now being used to inform service strategy. A wider all ages HNA has also been undertaken and, again, is being used to inform service strategy and development.	
1.6	Develop an inter-agency information sharing protocol and IT interface solutions: <ul style="list-style-type: none"> - Review processes in other areas of the UK and consider how they may inform development of guidance on all areas of information sharing across agencies. - Look at joint risk planning where services overlap as well as solo plans - Maximise efficiency and effectiveness. 	Completed	NTW/ Local Authority	An action has been completed to enable access to NTW RIO IT application by social workers within the adult Community Mental Health Teams (who will be issued with a "mobile kit") and NTW staff to local authority applications. An Individual Service Agreement has been completed (IG level 2 compliant = trusted source status)	
		April 2016	NTW/CCG	An action to enable IT links between NTW Trust and GP Practices in North Tyneside has been completed	

2. Prevention, Early Intervention and Support					
No.	Purpose/Action	Timescale	Led By	Progress/Outcome	RAG status
2.4	Incorporation of the principles and practice of Mental Health Crisis Plans for individuals to ensure appropriate care continuity and standards into mental health, based on the Replacement Care Framework.	Sept 2015	NHCT/ Local Authority	<p>Within the Psychiatry of Old Age Services provided by Northumbria Healthcare Trust (NHCT), the "This is me" documentation is in use. Consider roll-out in acute care setting and within other services as appropriate.</p> <p>This documentation is being rolled out by the liaison psychiatry team and work is ongoing to help uptake of usage in non-POAS wards.</p> <p>The CCG has also agreed a CQUIN with both NHCT and NTW Trust to develop joint Forward Plan for people who have received a liaison psychiatry service whilst attending hospital which agree safe community alternatives to A&E aiming to improve relapse</p>	

				prevention and crisis care planning for people already known to services and to improve care pathways across provider	
2.5	Develop prevention projects to tackle mental health and suicidal behaviour challenges. To include establishing a link with the British Transport Police to involve them in aiming to prevent people seeking to harm themselves on the railway.	June 2015	Local Authority	<p>North Tyneside Suicide Prevention Group established with links to regional group. Suicide and self-harm audit undertaken and is being regularly updated. A service mapping exercise has been undertaken & is being updated which will identify any specific issues or gaps in existing services.</p> <p>An Action Plan has been developed by Public Health. Work is ongoing to develop social marketing strategies and helping agencies/people be able to identify what intervention is available at an early stage. The focus will initially be on vulnerable groups.</p> <p>A specific audit has been undertaken with the British Transport Police to review some specific cases railway suicide cases to identify what can be done to prevent such suicides.</p> <p>Noted at May 2016, that deaths from suicide in North Tyneside have reduced.</p>	
2.7	Review how self-help community groups can be developed, promoted and sustained to enable increased opportunity for people to attend and/or develop local self-help groups and community activities	January 2015	Local Authority	<p>The Local Authority's Adult Social Care Dept. has recently launched a new service – Care & Connect. The service works with any adult aged 18 years and over and provides information and advice, assisted signposting and support in relation to general social care needs. Community navigators work into the four areas of the borough and are responsible for identifying community based resources and activities as well as supporting people to develop their own and for building community capacity. A community asset map has been developed which is updated on a</p>	

				regular basis. Care & Connect also attends the mental health provider forum and has established good links with a number of groups and organisations which offer support. The Council is considering undertaking a mapping exercise on access to support to include its internal enablement team	
2.9	Improve support and involvement for carers (including young carers) by working with them to better understand their needs and to enable them to be more involved and supported in their caring role	Sept 2015	Local Authority/ CCG	<p>A North Tyneside Commitment to Carers is current out for consultation. The Commitment and action plan has been developed in partnership with the CCG and the North Tyneside Carers Centre, using feedback from a number of consultation events with carers and also from information received as part of the ASC Carers Survey conducted in 2014. The commitment and plan covers adult and young carers and sets out the activity we intend to carry out, to improve support and broadly falls under the following categories:</p> <ul style="list-style-type: none"> • early identification of carers • improved communication • improved carer, health, wellbeing and support • support to enable carers to go/continue to work or access education <p>The North Tyneside Commitment to Carers will be launched on Carers rights Day on 20th November 2015.</p> <p>This action has now been completed.</p>	

