Gateshead Council

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GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 2 March 2018 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 14) The minutes of the business meeting held on 19th January 2018 and Action List are attached for approval.
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
	Items for Discussion
4	**Revised Pharmaceutical Needs Assessment** (Pages 15 - 16)
5	**Community Linking Project - Sarah Gorman** Presentation.
6	**Health & Care Integration Update - All** (Pages 17 - 28)
7	**Children & Young People Mental Health Local Transformation Plan - Catherine Richardson** (Pages 29 - 88)
8	**CAMHS Waiting Times - Catherine Richardson (Paper to follow)**
9	**NHS Clinical Commissioners and NHS England Consultation on Prescribing of over-the-counter medicines - John Costello** (Pages 89 - 98)
	Assurance Items
10	**Health Protection Annual Report - Gerald Tompkins** (Pages 99 - 138)
11	**Updates from Board Members**
12	**A.O.B**

Contact: Melvyn Mallam-Churchill
Email: melvynmallam-churchill@gateshead.gov.uk,
Tel: 0191 433 3045, Date: Thursday, 22 February 2018

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 19 January 2018

PRESENT	Councillor Martin Gannon (Gateshead Council) (Chair)	
	Councillor Mary Foy	Gateshead Council
	Councillor Malcolm Graham	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
IN ATTENDANCE:	Susan Watson	Gateshead NHS Foundation Trust
	Sir Paul Ennals	Local Safeguarding Children's Board
	John Costello	Gateshead Council
	Alice Wiseman	Gateshead Council
	Jane Mullholland	Newcastle Gateshead CCG
	Mandy Cheetham	Teeside University
	Michael Brown	Gateshead Healthwatch
	John Pratt	Tyne & Wear Fire Service
	James Duncan	Northumberland Tyne & Wear NHS Foundation Trust
APOLOGIES:	Councillor Lynne Caffrey and Councillor Paul Foy Caroline O'Neill, Mark Adams, Dr Mark Dornan, Ian Renwick, Dr Bill Westwood, Sally Young and Steve Jamieson	

HW1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Lynne Caffrey, Cllr Paul Foy, Sheena Ramsey, Caroline O'Neill, Bill Westwood, Mark Adams, Mark Dornan, Ian Renwick and Sally Young.

HW2 MINUTES

RESOLVED:

(i) The minutes of the last meeting held on Friday 1 December 2017 were agreed as a correct record.

HW3 ACTION LIST

John Costello provided an update of the Gateshead Health and Wellbeing Board Action List from the agenda.

The following points were noted as ongoing from the report:

- Gateshead Newcastle Deciding Together, Delivering Together: regular progress reports to be brought back to the Board;
- A final Pharmaceutical Needs Assessment (PNA) will be brought the next Board meeting in March. Members have already been provided will an updated version of the PNA (issued with the papers for this meeting) – any final comments to be forwarded to Gerald Tompkins.
- Progress in developing a whole system Healthy Weight Strategy will be brought to the April Board meeting.

RESOLVED:

(i) That Board Members noted the Action Plan.

HW4 DECLARATIONS OF INTEREST

There were no declarations of interest.

HW5 FIT 4 THE FUTURE AND COMMUNITY LINKING PROJECT

The Board were informed that Sarah Gorman would not be presenting on the Community Linking Project due to illness, but that arrangements were being made for her to present to the next Board meeting in March.

The Board received a presentation focusing on work of place based, community led, collaborative approaches to addressing health inequalities.

It was noted that Mandy Cheetham had been commissioned as an embedded researcher to work alongside local communities in collaboration with Pattison House to explore collaborative approaches to promote health and wellbeing and to prevent childhood obesity. It was further noted that the aims of the embedded research were to understand what community led interventions are effective in tackling obesity, how families can become engaged and what role primary schools play.

An overview of the challenges many families face was provided noting particular reference to those choosing between “heating and eating” and those who stated there was nowhere safe for their children to play in their neighbourhood. From this it was stated that the effects of austerity and welfare reform had had a negative impact on areas facing health inequalities.

It was said that in working with communities to address childhood obesity a holistic approach was taken. It was further noted that pointing fingers at parents and demanding they change their lifestyles and habits is ineffective in promoting long term changes to their health and wellbeing.

The Board were presented with evidence suggesting that residents often feel like health facilities, such as those at Gateshead Stadium, are not for them. It was noted

within the report that the Stadium is underused by local people, but with sustained efforts, engagement levels increased slowly with support from staff and community members to address the financial, social, psychological and attitudinal barriers to access.

Further details of the analysis were provided to the board taking further note of the collaborative work required to ensure there are sustainable solutions found towards health inequality. It was also noted that schools were seen as important places to promote physical activity and to engage with parents around the importance of eating healthily.

It was noted that there was a full comprehensive report of Mandy's findings which would be circulated following the meeting for those interested in further details of the project.

An observation was noted that a barrier for families to provide healthy meals was often lack of knowledge and money resulting in the purchase of convenience foods. It was further noted that often the best meal a child will get throughout the day will be the one they receive in school. It was also said that the cost of gym memberships can be a barrier to keeping fit for those on a low income.

A comment was made that the work completed by Mandy was excellent and that a lot can be learned from her report. The work completed by Durham Council on their engagement with men was noted and that targeted local work was perhaps the best solution to promote health and wellbeing in the community.

RESOLVED:

(i) That Board Members considered the implications of the presentation and research findings for Gateshead.

HW6 GATESHEAD COUNCIL'S NEW STRATEGIC APPROACH

An overview of the 'Making Gateshead a place where everyone thrives', the Council's new strategic approach, was provided by the Council Leader.

It was noted from the document that Gateshead Council has made a pledge to:

- Put people and families at the heart of everything we do.
- Tackle inequality so people have a fair chance.
- Support our communities to support themselves and each other.
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough.
- Work together to fight for a better future for Gateshead.

It was summarised that there is a need to reduce demand for Council services from those in thriving communities and to focus available resources more on those who are 'vulnerable' or 'just coping'.

In this connection, Citizen's Advice Bureau reported that there had been a crisis over Christmas due to the effects of austerity on residents. It was also said that the success of the Council's new vision is reliant upon a buy-in from residents and Council partners.

It was noted that the new strategic approach has been developed with Council members over a 12 month period and is a call to action for members of the Board to work collaboratively to achieve the new vision.

It was highlighted from the report that Government grant funding has halved since 2010 and that one in five children live in poverty. It was also noted that over 5,000 people are relying on foodbanks with over 10,000 struggling to heat their homes. It was further said that issues faced by society are often directed at particular segments or groups within our communities without understanding or addressing the underlying factors.

RESOLVED:

(i) That Board Members noted and endorsed the key elements of the Council's new strategic approach.

HW7 CAMHS LOCAL TRANSFORMATION PLAN

This item was deferred to the next meeting.

RESOLVED:

(i) That the Board agreed to defer this item to the March 2018 meeting of the Health and Wellbeing Board.

HW8 REMIT OF HEALTH AND WELLBEING BOARD - CHILDREN'S AGENDA

The remit and membership of the Health & Wellbeing Board was discussed to seek views on a proposal to amend the remit of the Board. The change would mean that the Board would take on those responsibilities relating to the health and wellbeing of children that were previously the responsibility of the Children's Trust.

From the report it was further noted that in order to reflect the change of remit it was proposed that the membership of the Board should be enhanced. It was felt appropriate to extend the Board's membership to include the Cabinet Member for Children and Young People. It was also felt that consideration be given to extending membership to the Chair of the Local Safeguarding Children Board and Adult Safeguarding Board in a way that best facilitates close working with the Health and Wellbeing Board.

It was noted that the proposed changes to the remit of the Board made sense given that the Children's Trust Board no longer meets. However, it was suggested that the wording of the last bullet point regarding the Board's remit be adjusted to reflect its strategic and facilitating role, rather than an operational role, in working to secure better health and wellbeing outcomes for local people. It was further noted that it will be important to ensure there is clarity around where accountability lies in relation to specific areas of health and wellbeing when the changes are in place.

RESOLVED:

(i) The Board supported the proposals set out in the report subject to the comments made above.

HW9 BETTER CARE FUND QUARTER 3 RETURN 2017/18

The Better Care Fund: 3rd Quarterly Return (2017/2018) was presented to the Board for endorsement. It was noted that a return for the 3rd quarter of 2017/18 is required to be submitted by 19 January 2018.

It was asked why the target had not been met for 'Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services'. It was said that the actual figure for this is 81.5% which is just short of the target of 85.6%. A comment was also made that there has been significant improvements overall which is credit to the collaborative work between partners.

RESOLVED:

(i) The Board endorsed the Better Care Fund 3rd Quarter return for 2017/18.

HW10 UPDATES FROM BOARD MEMBERS

An overview of action taken by Public Health to implement recommendations of the Black and Minority Ethnic (BME) Groups Health Needs Assessments was provided.

It was noted that many of the recommendations were already accepted practise in Public Health such as the recording of ethnicity of service users and the availability of providers information on services in appropriate languages. It was further noted that there is more work to be done.

It was noted that further updates received from partners would be circulated to Board members including Gateshead Health NHS FT, NTW FT and Council social care services. It was also noted that the BME Groups Health Needs Assessment was a priority area for Gateshead Healthwatch for 2018 and that the CCG continues to raise awareness within practises using a master template.

A discussion took place on the recent Operation Sanctuary and the need for support

to victims in these circumstances.

RESOLVED:

(i) The Board noted the Public Health update on the BME HNA recommendations and that other partner updates would also be circulated following the meeting.

HW11 ANY OTHER BUSINESS

There was no other business.

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 19th January 2018			
'Fit 4 the Future'	Further details of the project's findings to be circulated to Board Members after the meeting.	Mandy Cheetham	Completed.
Remit of Health & Wellbeing Board	Prepare report to Council recommending appropriate changes to the Council's constitution	Michael Aynsley	Completed.
Updates from Board Members – recommendations of the on BME Health Needs Assessment	Other partner updates on how recommendations from the BME Health Needs Assessment are being implemented will be circulated to Board members after the meeting.	Melvyn Mallam-Churchill	Completed.
Matters Arising from HWB meeting on 1st December 2017			
Gateshead Newcastle Deciding Together, Delivering Together	Progress reports to be brought to the Board on a quarterly basis.	Ian Renwick	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 20th October 2017			
Gateshead Pharmaceutical Needs Assessment: Consultation Draft	A final Pharmaceutical Needs Assessment to be brought to the Board for approval by March 2018.	Alice Wiseman/Gerald Tompkins	On the agenda for the Board's March meeting.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Development of a Whole System Healthy Weight Strategy for Gateshead	A progress report to be brought back to the Board.	Emma Gibson	To come to the Board's meeting in April.
Excess Winter Mortality in Gateshead	Board Members to encourage the update of the flu vaccine this winter amongst eligible groups.	Board members	Ongoing.
Matters Arising from HWB meeting on 8th September 2017			
Joint Strategic Needs Assessment Update	An update report on the JSNA to be received by the Board in September 2018. Consideration to be given to the relationship between poverty and peoples' mental health.	Alice Wiseman	To feed into the Board's Forward Plan.
Integrating Health and Care in Gateshead	Further proposals to be brought back to the Board over the coming months for consideration. Colleagues from the VCS to be advised as to how they can best input to the process.	All	On the agenda for the Board's March meeting. Completed.
Feedback from Joint Members Seminar	Six monthly meeting arrangements to be set up in order to continue the NHS and Local Authority leadership conversations.	CCG/ Council	Ongoing.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 21st July 2017			
Action List	Update on CAHMS waiting list and plans to address this to be brought to the Board.	Chris Piercy	On the agenda for the Board's March meeting.
Contribution of the VCS to Improving Health & Wellbeing in Gateshead	That a half-day session be organised to look at and re-define relationships with the VCS, including the Gateshead Compact	Partner organisations / VCS	Ongoing.
BME Needs Assessment	Partner organisations represented on the Board to provide a progress update on implementing the recommendations in approximately 3 months.	All partner organisations	Completed.
Matters Arising from HWB meeting on 23rd June 2017			
Gateshead Health & Care Workforce: Challenges and Opportunities	A report to be brought to a future Board meeting on an Organisation Development plan currently being developed for the local health and care system. Workforce agenda to be a regular agenda item for future Board meetings. This should include contributions to regional work through the Local Workforce Action	Jackie Cairns All	To feed into the Board's Forward Plan.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	Board/Group.		
Gateshead Homelessness and Multiple and Complex Needs: Health Needs Assessment	That the findings and recommendations arising from the health needs assessment be rolled out across the local health and care system and that a workshop is held to progress this work. The report's findings should be presented to The Gateshead Housing Company. The findings of the report to be brought to the attention of central government. An update to be given to the Board within the next six months on progress in implementing key recommendations within the document.	All	To feed into the Board's Forward Plan. A Council leadership session has been held on the report. The report has also been presented to The Gateshead Housing Company. A letter has been drafted to local MPs seeking their assistance in raising the matter with Government.
Matters Arising from HWB meeting on 28th April 2017			
Final Gateshead Substance Misuse Strategy & Action Plan	That future reports be received by the Board so that it can scrutinise and provide challenge against progress made.	Joy Evans/Alice Wiseman	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 2nd December 2016			
Gateshead Sexual Health Strategy	An update on progress to be brought to the Board in a year's time.	Alice Wiseman/ Gerald Tompkins	To feed into the Board's Forward Plan.

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Gateshead Council

HEALTH AND WELLBEING BOARD
2 March 2018

TITLE OF REPORT: Gateshead Pharmaceutical Needs Assessment 2018

Purpose of the Report

1. For the Health & Wellbeing Board to approve the final Pharmaceutical Needs Assessment 2018 for publication.

Background

2. The development and publication of a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Health and Wellbeing Board under the Health and Social Care Act 2012.

3. The purpose of the PNA is twofold:
    a. To determine if there are sufficient community pharmacies to meet the needs of the population of Gateshead; and
    b. To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.

4. A PNA describes the population's health needs and the pharmaceutical services which exist, or could be commissioned to address these. It is also used to identify any gaps in pharmaceutical services which could be filled by new pharmacies. The initial PNA was produced and implemented on 1 April 2015 with the requirement that the HWB must publish a statement of its revised assessment within 3 years of publication.

5. The attached PNA has been developed through a steering group including representatives from the Council's Public Health team, the CCG, the Local Medical and Pharmaceutical Committees, and Healthwatch.

6. The PNA highlights the provision of core and extended pharmacy services across Gateshead and makes a number of recommendations. It also reflects on progress on the recommendations from the 2015 report.

7. Consultation with relevant stakeholders on the draft PNA took place from 23 October to 22 December 2017. Comments were received from the Local Pharmaceutical Committee and two members of the public, and a number of amendments were made as a result.

8. Board members received a copy of the final draft PNA prior to its meeting on 19 January. Members were invited to provide further comments before the PNA was

brought back to the HWB for final approval, but no further comments have been received. However a late consultation response was received from NHS England, and we have updated the PNA further in the light of these comments.

9. The PNA includes a summary of all the consultation comments and the resulting amendments at Appendix 2 of the document.

Proposal

10. It is proposed that the amendments made to the final draft PNA are accepted.

Recommendations

11. The Health and Wellbeing Board is asked to approve the revised Pharmaceutical Needs Assessment for publication.

Contact: Gerald Tompkins, Consultant in Public Health, Gateshead Council, geraldtompkins@gateshead.gov.uk (tel. 0191 433 2914)

Gateshead Council

HEALTH AND WELLBEING BOARD
2th March 2018

TITLE OF REPORT: **Integrating Health and Care in Gateshead**
REPORT OF: **Gateshead Health and Care System Board**

Purpose of the Report

1. The report provides an update from local system leaders on progress in taking forward the integration of health and care in Gateshead, building upon the recommendations of the report agreed by the Board on 8th September 2017.

2. The report describes the work that has taken place since September, the current thinking in the light of updated national guidance and seeks the views and continued support of the Health and Wellbeing Board in taking forward this work in the borough.

Background

3. A report was brought to the September Board meeting which set out the thinking of the health and care system leaders in Gateshead about the opportunities for integrating health and care services with the explicit aim of improving the health and wellbeing outcomes of Gateshead residents.

4. It was reported to the Board that there is whole system support for an integrated approach to health and care in Gateshead, shared by accountable officers, their commissioners and their providers, to meet three core objectives:

   (i) To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
   (ii) To support the development of integrated care and treatment for people with complicated long term health conditions, social problems or disabilities.
   (iii) To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.

5. The report described the shared vision and areas for early integration identified by health and care partners and sought the views of the Board about taking forward this work in the borough.

6. In particular, the report recommended the establishment of a formal group under the auspices of the health and wellbeing board, to further develop the proposals for the integration of health and care services. The Board endorsed the proposed direction of travel and asked that regular updates on progress be provided for consideration.

7. Although, progress has been reported to Board members as part of the 'Updates from Board Members' part of the agenda, it is felt that it is now timely to take stock of and consider:

- how we have taken forward work to progress the integration of health and care in Gateshead, having regard the linkages between the various strands of work;
- what issues have been identified arising from this work to-date and how they are being addressed;
- the next steps that will need to be taken to progress each strand of work.

8. The opportunity is also being taken to reflect upon and sense check where we are as a local system as a whole, where we want to get to in line with our agreed vision and to identify key milestones that will need to be met in order to get us to where we want to be.

Gateshead Health and Care System Board and Workstreams

9. Following the Board meeting last September, a Gateshead Health and Care System Board has been established to provide overall direction to a number of inter-linking workstreams. These workstreams which have evolved and changed over the last few months to best fit with the direction of travel that was agreed by the HWB and to ensure that 'form follows function'. The workstreams are:

    - Commissioning for Better Outcomes
    - System Architecture and Governance
    - Provider Workstream

10. The System Board includes representatives of local commissioner and provider organisations including the Council, the CCG, local NHS provider organisations as well as representatives from the VCS. HealthWatch Gateshead has a standing invitation to attend meetings as required.

11. A Combined Project Group (CPG) has been established by the System Board, representative of the leads for each workstream area, to co-ordinate work and to consider the linkages and inter-dependencies between workstreams. For example, this led to the inclusion of 'governance' as part of the System Architecture workstream rather than being a stand-alone workstream in its own right. The role of the CPG is threefold:

    (i) To co-ordinate development work towards an integrated Gateshead Health and Care System.
    (ii) To develop a project plan and ensure it is delivered according to the agreed timetable.
    (iii) To resolve issues and remove barriers encountered along the way.

12. Appendix 1 sets out how the Combined Project Group links with the System Board and the worksteam areas.

13. An update is provided below for each of the three workstreams along the lines set out in paragraph 6 above. Consideration is also given to the next steps that will need to be taken to progress this work with some pace and how health and care partners can both support and drive this work forward.

Workstream 1: Commissioning for Better Outcomes

14. The overarching vision for the Gateshead health and care system has already been articulated as follows:

'Every part of the health, social care and third sectors can work together to enable the people they serve to live longer, healthier lives, supported by the very best services available.'
(From Accountable Officers Statement of Intent)

15. A one-page summary (see Appendix 2) that describes our local system identified the need for high level strategic outcomes to be set by commissioners around such areas as:

    - Improving population health and wellbeing
    - Delivering high quality, co-ordinated care
    - Improving quality of life and experience of care

16. It is envisaged that the strategic outcomes will act as the glue that binds the local system together - an outcomes based approach will enable providers to innovate and work differently together whilst delivering the outcomes set by commissioners. It is also envisaged that a commissioning for better outcomes approach will facilitate a move away from a transactional approach with a focus instead on the transformation of services measured through the impact of provision.

17. The commissioning for better outcomes workstream is developing a set of key strategic outcomes for Gateshead, having regard to national and local outcome frameworks and priorities identified through Gateshead's Joint Strategic Needs Assessment (JSNA). The 11 JSNA priority areas are:

    Best Start in Life

    I. Education and Skills
    II. Emotional Health and Wellbeing
    III. Starting and Staying Healthy and Safe

    Living Well for Longer

    IV. Economic Factors
    V. Emotional Health and Wellbeing
    VI. Tobacco Harm
    VII. Alcohol Misuse
    VIII. Healthy Weight and Physical Activity

    Older People

    IX. Frailty
    X. Long-Term Conditions
    XI. Emotional Health and Wellbeing

18. These priorities take into account:

    - the severity and scale of the issue;
    - how it impacts on Gateshead residents;
    - an understanding of what can be changed through local action and how that action is related to other issues (impact);
    - having a strong evidence base for action.

19. The strategic outcomes will focus on those areas that provider organisations can influence, working collaboratively together over the longer term. Ultimately, they will be used to measure the progress of provider organisations in delivering better, more joined-up care for local people.

20. The workstream is also looking at the supporting behaviours that will be required across the system to enable an outcomes based approach to commissioning to work in practice. This dove-tails with work being taken forward by the System Architecture workstream (see below) around future working arrangements between commissioners and providers generally.

21. The establishment of a Director of Joint Commissioning, Performance and Quality (Care, Wellbeing & Learning) post to ensure the Care, Wellbeing & Learning Group has the strategic capacity to jointly commission (with Newcastle Gateshead CCG) Children's, Adults' and Public Health services is also indicative of steps being taken to progress new ways of working. It is envisaged that the creation of the joint director post will assist both organisations to review and where possible align their strategic and operational commissioning arrangements.

22. The new post will have a particular focus on the integration agenda. This will involve leading and participating in the development and implementation of joint commissioning arrangements as appropriate between the Council, the NHS and other key partners. The new post will also lead the further development of strategic commissioning aimed at delivering improved outcomes and value for money.

Next Steps:

23. To progress the work of this workstream, a workshop is being planned to facilitate a single conversation around the strategic outcomes that could connect and provide direction to the Gateshead health and care system as a whole. This will include:

    - A review of national and local outcome frameworks aligned to Gateshead's JSNA – moving from an initial longlist to a shortlist of strategic outcomes;
    - How we can translate the strategic outcomes identified into streamlined measures that can be used to monitor and track the progress of providers in delivering better, more joined-up care for local people – this will include how we move commissioning from transaction and process to a system that incentivises population and system level outcome measures, increases productivity and encourages innovation.
    - Consideration of the associated behaviours that will be required across the local system to make this work and how this can be achieved in practice.

Workstream 2: System Architecture and Governance

24. Partners remain committed to the aspirations articulated by Gateshead's People, Communities and Care model which is consistent with Vision shared at the September Board meeting:

> *"A place based system where everyone, young and old will be supported to live, work and age well as individuals and as part of their community. If needed, care and support, supporting physical, mental and social needs, will be easily accessible and coordinated close to or at a person's home."*
> *(Gateshead People, Communities and Care Model – Appendix 3)*

25. A desired ambition has been articulated will be for all Gateshead health and social care incorporated in a Gateshead System arrangement working to an agreed set of long term strategic outcomes with services delivered within a structured provider alliance. Initially, this continues to be developed by the members of the Gateshead Care Partnership but there is the potential to include voluntary and third sector organisations.

26. Work is underway to agree the full scope of services to be included and the financial envelopes that correspond to these. Potential financial models that support delivery of our ambition while remaining within the regulatory requirements of all partner organisations are being explored.

27. Discussions to-date have indicated that there is no appetite for a partnership form that would require a change in the organisational structures already in place.

28. Partners are reviewing existing systems across the country/internationally seeking to learn from perceived best practice and from those where there has been less success.

29. Early exploratory work identified that Newcastle Hospitals play a significant role in the delivery of health care to Gateshead residents and as a result have been invited to join the development of the Gateshead System both as members of the System Board, the Combined Project Team and associated workstreams.

30. NHS planning guidance for 2018-19 was released in early February and is being explored to ensure Gateshead System development is in line with Department of Health expectations.

31. Opportunities for “early wins” in 2018-19 are also being explored to demonstrate and test how the Gateshead system partners can work collaboratively to deliver more effective services to residents.

Next Steps:

32. Next steps to progress this work include:

- Designing and preparing for a proposed rapid planning event to take place in April/May, with a focus around:
  - Contracting and alliancing;
  - Competition and procurement;
  - Governance and partnerships;
  - Links with wider STP Governance
  - Other related issues
- Further development of the thinking around an outline model for Gateshead’s system architecture which can be tested and challenged at the rapid development workshop;
- Firming up our collective understanding of resources – the Gateshead resource allocation and forward view in the light of recent NHS planning guidance.

Workstream 3: Provider Development

33. Gateshead Care Partnership continues to build on its delivery of the Community Care work programme through its comprehensive transformation plan.

34. The People, Communities and Care programme, previously supported by the HWB, is being incorporated into the Provider Development approach.

35. The Gateshead Care Partnership was tasked to take forward the provider development workstream and a number of workshops were held to develop proposals which:

    - consider the whole provider system on a long term basis with a corresponding contracting arrangement;
    - deliver outcomes set by commissioners based on the JSNA, NHS Constitution, regulatory requirements and associated metrics;
    - minimise transactions between commissioner and provider accepting the principle that outcomes will drive transformational change;
    - focus on the 'wellness and recovery planning model', the whole person/family and what providers can achieve together;
    - identify priority groups for a multi-disciplinary approach;
    - provide challenge and support to each other through shared data and performance management.

36. It was noted that the work of Gateshead Health and Care System partners may be at slightly different stages of development and that this will need to be factored into the timelines for integration.

37. The Gateshead Care Partnership has provided an initial proposal to the System Board on what the core provider offer might look like. This was accepted in principle and is being developed further. Providers agreed to:

    - Work in on a phased basis with the NHS Trusts being in a position to work in an alliance type arrangement with prime providers for some services.
    - Adopt open book arrangements and share risk.
    - Co-ordinate Transformation Plans through the Gateshead Care Partnership.
    - Work with commissioners to move away from transactional activity to a focus on outcomes based commissioning.

38. Three new partners have been invited to join Gateshead Care Partnership: NTW FT, Newcastle Hospitals FT; representatives of the emerging primary care federation.

Next Steps:

39. Next steps to progress this work include:

    - Further development of proposals around the core provider offer and how this could be implemented.
    - Continue to progress discussions through the extended membership of the Gateshead Care Partnership.
    - Take advice on the legal and procurement implications of an alliance type arrangement.
    - Establish a baseline financial position setting out the allocation of funding for Gateshead.
    - Describe a "do nothing position" detailing the cost to residents and partners of continuing with current arrangements in the face of increasing demand and complexity.

Some Overarching Issues

40. It is clear from the work undertaken to-date that there are significant inter-dependencies between the three workstream areas. This is both inevitable and necessary in order to flesh out what an integrated care system will look like as a whole and how the component parts of that system can best function, inter-relate with and add-value to other component parts of the same system. Inter-relationships with adjoining systems also need to be considered and factored in.

41. In particular, the attention of the Board is brought to the following:

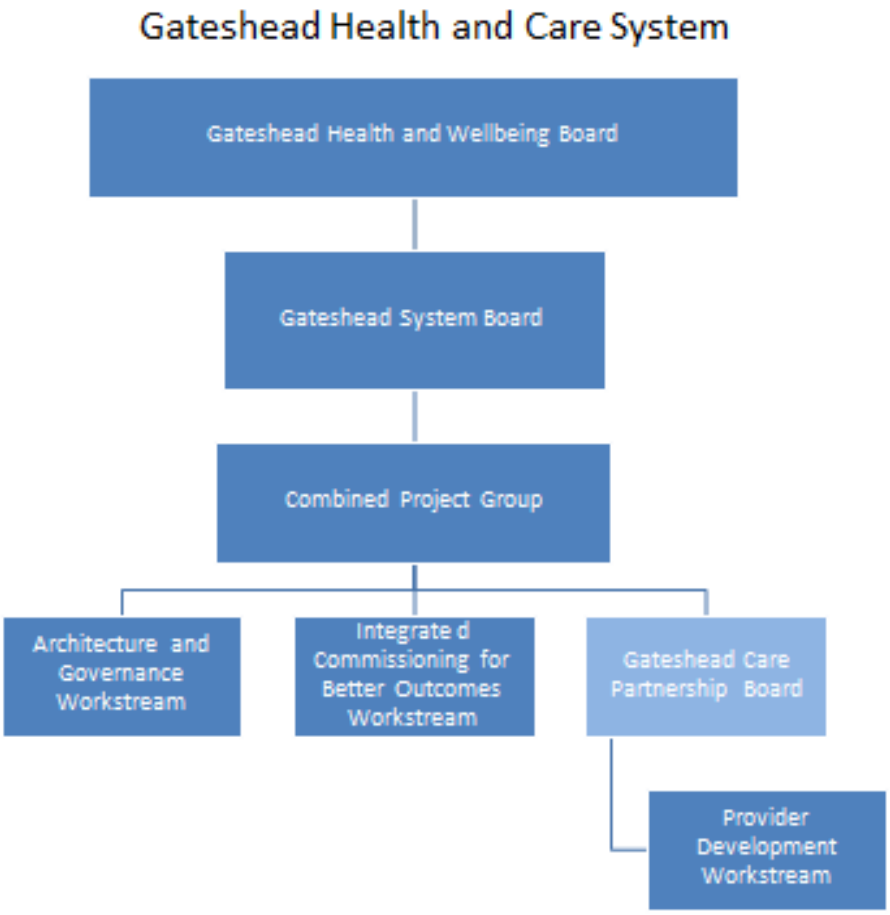
    - The impact of uncertainty around the future health footprint at a regional and sub-regional level on emerging plans for a Gateshead 'place' based health and care system.
    - The need to move away from a transactional approach to be more transformational as a whole system.
    - The implications for how the Health and Wellbeing Board will work in steering the emerging system for Gateshead.

