

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 26 April 2024 at 10.00 am in the Council Chamber - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for Absence
2	Minutes (Pages 3 - 8) The minutes of the meeting held on the 8 March 2024 are attached for approval, together with the Action List.
3	Declarations of Interest Members of the Board to declare an interest in any particular agenda item.
4	Updates from Board Members Items for Discussion
5	Voluntary Sector Compact - Revised (Presentation) - Lisa Goodwin / Alison Dunn (Pages 9 - 24)
6	People@theheart (MCN) - End of year report and future direction (Presentation) - Suzanne Henderson (Pages 25 - 78)
7	Outcomes from HWB Developing Together Session 29th Feb - Councillor Lynne Caffrey and John Costello (Pages 79 - 84)
8	Gateshead Cares System Board Update (Presentation) - Mark Dornan Items for Assurance
9	Health Protection Assurance Annual Report 2022/23 - Paul Gray (Pages 85 - 100) Items for Information
10	Pharmacy notifications from NENC ICB: Change of Ownership
10a	Ravensworth Road pharmacy, Dunston (from Boots to JSBH Ltd) (Pages 101 - 102)
10b	Wrekenton Health Centre pharmacy (from Whitworth Chemists to Gateshead Pharma Ltd) (Pages 103 - 106)

- 11 | **Gateshead Place Plan - Progress Update on Priorities (Pages 107 - 162)**
- 12 | **Any Other Business**

Public Document Pack Agenda Item 2

GATESHEAD METROPOLITAN BOROUGH COUNCIL

GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 8 March 2024

PRESENT

Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Bill Dick	Gateshead Council
Councillor Bernadette Oliphant	Gateshead Council
Councillor Martin Gannon	Gateshead Council
Councillor Gary Haley	Gateshead Council
Councillor Pamela Burns	Gateshead Council
Councillor Jane McCoid	Gateshead Council
Councillor Jonathan Wallace	Gateshead Council

IN ATTENDANCE:

John Costello	Gateshead Council
Dr Mark Dornan	NENC ICB
Anna English	CNTW NHS FT
Emma Gibson	Gateshead Council
Natalie Goodman	Gateshead Council
Lisa Goodwin	Connected Voice
Louise Sweeney	Gateshead Council
Lynn Wilson	NENC ICB
Nichole Allen	CBC Health Federation LTD
Nicola Bruce	Gateshead Health
Phillip Hindmarsh	Gateshead Council
Steve Thomas	TWFRS
Vicky Sibson	Gateshead Council
Yvonne Probert	Healthwatch Gateshead

APOLOGIES:

Councillor Michael McNestry and Councillor Paul Elliott

HW78 MINUTES

The minutes of the meeting on 26 January 2024 were approved as an accurate record with no matters arising.

HW79 DECLARATIONS OF INTEREST

No interests were declared.

HW80 UPDATES FROM BOARD MEMBERS

Updates were given by members of the Board on changes and news in the sector:

- The Adult Social Care LGA peer review is taking place in March. This will be a wide ranging review and will include domiciliary and residential care and workforce issues.
- A review of Children's Social Care funding is being conducted the week of this Board meeting.
- An application has been submitted by the VCS to NHS Charities for a volunteering for health fund.
- Ramadan calendars have been put together with key dates and encouraging safe fasting.
- The Community Diagnostic Centre at the Metro Centre is progressing well and planning for 2024/25 is underway. An additional bid has been submitted linked to women's health.
- Evening sessions for Pap Smears are now available to book through some GP practices.
- An overview was provided of the Council's budget and financial position.
- ICB staff restructuring will be completed in March. This will result in a smaller team.

RESOLVED

- i. The Chair requested an item on step down/step up for children in care be added to the 2024/25 Work Programme.
- ii. To circulate Ramadan safe fasting messaging to the Board.
- iii. For an item on People@theheart project to be brought to the next Board meeting.
- iv. For an item on community led support to be brought to a future Board meeting.

HW81

COMMUNITY PHYSICAL ACTIVITY UPDATE (PRESENTATION) - EMMA GIBSON

The Board was updated on 2 key areas of community physical activity work; Physical Activity Sector Led Improvement and The Active Travel and Social Prescribing Pilot.

A 'system approach' through a 'Sector Led Improvement' (SLI) model will be adopted to encourage people who are inactive to become more active. It was found that Gateshead currently has the least number of active adults in the region. The SLI work supports the 'Gateshead Physical Activity Strategy', which highlights the need for everyone to be physically active throughout their life.

Gateshead signed up to the SLI work in October 2023, and has since begun to pilot the physical assessment tool as part of the physical activity SLI workshops it has been running with partners, since December 2023. The workshops have been supported by the Local Government Association and are due to run until May 2024 in Gateshead. On completion of the workshops, an evaluation across all areas will be carried out regarding key findings and opportunities for Gateshead.

Gateshead were also one of 11 successful local authorities to be awarded funding of £1.4 million for the active travel and social prescribing pilot from April

2023 for 3 years.

'Walk and Wheel Gateshead' had a soft launch in August 2023. The initial aim was to explore the needs of communities in target geographical areas (building upon the initial consultation stage) and develop an understanding of the referral process into the project.

The Board discussed cycling initiatives being under pressure and struggling to continue functioning, due to an uptake of buying bikes in the COVID-19 Pandemic and resulting in less demand.

The Board also discussed campaigns for more cycling spending per head, active travel and mental wellbeing, and employee incentives for active travel.

The Fire and Rescue Service run a campaign called Bike It Out, which is focused on motorbike safety, but there are plans to expand this to include cycling and horse riding.

RESOLVED

- i. The Board noted the presentation.

HW82 FAMILY HUBS UPDATE (PRESENTATION) - GAVIN BRADSHAW

The Board was updated on the setting up of Family Hubs. A presentation was given showing the services provided and numbers of hubs set up. This included a Virtual Family Hub, which has a focus on Start for Life – the first 1001 Days, which the concept of Family Hubs have been based on. It also covered partner organisations involved in the project and plans for the next year.

There was a discussion of linking with community pharmacies on disclosed safeguarding information.

RESOLVED

- i. The Board noted the presentation.

HW83 FEEDBACK FROM HWB DEVELOPMENT SESSION 29TH FEB - ALL

This item was deferred to the next meeting.

HW84 GATESHEAD CARES SYSTEM BOARD UPDATE - MARK DORNAN

The Board received an update from the Gateshead Cares System Board on ongoing work.

The following areas were updated on:

- Gateshead Place Plan
- Giving Children and Young People the Best Start in Life
- Recommendations of the Director of Public Health Annual Report 2023/24

- People@theheart end of year report
- Alternative Crisis Pathway
- Gateshead Council Budget and Financial Outlook 2024/25
- Asylum and Migration Update and Next Steps

RESOLVED

- The Board noted the presentation.

HW85 BCF QUARTER 3 RETURN - JOHN COSTELLO

The Board received a report on Gateshead's Better Care Fund quarter three return for 2023/24.

RESOLVED

- The Board endorsed the report and Quarter 3 return.

HW86 PHARMACY NOTIFICATIONS FROM NENC ICB

The Board received a notification of removal from the pharmaceutical list for the following pharmacy:

- Boots UK Ltd 16 Front Street, Winlaton, Tyne & Wear NE21 4RE

The Board received an application for inclusion in the pharmaceutical list: Distant Selling Premises from the following:

- Pharmacy@Home Ltd at 32 Oakwood Gardens, Gateshead, Tyne and Wear, NE11 0DE

RESOLVED

- The Board noted the updates.

HW87 ANY OTHER BUSINESS

No other business was declared.

**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 8th March 2024			
Partner Updates	To bring an item on People@theheart to the next Board meeting	Alice Wiseman / Kirsty Robertson	On the agenda of the 26 th April Board meeting
	To bring an item on Community led support to a future Board meeting	Dale Owens	To feed into Forward Plan for 2024/25
	Bring an item on Changing Futures Northumbria and its application within Gateshead to a future Board meeting	Mark Smith	To feed into Forward Plan for 2024/25
Matters Arising from HWB meeting on 26th January 2024			
Director of Public Health Annual Report	Topics/ themes from the DPH Annual Report to come back to future Board meetings for discussion	Alice Wiseman	To feed into Forward Plan for 2024/25
Gateshead Health NHS FT Plans and Focus on Women's Health	To provide a further update on progress and future plans to the Board next year	Trudie Davies	To feed into Forward Plan for 2024/25
Refresh of Voluntary Sector Compact	To bring the final draft of the Compact back to the HWB for sign-off	Lisa Goodwin and Alison Dunn	On the Board's agenda for 26 th April
Matters Arising from HWB meeting on 1st December 2023			
Partner Updates	Following completion of the LGA Peer	Dale Owens	Scheduled to come to the

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	Review of ASC, report the findings to the Board		Board on 7 th June
Gateshead Cares System Board Update	Single Point of Access - Children and Young People Pathway: item on progress to be brought to the HWB	Angela Kumar and partner organisations	To feed into Forward Plan for 2024/25
Matters Arising from HWB meeting on 20th October 2023			
Updates from Board Members	To add a presentation on the National Women's Health Strategy to the Board's work programme	Presentation by Siobhan Brown	To feed into Forward Plan
Cumbria, Northumberland, Tyne & Wear NHS FT Strategy and Community Health Transformation	CNTW to come back to the Board with an update on its clinical model at a future date	Anna English	To feed into Forward Plan
Matters Arising from HWB meeting on 8th September 2023			
SEND Inspection	To bring an update to a future Board meeting on progress in taking forward the SEND Strategic Priority Action Plan	Andrea Houlihan	To come to the HWB on 7 th June 2024
Trauma Informed Care	To report back to the Board next year on progress in implementing the service, including some case studies	Lisa Wood	To come to the HWB on 7 th June 2024

The Gateshead Compact 2024-2027

Valuing and supporting the VCSE sector in Gateshead

April 2024

The Gateshead Compact 2024-27

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Foreword

Welcome to the Gateshead Compact, outlining how all the partners at Gateshead Health and Wellbeing Board will work together to ensure a productive and successful relationship with the voluntary, community and social enterprise (VCSE) sector in Gateshead.

Gateshead has always had an active and vibrant VCSE sector, with groups and organisations of all sizes making an invaluable contribution to the borough's many and diverse communities. Our health and wellbeing strategy and corporate plan recognises the key role the sector plays both in keeping people connected and well, and as a deliverer of services.

The role of the VCSE sector has changed radically in recent years, with many organisations now at the front line of supporting people with basic needs including food, clothing and warmth. The flexibility and responsiveness of VCSE organisations was recognised and greatly valued during the Covid pandemic and the cost-of-living crisis that came afterwards.

Close working, mutual respect and an understanding of both our strengths and differences are things which we know will be important over the next few years in the relationship between the VCSE sector and public sector in Gateshead.

In recognition of these changes it is more important than ever that we work together with trust, respect, consensus and creativity to support our communities in Gateshead.

The role of the Compact is to:

- Enhance the relationship between the VCSE sector, the Council, NHS and other key public sector partners
- Ensure a sustainable and resilient VCSE sector
- Improve communication, accountability and joint working between the VCSE sector, the Council, NHS and other key public sector partners
- Maximise our collective impact and resources to improve services for Gateshead communities and outcomes for local people
- Deliver the Health and Wellbeing Strategy and use the Thrive approach.

This Compact sets out the basis for our partnership over the next three years. It provides partners with a framework for working with the VCSE sector, with clear commitments on allocating financial resources fairly; promoting equality; consulting and involving the VCSE sector and service users; promoting and supporting volunteering; and sensitively managing changes to services.

We look forward to working with you all on the implementation of this Compact.

Cllr Lynne Caffrey
Chair, Gateshead Health and Wellbeing Board

What is a Compact?

A Compact is an agreement between public sector agencies and the VCSE sector to work together to agreed standards and shared objectives. It formalises shared commitments and priorities, which recognise the value and role of VCSE sector, and outlines how to make these commitments a reality.

Following the principles of the first national Compact in 1998 (revised and relaunched in 2009), local Compacts have typically sought to outline protocols, undertakings and ways of working which manage the relationship between public sector bodies and the VCSE sector. Compacts have always been voluntary, and are designed to demonstrate a shared commitment to joint working, and a process by which any issues can be raised and resolved.

The History of the Compact in Gateshead

Gateshead's first Compact was published in 2002. It set out a range of undertakings expected from each sector and provided a mechanism for closer working between the public sector and the community and voluntary sector. The original Compact also provided a number of Codes of Practice necessary to support this complex working relationship.

This first Compact developed as a series of agreements between individual statutory organisations and the VCS, and was not envisaged as a Gateshead-wide, partnership-based approach.

An updated Compact was developed in 2010. It differed from the original compact in that:

- a. It applied to all members of the Gateshead Strategic Partnership, and was based on a series of objectives which are shared by all partners;
- b. It focused on four key shared commitments and a proactive approach to the delivery of these commitments, and therefore moved away from the 'codes of practice' approach of the previous Compact;
- c. It was based around partnership working to deliver Vision 2030.

This Compact was the winner of the Local Compact Award in the Annual National Compact Awards for 2011. It was recognised as demonstrating the ongoing or long term impact that positive partnership working can have in a local community.

A third compact was written in 2014 and included the following changes:

- a. Recognition of the major changes regarding the financial context for the Council and the VCSE at the beginning of austerity
- b. A re-focussing and prioritising of shared commitments covering maintaining a strong VCSE sector, long term planning and transparency in commissioning, volunteering, and Gateshead Communities Together
- c. Addition to the principles regarding a sustainable and modernised VCSE sector.

The Compact in 2024

The operating environment for the VCSE sector and public sector has changed significantly since the last Compact was adopted. Rates of poverty in the borough are at an all-time high, and health

inequalities continue to perpetuate. The VCSE sector finds itself in a front-line role with both need and complexity of need increasing, and volunteer capacity reducing. The challenging financial environment we all face highlights the need to refocus our attentions working together in co-productive ways to find collective solutions.

Against a backdrop of rising poverty and increasing health inequalities, a refresh of the Gateshead Compact is overdue as both public sector and VCSE agencies find themselves in an ever more critical frontline role with both need and complexity of need increasing.

We've all faced new challenges in the last decade, to include significant welfare reform, a prolonged period of austerity, and a global pandemic followed swiftly followed by a cost-of-living crisis. As a result of these significant national and international events, and natural staff turnover, knowledge of the Gateshead Compact and the practical application of it has fallen away, but the mutual respect between the public and voluntary sector remains, as does the willingness to collaborate.

The VCSE has a key role to play in the development and delivery of Gateshead Council's Thrive Agenda. It will also be key to the development of the Locality strategy, enabling critical services and support mechanisms to reach individuals and communities which may otherwise remain isolated.

For all other public sector partners on the Health and Wellbeing Board, the VCSE sector is an important partner in both the delivery of their services, and in preventing people needing to access them in the first place.

The Health and Wellbeing Strategy has the following aims:

- Give every child the best start in life, with a focus on conception to age two
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create the conditions for fair employment and good work for all
- Ensure a healthy standard of living for all, in accordance with international law on economic and social rights
- Create and develop sustainable places and communities
- Strengthen the role and impact of ill health prevention

These aims rely on our organisations to work together and co-produce solutions across organisational boundaries. They will only be achieved by the public and VCSE sectors working together in a meaningful partnership, supported by the principles in the Compact.

The VCSE Sector: A Definition

A VCSE Organisation is any organisation or group that:

- (1) is established only for charitable, community or social objectives and
- (2) only or predominantly benefits the public (or a section of it) or a community and (3) uses any surpluses only or predominantly to further those objectives, rather than for private gain.

The VCSE sector has had many names over the years – for example Civil Society, the Third Sector, the voluntary sector and the VCS. 'VCSE sector' is the current catch all term that includes any organisation (incorporated or not) working with social purposes. This ranges from small community based groups (Good Neighbour Schemes, 'Knit & Natter' etc.), through to larger Registered Charities

that operate locally, regionally or nationally. VCSE organisations can have a range of informal and more formal structures, depending on their size and remit.

Typically, the organisational structures in the VCSE sector are:

- Unincorporated Association
- Charitable Trust
- Registered Charity
- Charitable Incorporated Organisation (CIO)
- Company Limited by Guarantee
- Company Limited by Shares
- Community Interest Company
- Community Benefit Society
- Co-operative Society

Where VCSE organisations have a company structure, they have a social purpose which distinguishes them from a private company, and they may also be a registered charity.

Social Enterprise describes a *type* of organisation and not a legal structure.

Social enterprises are organisations with primarily social purposes, which generate revenue through trading and reinvest any surplus back into the business or the community they serve. The term 'Social Enterprise' has no legal status and is not recognised by HMRC or any other regulatory body. Social enterprises use many of the same legal forms as other VCSE organisations – most often Community Interest Company, Company Ltd by Guarantee/ Shares, or Co-operative Society.

Section One: Core principles

The Gateshead Compact partners recognise that an independent, diverse and thriving VCSE sector is vital to the wellbeing of society and the prosperity of Gateshead. Voluntary and community action is an essential part of democratic society and life in Gateshead. These are the core principles which underpin the Compact:

Shared Vision: Partners share a commitment to the Thrive Policy Framework and the Gateshead Health and Wellbeing (HWB) Strategy. The policy framework, the HWB strategy and underpinning implementation plan provides a coherent means of partners working together to support the wider health and wellbeing of our communities in Gateshead.

Benefit: Everything we do as partners is done for the benefit of Gateshead, its people and communities.

Realism: All partners have to work within the available resources linked to priorities for the borough and established in consultation with each other.

Respect: Public and VCSE sector organisations are accountable in different ways, and both need to act with transparency and integrity. Effective partnerships are built on mutual understanding, co-operation and an appreciation of the differences between partner organisations.

Honesty: It is only through open communication that strong partnerships can be built and maintained. Full, frank and mature discussions should be the basis for resolving difficulties.

Independence: The independence of the VCSE sector is recognised and supported. This includes the right within the law to campaign, to comment on and to challenge national, regional and local policy (whatever funding or other relationship may exist with government and other public sector partners) and to determine and manage its own affairs.

Diversity: The public and VCSE sectors value a thriving civil society, which brings innovation and choice through a multitude of voices and actions.

Fairness: The public and VCSE sectors will work together to achieve fair decisions. Fairness for everyone, across diverse backgrounds, is a fundamental goal.

Co-operation: By working co-operatively and recognising and focusing on assets, the public sector and VCSE sector can deliver change that is built around communities and people.

Volunteering: Volunteering activities are an important part of citizenship and essential to public life and democracy. All partners will aim to be volunteer-friendly and also volunteering-literate; that is, aware of ways that their actions and decisions may affect community and voluntary activity.

Section Two: Shared priorities for Gateshead

1. Strong, Sustainable VCSE Sector

A shared commitment to ensuring a strong, healthy VCSE sector by providing appropriate levels of funding, which where affordable are linked to inflation. Prior to the commencement of each financial year, and aligned to the Council's budget setting process, any voluntary sector organisations who have a contractual or grant agreement with the Council will have the opportunity to advise of any impact of actual or anticipated cost pressures on their ability to fulfil their obligations under these arrangements. The Council commits to having due regard to this information, and entering into discussions with the sector about options to mitigate such pressures.

All partners have an opportunity to maximise support for the VCSE sector via effective use of social value in procurement processes.

Gateshead Council will work towards building VCSE sector funding into the base budget, as a way of protecting this funding in the longer term. All public sector partners are encouraged to consider this.

All partners commit to considering the best way to provide longer term and sustainable funding to the sector for the delivery of agreed outcomes, e.g. using a grant funding or a procurement approach taking into account the regulations that apply to the partner and the need for fairness and transparency. Grants are often the preferred funding option for the VCSE sector, and we encourage all partners to take a grants-first approach to funding, only using contracts where this is strictly necessary.

2. Long term planning and transparency in commissioning

A shared commitment to working together to provide transparency and objectivity in public sector commissioning and procurement. This will include public sector partners providing clear and annually updated information about the extent of their expenditure in the VCSE sector. It will include implementing full commissioning cycles, which allow the VCSE sector to input fully, and providing co-production opportunities for people with living and lived experience.

A commitment to improved and proportionate contract management, with contracts linked to inflation. For the VCSE sector, this includes the commitment to provide the commissioner with good quality monitoring information regularly, and to receive feedback and engage in dialogue with commissioners.

For new opportunities, commissioners commit to ensuring that thought is given to whether the funding should be in the form of a grant or contract as referred to in point one above, and to ensure that opportunities are widely shared and that the social value provided by VCSE organisations is acknowledged fairly and transparently in assessments.

3. Valuing and enabling volunteering

Volunteers are the lifeblood of our communities. We have a shared commitment to valuing the role of volunteers; removing barriers to volunteering; supporting the take up of opportunities; ensuring an effective infrastructure is in place to support volunteering; and working in partnership to encourage

volunteering.

4. Gateshead Locality working

A shared commitment to the value of local community development, and the role of public sector organisations, VCSE organisations, faith groups and community leaders in engaging people in decisions that affect them, and co production and delivery of services.

Section Three: Our Commitments

Commitment 1: Allocating financial resources fairly

Shared Commitments:

- We will consider carefully whether grants or contracts are the most appropriate method of funding, as opportunities arise.
- We will integrate the principles of intelligent commissioning and procurement and social value into all commissioning and procurement process and policy.
- We will work co-operatively with partners, local people and communities, to inform service development proposals and to ensure resources are used effectively and value for money.
- We will ensure all stages of the commissioning and procurement process are as inclusive as possible.
- We recognise we are working in a fast-changing environment and will be sensitive to the challenges this presents.
- We recognise sometimes our collaborative approaches will cut across traditional boundaries and responsibilities.
- We will share best practice.
- We will share resources, where possible, to help increase our efficiency and effectiveness.

Public Sector Commitments:

- We will move towards co-production and ensure, where appropriate, the involvement of the VCSE sector in a range of opportunities from the earliest possible point in the process.
- All commissioning and procurement activity will consider local markets and the VCSE sector to maximise and embed social value in our communities.
- We will publicise information about funding and procurement opportunities and we will follow realistic, and clearly communicated, timescales. When this is not possible we will explain why this is the case.
- Commissioners will collaborate where appropriate, involve the VCSE sector, and try to align decisions.
- We will seek multi-year funding commitments and engage in joint commissioning and/or procurement where demonstrably appropriate, and in line with our statutory and contracting requirements.
- We will recognise that the VCSE sector is made up of predominantly very small organisations and that their capacity to engage with us is increased if we appropriately fund their time and are thoughtful about our ask of them.
- We will balance the need for accountability and value for money with a commitment to proportionate and effective processes that monitor and evaluate.
- We will adhere to internal codes of practice when making payments to the VCSE sector and these will be clearly communicated.
- We understand that making payments in a timely manner is critical for smaller VCSE organisations.
- We recognise that, in some circumstances, flexible payment arrangements may be required to enable more VCSE sector organisations to engage in financial and service development opportunities.
- We will seek to support the VCSE sector in ways other than funding. This support will

differ between partners and may include, for example, supporting volunteering, in-kind support, or sharing good practice and skills.