3. Urgent and emergency access to crisis care

No.	Purpose/Action	Timescale	Led By	Progress/Outcome	RAG Status
3.1	Implementation of street triage in North Tyneside to ensure that people who may be experiencing a mental health crisis can receive appropriate input from a qualified mental health professional as quickly as possible and potentially without invoking a s136 warrant. The model will be informed by the pilot being provided in the South of Tyne area.	June 2015	NTW / Police	<p>Funding was identified by CCG to implement street triage. NTW Trust and Police identified necessary resources and recruited to relevant posts. Training programmes were developed and provided, briefing information for agencies has been provided and contingency plans to manage potential demand have been developed.</p> <p>The service was implemented by the target date of June 2015. All posts have been recruited to</p> <p>Initial feedback is that the service is very effective and the number of s136 detentions has decreased significantly.</p> <p>A further review in February 2016 demonstrated that, force-wide, the use of s136 powers have been more appropriate evidenced by the higher number of people who have subsequently been detained following a s136 arrest.</p> <p>Data shows: 29 June to 31 Oct 2014 = 19 x s136 29 June to 31 Oct 2016 = 2 x s136</p> <p>In North Tyneside the number of s136 arrests were as follows: Jan 2016 – 0 Feb 2016 – 3 March 2016 - 0</p> <p>Claire is rewriting the NTW s136 policy to take account</p>	

				<p>of the new code and to confirm that people should only be taken to ED when it is reasonably needed. The Trust has also identified temporary back up in places to minimise travel distances to Places of Safety and use of A&E and police custody</p> <p>Consideration is being given to expansion of street triage to 24/7 but this is dependent on evidenced need for this level of service and resources.</p>	
3.2	Extend the remit of the current Crisis Resolution Team in North Tyneside to expand into a Universal Crisis Resolution Team which is an all age, all needs service.	June 2015	NTW	Funding has been identified by CCG to create a Universal Crisis Resolution Team. NTW Trust has now implemented this within the target timeframe.	
3.3	Review crisis mental health services for children & young people in particular those in transition or considered vulnerable. Ensure sufficient capacity exists at appropriate Places of Safety to avoid children & young people being detained under s136 Mental Health Act in police cells	January 2015	CCG	<p>Review of services undertaken. Data received about use of police cells and confirmed no children & young people detained under s136 MHA in police cells. Report presented to the Adult Social Care, Health & Well-Being Sub Committee in January 2015.</p> <p>Continue to monitor data and usage.</p> <p>Force-wide, no person under 18 years has been inappropriately taken to police cells as a place of safety since 2014. 2 young people have been detained in police cells but this was appropriate due to violent conduct.</p>	
3.4	Implementation of liaison psychiatry services at acute hospital sites and in wards, aiming to provide seamless referral into appropriate mental health services where emergency/urgent needs are indicated and to avoid unnecessary hospital admissions	February 2015	CCG	<p>Liaison psychiatry services for older people (provided by Northumbria Healthcare Trust) and for working age adults (provided by Northumberland, Tyne & Wear Trust) commissioned and established at North Tyneside General Hospital.</p> <p>A&E based services for working age adults is now based at the new hospital, The Northumbria. North</p>	

				Tyneside and Northumberland CCGs are working with NTW Trust and NHCT to establish a joint service.	
3.5	Availability of prompt formal Mental Health Act assessments by s12 doctors and Approved Mental Health Professionals for s136 detentions in line with the RC standard of commencing the assessment in < 3 hours unless there are clinical grounds to delay it.	April 2015	NTW/ NHCT/ Local Authority	Responsible clinician working agreements between the Trusts already in operation. Those working agreements have been reviewed to ensure they remain up to date with relevant standards.	
3.6	Develop a process around assessment of people under the influence of alcohol to ensure that no-one is excluded from a place of safety or assessment due to intoxication. Ensure that the Mental Health Place of Safety is staffed with appropriately skilled mental health professionals 24/7 as per best practice guidance.	June 2016	NTW	Following publication of CQC "Safer Place to Be" report about not using breathalysers as part of Place of Safety suites to assess, guidance has been developed for CRHT to ensure that individuals are not denied assessments due to intoxication and are given a screening to assess suitability for assessment. Consider developing this guidance on a multi-organisational basis. At the previous meeting, an issue about delays in s12 assessments had been occurring. A review has shown that this is not a North Tyneside issue.	
3.7	Ensure that staff are skilled and trained to manage "violent patients". Who have committed serious crimes with mental health problems.	Jun 2016	NTW	Draft proposed clinical algorithm for assessment of violent and aggressive mentally disordered patients in police custody for potential implementation NTW Trust has developed guidance notes on how to manage violent and potentially forensic patients being held in police custody. This includes information on when it is appropriate to admit the person, keep in remand etc. This draft policy has been out to consultation with the guidance, comments received and will be ratified within NTW. Police & CPT sign up will then be sought.	