Recommendations

42. The Board is asked to:

    (i) Consider the progress update set out in this report and the issues which have been identified to-date;
    (ii) Consider the inter-dependencies which have been highlighted and the proposed next steps to ensure that an emerging integrated care system for Gateshead adequately reflects those inter-dependencies;
    (iii) Endorse the forward work programme which has been identified within and across workstream areas;
    (iv) Receive further update reports from the System Board as required.

Contact: Gateshead Health and Care System Board Representatives (Chair: Dr. Mark Dornan: NGCCG.Chair@nhs.net)


Gateshead Health and Care System
Gateshead Health and Wellbeing Board
Gateshead System Board
Combined Project Group
Architecture and Governance Workstream
Integrated Commissioning for Better Outcomes Workstream
Gateshead Care Partnership Board
Provider Development Workstream

Gateshead Health and Care System

Gateshead Care Partnership — Providing care and support in Gateshead
CBC health
Gateshead Council
NHS

Vision

Every part of the health, social care and third sectors can work together to enable the people they serve to live longer, healthier lives, supported by the very best services available.
(From AOs Statement of Intent)

Outcomes

High level, set by strategic commissioners around such areas as:

- Improving population health and wellbeing
- Delivering high quality, co-ordinated care
- Improving quality of life and experience of care

What do we want?

- Sustained improvement in people's health and wellbeing / greater equality of outcomes
- High quality, efficient health and care services / parity of esteem
- An increasingly integrated system of health and social care and effective delivery model
- Community services integration with primary care, social care and third sector in localities / consolidate community services
- Be responsive to the needs of users / support communities to be more responsible for the achievement of our shared objectives
- Create a financially sustainable health and care system
- A workforce able to deliver our model of care
- Statutory responsibilities to be met

Behaviours

- An openness to change
- Visible leadership, direction and commitment
- A commitment to take a strategic view
- A commitment to protect and support
- Be accountable – communicate and work openly
- Equality, mutual respect and trust
- Positive and constructive / a willingness to work with and learn from others
- A willingness to compromise
- Engage and consult with patients, service users, carers, staff and the public

What will it feel like for local people?

- Right person, right time, right place
- Remove hand-offs
- Remove duplication of services
- (Other descriptors to be identified)

NHS partners: Newcastle Gateshead Clinical Commissioning Group, Northumberland, Tyne and Wear NHS Foundation Trust and Gateshead Health NHS Foundation Trust

People, Communities and Care:

Working together to make Gateshead a healthier place

VALUE & IMPACT

- ***Better Health***
- ***Better Care***
- ***Sustainability***

A 'place-based system' where everyone, young or old, will be supported to live, work and age well as individuals and as part of their community.

If needed, care and support, supporting physical, mental and social needs, will be easily accessible and coordinated close to or at a person's home.

WHY?

Unemployment + deprivation + unhealthy lifestyle choices → We are living with more long term illness → Our workforce is dwindling + needs new skills → We can't afford to carry on as we are

HOW?

*Through **prevention** and **early intervention**, our public, NHS, Local Authority and Voluntary, Community and Social Enterprise (VCSE) sector will improve health and wellbeing by:*

People Empowerment, individual, family and carer-centred approaches within classrooms, pharmacies and communities will encourage healthy choices, build resilience and confidence to self-care;

Community Connectivity, community-focused approaches together with meaningful employment, housing, leisure and education will create social networks and relationships, encouraging social connectedness and improving community-wellbeing.

Care and Support will be timely, easily accessible and have continuity at its core, with delivery supported by robust transport and innovative technology throughout:

- **Primary Care,** offering population healthcare, with an extended range of services; access over 7 days as well as working as part of:
- **Community Care,** which will operate ***within*** and ***across*** localities in Newcastle and Gateshead:
  - **Within localities** - interagency teams in localities (of approx. 50,000 population) will support people needs-based 'care and support'.
  - **Accross localities** - collaborative working with access to hospital and mental health specialists through clinics, teams, diagnostics and pathways underpinned by a responsive intermediate care system supporting people during times of crisis and recovery.

WHAT?

- A ***workforce*** with the capability and capacity to deliver the model
- An ***estate*** (buildings) equipped to deliver multi-functional health and care services
- A ***shared IT*** and care record across the health and care system
- A health and care ***payment system*** that improves system accountability & rewards outcomes

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Gateshead Council

HEALTH AND WELLBEING BOARD
2 March 2018

TITLE OF REPORT: **Children and Young People Local Transformation Plan 2017/18 (including an update on CAMHS model)**

REPORT OF: **Chris Piercy, Executive Director of Nursing, Patient Safety and Quality, NHS Newcastle Gateshead CCG**

Purpose of the Report

1. This report provides an update on the refreshed Children and Young People Local Transformation Plan 2017/18, including an update on the implementation of the new CAMHS model.

Background

2. The Department of Health and NHS England published the 'Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing' (March 2015).

3. 'Future in Mind' makes a number of proposals the government wishes to see by 2020. These include: tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.

4. The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families.

5. The local transformation plan for Children and Young People Mental Health is refreshed annually and the 2017/18 plan is included within this paper.

Proposal

6. Following extensive consultation with young people and stakeholders across Newcastle & Gateshead the Newcastle Gateshead Clinical Commissioning Group (CCG) produced a whole systems CAMHS model for Newcastle and Gateshead. The model and subsequent EMIL document describes the need to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead. The EMIL document is a high level strategic plan identifying the principles of good services and the CCG are currently initiating a change programme in line with the following principles:

    - Improved access to services

- A seamless step based model
- A single point of access
- Shared care and joint planning
- Choice of provision
- Improved Primary Care
- Increased early identification and effective intervention
- Reduction on the dependency of specialist services
- Workforce development
- Workplace accommodation solutions
- Information solutions

7. It is expected that the new model will clearly evidence innovation, sustained continuous improvement and utilise the principles of the Thrive Model (AFC Tavistock 2014). The Thrive Model advocates for mental health services to be delivered according to the needs and preferences of young people and their families, using an integrated, person-centred approach to child and adolescent mental health.

8. The initial phases of the transformation programme consist of developing a single point of access (SPA) to all mental health provider services. The SPA will receive all queries and referrals for children and young people aged 0-18 that were previously directed to Specialist Mental Health Services provided by Northumberland, Tyne & Wear NHS Trust (NTW); the Emotional Health and Wellbeing service provided by South Tyneside Foundation Trust; and the five services that form the Voluntary Services Collaborative (VSC).

Conclusion

9. The Newcastle and Gateshead Local Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience will concentrate on achieving these aspirations and clearly articulate the local offer.

Recommendations

10. The Health and Wellbeing Board are requested to:

    - Receive this update report on implementation of new CAMHS model.
    - Receive and support the Mental Health Governance Structure (Appendix 2)
    - Receive further updates throughout the phased implementation of the CAMHS transformation programme.
    - Agree the refreshed Children and Young People Local Transformation Plan 2017/18 (Appendix 5)

Contact: Catherine Richardson, Commissioning Manager, Newcastle Gateshead CCG extension 0191 217 2979.

Appendix 1

NHS
Newcastle Gateshead
Clinical Commissioning Group

Health and Wellbeing Board January 2018

Children and Young People Mental Health Transformation Programme

1. Introduction

This report will update the Health and Wellbeing Board on the refreshed Children and Young People Local Transformation Plan 2017/18 including progress on implementation of new Children and Adolescent Mental Health Service CAMHS model.

2. Background

The Department of Health and NHS England published the 'Future in Mind Promoting, protecting and improving our children and young people's mental health and wellbeing' (March 2015).

'Future in Mind' makes a number of proposals the government wishes to see by 2020. These include: tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.

The report introduction includes a statement from Simon Stevens CEO of NHS England he stated *'Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked'.* The report emphasises the need for a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.

The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families.

Future in Mind identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. Themes include:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

The Newcastle and Gateshead Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Resilience will concentrate on achieving these aspirations and clearly articulate the local offer.

A multiagency group partnership has been established to take responsibility for the development, implementation and oversight of the Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan as part of the ongoing No Health without Mental Health Implementation and will be accountable to newly established group overseeing the 5 Year Forward View for Mental Health. Updated Mental Health Governance Structure is available appendix 2.

Consultation on the refresh of the Transformation Plan has taken place through the multiagency group partnership group members. The plan is available on Newcastle and Gateshead Local Authority websites and the NGCCG website. This is a live document and current version is attached (appendix 5)

During 2016 there was extensive consultation with young people and stakeholders across Newcastle & Gateshead the Newcastle Gateshead Clinical Commissioning Group (CCG) produced a whole systems CAMHS model for Newcastle and Gateshead (appendix 3). The model and subsequent EMIL document describes the need to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead. The EMIL document is a high level strategic plan identifying the principles of good services and the CCG are currently initiating a change programme in line with the following principles:

- Improved access to services
- A seamless step based model
- A single point of access
- Shared care and joint planning
- Choice of provision
- Improved Primary Care
- Increased early identification and effective intervention
- Reduction on the dependency of specialist services
- Workforce development
- Workplace accommodation solutions
- Information solutions

It is expected that the new model will clearly evidence innovation, sustained continuous improvement and utilise the principles of the Thrive Model (AFC–

Tavistock 2014). The Thrive Model advocates for mental health services to be delivered according to the needs and preferences of young people and their families, using an integrated, person-centred approach to child and adolescent mental health.

The initial phases of the transformation programme consist of developing a single point of access (SPA) to all mental health provider services. The SPA will receive all queries and referrals for children and young people initially aged 0-18 that were previously directed to Specialist Mental Health Services provided by Northumberland, Tyne & Wear NHS Trust (NTW); the Emotional Health and Wellbeing service provided by South Tyneside Foundation Trust; and the five services that form the Voluntary Services Collaborative (VSC).

3. Service Delivery: Getting Help

Two service specifications have been developed. The first 'Getting Help' will deliver the SPA. The initial mobilisation plan has now been implemented and will continue to deliver this over four phases which commenced 1st December 2017 (with schools), second phase March 2018 for GPs, third phase June for Local Authorities and the fourth phase will incorporate all other referrers including self-referrals by September 2018 (appendix 4).

It is expected that the SPA will be the first point of contact for all requests for advice and referrals for emotional health and wellbeing, and mental health treatment. All referrals will be initially assessed via a triage function with the SPA to improve joint working between provider services, ensuring the child/young person is able to access the right services. The SPA will initially be staffed by specially trained call handlers who will record all demographic and referral information at the point of contact. The SPA team will be located at the Bensham Hospital site in Gateshead with capacity to manage electronic and telephone contacts.

The anticipated SPA activity by provider based upon current referral figures is:

- 520 per month
- 130 per week
- 26 per day

NTW - 52%, STFT - 10%, VSC - 38%

A review of activity is being undertaken during all phases of this implementation process.

4. Service Delivery: Getting More Help

The second service specification 'Getting More Help' is concerned with the delivery of the CAMHS whole system model (appendix 3) with a focus on prevention and early help and reducing demand on specialist services. This

specification will be developed over the coming months with the Children and Young Peoples Mental Health, Emotional Wellbeing and Resilience group.

Getting More Help will support a wide variety of multi-agency professionals working with children, young people and their families. “Universal Provision” refers to services accessible by everyone e.g. GPs, schools, and Health Visitors (the examples on the model are not exhaustive). It is these staff who provide the day to day care and support to our children and young people and their families and they are essential to an effective mental health offer for our communities. Universal services also build resilience in children, young people and their families through preventative work.

Some children and young people will work with professionals and services that are targeted at addressing and supporting their particular needs e.g. within a Youth Offending Service, Drug and Alcohol provision or Children’s Social Care. This is referred to as “Targeted Provision”. These staff work collaboratively with children and young people who have more complex needs of which emotional and mental health needs might be just one factor.

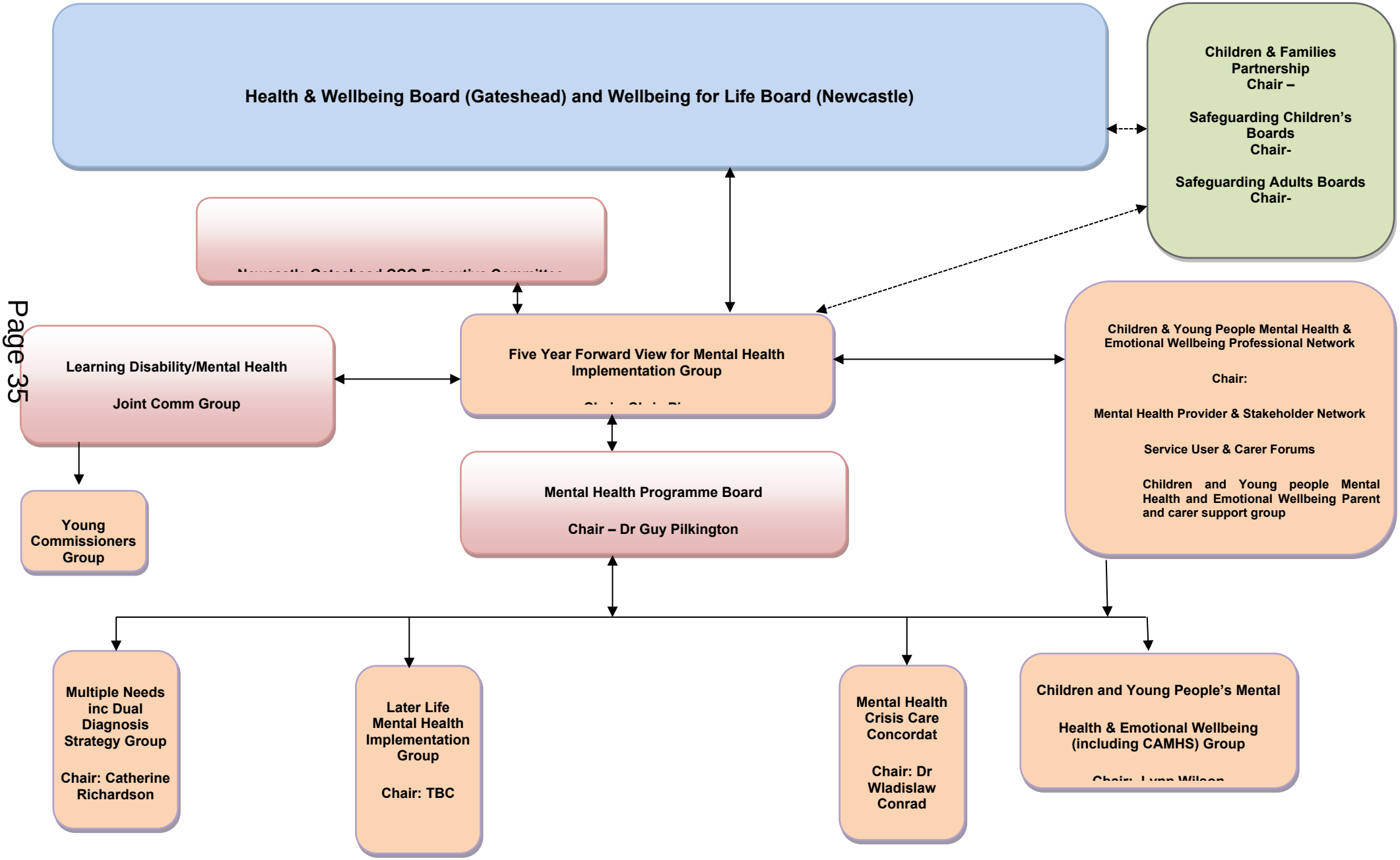
Mental health provision is everyone’s business not just specialist staff. Where a clinical intervention is required to assess and treat a child or young person appropriately qualified specialist staff will provide a variety of interventions based on best practice e.g. NICE Guidance. At this level of clinical need the service provider will assess and treat children and young people with more complex mental health needs e.g. Eating Disorders, personality disorders, a crisis care response etc.

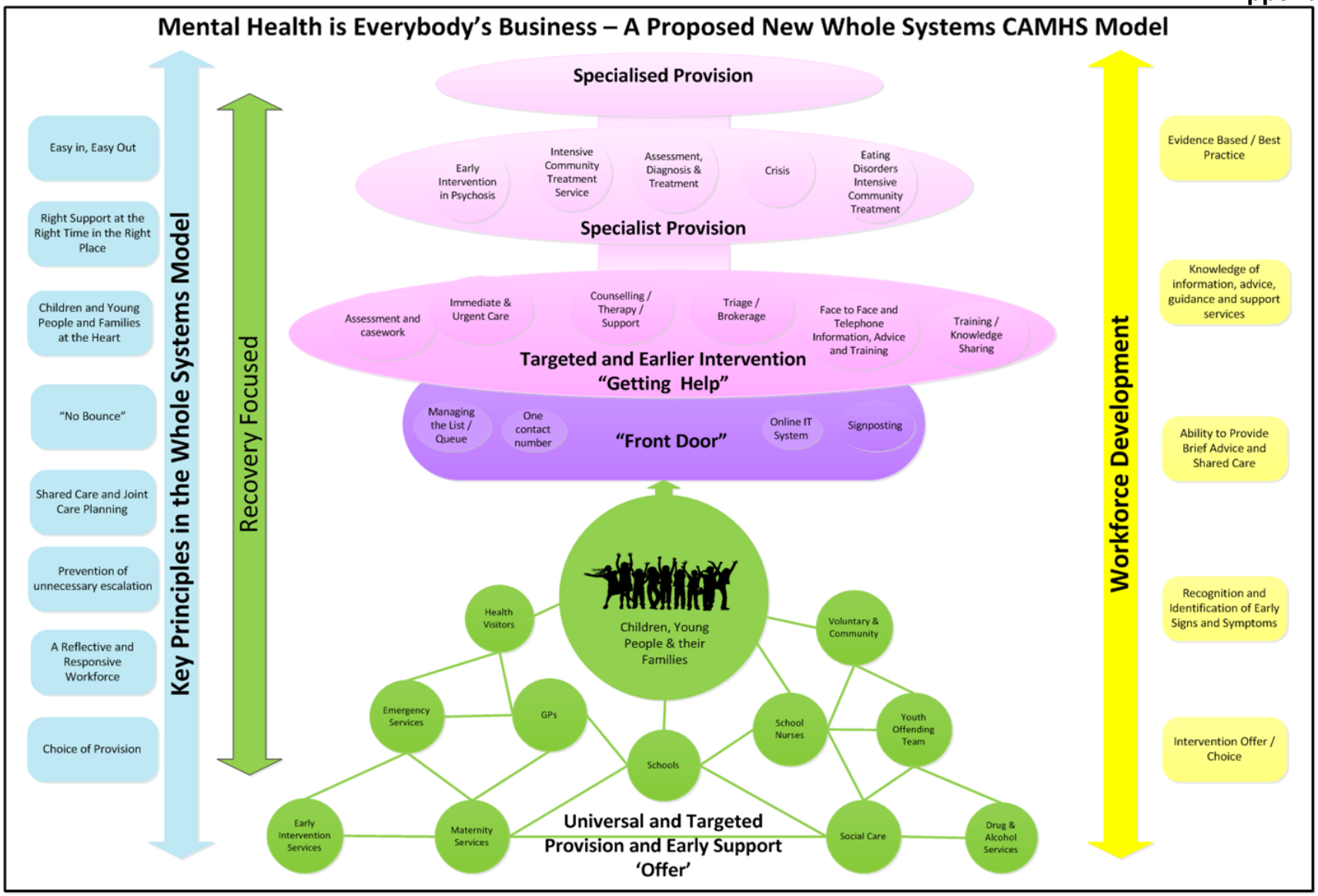
5. Recommendations

Health and wellbeing Board are requested to:

- Receive this update report on implementation of new CAMHS model.
- Receive and support the Mental Health Governance Structure
- Receive further updates throughout the phased implementation of the CAMHS transformation programme.
- Agree the refreshed Children and Young People Mental Health, Emotional Wellbeing and Resilience plan and implementation group

Appendix 2 Mental Health Governance Structure




Mental Health is Everybody's Business – A Proposed New Whole Systems CAMHS Model
Key Principles in the Whole Systems Model
Easy in, Easy Out
Right Support at the Right Time in the Right Place
Children and Young People and Families at the Heart
"No Bounce"
Shared Care and Joint Care Planning
Prevention of unnecessary escalation
A Reflective and Responsive Workforce
Choice of Provision
Recovery Focused
Specialised Provision
Early Intervention in Psychosis
Intensive Community Treatment Service
Assessment, Diagnosis & Treatment
Crisis
Eating Disorders Intensive Community Treatment
Specialist Provision
Assessment and casework
Immediate & Urgent Care
Counselling / Therapy / Support
Triage / Brokerage
Face to Face and Telephone Information, Advice and Training
Training / Knowledge Sharing
Targeted and Earlier Intervention "Getting Help"
Managing the List / Queue
One contact number
"Front Door"
Online IT System
Signposting
Children, Young People & their Families
Health Visitors
Voluntary & Community
Emergency Services
GPs
School Nurses
Youth Offending Team
Schools
Early Intervention Services
Maternity Services
Social Care
Drug & Alcohol Services
Universal and Targeted Provision and Early Support 'Offer'
Workforce Development
Evidence Based / Best Practice
Knowledge of information, advice, guidance and support services
Ability to Provide Brief Advice and Shared Care
Recognition and Identification of Early Signs and Symptoms
Intervention Offer / Choice

Appendix 4

Newcastle & Gateshead CYP SPA Implementation Plan

Action Summary	Lead Responsibility	Timescale	Update
1. Secure accommodation which will host SPA call handlers	STFT NTW	End September 17	Minor works plan has been submitted to accommodate call handling team at Bensham Hospital adjacent to CYPS services. Work is estimated to take approximately 6-8 weeks therefore interim accommodation arrangements have been agreed.
2. Secure telephone, IT systems, furniture for use by call handlers and triage staff	STFT NTW	End September 17	Relevant IT, telephony equipment, and furniture has now been ordered.
3. Develop communication plan which will target referrers leading up to single number launch date	CCG	End September 17	Meeting with NTW telecoms team has now taken place. There are no problems with increasing lines into Bensham to accommodate SPA. Need to decide if SPA is a free phone 0800 number or not and if so who will own 0800 number CCG or NTW. To decide at Transformation meeting.
4. Recruit / transfer 3 x call handlers into SPA	STFT NTW	End October 17	Job descriptions and adverts for new call handlers have been completed and have gone into NHS Jobs. NTW also have access to Call Handler Bank which can be utilised in the interim if necessary.
5. Develop Standard Operating Procedures for SPA	STFT NTW	End October 17	Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan.
6. Develop and deliver call handler training to new call handlers	STFT NTW	End October 17	Training programme has been developed and will be delivered to new staff when they are recruited.
7. Identify SPA supervisor roles and responsibilities	STFT NTW	End September 17	Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan.
8. Develop virtual triage team rota system which utilises clinical resource from NTW & STFT	STFT NTW	End October 17	Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan.

9. Ensure that contracting and governance arrangements are agreed and in place including a memorandum of understanding	CCG STFT NTW	End October 17	Meeting between SCHFT and NTW execs to be arranged in order to discuss.
10. Agree appropriate monitoring / early warning and escalation processes	CCG STFT NTW	End September 17	Initial meeting took place between Shirley Green and Lesley Gammell on Friday 29.9.17 in order to agree plan.

Appendix 5

Expanding minds, improving lives:

2017 REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH TRANSFORMATION PLAN 2015-2020

Our Joint Vision, Principles and Plan

Newcastle City Council

NHS Newcastle Gateshead Clinical Commissioning Group

Gateshead Council

Refresh document 6th November 2017

Contents

Acknowledgements

To all our children, young people, parents, carers and professionals who engaged with us during our listening and co-production phases.

To all of the organisations and groups who helped us make such a success of the listening and engagement to ensure we heard from our communities in order to develop an effective sustainable model that meets their needs.

1. Introduction

NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council ("the Partners") have been working together with our communities and stakeholders to understand and plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead.

Our Transformation Plan is a living document and sets out our commitment to ensure that children and young people and their families, and professionals working in the field, were at the heart of the transformation, by ensuring the views and experiences of those who have, are or may use services and those who deliver them were listened to and respected. This refreshed plan describes how we have achieved this over the last two years, and identifies actions which are ongoing in their implementation (**See Appendix 1 Action Plan 2017/18, Appendix 1a Risk Log and Appendix 2 Action Plan Outline 2015 - 2020).**

2. Governance

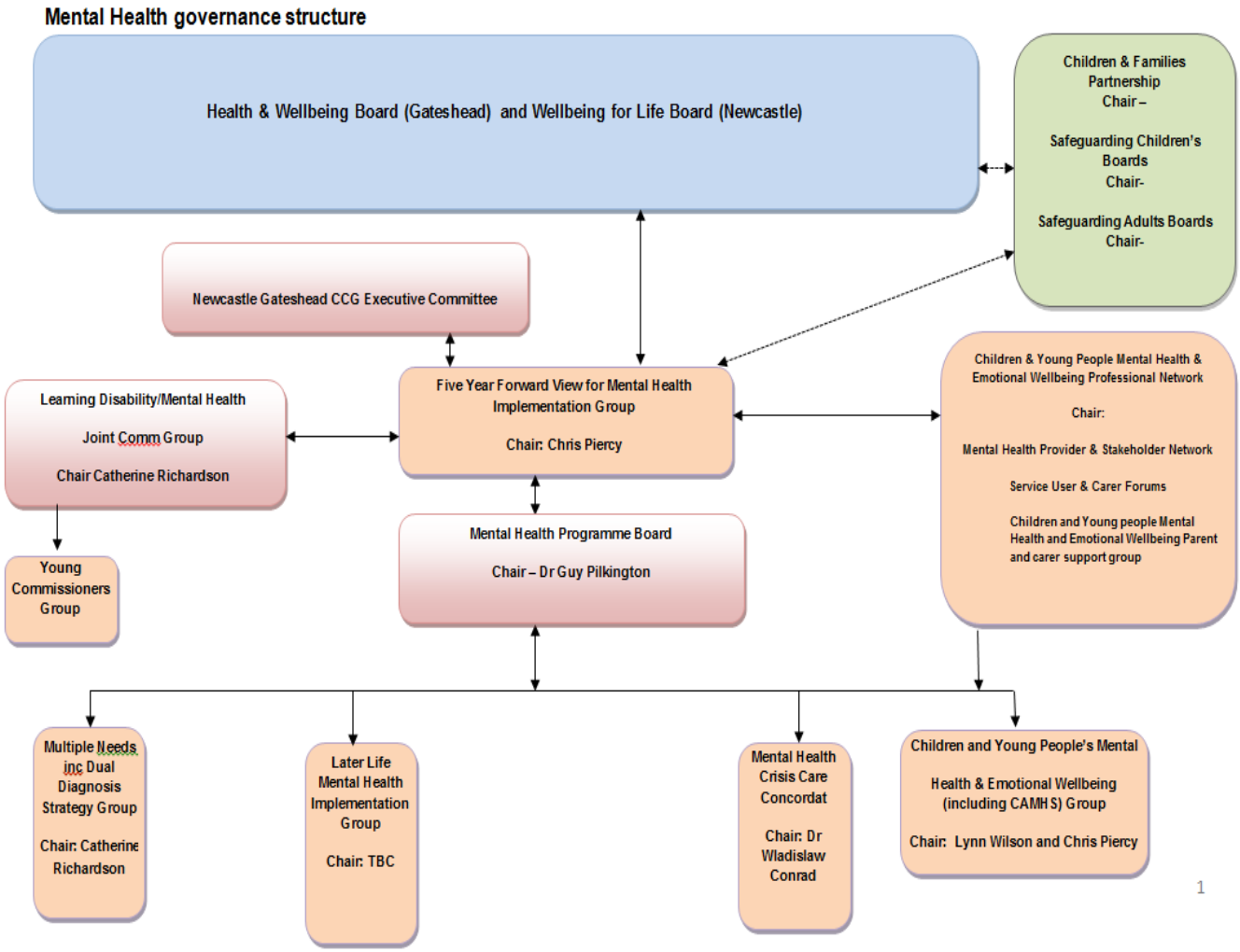
From the outset we developed a governance framework which was operational at the onset of the transformational work. Good governance is about the processes for making and implementing decisions.