- We will be aware of potential opportunities which may benefit Gateshead people and communities and we will share our knowledge with the VCSE sector.
- We recognise new ways of working may involve risk, and may require a supportive approach.

VCSE Sector Commitments:

- We will respond constructively to appropriate opportunities for co-production.
- We will recognise and promote social value in our activities, leading others by example to value the impact of their activity on local communities.
- We will facilitate feedback from service users and communities to help improve delivery of programmes and services and ensure that consultation responses accurately reflect the views and experiences of service users / communities.
- We will share information based on our experience and knowledge to help shape and inform any analysis of the needs of communities and appropriate allocation of resources. We will enter into collaborative partnerships with other VCSE sector organisations and the public sector to develop, and deliver, appropriate services within the context of available resources.
- We will be open and transparent about reporting, recognising that proportionate monitoring is an aspect of good management practice and a reasonable expectation of distributors of funds.
- We will collaborate to achieve better outcomes for residents.

Commitment 2. Promoting equality, community cohesion and social inclusion

Shared Commitments:

- We will work together to agree outcomes and approaches to reduce inequalities in our Borough. The JSNA will help us to do this.
- We will ensure the voices of under-represented and disadvantaged groups, and those with living or lived experience, are heard and taken into account when designing and implementing policies, programmes and services. This will include an assessment of impact.
- We will ensure the decisions we take are fair and transparent and that we have appropriate communication plans in place.
- We will take practical action to eliminate unlawful discrimination, advance equality and ensure a voice for under-represented and disadvantaged groups.
- We will embed service user and carer involvement in the commissioning and procurement process.
- We will seek advice and input from experienced organisations as well as service users and carers.
- We will promote good relations between diverse VCSE sector organisations and between the public and VCSE sector.
- We will do this by communicating clearly and developing and supporting opportunities for collaboration and partnership working.
- We will value good working practices, promoting improved ethical standards to others.

Public Sector Commitments:

- We will work with VCSE sector organisations that represent, support or provide services to people specifically protected by legislation and other under-represented and disadvantaged groups.
- We will recognise good working practices as creating social value and we will support organisations to improve their ethical standards and influence others.
- We acknowledge that organisations representing specific disadvantaged or under-represented groups can help promote social and community cohesion and should have fair access to funding and commissioning and procurement opportunities.
- We will evidence the effects of grant funding, commissioning and procurement through robust evaluation.
- We will respond constructively to feedback from the VCSE sector.
- We recognise and value the perspectives of the VCSE sector in influencing and shaping policy, strategy and practice.

VCSE Sector Commitments:

- We will share our specialist knowledge and best practice to assist the public sector to fulfil its duties under the Equalities Act.
- We will assist public agencies to engage with the community by providing advice on appropriate ways of engaging and by sharing consultation information to users of services and / or members of communities on issues of concern to them.
- We will take practical action to eliminate unlawful discrimination, advance equality and build stronger communities.
- We will represent and reflect the views of people and communities who are often excluded, by using the reach and trust we have developed.

Commitment 3: Consulting and involving the VCSE sector, and service users

Our Shared Commitments:

- We will use an appropriate range of tools to engage groups and individuals in consultations.
- We will aim to offer 12 weeks of consultation time wherever possible.
- We will work with our partners to find out what is already known and what other consultations are planned, so that we can avoid duplication and explore joint consultations.
- We will only consult on things that we can affect the outcome of, and we will report back on what this is.
- We will consider social value in consultation, to increase the positive impact of our activity on our communities.
- We will acknowledge the contribution of others where it is given.
- We will ensure that consultations are clear about what they are asking and who should answer so that people contributing do not waste their time if it's not appropriate.

Public Sector Commitments:

- We recognise VCSE sector organisations are connected with people and communities and that those relationships can help make consultation more thorough and effective.

- We will facilitate appropriate involvement of the VCSE sector in all key stages of the commissioning and procurement process
- We will work together to minimise rolling over contracts
- We will consider social value in our consultation processes and use information to commission and procure for greater social value impact.

VCSE Sector Commitments:

- We will support local people and communities to be engaged in civil society and to contribute to consultations as appropriate.
- We will be clear about whom we are representing, in what capacity, and on what basis that representation is being made.
- We recognise that some consultations will be subject to statutory requirements or involve significant changes and the desired 12 week consultation time may be different for these.

Commitment 4: Promoting and supporting volunteering

Shared Commitments:

- We recognise that volunteering is the bedrock of the VCSE sector and that volunteering capacity has reduced since the Covid pandemic.
- We recognise that volunteering has positive health benefits for individuals, as well as a positive impact on wider society.
- We recognise volunteering has costs which impact upon the resources and capacity of volunteer involving organisations and we recognise volunteers should not be used as replacements for paid employees
- **Mutual Respect:** We support the idea that volunteers should expect to gain something in return for giving their time, energy and skills. This could include, for example, a sense of worthwhile achievement, useful skills, experience and contacts, sociability and fun or inclusion in the life of the organisation.
- **Recognition:** We recognise volunteers' contribution to the health and wellbeing of the community, public sector organisations, and the social economy and to wider social objectives.

Commitment 5: Sensitively managing changes to services

Shared Commitments:

- We will have mature and sometimes difficult conversations but will maintain relationships as we both work for the benefit of people and communities in Gateshead.
- We recognise that it may be necessary to end or change funding arrangements (for example, when people's or communities needs change, when funding specific activities becomes unaffordable or when funding streams cease). Where changes are necessary, we will work together on understanding the effects, including the wider social impact.
- We will work together to ensure any changes are implemented respectfully.
- We will be aware of and seek to proactively mitigate any potential adverse impact on service users, communities and employees.
- We will engage in consultations to identify future gaps in provision or services.

- We will work together to try to ensure appropriate transition arrangements and/or temporary measures can be put in place to maintain services and / or buildings. However, we recognise that sometimes this may not be possible.

Public Sector Commitments:

- We will consider the potential effects of any proposed change to services, including the wider social impact.
- We recognise the VCSE sector require advance notice when changing or ending a contract or funding relationship or other support and will seek to work to a minimum notice period of 3 months (unless there are exceptional circumstances such as a breach of funding conditions). Many contractual conditions adhere to or, in some cases, exceed this.
- We will discuss the implications of any restrictions or changes to financial resources with the VCSE sector and consider comments before making final decisions. If a programme or service is encountering problems, our first response would be to work with the provider to support performance improvement.
- We will ensure standards of acceptable delivery are clearly communicated and are realistic, providing a reasonable period of time for implementation where improvement is needed.
- We will ensure all parties are up to date with information and changes by using appropriate communication and thinking about the best way to communicate.

VCSE Sector Commitments:

- We will contribute positively and in a timely manner to reviews of services.
- We will advise funders on the social, environmental or economic impact of funding changes, and on ways to minimise their effects on people in vulnerable situations.
- We will highlight any difficulties we are experiencing with delivery as early as possible and seek constructive support.
- We will work creatively to minimise negative aspects of service change, as appropriate.

Section 4: Making the Compact Work

Successful implementation of the Compact will rely on:

1. A robust monitoring, review and accountability structure
2. An ongoing commitment to working together closely, changing cultures and working differently
3. A programme of awareness raising and education about the Compact, particularly for public sector Commissioners. This will be led by Connected Voice in their role as the VCSE Infrastructure Organisation for Gateshead.

Monitoring and Accountability

- The implementation of the Compact will be overseen by a joint oversight group, supported by Connected Voice and Gateshead Council. This is currently the Gateshead VCSE Relations Improvement Group.
- The actions relating to each commitment will be monitored by this group and by Connected Voice in their role as VCSE infrastructure support organisation for Gateshead
- Progress will be reported to the Health and Wellbeing Board annually
- A bi- annual review of the Compact will be undertaken to assess impact and working practices and this will be reported to Gateshead Health and Wellbeing board who will provide guidance on whether or not the outcome of the report demands further scrutiny by Cabinet.
- As part of progress reporting, information will be shared about any positive impacts emerging from using the Compact.

Resolving Disputes

- Each signatory organisation has its own complaints resolution process. This section relates to disputes about Compact compliance.
- The joint oversight group will aim to resolve disputes about Compact compliance as early as possible. This is because disputes can be damaging to relationships and can result in wasted resources.
- Wherever possible the group will work to find a solution that at least partially meets the interests and needs of both parties.
- However, in cases where it has not been possible to resolve a dispute in a timely and satisfactory way, a dispute may lead to a formal complaint via the existing complaints procedure of an organisation.
- Partners accept mistakes can happen and will respond positively when this is highlighted.

Section 5: Signatories:

Gateshead Council, including Public Health

Gateshead Health NHS Foundation Trust

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

NENC Integrated Care Board at Gateshead Place

CBC Health Federation

Office of the Police and Crime Commissioner, Northumbria and Northumbria
Police

Tyne and Wear Fire and Rescue Service

Connected Voice on behalf of Gateshead VCSE organisations



End of year 1 report (August 2022 – December 2023)

Suzanne Henderson on behalf of Alice Wiseman, Executive Sponsor and Kirsty Robertson, SRO

December 2023

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People@the Heart Report

1 Executive Summary

1.1 Purpose of the report

The People@The Heart programme is a 2 year programme which commenced on 1st August 2022. There has been a considerable amount of work completed in the first year and this report sets to do the following;

- Review the work completed in the last year (2022-2023)
- Reflect the work against initial plans and the original people@ the Heart report
- Detail outcomes from the agreed 4 work streams
- Provide feedback from services on their views of the programme
- Explore the future of People@the Heart and how it can develop to continue to support the wider system

1.2 Progress on original recommendations

Priorities	Outcomes
<p>People@the Heart Signal driven approaches Learning and Improving Empower the workforce</p>	<ul style="list-style-type: none"> • Connecting services and people together has been a key component of people@the Heart • Building relationships with partners and stakeholders • Formulation of a Programme Board for governance • Partnership agreement signed for commitment to change • Together around the Person is in development to devise a common assessment tool, lead professional process to empower front line staff to hold Multi-Disciplinary meetings and ensure accountability of services so responsibility isn't left to one person. • Referral criteria shouldn't be a mechanism to exclude, help should be available when and where is needed • Mental health Hospital pathways to enable access to rapid triage and assessment, engagement with community treatment, support prior to discharge, options for day hab • Visible recovery from those with lived experience as volunteers in hospital • Connecting services on the community to hospital to enable access to the right support e.g. diabetes support in Basis, referrals to social prescribing for people with alcohol issues so support can be received in the local community • Data Sharing agreements to share information between hospital and community drug and alcohol teams • Case study showing a reduction in reliance on emergency services. • Bringing services to the person – drug and alcohol coordinators based in the hospital, lived experience volunteers visible in the hospital. Prehab work completed prior to prison

	<ul style="list-style-type: none"> • Service user consultation has been completed with people in HMP Northumberland, Recovery Connections an Basis co-production group • Using expertise to inform the housing strategy around drugs management policies to empower housing teams to offer support and provide consistency across the system • People@the Heartt launch gave workers the chance to connect and be involved with their views on system change • Connecting with Newcastle services for wider regional approaches to change • Lived experience staff to offer training to clinical staff for a more human approach to treatment
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1.3 Work streams

Work stream	Outcomes
<ul style="list-style-type: none"> • DNA's • Inappropriate use of emergency services • Prion to community transition • Hospital to community transition 	<ul style="list-style-type: none"> • Service user feedback • Case studies • Connecting services e.g. Gateshead Recovery Partnership, Edberts House, Peer mental health services with Gateshead Trust • Implementation of 2 hospital recovery coordinators • Data sharing agreement sin place between the Trust and GRP • Pathways for direct access to dayhab and community drug and alcohol treatment for people in prison and hospital • Involvement and input from partner agencies • Improved awareness of services across the system

1.4 Feedback from services

Feedback from services has been received which has suggested the programme manager has been invaluable in linking up organisations and key people to help progress data sharing agreements. The programme manager helps keep the focus in meetings and ensures the patient is at the heart of everything we do. The introduction of People @ Heart has proved vital in bringing partners together with a common aim to address the needs of the vulnerable individual and the real benefits to this programme shows how partners are working together putting Gateshead residents' needs at the heart of what we all want, the right help, at the right

1.5 Next Steps

- Continuing to build and maintain relationship
- Connect services
- Link with independent pieces of work
- Collaborative working with Changing Futures
- Mapping to work with the most complex people using emergency services
- Information sharing

2 Purpose of the report

The People@The Heart programme is a 2 year programme which commenced on 1st August 2022. There has been a considerable amount of work completed in the first year and this report sets to do the following;

- Review the work completed in the last year (2022-2023)
- Reflect the work against initial plans and the original people@ the Heart report
- Detail outcomes from the agreed 4 work streams
- Provide feedback from services on their views of the programme
- Explore the future of People@the Heart and how it can develop to continue to support the wider system

Feedback and information for completion of this report has come from the following;

- Service user feedback (Appendix 1-3)
- Staff feedback
- Data through organisational systems as available
- Personal reflections
- Interdependent project developments
- Service visits

3 Background

The original People@the Heart report, written in 2020, was completed as a result of a mapping exercise undertaken by Gateshead Health and Care system Group, completion of a scoping phase, and the development of an oversight panel where it became clear that the system would benefit on taking a different approach on how it supports people with Multiple and complex needs (MCN).

The report provided clear and precise recommendations on how we can look to improve and develop the Gateshead approach to working with people with multiple complex needs. These recommendations come under 4 main priorities, each with subsequent principles on how these priorities can be achieved;

- 1 – People@the heart
- 2 – Signal driven approaches
- 3 – Learning and improving
- 4 - An empowered workforce

The People@the Heart programme was set up to deliver these recommendations and has become the conduit to connecting services.

As outlined in the People@the Heart end of phase 1 report (December 2022) the system can be complicated to navigate, not only to those who use services but to those who work in it. On speaking to staff, people felt it was difficult to know and understand how the services all fit together and would “feel overwhelmed” by all the emerging pieces of work.

The work completed as a result of the original report recommendations, and the initial phase of People@The Heart is the development of a programme that enables services to connect. This connection enables and empowers services to deliver effectively and supports the original recommendations

A programme Board was established with representation from across the system. The Board is chaired by Alice Wiseman, Director of Public Health and Executive Sponsor of People@The Heart, supported by Kirsty Robertson, Deputy Director of Corporate Services and Transformation for Gateshead Health NHS Foundation Trust. The Board sits bi-monthly and has Terms of Reference agreed. The meeting provides an opportunity for updates, to explore news areas of development and ensures a partnership approach is maintained as well as monitoring any identified risks to the programme.

Regular updates have been made to the Gateshead Cares System Board on the progress of the programme and work completed. This has also ensured wider communication and maintained appropriate governance of the programme.

Presentations have been made at a number of meetings to promote the People@The Heart works including;

- Homeless forum
- Scrutiny Group
- Transformation Board
- Safeguarding Adults Board
- ICB management team meeting
- Community mental health

4 Progress on original recommendations

In order to assess the success of the programme to date, it is essential to do so against the recommendations of the original report. This ensures progress is measured accurately against what was initially set out to be achieve.

The following section gives an update on achievements made within each priority and principles made.

4.1 Priority 1



4.1.1 Restructure the Gateshead system, and reorient the culture, to have People @ the Heart

The fundamental focus of People@The Heart, is to do that very thing, keep the people who use our services at the heart of what we do, ensure that people feel involved in their care and we don't operate a system where professional decide what is best for a person. This includes looking at current MDT's where the same person can be discussed in multiple settings, all with different outcomes, none of which connect and do not have the person's needs at the central focus. We need to strive to be in a position where people are included in the decisions made in relation to their care. Current service feedback is that people will often say they aren't sure why a referral has been made, especially in a safeguarding remit.

A project 'Together Around the Person' is in development with the local authority safeguarding teams and People@The Heart to build a common assessment tool which will be based on a person identifying areas they require support with. It gives a person the right to have what matters to them put as the priority not what professional feel someone should address. The common assessment tool then enables workers to know which other professionals need to be involved with a person's care. This framework provides workers with the skills necessary and empowers them to manage cases, and, through escalations routes provides the mechanism for services to be held to account. A project overview document has been agreed and work against this plan is in progress.

4.1.2 Principle #1 - No wrong front door

It is important to note, that, following feedback from the Learning Disability and Autism service director, the term "no wrong front door" may have negative connotations for some people as they will focus on the word "no". Instead, we should use the term "Right door first time".

The current structure of services generally relies on a set of referral criteria. The process of being referred in itself can be problematic for people to manage and it is often difficult for people to know who, and why they are being referred. The criteria in place is often then seen as a mechanism to exclude people from support. This is often seen through people being unable to access support if they are deemed to be under the influence of substances, or if someone has a specific previous offense or diagnosis

A Partnership Agreement has been agreed by Gateshead Cares System Board which, in its essence agrees to working in a different way that stops people bouncing around the system. This agreement gives a system wide commitment to taking a new, proactive approach to our work.

The programme has connected services that has included 'hospital to community' and 'prison to community' which provides examples of taking a 'right door first time' approach. By developing these work streams, we have created pathways that enable people to connect with the right services at the right time. If someone is admitted to hospital, or given a custodial sentence and have issues with drugs and / or alcohol, services are able to connect more effectively to offer the right support at a time where people can be at their most vulnerable. It is essential we support people through transitional periods and offer access to the right support and care.

For those being discharged from hospital, many require social care but not necessarily at a statutory level. The work completed in the hospital to community works team supports access to support to meet need in addition to their physical health. By having this support in place we can improve quality of life and health. An example of this is people who are admitted to hospital as a result of drug or alcohol issues such as overdoses or falls. By assessing and engaging them into community drug and alcohol services, the likelihood of further overdoses and falls reduces. Where social

isolation and poor mental wellbeing are factors, support from Social prescribing and peer mental health teams can also offer support. This process looks at a person's wider level of need which is important to improve health quality.

Another example of this principle being achieved through the programme is the connection made between the hospital alcohol team and the Edberts House social prescribing team. The hospital team are now able to make direct referrals for people to Edberts House for ongoing support. This is being extended for a similar offer for those who would benefit from peer mental health support through the Mental Health Transformation work.

4.1.3 Principle #2 - Make it easy and fast for people to get support

As well having the right door first time, it is also important that it is easy and fast for people to get support and they don't feel they need to navigate their way through a complicated system.

People@the Heart has connected services to create a Data Sharing Agreement (DSA). This is between Gateshead NHS Foundation Trust and Gateshead Recovery Partnership (the local authority commissioned community drug and alcohol team). The DSA enables the services to share system access for people being initiated on Opiate Substitute Treatment so treatment can be started and continued into the community quickly and easily. The DSA also allows the hospital alcohol team and GRP staff to share information around patients who have needs around alcohol use and for the alcohol team to attend GRP's MDT. This, again makes it easier for people to get support and stops the need for people to repeatedly tell their story.

A further example of how the programme has connected services is when a request for support came to People@the Heart within the hospital regarding a patient who had previously been admitted and was vulnerable. They were unable to attend an important outpatient appointment due to financial issues. People@the Heart connected the clinician with locally commissioned and third sector services in the community to offer support to this patient. By connecting the services, a proactive approach could be taken to offer support to the patient quickly and easily. He did not have to go through lengthy or complicated referral processes. This connection will also be beneficial to future patients who are likely to be in similar situations. People@the Heart having the knowledge and relationships with the services has been central to supporting collaboration for this person and others in the future. As a result, an appointment has been made in the community for the person to be seen clinically.

4.1.4 Principle #3 - "Nothing about us without us"

There is a strong emphasis in the original report about using the knowledge and expertise from people with lived experience. Having a level of support from someone who has gone through similar experiences can help a person's voice be heard.

As part of the People@The Heart work, several discussions have taken place with people who have lived experience to gain a deeper understanding on their experiences of the system. One of the messages that consistently came through was that speaking to someone who know what it felt like was very powerful.

This developed into how lived experience can be brought into a hospital setting to support people and show that recovery is possible when they are feeling potentially at their most vulnerable. A lived experience volunteer role has been developed and People@The Heart supported this by connecting the Volunteer Manager and Drug and Alcohol services and peer Mental Health Manager to offer volunteer positions within the hospital. They will work collaboratively

to support people through this process in order to ensure people are able to look after their own needs and recovery journey whilst helping others.

4.2 Priority 2



4.2.1 Use signals to drive proactive outreach

Having a signal based approach has already been recognised in Gateshead as an effective method to provide help at the earliest possible point and not wait until a person reaches crisis point before help is offered.

The service reform prototypes within Gateshead Council have used signals in areas such as council tax to suggest there may be other areas of support required and have taken a proactive approach to offer help.

Service visits and feedback has reaffirmed that working in this way is the only way we can prevent crisis. People@the Heartt has worked to connect existing services in order to do this. Joint working is necessary to ensure the right help is offered and that signals are not ignored.

To give an example the programme worked with Gateshead Police to support them to work with community based services including adult safeguarding, housing and drug and alcohol teams around a case that was causing them to be concerned.

The case involved a person frequently ringing 999 to report incidents such as Facebook not working or parcels not being delivered. The person was known by the Police to be vulnerable as well as:

- Known issues around alcohol use
- lack of engagement with services for support
- Concerns around housing and potential vulnerability
- In a 12 month period they had made 66 calls of which 37 turned into incidents, 29 non-incidents.
- The majority of the calls were clustered into a month period which prompted request for support

People@the Heart supported an MDT which was held with all parties involved in the persons care and a series of follow up meetings were held to discuss support options and agreements made who would be best place to offer each area of support.

As a result on this work;

- The person is now being supported by the community drug and alcohol services

- Calls have reduced significantly, in the last 4 months since the meetings were held there were reported 7 calls, 3 turned into incidents and 4 non incidents
- Positive feedback from Police around partnership working and the impact this has on resources and the ability to respond to other calls

Using the increase in calls as a signal that there were other concerns prevented further escalation. Connecting services together through the programme enabled the right support to be offered to the individual.

A second example is how People@the Heart linked the pilot completed by the Anti-Social Behaviour Team in the Local Authority. This used reports of anti-social behaviour as a signal that they may be other issues for that person. A team was formed from representatives across relevant agencies to work jointly to take proactive, alternative approach to the anti-social behaviour reports. As a result, cases were dealt with much more quickly with increased satisfaction from parties involved. Data showed a decrease in reliance on A&E and Police intervention.

4.2.2 Principle #4 - Community can help prevent a crisis

This principle highlights the need for support to be available in local communities and the importance of peer support.