4. Improved quality of response and pathway when people are detained under Section 135 and 136 of the Mental Health Act 1983					
No.	Purpose/Action	Timescale	Led By	Progress/Outcome	RAG Status
4.1.	Undertake a pathway mapping exercise for urgent and emergency responses to crisis care including s136 Mental Health Act 1983 process	October 2014	CCG	Mapping undertaken and areas for development identified to be included in this Action Plan	
4.2.	Review processes for s135 warrants to include: <ul style="list-style-type: none"> - Sign up to the Fee Account system by Local Authorities - Warrants are issues as a priority by courts/magistrates - Consider potential to implement digital warrants - Develop close relationships between magistrates, particularly out of hours magistrates and AMPHS to minimise delays in granting a warrant and to ensure smooth and efficient process in times of crisis. 	Nov 2016	NTW/ Local Authority	LA has an agreed process for s135 warrants. Justice Clerk and NHSE as agreed to share the out of hours process for gaining s135 warrants, which had been an issue for AMPHS during the out of hours period. The procedure has now been confirmed and court charges also confirmed. NTW policy has therefore been signed off.	
4.3	Agree the datasets to capture information relating to Section 136 of the Mental Health Act and street triage.	Sept 2015	Police/ NTW/ CCG	Data Sets should be set locally and achieve, as a minimum, the national minimum standards data set for Street triage. All agencies data collection must improve as per the CQC Safer Place To Be standards. Datasets agreed in June 2015. Action completed	
4.4.	Implement a regular multi-agency monitoring and review process, using data on s135 police involvement and s136 detentions. Identify repeat detentions and other information to ensure individual's needs are being appropriately managed.	April 2015	Police/ NTW/ Local Authority	North Tyneside & Northumberland Police & Partners Local Liaison Group established, with the two local localities recently joining together. Clinical practice issues are reviewed and s135/136 issues are included as a standard agenda item. Group considers areas of concern and good practice. Group reports to Police and Partners Strategic Group. Group will consider complex cases whereby the person is repeatedly being detained, as flagged by	

				Police/CRHT/LA. Meetings discuss cases and develop plans to prevent repeated detention. Street Triage also expected to identify repeat detentions and develop plans to minimise.	
4.5	Commission appropriate transportation for police to be able to transport patients to place of safety when they have invoked s136 powers. This includes access to transport for British Transport Police when needed.	April 2015	NEAS/Police	Transport provider commissioned to respond to s136 transport requests by Police with agreed response timescales. Monitor response times and usage.	
4.6	Commission appropriate transport for service users (and their carers where appropriate) to be transported in an emergency in a safe, appropriate and timely way and minimising any delays for transport while waiting for ambulance attendance. Ensure that patients are accompanied at all times when being transported to the place of safety to minimise safety issues for the patient and transport driver. Ensure that any changes to transport places for individuals are communicated to transport provider. Includes access to transport for British Transport Police when needed	April 2015	CCG Transport providers/ Local Authority/ Police Transport providers/ CCG CCG	A provider was commissioned to respond to mental health crisis transport requests. A contract has been entered into with KPIs and outcome measures. Protocol and checklist to be developed to describe how scene safety information will be passed between organisations. Continued involvement in development of a single national protocol for the transportation of s136 patients, including agreed response times and a standard specification. Review process to determine future commissioning arrangements for transport is underway. As at April 2016, the contract with an independent sector provider has been extended for a 1 year period.	
4.7	Agree a standardised process for all to follow to ensure that essential accurate and timely information is shared between providers, including patient safety issues, and necessary documentation is fully completed and available for handover between organisations. Ensure compliance	December 2015	NTW/ Local Authority	Our aim was to establish sub-group to review hand-offs between organisations and develop protocols for improved management. Protocols would include management of people who are intoxicated as well as	