In **Figure 1** we describe our Mental Health Governance Structure and Framework, which has allowed for access to increased knowledge and operational intelligence, has provided challenge and innovation, and has allowed for strategic leadership and decision making.

Accountability has been through the Mental Health Programme Board. Having CAMHS transformational work as a standing item has helped put children and young people much higher on the agenda. There is also a Learning Disability/Mental Health Joint Commissioning group which supports the work of this transformation programme and focusses on place based plans.

At the time of publication we have utilised a partnership approach to agree and refresh with relevant partners such as specialist commissioning, local authorities, local safeguarding boards and local participation groups for children and young people, parents and carers. Due to timing, the plan will continue through the governance processes in terms of sign off and continual progress updates to NHS Newcastle Gateshead CCG Executive, Newcastle Wellbeing for Life Board and Gateshead Health and Wellbeing Board.

Figure 1



3. Our Plan and Progress

The following table **Table 1** sets out progress against the original case for change (**Appendix 3**). We are now entering the implementation phase of delivering the new model, we continue to reflect on the journey so far, consider what we have learnt together, and review our detailed action plan for 2017-18 (**Appendix 1**).

Table 1 Progress against the original case for change

Stage	Description	Dates	RAG
Establishing the baseline	Getting the detail about how things currently work – marking out what we want to change and what we don't and why the system should transform	April – July 2015	
Pre-Consultation/Listening	Taking a summary of the current services to the community – service users, children and young people, parents and carers, families, providers and commissioners – and listening to what we hear	Aug 2015 – Jan 2016	
Co-producing a new model of emotional wellbeing care and support	Working together to build on the views shared in the listening phase and designing a new approach that enables people to thrive through prevention and early intervention, and when necessary specialised support	Feb – May 2016	
Engaging with communities about the new approach	Sharing the outcome of the co-production phase and engaging with our communities about the new proposed approach. Continuation of targeted engagement activities	June – April 2017	
Implementing single point of access	Meeting with existing providers to discuss the learning and new approach to service delivery. To enable modification to current service provision and undertake proof of concept piece of work. Establish future contracts and commissioning intentions.	December 2017 – March 2018	
Workforce analysis and strategy development	To ensure that we have a workforce that is skilled to deliver the new model	September 2017 – April 2018	
Implementing new model of delivery	Commence new spec see Appendix 1	January - April 2018	

4. Sustainability Transformation Partnerships (STP's) and working with other LTPs

As a Sustainability Transformation Partnership (STP) footprint we are aware of the clear gaps across health and wellbeing and care and quality in relation to mental health. For example, 75% of people with mental health problems receive no support and people with SMI are at risk of dying on average 15-20 years earlier than the general population with large variation in the numbers of hospital admissions, length of stay and readmissions etc.

The core ambition of the STP is to ensure “no health without mental health”. This will involve the development of an integrated life span approach to the integrated support of mental health, physical health and social need which wraps around the person, from enabling self- management, care and support systems within communities, through to access to effective, consistent and evidence based support for the management of complex mental health conditions.

In the Newcastle Gateshead Local Heath Economy of the STP we have specifically identified Expanding Minds Improving Lives (EMIL), and the need to develop a responsive CAMHS model with improved access across a range of locations.

The following outcomes and benefits have been identified for the STP:

- Delivery of milestones in the Mental Health 5 Year Forward View and reduction in demand for secondary and tertiary children and young people’s services, reduction in waiting times, and delivery and monitoring of successful outcomes
- Reductions in admissions and length of stay due to more effective integrated management of co-existing physical and mental health conditions through improved support of primary care, access to housing and employment and wider options in crisis support, and development of the recovery college approach
- Reduction in inappropriate A and E attendances supporting delivery of 4 hour wait target and admissions from care homes arising from poor management of mental health in older people
- Consistent access to and delivery of effective evidence based treatment and support for people with more complex needs, leading to measurable outcome improvement.
- Completion of re-design of mental health in-patient care, which is affordable, high quality, 7 day and consistent
- Delivery of multi-agency workforce plan which identifies the additional staff required by 2020

We will link with other LTP areas in and across the STP footprint to ensure a whole system approach and ensure learning and sharing of innovation is utilised as we transform services and implement new care models.

5. Finance update

As part of the refresh of the plan we have included an overview of the spend on these services, this continues to be reviewed with partners as part of our wider review of CAMHS services. **See Appendix 5 LTP Finance Plan.**

6. Baseline Information including local need and inequalities

Nationally, regionally and locally there is recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met.

The impact of not meeting the mental health needs can be significant for the child or young person, their family and our communities:

- There is strong evidence supporting the importance of positive emotional and psychological well-being in children and young people.
- Mental health problems in children may result in lower educational attainment, impact on the family and result in offending and antisocial behaviour.
- The negative consequences of not acting early or offering the right support at the right time often place preventable costs and demands on health, social care services, schools and the youth justice system.

Currently there is a fragmented system for supporting children and families, within challenging financial circumstances and there is a need to focus on an integrated, early response service.

In Newcastle Gateshead, we have two main providers which offer mental health and wellbeing services for children and young people, Northumberland, Tyne and Wear NHS FT (Tiers 2 and 3) and South Tyneside Foundation Trust (Tiers 2), alongside community and voluntary sector provision to ensure early identification.

By working together we will develop a new way of working that ensures a joined up approach in the commissioning and delivery of children and young people's mental health services with no duplication of provision and a single pathway to the right support at the right time. Our ambition is for emotional wellbeing and mental health to be everybody's business across universal, targeted and specialist provision.

Work is ongoing to ensure that the transformation programme of work will allow us to increase access to high quality mental health services for an additional 70,000 children and young people per year. Key actions include extending access to Children and Young Peoples (CYPS) services by 7% in 17/18 and 18/19 (to meet 32% of local need). Clear defined targets are being developed alongside the proposed model of transformation. The proposed model will also reflect the need to address 24/7 urgent and emergency response times.

Our case for change outlines key deliverables for Mental Health transformation as set out in the 5 year forward view. As well as access for CYP, a priority within the proposed model is focused on community Eating Disorder teams for CYP to meet access and waiting times standards.

Work continues with local providers to improve the data flow as the proposed model is implemented. Our case for change provides detailed information on the local need and our collaborative journey. Work continues to develop robust baselines and reporting mechanisms to track progress against key deliverables.

As part of our model we will be developing a clearly defined performance framework including activity and waiting times.

We are reviewing with partners ongoing financial commitments beyond any pilot transformation programmes for 17/19 Local Transformation Plan.

7. What we have done:

Action: We said we would launch the Expanding Minds, Improving Lives project.
Update: We launched the project and we;

Listened…
In order to fulfil our commitment to ensuring that children and young people and their families are at the heart of the transformation we have undertaken an extensive listening and engagement exercise with our communities to gather their views based on individual experiences of the current service.

We have also engaged with professionals in organisations providing support to our children and young people to understand their experience of the services and the impact services have on our children and young people.

Learned…
We have learned from this phase and adapted our vision, principles and plan to reflect our learning.

8. Our Vision

'We will improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place'

Our vision now reflects a more collective approach to supporting our children and young people.

9. Our Principles

Success is reliant on all professionals signing up to the principles which underpin the new model (**See New Proposed Model in Appendix 3**). The new model is based on a prevention (where possible) and if not, the earliest possible intervention**.**

This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences. To do this we need a cultural shift, and a reflective and responsive workforce. We also need choice of provision – a dispersed model of provision (as close to home as possible) to enable children and young people to receive care and support in an environment which will be most therapeutic for them. This may be for instance in a clinic environment, a community building, a school, a café or the park. The choice will be with the family and child primarily.

We need to provide the right support at the right time in the right place (we added 'the right place' as children, young people and families have clearly said that the present clinic environment does not work for them).

Access to a variety of types of support and therapy should be easy to access 'Easy in' and when appropriate should be easy to leave 'Easy out' in a planned and controlled way to prevent relapse (our data highlights some children and young people appearing to be static in their care, in in care for too long). Such provision should be 'recovery focused' at all times, positively supporting children and young people to get back to 'normal' life and live the best lives that they can.

Within this context the needs of children and young people and families are at the heart of what we do and provide, not the needs of services. When someone is referred on we expect 'No bounce' by this we mean that individuals should not be bounced from service to service. There should be a shared care and joint planning approach whereby the original referrer always keeps the child or young person in mind and in sight, ensuring everything is going to plan and supporting that recovery focused model of care.

10. The Thrive Model

Our work will be underpinned by and aligned to the Thrive Model (The AFC–Tavistock Model for CAMHS[i]) which removes the emphasis from services and re-focuses support to the needs of the child or young person.

The Thrive model also ensures a more flexible, multi-agency response across the whole system that reflects our collaborative approach. [1]

[1] Thrive, The AFC-Tavistock Model for CAMHS, November 2014.

11. Needs assessment

The prevalence of Mental Illness among Children & Young People in Gateshead and Newcastle suggests that just under 1 in 10 children aged 5 to 16 will have some form of mental disorder, with the prevalence increasing with age. The research indicates the most prevalent condition is emotional disorders, with up to 1 in 27 young people aged 5 to 16 having the condition.

The listening and engagement phase has increased our understanding of need and has helped contextualise our learning. It is this learning that has contributed to the new proposed model development. Summarised as follows:

What works:

- Staff are committed and dedicated
- Training and resources enable staff at tier one to work in community settings
- There is good early use of new technologies
- Targeted Mental Health in Schools and school based counselling is well received and evaluated
- Whole school approaches to Emotional and Mental Health are good (dedicated worker – link between mental health trust and schools is highly valued)
- Children identified with special educational needs have good level of support in schools
- Using schools as a community asset
- For C&YP the approach and convenience/access to VCS provision is important as part of the whole system structure
- Access to groups and social/creative activities work.

What needs to be improved?

- Service configuration and performance
- More / improved early intervention / prevention
- Greater support for lower level need /right support from the right services at the right time
- One point of access
- Greater integration with education
- More choice (location, types of support)
- Communication and information sharing
- Poor communication as system is fragmented and complicated
- Lack of clarity around role and expectation of CYPs staff
- Limited follow-up post referral
- Transitions out of CHYP Mental Health Services
- Improved school readiness – need to do more pre school
- “Cliff edge” at 18 with move to adult mental health services
- Moving between CYPs and other services needs to be easier
- Workforce and training
- With the right skills and resources, schools and community based organisations are ideally placed to work at tier one.
- With added capacity and / or support of mental health workers, there is the potential of schools and community based organisations in providing tier 2 support
- Improved understanding roles and functions of key professionals / organisations

12. Service planning

As we are on a transformational journey we acknowledge not all things can change overnight. In year, using some of the transformation funds we have piloted 3 key areas of work as a result of what we have heard and as part of our iterative process to change.

All are aimed at strengthening the upstream, early intervention model we are striving to achieve.

i. We have procured an interim offer of tier 2 counselling provision for those experiencing mild to moderate mental health problems, including procurement of a specific service for those children with learning difficulties. All successful providers were voluntary and community sector providers and were asked to provide the following:

   The provider(s) were required to offer a range of counselling techniques and methods appropriate to age and maturity, and where deemed appropriate also offer support to the family. The provider(s) offer:

   - A choice of counselling interventions including group, individual, online etc.

- Involvement with parents or carer if deemed appropriate
- A selection of meeting points / venues for delivery of provision
- Varied access e.g. professional and self-referral
- Clearly demonstrate how outcomes data will be collected and monitored
- Clearly demonstrate how the service will reach and engage vulnerable young people
- After initial assessment, the provider will assess whether the service is suitable to the child or young person's needs. Where support is best provided by another provider the professional will be responsible for onward referral or the provision of supporting information.

In addition to this two new service specifications have been developed for the commissioning of 'Getting Help' referred to as tier 2 this includes the single point of access; and, 'Getting More Help' referred to as tier 3.

ii. Self-harm response – Our data analysis (a component of the case for change) highlighted that the rate of hospital admissions for self-harm for 10-24 year olds in Gateshead is higher than the national average. In 2014, the Gateshead self-harm rates were identified by both the Gateshead Local Safeguarding Children Board (LSCB) and the Gateshead Children & Families Overview and Scrutiny Committee (OSC) as a priority area of work. The Gateshead CAMHS Steering Group set up a multi-disciplinary self-harm sub group to carry forward this piece of work which resulted in the development of a self-harm protocol for all professionals within the children's workforce across Gateshead and to look at the current training provision around self-harm and to identify any gaps in provision. We have therefore procured some additional training for schools staff to help them identify and support children and young people in need.

A team of multi-agency professionals from the NHS, local authority and tier 2 & 3 CAMHS services have developed the bespoke training together. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. Post evaluation learning from this will be shared across the Newcastle footprint.

iii. Mental Health Awareness Training for specific frontline staff is a crucial element of our workforce development. However, children and young people highlighted many instances where training specifically for schools based staff would have improved both their chance of early identification and intervention but also would have improved their whole school experience. We agreed to focus our first mental health awareness training at schools staff. Training began in 2017 and includes identification of mental health champions.

Our vision is that every maintained and non-maintained school in Newcastle and Gateshead has a member of staff who is the designated mental health champion. The named mental health champion will be the 'go to' person in each school where a problem arises that cannot be easily resolved. The mental health champion will need to:

- Be knowledgeable about the services available (in and outside of the school environment) to support a child or young person should they need to access service provision
- Each named mental health champion is supported by a named CAMHS professional.
- Engage in the mental health awareness training
- Cascade the learning from the mental health awareness training to teaching and non-teaching staff within their school
- Learning will be shared in a variety of ways that are appropriate to the individual school setting
- Be influential in the school e.g. of sufficient status to help ensure change can happen within the school setting

To support schools and their designated mental health champion a programme of mental health awareness training will be delivered.

13. A major milestone

On the 10th February 2016, we came together at Tyneside 'Pop Up' Cinema with multi agency providers, children and young people and families to celebrate the work of our children who worked with Helix Arts and Roots and Wings[2] to develop their CHAOS DVD, and the Young Commissioners recruited, trained and supported by Youth Focus North East supported.

At the event we showcased the DVD and those who took part spoke of their experiences as service users and what it felt like to take part in the Arts Project. The Young Commissioners also took to the stage and impressed the audience with their understanding of the issues for children and young people and what they hoped to achieve as Young Commissioners.

The link to the chaos Video can be seen here https://vimeo.com/173909530

At the event Commissioners from the CCG and two local authorities made the following pledges to the audience.

[2] www.rootsandwings.design/work/camhs-report

Schools
Focus specific workforce development at school staff to enable them to identify early and emerging mental health problems, increase their ability to support children and young people, or refer on where appropriate. Work is currently underway in Gateshead schools to develop emotional wellbeing and resilience through programmes such as Mindfulness. The development of apps for children is also being explored as a result of the increase in permanent school exclusions.

Settings
Develop a "dispersed model of access" to suitable and user friendly provision. We will work with young people to ensure the provision chosen is suitable and inviting.

Changing Need
Ensure services can respond to the changing maturity (not just by age) of children and young people to ensure decision making, treatment and support, is shared appropriately.

We also asked providers to make pledges openly to demonstrate their commitment to specific change.

14. Progress made in other areas of our 2015/16 and 2016/17 Action Plan

Workforce Development

Action: We said we would produce a comprehensive workforce development strategy and commence a review of existing workforce including FTEs and skill mix and setting out training needs.

Update: We are currently undertaking a workforce analysis across the partnership that will inform the development of a workforce strategy, but have faced some challenges gathering all of the information.

The workforce development strategy will be based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information.

Throughout the plan we do make reference to workforce and training as the various workforce professions are discussed. For example we know that our current providers deliver a wide range of Interventions and therapies which include:

- Dialectical Behaviour Therapy (DBT)
- Cognitive behaviour therapy (CBT)

- Cognitive behaviour therapy informed intervention – chill out group/graded exposure/friends groups
- Eye movement desensitisation therapy (EMDR)
- Positive behaviour management (PBS)
- Sleep Scotland sleep clinics
- Interpersonal therapy (IPT)
- Attention deficit hyperactivity diagnosis (ADHD) – assessment and diagnostics
- Autism spectrum disorder – assessment and diagnostics
- Eating disorder – assessment and diagnostics and maudlsey interventions
- Family therapy
- Psychotherapy
- Art therapy
- Systemic practice
- Crisis intervention and work
- Parenting factor - parenting work

Our intention is to further develop the workforce development strategy as part of the implementation phase of our new model. **See Appendix 3 for the Draft Workforce Development Strategy and Data Collection Tool.**

In the Case For Change Feedback , the engagement and listening phase identified a need to ensure the wider infrastructure is in place for implementation of the new model. This included:

Incredible Years

24 multi agency early years staff across Newcastle & Gateshead have now received Incredible Year's Training, and as such we have built capacity across the system. These staff are now trained in the delivery of training to parents. Five group sessions have been delivered to parents in Newcastle, with further sessions programmed in over the next few months. Delivery of the programme in Gateshead is scheduled for January 2018.

Self-Harm

We have procured training for secondary schools staff to help them identify and support children and young people in need. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. This training will be evaluated prior to a decision being made on extending delivery across Newcastle.
The training is delivered in 2 parts:

- An initial 4 hour training session that will include looking at what self-harm is and the main forms of self-harm, Identify significant risk factors for self-harm and also describe how young people who self-harm are assessed and managed.

- A follow up training session looking at how participants have utilised the training and what systems, procedures and policies have been introduced into their schools following the training.
- The training programme will be fully evaluated looking at how participants have benefitted from the training and how schools have adapted their policies and procedures as a result of receiving the training.

Mental Health Awareness

Mental Health Training Teaching and Non-Teaching Staff

A consistent message throughout the listening phase was that extra capacity and workforce development was a priority for universal provision. Non-recurrent transformation funding was used to commission If U Care Foundation to develop a mental health awareness training programme that would engage participants representing all 185 schools in Newcastle and Gateshead.

The key deliverables in this training programme includes:

- Enable participants to recognise the early signs of mental ill health in children and young people
- Depression and anxiety
- Suicide and self-harm
- Psychosis
- Eating disorders
- Provide participants with brief intervention tools to promote protective factors and resilience, including age appropriate resources and tools that they can disseminate and cascade/use within the school environment.
- Enable participants to address issues such as bullying and stigma
- Provide an understanding of how the current CAMHS system works and what provision is available to them to utilise in order to support a young person or child with a mental health issue.
- Enable participants to develop a standard and positive model of good mental health that can be applied within the school environment promoting a whole school approach to mental health, which includes promoting mental wellbeing amongst staff groups.

Eating Disorders

Action: We said we would commence and implement a review of existing provision, consult with existing service users and providers, explore best practice, and begin to develop an interim improvement plan.

Update: Eating Disorders

The CYPS Community Eating Disorder Team delivers a service to children and young people who are referred because they meet the threshold for an eating disorder or where an eating disorder is suspected. The team provide an assessment and where applicable

deliver interventions in accordance with the Access and Waiting time Guidance for Children and Young People's Eating Disorder Services 2016.The team work intensively with children and young people where there is significant risk of an inpatient admission and proactively monitor and support young people admitted to an eating disorder inpatient service to facilitate their earliest possible discharge providing ongoing community care thereafter.

Collaborative partners have met regionally as an information sharing and learning exercise. Subsequently we have locally decided that:

- A regional approach to the development and delivery of eating disorder services is favourable. It is hoped that a collaboratively commissioned model will improve access to services. Further workshops are planned late October / early November to take forward this work across the STP footprint.
- As such the eating disorders work will become a sub group within the governance framework of the CAMHS transformational work. A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.
- As at Q2 2017/18 80% of routine CYPs starting treatment in that quarter were seen within 4 weeks and all urgent cases were seen within the required standard. As part of the ED transformation work we are working towards achieving the 2020 standards of 95% of routine and urgent cases seen within the required timeframe. This will be embedded within the performance framework which is currently in development.
- Whilst developing this area we are taking into consideration key deliverables for mental health transformation as set out in the NHS Operational Planning and Contracting Guidance 2017 - 2019.

Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

Action: We said we would provide training to support under 5s
Update: We have increased our delivery of CYP IAPT to meet the needs of under 5's by introducing a robust evidence based training programme for the delivery of 'Incredible Years' across Newcastle and Gateshead.

Action: We said we would review the Newcastle/Gateshead model of delivery, including clinical supervision and reporting infrastructure.
Update: In year transformation funds have been utilised to support the workforce and ensure all children's IAPT trainees have gained access to appropriate trainee supervision (this has been particularly important to VCS providers); IT and analytical support has been provided alongside project management, these roles and functions remain under review.
Further workforce development included upskilling the current IAPT workforce to be BABCP accredited. Work is ongoing to upskill the workforce for under 5s, however this is subject to course availability with local universities.

Whilst developing this area we are taking into consideration key deliverables for mental health transformation as set out in the recently published NHS Operational Planning and Contracting Guidance 2017 -2019.

Early Intervention and Prevention

Action: We said we would:

- Review, develop and expand the use of primary mental health workers,
- Commence review of integrated working arrangements.
- Commence review of schools model for increased early intervention and prevention.
- Begin to develop interim improvement plan

Update: Our aim was to shift our approach across the whole system in order to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences and ensure an early intervention and prevention approach is adopted.

Shifting resources could not happen overnight, and as such we needed to resource additional upstream services during the process of change, whilst maintaining safe and accessible provision.

- We have commissioned community counselling and CBT as an interim provision, including a specific service for children with Learning Difficulties.
- A contract has been awarded to deliver Mental Health Awareness training to schools in Newcastle and Gateshead. This training is to be delivered to professionals from every school in Newcastle and Gateshead.
- Multi agency staff in Gateshead are delivering Self Harm training to frontline staff in secondary schools. This directly responds to a higher prevalence of self-harm in Gateshead highlighted through the Case for Change and local knowledge. This training will be evaluated and used as a pilot with the aim for future roll out across Newcastle.

The Right Coordinated Response to Crisis

Action: We said we would explore integrated crisis team model linking to other local developments, and one access point for all. Begin to review data collected related to crisis to inform an improved data system to support the Crisis Care Concordat and begin to develop interim improvement plan.

Update: The listening phase has highlighted the need for an early intervention crisis response that is defined by the individual, and often does not require a clinical response. The new conceptual model acknowledges this and we continue work to develop this aspect of the model.

Reducing Inequalities

Action: We said we would identify areas of improvement for vulnerable groups such as specific cultural and ethnic groups, and groups at particular risk (i.e. those at risk of sexual exploitation).

Update: We are undertaking some additional targeted work with LGBT young people, young people and parents from BME communities, youth offenders, looked after children, young carers, parents of foster children, young people not in employment or education and deaf/hard of hearing parents, children and young people to ensure that our learning to date fully represents their own experiences and views. The report was produced by Roots and Wings (2017).

In continuing to develop and implement the new conceptual model we are acutely aware of the need to ensure links with the broader systems in place to support vulnerable children. We are still considering with present providers how we successfully integrate child and adolescent mental health work into the day to day services supporting vulnerable groups e.g. Youth Offending, Looked after Children. We are avoiding the need for separate provision but are developing a needs based model of care e.g. those with the highest needs being prioritised into care.

We are working hard to ensure that these CAMHS developments link effectively with other on-going transformation plans e.g. Troubled Families. We have supported the Review and Re-commissioning of the 0-19 Service to ensure that inequalities are addressed for vulnerable groups such as young parents through the Family Nurse Partnership (Gateshead) and the development of a vulnerable parents pathway (Newcastle) to incorporate the mental health and emotional wellbeing support as part of the core offer for the universal service. With many transformational plans at different stages of development, establishing the links and suitable care pathways is challenging, however there is a commitment to ensure integration.

Learning Disabilities

The North East & Cumbria Learning Disability Fast Track Plan includes an intention to ensure early intervention and proactive work with families that starts at the earliest possible stage in childhood.

Action: We said we would:

- Review the skill mix in community teams to ensure that learning disability specialists are part of the team and that teams have the training and expertise to work with children and young people with a Learning Disability.
- Work with the Behavioural Assessment and Intervention Team to ensure that they have the capacity to develop a Positive Behavioural Support Training Plan that will support professionals working with children and young people with behaviours that challenge.

- Ensure strengthening the CYP IAPT providers to ensure that they have the skills and capacity to work with children and young people with Learning Disabilities.
- Ensure that parenting programmes are suitable for families caring for children with learning disabilities.

Update: With the available data we reviewed the skill mix of providers and also reviewed the current provision, we have heard during our listening phase that open/fast access to a seamless service is key for this cohort. In year transformation funds were utilized to provide a dedicated counselling service for those children and young people with a Learning Disability and is currently being evaluated and will influence the interim improvement model.

Improve Perinatal Care

Action: Review and respond to the 33 recommendations contained within the Infant Mental Health consultation

Update:

Perinatal

The Community Perinatal Mental Health Team provides a community mental health service for women with mental health problems related to pregnancy, childbirth and early motherhood. The team works to minimise the risk of relapse in those women who are currently well but who have a history of severe mental illness. The service provides:

- Mental health and risk assessment, care co-ordination of women, appropriate, time-limited, evidence based treatments and interventions jointly agreed with the worker and the women, collaborative working with women and, wherever possible, their families.
- Specialist Perinatal medical support and advice to woman, their families and referrers into the service, including up-to-date and comprehensive medication advice.
- Support and advice to promote the detection, prediction and prevention of maternal mental health problems. Developing pathways of care and appropriate tolls to facilitate this within primary and secondary care services.
- Provision of care in the most appropriate setting. Ensuring accessibility and choice. Dependent on need woman will be seen 1-2 weekly.
- Education, advice and appropriate self-help literature given to women and their families.
- Signposting to other statutory and non-statutory services as appropriate.
- Provision of short- and long-term placements for mental health, Health Visitor and midwifery students.
- Multidisciplinary involvement in the planning of effective maternal mental health care.
- Appropriate communication about care with other services as required, taking into account confidentiality.

- The service provides maternal mental health training and advice to statutory and non-statutory groups, as well as structuring training programmes that incorporate recent Department of Health and NICE Guidelines.

The 0 - 19 service in Newcastle now has a specialist health visitor for children with additional needs. This role includes the supporting and training of staff, as such staff have had access to training days focused on particular conditions commonly presenting in childhood. Part of the role is also about signposting for staff so they can better support families and signpost as appropriate back into specialist services when needed.

The team have also received presentations at the health visitor professional forum from organisations such as Contact a Family, Cauldwell Trust and Downs Syndrome Association. Staff are more aware of how to access information regarding other services and can signpost appropriately. Staff have continued to access Early Help and Support from Children's Centres via the CAF process and have regular updates regarding this process.

Action: Link our perinatal care developments to our existing developments such as evidence based programmes (e.g. PIP) in order to reduce inappropriate referrals to the perinatal unit

Parent Infant Psychotherapy Service

Update: In 2014, Newcastle City Council secured over £2.7m of government funding to transform the way families with infants are helped to overcome poor mental health and parental substance misuse.

The funding - which was secured following a successful bid to the government's Transformation Challenge Award - was awarded to develop two new key projects in the city for families experiencing mental ill-health, alcohol & substance misuse, family conflict and neglect. These projects were the development of: a Parents under Pressure Programme (PUP), and a Parent Infant Psychotherapy Service.

The aim of both of these initiatives is to reduce the need for costly support services in later life and, instead, focus on providing families with the up-front support they need to turn their lives around.

The Parent Infant Psychotherapy service is based on the Parent Infant Partnership model overseen by the charity PIPuk.

Following a consultation with key stakeholders and parents, Newcastle City Council undertook a competitive tendering exercise and have awarded a contract to Children North East to deliver this service. The service is now known as "NewPiP and is fully staffed with a clinical psychologist lead, psychotherapists and a specialist health visitor.

The service started to receive referrals in early summer and although numbers are still relatively small (44), parents are engaging with this therapeutic intervention and work is ongoing to develop staff skills and knowledge in relation to improving parental mental health and infant attachment and referral pathways.

Based on national prevalence data for maternal ill health and the current birth rate we estimate that approximately 215 families will benefit from interventions offered by this service. We anticipate that the service will work closely with acute perinatal mental health team as well as front line service providers such as midwives, health visitors and our community family hub which consists of our Surestart Children's Centres and early help and family support services.

Action: Review the pending Perinatal Care National Guidance when published.
The Perinatal work will involve commissioners and providers working in collaboration, using findings of the National Maternity Review "Better Births" to inform strategic and local plans.

Early Intervention in Psychosis (EIP)

Update: The Access and Waiting Time Standard for EIP and the Five Year Forward View tasks the service to see 50% of new cases within two weeks and be able to offer service users a NICE compliant care package. This covers an age range of 14-65. The standard extended EIP services to assess and treat people showing signs of an At Risk Mental State for psychosis (ARMs).

The Newcastle and Gateshead EIP teams continue to achieve the access part of the standard, with performance routinely above 70%. This includes people under the age of 18 from any referral source. There is a joint working protocol with CYPS which encourages co-working to ensure the young person receives the optimal treatment package.