People@the Heart has worked to promote services being available to people in their own communities and places that can be easily accessed when they need it. The hospital and prison transitional work shows how People@The Heart has achieved this principle. By having drug and alcohol workers available to see people when they are in hospital or in prison gives the opportunity to provide a proactive approach and engage people in support at the right time. We know from DNA data that once people leave hospital, the engagement with community drug and alcohol services is low. By having interventions completed in hospital, we are likely to see this engagement rate increase. This, with lived experience volunteers working alongside offers the additional value of peer support.

People@the Heart has also connected the hospital services with Edberts House. Edberts House offers services within peoples communities through their community houses. By making this connection and for referrals to be made whilst someone is receiving health care, supports the person to receive ongoing support in their own community with a more seamless approach. People@The Heart has connected the alcohol team with Edberts House and referrals have been made. Prior to the programme, these services were not connected.

4.2.3 Principle #5 - Address the problem, not the symptoms

The original report is very clear that, in order to have better outcomes for people we need to be able to offer help when people need it and not wait until people reach crisis point. It was recommended that a pilot be created where caseloads are small to allow more time to be spent with a person.

This approach has been taken through the Changing Futures pilot which is already running in Gateshead and has developed further to create a touchpoint within the hospital to work with the most frequent attenders. People@the Heart and Changing Futures are looking to liaise further around findings to promote, the successes that can be gained through working in this way.

The addition of Gateshead Recovery Partnership (GRP) workers in the hospital will provide the opportunity for Brief Interventions to be offered which enables support to be offered to those with low level drug and alcohol use and doesn't rely on people becoming alcohol dependent before accessing services.

People@the Heart has linked with Sunderland South Tyneside Foundation Trust around the Mental Health Transformation programme to connect with the Peer mental health workers who not only provide the invaluable peer support but offers access to support for people who may not require interventions from CNTW Community Treatment Teams. The manager of the Peer mental Health team has been involved with the People@The Heart work streams, with other community based services such as GRP and with the hospital Alcohol Teams.

4.2.4 Principle #6 - We can't understand whole people if we don't share data

Data sharing has been a significant feature in the programme. Two data sharing agreements have been written. The first was to work alongside the emergency services work stream. The initial aim of the DSA was to enable information regarding the top callers / attenders to emergency services to be sent to a central person in order to identify those who are most frequently using multiple emergency services. Several meetings were held with operational and IG leads across emergency services. Consent was an issue surrounding this and it was important that a person felt part of this process so we didn't contradict the Priority 1 recommendation of keeping the person at the heart of our work.

A new Together Around the Person Framework is now in development alongside the Local Authority Safeguarding team to develop a framework for MDT's. This will incorporate information sharing and support being offered based on what the person identifies as important to them.

People@the Heart has supported and connected work between Gateshead Recovery Partnership and Gateshead Trust around the initiation of Opiate Substitute Treatment (OST) for people who are admitted into the hospital. This is the first time this work has been started in the hospital. This work links with the hospital to community transition work stream and the employment of 2 recovery hospital liaison coordinators. A DSA has been agreed between CGL and GHFT to allow coordinators and hospital pharmacy staff to share system access for the initiation of OST. This will improve communication around treatment starts and continuation in the community. The DSA is being developed to also include sharing information within the Emergency Department and with the hospital alcohol team.

People@the Heart has been central to the exploration of the Multi Agency Safeguarding Tracker(MAST) system at the request of the Director of Public Health This system can be used to help services share information. 2 demonstrations have been arranged for services to learn more about the system. Discussions have been held in the programme Board around if this system could be rolled out. This also links with the Great North Care Record. It has been identified that further consultation needs to take place to find out what services require from systems such as this. This is work that will be continued through the Board. People@the Heart has also connected MAST with Newcastle services.

4.3 Priority 3



4.3.1 Invest heavily in iterative learning to drive system improvements

It is important in this priority that there is a process to share good practise and learn from what we know. We have a series of processes in place already that enable services to reflect and learn but this is largely deficit based and doesn't allow us to learn from when things work.

Through talking to people who have used services and by getting their feedback on their experiences, it provides a mechanism to learn from what works. As part of the programme, People@the Heart has spoken to people who have achieved their goals around recovery. They identified key areas that worked and provides the wider system with a platform for learning with a positive outcome as opposed to learning from what went wrong. Some of the consistent themes were;

- A seamless transition is important – if leaving hospital one day, starting community treatment the next day is the most effective. Leaving anywhere on a Friday, especially on a bank holiday wakened is difficult
- Speaking to people who have been through similar experiences is very powerful
- Sanctions are not an effective way to encourage engagement
- Having choices explained
- Feeling like the person has a say in what happens next and understands what is going on
- Having lots of different workers and several appointments in a week can be very confusing.

This feedback has been used to develop work around visible lived experience in hospital, pathways for transitional support in the work streams and the MDT work.

4.3.2 Principle #7 - Don't treat human change as linear

The original report explains that we should not penalise people for not engaging with services or for missing appointments. We need to stop referring to people as non-engagers.

People@The Heart has done work to explore the use of language and is championing the end of the term “non-engagement” and is instead promoting that it is services that have failed to engage the person.

Support can often end when a person goes to prison when, in reality this is when support needs to be offered. Through the prison to community transitional work, discussions were had with a person serving a custodial sentence in HMP Northumberland, who would be returning to Gateshead on release. He identified a concern around his mental wellbeing and felt this was something he wanted to explore on release. He wanted to access support through his GP. From this discussion he was connected to the community drug and alcohol team, the social prescribing team and peer mental

health services. These connections were made prior to release and the serviced worked collaboratively to complete initial introductions prior to release.

4.3.3 Principle #8 - Study success and share it widely & Principle #9 - Every person's experience can help us learn

Service user involvement is an important part of the programme. It is easy for professionals to make assumptions that the right thing is being done. By connecting with people with lived experience, it provides confirmation that the work being done is based on what people need. Feedback from service users also provides the opportunity for them to share their experiences on what works so it can be used for further learning.

People@the Heart has engaged with people who have completed drug and alcohol treatment and subsequently become Recovery Ambassadors. This provides examples of when things work well and therefore a good basis to learn.

In addition to the ambassadors, the programme has connected with service user groups and the Gateshead Service User Forum and used this as a mechanism for feedback on what works.

Through the development of lived experience volunteer roles in the hospital which People@the Heart has initiated, we can support people who have lived experience to support other people and learn from them.

The aim in the future is to develop a "Bright Spots" meeting where services can share examples of good practise to continue our learning with a positive view.

People@the Heart has worked with the Local Authority around the work on the housing strategy. The Programme manager has knowledge around housing services and of drug and alcohol services so was able to share experiences around these areas to help shape the strategy. This specifically related to the drug and alcohol policy for supported accommodation. The policy will ensure the safety of residents, staff and the services by giving clear direction on how to best support people in accommodation services with drug and alcohol issues. Knowledge was also shared around tenancy agreements which can help keep vulnerable people safe from unlawful eviction and empower providers to manage their services.

4.4 Priority 4



4.4.1 Empower the workforce to respond to the humans in front of them

One of the ways People@The Heart is able to fulfil this recommendation is the development of the together Around the Person framework. This will empower staff at the front line to be the lead professional for a person, to have the skills and knowledge to call and hold an MDT and for services to be accountable so that no one service is left holding risk.

4.4.2 Principle #10 - Relationships can solve problems

The report details the importance of relationships. Although informal relationships work well, this needs to be cemented with strong and trusted relationships. It is important that people are given the time to build and develop these relationships.

The People@The Heart launch gave the opportunity for workers across the system to come together. The event was provide information around the launch of the programme but also to get feedback from workers and to provide an opportunity for people to connect. The feedback for this event was positive and one of the strong messages to come out of it was the ability to have time to meet people face to face and learn more about other people's areas of work.

Many people from Gateshead with MCN will also be known to other neighbouring areas. One of the main ones being Newcastle. It can be difficult to build relationships with practitioners in the area we work and expanding this to neighbouring areas is more problematic again. People@The Heart has linked with Building Bridges Newcastle to look at common areas of work across the 2 areas and how we can work more collaboratively with a regional approach.

People@the Heart and Building Bridges Newcastle have recently sent out a staff survey to find out what people would like to see form a proposed staff day. The focus will be on learning and collaboration. Having the feedback from staff will ensure the event meets what people need. Holding the event will provide another good opportunity for people to meet, to connect and to build those essential relationships.

It is also necessary to recognise the importance of peer support as it is an effective model, those in recovery will often say they feel more supported and safe surrounded by those who are also on a recovery journey.

People@The Heart has recognised this and has worked in co-production group and service user groups as well as getting feedback from those who have used services for feedback on the system and the approach People@the Heart is taking.

This work has been progressed further with the development of lived experience volunteer role in the hospital. This is also being explored with the prison work streams to link community peers with prison mentors.

People@the Heart has connected the hospital with recovery based services as it was identified by clinicians that having input from those with lived experience could play an important role in clinical training. Dates have been agreed for this to take place in January 2024. Recovery services will also have a stand in the hospital Hub to talk to staff about the service and make those connections.

4.4.3 Principle #11 - Resist the tendency to over-medicalise people

It is not uncommon for people to be in need of interventions for their health as a result of situation factors, e.g. a person becoming depressed or anxious due to having no money or developing a liver problem as a result of long term alcohol use, used to self-medicate a childhood trauma. People@the Heart has worked with partners to acknowledge that we need to treat the presenting issues but also explore the reasons behind it to really support a person.

One of the reasons to bring people with lived experience into the hospital to offer training to clinicians is to help promote the human approach to treatment. It is possible to medically treat an overdose and reduce the risk to life but understanding how this might feel for someone or what happened to lead up to the event is more problematic. By offering training from those who have lived experience, it provides this insight and reinforces the need to encourage access support for the situational factors in order to reduce the likelihood of the health factors happening again.

People@The Heart has started to look at discharges within the hospital, and, by working with community teams we can support that collaborating and partnership working to enable people to access help another other support needs. This can be done through raising the profile of services like social prescribing, community link workers, peer mental health, homeless and housing support, domestic abuse services, talking therapies, drug and alcohol services etc. The People@The Heart programme is able to support and strengthen these connections.

An example of this is, again the case of a patient who was unable to attend an outpatient appointment due to his finances and housing situation. By People@The heart linking him with services to help with his housing and finances, he is more likely to be to attend his outpatient appointment, keep his medical issues stable and reduce the likelihood of further admissions.

4.4.4 Principle #12 - Support those who give the support

Investing in the workforce is a key area for any service and system to be successful. People@the Heart is working to support the workforce as well as the people they support.

The launch event gave workers the opportunity to give their thoughts and feedback and also to networks and connect with other services. The proposed event joint with Newcastle next year aims to have a similar outcome.

People@the Heart belongs to everyone. Service visits and speaking to front line staff is essential to ensure the voices of frontline staff are heard and they feel their views are taken into account. People@the Heart remains visible in the community by continuous service visits which strengthens existing relationships and gives staff the opportunity to discuss their views.



5 Workstreams

The following workstreams where prioritised:

Work stream	Scope	Work completed	Limitations	Future Working
Page 10	<p>DNA</p> <p>Service user feedback</p> <p>What influences people to attend / not attend appointments</p> <p>Link to hospital work stream around the DNA rate at Gateshead Recovery Partnership (GRP) for hospital referrals.</p>	<p>Information sheet to give to service users around gathering feedback</p> <p>Feedback from service users from recovery Connections and basis co-production group (Appendix 3)</p>	<p>Trying to keep the scope manageable</p> <p>Time constraints of members</p>	<p>Outcomes for engagement to GRP for hospital referrals</p> <p>Further service user consultation</p> <p>Pilot identified for trialling a different approach to managing DNA’s and offering appointments</p> <p>Link with the Together Around the Person work for signal based approaches.</p>
	<p>Inappropriate use of emergency services</p> <p>People using multiple emergency services when these services are unlikely to best meet need</p> <p>Adults</p> <p>Gateshead residents</p>	<p>Explored Data Sharing agreement and MOU for sharing details of those using emergency services</p> <p>Case study completed</p> <p>Known issues around alcohol use lack of engagement with services for support</p> <p>Concerns around housing and potential vulnerability</p> <p>Would call 999 for Facebook not working or deliveries not turning up</p> <p>In a 12 month period she had 66 calls, 37 turned into incidents, 29 non-incidents.</p>	<p>Data sharing constraints to merge lists of people using emergency service</p> <p>There are a number of MDT style meetings that currently exist, this does not want to be complicated with a further meeting</p>	<p>Develop a framework that empowers workers to be lead professionals</p> <p>Common assessment tool</p> <p>Escalation process that holds services to account</p> <p>Joint working with Changing Futures to map out complex high risk people</p>



		<p>The majority of the calls were clustered into a month period which prompted request for support</p> <p>Police had previously held an MDT but external parties had been unable to attend on the date required therefore no work had been progressed. Consent was gained by Police for a further MDT to be called with People@the Heart supporting.</p> <p>An MDT was held with all parties involved in the persons care and a series of follow up meetings were held to discuss support options and agreements made who would be best place to offer each area of support.</p> <p>As a result of this work; The person is now engaging with community drug and alcohol services Calls have reduced significantly - in the last 4 months since the meetings were held there were reported 7 calls, 3 turned into incidents and 4 non incidents Positive feedback from Police around partnership working and the impact this has on resources</p>		
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<p>Hospital to community transition</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 42</p>	<p>People with drug and / or alcohol issues that come into Queen Elizabeth Hospital</p> <p>Gateshead residents</p> <p>Engagement with the commissioned drug and alcohol service</p>	<p>DSA to support the Opiate Substitute Treatment (OST) Guidelines to allow community and pharmacy staff to share systems access</p> <p>DSA to enable the QEH alcohol team to share information with GRP to benefit the patient and offer advice in MDT's</p> <p>Pathway for entering dayhab on discharge from hospital</p> <p>Connections between GRP and business unit team members in the Trust to support implementation of work 2 hospital coordinators commenced roles on an in-reach basis in the hospital to complete triages, assessments and supporting people to engage with community services on discharge.</p> <p>Improved knowledge and connections with homeless and housing team around statutory duties to refer</p> <p>Visible recovery in the hospital through developing a lived experience volunteer role profile</p>	<p>Time pressures</p> <p>Data collection is limited due to what data is recorded</p>	<p>Data on engagement with treatment services once hospital recovery coordinators are established in post</p> <p>Promotional work to raise awareness</p> <p>Training for new and existing clinical staff</p> <p>Support for the volunteer manager to ensure wellbeing of lived experience volunteers</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 43</p>		<p>Service consultation around the importance of seamless transitions from hospital to community</p> <p>Improved knowledge and awareness of other support available in the community through the work stream. Prior to this work 0 referrals were made by the alcohol team in the hospital to the community social prescribing team but to date, 3 referrals have now been made, offering wider social support to people.</p> <p>Service user feedback from people who have completed dayhab (see appendix 2)</p>		
<p>Prison to community transition</p>	<p>People with drug and alcohol issues that has an impact on a person health</p> <p>People in HMP Northumberland</p> <p>Returning to Gateshead on release</p>	<p>Connection work with HMP Northumberland IOM and DART teams and probation staff</p> <p>Link lived experience with prison mentors</p> <p>Prehab work to be completed prior to release</p> <p>Feedback from lived experience (Appendix 1)</p>	<p>Staffing changes</p> <p>Baseline data has been hard to gather</p> <p>Difficult to identify people returning to Gateshead if they report to be No Fixed Abode</p>	<p>Trail the dayhab pathway</p> <p>Widen this work to include other local prisons</p> <p>Develop the process to meet the needs of women in the female prison establishment</p> <p>Explore the possibilities of a release hub similar to the one on Durham</p>



		<p>Pathway and criteria for dayhab from prison</p> <p>Data Jan-June 23 11 people referred to GRP, 4 recalled to prison within 12 week. Nobody released on Buvidal, a prolonged release opiate substitute treatment given by injection)) Nobody commenced dayhab direct from HMP Northumberland</p>		
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6 Services Feedback

"You are a star, very engaging and articulate with a passion for what you are trying to achieve which is a driving factor in any project."

"The role helped me liaise with other community services such as peer mental health support and community link as well as supporting me to consolidate my relationship with Gateshead recovery."

"I feel the role has made a huge difference to patient experience as my team now work more collaboratively with other services to provide that wrap around support to aid recovery. I would not have had the time to be able to look into these changes therefore I feel the role brings great value as without communication and collaboration complex clients can fall through gaps with potential catastrophic outcomes."

"It's been really helpful to be introduced to and work with People@TheHeart. In only two short months we've identified opportunities to work together to share resources and knowledge to create collaborative workshop opportunities for professionals working across the whole spectrum of multiple disadvantage."

"Suzanne helps keep the focus in meetings and ensures the patient is at the heart of everything we do. Sometimes I can develop tunnel vision and Suzanne's ideas help me to see outside the box and incorporate other professionals."

"She has been invaluable in linking up organisations and key people to help progress data sharing agreements"

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"The introduction of People @ Heart has proved vital in bringing partners together with a common aim to address the needs of the vulnerable individual"

"People@the Heart has provided us with the springboard we needed to develop some of the areas of work we have wanted to do for some time and has generally improved the communication between the services. It wouldn't have been possible without this programme."

"I think there are real benefits to this programme as will show how partners are working together putting Gateshead residents' needs at the heart of what we all want, the right help, at the right"

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"One thing I particularly like is her fight to bring lived experience in to the hospital. Great job Suzanne in bringing the hospital along with the times"

"it's been great to see commitment to two really important processes in particular, engaging with the people accessing services and with experience of navigating the system, and exploring opportunities associated with data system development"

"The project has helped break the mould, to encourage ownership by the right service whether it quite fits the remit or not. Certainly from a Policing perspective I have seen good examples of this which have led to a substantial reduction on our calls for service when we were never going to be the right agency to solve the problem long term"

"I can see it being helpful in improving links between other organisations for marginalised communities experiencing health inequalities and discrimination"

7 Proposed future work for People@the Heart Programme

There are some specific areas of work and ongoing priorities that People@the Heart could support which would support the successful delivery of the recommendations in the original report.

7.1 Changing Futures Alignment

There has been and continues to be synergy between the work of People@The Heart and Changing Futures. Both acknowledge that system change is necessary but is also show that sometimes the connections are relationships can be as beneficial. The aim is for this ability to connect and reduce the system barriers to become business as usual.

By connecting the work of Changing Futures and People@The Heart together, we are able to combine the benefits from each area of work for a consistent and stronger message.

Jointly, the 2 programmes can endeavour to explore on a larger scale the work around information sharing to really support those who are in most need of our services and support.

This, in turn work alongside other areas of development in the community, hubs, pop up, houses etc so we can learn from each other and share information about the people we work with.

Changing Futures outcomes have been able to demonstrate the value a worker being someone's constant, a worker who is able to take that deeper interest. The outcomes from Changing Futures, linked with the partnership building form People@The Heart can support the notion that anybody can be a lead professional but the investment form all services stops the responsibility being held by that 1 person.

Collaborative working will provide a stronger voice.

7.2 Proposed Future Work could include:

Topic	Principle	What
Women’s health	Principle #2 - Make it easy and fast for people to get support Principle #1 - No wrong front door Principle #9 - Every person’s experience can help us learn Principle #11 - Resist the tendency to over-medicalise people	<p>How do we support women from areas of deprivation, with low level engagement with health provision? This especially related to women who are homeless, victims of domestic abuse, and victims of sexual exploitation. How do we work in collaboration wot existing support services to support engagement with women’s health.</p> <p>A specialist area that would be of interest to explore, and link with the current prison to community work, is that of women in the criminal justice system, in particular those being released form prions. The North east has a large women’s prison in HMP Low Newton that houses both women on remand and sentenced. In November 2023, a strategic review of health and social care in women’s prison was completed which has given 8 recommendations which require a collaborative approach between health, local authorities, voluntary sectors, ICB’s and lived experience to fulfil.</p>
Work force development	Principle #10 - Relationships can solve problems Principle #12 - Support those who give the support Principle #8 - Study success and share it widely	<p>Increase involvement by the workforce including a monthly “Bright Spots” meeting. Keeping and maintaining a skilled and experienced work force is essential to the delivery of services. Working with those with multiple and complex needs is not an easy, it is challenging and at times frustrating. We rely on people’s passion for their work and commitment to keep them in posts. It isn’t always possible to pay people the wages we would like so it is essential that we invest in other ways to ensure our workforce feels valued, supported and included.</p> <p>Through developing service champions, we can enable staff across all levels to feel involved and included in People@the Heart. We can also develop the “Bright spots” meting to share good practise and success stories.</p> <p>In addition to this, there are a number of ways People@The Heart could look at the needs of the workforce. Peer training already takes place, but this can be become a wider and more shared process where we to utilise the exercise we have in our system and connect front lines together to share their knowledge. By supporting workers to build their own network they can work together a wider, more integrated wider team. This can grow into a workforce that feel like it works for “Gateshead” and not one individual organisation. Feedback suggests that some services feel they are the</p>

		ones that “get the blame” or “are left holding cases because nobody else will work with them”. By connecting the workforce, this burden can be shared, staff developed and trained and in turn we retain the highly experienced and knowledgeable staff that we need to deliver our services.
Information sharing	Principle #6 - We can't understand whole people if we don't share data	This has been an ongoing area that crosses so many areas of development. The ability to share information freely and give staff the confidence to do so will play a vital part in the development of services. This is an area that People@the Heart could continue to work on alongside partners and information leads. We can also incorporate further work around the GNCR / MAST.
Service champions	Principle #12 - Support those who give the support Principle #8 - Study success and share it widely	To have champions in each operational service who are representative of their organisation, to feedback barriers and challenges and to spread the word of the good things done by People@The Heart. Service champions can help the workforce feel like it belongs to everybody who works in Gateshead and not just managers or strategic leads. Work can be done to embed the programme across all levels and for all to feel they have a say in how our system is shaped.
Right Care, Right Person	Principle #1 - No wrong front door Principle #2 - Make it easy and fast for people to get support	Similarly to People@the Heart, RCRP looks at people receiving the right care from the right person at the right time. As this agreement comes into play, there is likely to be a demand on other services. People@the Heart can support the continued partnership working to work with services to ensure that responsibility is taken by the most appropriate organisations and risk isn't left being held by one person.
Discharge planning	Principle #10 - Relationships can solve problems Principle #2 - Make it easy and fast for people to get support	Supporting the hospital around discharge planning for those with a level of social needs but not at the statutory care level. There is a significant number of people who come into hospital on multiple occasions. From liaising with the managers in the medicines team and the discharge coordinators, there are often the same names coming through for discharge with social needs that have an impact on their health. By developing discharge pathways with community services such as social prescribing and Peer mental health we can offer support in the right time using a proactive approach. By supporting people around their social care needs, there is a likelihood that we will reduce the need for further admissions. Referring to Maslow's hierarchy of needs, by supporting

		around accommodation, access to clothing etc., we can improve people’s health.
Primary Care	Principle #2 - Make it easy and fast for people to get support Principle #1 - No wrong front door	A lot of the work completed so far has focused on secondary care. There is work that can be explored around primary care and how we make further connections between community and primary care and secondary and primary care. This could include how referrals for specialist care are made for people with multiple and complex needs and how we can support people to access local health services to reduce the likelihood of needing to access emergency and secondary care.
Continuing to work alongside other interdependent areas of work	Principle #10 - Relationships can solve problems	One of the consistent and strong themes and feedback from colleagues across all areas of the system is that, the system is complicated. There are so many new areas of work that are trying to achieve the same thing in a slightly different way, it is confusing to work out who they all connect. It is essential that we have a way of ensuring we communicate across services our priorities, strategies, areas of development and identify how they link wt. existing pieces of work. People@the Heart is able to support this process of sharing and connecting interdependent pieces of work. If we don’t, it ends in confusion, duplication and contradiction.