	to CQC regulations and for each organisation to be aware of the role and expectations of each provider,			<p>police presence when the patient is not violent.</p> <p>Hand-offs are now considered not be an issue anymore which is expected to be a beneficial outcome of liaison psychiatry and street triage services reducing the number of s136 arrests.</p>	
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5. Availability and quality of treatment and care when in crisis					
No.	Action	Timescale	Led By	Progress	RAG Status
5.1	Strengthen pathway between NTW Crisis team and NTW Consortium for Drug & Alcohol provision to ensure joint crisis planning		Local Authority / NTW	<p>The local authority has recently commissioned a new drug & alcohol service which has a recovery focus.</p> <p>NTW Trust is the provider for the mental health crisis team and is the lead provider in a consortium for the drug & alcohol services. The Two teams will develop closer working relationships to ensure that people in crisis can be referred to the drug & alcohol services in a timely manner.</p> <p>Where a person is in treatment, they have access to named peer support, a social network, and recovery community, all of which are evidenced based successful methods of managing people's addictions.</p>	
5.3	Review Talking Therapy services to ensure that people in North Tyneside can access appropriate services when they need it and to prevent escalation of their mental health need. Include development of self-referral option for people in North Tyneside.	February 2015	CCG/ NHCT	The service has been reviewed and service re-modelling has been undertaken during 2014. A new model of service has been implemented based on the outcomes of an engagement exercise including a self-referral option.	

5.4	Review of local authority commissioned mental health services across North Tyneside to determine if the right care and support is being commissioned and that it is being used appropriately within a recovery focussed model. Also considering value for money of commissioned service provision. The review includes accommodation and community based provision.	March 2016	Local Authority/ CCG	Work has started to map current commissioned provision and activity, throughput, gaps etc. Information about services has been collected and is being analysed. CCG engaged as part of the review work. Some service reconfiguration has now taken place and plans are being jointly developed further for other service areas. This work will continue into 2016/17. A North Tyneside Recovery College has been established. A prospectus has been published.	
5.5	Ensure relevant assessment and risk/relapse documentation includes views of carers, involved where appropriate and recognises the value of engaging them. Complete current document, invite carer's views.	Q4 2014/15		Agreed documentation. Complete current documentation invites carer's views. Already happens. CQUIN to improve this year. Specific carer support time allocated.	

6. Recovery and staying well / preventing future crisis					
No.	Action	Timescale	Led By	Progress/Outcome	RAG Status
6.1	Ensure availability of tier 0 and Tier 1 (self-help/guided self-help/peer support) to promote recovery, avert crises and increase the protective factor of social integration.	Achieved	Local Authority	Social prescribing is jointly commissioned between the CCG and Local Authority which provides support for people with mental health problems through offering a range of activities.	
		Jan 2015	Local Authority	Active North Tyneside has recently been established to encourage physical activity across the borough. One of the aims of this is to promote mental wellbeing and prevent escalation/promote recovery.	

		October 2015 – March 2016	CCG/ Local Authority/ NHCT/ Schools	Development of the CAMHS Transformation Plan for North Tyneside has provided opportunity to consider further prevention work.	
6.3.	Implementation of New Models of Care in North Tyneside to provide multi-disciplinary specialist support for a specific sector of the North Tyneside population to improve management of their care and prevent inappropriate admissions to hospital. This includes provision of mental health services and will aim to prevent mental health crises arising.	December 2015	CCG	The CCG has now established the New Models of Care System, which is aimed at managing those patients with the most complex needs in a multi-disciplinary way. The service called Care Plus is currently operating in the Whitley Bay locality of North Tyneside and plans have been prepared to roll the model out to the rest of North Tyneside.	
6.4	Development and delivery of a Mental Health Education Programme for GPs and delivered through focused CCG Education Sessions	ongoing	CCG	CCG Education sessions have been timetabled for 2015/16. Suggested education sessions would include CAMHS, suicide prevention, Serious Mental Illness, LD/Challenging Behaviour & Prescribing.	

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 8 February 2018

Title: Better Care Fund update

Author: Kevin Allan **Tel:** 0191 643 6078

Service: Health, Education, Care and Safeguarding

Directorate: Deputy Chief Executive

Wards affected: All

1 Background

On 9th November 2017, the committee received a report on the Better Care Fund (BCF), outlining the proposed content of the BCF plan and the associated expenditure. The BCF plan was subsequently approved by Cabinet on 13th November, the Health and Wellbeing Board on 16th November, and the Governing Body of NHS North Tyneside Clinical Commissioning Group (CCG) on 28th November 2017.

2 BCF National Assurance Process

The BCF plan was submitted to the BCF national assurance process, which is managed by the Department of Health, Department of Communities and Local Government, and NHS England. The plan was not approved nationally, on the grounds that the amount of expenditure on social care from the CCG minimum was less than the required baseline.