Action: The first CCQI audit of NICE concordance highlighted a number of gaps in service provision. Referral rates for the service have increased markedly since the service was extended, beyond what was anticipated from increasing the age range from 35 to 65. This appears to be consistent with trends in all urban areas of England and included increases in CYP. The percentage of CYP on the caseload is monitored annually. This additional demand has impacted on caseload size and the ability to offer treatments and is being closely monitored by the CCG.

Next steps will work towards improving the quality element of the standard to provide Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.

15. Next steps

We will continue to use the Newcastle Future Needs Assessment (NFNA) and the Gateshead Joint Strategic Needs Assessment (JSNA) to support our work and help us to understand the key issues facing children, young people and families in Newcastle and Gateshead as we continue on our transformational journey in the coming months.

The following bullet points indicate the ongoing areas of work required to ensure we meet our ultimate aim to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place.

- Awareness raising through GP Child Health Leads across Newcastle and Gateshead
- Implement the two new service specifications with providers 'Getting Help' and 'Getting More Help'
- Variation to contracts to include improved performance and activity data that will inform a robust performance framework
- Phase one to four implementation of the new model
- Test out our new delivery model, this will influence how we refine care pathways
- Continued workforce development across children's workforce
- Continued work around transitions
- Continue to work collaboratively with the LD transformation board on a regional and local level. This will also include how it interfaces with SEND reforms.
- Review current workforce arrangements
- A bid was successful as an early adopter perinatal mental health service by provider, we are now developing the model and transforming the service.
- A bid has been submitted to improve mental health in schools and improve collaborative working between mental health services, schools and colleges.

The plan will be reviewed and refreshed as a minimum at least once a year with all system partners, children, young people, families and carers involved in the process; it is a living document that that will be updated by the partners as milestones are reached and actions are implemented.

Appendix 1: Action Plan 2017-18						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
1	**Expanding Minds, Improving Lives**	Implementation of new whole system approach: Getting Help inc single point of access and Getting More Help services		CCG	Dec 2017 – Sept 2018	
		Incorporate multi-media access for SPOA		CCG	April 2018	
		Evaluation phase by phase of Getting Help inc single point of access and Getting More Help services		CCG	January 2018 – October 2018	
		Implementation of new whole system approach: New model		CCG	April 2018	
		Incorporate peer support into new model spec		CCG	April 2018	
		Evaluation new model		CCG	April 2019	
		Ensure all requirements are captured within the financial plan.		CCG	April 2018	
		Develop performance framework and incorporate recommendations from Childrens Commissioner Childrens Mental Health in England indicators (Oct 2017), KPI's and agreed outcome measures		CCG	December 2017	
		Review demand and waiting		CCG	December 2017	

		times for CAMHS service				
		To review activity/demand on VCS services		Third Sector	December 2017	
		Review full pathways which specifically include pathways relating to: • services within VCS • inpatient CHYP MHS pathway including specialised commissioning • mental health and behavioural support for CHYP in contact with the Justice System perpetrators and / or victims of crime, including sexual assault and those in the welfare system and on the edge of care. • those requiring bereavement support including support after suicide.		CCG	Jan – May 2018	
		Adopt better use of technology within CAMHS services Increase the use of		CCG	September 2018	

		texts, emails and skype etc for appts. This work should be informed by CHYP and Families.				
		Develop support pathways for children and young people and for parents/carers who have alcohol problems		LA	Sept 2018	
		CHYP supported to develop mental health and wellbeing APP promoting self care		CCG	July 2018	
		All schools, colleges, primary care will have a named lead on mental health		CCG	Sept 2018	
	Workforce Development Plan	Develop a comprehensive workforce strategy based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information.		All	April 2018	
		Implementation of workforce development strategy		All	April 2018 – March 2019	
3	**Eating Disorders**	Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach		CCG	Dec 2017	

		Build capacity within community mental health services to deliver evidence based eating disorder treatment - Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.			July 2018	
4	**CYP IAPT**	Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities Review training priorities and target workforce - training opportunities for under 5's and		CCG	July 2018	

		LD and Autism Undertake scoping re extension of the current CYP IAPT programme to train staff to meet the needs of children and young people who are not supported by the existing programme				
5	**Early Intervention and Prevention**	Implement improved early intervention and prevention arrangements.		CCG	April 2018	
		Deliver early intervention and prevention through the health visitor, family nurse partnership and school nurse new specification and contract	In service spec contract start date July 2018	LA	July 2018	
		Pilot mindfulness in Gateshead schools x3	Staff training commenced	LA	June 2018	
		Incorporate mental health and wellbeing in schools via 0-19 contract	In service spec contract start date July 2018	LA	July 2018	
		Promote CYP mental health and wellbeing opportunities via early help social care model	Service changes underway	LA	April 2018	
		Submit DfE bid for mental health in schools programme for Gateshead and Newcastle	Submitted 19/10/17	LA	October 2017	

		Explore development of apps for schools with Young Commissioners	Part of school exclusions action plan	LA/CCG	April 2018	
6	**The Right Coordinated Response to Crisis**	Continue to implement interim improvement plan developing options for early intervention crisis response based on a 24/7 model of care and provided in their local communities ensuring care is provided as close to home as possible or within their own homes. Develop the model for intensive home treatment for children and young people with complex needs. Develop of a multi-agency crisis care pathway		CCG	December 2018	
7	**Reducing Inequalities**	Monitor new arrangements and continue improvement activities	Refresh joint strategic needs assessment CYP mental health and wellbeing to inform future commissioning	LA	April 2018	
		Promote education and employment opportunities for care leavers		LA	April 2018	

8	**Learning Disabilities**	Monitor and review new arrangements. Understand local impact of the LD transformation programme ensure services are responsive to individual needs and are able to wrap round those YP with complex needs to prevent placement breakdown.		CCG	Dec 2018	
9	**Autism**	Scope local need and service development to deliver assessment and treatment compliant with national and local standards for children and young people with learning disability, autistic spectrum disorder, attention deficit and hyperactivity disorder, to improve access and multi-agency intervention		CCG	December 2018	
10	**Perinatal Mental Health**	Review the pending Perinatal Care National Guidance when published and the better births recommendations Review impact of perinatal maternal mental health pathways		LA	Dec 2018	

		on primary care and specialist services to establish potential need for a community perinatal mental health service Implement a service model to include support for both parents which is equitable place based. Ensure local birthing units have access to a specialist perinatal mental health clinician.				
11	**Transitions**	Implement best practice in regard to transition from children's mental health services to adult mental health services within the new service model. Improve support to children and young people in transitions years, particularly between services for pre and post-16yr olds, Primary secondary, Secondary- +16, CAMHSAMHS, Care leavers Undertake CHIMAT transitions tool with CAMHS service and		CCG	September 2018	

		with social care (children's and adults' services) Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults Review whether work is needed to improve pathways between preschool years and school				
12	**Specialist In-Patient**	Implementation and monitoring of programme to ensure children and young people in need of specialist in patient care are able to access services timely and near to home as possible. Explore opportunities to increase outreach work through utilisation of children's centres and general practice.		NTW	October 2018	
13	**Sexual Abuse and/or exploited**	Ensure those who have been sexually abused and/or exploited receive		CCG	July 2018	

		comprehensive assessment and referral to appropriate evidence based services Develop and implement comprehensive assessment and provide care plan which is owned by young person which includes access to appropriate evidence based services with a Lead Professional supporting throughout.				
4	**Early Intervention in Psychosis (EIP)**	Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.		NTW/CCG	December 2018	

Appendix 1a Risk Log

STRATEGIC/ OPERATIONAL RISK (or both)	RISK IDENTIFIED & POTENTIAL IMPACT	RAG	ACTION PLAN	LEAD OFFICER(S)
Strategic/Operational Risk	Non engagement of staff		System partners already well engaged in the process and service development to date and ongoing mechanism in place. Risk reviewed 5YFVMH Imp Group	All partners
Strategic/Operational Risk	Data sharing and performance metrics not yet agreed		Performance metrics to be agreed with relevant organisations and mechanisms for reporting	All partners
Strategic/Operational Risk	Disruption/confusion in the system		Phased approach accompanied by communication plan aimed to minimise/eliminate disruption/confusion.	NTW and STFT
Operational Risk	Workforce/appropriately trained staff to deliver evidence based interventions does that workforce exists		Workforce analysis already underway. Further links to be identified within STP LWAB and LWAG	All partners
Operational Risk	Lack of clarity re voluntary sector involvement		CCG to advise/confirm agreed arrangement with voluntary sector.	CCG
Strategic/Operational Risk	Activity increase exceeds resource allocation based on current activity levels with no further resource identified		Phased approach and review/agreement before proceeding to next phase identified in mobilisation.	CCG and providers
Operational Risk	Increased referrals to Children's Services		CCG to confirm appropriate plan to support.	CCG and Local Authorities
Operational Risk	Capacity/availability of staff within current system not meeting required staffing		Staffing structure and training needs to be reviewed as part of the workforce plan to ensure workforce meets capacity and capability.	All partners

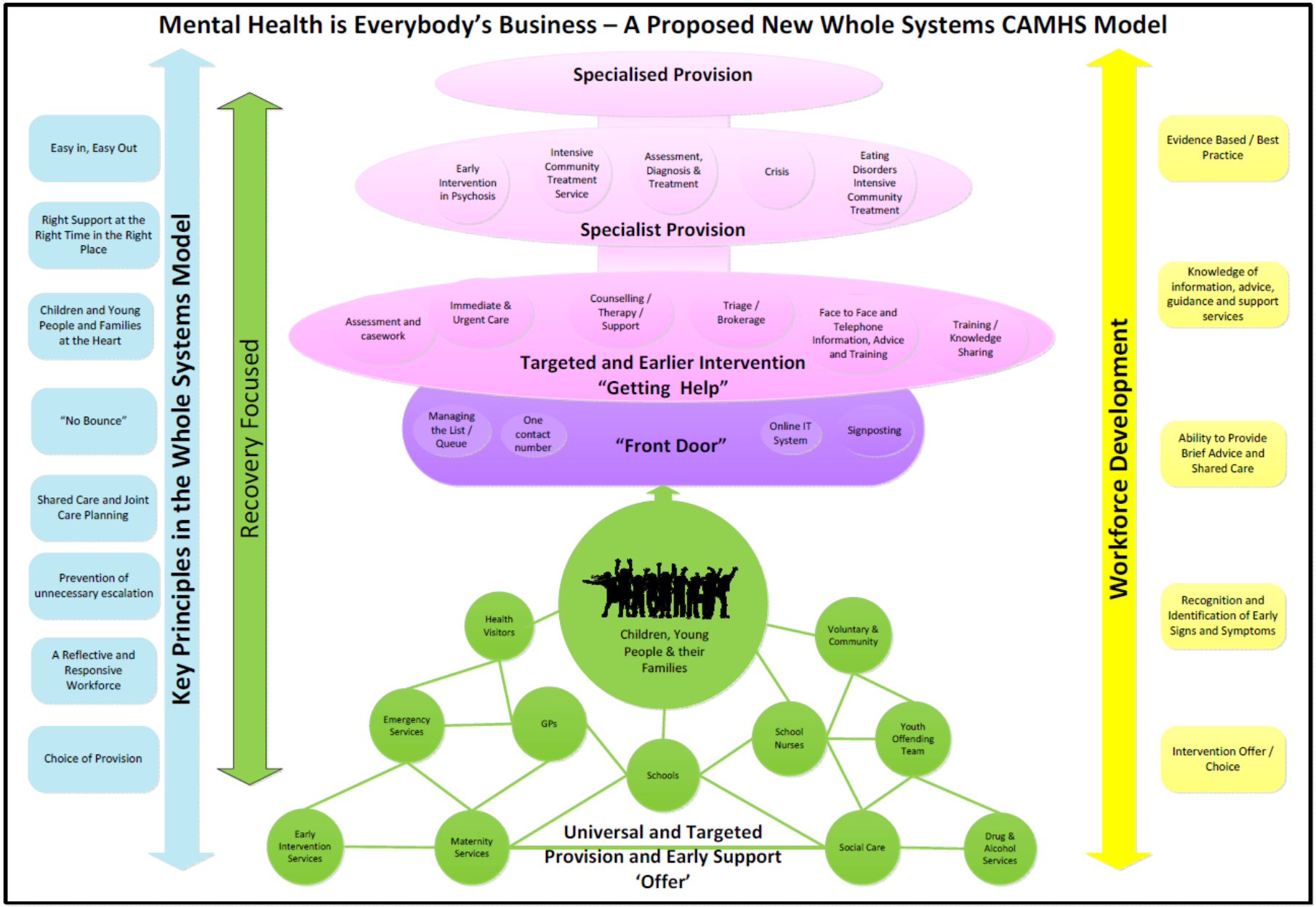
Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
Expanding Minds, Improving Lives	*Launch transformation project*		*Complete transformation project, formal consultation and commence implementation*		*Implementation of new whole system approach*	
Workforce Development Plan	*Review existing workforce including FTEs and skill mix and setting out training needs.*		*Begin implementation of workforce development plan – aligning Expanding Minds, Improving Lives*		*Continue implementation of workforce development plan.*	*Fully trained workforce within transformed new whole system approach.*
Eating Disorders	*Review existing provision, consult with existing service users and providers, explore best practice, and develop an interim improvement plan.*		*Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.*		*Able to demonstrate improvements to early intervention and avoidable hospital admissions. Continue implementation of improvement plan.*	*Fully implemented improved model of care.*
CYP IAPT	*Gateshead review partnership model of delivery. Newcastle review arrangements for*		*Gateshead develop arrangements for clinical supervision and reporting infrastructure. Develop under 5 CYP IAPT*		*CYP IAPT is compliant with national guidelines and fit for purpose locally.*	

Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
	clinical supervision and reporting infrastructure. Training to support under 5s CYP IAPT					
Early Intervention and Prevention	*Review, develop and expand the use of primary mental health workers. Review integrated working arrangements. Review schools model for increased early intervention and prevention. Develop interim improvement plan*		*Implement interim improvement plan – aligning to Expanding Minds, Improving Lives.*		*Implement improved early intervention and prevention arrangements.*	*New whole system approach in place.*
The Right Coordinated Response to	*Explore integrated crisis team model linking to other*		*Begin to implement interim improvement plan – aligning to Expanding minds,*		*Continue to implement interim improvement plan*	*New whole system approach in place*

Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
Crisis	*local developments, and one access point for all. Develop interim improvement plan Review data collected related to crisis to inform an improved data system to support the Crisis Care Concordant.*		*Improving Lives. Begin to implement new ways of working, and improved data collection.*			
Reducing Inequalities	*Identify priority areas for improvement linked to the NFNA and the GHD JSNA, and the Expanding Minds, Improving Lives Case for Change. Explore ways to provide more*		*Begin implementation of interim improvement plan – aligning to Expanding Minds, Improving Lives.*		*Monitor new arrangements and continue improvement activities.*	*Monitor new arrangements and continue improvement activities.*

Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
	effective support to vulnerable groups. *Develop interim improvement plan.*					
Learning Disabilities	*Review the skill mix and capacity in the community team and the Behavioural Assessment Team* *Review the skills of the CYP IAPT provides to work with CYP with learning disabilities.* *Review parenting programmes to ensure they are fit for this group of children and young people.*		*Begin to implement interim improvement plan – aligning to Expanding minds, Improving Lives*		*Monitor and review new arrangements.*	

Appendix 2: Action Plan Outline 2015-2020 (Review October 2017)						
Transformation Priority	*2015/16*		*2016/17*		*2017/2018*	*2018/19*
Young People at Risk of Developing Personality Disorders	*Review services available for young people at risk of developing personality disorders.*		*Begin to implement interim improvement plan – aligning to Expanding Minds, Improving Lives.*		*Monitor and review new arrangements.*	


Mental Health is Everybody's Business – A Proposed New Whole Systems CAMHS Model
Key Principles in the Whole Systems Model
Easy in, Easy Out
Right Support at the Right Time in the Right Place
Children and Young People and Families at the Heart
"No Bounce"
Shared Care and Joint Care Planning
Prevention of unnecessary escalation
A Reflective and Responsive Workforce
Choice of Provision
Recovery Focused
Specialised Provision
Early Intervention in Psychosis
Intensive Community Treatment Service
Assessment, Diagnosis & Treatment
Crisis
Eating Disorders Intensive Community Treatment
Specialist Provision
Assessment and casework
Immediate & Urgent Care
Counselling / Therapy / Support
Triage / Brokerage
Face to Face and Telephone Information, Advice and Training
Training / Knowledge Sharing
Targeted and Earlier Intervention "Getting Help"
Managing the List / Queue
One contact number
"Front Door"
Online IT System
Signposting
Children, Young People & their Families
Health Visitors
Voluntary & Community
Emergency Services
GPs
School Nurses
Youth Offending Team
Schools
Early Intervention Services
Maternity Services
Social Care
Drug & Alcohol Services
Universal and Targeted Provision and Early Support 'Offer'
Workforce Development
Evidence Based / Best Practice
Knowledge of information, advice, guidance and support services
Ability to Provide Brief Advice and Shared Care
Recognition and Identification of Early Signs and Symptoms
Intervention Offer / Choice

Appendix 4

Draft Workforce Development Strategy and Data Collection Tool

Workforce plan (Draft)

Workforce planning, training and development needs to underpin the transformational change required in the Transformation Plan, however we acknowledge that building system wide capacity and capability to enable transformation is a challenge.

At STP level the North East and North Cumbria 'local' Workforce Action Board (WAB) is established, with membership of the from senior managers and clinical leaders selected to represent profession and/or sector rather than organisation because of their knowledge, experience, credibility and authority to make decisions on behalf of their constituency.

The LWAB is intended to:

- Agree the strategic workforce priorities to achieve transformation and sustainability across the 3 STP areas.
- Agree workforce change programmes led by Trusts, CCGs and others • Influence HEE led workforce programmes
- Engage with local and national stakeholders to co-ordinate inputs from both HEE and other STP member organisations

We also have a Workforce Action Group (WAG) to ensure 'local' workforce concerns and ambitions are fed into WAB commissioning decisions. The group has agreed to look at how we work collectively across the system to understand current and future workforce requirements, recognising that we will need to move from organisational to system workforce planning across health and social care; this requires us all to have an appreciation of current organisational workforce issues as well as working collectively to align future workforce to new models of care.

We are currently undertaking a workforce analysis across the partnership that will inform the development of a workforce strategy, but have faced some challenges gathering all of the information. We are reviewing the existing workforce including FTEs and skill mix and setting out training needs, the information collected to date is outlined in the Children and Young People Mental Health and Emotional Wellbeing Workforce Data Collection Tool (2017 Refresh).

Our intention is to further develop the workforce strategy plan as part of the implementation phase of our new model.

However, we already know some key areas of focus for the workforce that have been identified through the STP workstreams as follows

- Focus on prevention and early intervention with C&YP at risk of or with mental health problems, working with schools to improve mental health and wellbeing.
- Integrated community, acute and mental health pathways, with a focus on improving the physical and mental health of the population.
- Reduce suicide beyond national targets and a zero suicide ambition
- FYFV and local integrated pathways will focus on the improvement of care, in particular ensuring all ages receive evidence based care and the measurement of outcomes, contributing to closing the gap in terms of care and quality

Children and Young People Mental Health and Emotional Wellbeing Workforce Data Collection Tool (2017 Refresh)

Core Services			Allied Services		
	Number of Practitioner/Clinical staff in post October 16	Number of Practitioner/Clinical staff in post October 17		Number of Practitioner/Clinical staff in post October 16	Number of Practitioner/Clinical staff in post October 17
School Based Services (insert as many rows as necessary)			School Based Services (insert as many rows as necessary)		
Sub-Total			Sub-Total		
LA Based Service (insert as many rows as necessary)			LA Based Service (insert as many rows as necessary)		
Services targeted at other vulnerable children - YOT		7FTE		37FTE	
Services targeted at other vulnerable children - LAC					
Services targeted at other vulnerable children - PRS					
Services targeted at other vulnerable children – Education Support Workers	3FTE	3FTE			
Services targeted at other vulnerable children – Educational Psychology	9.4 FTE	9.4FTE			
Services targeted at other vulnerable children – Primary Behaviour Support Workers	6FTE	6FTE			
Services targeted at other vulnerable children – Higher Incident needs Team (HINT)	8FTE	8FTE			
Services targeted	23.6FTE	23.6FTE			

at other vulnerable children –Lower incident needs team (LINT)					
Services targeted at other vulnerable children – Early years assessment intervention team	12FTE	12FTE			
Sub-Total			Sub-Total		
Third Sector Based Services (insert as many rows as necessary)			Third Sector Based Services (insert as many rows as necessary)		
			DISC (Platform) Young People's Drug and Alcohol Services (Gateshead)	One children and young people's substance misuse practitioner post who takes a lead role in emotional health and wellbeing	One children and young people's substance misuse practitioner post who takes a lead role in emotional health and wellbeing
Sub-Total			Sub-Total		
NHS Based Services (insert as many rows as necessary)			NHS Based Services (insert as many rows as necessary)		
Consultant		5.9FTE			
Speciality Dr's		1.8FTE			
Learning Disability		11.35FTE			
Mental Health		37.03FTE			
Neurological		20.69FTE			
ICTS		13.07FTE			
Eating Disorder		5.3FTE			
Sub-Total			Sub-Total		
Total					

Appendix 5

LTF Finance Plan

Children and Young People Mental Health and Emotional Wellbeing Finance Table (2017 Refresh)

Service Type	Newcastle LA Funded 15/16	Newcastle LA Funded 16/17	Gateshead LA Funded 15/16	Gateshead LA Funded 16/17	CCG Funded 15/16	CCG Funded 16/17	Other funding source 16/17
Total by commissioner	tbc	tbc	£556,584	£586,112	£7,292,057	£8,279,086	£3,270,791

Note

1. Newcastle City Council figures to follow.
2. Ongoing review of spending and costs for future years

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Item 9

HEALTH AND WELLBEING BOARD
2 March 2018

TITLE OF REPORT: **NHS Clinical Commissioners and NHS England Consultation on prescribing over-the-counter medicines**

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on a proposed response to a public consultation on reducing the prescribing of over-the-counter medicines for some minor, short-term health concerns.

Background

2. NHS Clinical Commissioners and NHS England are currently undertaking a public consultation on reducing the prescribing of over-the-counter (OTC) medicines for minor, short-term health concerns such as coughs, cold sores, conjunctivitis, head lice, mild acne, mouth ulcers etc. (the full list of minor illnesses are set out at Appendix 1 and further information is also available within the consultation document).

3. The aim of the consultation is to provide information about the proposed national guidance and to seek views on the proposals.

4. In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets. These prescriptions include items for a condition:

    - That is considered to be **self-limiting** and so does not need treatment as it will heal of its own accord;

    - Which lends itself to **self-care** i.e. that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over the counter medicine.

5. Vitamins/minerals and probiotics have also been included in the consultation proposals as items of low clinical effectiveness which are of high cost to the NHS.

6. It is important to note, however, that the consultation will not affect the continued prescribing of items in a number of specific circumstances such as:

    - for chronic (long term) conditions e.g. regular pain relief for chronic arthritis;
    - for complex forms of minor illnesses e.g. severe migraines that are unresponsive to OTC medicines;

- where minor illnesses are symptomatic (or a side effect) of something more serious e.g. a cough lasting longer than 3 weeks;
- to treat an adverse effect or symptom of a more complex illness;
- treatment for complex patients e.g. immunosuppressed patients;
- patients on treatments that are only available on prescription;
- where the product licence does not allow the product to be sold over the counter to certain groups of patients (this could include babies, children and/or women who are pregnant or breast-feeding);
- patients with a minor condition (suitable for self-care) that has not responded sufficiently to treatment with an OTC product;
- where the prescriber believes that there are exceptional circumstances which warrant deviation from the recommendation to self-care;
- patients where the clinician considers that their ability to self-manage is compromised due to social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be affected if left to self-care.

7. NHS England has partnered with NHS Clinical Commissioners to carry out the consultation after CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. The intention is to produce a consistent, national framework for CCGs to use. However, the proposed guidance would not remove the clinical discretion of the prescriber in deciding what is in accordance with their professional duties.

8. Subject to the outcome of the consultation, which runs until 14th March, the commissioning guidance will need to be taken into account by CCGs in adopting or amending their own local guidance to GPs in primary care, ensuring they take into account their legal duties to advance equality and to reduce health inequalities. Ultimately, therefore, it will be for each CCG to make a decision on whether to implement the national commissioning guidance, having regard to both local circumstances and their own impact assessments.

The Financial Case

9. The consultation document states that ending routine prescribing for minor, short-term conditions, many of which will cure themselves or cause no long term effect on health, could free up funds for frontline care. By reining in prescriptions for such OTC products, it is estimated that up to £136 million could be diverted into frontline care at a time when the NHS is facing significant financial challenges.

10. Through the prescribing of OTC products, the NHS each year spends:

    - £4.5m on dandruff shampoos – enough to fund a further 4,700 cataract operations or 1,200 hip replacements every year.

    - £7.5m on indigestion and heartburn – enough to fund nearly 300 community nurses.

    - £5.5m on mouth ulcers – enough to fund around 1,500 hip replacements.

11. If patients were to self-care for these three conditions alone, it is suggested that it would save the NHS £17.5 million, again allowing funds to be diverted to other areas.

12. The consultation document also states that some of the products can be purchased over the counter at a lower cost than that which would be incurred by the NHS – for example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3 after including dispensing fees, and over £35 when you include GP consultation and other administration costs. Similarly, paracetamol is an average of four times as expensive when provided on prescription by the NHS.

13. These potential savings form a key building block of the NHS's 10 point efficiency plan contained in the Next Steps on the NHS Five Year Forward View, published in March 2017, and support the ambition to ensure greater value from the NHS's £17.4 billion medicines bill, through improving health outcomes; reducing waste, over-prescribing and over-treatment; and addressing excessive price inflation by drug companies.

Over the Counter (OTC) Medicines - Proposals

14. The OTC medicines proposals for consultation include stopping the routine prescribing of products that:

    - **Have low clinical value** and **where there is a lack of robust evidence for clinical effectiveness**, such as probiotics, vitamins and minerals (the guidance does not apply to Healthy Start vitamins which are not prescribed on NHS prescription, but commissioned separately).

    - **Treat a condition that is considered to be self-limiting**, so does not need treatment as it will heal/be cured of its own accord, such as sore throat or coughs and colds.

    - **Treat a condition which could be managed by self-care**, i.e. that the person does not need to seek medical care or could visit a pharmacist, such as indigestion, mouth ulcers and pain relief.

15. NHS England and NHS Clinical Commissioners have worked closely with GPs, pharmacists and patient groups to develop and refine the list of conditions for which prescribing could be restricted, as well as where exceptions may apply.

16. Some OTC products currently prescribed are quickly and easily available in community pharmacies where the public can also ask for an NHS consultation with a pharmacist if they are unsure about what treatment they need for minor illnesses and need clinical advice.

17. Local pharmacies provide some NHS services in the same way as GP practices – and pharmacists train for five years in the use of medicines before they qualify as clinical health professionals. A pharmacist will assess symptoms and consider any long-term conditions, and the medicines that the person is taking, before providing a recommendation. They will either:

    - support/advise in the decision to self-care;

    - sell an OTC medicine (which doesn't need a prescription or visit to a GP) that will help relieve symptoms and make the person more comfortable;

- signpost to the right medical care if the pharmacist considers the condition is serious enough to warrant further medical help.

Key Considerations

18. Where it is being proposed that certain items should no longer be routinely prescribed in primary care due to limited evidence of their clinical effectiveness (such as probiotics and vitamins/minerals), it seems clear that this is the right thing to do, thereby allowing scarce resources to be diverted elsewhere towards frontline care.

19. On the face of it, the case put forward by the consultation document to stop the prescribing of OTC products that treat conditions that will either heal/cure of its own account (i.e. 'self-limiting' conditions) or could be managed through self-care also seems reasonable as this would free up resources to be invested elsewhere – especially if savings made can be kept for re-investment locally instead of going back to the national pot.

20. Although measures that can be taken to encourage people to manage conditions that will heal/cure of their own account or to self-care are laudable, it seems clear, however, that the proposals would be regressive in that they would impact disproportionately upon people on low incomes, people who currently do not pay for prescriptions (because they meet the relevant eligibility criteria) i.e. people from communities most likely to experience health inequalities.

21. The Equality and Health Inequalities Analysis that forms part of the suite of documents issued for the consultation exercise acknowledges that "all groups protected by the Equality Act 2010 and/or groups that face health inequalities are likely to be affected…" and "…the impact of the proposals on certain groups could lead to a widening in inequalities in health outcomes if patients in particular groups cannot access or afford items they may have to purchase."

22. The Equality and Health Inequalities Analysis goes on to acknowledge that:

    - "there is evidence that children under 16 (and those under 18 and in full time education) and adults aged over 60 will be particularly affected by the recommendations to restrict prescribing of OTC items for minor conditions (children and those over 60 make up the largest groups of patients exempt from prescription charges – 18% and 50% nationally).