Specifically for People@the Heart, it is important that it remains linked to and compliments:

- Mental Health Transformation
- Changing Futures
- Housing strategy Review
- Frequent attenders
- Safeguarding strategy
- Health and wellbeing strategy
- Health inequalities

This is not an exhaustive list. Part of the People@the Heart programme will be to keep on top of new and emerging areas of work and plan how this fits into the wider system

8 Programme Reflections

When the programme manager commenced in post, it was thought that the development of a front line service that supported people directly to engage with specialist services would be beneficial. It quickly became clear that are already excellent services in Gateshead that can provide proactive support to people when they need it exploring adding another services would likely be counterproductive and add further confusion in an already complicated system. What has been successful is the relationship building and connection of services to deliver outcomes.

Other reflections on the programme are;

- People involved have a considerable amount of day to day commitments and it is hard for people to fit in additional work and meetings
- For the leads, it's not always possible for reports / updates to be produced again due to time constraints
- The success of the work stream very much relies on people attending the meetings and committing to them
- The demands on peoples roles can make it difficult for people to commit to any additional work
- People need to feel the work being done will benefit their service and workforce or it is too hard to justify the additional demand on roles.
- It took longer than initially thought for each work stream to be established and to start and make some progress.
- Some peoples roles mean they can asked to cover / moved permanently to other departments which makes it difficult for consistency
- Interdependencies need to be identified and wider people involved to avoid duplication of contradiction
- Some data just isn't possible to gather as it isn't recorded therefore it is important to consider other ways of monitoring progress and outcomes
- Some services and more established at partnership working than others
- There have already been a lot of services developed and strategies agreed since the report was written, flexibility and adapting to need is essential
- People@The Heart relies on building and maintaining relationships, it takes time to develop and cement these relationships. The first 2 years needs to focus on this and only after that can we start to bring changes and tackle some of the issues identified.
- There needs to be dedicated role to support these connections

- Although it was suggested by a few that directory of services or a mapping process would be beneficial, most believed this would unproductive as things would change again as soon as it was completed
- In relation to the directory, it was fed back that choice can be both positive and negative. Although it is beneficial to feel there are options, too much choice becomes overwhelming and it is impossible to know which the right service is. What is helpful, is the opportunity to connect with services and to build relationships with colleagues and peers so staff can feel empowered to make suggestions and referrals for people
- On reflection, connection is the key, people like and need to feel involved and informed. Working in collaboration is the only way to achieve change, embed what works and not be scared to stop doing what we know doesn't

Appendices

NB Case studies – people have consented to these case studies being used for this report

APPENDIX 1

System feedback 1 Mr A

Prison to community

Purpose of the meeting and the People@The Heart programme was explained. No Identifiable information will be used and accounts will be given to partners and stakeholders in the person's words to give feedback on their experiences and feeling about the support the received and the systems in place.

Meeting completed August 2023 in HMP Northumberland. DART worker also present

Background

Currently serving a license recall, This is Mr A's first sentence.

Mr A was working prior to his sentence and has a local authority property

Mr A is working with the DART team in HMP Northumberland

Presenting issues

- Previous issues with gambling that lead to alcohol and drug use. He no longer gambles but has some issues with substances. Not daily or physically dependent use but some level us psychological reliance to manage feelings and emotions.
- Has had previous offences that had often been under the influence of drugs and alcohol.
- As Mr A didn't really feel substances were an issue there were not any referrals made to community services for ongoing support.
- Mr A discussed concerns around his mental health.

Identified barriers / things that didn't work so well

- Reported to have issues around the recall and the reasons and process were not explained and didn't feel it "was a fair process". This in turn has led to mistrust of services.
- Mr A's initial response is to say something isn't a problem therefore no referrals were made to community services. This meant no support was already in place should he need it post release. Mr A stated he would be unlikely to ask for help until things had reached a crisis point due to not believing anybody could really help.
- Mr A didn't feel it would be helpful to go back to his GP needs currently. He wants to explore if he has a mental health condition and doesn't know how to get that to happen.

- Getting appointments that fit around his work can be difficult, he wants to return to full time work on release.
- Mr A feels the only way to be listened to is to “kick off”

What works well?

- Mr A is able to drive and has access to a car so appointment locations are no issue
- He is returning to local authority housing

Barriers from prison perspective

- Getting timely appointments when no clinical need
- Community services being able to speak to prisoner’s prior to release, especially when they are at work

Follow up

- Referrals made pre-release with GRP and appointments given before release
- Unable to get an appointment with Social prescribing pre-release so Mr A was to make contact on release. Phone discussions are required initially which couldn’t be done in the prison due to him working and not being able to access a phone at a time where a SP was available.
- No reply from Mr A since release to update how he has been since release.
- Phone assessment completed by GRP at planned appointment time where Mr A stated he did not feel he needed any support for drugs or alcohol at this time.

APPENDIX 2

System feedback 2 Miss B

Dayhab

Purpose of the meeting and the People@The Heart programme was explained. No Identifiable information will be used and accounts will be given to partners and stakeholders in the person's words to give feedback on their experiences and feeling about the support the received and the systems in place.

Meeting completed August 2023 in Gateshead Recovery Connections

Background

Miss B has a long history of issues with alcohol along with childhood issue around control and isolation. Through her teenage years, Miss B said she would buy peoples friendship but these people never turned out to be real friends.

In 2011 Miss B found a family member deceased. That Christmas. She started to drink alcohol to cope and manage with the trauma and ongoing health issues, she had a partner but he was working away so felt alone.

Miss B received a call to say her partner had died suddenly then suffered another family bereavement shortly after. At this point to around 8 bottles wine per day

At the worst levels, Miss B was drinking around 12 bottles a day, loneliness and isolation were big factors. She had been working but had to quit her job due to alcohol use and missing work, unable to complete tasks.

Miss B's son eventually was the one who promoted her to start accessing treatment

Presenting issues

- Alcohol addiction, physical and psychological
- Bereavement
- Childhood trauma
- Loneliness and isolation

Identified barriers / things that didn't work so well

- Miss B couldn't leave the house so even when she rang services for support she couldn't attend an appointments
- Offered group work but had a pre-conceived idea on what this would be like and didn't want to engage in it
- Covid meant initial planned detox's was cancelled
- The gap between having a residential detox and starting dayhab was a few weeks which was difficult to manage
- Miss B did contact her GP but she didn't understand the language he used, it was "all just jargon to me"
- Anxiety and worry over "looking stupid and embarrassing myself in front of professionals"

What worked well?

- Phone support available until able to attend services
- Support from her son who was able to support to attend appointments
- Support to attend groups, the groups were so helpful and supportive once she attended
- Residential detox as could only manage a certain amount of reduction in the community
- Meeting others in the same situation – no longer felt alone and could talk to others who understood
- Dayhab provided structure and routine
- Staff were flexible and supportive – Miss B was able to do zoom meetings with staff when she had to visit an unwell family member
- Ambassador course
- The detox and dayhab were arranged really quickly
- AA meetings very positive which was facilitated and supported by dayhab
- Supportive staff that had lived experience and understood
- Trauma therapy

Barriers from service perspective

- Covid
- Panel process for residential detox

Follow up

- Completed dayhab and due to graduate on 18th September
- Alcohol free since detox
- Completing the ambassador course as Miss B wants to help others who have been in a similar situation.
- Due to have 2 poems published in “recovery Voices”

“Got to want it yourself”

“I owe my life to my youngest son and to services”

Suggestions

- Need to dispel the myths about what treatment is like. Showing people pictures / videos of the buildings can help people visual and increase confidence to attend. “its not just the plonky place”
- Need support for people attend appointments
- More positive promotion e.g. leaflets, posters, ads in metro / housing magazines etc

System feedback 3 Mr C

Dayhab

Purpose of the meeting and the People@The Heart programme was explained. No Identifiable information will be used and accounts will be given to partners and stakeholders in the person's words to give feedback on their experiences and feeling about the support the received and the systems in place.

Meeting completed August 2023 in Gateshead Recovery Connections

Background

Mr C was drinking 17 cans per day, 7 days a week, he had been trying for many years to reduce but had been unsuccessful.

Mr C felt he had a lightbulb moment where "he found himself" and walked through the doors of recovery service himself for help.

It was arranged for him to have a planned detox at QEH and then start dayhab afterwards.

Presenting issues

- Long term alcohol issues
- Previous attempts to reduce had failed despite telling himself that he could do it by himself.
- Previous mental health issues in terms of not being able to cope or see a way out of addiction which resulted in a deliberate overdose in an attempt to take his own life

Identified barriers / things that didn't work so well

- Discussed previously with his GP and was given a card with the number of services to self-refer. He never made that call
- Didn't previously access services through fear and worry that "everybody would know what he was there for"
- Being told to not stop drinking suddenly gave him the justification to continue drinking
- Being discharged from hospital on a Friday over a Bank Holiday weekend with treatment starting the following Tuesday
- Being told to "just cut down a bit each day" what does this actually mean? Most of the time people have no idea how much they have had.
- Not being able to get through to GP on the phone. Mr C would go to speak to his practice directly to get an appointment

What works well?

- It all has to come from the person and they have to be ready. Mr C was able to get support when he walked through the door and asked for help
- Accessing a planned detox
- Starting dayhab so close to discharge and knowing he was being discharged with a plan
- Speaking to others who had been through similar experience "It was very powerful to see that it can be done and people understand what it feels like"
- Access to AA

Follow up

- Completed dayhab programme and remained alcohol free
- Now completing ambassador course
- Feels he has control back over his life
- Mr C would like to support others, especially those in hospital

Suggestions

- Have access to drug and alcohol workers in GP surgeries
- Look at the language and phrases we use with people and what that might mean e.g. “don’t stop drinking”
“reduce a little bit”
- Seeing and speaking to people who understand works – don’t just give people a card with a number on.

System feedback 4 Miss D

Dayhab

Purpose of the meeting and the People@The Herat programme was explained. No Identifiable information will be used and accounts will be given to partners and stakeholders in the person's words to give feedback on their experiences and feeling about the support the received and the systems in place.

Meeting completed August 2023 in Gateshead Recovery Connections

Background

Miss D had a difficult childhood and was in foster care from aged 9 following a traumatic event. In her younger years she witnessed a lot of abuse and violence so believed this was normal behaviour.

As she progressed into becoming a young adult Miss D was using drugs and alcohol, self-harming and offending. She described drugs and alcohol as "her new and only best friend". As a result of this Miss D was alcohol dependent by age 23. This also resulted in her receiving an Alcohol treatment Requirement from court but she only completed this "because she had to".

Miss D had a decline in her mental health and her levels of self-harm increased and she had attempts on her life.

From this Miss D started to engage again with treatment services, an inpatient detox was arranged and was arranged to start dayhab on completion. The first 4 months also gave Miss D time to access mental health services for assessment.

Throughout her journey, Miss D had many contacts with services, crisis services, A&E attendances, admissions, arrests and community services

Presenting issues

- Long term drug and alcohol issues
- Mental health issues – self harm and suicide
- Childhood trauma
- Care leaver
- offending

Identified barriers / things that didn't work so well

- left residential detox on the Friday of a Bank Holiday weekend and found the 3 days between leaving detox and starting dayhab difficult
- location of services and stigma of attending "that's where the smack heads go"
- triggers around locations of services – offered drugs outside of services
- waiting lists for counselling
- accessing mental health support – there was an assumption that issues were linked to substances even when Miss d was substance free. This led to medication being effected and further decline in mental wellbeing

What works well?

- Opportunity to engage in treatment as many times needed, not just "once chance and that's it"
- AA meetings

- George street social
- Working with people who had been through it themselves “very powerful to know you’re not alone”
- Opportunities to help others when in recovery
- Understand proactive GP
- Visible recovery – gives real hope to others

Follow up

- 2 years 5 months substance free since completing dayhab
- No offending since 2019
- No calls to Crisis services or attendees at A&E since 2019
- Now fully employed by recovery services
- Supporting others to get help
- “no longer presses the f**k it button” has learnt to recognise when she needs help
- Loves being able to give something back

Suggestions

- Having the person involved with and make sure they understand plans made
- YouTube videos to help people document their journey

APPENDIX 3

System feedback 5

Co-production group September 2023

Discussion held with members of a community co-production team. Members of the team have all previously used at least one service for support linked to homelessness. The members were de-briefed on the purpose of the conversation, to get honest feedback, positive or negative on the services they have used and to hear ideas on how services could work better. All feedback is in their words and remains confidential and non-indefinite. 3 people attended the sessions plus a staff facilitator.

The question asked was for feedback about services and support available for people, especially around 4 areas of;

- Attending appointments
- Hospital to community transition
- Prison to community transition
- Using emergency services

Missing appointments

Person 1 - When you are homeless it is impossible to attend appointments, to remember when and where they are and to plan getting there. A homeless person often won't have a phone so can't call to check, can't get reminders and obviously cannot receive letters. If letters go to a care of address, they can be opened by other people and the message not passed on.

People are penalised for missing appointments when they are homeless and often punished for struggling e.g. being sanctioned at the job centre for missing an appointments.

Specific appointments should be given to people who are street homeless, it would be more helpful to just agree to make weekly contact for example.

It was helpful for appointments to be passed to Basis who then kept a record of when appointments are. The person then knows where to go and who to contact to find about any appointments coming up. "I wasn't in the right head space to plan my own appointments"

Making threats when people miss appointments isn't helpful, a sanction to benefits is a threat and doesn't help, and it just instils further fear and distrust.

When attending drug and alcohol services, being offered appointments early or late in the day was helpful as were less likely to bump into old associates.

Person 2 – would be very likely not to attend an appointment if it was somewhere new with new people. Would only go if someone there to offer support had. If you are left waiting the anxiety and fear builds which results in either walking out or kicking off and then getting asked to leave.

No issue with having to attend multiple appointments as long as they feel useful.

Services need to be accessible and easy to find, if it is difficult then it becomes to stressful and easier to just give up.

Person 3 – having a choice in when and where appointments can be is helpful alongside a text reminder. It is also important to use different ways to offer appointments, sometimes the post is slow the appointments is past before receiving the letter. Emails and online booking work form me but that's not for everyone, especially people who don't have access to technology.

The cost to attend appointments can be a huge barrier, public transport is expensive, especially if have several appointments on different days. Having appointments co-ordinated would be much more helpful or to be given a bus pass.

Being able to access services over the phone easily would help to cancel or re-arrange. Some places like the job centre, hospitals, GP can be very difficult to get through to so will give up after a while. Using texts or having a call back system would be helpful.

There needs to be flexibility on times, if a person is 5 mins late for an appointment then they won't be seen, but its ok for professional to leave someone for 30 mins +., especially in a waiting room as this can be an intimidating place to be.

Health experiences

Person 1 - Had a very positive experience when being discharged from hospital. The discharge was delayed until an appointments with Basis could be arranged and then a taxi was arranged for support to get directly to the appointments, this lead to accommodation that night.

Person 2 – negative experience from QEH after presentation with concerns around mental health.

Was taken in after a suicide attempt, she felt as if he had reached burn out due to coping with DV and caring for a son with disabilities. She felt he was left to "sort things out myself" and "nobody was listening to me, they all made decisions about me without including me". Also has negative experience with the crisis team who offered no support or ongoing help.

Didn't find GP helpful, would just offer more medication to help manage drug addiction.

"I was always been treat like nothing more than a druggie"

"Nobody chooses this life, people need to remember that"

"Words from professionals should be empowering, not judging"

The local authority kept saying they would ring to update but never did.

Prison to community transition

Person1 - Negative experience in relation to housing. Was told 2 week prior to release that accommodation was secured to be told the day before that this was no longer the case. The result was rough sleeping for a year which had detrimental effect on mental health and wellbeing..

"I didn't feel like anybody was truly listening to me"

General feedback

“Having the opportunity to be around other people who are clean helps”

“Speaking to people who know what it is like and have been in your shoes is powerful”

“Constantly having workers change and having to tell your story over and over again is a barrier – why should I have to go through this all again?”

“Letters in brown envelopes are normally bad news so unlikely to be opened, it’s easier to just not know”

“Drop in services where all services are together would be really helpful”

“Access points in community venues for homeless people to access technology”

“Security guards are intimidating and often make situations worse, they aren’t there to offer support, and act as another barrier which in turn increases risk”

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People@the Heart

End of year report December 2023

Purpose of the report

People@The Heart is a 2 year programme which commenced on 1st August 2022. There has been a considerable amount of work completed in the first year and the report sets to do the following;

- ▶ Review the work completed in the last year (2022-2023)
- ▶ Reflect the work against initial plans and the original People@ the Heart report
- ▶ Detail outcomes from the agreed 4 work streams
- ▶ Provide feedback from services on their views of the programme
- ▶ Explore the future of People@the Heart and how it can develop to continue to support the wider system

Priority 1 - People@the Heart

- ▶ **Restructure the system** - Framework for “Together Around the person”, Information sharing
- ▶ **No wrong front door** - Right door first time, partnership agreement, pathways for access to services
- ▶ **Making it easy and fast for people to get support** - DSA, outpatient follow up in the community
- ▶ **Nothing about us without us** - Service user feedback, lived experience volunteers

Priority 2 - Signal driven approach

- ▶ **Use early signals to drive proactive approach** - connecting services for early interventions Case study from Northumbria Police and wrapping support around the person based n 999 calls
- ▶ **People in the community can help avoid crisis** - access to drug and alcohol workers in hospital, connecting Edberts House with Alcohol hospital team
- ▶ **Address the problem not the system** - link with other initiatives e.g. Changing Futures, mental Health transformation, Peer support
- ▶ **We cant understand whole people if we don't share data** - DSA's, MAST, OST initiation

Priority 3 - Learning and improving

- ▶ **Invest heavily in interactive learning to drive system improvements**
 - Service feedback to build a platform for sharing learning, shaped lived experience and visible recovery
- ▶ **Don't treat human change as linear** - connecting people with services through periods of transition to take a preventative approach e.g. prison work
- ▶ **Study success & every person experience can help us learn** - service user feedback, recovery ambassadors, shaping the housing strategy, lived experience volunteers

Priority 4 - An empowered workforce

- ▶ **Empower the workforce to respond to people** - people with lived experience to form part of clinical training, networking opportunities through launch and joint Newcastle networking event, peer support
- ▶ **Resist the tendency to over medicalise people** - human approach to treatment, lived experience alongside OST initiation work
- ▶ **Support those who give support** - launch, staff survey, networking events, service visits, service champions

Work streams

- ▶ DNA
- ▶ Inappropriate use of emergency services
- ▶ Hospital to community transition
- ▶ Prison to community transition
- ▶ Scope, work completed, limitations and future plans identified for all the work streams and detailed within the report
- ▶ DSA's
- ▶ Case studies
- ▶ Service connections
- ▶ Pathways for transitional support
- ▶ Integration of lived experience

Case study 1 - service connection and signal based approach

- ▶ Frequent 999 caller for Police support often for issues that were not criminal e.g. social media not working, deliveries not arriving.
- ▶ In 12 months 66 calls, 37 turned into incidents, 26 non incidents
- ▶ Previous attempts to hold MDTS failed
- ▶ Services committed to a further MDT with consent form the person
- ▶ Outcomes have been that the person is now engaging with drug and alcohol services, social care and housing teams and 999 calls have significantly reduced in the 4 months following the meeting only 7 calls were made, 3 incidents and 4 non-incidents. Positive feedback gained from Police around effective partnership working and the impact on their resources.

Case study 2 - Prison release

- ▶ Male serving recall in prison. Worked with DART team but refused referral to community drug and alcohol teams. Previous issues with gambling, cocaine and alcohol use. Also identified as having concerns around mental wellbeing. Mistrustful of services due to previous negative experiences.
- ▶ Person didn't feel there was any point in accessing support again on release as it hadn't helped before therefore nothing was in place for release. he has turned down offers of support. He works full time therefore getting appointments was problematic.
- ▶ On revisiting the options available and providing the DART worker with information on support available, person agreed to referrals being made to social prescribing, community drug and alcohol services

Service user feedback on the system

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- ▶ Flexibility of services is important
- ▶ Speaking to people who know what it is like is very powerful
- ▶ Having support in place ready for release or discharge from hospital without any gaps makes a big difference
- ▶ Need support to attend appointments
- ▶ Locations of services is important
- ▶ Need to remove the stigma of going to services
- ▶ Need to feel listened to
- ▶ Not being able to get through to GP practise, health centres on the phone
- ▶ When your homeless its impossible to attend appointments or remember when appointments are
- ▶ Making threats e.g. sanctions, recall etc. isn't helpful
- ▶ Attending multiple appointments isn't a problem as long as they feel useful

Service feedback on Programme

- ▶ Invaluable in linking up organisations and key to help people progress data sharing agreements
- ▶ Helped to keep the focus in meetings and ensures the patient is at the heart of everything we do
- ▶ It has made a huge difference to patient experiences as my team now work more collaboratively with other services to provide that wrap around support
- ▶ The introduction of People@the Heart has proved vital in bringing partners together
- ▶ The project has helped break the mould, to encourage ownership by the right services

Summary of key points

- ▶ Allowed connection of key services to provide wrap around for people with MCN, which was the main aim of the programme.
- ▶ A specific programme that supports services to connect and interdependent strategies to be linked benefits across the system
- ▶ Information sharing agreements have allowed services to work together and removed barriers to access to services for people when they need it
- ▶ Focused on the connection of services for the long term gain of people. Learning for this can shape future models to follow this way of working

Proposed future working for People@the Heart

Gateshead Care Board will agree future priorities of focus which could include;

- ▶ Women's health - supporting women's health which aligns to health inequalities and health and wellbeing strategy.
- ▶ Changing Futures alignment - shared learning on working with the most complex people and development of further data sharing
- ▶ Workforce development - Bright spots meetings and networking
- ▶ Discharge planning - linking health with community services to support discharges
- ▶ Primary Care - supporting access and referrals top secondary care for people who are likely to miss appointments.

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**TITLE OF REPORT: Outcomes from HWB Developing Together Session -
29th February 2024**

Purpose of the Report

1. To provide feedback on the outcomes from a Development Session 'Developing Together' that took place on 29th February for Board members and system partners and for the Board to consider the next steps.