The Chief Executive of the Authority and the Accountable Officer of the CCG confirmed to the national assurance panel that the level of social care expenditure was linked to the previously-agreed decision to decommission The Cedars.

Nevertheless, the Authority and the CCG were obliged to increase the level of social care expenditure from the CCG minimum in order to secure national approval of the BCF plan.

2 Changes from the previous version of the plan.

The Authority and the CCG agree to modify the above plans as follows:

- a) An additional service has been added to the BCF expenditure plan, named "Community Falls Service." This service is currently commissioned by the CCG, and provided by the Authority, but has not hitherto been included in the BCF. The current funding period will be extended to 31st March 2019 and the amount of investment will be £125k in 2018/19. . The source of funding will be the CCG minimum contribution and the "area of spend" will be "social care"

- b) The amount of expenditure on the Community Rehabilitation Service will be increased in 2018/19 from £429,417 to £747,059, an increase of £317,642. This service is provided by the Authority. This will enable the Authority to increase the capacity of the service in order to avoid hospital admissions and facilitate discharges from hospitals and from the Royal Quays Intermediate Care centre. The source of funding will be the CCG minimum contribution and the “area of spend” will be “social care”
- c) The effect of (a) and (b) above is to increase the planned social care expenditure from the CCG minimum, in 2018/19, from £9,643,221 to £10,085,863, an increase of £442,642. The figure of £10,085,863 will form the social care baseline in later years.
- d) The amount of the investment by the CCG in “CarePlus”, which is counted within the BCF, will reduce in 2018/19 by £442,642.
- e) There are no changes to the investment plan previously submitted for 2017/18.

3 Progress in implementing the Plan

All services funded through the BCF are already operating. As a consequence of the increased investment outlined above, the size of the Community Rehabilitation Service will increase in 2018/19.

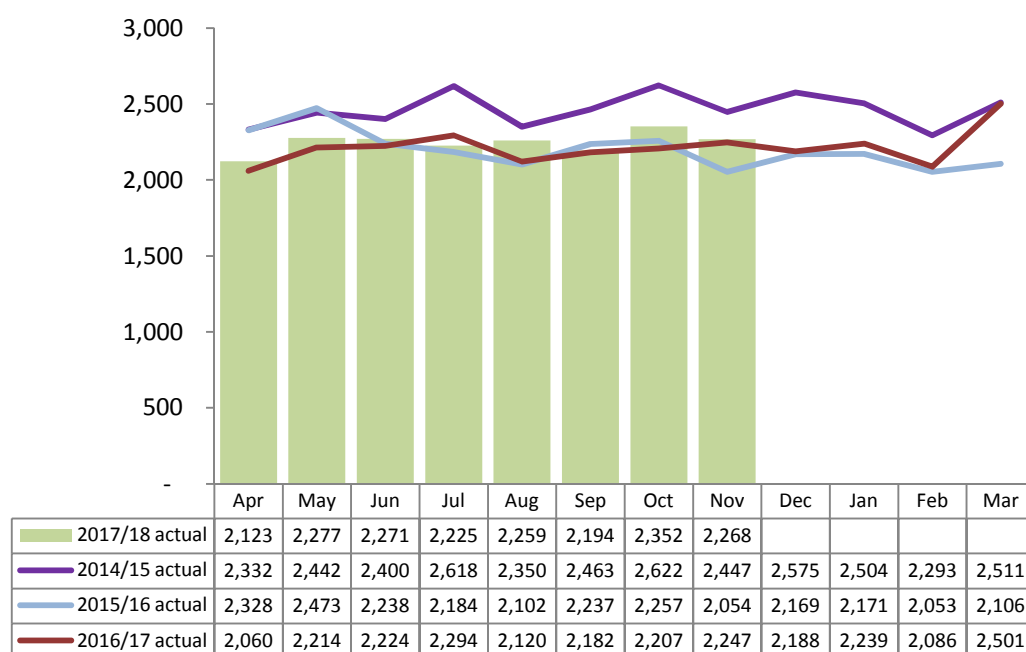
The BCF Partnership Board continues to review and evaluate BCF services.