    - "those exempt from the prescription charge due to low income make up the third largest group, on average 15% of all patients."

    - "the Family Resources Survey 2011 to 2012 found that a substantially higher proportion of individuals who live in families with disabled members live in 'poverty', compared to individuals who live in families with where no-one is disabled. Therefore, these patients may be impacted to a greater extent by the proposed guidance…"

    - "…evidence has shown that people from minority ethnic groups are statistically more likely to be in lower income brackets…therefore these patients may be impacted to a greater extent by the proposed guidance…"

- as many patients in the above groups (including those on low incomes) would previously have received an exemption from paying for prescriptions, “our proposals may require them to pay for an item they would have not previously paid for”.

- A survey commissioned for Self-Care Week 2016 reported that “29% of people who qualified for free prescriptions would be willing to purchase an OTC medicine for a self-treatable condition, instead of visiting the GP for a prescription if they knew it would save the NHS money.” What about the remaining 71%?

- “The Royal Pharmaceutical Society has indicated that principle 2 of the NHS Constitution clearly states that “Access to NHS services is based on clinical need, not an individual’s ability to pay” and that restrictions could fundamentally alter the principle that care is free at the point of delivery”.

- HealthWatch England ran a survey to gather peoples’ views on NHS Prescriptions which “highlighted some concerns about how respondents felt they would be affected financially, if OTC items were no longer made available on NHS prescription”.

- Although the Self-Care Forum indicated that they support the view that encouraging people to understand how to confidently treat their minor conditions is beneficial, “they also raised concerns that withdrawing prescriptions for products might adversely affect vulnerable groups, such as those on low income including people out of work and the elderly.”

23. As it stands, therefore, the proposals have the potential to widen health inequalities for the groups mentioned above (a point that was frequently made in responses/feedback from an earlier consultation last year on the ‘principles’ of restricting the prescribing of medicines which are readily available OTC).

24. Currently, these Groups can secure OTC medicines on prescription to relieve discomfort/speed up healing associated with the conditions covered by the consultation. However, if they will have to pay for these in the future, this will place them (and their families) in a more disadvantaged position and may mean that they do not have access to these medicines in the future i.e. families that would likely benefit the most from these medicines. In this connection, the ability of children to learn at school is more likely to be affected if they regularly have conditions such as head lice. On the other hand, people who are able to pay for OTC medicines will not notably be affected by the proposals within the consultation document.

25. This is a key concern which links directly to the Council’s new strategic approach which seeks to make Gateshead a place where everyone thrives, with a particular focus on supporting those who are ‘vulnerable’ or ‘just coping’ within our communities. It would seem that the proposals will impact specifically on these groups within our communities.

26. It also needs to be recognised, however, that encouraging self-care and reducing the prescribing of over-the-counter medicines for some minor, short-term health concerns should reduce GP time on administering prescriptions. This, in turn, should mean that more GP appointments become available to other patients for more serious conditions.

27. It is noted that there would be no requirement for CCGs to implement the proposed guidance (they would be required, however, to have regard to it in coming to a view on whether to adopt or amend their own local guidance to GPs in primary care). It would seem, therefore, that there would be scope for CCGs to make it clear to prescribers that specific consideration should be given to the particular circumstances of people and their families in coming to a view on whether a prescription should be given for OTC medicines for the conditions covered by the consultation. This would be over and above the existing clinical discretion of prescribers in accordance with their professional duties and, in fact, would be consistent with the legal duty of CCGs to advance equality and to reduce health inequalities. The Health Inequalities Analysis states that in considering local implementation plans, "CCG's will need to identify the appropriate local actions to address inequalities..."

28. The local autonomy that would continue to be afforded to CCGs is to be welcomed which would help to ensure that decisions taken locally are in the best interests of those communities – in particular, those which continue to experience significant and entrenched health inequalities.

Other Considerations

29. There are some other issues linked to the proposals set out below which also warrant consideration.

30. OTC treatments that currently can be prescribed may ease discomfort and/or speed up the healing process - head lice, mild acne, mild burns/scalds cold sores, conjunctivitis, haemorrhoids, contact dermatitis, dry/sore eyes, mouth ulcers, nappy rash, teething, dental cavities, athletes foot, threadworms, and other conditions associated with pain, discomfort and fever. Some of these ailments are also contagious/easily spread e.g. head lice, athletes foot, threadworms etc.

31. Some of the treatments are specifically for babies and children e.g. nappy rash, teething (the consultation document acknowledges that "Teething can be distressing for some babies" and goes on to say that "there are ways to make it easier for them. Teething gels….can be purchased from a pharmacy"). However, babies and children from families who cannot afford items they may have to purchase could lose out.

32. The consultation document acknowledges that there is a risk that some care homes will still request prescriptions from GPs on the basis that they cannot practically administer the medicine to residents without a prescription.

33. Arguably, the consultation document 'opens the door' to other conditions being added to the list in time. It is noted that the current consultation was launched on the 20th December and runs for almost a three month period until 14th March. However, the consultation document states that, going forward, the joint clinical working group of NHS England and NHS Clinical Commissioners will continue to meet to review the guidance to 'identify potential conditions to be retained, retired or added to the current guidance'. As part of this process, a draft list of conditions will be made available online through the NHS England website when comments will be sought from 'interested parties' (not defined) – however, this will be for a four week period only. This seems a very short timescale in comparison to that afforded to the current consultation exercise. As it has already been pointed out that the proposals will likely impact upon disadvantaged communities the most, it would

seem that a longer timescale for consultation and engagement would be appropriate.

'Think Pharmacy First' Minor Ailment Scheme

34. Finally, there is a local context that also needs to be considered. This relates to the 'Think Pharmacy First' (minor ailment scheme) which the CCG commissions from community pharmacies across Gateshead. The 'Think Pharmacy First' branding is also used by a number of other CCGs across the North East.

35. Community Pharmacies are highly trained competent professionals and are ideally placed to provide help and advice to patients with minor ailments and to address patient health needs through promotion of self-care. This serves to increase patient choice to access primary care in alternative settings.

36. Evidence suggests that patients in more deprived areas are less likely to purchase OTC medicines, but rely on charge-exempt prescriptions to obtain medicines. Equitable access to the Think Pharmacy First will help to meet the needs of a diverse population and address inequalities across the borough.

37. Patients with symptoms associated with a number of specified conditions may self-refer into this service and present to any participating pharmacy. Patients may also be signposted to the service from other healthcare providers such as GP practices and NHS 111.

38. The scheme is aimed at those who would normally access a GP, Walk in Centre or Accident & Emergency for their minor ailments and those who would not normally purchase medicines OTC. 'Think Pharmacy First' applies the same eligibility criteria for free medicines that are in place relating to prescription charges (i.e. all children under 16, children under 18 who are in full time education, people in receipt of income support etc.).

39. The intention of the scheme is to reduce pressure on appointments within general practices and provide a more convenient service for patients, by providing simple remedies directly by consultation with a pharmacist. The most common interventions are for head lice treatments and paracetamol suspension for infants.

40. The 2015 Pharmaceutical Needs Assessment (PNA) identified that only 11 pharmacies were providing the pharmacy minor ailment scheme and recommended that consideration be given to expanding this service. However, the findings of the 2017 survey is that 45 of the 49 registered pharmacies now provide the 'Think Pharmacy First' Minor Ailment Scheme. A map illustrating how these pharmacies overlap with disadvantaged areas of the borough is set out at Appendix 2.

41. Clearly, it is important that individuals and families who are disadvantaged, who are 'vulnerable' or 'just coping' are made aware of 'Think Pharmacy First' scheme, that they are encouraged to use it and that it is promoted accordingly within those communities. In particular, it will be important that the scheme continues for the benefit of those who need it the most, irrespective of the outcome of the national consultation on OTC medicines.

Proposal

42. It is proposed that the Board agree to a response being submitted to NHS Clinical Commissioners and NHS England that incorporates the points set out in paragraphs 18 to 33 above.

43. The Board is also asked to consider the importance of the local 'Think Pharmacy First' minor ailments scheme for local residents in light of the information set out in this report and, in particular, for those from disadvantaged communities where health inequalities persist.

Recommendations

44. The Health and Wellbeing Board is asked to consider the information and issues set out in this report and that they form the basis of the Board's consultation response to NHS Clinical Commissioners and NHS England.

Contact: John Costello (0191) 4332065

NHS Clinical Commissioners and NHS England Consultation on reducing the prescribing of over-the-counter medicines for some health concerns

Items of low clinical effectiveness identified by the consultation document where there is a lack of robust evidence for clinical effectiveness

- Probiotics
- Vitamins and minerals

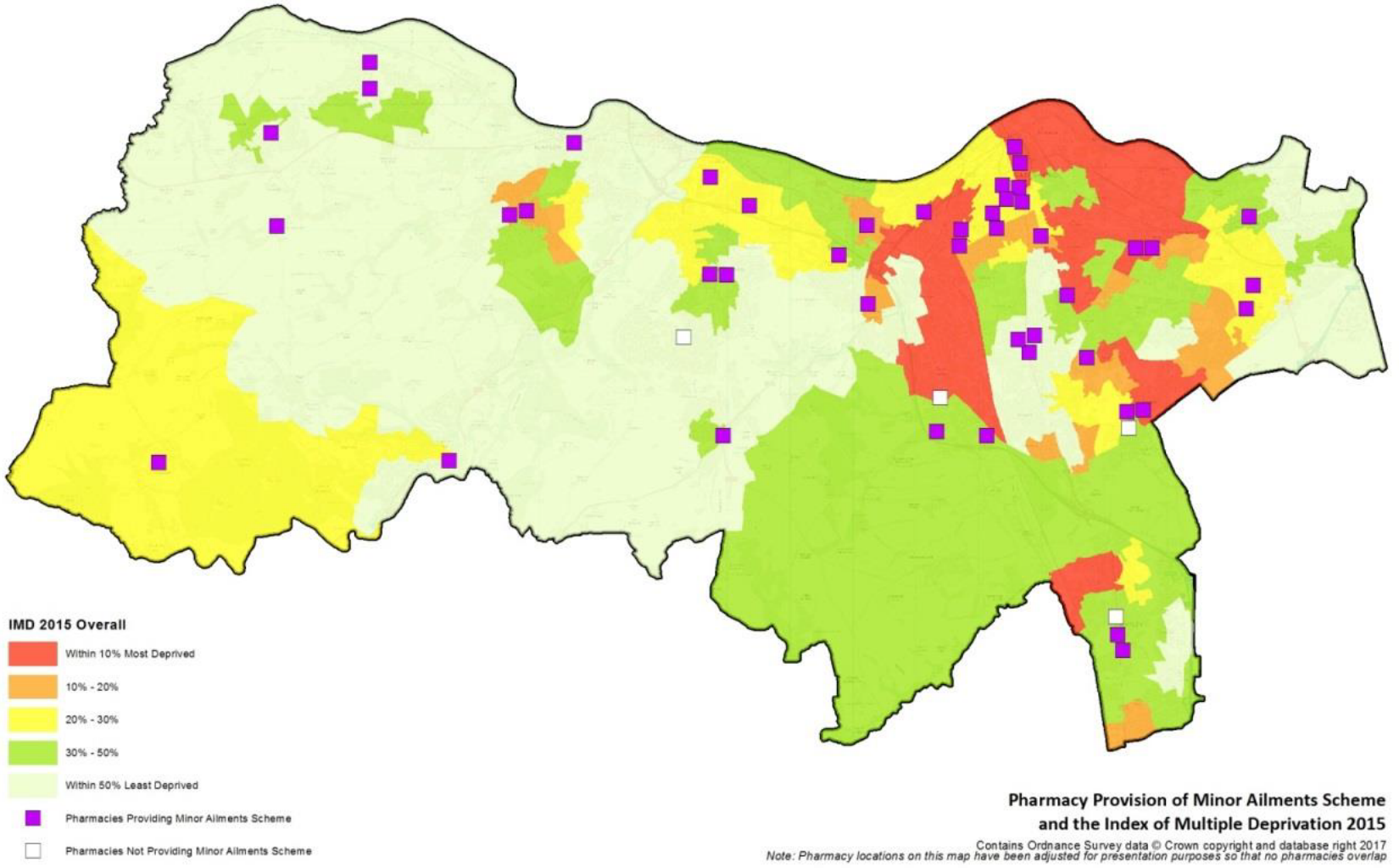
Conditions identified by the consultation document as being self-limiting and do not require medical advice or treatment as they will clear up on their own

- Acute Sore Throat
- Cold Sores
- Conjunctivitis
- Coughs and colds and nasal congestion
- Cradle Cap (Seborrhoeic dermatitis – infants)
- Haemorrhoids
- Infant Colic
- Mild Cystitis

Minor Ailments Identified by the Consultation document as being suitable for Self- Care

- Contact Dermatitis
- Dandruff
- Diarrhoea (Adults)
- Dry Eyes/Sore (tired) Eyes
- Earwax
- Excessive sweating (Hyperhidrosis)
- Head Lice
- Indigestion and Heartburn
- Infrequent Constipation
- Infrequent Migraine
- Insect bites and stings
- Mild Acne
- Mild Dry Skin/Sunburn
- Mild to Moderate Hay fever/Seasonal Rhinitis
- Minor burns and scalds
- Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
- Mouth ulcers
- Nappy Rash
- Oral Thrush
- Prevention of dental caries
- Ringworm/Athletes foot
- Teething/Mild toothache
- Threadworms
- Travel Sickness
- Warts and Verrucae

Index of Multiple Deprivation 2010 and Pharmacies Providing Minor Ailments Scheme (Map from PNA 2018)



Item 10

HEALTH AND WELLBEING BOARD
2 March 2018

TITLE OF REPORT: Health Protection Assurance Annual Report 2016/17

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on health protection responsibilities and arrangements in Gateshead as part of the Council's statutory duties regarding health protection assurance.

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 from April 2016 to March 2017. A brief summary is provided below.

<u>Prevention</u>

<u>Immunisation</u>

5. NHS England commissions the full range of child and adult immunisation programmes for Gateshead. Key points to note include:

- Uptake of the routine childhood immunisation programme is amongst the highest in England;
- By 12 months, 93.9% of children in Gateshead had been immunised against diphtheria, tetanus, pertussis, polio and haemophilus influenza type b (93.4% in England);
- By 24 months, 93.0% (cf. 91.6% for England) had received measles, mumps and rubella (MMR) vaccine (dose 1);
- Changes to the meningitis immunisation programme were introduced in July 2016 with the MenC vaccine given at 12 weeks being replaced with the Hib/MenC vaccine at 12-13 months.
- In 2016/7, seasonal flu vaccine was offered to those aged 65 years and over; those aged six months to under 65 in clinical risk groups, all pregnant women; all two, three, and four year olds; all children in primary school years 1, 2 and 3; primary school aged children in school years 1 to 6 in areas that previously participated in primary school pilots in 2014/15 including Gateshead; those in long-stay residential care homes or other long stay care facilities, and carers;
- Targets for uptake for adults were 75% of the eligible population. Ambitions for uptake amongst children were 40-65% of those eligible;
- Headline facts for flu vaccine uptake Gateshead in 2016/17:

    - Uptake was improved amongst all eligible adult groups compared to 2015/16 levels;
    - Uptake amongst children aged 3 years old improved but fell amongst 2 and 3 years olds compared to the previous year;
    - A programme for front line social care staff employed by the Council was established but uptake was low.

Screening

6. The screening programmes commissioned by NHS England for which the Director of Public Health has an assurance role are:

    - Cancer screening programmes (breast, bowel and cervical)
    - Diabetic Retinopathy
    - Abdominal Aortic Aneurysm
    - Ante natal and newborn

7. Uptake of the cancer screening programmes continues to be good and significantly better than levels of uptake nationally.

8. Data for the Diabetic Eye Screening Programme are unavailable at a Gateshead level. Performance reported at North East level showed an uptake of 85.2%.

9. Uptake of the Abdominal Aortic Aneurysm screening programme shows an increase in coverage in Gateshead compared to the previous year from 76.4% to 81.1% cf. 80.9% for England.

10. Coverage of the Ante-Natal and New Born screening programmes is high for those programmes for which Gateshead data are available:

    - Newborn bloodspot coverage continues to be high at 98.0% for 2015/16 (97.6% in 2014/15) cf. 95.6% for England

    - Newborn hearing screening coverage similarly continues to be high at 99.6% in 2015/16 (99.0% in 2014/15) cf. 98.7% for England

Emergency preparedness, resilience and response (EPRR)

11. Planning for emergency situations, such as extreme weather events, outbreaks or terror incidents, takes place at regional and local levels:

    - The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.
    - Public Health England 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.
    - The Gateshead Multi-Agency Resilience and Emergency Planning Group brings together different organisations to discuss multi-agency emergency preparedness, response and resilience issues. The group ensures that Gateshead is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations

12. The Director of Public Health continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by Public Health England to co-ordinate such advice in the event of an emergency incident.

13. In 2016, the north east Local Resilience Forums collaborated in an exercise to test the readiness of public sector bodies in the event of a flu pandemic. The Public Health Team and Resilience Team worked very closely together during the period of this exercise and have subsequently identified a number of recommendations to be developed. These steps will ensure the Council is prepared to respond and enable the continued provision of critical services during a genuine pandemic.

Surveillance

14. Public Health England's Health Protection Team continues to work with a wide variety of partners to ensure that adequate systems are in place to detect the existence of certain communicable diseases, and to ensure that appropriate agencies are notified.

15. The Council's Environmental Health Team noted a decrease in the number of cases of food poisoning notified in 2016/17 compared to the previous year.

16. During the year there was an outbreak of Cryptosporidiosis linked to two of Gateshead's swimming pools. This outbreak involved a rare strain of Cryptosporidium hominis rarely seen in the UK. The pools were closed in October after Public Health England alerted Gateshead Council to a possible link to a number of cases of cryptosporidiosis in the local area.

Control

Tuberculosis

17. Gateshead's population has a low incidence of tuberculosis but the prevalence of the disease per head of population has increased significantly since 2013.

Scarlet fever and invasive Group A Streptococcal infections

18. Cases of scarlet fever, a common and usually mild childhood bacterial infection, continued to rise for the fourth season in a row during 2016/17. In the North East, notifications rose from 953 in 2015 to 1131 in 2016.

Sexually transmitted infections (STIs)

19. In 2016, 1445 new sexually transmitted infections (STIs) were diagnosed in residents of Gateshead, a rate of 719 per 100,000 residents (compared to 750 per 100,000 in England).

    - The rate of new STIs excluding chlamydia diagnoses in 15-24 year olds; was 712 per 100,000 residents (compared to 795 per 100,000 in England).
    - The chlamydia detection rate per 100,000 young people aged 15-24 years in Gateshead was 2105 (compared to 1,882 per 100,000 in England).
    - The rate of gonorrhoea diagnoses per 100,000 in this local authority was 81.6 (compared to 64.9 per 100,000 in England).
    - There were 14 new HIV diagnoses in Gateshead. The diagnosed HIV prevalence was 1.55 per 1,000 population aged 15-59 years (compared to 2.31 per 1,000 in England).

Excess winter deaths

20. In Gateshead in winter 2014/15, there were 173 excess winter deaths, compared to 70 in 2013/14.

21. There is significant variation in the numbers of excess winter deaths between different years. It is not always apparent why this is the case. Winter of 2014/15 had the highest number of excess winter deaths in England and Wales since

1999/00 with 41 300 more people dying in the winter months compared with the non-winter months.

22. The majority of deaths occurred amongst people aged 75 and over. There were more excess winter deaths in females than in males in 2014/15, as in previous years. Respiratory diseases were the underlying cause of death in more than a third of all excess winter deaths in 2014/15.

Air quality

23. Gateshead Council monitors the levels of two pollutants at a number of locations across the Gateshead - nitrogen dioxide and PM2.5 particles.

24. As a result of measured levels of Nitrogen Dioxide (NO2) exceeding the annual objective level, the council declared an Air Quality Management Area (AQMA) in April 2005 within Gateshead Town Centre. This was extended in April 2008.

25. Since 2011, the levels of NO2 have fallen below the maximum permitted levels. Gateshead Council does not currently proposing to revoke the Gateshead Town Centre AQMA at this point.

26. The mean annual concentrations of PM2.5 have been measured at two locations since 2012. Figures indicate that PM2.5 levels have reduced since 2014/15 and remain below Air Quality Objectives, European Limit Values and World Health Organisation guidelines at both monitoring locations.

27. Gateshead Council submitted an application to DEFRA for Air Quality Grant funding to support a number of work streams to help improve air quality in November 2016. The application was successful and the Council were awarded £396,000. The work streams include:

- Air quality monitoring and traffic signalling optimisation in conjunction with the Urban Traffic Management Centre (UTMC);
- Cleaning the taxi fleet through changes to taxi licensing policy;
- Behaviour change: including Schools Go Smarter and Go Smarter to Work – Make the Switch;
- Provision of additional Car club vehicles and charging infrastructure;
- Council Fleet Vehicle Upgrade;
- Improvements in Cycle Infrastructure.

Communications

28. Communications are a vital element of health protection arrangements. Good communications demonstrate accountability and provide confidence, especially when responding to an incident.

29. A good example of the value of clear communications arose subsequently to an incident in January 2016. Residents living near the Path Head landfill site near Blaydon reported a persistent bad smell in the air. Subsequent investigation of

the problem by the Council and the Environment Agency showed that high levels of rainfall in December and January had flooded the site and overwhelmed some of the environmental controls in place. This resulted in low levels of hydrogen sulphide gas being emitted by the site.

30. This gas has a characteristic “bad eggs” smell and can be detected at very low concentrations. Using measurements taken by the Environment Agency, Public Health England confirmed that the levels of the gas present did not pose a risk to health, although the odour itself was likely to make some people feel unwell sometimes.

31. The Council worked with the Environment Agency and Public Health England to make sure that the company responsible for running the site, Suez, worked quickly to re-establish control over gas emissions. Communications proved to be a significant element of the response to concerns raised by local residents.

32. Gateshead Council, PHE and the Environment Agency agreed a clear communications plan to give people concise and regular updates of the impact of the smell on health and wellbeing, and actions being taken to resolve the situation.

Conclusions

33. Existing Health Protection Assurance arrangements are working well and have been effective in dealing with all aspects of health protection.

Proposal

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

Recommendations

35. 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 0191 433 2777
Email: alicewiseman@gateshead.gov.uk

Appendix 1

Health Protection Assurance - Annual Report 2016/17

Introduction and purpose of the report

This report provides an overview of health protection arrangements and relevant activity in the borough of Gateshead from April 2016 to March 2017. The report supports the Director of Public Health's statutory remit to provide assurance to the Gateshead Health and Wellbeing Board and Gateshead Council in relation to health protection of the local population.

The Board should receive an annual report summarising the local position on health protection issues and priorities (noting the scope of issues set out in the background section of this report).

Background

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).

The Director of Public Health (DPH) is responsible for coordinating the Council's contribution to health protection issues. This includes planning for and responding to threats to the public's health. Public Health England's Health Protection Teams are responsible for the provision of specialist expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. NHS England is responsible for the commissioning of screening, immunisation and vaccination schemes.

The DPH therefore has a local leadership role in providing assurance that robust arrangements are in place to protect the public's health. This means identifying any local issues and issuing advice appropriately. The responsibility and accountability to act upon that advice rests with the appropriate responsible organisation.

Improvements to the quality of local arrangements are achieved through a process of challenge and escalation. This may involve the organisation responsible, their commissioners or the Health and Wellbeing Board.

Arrangements in place to assure the Council that its responsibilities are being delivered

The Council has an internal officer group that supports the assurance activity. This is led by Public Health and also includes Environmental Health, Emergency Planning and performance management colleagues.

The performance reports in the attached Appendices demonstrate the level of performance against each activity. Targets are not set for all indicators. More recently, the Public Health Team has compiled a "dashboard" of indicators to permit local performance to be compared against national targets, and with regional and national performance (see Appendix A).

Prevention

Immunisation and screening programmes are commissioned by NHS England. The activity is co-ordinated by Public Health England's Screening and Immunisation Team. A Regional Programme Board for each screening and immunisation programme meets regularly.

Each Board meeting is attended by a Public Health representative on behalf of the regional Directors of Public Health. Further assurance is achieved through the attendance of NHS England's Public Health Commissioning Lead at the regional meeting of the Directors of Public Health.

Immunisation

Immunisation programmes help to protect individuals and communities from particular diseases. There are programmes for children and adults.

The national universal childhood immunisation programme offers protection against thirteen different vaccine preventable programmes.

The adult immunisation programme is offered to people reaching a certain age and/or those who may be at particular risk due to underlying medical conditions or lifestyle risk factors.

The full vaccination programme can be found in Appendix B. Performance for Gateshead can be found in Appendix C, but is summarised below.

Uptake in the North East for the routine childhood programme remain among the highest in England.

Meningitis

Changes to the meningitis immunisation programme were introduced in July 2016 with the MenC vaccine given at 12 weeks being replaced with the Hib/MenC vaccine at 12-13 months.

Additionally, the vaccination of adolescents with MenC vaccine which began in the 2013/14 academic year, and later the MenACWY vaccine, should sustain good herd protection and therefore the risk to infants will remain low.

Seasonal influenza

Influenza remains a potentially life-threatening illness, and it is because of this that a national vaccination programme offers flu jabs to older people, children and to those with other clinical risk factors.

The purpose of the vaccination programme is to reduce the number of cases of severe flu and the numbers of deaths resulting from infection. The programme therefore:

- provides direct protection to recipients, thus preventing a large number of cases of flu, and
- provides indirect protection by lowering flu transmission within the community as a whole

In 2016/17, influenza immunisations were offered to:

- those aged 65 years and over
- those aged six months to under 65 in clinical risk groups
- all pregnant women
- all two, three, and four year olds
- all children in primary school years 1, 2 and 3
- primary school aged children in school years 1 to 6 in areas that previously participated in primary school pilots in 2014/15 including Gateshead
- those in long-stay residential care homes or other long stay care facilities
- carers

A requirement of the NHS England North (Cumbria and North East (CaNE)) Public Health Commissioning Team for 2016/17 was to ensure that flu immunisation was offered to everyone in these categories in order to achieve:

- As high an uptake as possible in those aged 65 years and over, with the aim of reaching a minimum of 75% uptake;
- Improved vaccine uptake for those in clinical risk groups. Particular emphasis was placed on those groups at highest risk of severe disease and mortality from flu that had low rates of vaccine uptake, including people with chronic liver and neurological disease and people with learning disabilities. The uptake ambition for people at clinical risk was 55%;
- Uptake between 40-65% for the children's flu immunisation programme.

Although not part of the NHS commissioned immunisation programme, the team also supported the system to aim to achieve:

- A minimum uptake of 75% amongst healthcare workers. Trusts needed to ensure that a 100% offer of flu vaccination was made for frontline staff to achieve 75% uptake.

Headline facts for flu vaccine uptake Gateshead in 2016/17:

- Uptake was improved amongst all eligible adult groups compared to 2015/16 levels;
- Uptake amongst children aged 3 years old improved but fell amongst 2 and 3 years olds compared to the previous year;

- A programme for front line social care staff employed by the Council was established but uptake was low.

Influenza Vaccine uptake – adults

Eligible Group	**2014/15 (%)**	**2015/16 (%)**	**2016/17 (%)**
Aged 65+	74.9	72.6	73.8
Aged under 65 and at clinical risk	55.1	50.3	54.9
Pregnant women	48.3	46.1	49.8
Gateshead FT staff	57.2	66.6	76.1

CASE STUDY

In December 2016, a resident from a care home in Gateshead tested positive for flu. Over the next few days further residents and staff members developed symptoms. Respiratory infections such as flu can spread rapidly within environments such as care homes and older people or those with underlying health conditions are more susceptible to severe infection.

The symptoms of flu can last for a number of days. Affected staff members need to stay off work and facilities may be closed because of the risk of transmission to vulnerable residents. Following this outbreak, the care home was closed for two weeks. Closures can have an impact upon discharges from hospital, discharges from the care facility itself and admissions from the community.

At the start of the 2016/17 flu season, staff at the care home were offered vouchers for vaccination. Some accepted these and others indicated that they either did not want the vaccination or that they would get it from elsewhere. Five staff members were identified during the outbreak who were at risk of more severe illness themselves, only one of whom had been vaccinated at that time. Unvaccinated, vulnerable staff and residents required treatment with associated prescription costs.

The team manager at the care home said ‘Apart from the effect on the service and the delay to service users regarding admission/discharges, one of the main issues was ensuring that we maintained safe staffing levels. This was achieved, but due to the fact that we were unable to use staff from other sites or agency staff, this relied heavily on those staff within the service who were unaffected. Considering this also took place over the Christmas period, it was a difficult time for all! I am hopeful that due to the experiences of last winter, our staff members will recognise the impact that these outbreaks can have. I am also hoping that this year the uptake of flu vaccination will be much higher and will be reminding all of my staff of the importance of the flu jab!’