How does the report support Gateshead's Health & Wellbeing Strategy?

2. A key focus of this Development Session was to consider how we can further develop together as a local system in a way that supports and progresses our common aspirations drawn from our Health and Wellbeing Strategy 'Good Jobs, Homes Health and Friends' and Partner strategies and plans.
3. The session also considered what commitments we need to make together to deliver our priorities and how they can be resourced.

Background

4. A Development Session for our HWB and local health and care system took place on the 29th of February 2024. The session was well attended by representatives of partners who sit on the HWB and Gateshead Cares System Board and was facilitated by Levi Buckley, Chief Delivery Officer, NENC ICB.
5. The purpose of the session was to consider:
 - What should be our top three shared priorities?
 - What would be the biggest enabler to help us deliver these priorities with pace?
 - How do we deliver these priorities together:
 - what commitments do we need to make to deliver our priorities?
 - what resources will we need to make available?
 - what would success look like?
6. A brief overview was provided of our Strategies and Plan, including:
 - Good Jobs, homes, health and friends (HWB Strategy)

- Better Health & Wellbeing for All (NENC ICP Strategy)
 - Gateshead Place Plan (ICB Gateshead)
 - Making Gateshead Thrive (Gateshead Council)
 - Our patients, Our people, Our partners (Gateshead Health FT)
 - With you in mind (CNTW FT)
 - Collaborative work (Gateshead Cares)
 - Our work with VCSE Partners
7. It was confirmed that these Strategies and Plans drive how we deliver our aspirations and that we need to ensure they are all aligned. We need to consider how we can continue to build on what we are already doing to deliver in a more preventative and integrated way together.
8. An overview was also provided on what we are already doing in Gateshead to integrate services with a particular focus on Integrated Area Teams and work taking in Beacon Lough East as an example of this approach.

Common Aspirations

9. The session confirmed that our key common aspirations are to:
- Reduce inequalities and increase equity across our communities
 - Better life opportunities for all
 - Economic regeneration (Wealth = Health)
 - Greater focus on prevention (up-stream)
10. It was recognised that these aspirations need to be progressed further through working together at Gateshead Place and broader geographies including NENC Integrated Care Partnership, North Area Integrated Care Partnership and the North East Mayoral Combined Authority.

Key Outcomes

11. Key outcomes from the development session included:
- **Prevention, connections, control and agency** – these are key issues for our communities. **Prevention and targeted early help** needs to be the cornerstone of our approach.
 - There needs to be a **priority focus on Children & Young People (Best start in life)**, early help and prevention, including a particular **focus on mental health**. As part of this, we need to **think ‘families’** as children and young people are impacted by families around them. We need to think about how we can **use resources differently**.

- **Prioritisation** – we need to consider how our system can help with this? How do we go further in ensuring a focus on key priorities and resource them accordingly?
- We need to **promote health and prevent exacerbation of ill health** – this links with work within communities and community services, women’s health etc.
- We need to **build on what we are already doing together** to deliver in a more integrated and better way e.g. work taking place in Beacon Lough East and other locality areas across Gateshead.
- A key enabler should be **delivery in and through local communities** – **listening** to what communities see as their priorities **and learning** from it, not replicating the same across all communities. Identifying areas with the most need (equity) and delivering through them.
- We need to **realign our resources** to empower communities. We also need to **look at better ways of distributing funding** to VCSE organisations.
- We need to **understand how we can re-model our services at a locality level**.
- We need a **shared language that is person-centred** and performance measures also need to be centred around the person.
- We need to take a more **evidenced based approach**, agree how we can **get the most from the Gateshead £**. We also need and identify ways to keep the Gateshead £ in Gateshead.
- **Short v long term** – there can be a focus on short term funding, but we need to focus on longer term changes to the system. **Investment is needed towards our longer-term goals**.
- We need to **be brave and do the right thing** - in agreeing our response to key challenges and in ensuring that there is a greater focus on prevention.
- If we know something is the **right thing to do**, if it is evidenced based, we need to **find a way to do it**.
- It needs to be **easier to collaborate / combine our resources**. We need to **maximise the Place Committee opportunity**.
- We need to **increase the pace of change**.

12. A summary of the feedback from the discussions is attached as an Appendix.

Proposal and Next Steps

13. It is proposed that we build on the outcomes from the Development Session and use the feedback to inform the development of preventative approaches as a system.

14. The next steps could include:

A Development Session with a focus on Prevention:

- The purpose of the session could be to consider what does prevention look like within our priority areas?
- Partner organisations could provide a presentation on what 'prevention' means to them within the context of:
 - their own organisation,
 - their strategies and plans, and
 - what the challenges are of moving to a more preventative approach having regard to national drivers, funding etc.

A Development Session based on the Children and Young People's Mental Health Needs Assessment:

- The purpose of the session could be to consider:
 - what the Needs Assessment tells us
 - what are we currently doing and where do we have gaps
 - are we sufficiently prioritising prevention at every level
 - what is the balance of resource use etc.

Recommendations

15. The Health and Wellbeing Board is asked to consider the feedback and outcomes from the Development Session and the potential next steps set out in this report.

Contact: John Costello (0191 4332065)

HWB Developing Together Session: Group/Feedback from Tables

<p>Group 1</p>	<ul style="list-style-type: none"> • Talking about using shared language and moving away from ‘service users’ towards ‘person centred’, as the term service users felt dehumanising. Also, there is a ‘power’ dynamic between a ‘service’ and a ‘user’. • Performance measures need to be centred around the person. Need to consider how we share tools for measurements across the system. • Short v long term – there can be a focus on short term funding but we are discussing longer term changes to the system, so investment needs to take place towards longer-term goals. • Lack of resources: discussed how money can be realigned within the system to best empower communities. By looking at what works in the community and adapting (rather than funding something that’s new). Better ways of distributing funding to VCSE organisations. How do we create a good system for distributing resources that is not costly in itself? • Focus on preventative work throughout conversations. Need an attitude of understanding reputational risks, have the necessary appetite to do this and to being brave. Need to get the most out of the Gateshead pound. • A formal framework and vehicle is needed for all partners to be able to be a part of (a provider collaborative). VCSE could be funded via this collaborative.
<p>Group 2</p>	<ul style="list-style-type: none"> • Improving outcomes for children and young people should be a top priority and consider what this means for our strategies (ensuring that every strategy has this at its heart) and, in particular, being conscious of the fact that CYP are impacted by families around them (think families!). More to be done here to think about the kinds of work and priorities that could amplify what is needed for children and young people. • Prevention and early help should also be a priority – how do we become a ‘disruptor’ of harm and inter-generational vulnerability for CYP. Currently, we are dealing with the impacts of this e.g. when some of those children repeat cycles as adults. • We need a whole system response to meeting need more effectively now - escalating the needs of vulnerable children now - further integration and thinking differently about the resources. ‘Best start in life’ – it would be good to have a conversation about what we think that means, and how we have differing opinions of what this covers (maternity, early years, up to adolescence?). • Enabler – key enabler is to deliver in and through local communities. Listening and learning, not replicating the same across all communities. Identifying areas with the most need (equity) and delivering through them. • Delivery – this is a challenge for statutory services – it is not easy. Commitment is needed to understanding how we can re-model our services at a locality level e.g. re-modelling a central social work service. • Deliver on what we know works and move away from things that don’t/ or where there is a lack of evidence regarding impact in order to create further capacity and release resources. To stop and change the things being done

	<p>requires bravery, commitment and capacity. Conversations about this also take time. Getting the most from our data is also an issue (potential barrier) – there is scope to be more evidence based.</p>
<p>Group 3</p>	<ul style="list-style-type: none"> • Children and young people – focus on mental health should be a priority. • Promoting health and preventing exacerbation of ill health also needs to be a priority – this links with work within communities and community services. There needs to be a particular focus on women’s health and girl’s health. • Varied levels of consistency in our approach across the system. Identify what we can do more together (collectively) to take forward our priorities and address ‘how’ we can do these things collectively e.g. against a backdrop where we currently use different languages. • Where the Gateshead pound is being spent outside of Gateshead – what is the impact of this? How do we keep the Gateshead £ in Gateshead? • Cost reviews between services - are there opportunities there? • Data – a collective evidence-based is needed. • Bravery – if something isn’t working, we need to be able to speak out. • Use of Compacts – provides opportunities for alignment of collective values. • It needs to be easier to collaborate / combine our resources. We need to maximise the Place Committee opportunity. • Enabler - System prioritisation. How can our system help with this? How do we get further down the road in terms of ensuring a focus on key priorities and resource them accordingly?
<p>Group 4</p>	<ul style="list-style-type: none"> • Prevention, connections, control and agency – these are key issues for our communities. This also applies to our organisations – we need to reduce bureaucracy and collaborate. • Language is very important. • Pace of change – needs to be increased. • Collective understanding of risk and our attitude towards risk is important, but we must be prepared to take risks. • Taking the time to build trust and ensure that the necessary effort is put into this. • Be brave and be prepared to seek forgiveness, if needed, to do the right thing – i.e. do it because it is the right thing to do. • If we know something is the right thing to do, if it is evidenced based, we need to find a way to do it. • Are our policies behaving as weapons of resistance? • Other points were raised that were similar to other tables.

TITLE OF REPORT: Health Protection Assurance Annual Report 2022/23

Purpose of the Report

1. Present an overview of the health protection system and outcomes for Gateshead as part of the Director of Public Health's responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population.

Background

2. The Director of Public Health (DPH) employed by Gateshead Council is responsible for the exercise of the local authority's public health functions. This includes those conferred upon the Council by Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to promote "the preparation of or participation in appropriate local health protection arrangements". This report forms part of those arrangements.
3. Health protection describes those activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
 - Prevention - screening, immunisation and vaccination schemes to prevent the incidence of diseases
 - Surveillance – systems of disease notification, identifying outbreaks
 - Control - management of individual cases of certain diseases to reduce the risk of spread
 - Communication – communicating messages and risks during urgent and emergency situations.
4. The attached report (Appendix 1) provides further detail of those arrangements and activity ranging from 2022 to 2023. The indicators use data from varying timeframes, in all cases the most recent data has been sought for the report although this can range from 2021 to 2023 due to publication schedules.

Conclusions

5. An analysis of the data and information regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the assurance priorities for next year 2024/25. These include
 - Screening: Reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively high uptake levels across Gateshead as a whole.
 - Immunisation: It is noted that Gateshead has good uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
 - EPRR: Embed the Health Protection Assurance Board
 - Pandemic preparedness- Following dissemination of national guidance (not yet available), work with local and regional partners to take this forward.
 - Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead.

- Review data around food and water borne diseases, bloodborne viruses and TB

Existing Health Protection Assurance arrangements remain in place with oversight through the Gateshead Health Protection Board and this annual report.

Proposal

6. It is proposed that Gateshead Health and Well-being Board notes the arrangements in place to assure the Board their responsibilities are being delivered.

Recommendation

7. The Health and Wellbeing Board is asked to consider the efficacy of existing arrangements and consider whether any improvement actions are necessary.

Contact: Alice Wiseman, Director of Public Health.

Appendix 1.

Health Protection Assurance Report 2022/23

Executive Summary

1. Gateshead has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning, this framework is outlined in appendix 1.
2. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these indicate the priority areas for next year 2022/2023. These include:
 - Screening: Reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively good uptake levels across Gateshead as a whole.
 - Immunisation: It is noted that Gateshead has good uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
 - EPRR: Embed the Health Protection Assurance Board
 - Pandemic preparedness: Following dissemination of national guidance (not yet available), work with local and regional partners to take this forward.
 - Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead.
 - Review data around food and water borne diseases, bloodborne viruses and TB

Introduction

3. The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection for Gateshead Council¹. The DPH, on behalf of the Council, should be assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. This report is to inform the Health and Wellbeing Board about arrangements and outcomes for health protection in Gateshead.
4. The most recent data available has been used in the analysis for this report. In circumstances where the data is not available, assurance for Gateshead is limited to the overall assurance we have in respect of the programme or the period for which we do have data. The data included in the report has also been captured over different time periods ranging from 2021-23 so please refer to each dataset individually for detail and note any limitations.

Background

5. Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.
6. This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:
 - National programmes for screening and immunisation which may be routine or targeted;
 - Management of environmental hazards including those relating to air pollution and food;
 - Health Emergency Preparedness Resilience and Response (EPRR), the management of individual cases and incidents relating to communicable disease (e.g. meningococcal disease, tuberculosis (TB), influenza) and chemical, biological, radiological and nuclear hazards;
 - Infection prevention and control in health and social care community settings and in particular, Healthcare Associated Infections (HCAs);

- Other measures for the prevention, treatment and control of the management of communicable disease (e.g. TB, blood-borne viruses, seasonal influenza).
7. The DPH is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.
- Health protection a multi-agency function**
8. Local Authorities are responsible for providing independent scrutiny and challenging the arrangements of NHS England (NHSE), UK Health Security Agency (UKHSA) and providers. The responsibility for the provision of the health protection function is spread across all the organisations.
 9. Gateshead Council, through the leadership role of the DPH, has a delegated health protection duty from the Secretary of State to provide information and advice to relevant organisations to ensure all parties discharge their roles effectively for the protection of the local population. This leadership role relates mainly to functions where the responsibility for commissioning or coordinating lies elsewhere. The Council also provides local support for the prevention and investigation of local health protection issues through the Public Protection Environmental Health (EH) function.
 10. Screening and Immunisation Teams (SITs) employed by UKHSA are embedded in NHSE. The SITs provide local leadership and support to providers in delivering improvements in quality and changes in screening and immunisation programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.
 11. UKHSA brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to cases, incidents and outbreaks; and provides expert advice to NHSE to commission immunisation and screening programmes, as well as other responsibilities relating to surveillance and planning.
 12. All organisations have responsibility to protect their staff, customers and visitors etc. with appropriate infection control, staff vaccination and information programmes.
 13. Gateshead Place commissions treatment services (e.g. hospital inpatient treatment, nurses working with specific infections, such as TB) that comprise an important component of strategies to control communicable disease.
 14. Emergency preparedness, resilience and response functions are provided by all category one responders; this includes the Local Authority, UKHSA, NHSE, Emergency Services and NHS Foundation Trusts. Those organisations form the Gateshead Multi-Agency Resilience and Emergency Planning Group.

Covid-19 (C19)

15. The pandemic was announced in March 2020. Guidance remains in place for those living and working in care and health settings. Currently there is no public testing offer meaning C19 prevalence is difficult to estimate. We support the Covid vaccination schemes throughout the winter months as this is one of our strongest lines of prevention and protection.
16. The numbers of Covid-19 patients within the QE was significantly lower in 2023 compared to 2022. Total number of Covid-19 patients in 2022 was 17,958 compared to 12,566 in 2023 (a difference of 5,392). The number of Covid-19 deaths within the QE have also been lower in 2023 compared to 2022., with 169 deaths in 2022, compared to 140 in 2023 (a difference of 29). Similarly, the number of Covid-19 patients

receiving oxygen in the QE has also decreased in 2023 compared to 2022, from 2,476, compared to 1,795 in 2022 (a difference of 681).

17. As of 1st April 2022, the government no longer provided free tests for general public use in England. This means case numbers are likely underreported and underestimated after this time period. To maintain assurance in this area there is ongoing surveillance of healthcare data (hospital admissions and deaths) and prevalence estimates produced from the ONS Coronavirus Infection Survey. ([Coronavirus \(COVID-19\) Infection Survey, UK - Office for National Statistics](#))

The national COVID-19 inquiry hearings are ongoing and will, hopefully, identify areas for improvement around national preparedness for future pandemics.

Screening

18. Screening is used in a population to identify the possible presence of an as-yet undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce potential harm. Each programme is underpinned by rigorous quality assurance, including a programme of visits by the UKHSA screening quality assurance service and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).
19. The screening programmes, commissioned by NHSE for which the DPH has an assurance role are:
- Cancer screening programmes (breast, bowel and cervical)
 - Diabetic Retinopathy
 - Abdominal Aortic Aneurysm (AAA)
 - Antenatal and Newborn screening programmes.
20. Data for the adult screening programmes are available for 2022/23.
21. Two key indicators can be used as measures of assurances alongside national uptake of screening programmes; these are:
- National baseline indicators.
 - Clinical standards that are required to ensure patients safety and control disease.
22. Table 2 demonstrates that Gateshead has a general higher screening coverage than the England average. Some programmes are still below the national standard and further work to understand and increase these rates is needed.
23. Uptake of the AAA and cancer screening programmes in Gateshead continues to be either similar or above the national average. The table below present's coverage for the adult screening programmes.
24. Data for the Diabetic Eye Screening Programme is unavailable at a Gateshead level. Performance, reported at North of Tyne and Gateshead area level, suggests that uptake is below the England average and national standard. The SITs are also aware of inequalities in the uptake of the service, with lower uptake amongst younger age groups and those from more deprived socioeconomic areas.

Table 1: Adult Screening Programme Coverage/Uptake 2022/23

Screening Programme	National Standard	% Coverage	
		England	Gateshead

Cervical Cancer (25-64 years) (50-64 years), 2022/2023	80%	65.8% 74.4%	72.7% 75.6%
Breast Cancer (53-70 years, 2023)	70%	66.2%	67.6 %
Bowel Cancer (60-69 years, 2023)	No threshold recorded	72%	74.1%
AAA (men 65 years, 2022/2023)	75%	78.3%	81.7%
Diabetic eye screening*	75%	79.1%	74.7%

*North of Tyne and Gateshead diabetic eye screening programme data

Ref: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

25. The Antenatal and Newborn screening programme covers six areas:

- Fetal anomaly
- Sickle cell and thalassemia
- Infectious diseases in pregnancy
- Newborn infant physical examination
- Newborn hearing screening
- Newborn bloodspot screening

26. Data on the coverage of the entire Ante-Natal and Newborn screening programme is not uniformly available at a Gateshead level. Some are available at Gateshead level, others are available at Newcastle Gateshead level, please see key and table 3 for further detail. Overall table 2 demonstrates high coverage for this screening programme.

Table 2: Antenatal and Newborn screening coverage Q4 2022/23

Screening programme	National Standard	% Coverage 2022/23	
		England	Gateshead
Infectious Diseases in Pregnancy – HIV	95.0%	99.8%	99.5%
Sickle Cell and Thalassaemia	95.0%	99.7%	100.0%
Newborn Blood Spot Screening	95.0%	96.4%	98.1%*
Newborn Hearing Screening	98.0%	98.9%	99.6%**
Newborn and Infant Physical Examination Screening	95.0%	96.4%	96.9%

*Data is for NHS Newcastle/Gateshead. **Data is a combined Sunderland South Tyneside and Gateshead.

Ref: [Q4 2022-23 Publication ANNB KPI data V2 NF.ods \(live.com\)](https://www.nhs.uk/publications/q4-2022-23-publication-annb-kpi-data-v2-nf-ods/)

Immunisation and vaccination

27. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections. In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

28. NHSE is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services will deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance Indicators.

Routine childhood immunisation programme

29. Current coverage for routine childhood immunisation programme in Gateshead is presented in table 4 below. Achieving population coverage of >95% is important as this is the point at which the entire population is protected, including the 5% that are not vaccinated. This is referred to as herd immunity.

Table 3: Coverage routine childhood immunisation programme Gateshead 2022/23

Vaccine and booster programme	Age cohorts					
	12 months		24 months		5 years	
	England	G'head	England	G'head	England	G'head
Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib) ¹	91.8%	93.3%	92.6%	96.2%		
DTap/IPV Booster ²					87.9	83.3%*
PCV ³	93.7%	96.5%	88.5%	92.2%		
Measles, mumps and rubella (MMR) ⁴			89.3%	93.7%	92.5%	93.8%
Hib/Men C booster ⁵					84.5%**	88.5%**
Rotavirus ⁶	88.7	90.5%	89.2%	93.9%	90.7%	92.3%
Meningitis B ⁷	91.0%	92.3%	87.6%	91.9%*		

*Boosters ** 2 doses MMR 22/23

Refs: 1 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 2 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 3 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 4 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 5 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 6 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk), 7 [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk)

30. Gateshead generally achieves a higher uptake of childhood immunisation programmes than the England average, although does not always reach the target level of 95% or higher. Therefore, it is important we still strive to improve our rates to reach the target of 95% and understand any inequalities in access or uptake.
31. All girls and boys aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the childhood vaccination programme. The vaccine protects against cervical cancer and some oropharyngeal cancers. It's usually given in year eight at schools in England with, until 2023, a second dose administered within 6 to 12 months.
32. 2021 to 2022 was the seventh year HPV vaccine coverage for the 2-dose schedule has been calculated in school Year 9 females (aged 13 to 14 years) in England. Uptake of the first and second vaccine for boys and girls is generally higher in Gateshead than nationally.

Table 4: HPV Vaccine Coverage in Gateshead (2021/22)¹

	Females : 12- to 13-year-olds (Year 8)	Males : 12- to 13-year-olds (Year 8)	Females cohort 17: 13- to 14-year-olds (Year 9)	Males cohort 1: 13- to 14-year-olds (Year 8)
Gateshead	73.6%*	67.4%*	74.6%**	67.7%**
England	69.6%	62.4*	67.3%**	62.4%**

*% Vaccinated with at least one dose by 31/08/2021 **% Vaccinated with 2 doses by 31/08/2021

33. Changes to the HPV programme were introduced in 2023. From September 2023:

- routine adolescent HPV immunisation programme for all children in school year 8 (aged 12 to 13 years) will move from 2 doses to one dose, offered mainly in secondary schools – this includes children not in mainstream school via a community clinic delivery model
- eligible gay, bisexual, and other men who have sex with men (GBMSM) under the age of 25 will move from 2 doses to one dose, offered through sexual health clinics
- eligible GBMSM aged 25 to 45 years will remain on a 2-dose schedule, offered through sexual health clinics
- eligible individuals who are immunosuppressed or those known to be HIV-positive will remain on a 3-dose schedule
- catch-up: eligible individuals who started their HPV vaccination schedule and have already received one dose of the vaccine by September 2023 will be considered fully vaccinated – those who missed out on their one dose HPV vaccine can catch up until their 25th birthday via their GP practice
- Td/IPV (tetanus, diphtheria and polio) teenage booster is the final dose of the routine childhood immunisation programme. The national plan provides the Td/IPV booster in year 9 alongside the final MenC booster. Table 6 demonstrates high levels of uptake in Gateshead.
- The routine offer of MenACWY vaccine to the year 9 cohort was implemented alongside catch-up for the year 10 cohort in 2020/21.