4 Metrics

This section outlines the latest available information with regard to the national BCF metrics.

a) Emergency Hospital Admissions

Figure 1

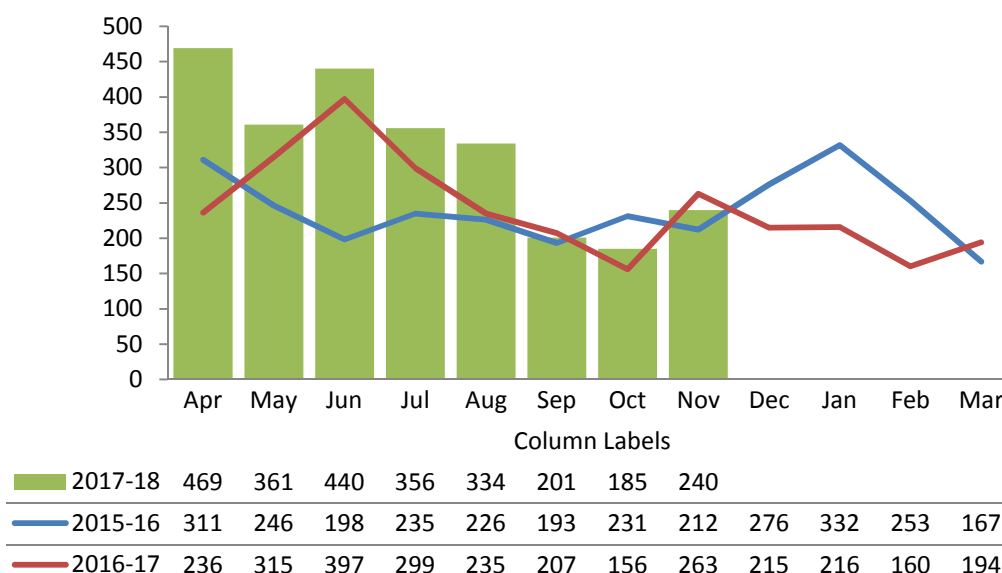


In April - November 2016 there were 17,548 emergency hospital admissions. This increased to 17,969 emergency admissions in April-November 2017 – an increase of 2.4%.

The BCF target for a reduction of 2.3% is not being met. The average increase in England, for the same time period, was 3.2%.

b) Delayed Transfers of Care

Figure 2



There was an 22.7% increase in delays in April-November 2017, compared to the same period in 2016. The average increase in England was 25.1%

The number of delays has reduced during the year, and the rate for November was 8% lower than the previous year.

From April 2017- November 2017 there was a total of 2,586 delayed days:

- 1,900 days of delay at Newcastle Hospitals
- 686 days of delay Northumbria Healthcare
- 1,815 days were attributable to the NHS (70% of the total)
- 771 days were attributable to social care (30% of the total)

The most common cause of delays attributable to the NHS was waiting for further non-acute NHS care:

Figure 3

Sum of NHS responsible total delayed days	Provider		
	Northumbria Healthcare	Newcastle Hospitals	Grand Total
Reason for delay			
C_FURTHER_NON_ACUTE_NHS	0	885	885
G_PATIENT_FAMILY_CHOICE	196	349	545
E_CARE_PACKAGE_IN_HOME	16	242	258
F_COMMUNITY_EQUIP_ADAPT	14	80	94
A_COMPLETION_ASSESSMENT	19	0	19
I_HOUSING	11	3	14
DII_NURSING_HOME	0	0	0
H_DISPUTES	0	0	0
O_OTHER	0	0	0
DI_RESIDENTIAL_HOME	0	0	0
B_PUBLIC_FUNDING	0	0	0
Grand Total	256	1,559	1,815

The most common cause of delays attributable to social care was waiting for a care package at home:

Figure 4

Sum of Social Care responsible total delayed	Provider		
	Northumbria Healthcare	Newcastle Hospitals	Grand Total
Reason for delay			
E_CARE_PACKAGE_IN_HOME	61	267	328
G_PATIENT_FAMILY_CHOICE	153	54	207
DII_NURSING_HOME	138	2	140
DI_RESIDENTIAL_HOME	71	13	84
A_COMPLETION_ASSESSMENT	7	0	7
F_COMMUNITY_EQUIP_ADAPT	0	5	5
I_HOUSING	0	0	0
H_DISPUTES	0	0	0
O_OTHER	0	0	0
B_PUBLIC_FUNDING	0	0	0
C_FURTHER_NON_ACUTE_NHS	0	0	0
Grand Total	430	341	771

c) Permanent admissions to residential care

The number of permanent admissions to residential care, of people aged 65+, was 226 in April-December 2017, which was only one above target.

There is, however, some risk of delayed recording in December, due to a change in IT systems.

d) Effectiveness of reablement

The number of people discharged from hospital into reablement, who are still at home after 90 days, continues to be around 93%, which places North Tyneside in the best-performing 10% of English local authorities.