Influenza Vaccine uptake – children

Eligible Group	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)
2 years old	47.8	38.7	40.5	38.5
3 years old	45.6	43.3	42.7	46.4
4 years old	N/A	51.5	34.4	34.5

Evidence suggests that uptake of 40-65% in school aged children is effective in reducing transmission of flu in the population.

The local authority areas of Gateshead, South Tyneside and Sunderland took part in a national pilot programme in 2013/14 in which all primary school aged children were eligible for vaccination. The success of the pilot led to the current childhood flu programme. While a phased approach for implementation was adopted nationally, pilot areas were permitted to continue to offer vaccination to all children in school years one to six, on the basis that the offer had already been made previously. As such, in Gateshead, South Tyneside and Sunderland, all children in school years one to six were eligible for vaccination in 2016/17.

Screening programmes

Screening is the process of identifying people who appear healthy but may be at increased risk of a disease or condition.

Screening programmes protect the health of the population by carrying out tests on individuals to determine whether they have or are likely to develop particular, often life threatening, conditions. Individuals are selected for screening programmes based on eligibility criteria including age, gender and pre-existing conditions.

The screening progammes which are commissioned by NHS England and for which the DPH has an assurance role are:

- Cancer screening programmes (breast, bowel and cervical)
- Diabetic Retinopathy
- Abdominal Aortic Aneurysm
- Ante natal and newborn (ANNB)

The performance of screening programmes is given in Appendix D. This does not include information for some of the ante natal and newborn screening programmes (HIV, thalassaemia, sickle cell anaemia) as Gateshead coverage data for these for the year 2016/17 is incomplete. Last year's Assurance report highlighted data issues with regard to the ANNB at Gateshead Health NHS Foundation Trust, similarly to other Trusts across the region. Those issues have now been resolved and, while data for the entire year in unavailable, the data that is available for both of these programmes does show high levels of coverage. In general, uptake rates for screening programes is higher in Gateshead than across England as a whole.

Cervical Screening

The cervical screening programme is offered to women aged 25 to 49 every three years and to women aged 50 to 64 every five years.

In 2016, 74.8% of eligible women in Gateshead had been adequately screened in the last 3.5 or 5.5 years, slightly down on 2015 (75.8%). This is lower than the North East (75.2%) but higher than England (72.7%).

The national, regional and local trend for uptake of cervical screening has shown a general downward trend since 2010.

Breast Screening

The aim of breast screening is to reduce mortality by finding breast cancer at an early stage when any changes in the breast are often too small to detect.

Screening is offered to women aged 50 to 70 every three years. Women aged over 70 can self-refer.

In Gateshead, the coverage of the breast screening programme increased from 78.5% of eligible women in 2015 to 78.9% in 2016. This is higher than the North East (77.3%) and England (75.5%) averages.

In Gateshead, the trend has increased since 2013, while nationally the trend has decreased.

Bowel Cancer Screening

The Bowel Cancer Screening Programme aims to detect bowel cancer at an early stage when treatment is more likely to be effective. It is offered to men and women aged 60 to 74 every two years. Those aged 75+ can request screening.

In 2015, 60% of eligible people were screened, higher than North East (59.4%) and England (57.1%). This was the first year that the data has been published at local authority, regional and national level. In 2016, 60.4% of those eligible in Gateshead were screened, again higher than the north east and England averages.

Diabetic Eye Screening

People with diabetes are at risk of damage to their eyes from a condition called diabetic retinopathy. The condition occurs when high sugar levels affect small blood vessels at the back of the eye (the retina). Damage to the blood vessels in a particular part of the retina can lead to a condition (diabetic maculopathy) that can lead to sight loss if it is not treated.

Diabetic retinopathy is one of the most common causes of sight loss among people of working age. The condition doesn't usually cause noticeable symptoms in the early stages. It can be detected by examining the blood vessels at the back of the eye and, if present, treated.

Early detection and treatment can slow or stop further vision loss. This is why the NHS Diabetic Eye Screening Programme was introduced. Everyone aged 12 and over with diabetes is offered screening once a year. In North of Tyne and Gateshead, diabetic eye screening is carried out by Medical Imaging UK Ltd. (rebranded as EMIS Care from April 2016).

Reporting of uptake of the Diabetic Eye Screening Programme is available at North East level, showing an uptake of 85.2%. The North of Tyne and Gateshead programme achieves an uptake of well above the 70% minimum standard and, at the beginning of 2015/16, was starting to exceed the 80% "achievable uptake" rate. The provider for the service is required to demonstrate a continuous increase in uptake rates.

Abdominal aortic aneurysm screening

Abdominal aortic aneurysm (AAA) screening is a way of detecting a dangerous swelling (aneurysm) of the aorta – the main blood vessel that runs from the heart, down through the abdomen to the rest of the body.

Screening is a way of detecting an aneurysm early and can cut the risk of dying from an AAA by about half.

This swelling is far more common in men aged over 65 than it is in women and younger men, so men are invited for screening in the year they turn 65.

The most recent data (2016/17) for the programme shows an increase in coverage in Gateshead compared to the previous year from 76.4% to 81.1% cf. 80.9% for England.

Ante-natal and new born screening programmes

Ante-natal and new born screening programmes include:

- NHS fetal anomaly screening programme (FASP)
- NHS infectious diseases in pregnancy screening (IDPS) programme
- NHS newborn and infant physical examination (NIPE) screening programme
- NHS newborn blood spot (NBS) screening programme
- NHS newborn hearing screening programme (NHSP)
- NHS sickle cell and thalassaemia (SCT) screening programme

Performance data is included in Appendix C for those programmes for which data are available.

Key points to note are:

- Newborn bloodspot coverage continues to be high at 98.0% for 2015/16 (97.6% in 2014/15) cf. 95.6% for England

- Newborn hearing screening coverage similarly continues to be high at 99.6% in 2015/16 (99.0% in 2014/15) cf. 98.7% for England

Emergency preparedness, resilience and response (EPRR)

Local health protection arrangements must also plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or a terror attack.

Planning takes place at regional and local levels:

- The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The

LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.

- Public Health England 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.
- The Gateshead Multi-Agency Resilience and Emergency Planning Group brings together different organisations to discuss multi-agency emergency preparedness, response and resilience issues. The group ensures that Gateshead is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations

The Director of Public Health continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by Public Health England to co-ordinate such advice in the event of an emergency incident.

In 2016, the north east Local Resilience Forums collaborated in an exercise to test the readiness of public sector bodies in the event of a flu pandemic. A flu pandemic is one of the most significant risks to public health, resulting in mass fatalities and increased demand for health services while up to 50% of the workforce could be unavailable for work. The exercise scenario highlighted the possible stresses on different organisations, which have the potential for wide ranging impacts on business continuity and community welfare as a consequence of high rates of employee sickness absences and pressures on critical services.

The Public Health Team and Resilience Team worked very closely together during the period of this exercise and have subsequently identified a number of recommendations to be developed. These steps will ensure the Council is prepared to respond and enable the continued provision of critical services during a genuine pandemic.

Surveillance

Effective surveillance systems ensure the early detection and notification of particular communicable diseases. Public Health England's Health Protection Team obtains data from a wide variety of sources, including GPs, healthcare staff, hospitals, 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.

Gastrointestinal Infections

Gateshead Council's Environmental Health team are an important resource in identifying and investigating cases and outbreaks of, especially, foodborne infections, including food poisoning.

Throughout the year the Council received notification of 167 cases of campylobacter, an reduction over the previous year. Other food related infectious disease notifications also fell to 135 cases. This includes all cases of Salmonella reported to the Council. The incidence of food poisoning tends to increase during the summer months.

Improvements in the use of DNA analysis of samples has led to an improvement in linking cases together and linking cases to any food recovered during the investigation of a food

poisoning outbreak. This was a significant help in a small community outbreak of Salmonella within Gateshead. Cases were linked together, but food samples from suspect premises were able to be excluded.

The Council now records all reported cases of food related infectious disease on a secure electronic database. This enables easier handling of cases and comparison of yearly statistics. It also assists in the early identification of exceedances and links between cases, suggesting possible outbreaks.

During the year there was an outbreak of Cryptosporidiosis linked to two of Gateshead's swimming pools. This outbreak involved a rare strain of Cryptosporidium hominis rarely seen in the UK. The pools were closed in October after Public Health England alerted Gateshead Council to a possible link to a number of cases of cryptosporidiosis in the local area. The council closed the pools voluntarily as a precaution and to allow a deep-clean of the pool water and filtration system to take place. Subsequent water quality testing at Dunston, Blaydon, Gateshead and Heworth Leisure Centres and Birtley Swimming Centre confirmed all pools to be clean and safe for use.

It is highly likely the contamination, which can cause sickness and diarrhoea, was introduced to the two pool facilities by a pool user; the pools themselves were not considered a likely source of the infection. However, Gateshead Council took the decision to voluntarily close the pools to avoid exposing customers to any potential risk.

Excess winter deaths in 2014/15 and 2015/16

Detailed information on excess winter deaths at a local level is not usually available until the following year. This section of the report will detail what is now known about excess winter deaths in 2014/15, and what is currently known about excess winter deaths in 2015/16.

The ONS standard method defines the winter period as December to March, and compares the number of deaths that occurred in this winter period with the average number of deaths occurring in the preceding August to November and the following April to July:

EWM = winter deaths - average non-winter deaths

The EWM index is calculated so that comparisons can be made between sexes, age groups and regions, and is calculated as the number of excess winter deaths divided by the average non-winter deaths, expressed as a percentage:

$$\textbf{EWM Index} = \frac{\textbf{EWM}}{\textbf{Average of non-winter deaths}} \times 100$$

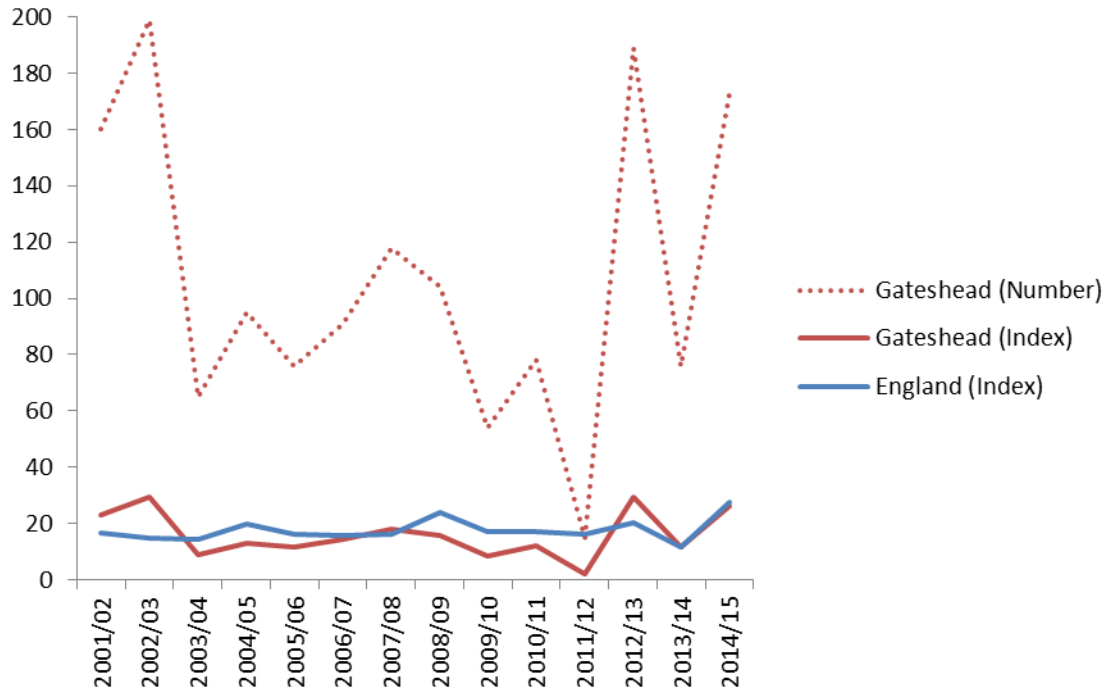
The most recent data available are for the 2014/15 winter, when in Gateshead there were 173 excess winter deaths, compared to 70 in 2013/14. The EWM index for 2014/15 shows that there were 26 per cent more deaths in the winter compared with the non-winter period. The position of Gateshead is typical of NE authorities, and not significantly different to England.

In 2014/15 in Gateshead the majority of deaths occurred amongst people aged 75 and over. There were more excess winter deaths in females than in males, as in the previous 5 years.

Respiratory diseases were the underlying cause of death in more than a third of all excess winter deaths. See data presented earlier in this report on the uptake of flu vaccine.

There is significant year-on-year variation in the numbers of excess winter deaths, and in the EWM index (see figure 1):

Figure 1: Number and Index of Excess Winter Deaths



It is not always apparent why this is the case. The winter of 2014/15 had the highest number of excess winter deaths in England and Wales since 1999/00 with 41,300 more people dying in the winter months compared with the non-winter months, although the number of excess deaths in Gateshead was higher in 2012/13 and 2002/03. The local index has been significantly different from England's in only 2 years since 2001(one year it was better, one year worse).

The 2030 Vision is for all Gateshead homes to be energy efficient. Efficiency ratings vary by tenure and geographical locality, and a small proportion of Gateshead homes, particularly in the private sector, would fail the Housing Health and Safety Rating System due to excess cold.

It is estimated that approximately 11% of households in Gateshead are in fuel poverty. This is little changed since 2013, when 10.9% (9,855) of households in Gateshead were deemed fuel poor, but the number of households in fuel poverty has increased (to 10,108). This is significantly higher than the England average of 10.4%, although lower than the regional figure.

Residents in some areas of Gateshead are more likely to live in fuel poverty than others. In 2015, fuel poverty in different Lower Super Output Areas in Gateshead ranged from 6.7% to 20.7% of households. Households in the Bensham area and parts of Chopwell have the highest levels of fuel poverty.

In 2015 The Council's Communities & Place Overview and Scrutiny Committee undertook a review of Domestic Energy Management & Fuel Poverty. This made a number of

recommendations, and progress is reported annually. There is also third sector activity, including the work of CAB, Age UK and others to raise uptake of benefits and National Energy Action which seeks to end fuel poverty.

Air quality

Poor air quality is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of respiratory disease, heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas.

Action to manage and improve air quality is largely driven by European (EU) legislation.

Nationally, the Government are required to carry out monitoring and modelling to ensure compliance with the the 2008 ambient air quality directive (2008/50/EC). The directive sets legally binding limits for concentrations in outdoor air of major air pollutants that impact public health such as particulate matter (PM_{10} and $PM_{2.5}$) and nitrogen dioxide (NO_2). Due to action by the European Commission and ClientEarth (an environmental activist group of lawyers), the Government was directed to produce a revised Air Quality Plan by July 2017 requiring the implementation of measures to improve air quality in the quickest possible time.

Locally, the Environment Act 1995 requires Gateshead Council to review and assess the air quality in the Borough under Local Air Quality Management (LAQM) arrangements. The Government has set specific air quality objective standards for pollutants that should not be exceeded. When pollutants are found to be close to or higher than these standards, local Councils are required to declare Air Quality Management Areas (AQMA) and take steps to reduce air pollution.

Gateshead Council brings together a number of service areas and professions to tackle poor air quality, and works collaboratively with neighbouring authorities and external bodies (such as the Environment Agency) on matters of transport, planning and air quality.
There are two pollutants in particular that cause problems with air quality in Gateshead and are related substantially to the use of transport. They are nitrogen dioxide (NO_2) and particulate matter less than 2.5 microns in size ($PM_{2.5}$) - both have short and long term effects on human health.

Gateshead Council monitors these two pollutants at a number of locations across the Gateshead Borough using automatic and non-automatic monitoring arrangements. Some of these monitoring locations represent the worst case scenario of road traffic flows/congestion in Gateshead in areas where there are residents who are exposed to these pollutants. By monitoring and understanding pollutant concentrations in these locations we can be satisfied that other areas in the borough will be well below air quality objective standards.

As a result of measured levels of Nitrogen Dioxide (NO_2) exceeding the annual objective level, the council declared an Air Quality Management Area (AQMA) in April 2005 within Gateshead Town Centre. This was extended in April 2008.

Since 2011, the levels of NO_2 have fallen below the air quality annual mean objective and the monitoring data for 2016 shows that NO_2 levels continue to remain below the mean objective level of 40µg/m3 within the AQMA. The monitoring data also indicates that there were no exceedances of the annual mean objective outside of the AQMA in 2016. Gateshead Council does not currently propose to revoke the Gateshead Town Centre AQMA.

The mean annual concentrations of $PM_{2.5}$ have been measured at two locations since 2012. Figures indicate that $PM_{2.5}$ levels are below Air Quality Objectives, European Limit Values and World Health Organisation guidelines at both monitoring locations.

Despite these improvements in Gateshead's air quality there is still more work to be done. Gateshead Council submitted an application to DEFRA for Air Quality Grant funding to support a number of work streams to help improve air quality in November 2016. The application was successful and the Council were awarded £396,000. The work streams include:

- Air quality monitoring and traffic signalling optimisation in conjunction with the Urban Traffic Management Centre (UTMC);
- Cleaning the taxi fleet through changes to taxi licensing policy;
- Behaviour change: including Schools Go Smarter and Go Smarter to Work – Make the Switch;
- Provision of additional Car club vehicles and charging infrastructure;
- Council Fleet Vehicle Upgrade;
- Improvements in Cycle Infrastructure.

Control – Specific Disease

Tuberculosis (TB)

Tuberculosis (TB) is an infection that can be caught by breathing in bacteria from someone who has infectious TB.

People who live in areas with high levels social deprivation are most vulnerable to developing TB. These include those who are homeless, poor housing, live in poverty or are drug users.

Gateshead has small numbers of cases of TB, though there was a significant rise in cases between 2010-12 and 2014-16, from 24 cases to 45 cases, respectively (see Appendix D).

Scarlet fever IGAS

Cases of scarlet fever, a common and usually mild childhood bacterial infection, continued to rise for the fourth season in a row during 2016/17. In the North East, notifications rose from 953 in 2015 to 1131 in 2016.

The bacterium responsible for scarlet fever can also cause potentially lethal infections called invasive group A streptococcal infections (IGAS).

Cases of this more serious infection have also increased across the North East from 75 in 2011 to 165 in 2016. Each case is extensively investigated by the regional Health Protection Team with all contacts followed up and offered advice and/or treatment as necessary.

Sexually transmitted infections (STIs)

Gateshead Council is responsible for commissioning comprehensive, open access sexual health services.

A new model Integrated Sexual Health Service was commissioned by the Council from 1st April 2015. Based in Gateshead town centre, it is supported by local clinics and outreach services (www.gatesheadsexualhealth.co.uk).

Gateshead data regarding STIs in 2016 (unless otherwise specified) shows that:

- Overall 1445 new sexually transmitted infections (STIs) were diagnosed in residents of Gateshead, a rate of 719 per 100,000 residents (compared to 750 per 100,000 in England).

- The rate of new STIs excluding chlamydia diagnoses in 15-24 year olds; was 712 per 100,000 residents (compared to 795 per 100,000 in England).

- The chlamydia detection rate per 100,000 young people aged 15-24 years in Gateshead was 2105 (compared to 1,882 per 100,000 in England).

- The rate of gonorrhoea diagnoses per 100,000 in this local authority was 81.6 (compared to 64.9 per 100,000 in England).

- Among sexual health clinic patients from Gateshead who were eligible to be tested for HIV, 65.7% were tested (compared to 67.7% in England)

- There were 14 new HIV diagnoses in Gateshead. The diagnosed HIV prevalence was 1.55 per 1,000 population aged 15-59 years (compared to 2.31 per 1,000 in England).

- In Gateshead, between 2014 and 2016, 43.3% of HIV diagnoses were made at a late stage of infection (CD4 count <350 cells/mm^3 within 3 months of diagnosis), similar to the England percentage of 40.1%.

Communications

Communications are a vital element of health protection arrangements. Good communications demonstrate accountability and provide confidence, especially when responding to an incident.

A good example of the value of clear communications arose subsequently to an incident in January 2016. Residents living near the Path Head landfill site near Blaydon reported a persistent bad smell in the air. Subsequent investigation of the problem by the Council and the Environment Agency showed that high levels of rainfall in December and January had flooded the site and overwhelmed some of the environmental controls in place. This resulted in low levels of hydrogen sulphide gas being emitted by the site. This gas has a characteristic “bed eggs” smell and can be detected at very low concentrations.

The Council worked with the Environment Agency and Public Health England to make sure that the company responsible for running the site, Suez, worked quickly to re-establish control over gas emissions. It became clear that regaining control would require substantial works on the site that would take some weeks to complete. This meant that the smell was likely to persist.

Communications proved to be a significant element of the response to concerns raised by local residents. Gateshead Council, PHE and the Environment Agency agreed a clear communications plan to give people concise and regular updates of the impact of the smell on health and wellbeing, and actions being taken to resolve the situation.

Actions extended well into 2016 which led to a significant reduction in complaints about odour from the site.

Reporting

This report will be presented to Cabinet, the Gateshead Health and Wellbeing Board and to the Newcastle/Gateshead Clinical Commissioning Group, to ensure that NHS partners are aware of the Council's Health Protection Assurance role and facilitate and reinforce multiagency cooperation.

The Director of Public Health reports to the Chief Executive of Gateshead Council and is a member of the Health and Wellbeing Board and the CCG Governing Body.

Conclusion

Existing Health Protection Assurance arrangements are working well and have been effective in dealing with all aspects of health protection.

As the changes across the health and social care economy are embedded, it is important to keep the arrangements in Gateshead under review.

Alice Wiseman

Director of Public Health

INDICATOR	LATEST PERFORMANCE	PREVIOUS PERFORMANCE	DIRECTION OF TRAVEL	TARGET	LATEST NORTH EAST PERFORMANCE	BENCHMARKING vs NORTH EAST	LATEST ENGLAND PERFORMANCE	BENCHMARKING vs ENGLAND
3.03iii - Population vaccination coverage - Dtap/IPV/Hib (12 months)	**93.9% (2168) (2016/17)**	95.2% (2172) (2015/16)	↓	**90% - 95%**	95.2% (2016/17)	Lower than the North East average	93.4% (2016/17)	Higher than the England average
3.03iv - Population vaccination coverage - MenC (12 months)	**88.0% (Q4 2016-17)**	96.4% (2199) (2015/16)	↓	**<90%**	90.1% (Q4 2016-17)	Lower than the North East average	84.7% (Q4 2016-17)	Higher than the England average
3.03v - Population vaccination coverage - PCV (12 months)	**93.5% (2158) (2016/17)**	94.3% (2153) (2015/16)	↓	**90% - 95%**	95.2% (2016/17)	Lower than the North East average	93.5% (2016/17)	Similar to the England average
Population vaccination coverage - Rota (12 months)	**92.0% (2125) (2016/17)**	N/a	-	**90% - 95%**	93.3% (2016/17)	Lower than the North East average	89.6% (2016/17)	Higher than the England average
Population vaccination coverage - MenB (12 months)	**92.5% (Q1 2017-18)**	N/a	-	**90% - 95%**	**96.1% (Q1 2017-18)**	Lower than the North East average	**92.2% (Q1 2017-18)**	Higher than the England average
3.03iii - Population vaccination coverage - Dtap/IPV/Hib (24 months)	**97.5% (2209) (2016/17)**	97.2% (2142) (2015/16)	↑	**>=95%**	97.4% (2016/17)	Higher than the North East average	95.1% (2016/17)	Higher than the England average
3.03vii - Population vaccination coverage - PCV booster (24 months)	**92.6% (2098) (2016/17)**	92.3% (2034) (2015/16)	↑	**90% - 95%**	94.9% (2016/17)	Lower than the North East average	91.5% (2016/17)	Higher than the England average

3.03vi - Population vaccination coverage - Hib / MenC booster (24 months)	**92.9% (2105) (2016/17)**	92.6% (2039) (2015/16)	↑	**90% - 95%**	94.9% (2016/17)	Lower than the North East average	91.5% (2016/17)	Higher than the England average
3.03viii - Population vaccination coverage - MMR for one dose (24 months)	**93.0% (2108) (2016/17)**	92.4% (2036) (2015/16)	↑	**90% - 95%**	94.9% (2016/17)	Lower than the North East average	91.6% (2016/17)	Higher than the England average
Population vaccination coverage - Dtap/IPV/Hib (5 years)	**96.8% (2359) (2016/17)**	97.1% (2423) (2015/16)	↓	**>=95%**	97.7% (2016/17)	Lower than the North East average	95.6% (2016/17)	Higher than the England average
3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	**96.3% (2347) (2016/17)**	96.9% (2418) (2015/16)	↓	**>=95%**	97.5% (2016/17)	Lower than the North East average	95.0% (2016/17)	Higher than the England average
3.03x - Population vaccination coverage - MMR for two doses (5 years old)	**89.0% (2169) (2016/17)**	86.3% (2153) (2015/16)	↑	**<90%**	92.4% (2016/17)	Lower than the North East average	87.6% (2016/17)	Higher than the England average
Population vaccination coverage - Dtap/IPV/Hib (booster) (5 years)	**90.0% (2193) (2016/17)**	87.3% (2179) (2015/16)	↑	**90% - 95%**	92.1% (2016/17)	Lower than the North East average	86.2% (2016/17)	Higher than the England average
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	**93.6% (2281) (2016/17)**	94.5% (2359) (2015/16)	↓	**90% - 95%**	95.4% (2016/17)	Lower than the North East average	92.6% (2016/17)	Higher than the England average
3.03xiii - Population vaccination coverage - PPV	73.1% (27866) (2015/16)	73.0% (27760) (2014/15)	↑	**65% - 75%**	72.2% (2015/16)	Higher than the North East average	70.1% (2015/16)	Higher than the England average

3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old)	54.3% (964) (2015/16)	58.9% (1150) (2014/15)	↓	**50% - 60%**	57.1% (2015/16)	Lower than the North East average	54.9% (2015/16)	Lower than the England average
3.03xiv - Population vaccination coverage - Flu (aged 65+)	73.8% (23236) (2016/17)	72.6% (28710) (2015/16)	↑	**<75%**	72.4% (2016/17)	Higher than the North East average	70.5% (2016/17)	Higher than the England average
3.03xv - Population vaccination coverage - Flu (at risk individuals)	54.9% (11513) (2016/17)	50.3% (13829) (2015/16)	↑	**<55%**	49.5% (2016/17)	Higher than the North East average	48.6% (2016/17)	Higher than the England average
3.03xviii - Population vaccination coverage - Flu (2-4 years old)	39.8% (2666) (2016/17)	39.2% (2714) (2015/16)	↑	**<40%**	39.5% (2015/16)	Higher than the North East average	38.1% (2016/17)	Higher than the England average
3.03xix - Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	91.5% (941) (2015/16)	86.6% (869) (2014/15)	↑	**>=90%**	92.0% (2015/16)	Lower than the North East average	87.0% (2015/16)	Higher than the England average
3.03xvi - Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	86.2% (865) (2015/16)	Not available	-	**80% - 90%**	90.1% (2015/16)	Lower than the North East average	85.1% (2015/16)	Lower than the England average
MenACWY adolescent vaccine (13-14 year olds) born between 01/09/2001 and 31/08/2002	93.6% (865) (Sep 15/Aug 16)	2015/16 was the first year of the MenACWY Programme	-	-	N/a	Benchmarking not available	84.1% (2015/16)	Higher than the England average
MenACWY adolescent vaccine (14-15 year olds) born between 01/09/2000 and 31/08/2001	Not available		-	-	N/a	Benchmarking not available	77.2% (Sep 15/Aug 16)	Benchmarking not available

MenACWY adolescent vaccine (15-16 year olds) born between 01/09/1999 and 31/08/2000	78.7% (865) (Sep 15/Aug 16)		-	-	N/a	Benchmarking not available	71.8% (Sep 15/Aug 16)	Higher than the England average

2.20i - Cancer screening coverage - breast cancer	78.9% (17527) (2016)	78.5% (17316) (2015)	↑	-	77.3% (2016)	Significantly better than the North East average	75.5% (2016)	Significantly better than the England average
2.20ii - Cancer screening coverage - cervical cancer	74.8% (38219) (2016)	75.8% (38526) (2015)	↓	-	75.2% (2016)	Significantly worse than the North East average	72.7% (2016)	Significantly better than the England average
2.20iii - Cancer screening coverage - bowel cancer	60.4% (17923) (2016)	60.0% (17681) (2015)	↑	-	59.4% (2016)	Significantly better than the North East average	57.9% (2016)	Significantly better than the England average
2.20iv - Abdominal Aortic Aneurysm Screening - Coverage	76.4% (830) (2015/16)	78.2% (892) (2014/15)	↓	-	77.6% (2015/16)	Not significantly different to the North East average	79.9% (2015/16)	Significantly worse than the England average
2.20xi - New-born Blood Spot Screening - Coverage	98.0% (2187) (2015/16)	97.6% (2138) (2014/15)	↑	-	97.9% (2015/16)	Not significantly different to the North East average	95.6% (2015/16)	Significantly better than the England average