Table 5: Td/IPV Booster 2021/22 and Men ACWY 2021/22

Vaccine and booster programmes	Age Cohorts			
	Year 9		Year 10	
	England	Gateshead	England	Gateshead
Td/IPV ¹	69.9%	73.5%	79.5%	89.1%
MenACWY (Years 9 and 10) ²			79.6%	87.9%

At risk immunisation programme

34. The at risk immunisation comprises the following:

- Pneumococcal (PPV) vaccine single dose at 65 years
- Shingles vaccine single dose at 70 years (catch up for 78 and 79 year olds)

Table 6 Pneumococcal (PPV) and Shingles immunisation coverage

Vaccination	England	Gateshead
PPV 2021/22 ¹	70.6%	76.1
Shingles (70 years) 2021/22 ²	44.0%	50.0%

35. The coverage rate for the at risk immunisation programme in Gateshead is higher than the England rate, although it is noted that the overall uptake rates remain low in Gateshead and could be an area for further improvement.

Seasonal flu vaccine programmes

36. In 2022/23 annual seasonal flu vaccine was offered to:

- Those aged 2 and 3 years on 31 August 2022
- School aged children (all primary school aged children and eligible secondary school aged children)

- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- 50 to 64 year olds
- all those aged 65 years and over
- those in long-stay residential care homes
- carers / in receipt of carer's allowance / or main carer of an older or disabled person
- close contacts of immunocompromised individuals
- frontline health and social care staff

Table 8: Seasonal flu Vaccination Coverage Gateshead 2022/23

Indicator	Standard	Geography	2022/23
Population vaccination coverage - Flu (aged 65+) (%)	75	Gateshead England	82.0% 79.9%
Population vaccination coverage - Flu (at risk individuals) (%)	55	Gateshead England	52.6% 49.1%
Population vaccination coverage - Flu (Child, 2022) (%)	65	Gateshead England	70.3% 56.3%
Population vaccination coverage - Flu (2-3 years old) (%)	48	Gateshead England	45.5% 43.7%

Ref: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

37. Gateshead has higher coverage rate than England across the seasonal flu vaccination programme.
38. The Gateshead Council Employee Winter Flu Vaccination programme for frontline staff 2022/23 used a voucher scheme which all eligible staff could use at local pharmacies. It is not possible to provide data on uptake.

Covid Vaccine Uptake

39. The Covid vaccination programme for 22/23 offered a booster for the following groups:
- residents in a care home for older adults and staff working in care homes for older adults
 - frontline health and social care workers
 - all adults aged 50 years and over
 - persons aged 5 to 49 years in a clinical risk group
 - persons aged 5 to 49 years who are household contacts of people with immunosuppression
 - persons aged 16 to 49 years who are carers

Data for Gateshead up to 25 October 2023 showed that 82.9% of residents had received one vaccination, with 79.2% receiving two vaccinations. 63.6% of residents had received a booster/third vaccination.

40. There is still a gradient of deprivation, with the highest coverage in Whickham, Low Fell East and Low Fell West. The lowest coverage was in Bensham South and Saltwell, Bensham North and Gateshead Town.

Surveillance and communicable diseases

41. Effective surveillance systems ensure the early detection and notification of specific communicable diseases. UKHSA Health Protection Team obtains data from a wide variety of sources, including healthcare staff, hospitals, microbiology laboratories, sexual health services, local authority environmental health teams, care homes, schools and nurseries. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed and controlled.
42. 2023 saw an outbreak of pertussis/whooping cough within a Gateshead locality. By the end of the outbreak 31 cases had been notified. The council's Public Health Team worked with the community and primary care to improve awareness of signs and symptoms amongst the community and to publicise the availability of vaccinations for pregnant women and for children while the Health Protection Team supported those with the disease to isolate and traced contacts.
43. In June/July 2023 four confirmed, community-acquired cases of Legionnaire's disease were reported to the UKHSA North East Health Protection Team (HPT) who were all resident in the same area of Gateshead. All four cases required hospitalisation. The only common exposure identified was living in the same area. Further investigations by EHOs and the Health Protection Team did not identify any evidence of a likely source of infection. Community clusters of legionellosis can be challenging to investigate and it is not uncommon for the only link to be the proximity of cases in time and space.

Environmental health and food safety

44. Gateshead Council's Environmental Health team are an important resource in preventing, identifying and investigating cases and outbreaks of, especially, foodborne infections, including food poisoning.
45. The Environmental Health team received 460 food hygiene and food standards complaints (2023/24). All complaints were investigated in a timely manner and action taken where appropriate. These investigations identified the following issues:
- 4 complaints about people having an allergic reaction to food items purchased from businesses and a further 5 complaints about businesses not controlling allergens.
 - 4 businesses agreed to close during the year due to poor hygiene conditions found during an inspection.
 - A food business was prosecuted and fined £15,257 after deductions and addition of costs when it was found they were operating for 67 days without hot water and consequently were unable to keep the premises clean and hygienic.
46. The team conducts a food sampling programme. In 2023/24 916 samples were obtained. The food sampling programme identified issues relating to hand washing, cleaning, incorrectly labelled products. All establishments which were unsatisfactory were given advice and resamples taken to monitor improvement.
47. Over the period the team investigated 456 cases of infectious disease including 335 cases of Campylobacter. There was a cluster of Legionella cases identified during the year, which required the Environmental Health

Team to carry out investigations across the NE9 area. Investigations included UKHSA and HSE to identify possible sources of the Legionella. No sources were identified, and the investigation was closed after 6 months.

48. Over the year it was identified during inspections that conditions at 8 premises had deteriorated significantly, and their Food Hygiene Rating had dropped by 2 or more. Conversely, 20 premises had significantly improved by at least 2.

Control of specific diseases

49. Early diagnosis by clinicians, prompt treatment of cases and early reporting by microbiologists and clinicians to the UKHSA Health Protection Team are essential in enabling prompt public health action for diseases such as meningococcal infection. For other diseases such as gastrointestinal infections, initial reporting may be through sampling undertaken by local authority environmental health officers. The tables below present data on the notifications received for specific communicable diseases. Data for 2021 are the most up to date data available. Please note this data was shared in the previous Annual Health Protection Assurance report.

Table 9: Measles, mumps, meningococcal disease and whooping cough Notifications, 2021

Area	Disease									
	Measles		Mumps		Rubella*		Meningococcal disease		Whooping cough	
	No.	Rate per 100k	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K
England and Wales	360	0.6	3214	5.4	67	0.1	58	0.1	527	0.9
North-East	36	1.4	360	13.6	1	0.04	3	0.1	59	2.2
Gateshead	2	1.0	32	16.3	0	0	1	0.5	3	1.5

All rates are per 100,000 population calculated using the mid-year population estimates from ONS.

50. Cases of measles infections rose nationally in 2023. The outbreak has seen clusters in London and the West Midlands amongst, especially, vaccine hesitant communities. Improving rates of uptake of the MMR vaccine has become a priority for those partners involved in delivering childhood vaccination programmes.

51. All rates are per 100,000 population calculated using the mid-year population estimates from ONS.

52. Last year, we identified low numbers of cases of Hepatitis C infection within NOIDS data. This has been investigated by the Public Health team. A report on this will be presented to the Health and Wellbeing Board separately, following presentation to Health Protection Assurance Board.

Table 12: Sexually transmitted infections (STI) and new HIV diagnosis notifications (2022)

Area	Rate per 100,000 population						
	All new STI diagnoses*	Chlamydia ¹	Genital Herpes ²	Genital Warts ³	Gonorrhoea ⁴	Syphilis ⁵	HIV (new diagnoses) ⁶
England	496	352	44.1	46.1	146	15.4	6.7
North East	368	336	38.7	33.7	118	14.8	3.7
Gateshead	428	354	36.7	39.3	129	16.8	3.1

Refs: 1 [Public health profiles - OHID \(phe.org.uk\)](#), 2 [Public health profiles - OHID \(phe.org.uk\)](#), 3 [Public health profiles - OHID \(phe.org.uk\)](#), 4 [Public health profiles - OHID \(phe.org.uk\)](#), 5 [Public health profiles - OHID \(phe.org.uk\)](#), 6 [Public health profiles - OHID \(phe.org.uk\)](#)

53. The rates of STIs in Gateshead are similar to the England average for most of the above indicators, but often the Gateshead rates remain slightly above the NE average. There has been an increase in the rate of gonorrhoea and syphilis infections.

Healthcare associated infections (HCAs)

54. Prevention of HCAs in healthcare settings is a key responsibility of healthcare providers, with most employing or commissioning dedicated specialist infection control teams. Hospital Trusts each have a Director of Infection Prevention and Control providing assurance to the Trust Board on HCAI prevention. UKHSA provides infection control advice in non-healthcare community settings such as care homes and schools. Rates of HCAs for Newcastle Gateshead CCG are given below:

Table 12: Rates of Healthcare Associated Infections 2022/23

	Rates of Healthcare Associated Infections per 100,000 bed-days** 2021/22	
	England	Gateshead Health NHS Foundation Trust
MRSA ¹	0.8	0.0
MSSA ²	11.0	13.5
E. coli ³	22.2	17.5
C. difficile ⁴	16.2	9.0

Refs: 1 [Public health profiles - OHID \(phe.org.uk\)](#), 2 [Public health profiles - OHID \(phe.org.uk\)](#), 3 [Public health profiles - OHID \(phe.org.uk\)](#), 4 [Public health profiles - OHID \(phe.org.uk\)](#)

* These data do not provide a basis for decisions on the clinical effectiveness of infection control interventions in individual Trusts: further investigations considering potential confounders would need to be undertaken before this could be done.

Nor do these data provide a basis for comparisons between acute Trust or CCGs. Rate information, using rate calculations as currently defined, is not appropriate for comparison. The counts of infections have not been adjusted to give a standardised rate considering factors such as organisational demographics or case mix. Rate information is of use for comparison of an individual organisation over time.

** Bed-days are based on overnight occupancy from NHS Digital

Excess Winter Deaths

55. The ONS has currently suspended publication of data on excess winter mortality. This national statistic is currently being consulted on as part of the wider cross government consultation on health and social care statistical outputs.

Emergency Preparedness Resilience and Response

56. Planning for emergency situations, such as extreme weather events, flooding, evacuations, police operations including modern slavery cases and outbreaks or terror incidents, takes place at regional and local levels.
57. UKHSA co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
58. The Gateshead Multi-Agency Resilience and Emergency Planning Group-meets quarterly,-has a remit to ensure that the council and partners are equipped to respond to an emergency in Gateshead. This includes reviewing and developing internal policies, providing shared awareness for issues concerning the Gateshead borough and Northumbria Local Resilience Forum area and engagement in and sharing the learning from exercises and reviewing and learning from local emergency situations e.g. flooding
59. The DPH continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by UKHSA to co-ordinate such advice in the event of an emergency incident.
60. Gateshead Council's Resilience and Emergency Planning Team represents the authority at Northumbria Local Resilience Forum (LRF) strategic and tactical board meetings and planning groups to ensure considerations for regional plans are incorporated into local plans, including identified risks and mitigations.
61. Gateshead Council's Emergency Response Team will provide strategic and tactical level representation at multi-agency coordination meetings during incident response. Representatives will make decisions on the Council's behalf, commit resources where required and liaise with internal command and control structures to ensure shared situational awareness.
62. Representatives from Gateshead's Resilience and Emergency Planning and Public Health Teams will attend Event Safety Advisory Groups (SAGs) when required to provide advice and guidance to event planners/management to strengthen security and public health arrangements.

Air Quality

63. There are various contributory factors to air pollution, including road transport, domestic and industrial sources. There are two pollutants associated with road transport that cause problems with health in Gateshead. They are nitrogen dioxide (NO₂) and particulate matter less than 2.5 microns in size (PM₂₋₅) - both have short and long-term effects on human health. NO₂ is a colourless gas released from motor vehicle exhaust systems when fuels are burned. PM_{2.5} is also linked to exhaust systems but is also released from braking systems and tyre wear.
64. There are two different arrangements in place for monitoring and reporting on air quality in the UK. Firstly, there is the national monitoring arrangement whereby the UK Government must report to the European Commission annually on its progress in meeting the requirements of the 2008 Ambient Air Quality Directive (2008/50/EC), which sets the UK legally binding limits of maximum permissible levels for

roadside concentrations of pollutants that impact public health including NO₂ and PM_{2.5}. The Government operates an extensive national monitoring network which is supplemented by pollution control modelling. Secondly, there are requirements placed on local authorities like Gateshead Council under The Environment Act 1995. This is known as Local Air Quality Management (LAQM). LAQM is the statutory process by which local authorities monitor, assess and act to improve local air quality.

65. The Government has set specific LAQM air quality objective standards for pollutants that should not be exceeded. When pollutants are found to be close to or higher than these standards and where there is relevant exposure, local Councils are required to declare Air Quality Management Areas (AQMA) and take steps to reduce air pollution.
66. Due to measured levels of NO₂ repeatedly exceeding the annual mean objective of 40 micrograms per cubic metre ($\mu\text{g}/\text{m}^3$), Gateshead Council declared an AQMA in April 2005 within Gateshead Town Centre. This was extended to the south along Durham Road in April 2008.
67. In 2017 Gateshead and Newcastle City Councils were directed by central government to develop a plan that will address how to reduce NO₂ exceedances on the Tyne Bridge and A167 in Newcastle that exceed legal limits set by the European Directive which is now part of UK law. Subsequently (2020, with an update in 2022) government have directed the local authorities to implement a Clean Air Zone (CAZ). Work on implementing a Clean Air Zone (CAZ) which would subject older, more polluting vehicles to a charge for using the road network, has been subject to lengthy delays due to the Covid pandemic, legal challenges and funding issues. In January 2023 a category C CAZ will be launched. This includes non-compliant buses, coaches, taxis, HGVs and LGVs, with the phased approach including LGVs from July 2023. The zone covers central Newcastle and the bridges between Newcastle and Gateshead in the central area.
68. Gateshead Council continues with its monitoring regime which was extended from 2018 to reflect additional monitoring requirements linked to the CAZ, using 5 automatic monitoring stations (3 of which are within the AQMA) to record real time concentrations of NO₂, PM_{2.5} and PM₁₀. NO₂ is also measured across a network of 64 non – automatic sites using low cost passive diffusion tubes. 23 of these sites are located inside the AQMA. Every month 74 individual tubes are exposed (with 15 co – located at the 5 automatic monitoring stations).
69. For several years now, levels of NO₂ have generally fallen and have remained consistently below the annual mean objective in these locations within the AQMA. The impact of Covid19 and the lockdowns during 2020 meant significantly lower traffic volumes on the road network. This had a positive impact on reducing the concentrations of NO₂ and Particulate Matter during this period. The recovery from covid has generally seen concentrations of NO₂ increase back towards, but not yet return to, pre-pandemic levels.
70. The maximum real time concentration of NO₂ within the AQMA during 2023 as an annual average was 33 $\mu\text{g}/\text{m}^3$ measured at the Tyne Bridge (compared to 34 $\mu\text{g}/\text{m}^3$ in 2021 and 35 $\mu\text{g}/\text{m}^3$ in 2022). However, there is no 'relevant exposure' in this location. The highest concentrations where there is relevant exposure were on Lychgate Court and Bottle Bank, measuring 23 $\mu\text{g}/\text{m}^3$ and 22 $\mu\text{g}/\text{m}^3$ respectively (25

µg/m³ and 25 µg/m³ respectively in 2021 and 24 µg/m³ and 23 µg/m³ in 2022 respectively). The highest concentration measured using a bias adjusted diffusion tube within the AQMA was 35.6 µg/m³. This was tube TB6 on the A167 Tyne Bridge, but again does not represent relevant exposure (36.2 µg/m³ in 2021 and 33.2 µg/m³ in 2022). The highest concentration where there is relevant exposure was seen at Lychgate Court with 25.3 µg/m³, compared to 27.5 µg/m³ in 2021 and 27.5 µg/m³ at the same locality in 2022.

The monitoring data also indicates that there were no exceedances of the annual mean objective level outside of the AQMA

Conclusions

71. The Health Protection Arrangements across Gateshead are multi-agency. This report alongside an overview of the meeting and reporting structures, aims to provide the necessary assurance that the local health protection systems are robust and equipped to both prevent and suitably react to health protection situations.
72. There are clear limitations to the report in relation to the data, not all data sets are complete and some vary in time period. Many of the data sources offer rates per 100,000 of the population but these are often not standardised so differing population demographics and factors such as socioeconomic status are not accounted for and skew the data when comparing to the north east and nationally. Therefore, in order to draw robust conclusions the data should be triangulated with service reports, trend data and other qualitative data sources.
73. From the limited conclusions we can draw it is apparent that Gateshead remain very strong in its screening and vaccination coverage across both adult and children services. Health protection incidents/outbreaks have a clear protocol and established multidisciplinary and multiorganizational partnerships have helped deal with issues promptly to reduce local spread.

Recommendations

74. Screening: Reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively good uptake levels across Gateshead as a whole.
75. Immunisation: It is noted that Gateshead has good uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
76. EPRR: Embed the Health Protection Assurance Board
77. Pandemic preparedness: Following dissemination of national guidance (not yet available), work with local and regional partners to take this forward.
78. Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead.
79. Review data around food and water borne diseases, bloodborne viruses and TB

Chapter 19

Annex 42

Change to the Pharmaceutical List – Memo

From: Sameena Arif – PCSE Market Entry Officer

To: All on distribution list for the area of Gateshead Health and Wellbeing Board

Date: 04/03/2024

Dear all

Please note that with effect from 04/03/2024 the pharmacy at Ravensworth Road, Dunston, Gateshead, NE11 9FJ, will be operated by JSBH LIMITED and the pharmaceutical list for the area of Gateshead Health and Wellbeing Board will be amended with effect from that date. Details are as follows:

Jsbh Limited T/A Oakfield Pharmacy
 Ravensworth Road, Dunston, Gateshead, NE11 9FJ

Opening hours:

	Core opening hours	Total opening hours
Monday	09:00 - 13:00, 14:00 - 18:00	09:00 - 18:00
Tuesday	09:00 - 13:00, 14:00 - 18:00	09:00 - 18:00
Wednesday	09:00 - 13:00, 14:00 - 18:00	09:00 - 18:00
Thursday	09:00 - 13:00, 14:00 - 18:00	09:00 - 18:00
Friday	09:00 - 13:00, 14:00 - 18:00	09:00 - 18:00
Saturday	CLOSED	CLOSED
Sunday	CLOSED	CLOSED

ODS code: **FAL58**

Phone number: 01914609366

Please amend your records accordingly.

NHS England's [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

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Our Ref: CAS-270226-Y5R2C0
To be quoted on all future correspondence

Primary Care Support England

PCSE Enquiries, P O Box 350
Darlington, DL1 9QN
Email PCSE.marketentry@nhs.net
Phone 0333 014 2884

To the interested parties with no appeal
rights

11th April 2024

Dear Sir/Madam

**Re: Change of ownership application for Whitworth Pharmacy at
Wrekenton Health Centre, Springwell Road, Wrekenton, Tyne &
Wear, NE9 7AD by Gateshead Pharma Ltd**

North East and North Cumbria ICB has considered the above application and
I am writing to confirm that it has been granted. Please see the enclosed
report for the full reasoning.

Yours sincerely

Sudipta Mukherjee

Sudipta Mukherjee
Pharmacy Market Administrative Services Officer

NHS England's [Privacy Notice](#) describes how we use personal data and explains how you can contact us
and invoke your rights as a data subject. We will protect your information in line with the requirements of
the Data Protection Act 2018.

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Change of Ownership – Decision

9/4/2024

Re: CAS-270226-Y5R2C0 - Application to change ownership at: Wrekenton Health Centre, Springwell Road, Wrekenton, Gateshead, NE9 7AD.

NENCICB confirms that the application to change of ownership at the above-named premises has been considered in accordance with Regulation 26 of The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The application has been assessed and confirms the following:

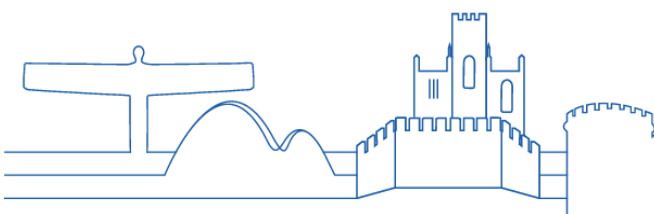
1. Fitness to practice checks have been carried out for **Gateshead Pharma Ltd** and confirmed satisfactory.
2. There are no pending concerns with the outgoing contractor **Whitworth Chemists Limited**.
3. **Gateshead Pharma Ltd** are undertaking to provide pharmaceutical services at premises that are already listed chemist premises, at **Whitworth Chemists Limited** is currently providing pharmaceutical services.
4. **Gateshead Pharma Ltd** will:
 - a. carry on at the listed chemist premises, in place of **Whitworth Chemists Limited**, the business in the course of which **Whitworth Chemists Limited** is providing pharmaceutical services at those premises,
 - b. provide the same pharmaceutical services as those that **Whitworth Chemists Limited** is providing.
 - c. ensure the provision of pharmaceutical services at the premises will not be interrupted (except for such period as the NHSCB may for good cause allow).

Having considered all of the above, the application, has been **approved**.

Appeal rights on next page

Appeal rights:

Organisation Name	Address1	Address2	PostCode
Applicant			
WHITWORTH CHEMIST	WREKENTON HEALTH CENTRE	SPRINGWELL ROAD,WREKENTON	NE9 7AD
WREKENTON PHARMACY	1 SPRINGWELL ROAD	WREKENTON	NE9 7JN
Beacon View Pharmacy Limited	BEACON VIEW HEALTH CENTRE	BEACON LOUGH ROAD	NE9 6YS
WELL	14 BEACONSFIEL D ROAD	LOW FELL	NE9 5EU
Rg Young Pharmacy Limited	33 SHERIFFS HIGHWAY	OLD DURHAM ROAD	NE9 5PJ



Gateshead Place Plan Priority / Enabler:
Priority 1: Giving Children and Young People the Best Start in Life

System Sponsor(s): Sangeetha Bommisetty / Dawn Robson

Lead Officer(s): Catherine Horn

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Objectives:	<p>Objective 1: Improve inclusion and participation of CYP in their communities with a particular focus on the SEND population.</p> <p>Objective 2: Improve Children and Young Peoples Mental Health.</p> <p>Objective 3: Address waits for SALT as well improving the offer for CYP and their families through upskilling the workforce and developing a joint approach for community-based support which is an integrated offer as part of the Family Hub development.</p> <p>Objective 4: Develop an integrated offer for ASD pre and post diagnostic support.</p>
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Goals (from Gateshead Place Plan)

	Description of Goal: update October 2023	Where are you now?	What is the target?	When do you aim to get there?
Goal 1	System Engagement Plan in place with SMART targets - A mapping process is underway to identify	0	1	End March 2024

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	any engagement plans in existence across the system.			
Goal 2	Improve access target for CYP MH Services	6985 contacts	7000 (Newcastle/Gateshead)	End Qtr 4 2024 Newcastle/Gateshead figures to be disaggregated.
Goal 3	Wait no longer than 18 weeks to treatment for SALT – KPI data	Baseline to be determined	To be determined	End March 2026
Goal 4	Establish 5 commissioned autism hubs across the borough	1	5	September 2023

How key initiatives support Gateshead's Health & Wellbeing Strategy 'Good Jobs, Homes, Health & Friends' and the NENC Integrated Care Strategy 'Better health and wellbeing for all'

A key focus of our work will be enabling the most vulnerable Children and Young People in Gateshead to Thrive and live in their local Communities. This requires a joined-up system approach starting with prevention/increasing our co-production of services.