2.20xii - New-born Hearing Screening - Coverage	99.6% (2241) (2015/16)	99.0% (2255) (2014/15)	↑	-	99.1% (2015/16)	Significantly better than the North East average	98.7% (2015/16)	Significantly better than the England average
2.20xii - New-born Hearing Screening - Coverage	99.6% (2241) (2015/16)	99.0% (2255) (2014/15)	↑	-	99.1% (2015/16)	Significantly better than the North East average	98.7% (2015/16)	Significantly better than the England average
ID1: Antenatal infectious disease screening – HIV coverage	99.8% (581/580) (Q4 2016/17)	99.6% (555/557) (Q3 2016/17)	↑	**>=95.0% Achievable Threshold**	99.1% (Q4 2016/17)	Higher than the North East average	99.5% (Q4 2016/17)	Higher than the England average
ST1: Antenatal sickle cell and thalassaemia screening – coverage	100.0% (581/581) (Q4 2016/17)	99.6% (555/557) (Q3 2016/17)	↑	**>=99.0% Achievable Threshold**	98.8% (Q4 2016/17)	Higher than the North East average	99.2% (Q4 2016/17)	Higher than the England average
2007-16 (2015 mid year population estimates used by PHE to calculate rates per 100,000)	*Rate per 100,000 used for the infectious diseases is an anualised rate based on the quarterly data being mainteined for a full year*							
Infectious Diseases - Campylobacter	93.5 per 100,000 47 Cases (Q2 2017)	119.4 per 100,000 60 Cases (Q2 2016)	↓	-	125 per 100,000 (Q2 2017)	Lower than the North East Rate	N/a	Significance not Calculated
Infectious Diseases - Salmonella	21.9 per 100,000 11 Cases (Q2 2017)	8.0 per 100,000 4 Cases (Q2 2016)	↑	-	12.3 per 100,000 (Q2 2017)	Higher than the North East Rate	N/a	Significance not Calculated
Infectious Diseases - Cryptosporidium	10.0 per 100,000 5 Cases (Q2 2017)	6.0 per 100,000 3 Cases (Q2 2016)	↑	-	8.4 per 100,000 (Q2 2017)	Higher than the North East Rate	N/a	Significance not Calculated

Infectious Diseases - Escherichia Coli O157	0.0 per 100,000 0 Cases (Q2 2017)	0.0 per 100,000 0 Cases (Q2 2016)	**No Change**	-	0.8 per 100,000 (Q2 2017)	Lower than the North East Rate	N/a	Significance not Calculated
Infectious Diseases - Giardia	15.9 per 100,000 8 Cases (Q2 2017)	11.9 per 100,000 6 Cases (Q2 2016)	↑	-	8.5 per 100,000 (Q2 2017)	Higher than the North East Rate	N/a	Significance not Calculated

The routine immunisation schedule from Autumn 2017

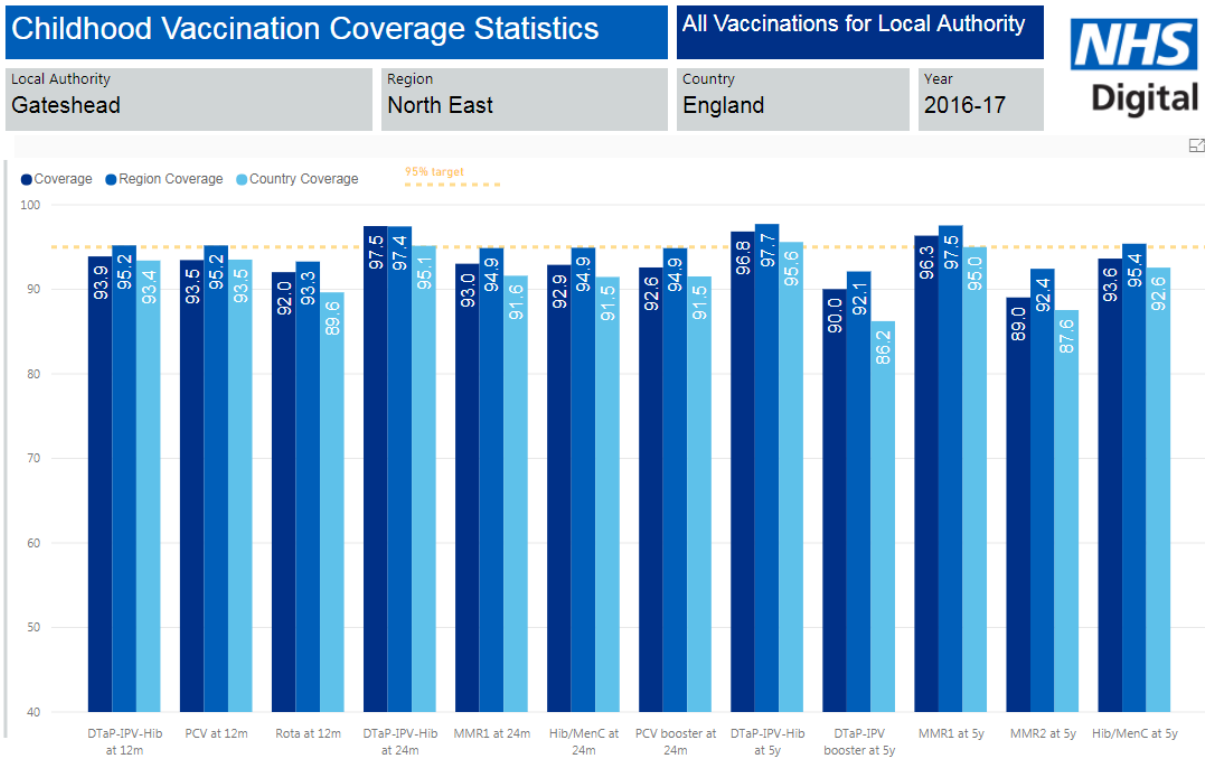
Age due	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO[2] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Two to eight years old[1] (including children in reception class and school years 1-4)	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[3]	Fluenz Tetra[2]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO[2] or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumococcal Polysaccharide Vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax[2]	Upper arm

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	At birth	Tuberculosis	BCG
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV or Repevax)

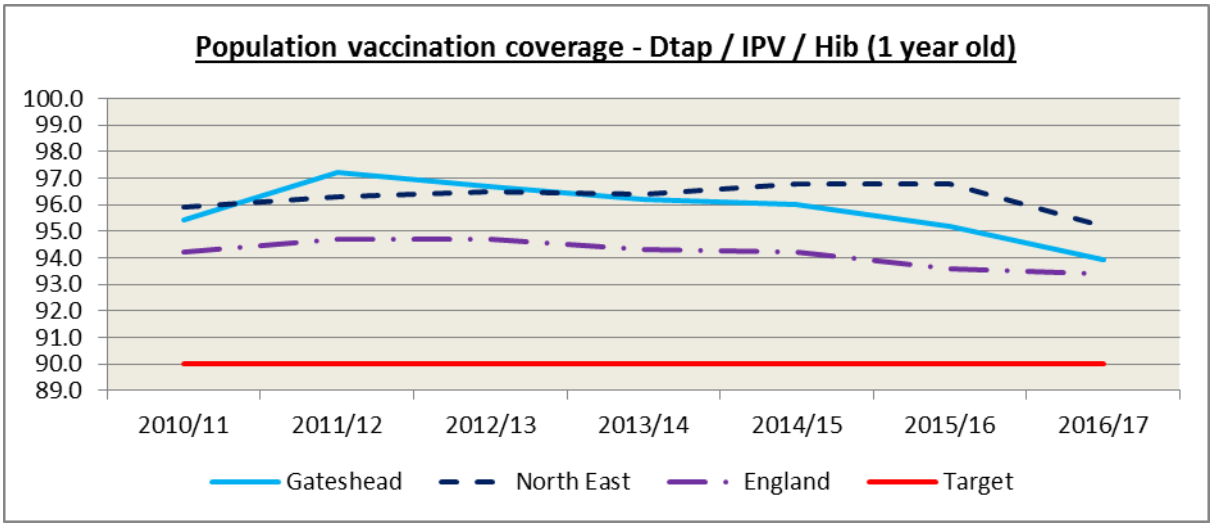
Additional vaccines for individuals with underlying medical conditions

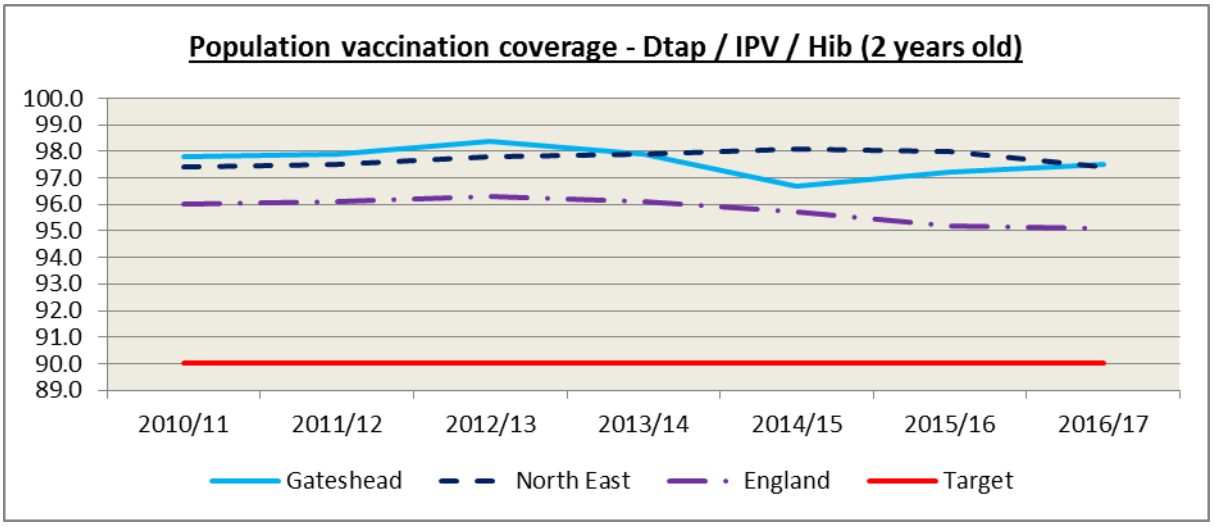
Medical condition	Diseases protected against	Vaccines required[1]
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to two years of age) PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment[3]	Pneumococcal Influenza	PCV13 (up to two years of age)[2] PPV (from two years of age) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal *Haemophilus influenzae* type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (to any age) PPV (from two years of age) Annual flu vaccine

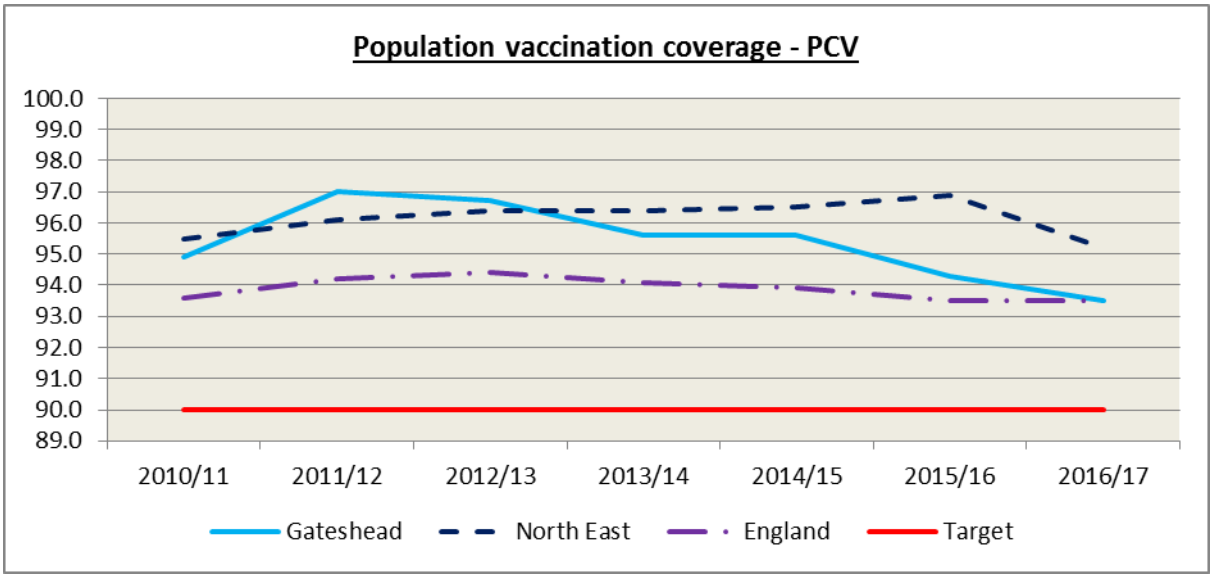


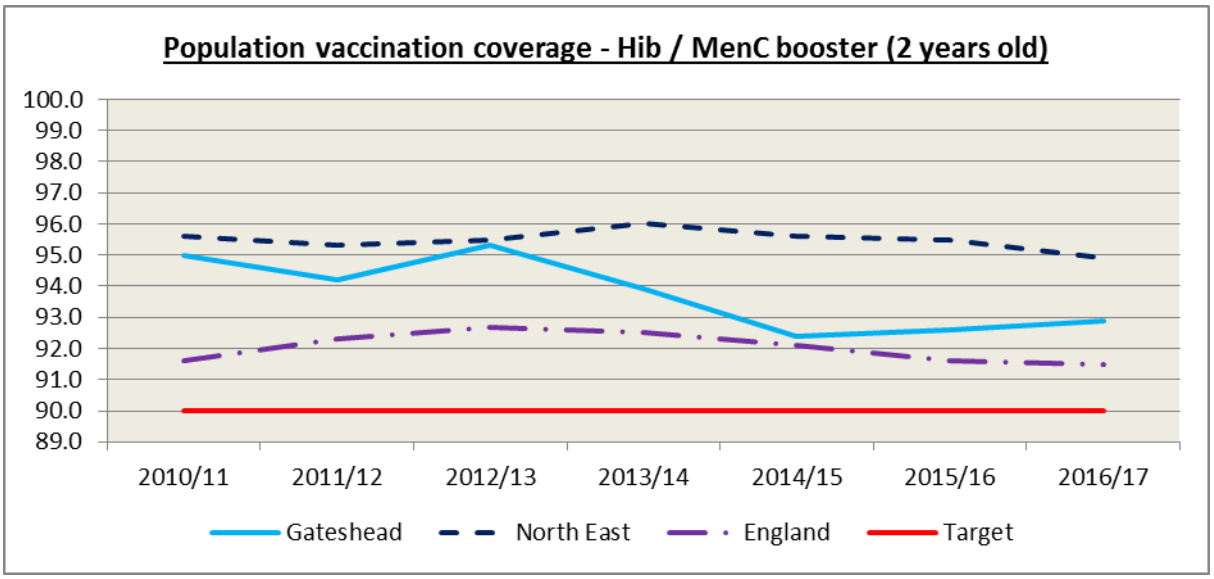
Dtap/IPV/Hib

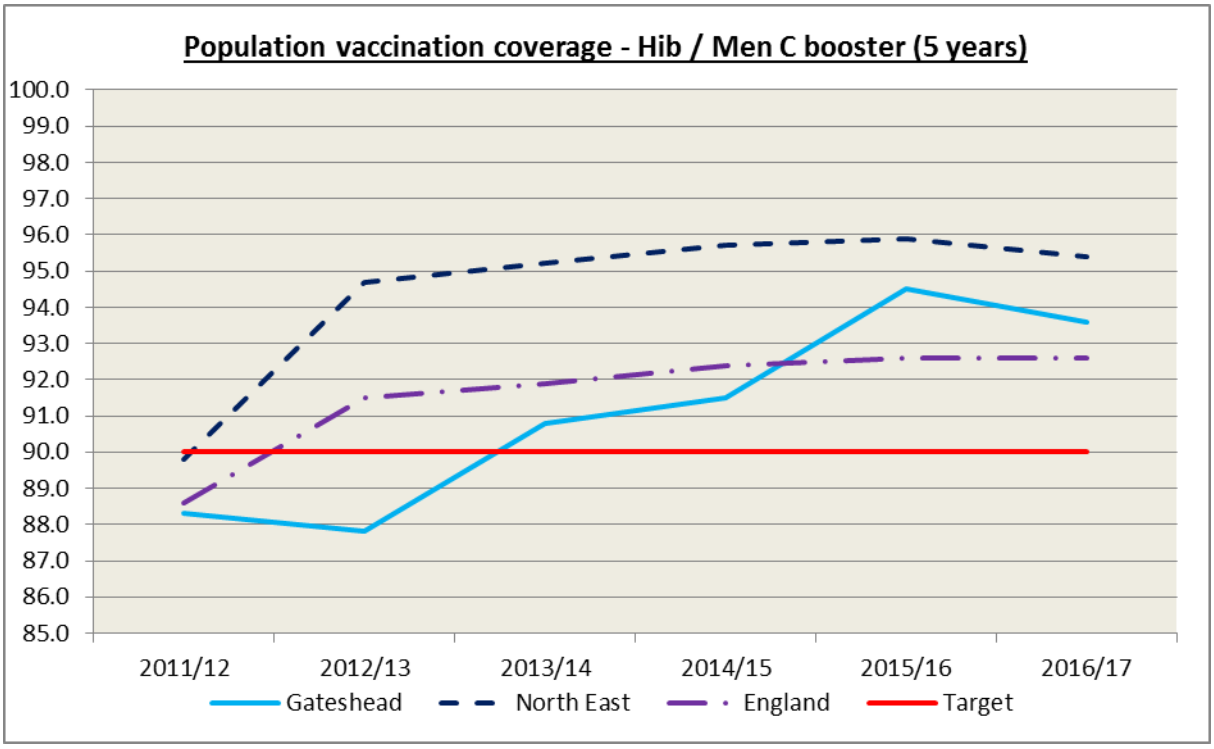
This single jab contains vaccines to protect against five separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib – a bacterial infection that can cause severe pneumonia or meningitis in young children)

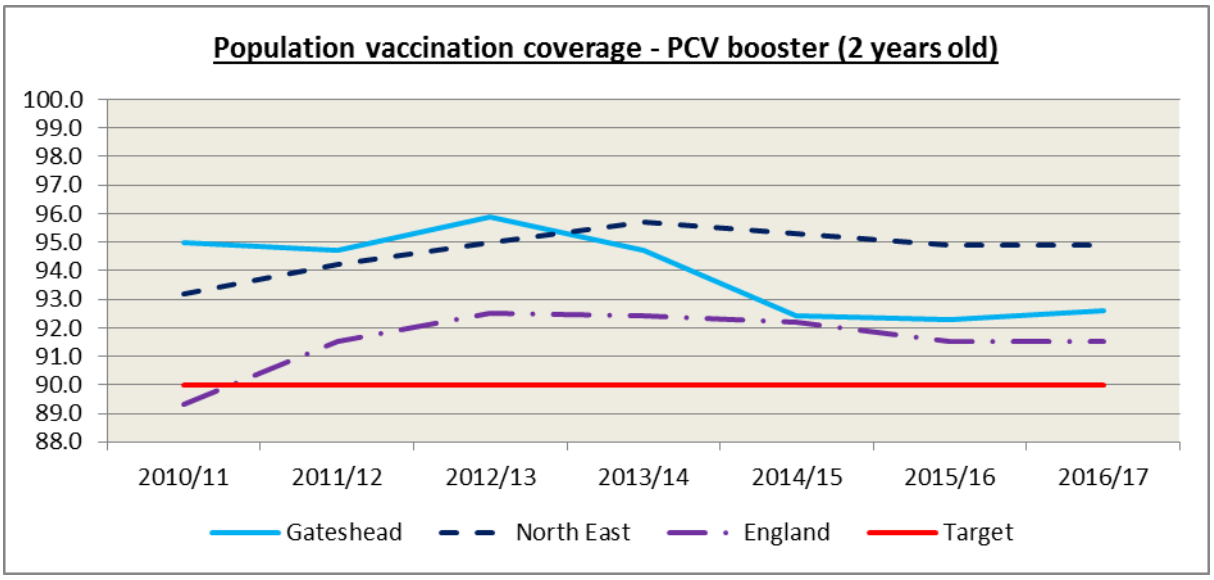


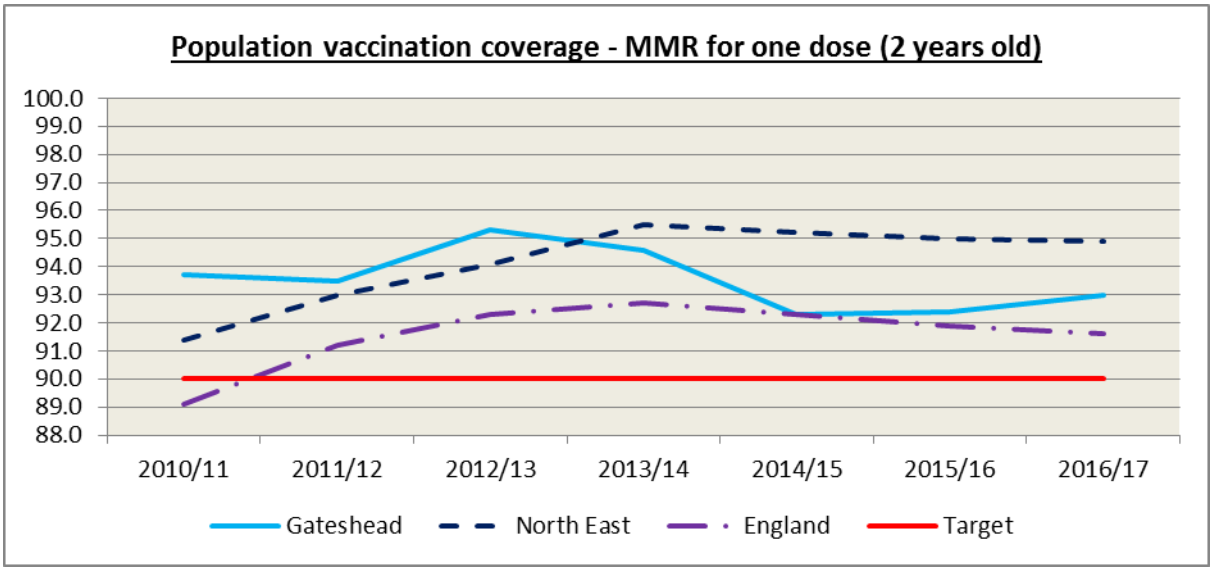

Population vaccination coverage - Dtap / IPV / Hib (2 years old)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

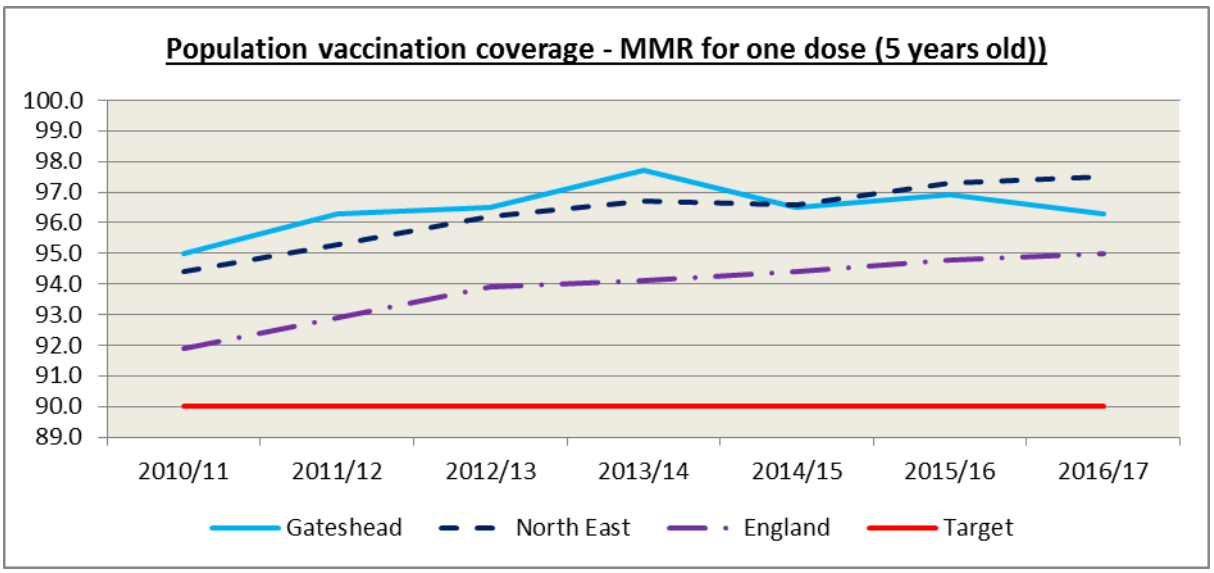

Population vaccination coverage - PCV
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

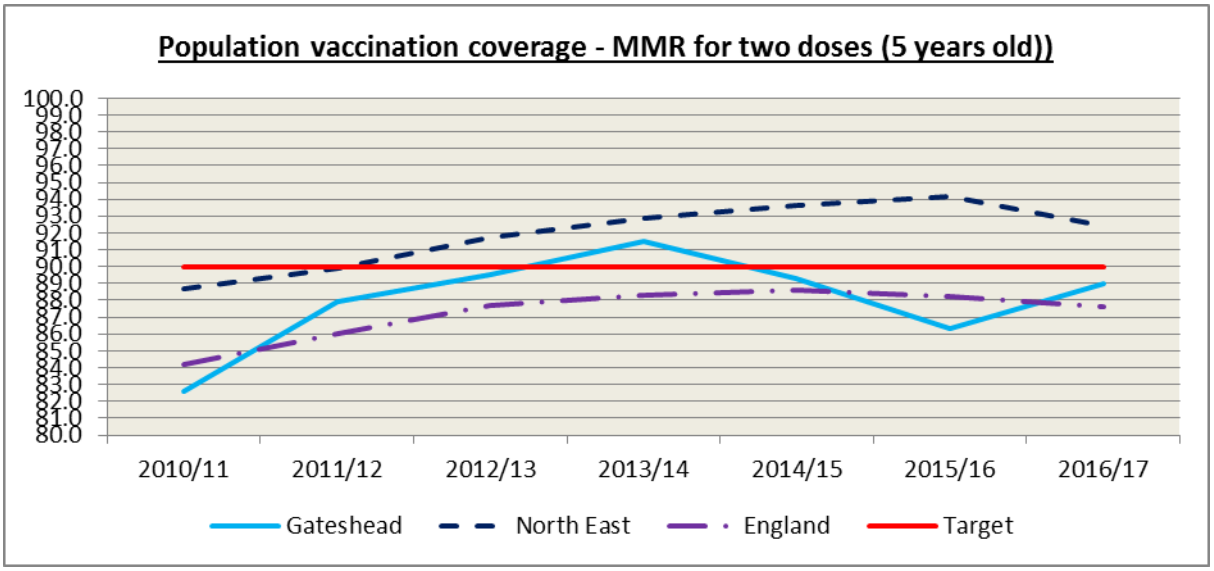

Population vaccination coverage - Hib / MenC booster (2 years old)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

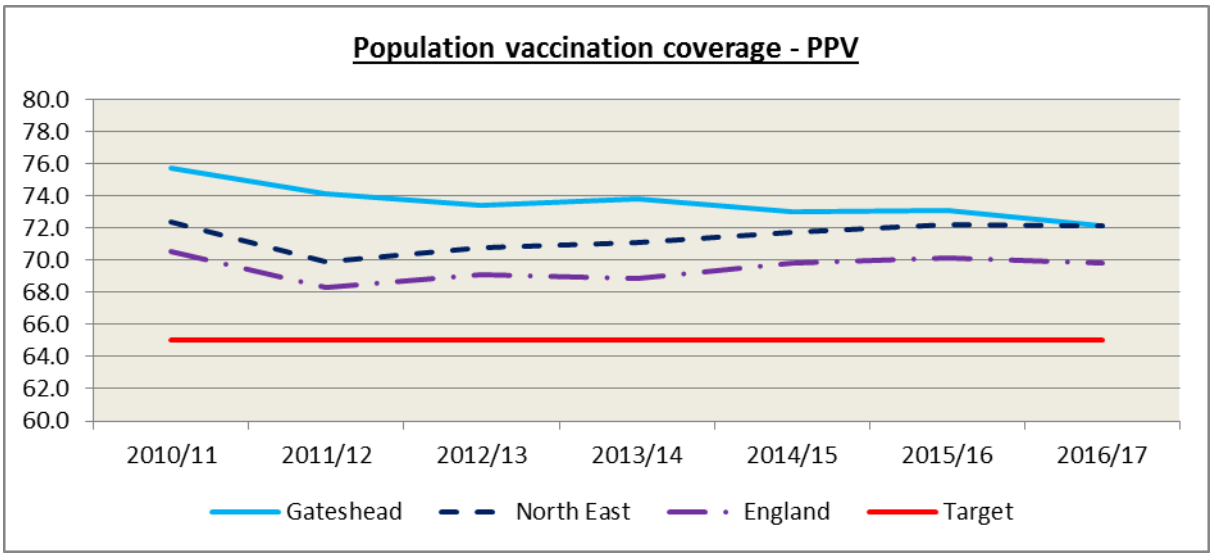

Population vaccination coverage - Hib / Men C booster (5 years)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
88.0
87.0
86.0
85.0
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