Of the 27,158 children and young people in education settings across Gateshead, 4,478 have a Special Educational Needs/Disability. We are ambitious for our young people with SEND to reach their full potential and we want to make Gateshead a place where children and young people and their families thrive. Inclusion underpins our core purpose, and we are committed to giving children and young people the best start in life. We aim for our children and young people to develop their independence and to transition to adulthood confident and enabled to lead productive lives.

Emotional mental health and wellbeing transformation is consistent with the aim of the Health & Wellbeing Strategy to enable all children, young people and adults to maximise their capabilities and have control over their lives. The programme recognises that positive

emotional health increases life expectancy, improves quality of life, increases economic participation, improves educational attainment and facilitates positive social relationships.

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
1	Conduct and evaluate a pilot focused on new mothers via the vulnerable parent pathway and the Family Nurse Partnership to promote confidence, and help to build self-esteem, and address the anxiety and fear felt by many pregnant woman and parents. Evaluation by the Local Clinical Research Network				X					16/01/24 – S Pryke preparing to write up evaluation from the 3 pilot classes that have been run during 2023 (21 participants). The pilot included professionals across primary care, community midwives and family nurse partnership. The next steps are to deliver through the family hubs over the next 2 years to pilot on a wider footprint.
	Work with the Local Authority and system partners on the development of family hubs with a focus on improving support for new and expectant mothers				X					<p>03/10/23 – Family Hub steering group is established and meets on a regular basis. There are 6 hubs - Birtley, Blaydon, Deckham, Chowdene, Felling and Teams. The healthy relationships pathway is now live.</p> <p>An infant feeding co-ordinator post has also been recruited.</p> <p>01/12/23 – Gateshead are currently operating 8 sites under Family Hub branding and delivering elements of the Family Hub offer at a number of</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>VCS/locality locations. First phase of refurbishment works has been completed.</p> <p>Online Family Hub and Start for Life Offer was launched on 31/3/23.</p> <p>Birth registration appointments will be available from the Blaydon Winlaton site from Feb/March 2024.</p> <p>A total of 5 Parent/Carer Panel meetings have taken place since July 2023 with 9 participants. Panel Co-ordinator Eleanor Haley is in post.</p> <p>The Healthy Relationships Pathway includes specific provision for new and expectant parents, including Mellow Bumps and Incredible Years Babies programmes. This will be supplemented by new Triple P Baby e-learning licences from 15 January 2024, followed by the Triple P Baby programme later in 2024 when facilitator training has been completed.</p> <p>Family Hub Steering Group has been repurposed and is now the Early Help System and Prevention Board which will</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>encompass all of the preventative and early help work across the whole system.</p> <p>Infant feeding peer support posts have been recruited to and are all now in post, except one who commences in January 2024.</p> <p>2 Perinatal mental health peer support posts to support fathers and co-parents have been recruited to and are progressing through HR requirements. These 2 posts will be based in one of the family hubs but will work across Gateshead.</p> <p>Parent Outreach Workers who are based in family hubs have commenced Solihull Training.</p> <p>Community development workers are being recruited to via Edberts House, Young Women’s Outreach Project, St Chads, Dunston Family Church. The Jewish Community Council is also being funded to increase the support in the community for family hubs/start for life work through the Labriut staff. A room has</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>been re-purposed at the Bewick Centre to host maternity appointments.</p> <p>North East Young Dads and Lads are recruiting to posts to support young fathers in the start for life period particularly focusing on parent infant relationships.</p> <p>A communications campaign will start from January 2024 to raise the profile of the Hub offer among Gateshead families.</p>
	Undertake a review of the Single Point of Access for CYP mental health services 'Getting Help' service which has been in operation since 2019, with an aim to evaluate the model and increase accessibility			X						<p>03/10/23 – Agreement from Exec that to address issues of waits and triage, SPA cannot be looked at in isolation, a system response is required.</p> <p>Joined up pathways across the system from children to transition and to adults is required.</p> <p>Mapping and INT Pilot will look to work with partners using an MDT approach and include commissioned and non-commissioned services in the East of the borough.</p> <p>Communication and training to be developed to address confusion in the</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>system being experienced by people, family/carers and professions.</p> <p>Pathway and MDT 2nd Stakeholder event 11/10/23 to look at what partners in the system do.</p> <p>Co Design with people, parent/carer and professions in November.</p> <p>01/12/23 – 3 partner sessions and Design Sprint session with Gateshead Cares have been completed, finalising recommendations and report to be presented to Gateshead Committee at place.</p> <p>Pilot MDT approach to be piloted in the East of borough as part of INT, and a 2nd pilot with the Early Years team school cluster project.</p> <p>15/01/24 – Recommendations presented to ICB committee and commitment agreed with partners to work on system wide CYP SPA – looking to begin this with the INT team in the East pilot, Edberts House.</p> <p>23/02/24 – Steering Group established – first meeting took place 21/02/24. Looking</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										to establish an independent Chair to offer positive challenge.
4	Embed Trauma Informed Practice through the newly established 'Trusting Hands' Team					X				<p>03/10/23 – Trusting Hands held a service launch on Tuesday 16th May 2023, the launch clashed with the joint HMI/DfE and CQC therefore a further event is planned for 18th October 2023.</p> <p>01/12/23 – 2nd launch event held and national conference learning event held in Nov. An evaluation research plan has been successful in its 2nd stage and the steering group is now moving to implementation phase.</p> <p>15/01/24 – The steering group has now moved to implementation phase and will begin to work more jointly with other partners across the system.</p> <p>23/02/24 – NIHR bid approved to examine the normalisation of trauma informed care in children's social care, led by Ruth McGovern.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
5	Review the crisis pathway for children and young people and codesign the pathway and alternative to crisis offer with our Gateshead children and young people				X					<p>3/10/23 – Review being undertaken within wider CYP transformation work which is identifying key issues in the system. Co-design work has commenced via Young Women's Outreach Project but further work is required particularly with young men. VCSE partners currently exploring opportunity to apply for DHSC funding to establish early intervention CYP mental health hub – insight from this work plus transformation meetings will be used to feed into the development of an Alternative to Crisis Offer.</p> <p>01/12/23 – Developing a crisis offer with partners from across the system to be shared with SMT on 14th Dec.</p> <p>15/01/24 – Potential to be discussed at SMT 18th Jan, this includes an all age offer and RCRP workstream.</p> <p>23/02/24 – Proposal has been developed for an all-age crisis pathway. To go through the Financial Controls process.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
6	Review and improve the offer for Mental Health Support Teams in Schools				X					<p>4/10/23 – Review being undertaken within wider CYP transformation work. In the interim, the RISE Digital Offer is being actively promoted to partners across the system. The RISE team have been connected to STSFT Primary Care CYP Mental Health Team to develop referral pathways. Work is also ongoing with Gateshead Council Education Team to identify clear needs of schools and develop a package of resources for distribution this academic year to support this.</p> <p>01/12/23 – Team discussions and networking of the RISE teams with both pilots above. Evaluation and report being shared and understanding of where the team fits within a wider system approach.</p> <p>15/01/24 – No further update.</p>
7	Development and roll out of 'The Little Book of Useful Stuff' – a codesigned health and wellbeing resource for teenagers			X						<p>03/10/23 – The development of the Teenage Resource "The Little Book of Useful Stuff" has been co-produced with professionals, children/young people and their families. The publication has been distributed across the Gateshead System</p>

Initiatives – Key deliverables (from Gateshead Place Plan)									Progress / Issues	
		23/24				24/25	25/26	27/28		28/29
Item	Deliverable description	Q1	Q2	Q3	Q4					
									<p>to Schools, C&YP groups, Primary Care, Pharmacies, A&E WiCs, Family Hubs, 0-19 service, Mental Health Trust.</p> <p>The publication supports the Year 9 assemblies "A talk from your local GP" across our 11 secondary schools. The publication will be handed out to young people following these sessions.</p> <p>An electronic version of the publication is available on the Healthier Together website.</p> <p>01/12/23 – complete, continues to be well received across the Gateshead System.</p>	
8	Deliver Masterclasses for health and education professionals in relation to Children and Young People's Asthma, Allergies, Diabetes and Epilepsy				X				<p>03/10/23 – The roll out of the Asthma and Allergies masterclasses have taken place. There are plans to record a session for this to be shared on annual basis across schools and primary care. Plans are also in place to roll out a Diabetes Masterclass November onwards.</p> <p>01/12/23 – Asthma and Allergies masterclasses complete (further additional work is planned to repeat a further session which can be recorded and viewed by</p>	

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>colleagues). Diabetes Masterclass planning underway with the aim to deliver to our schools in Q4. Epilepsy planning had been delayed due to the lack of a specialist nurse in the Trust. Recent time limited funding has been received by the Trust who have appointed a specialist nurse and discussions are to take place around a future masterclass when post holder is established in her role (Q2 – 24/25)</p> <p>15/01/24 – Meeting planned for 01.02.24 with Diabetic Specialist Nurses to discuss delivery of Masterclasses to all Gateshead Schools, expected to take place March 2024.</p> <p>21.02.24 – Dates for Masterclasses around Diabetes are planned for 27th March and 1st May 2024. The Specialist Nurses will upskill education staff and support them with queries and equipment for those children with type 1 diabetes. The session on 1st May will be recorded to allow schools who were unable to attend to also receive the training. The Diabetic Specialist Nurses also plan to attend the SENCO</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										Network and 0-19 Professionals Forum to offer further information and support around this area.
9	Design and deliver GP Kite Mark to improve accessibility for CYP				X					<p>03/10/23 – The GP Kitemark Children and Young People friendly practice has been developed by 7 local GP practices (mainly in South/Central PCN). A children and young person friendly kitemark accreditation has been developed to help practices become a children and young person friendly practice.</p> <p>The kitemark provides an accredited framework to support practices to develop processes and good practice. Practices have the opportunity to be accredited at Bronze, Silver or Gold level. Each level requires:</p> <ul style="list-style-type: none"> • An individual lead to be identified to oversee the framework on behalf of the GP practice. • Individual lead to submit a portfolio of evidence against the framework to demonstrate achievement.

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>To support implementation of the children and young person friendly kitemark accreditation, a toolkit of templates, best practice guidelines and resources have been developed and will be stored on a dedicated page on TeamNet - Children and Young Person Friendly General Practice (clarity.co.uk) A panel made up of members of the children, young people and families team will review the evidence collated by each practice and award accreditation. Feedback will be given to allow practices to resubmit evidence within an agreed timescale.</p> <p>Accreditation will be valid for one year at which point practices will be expected to collate and submit new evidence to be reviewed.</p> <p>01/12/23 – The kitemark accreditation has been launched as part of the Practice Engagement Programme for Primary Care in Gateshead. All practices across Gateshead have signed up to work towards the accreditation.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>21.02.24 – Practices have all received a visit to appraise them of expectations and evidence towards their accreditation. Practices now have until June 2024 to provide the evidence of progress, which will then be graded as bronze, silver or gold accreditation.</p>

Initiatives – Other Key System Deliverables Linked to this Priority Area										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
Objective 1	Increase accessibility to SEND materials.				X					<p>01/12/23 – Joint work between ICB/LA and parent carers and young people has taken place. Young Person View video produced – ‘How having an Education Health Care Plan (EHCP) can help you’. A second video has been produced on EHCPs on getting health professionals onboard as well as a third video on getting parent and carers on board.</p>

Initiatives – Other Key System Deliverables Linked to this Priority Area										Progress / Issues
		23/24				24/2 5	25/2 6	27/2 8	28/2 9	
Item	Deliverable description	Q1	Q2	Q3	Q4					
	<p>SEND Training and Awareness sessions developed and rolled out for professionals across Health.</p> <p>Young Persons hub to be developed on the SEND local offer site.</p> <p>Joint Gateshead Place SEND newsletter to be developed.</p>									<p>Let's Talk SEND video has also been co-produced with input from Parent/Carers, Young People, Education/Schools and Health.</p> <p>01/12/23 – Training packages are established and being rolled out to professionals across the Health system, training delivered to CNTW, SALT, Bladder and Bowel professionals and Paediatricians.</p> <p>01/12/23 – new site developed and co-produced with Young People, site is now live on the local offer.</p> <p>01/12/23 – newsletter now up and running with regular quarterly updates.</p>
Objective 3	<p>Address with waiting times for SALT to 18 weeks or under.</p> <p>Upskilling workforce in SALT strategies.</p>									<p>01/12/23 – Trust as at Q3 reporting no child or young person is waiting longer than 18 weeks from referral to assessment.</p> <p>01/12/23 – Plan in place to deliver ELKAN training to our primary and secondary schools.</p> <p>16/01/24 – SEND Training and awareness sessions have been delivered to all health providers in Gateshead during</p>

Initiatives – Other Key System Deliverables Linked to this Priority Area										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>November/December - support with Writing Good Health Advice and Writing Good Outcomes for Education Health and Care Plans. Further roll-out of training will take place in April, May, October and November as part of annual offer to all Health Staff and all Gateshead Early Years settings and Schools.</p> <p>21.02.24 – Funding has now been approved via a Direct Award (Local Authority) and Training by Elklan is planned to commence in April 2024.</p>

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Risks	Mitigations
SALT training for Gateshead schools has been delayed.	LA exploring the possibility of a direct award to fund ELKAN training using section 256 funding. Direct award complete (19/2/24).

Key issues requiring support from the system during 2023/24?

- Pressures on waiting times for emotional mental health and wellbeing services.
- Pressures on waiting times for Speech and Language therapy services.
- Support to meet the needs of those Children and young people in alternative provision.

Gateshead Place Plan Priority / Enabler:

Priority 2: Better Health & Care Services – developing Integrated Neighbourhood Teams in line with Next steps for integrating primary care: Fuller Stocktake report (2022) recommendations

System Sponsor(s): Dale Owens, Lynn Wilson Sarah Gorman, Joanna Clarke

Lead Officer(s): Neil Bunney, Ros Goode

Objectives:

Objective 1: To develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices and providing people with more choice about how they access care and support to ensure patients have good experience of access to services and there is equity for all.

Objective 2: To assist systems with integration of primary and urgent care access, specifically looking at the role of NHS 111, and improving access to pharmacy, dentistry, optometry, and audiology.

Objective 3: Enable all PCNs to evolve into integrated neighbourhood teams (recognising that this may look different in each area) by building on already existing models such as Discharge to Assess, UTC's, Mental Health Crisis response and the new Community Diagnostic Centre and through the development of co-located Multi-Disciplinary Teams (MDT's) leading to improved patient journeys, joined up systems and patient centred personalised care.

Objective 4: Work alongside local people and communities in the planning and implementation process of the actions set out above, ensuring that these plans are appropriately tailored to local needs and preferences, including that of our children and young people; people with a learning disability; autistic people; and demographic and cultural factors which build on the positive work already underway with HAREF, Labriut, Connected Voice and Jewish Community Council.

Goals (from Gateshead Place Plan)				
	Description of Goal: update October 2023	Where are you now?	What is the target?	When do you aim to get there?
Goal 1	Support partnership in development of locality working, integrated neighbourhood teams and community led support	Reviewing and planning	Develop integrated ways of working	End 2024/5
Goal 2	Meet 2 hr urgent community response	70%	Above 70%	Maintain standard
Goal 3	Recovery Plan and targets in place for UEC	To be determined	To be determined	Target dates to be set as part of recovery plan
Goal 4	Meet faster diagnosis standard for Cancer	62 day waits across all specialities	75% within 28 days	To be determined
Goal 5	Delivery Plan for Recovering Access to Primary Care	To be determined when PCN capacity and access plans are submitted	As previous	Plan in place for each PCN by 30 June

How key initiatives support Gateshead's Health & Wellbeing Strategy 'Good Jobs, Homes, Health & Friends' and the NENC Integrated Care Strategy 'Better health and wellbeing for all'

Working together from a partnership and community development approach should take into account the wider determinants of health and can build upon the work already established in the community with local residents and populations.

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
1	Monitor the Network DES requirements and review the PCN Maturity Matrix		X							<p>17/10/23 – Summary of all PCN guidance provided to PCNs. Primary Care team monitoring the requirements and implementation of the PCN Network DES. Updates at PCN strategy and individual PCN meetings.</p> <p>01/12/23 – Continuing to monitor the Network DES requirements and reminding PCNs/Practices when returns are due.</p> <p>To support the implementation of the Health Inequality contractual requirements the delivery team re-instated the Health Inequality monthly PCN meetings. There is one representative from each PCN, key external partners and a GP with HI special interest. There are 3 aims of the meetings are:</p> <ul style="list-style-type: none"> - To review the HI contractual requirements and offer peer support for PCNs to achieve - Collate the current HI work across Gateshead to share with the system, share success and learnings - Agree a collaborative approach to an unmet HI area in Gateshead

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
2	Establish INT/CLS steering group		X							<p>17/10/23 – Group has met x3 and ToR agreed to extend membership. Operational group to start w/c 16 October.</p> <p>01/12/23 – See key deliverable 13 below for actions from the group.</p> <p>15/01/24 – Have connected Alternative to Crisis, CYP Pathway and OPMH workstreams to be part of the INT project.</p>
	Partners to work with NDTI to establish baseline and plan for community led support			X						<p>17/10/23 – Procurement completion to start end October.</p> <p>23/02/24 – NDTI CLS project has commenced and operational group set up.</p>
4	Evaluate current initiatives and models and develop proposals for expansion/ development of pharmacy, dentistry, optometry and audiology				X					<p>02/11/23 – The ICB Transformation Team are responsible for Pharmacy, Dentistry and Optometry. A recovery plan is in place for Dentistry. Work is ongoing with the Trust and AQP contract holder regarding an evaluation of audiology in relation to referrals/wait lists.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
5	Work with Trusts and partners to improve data collection and reporting especially in relation to workforce and population data to ensure greater efficiency and targeting of resources.				X					<p>02/11/23 – Working with the NECS BI team on reviewing existing data reports and putting in place requirements for monitoring on existing contracts.</p> <p>15/01/24 – Working with CNTW to develop a CYP/SPA dashboard that is user friendly for system partners.</p>
6	Develop a data sharing agreement across anchor organisations and relevant partners to enable updates to patient records and real time viewing (adopt national template if available)				x					<p>19/2/24 – Remove as national data sharing guidance has not progressed.</p>
7	Appraisal of UTC's and wider UEC model across Gateshead linking in CMHT to				X					<p>17/10/23 – After the ICB visit to QE ED and SDEC in the summer (by Robin Hudson & Gill Carlton), Mark Dale and his team pulled a proposal together to look at expanding the opening hours of UTC until midnight to</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
	explore opportunities to develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices									take pressure away from ED in line with some of the national recommendations for UTCs. These proposals and costing for the additional staff hours to support this has been shared with ICB colleagues for comment. 15/01/24 – No further update.
	Identify opportunities to streamline services and improve access, including e-consult, self-service options, user friendly information and processes				X					17/10/23 – Gateshead Primary Care Access Recovery Plan developed from the individual PCN meetings and action plans submitted. Funding application relative to actions submitted, awaiting outcomes from NHSE. 01/12/23 – Funding process was changed and individual applications did not progress. A wider approach was agreed where there was overlap in requirements across the ICB. Awaiting the NHSE approved supplier/digital offer which is due in Jan 24 to progress action plans. A key area of the Primary Care Access Recovery Plan - (PCARP) was for PCNs to look at improving access. This included digital e.g. e-consult, use of NHS app. All PCNs developed a comprehensive action plan to

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										review and improve access and will report on results at the end of March 2024.
9	To build on the virtual wards offer in Gateshead to deliver on from the national and local priorities around discharge and hospital avoidance and system resilience			X						<p>17/10/23 – The virtual frailty and respiratory wards are now in place. Gateshead has capacity for 50 patients in all of our virtual wards over winter 2023/24.</p> <p>15/01/24 – Have had an initial conversation with the VW team to see how the teams can link to community partners.</p>
10	Service development and improvement of Community Health Services				X	X				<p>17/10/23 – Community Services focused transformation on podiatry, SALT and OT taking place currently. Significant waiting list improvements.</p>
11	Promote the UCR service with all people across the Gateshead system including			X						<p>17/10/23 – Promotional video and materials circulated: https://www.gatesheadhealth.nhs.uk/services/rapid-response-team/</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
	primary and secondary care									
12	Review Older Peoples MH Crisis Pathway and develop recommendations to improve the offer across Gateshead			X						<p>17/10/23 – Review underway and presented to the Committee, to complete end December.</p> <p>15/01/24 – Draft delivery plan and Dementia strategy to be further developed with partners and recommendations to come to committee March 2024.</p>

Initiatives – Other Key System Deliverables Linked to this Priority Area										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
13	Establish and take forward an Operational Group for the INT pilot in East Gateshead			X						<p>01/12/23 – Operational Group for the INT pilot in East Gateshead have met twice since forming.</p>

Initiatives – Other Key System Deliverables Linked to this Priority Area										Progress / Issues
		23/24				24/2 5	25/2 6	27/2 8	28/2 9	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>After agreeing the purpose of the group, the first task was to agree where we should start and the key focus areas.</p> <p>The key ingredient to delivering this way of working is leadership – fostering an improvement culture and a safe environment for people to learn and experiment.</p> <p>Listening to our community:</p> <ul style="list-style-type: none"> • Appreciative inquiry: strengths-based change approach • Embark on an intentional listening exercise: community steering groups, PPG's and HOPE network <p>Wellbeing Team:</p> <ul style="list-style-type: none"> • Decide who needs to be involved? • How often should they meet? • Additional co-location? • Could we extend the 'drop in' sessions? • How can we integrate active travel? • Following example of menopause cafes, are there other clinical/wellbeing sessions that we could develop? <p>Children, Young People and Families</p>

Initiatives – Other Key System Deliverables Linked to this Priority Area										Progress / Issues
		23/24				24/2 5	25/2 6	27/2 8	28/2 9	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<ul style="list-style-type: none"> • How do we ensure all our teams and services are working together? • Can we pilot some of the learning from the CYP pathway discussions? • Can we try something new at a local level? • How can we support families while they are waiting for clinical interventions? <p>Communication</p> <ul style="list-style-type: none"> • Building relationships between services • Communications between services • Communications with the community: <ul style="list-style-type: none"> – Health and Wellbeing Magazine? – Clear branding around buildings where people can get help? – Social Media presence

Risks	Mitigations
ICB funding	Some developments depending upon additional funding e.g. UTC extended hours.

Key issues requiring support from the system during 2023/24?

Gateshead Place Plan Priority / Enabler:

Priority 3: Fairer outcomes for All

System Sponsor(s): Louise Sweeney, Teresa Graham, Kirsty Sprudd

Lead Officer(s): Julia Sharp, Emma Gibson, Joanna Clark

Objectives:

Objective 1: Reducing the harms from alcohol, substance misuse and smoking across Gateshead.

Objective 2: Promoting healthy weight and active lives to achieve an overall reduction in those people who are clinically obese, and

Objective 3 Improve the experience of people when waiting for planned operations.

Objective 4: To work towards achieving the Core20Plus5 targets for adults and children over the next 5 years & fully participate in Deep End Network (Chopwell).

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Goals (from Gateshead Place Plan)

	Description of Goal: update October 2023	Where are you now?	What is the target?	When do you aim to get there?
Goal 1	Reduce smoking prevalence to less than 5%	11.1% of adults 18+ smoking in Gateshead	Below 5% of adults 18+ smoking in Gateshead	2030

Goal 2	Support increased levels of physical activity in the Gateshead community	63.9% of adults physically active in Gateshead	Align with the national average of 67.3% of adults physically active	2030
Goal 3	Sustain national targets for SMI Health Checks	60%	60%	2023/4 with figures sustained or exceeded annually
Goal 4	Achieve Core20 Plus% targets for adults and children	Current baseline to be established for all areas	Align with national targets	

How key initiatives support Gateshead’s Health & Wellbeing Strategy ‘Good Jobs, Homes, Health & Friends’ and the NENC Integrated Care Strategy ‘Better health and wellbeing for all’

This priority area ‘Fairer outcomes for All’ is at the heart of Gateshead’s Health and Wellbeing Strategy and support its policy objectives. In particular, the four objectives and goals for children and adults under this priority area support the H&W strategy’s policy objective to strengthen the role and impact of ill health prevention.

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
1	Progress the recommendations from the Dame Carole Black Review on substance misuse harms utilising the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) with proposals for use agreed by the Office for Health Improvement and Disparities (OHID).					X				<p>17/10/23 – Combatting drugs partnership in place for the Northumbria footprint which includes system partners.</p> <p>Needs assessment drawn together to inform delivery plan.</p> <p>Work in development around how we can support increased referrals into recovery from healthcare services.</p> <p>01/03/24 – Partnership continues to meet and develops / actions the delivery plan for the partnership.</p> <p>LAs have been allocated the final year (Y3) of SSMTRG funding and have submitted proposals for the grant spend. The focus for Year 3 is on increasing numbers in treatment (in particular OCU's). LA SSMTRG plans have been presented at the Combating Drugs Partnership for approval.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
2	Development of a Health Inequalities team based at QE hospital and working with those identified with multiple and complex needs to access health services back in the community. This work complements and is aligned to developments funded via the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG).					X				<p>17/10/23 – Funding agreed along with time-frame for delivery.</p> <p>Developing the specification.</p> <p>01/03/24 – Work on the model is underway. Issues with the receipt of Y2 & Y3 funding are being resolved.</p>
3	Strengthen the links between community and secondary care for both drugs and alcohol through Community Recovery Coordinator and Nurse posts working into the hospital to ensure interventions to support vulnerable dependant drinkers are robust.					X				<p>17/10/23 – Community Recovery Coordinator recruited, in post and beginning induction.</p> <p>Nurse post out to advert. Remit for this role being developed through the Gateshead Recovery Partnership.</p> <p>Gateshead Recovery Partnership are working together with Gateshead NHS Foundation Trust to develop opiate guidelines to strengthen and improve information sharing systems and</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>transitions between community and secondary care sites.</p> <p>01/03/24 – 2 x FTE Recovery Coordinators are now in post and working into the QE. They are focussing on patients who have unmet need for drugs and/or alcohol to begin the engagement and assessment process. The complex case nurse has been in post at Gateshead Recovery Partnership since January and will focus on providing interventions for service users with more complex need.</p> <p>The opiate guidelines are in final draft.</p>
5	Support Implementation of Gateshead's Physical Activity Strategy through the Sector Led Improvement process supported by the regional physical activity collaboration programme in the North East.					X				<p>17/10/23 – Gateshead are participating in the regional programme.</p> <p>Initial SLI process for Gateshead planned and mapped.</p> <p>Next steps include leadership briefings and engagement, completion of toolkit and mapping, and workshop in November 2023.</p> <p>28/02/24 – SMT and Portfolio briefings attended to update on 'system approach' to</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>'Sector Led Improvement' (SLI) model for Physical activity.</p> <p>First SLI workshop held in Gateshead (face to face) on the 13th Dec supported by LGA and Active Partnership Rise. 47 attendees from 16 different organisations in Gateshead. The 5 SLI themes were - Active travel, Active urban design, Public education and mass media, Sport and recreation for All and Community wide Programmes.</p> <p>Next workshop on 'health care and physical activity' is being held with relevant stakeholder from across sectors on the 12th March.</p> <p>An education/school workshop is planned for the Spring. A Gateshead headteachers meeting was attended as part of the School Sport Partnership around how best to engage.</p> <p>The workshops and tools are being evaluated across the region to inform next steps.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
6	Support implementation of the Active Travel Social Prescribing Pilot, sharing and considering learning from this work across the system.				X					<p>17/10/23 – Active travel social prescribing team recruited and in place.</p> <p>Walk and Wheel brand and project launched.</p> <p>Walk and wheels team building relationships with stakeholders in Gateshead.</p> <p>28/02/24 – The programme is developing well (88 referrals to-date). Currently, 35 referrals active on the programme.</p> <p>The delivery model has been adapted as part of the pilot to focus on more group-based activities where appropriate.</p> <p>The winter months have been challenging – a winter walking programme has been established, including indoor walking sessions and led walks from all 15 GP surgeries in the pilot area.</p> <p>The active travel and Social Prescribing Board continue to meet quarterly to overview progress, informed by the operational working group.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
7	Work with PCNs to implement Health Inequality Leads					X				17/10/23 – Health Inequality leads appointed in each PCN as part of the PCN DES. Health Inequality group to start meeting in November with representatives from Edberts House, Local Authority and PCN leads.
8	Implement learning from review of targeted work on hard to reach groups to maintain 60% target of SMI Healthchecks				X					16/01/2024 There was funding in place in 2021/22 for practices to provide extra resources to undertake targeted work with hard-to-reach groups; however, funding is no longer available. There are processes in place to send the SMI healthchecks data to practices on a quarterly basis and remind practices about the benefit to SMI patients of having a flu and covid vaccination. In Gateshead, at the end of quarter 3 (December 2023), 62.2% of patients on the SMI register had received an annual physical health check. Practices are offered support from Clinical leads to review their processes, responds to any queries they have and to discuss individual hard to reach patients. Support is also available from the NECS data team to help with ensuring correct

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>coding is used in EMIS and to run specific searches. Practices continue to record any reasonable adjustments a patient may require. Training has also taken place with social prescribing link workers to improve knowledge of the physical health problems that our SMI population faces and how the teams can support them access the physical health checks and to achieve their health goals.</p> <p>Practices also have access to resources which have been developed to help engage those with SMI and encourage them to accept the offer of a physical health check. We have worked with our local VSO providers to develop a bespoke patient information leaflet and a peer support service implemented with ReCoCo (the Recovery College) to help service users access appointments and provide support. We have been able to share our resources with local and regional partners and this has been well received.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
9	Provide additional investment targeted at vaccine inequalities which is being coordinated in partnership with the Public Health Team				X					<p>17/10/23 – Initial activity focused on supporting uptake of IPV within Jewish community in response to outbreak of pertussis.</p> <p>Re-engagement with primary care and VCS partners focussing on under vaccinated communities to include migrant and Jewish communities.</p> <p>16/01/2024 work has been undertaken with the orthodox Jewish community and primary care around uptake of the pertussis vaccine, with success. Some funding remains unallocated and further work with the Jewish community, primary care and CVS groups will ideally be completed before end March.</p>
10	Roll out PCN/School pilot for asthma and allergy review				X					<p>16/01/2024 – a review of asthma and allergy care for children and young people who were not brought, or who had not attended their GP practice for their annual review, which could lead to serious health complications was delivered in a local primary school. Project report produced by Shall. A further pilot is to be undertaken</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										with Central South PCN and secondary school.
11	Roll out training to staff supported by The Beat Asthma Bundle of Care package				X					16/01/2024 – A Gateshead primary school took part in the pilot roll out of The Beat Asthma Bundle of Care Package. The Child Health and Wellbeing Network have now shared all learning from the pilot with schools to sign up to the Beat Asthma Friendly Schools Accreditation. To support this initiative additional training has been offered/delivered to primary and secondary schools.
12	Disseminate learning from all Deep End Network workstream projects that have been delivered to maximise the benefit locally and use the findings from the evaluated projects to inform 2024/25 primary care activity.					X				1/03/24 – Learning from Deep End Network workstream projects is being scheduled to be discussed by the Gateshead Cares System Board.
13	Increase Early Cancer diagnosis to 75% diagnosed at Stage 1 or 2 by 2028.								X	

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
14	Promote early intervention and prevention of asthma and allergies and respiratory illness in conjunction with Local Authority Housing Team through a Health Pilot focussed on increasing identification of damp and mould in Council housing, social housing and private lets.				X					19/2/24 – Direct referral from health to LA housing for damp and mould now in place to ensure rapid intervention (days) to health threatening conditions.
15	Implement 2 year allocation funding from the Paediatric Epilepsy Network North East and North Cumbria (PENNEC) for a 0.6 Band 6 Epilepsy Specialist Nurse (ESN) in Gateshead. Nurse in Gateshead with a view to being operational by Autumn 2023	X								17/10/23 – Agreement in place with QEFT Trust to accept funding from PENNEC to host an ESN as part of a pilot project to increase ESN across the North footprint. 16/01/24 – The Trust have recruited to the post and the applicant is working notice period before joining the Trust.

Risks	Mitigations

Key issues requiring support from the system during 2023/24?

Gateshead Place Plan Priority / Enabler:

Priority 4: Longer and Healthier Lives – Mental Health, Learning Disability, Autism, Ageing Well

System Sponsor(s): Anna English, Kirsty Sprudd

Lead Officer(s): Ang Kumar, Gail Balance, Barry Norman

Objectives:	<p>Objective 1: Improve the community mental health offer across Gateshead for adults and older people.</p> <p>Objective 2: Improve the experiences of people with a learning disability and autism in managing their health and improving the support to live independently in the community, reduce reliance on residential care and the length of inpatients stays.</p> <p>Objective 3: Develop a new and improved integrated offer for residential care across the borough, which includes older people, working age adults and specialist services.</p> <p>Objective 4: Develop an improved and sustainable integrated offer for homecare which supports better outcomes for our older people in Gateshead and system flow by enabling safe and timely discharge and progress with a 'home first' approach.</p>
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Goals (from Gateshead Place Plan)				
	Description of Goal: update October 2023	Where are you now?	What is the target?	When do you aim to get there?
Goal 1	Improve access to core community mental health services for adults and older adults for SMI	4745 as end of Qtr 3 2022/3	5000 for Newcastle/Gateshead	End Qtr 4 2023/4
Goal 2	Increase IAPT Access Target	15%	1836 (25% target)	End 2024/5

Goal 3	Monitor the recovery of Gateshead's dementia diagnosis rate to ensure it remains at 66.7% or above	77%	Above 66.7%	2023/4. Future years will align with national targets
Goal 4	Improve access to perinatal mental health services (8.6% target in 23/24)	350 as of end Qtr 3 2022/3	803 contacts Newcastle/Gateshead	End Qtr 4 2023/4
Goal 5	People aged over 14 on GP learning disability registers receive an annual health check and health action plan	84%	75%	2023/4. Future years will align with national targets.
Goal 6	An increase in the number of older people (65+) being supported at home after 10 weeks from being discharged from hospital who were on a Pathway 1 or 2 service	Baseline to be established	To be established	End 2023/4
Goal 7	A reduction in the number of falls which leads to emergency hospital admissions	Baseline to be established	To be established	End 2023/4

How key initiatives support Gateshead's Health & Wellbeing Strategy 'Good Jobs, Homes, Health & Friends' and the NENC Integrated Care Strategy 'Better health and wellbeing for all'

The programmes of work under this priority area focus on transforming care for the benefit of local people and is consistent with the aim of the Health & Wellbeing Strategy to enable all children, young people and adults to maximise their capabilities and have control over their lives. The programme recognises that positive emotional health and wellbeing increases life expectancy, improves our quality of life, increases economic participation, improves educational attainment and facilitates positive social relationships.

A vibrant Home Care Market will indirectly support the Health and Care system to achieve better outcomes for people in the community.

A new model to deliver care home provision in Gateshead will enhance the quality of support for some of the most vulnerable adults, but also help shape how both residential and nursing care is developed and delivered over the next 10 years.

Gateshead's multiple and complex needs transformation initiative people@theheart will enable services to work more effectively and collaboratively which will keep the person at the centre by supporting the issues important to the person.

Working in a flexible and proactive way and by services working together will not only provide a better service and experience for people, but will also allow professionals to feel empowered and supported to do their jobs. This, in turn, will help Gateshead retain its skilled, experienced and knowable workforce.

Through this approach, we are able as a collective to support the aim to ensure a healthy standard of living for all and reduce the likelihood of people with MCN experiencing health inequalities.

With around 70% of people working in Care Homes living locally, a thriving Care Home Sector market will not only support those living in care homes, but also those who work into the sector.

Our future vision for both the Health and Social Care workforce will, overtime, see a shift of younger people looking to work in the sector and see career opportunities as they build the skills and experience of working in care.

Initiatives – Key deliverables (from Gateshead Place Plan)									Progress / Issues	
		23/24				24/25	25/26	27/28		28/29
Item	Deliverable description	Q1	Q2	Q3	Q4					
1	Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives				X					<p>13/10/23 – Integrated workforce plan established.</p> <p>01/12/23 – Mapping currently being undertaken as part of CYP pathway work to review current workforce and identify training & development needs. Information will be used to update workforce plan in Q4.</p> <p>15/01/24 – Learning Disability 3 year plan to be prioritised in Feb as meetings were stood down.</p> <p>Autism workstream – LA developing a new strategy which will be system-wide.</p> <p>Daisy Chain Hubs now in operation and have begun to deliver training courses to staff and parent/carers.</p> <p>Neurodevelopmental pathways work underway as part of the CYPMH Pathways work.</p> <p>23/02/24 – Proposal developed for neuro waiting list initiatives and expansion of Daisy Chain offer.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
2	Expansion of IAPT across Gateshead which includes greater alignment with PCNs and physical health.					X				<p>13/10/23 – Plan developed with Talking Therapies to increase awareness of the service offer and increase referrals, particularly from Primary Care into the service. Access figures indicate referrals are increasing. Talking Therapies Service is embedded into Mental Health Transformation Plans.</p> <p>01/12/23 – Work continues to promote uptake of talking therapies. Event held in November 2023 at the Metrocentre with 500 Gateshead residents engaged. Insight captured will be used alongside data analysis in Q4 to update development plan and specifically target communities where access is below target.</p> <p>15/01/24 Recovery action in place and partners connected to enable clearer pathway/referral development.</p>
3	Review and redesign of older persons MH pathway to: <ul style="list-style-type: none"> • reduce reliance on inpatient beds and more support in the community 					X				<p>13/10/23 – Review of the Older Adults Mental Health Pathway is underway. Report to be brought to Joint Committee December 2023.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
	ensure dementia diagnosis rate remains at 66.7%									<p>Work underway to develop a Dementia Strategy for Gateshead.</p> <p>01/12/23 – Work progressing. Dementia Strategy in development and will be finalised Q4.</p> <p>15/01/24 – System-wide mapping exercise completed, have met with partners from across the system to begin to develop a delivery action plan and Dementia Strategy.</p> <p>19/2/24 – Approval required via Trust Board.</p>
4	<p>Pilot non-clinical alternatives to supporting peoples mental health through a community grant scheme to:</p> <ul style="list-style-type: none"> test out ideas and build an evidence base of what works build community capacity at a neighbourhood level <p>inform future CMHT investment</p>				X					<p>13/10/23 – Community Grant Programme Launched with 30 applications approved. Evaluation framework in place to capture learning which will be used to inform future investment.</p> <p>01/12/23 – Evaluation report for Q1/2 produced December 2023 demonstrating impact of grant programme.</p> <p>15/01/24 – Evaluation of community grant schemes currently underway to determine outcomes.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
5	Scope development of a step up/down service in Gateshead for people with a learning disability or who are autistic to avoid inappropriate hospital admission and improve patient outcomes.					X				<p>17/10/23 – Started to scope out need; however, a piece of work is being looked at regionally under KO'B to look at feasibility of complex framework. Place represented in discussions and will revisit this action on conclusion of that work.</p> <p>01/12/23 – Still awaiting outcome of regional work.</p> <p>19/2/24 –To work with the MHLDA transformation ICB Directorate who will be the lead. PR informed.</p>
6	Maintain uptake of Annual Learning Disability Health Checks				X	X	X	X	X	<p>17/10/23 – On track.</p> <p>01/12/23 – On track.</p> <p>16/01/2024 – SEND team continue to promote the uptake of YP 14 plus Health Checks in primary care and have held TITO sessions as well as raising awareness via the Health Awareness school session and via schools' annual review of EHCPs. Uptake as at Nov 2023 was 42% for Gateshead (CY&P only figure).</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
7	Improve the offer of pre and post diagnostic support for autistic people and their families/carers through the commissioning of an autism hub in Gateshead				X					<p>13/10/23 – Daisy Chain commissioned via Gateshead Council to launch 5 Autism Hubs across Gateshead. Alongside the physical Hubs, there is a digital offer and workforce development.</p> <p>The Hub Co-ordinator commenced work in October 2023 and expansion from the 1 to 5 hubs will commence November 2023.</p> <p>01/12/23 – 5 Multi-Agency Drop-In Hubs have been launched. Daisy Chain have also commenced delivery of parent/ carer training sessions. Workforce training will commence Q4.</p> <p>15/01/24 – Links are being made with system partners.</p> <p>19/2/24 Complete, hubs established - to evaluate 2024/25.</p>
8	Improve access to Alternative to Crisis services which includes provision of crisis safe haven space for individuals in crisis but who do not require immediate clinical input				X					<p>13/10/23 – Mind Act Service has been maintained in Gateshead to provide a telephone support offer 7 days per week.</p> <p>Work is currently underway with providers to launch a safe haven hub to operate Fri-</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
										<p>Sundays before the end of the financial year.</p> <p>01/12/23 – Safe Haven proposals in development. Budget envelope identified by ICB and will be progressed through ICB financial control processes in Q4.</p> <p>15/01/24 – Developing a A2C model that will aim to join up partners to deliver a more streamlined service and response.</p> <p>19/2/24 – Report to ICB financial control process to reinvest for new agreed model.</p>
9	A Hospital Discharge Service for Gateshead needs to be agreed for the next two financial years based on the resources available					X				<p>19/2/24 – Discharge coordinator and discharge team appointed. Very little delay in discharge process and BCF investment into Home Care, reablement and PIC services.</p>
10	Develop and procure a new Home Care model for Gateshead in conjunction with the Local Authority and system partners				X					<p>13/10/23 – Work is progressing with system colleagues to develop a joint approach.</p> <p>19/2/24 – As for deliverable 9 above, BCF investment has improved service and delays are minimal, if any.</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
11	Improve recruitment and retention of the Health & Social Care Workforce through development of workforce hub				X					<p>17/10/23 – Hub now up and running. Successful events have taken place over the summer to take a proactive approach to recruitment including summer school for young people interested in a career in health and social care.</p> <p>19/2/24 – ICB reviewing workforce hub and V4M.</p>
12	New Promoting Independence Centre in the Autumn 2023 to replace the existing 2 small homes.				X					<p>17/10/23 – There has been a delay to completion of the centre which is now scheduled to open.</p> <p>20/11/23 – Arrangements in place for GP and pharmacy cover until end March 2024.</p> <p>19/2/24 – Planned to open in March 2024.</p>
13	Development of overnight community support service to support people with both planned and unplanned overnight needs for those with long-term needs.					X				<p>19/2/24 – There are overnight services for known conditions that will require an overnight visit in the form of Rapid Response and Hospice @ Home.</p>
14	Develop and procure a joint Health & Social Care					X				<p>17/10/23 – The LA is developing an options paper and project plan for the ICB</p>

Initiatives – Key deliverables (from Gateshead Place Plan)										Progress / Issues
		23/24				24/25	25/26	27/28	28/29	
Item	Deliverable description	Q1	Q2	Q3	Q4					
	Residential & Nursing Care Contracts for Adults.									to consider. A working group has been set up as of October 2023. 15/01/24 – Working group developed to look at a new joint contract, specification and fee model for Older adults and working age adults. Regional work on CHC to be linked back to the Residential Care project. 19/2/24 – Review work by LA has commenced.
15	The EHCH DES & our local DES Plus will support a reduction in admissions into hospital for people in permanent long-term residential/nursing care through ensuring proactive support from Primary Care and Community Nurses				X					19/2/24 – Part of the DES and community contract.

Risks	Mitigations
<p>Implementation of Right Person Right Care by Northumbria Police could potentially put additional pressures onto the mental health system.</p>	<p>Alternative to Crisis Model being developed as an exit route. Work being undertaken with partners to ensure onward referral routes to Gateshead services, including STSFT Primary Care Mental Health Team, PCN Mental Health Practitioners, CBC Mental Health Practitioner and Mind Telephone Support Line are known by partners.</p> <p>Northumbria Police Control Room Mental Health Support pilot will provide mental health expertise to provide de-escalation to specific calls 7 days per week 2pm-10pm. Onward referral routes to STSFT Primary Care Mental Health Team currently being finalised.</p>

Key issues requiring support from the system during 2023/24?

Mental Health Transformation:

- Continued Leadership to drive forward system working and reduce siloed working.
- Interoperability continues to be a major challenge as system partners all utilise different systems which cannot interact. Support is required to address this across the system.

Home Care:

- Resources from ICB to support procurement activity (design and evaluation).
- Consideration of available funding to support investment in the market.

Care Homes:

- Nursing Care – capacity may become a challenge.

- Investment is likely needed for complex care, including Continuing Health Care placements due to the added cost pressures being faced by the sector (following results of FCOC).
- Case Management support across both CHC and LA to support with desk-top reviews as and when needed for placements, particularly in working age care homes.

MCN (people@theheart):

- Support for data Sharing to allow delivery of the Programme.
- Collaboration of stakeholders both for delivery of work streams and embedding changes within services.
- Communication around emerging services or projects.
- Support for potential continuation of the Programme.