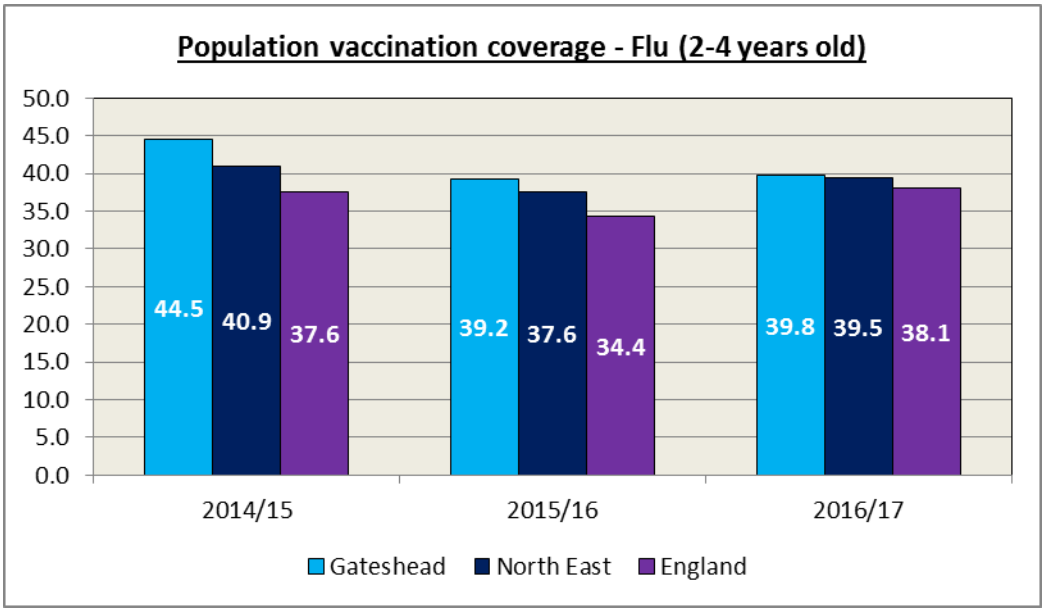

Population vaccination coverage - PCV booster (2 years old)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
88.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

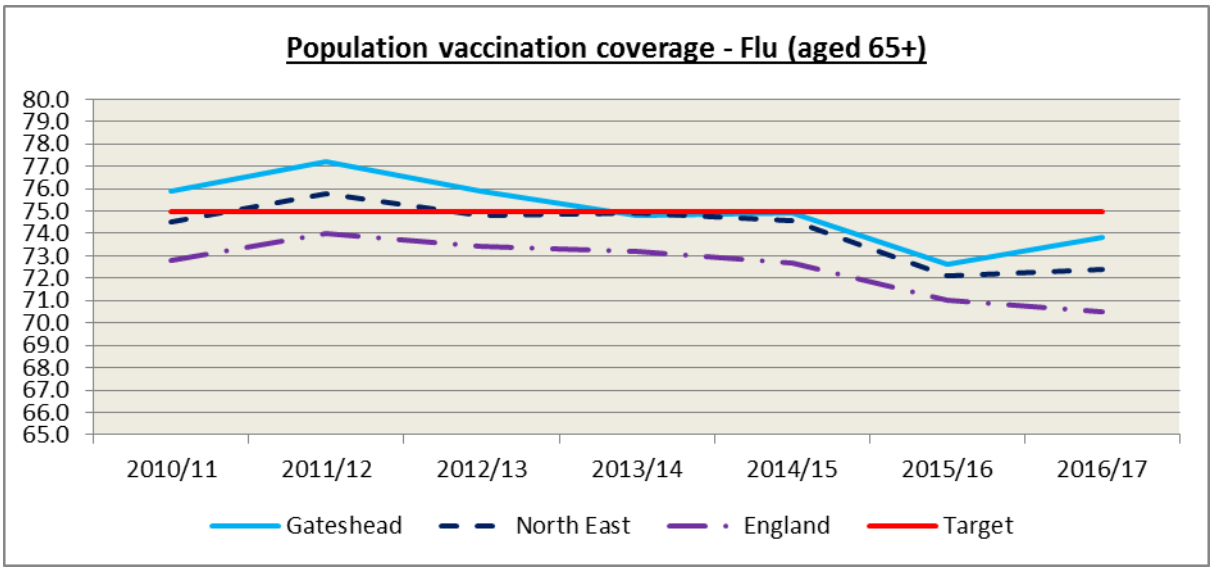

Population vaccination coverage - MMR for one dose (2 years old)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
88.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

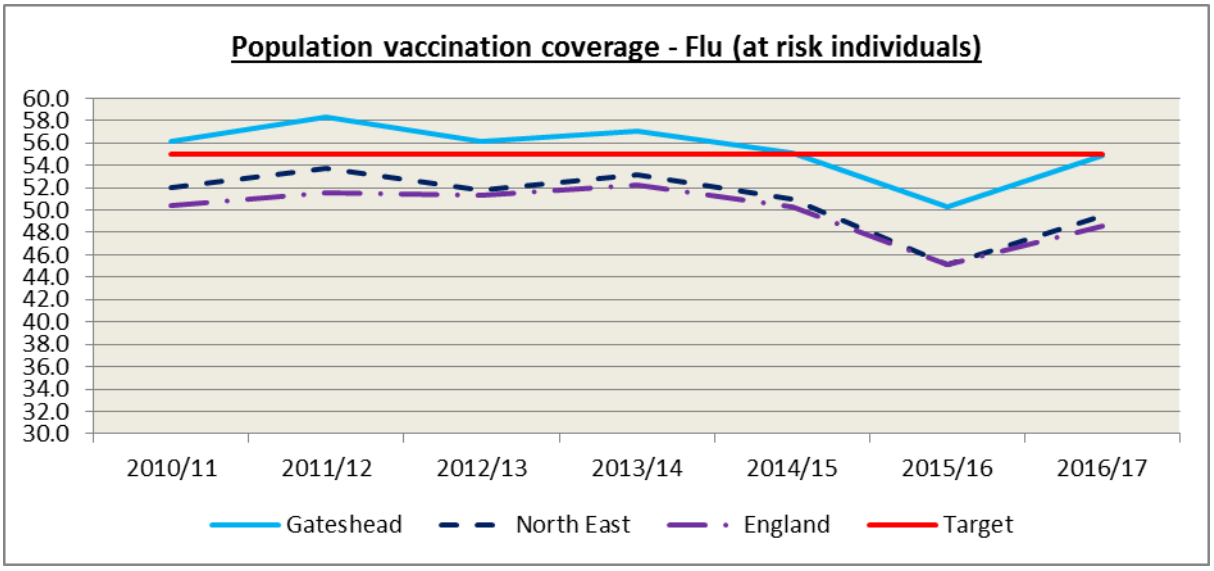

Population vaccination coverage - MMR for one dose (5 years old))
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

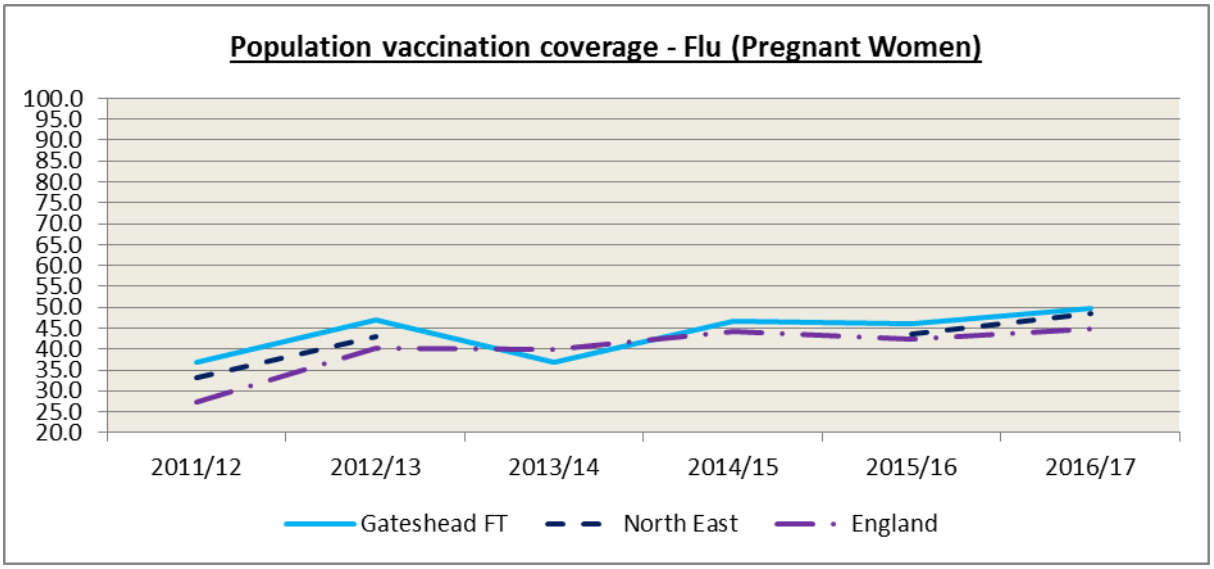

Population vaccination coverage - MMR for two doses (5 years old))
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
88.0
87.0
86.0
85.0
84.0
83.0
82.0
81.0
80.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

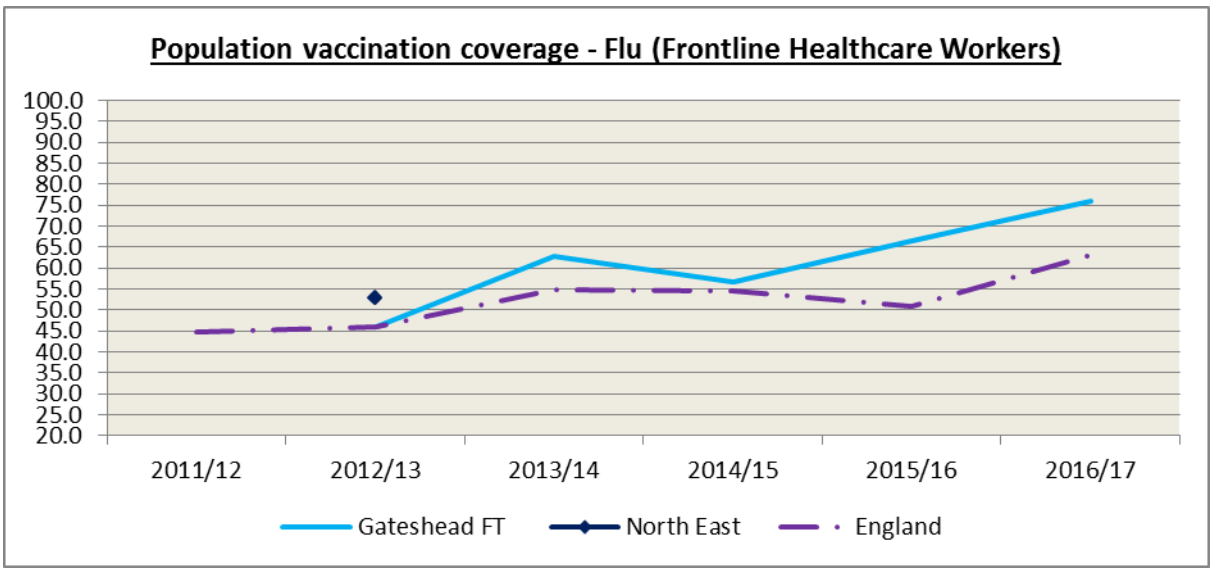

Population vaccination coverage - PPV
80.0
78.0
76.0
74.0
72.0
70.0
68.0
66.0
64.0
62.0
60.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

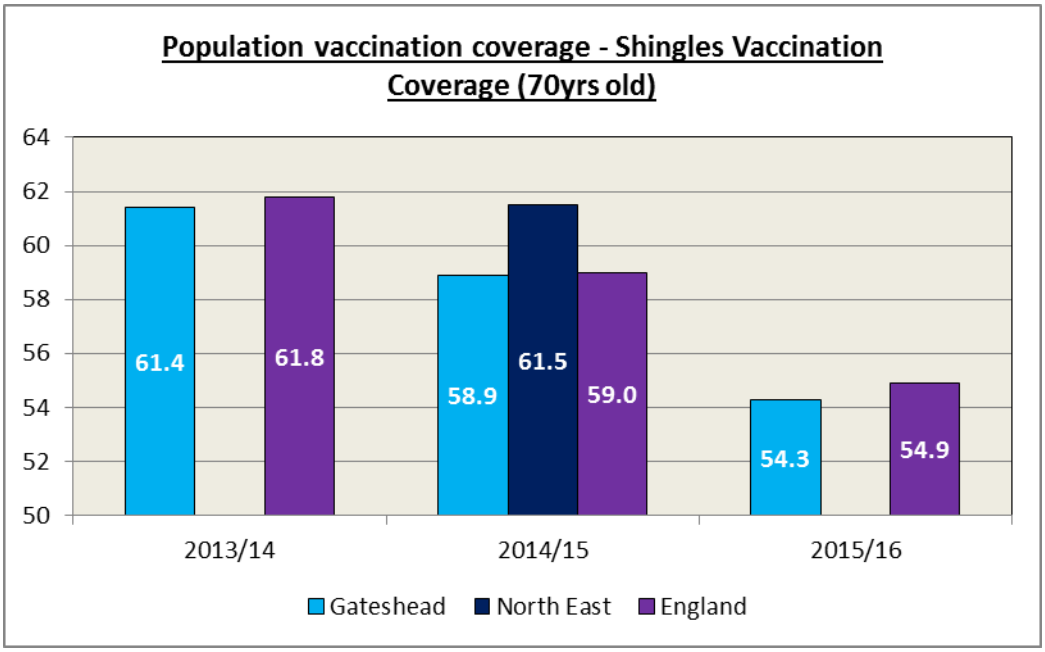

Population vaccination coverage - Flu (2-4 years old)
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
44.5
40.9
37.6
39.2
37.6
34.4
39.8
39.5
38.1
2014/15
2015/16
2016/17
Gateshead
North East
England

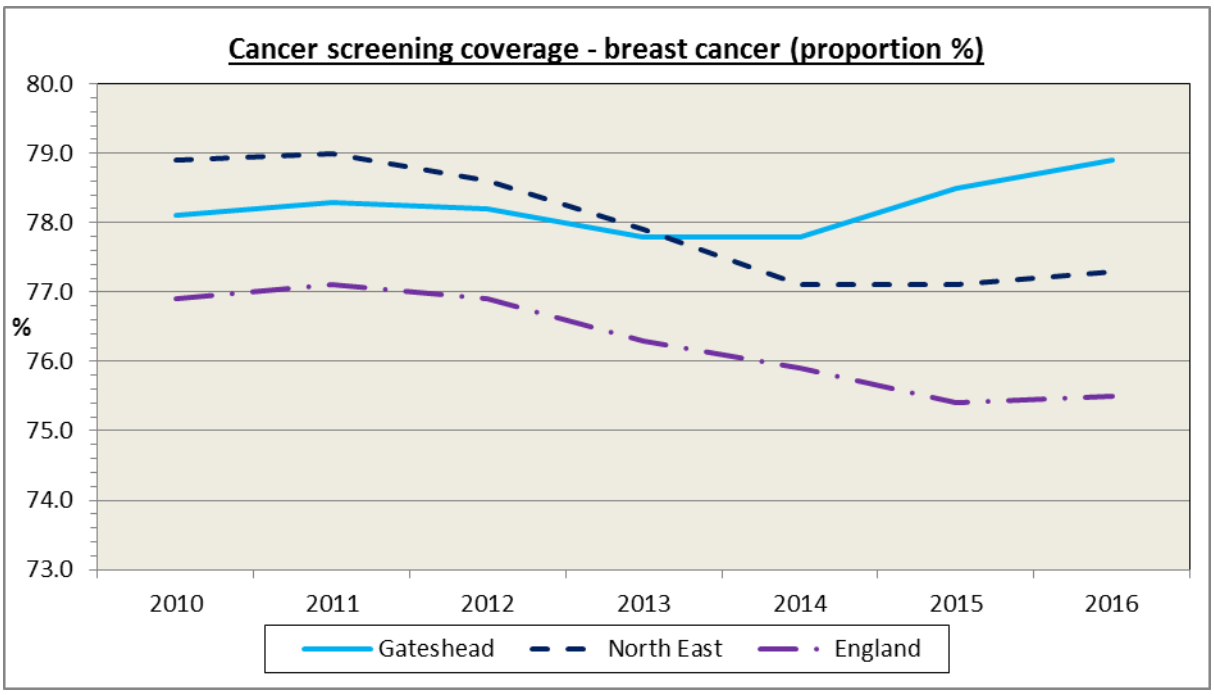

Population vaccination coverage - Flu (aged 65+)
80.0
79.0
78.0
77.0
76.0
75.0
74.0
73.0
72.0
71.0
70.0
69.0
68.0
67.0
66.0
65.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

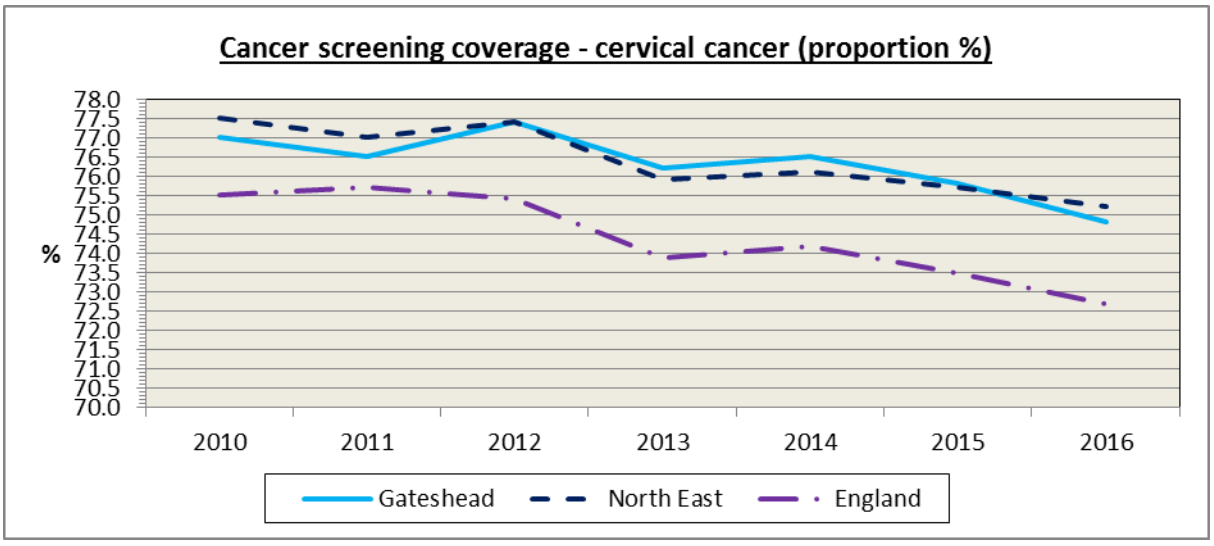

Population vaccination coverage - Flu (at risk individuals)
60.0
58.0
56.0
54.0
52.0
50.0
48.0
46.0
44.0
42.0
40.0
38.0
36.0
34.0
32.0
30.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target


Population vaccination coverage - Flu (Pregnant Women)
100.0
95.0
90.0
85.0
80.0
75.0
70.0
65.0
60.0
55.0
50.0
45.0
40.0
35.0
30.0
25.0
20.0
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead FT
North East
England


Population vaccination coverage - Flu (Frontline Healthcare Workers)
100.0
95.0
90.0
85.0
80.0
75.0
70.0
65.0
60.0
55.0
50.0
45.0
40.0
35.0
30.0
25.0
20.0
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead FT
North East
England

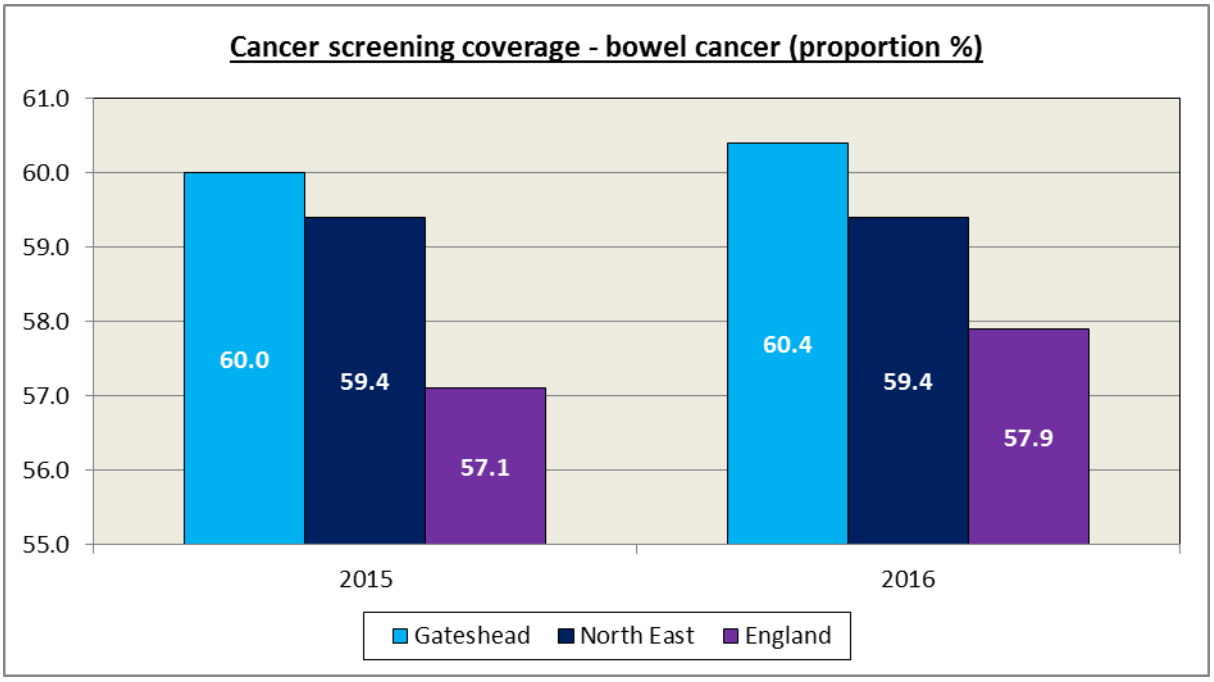

Population vaccination coverage - Shingles Vaccination Coverage (70yrs old)
64
62
60
58
56
54
52
50
61.4
61.8
58.9
61.5
59.0
54.3
54.9
2013/14
2014/15
2015/16
Gateshead
North East
England





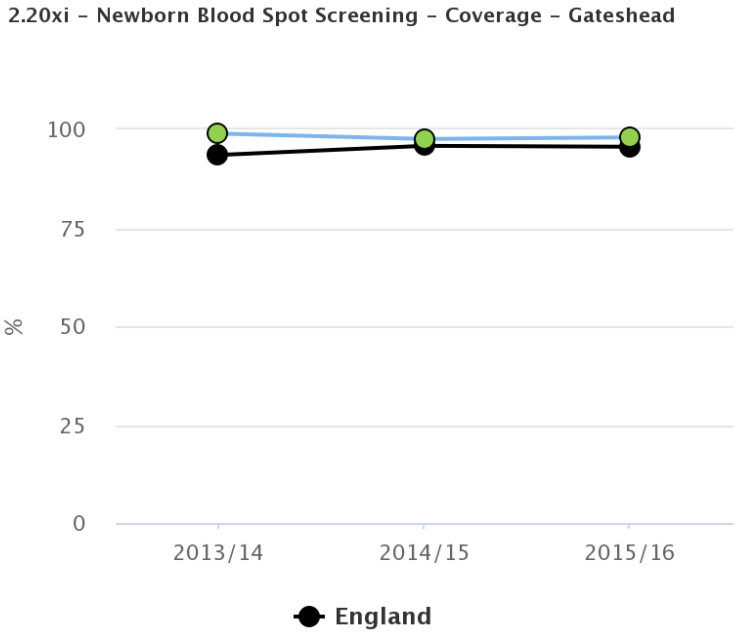
Uptake of the Diabetic Eye Screening Programme 2015-16

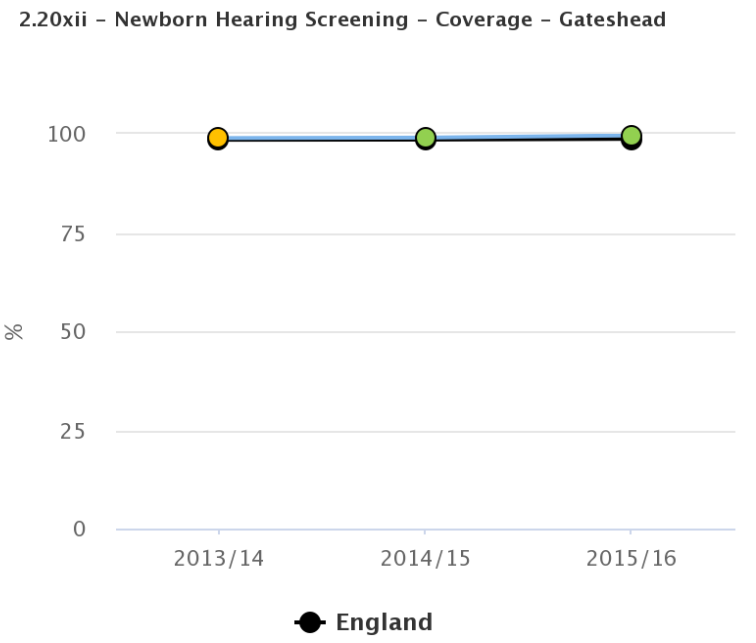
Area	**Percentage (%)**
North of Tyne & Gateshead Diabetic Eye Screening Programme	**82.2**
North East	**84.6**
England	**82.2**

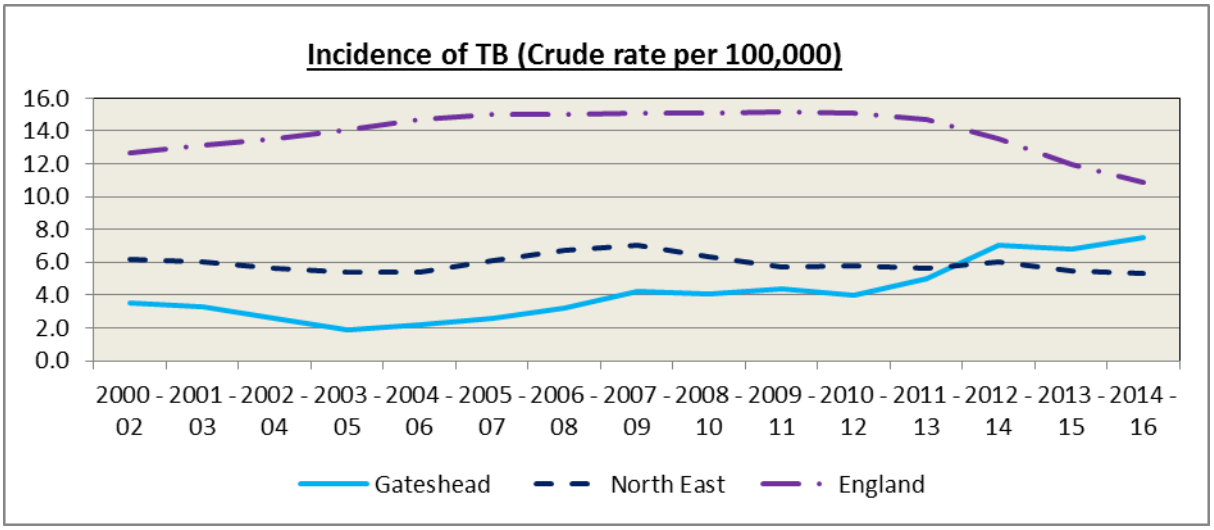


Abdominal Aortic Aneurysm Coverage

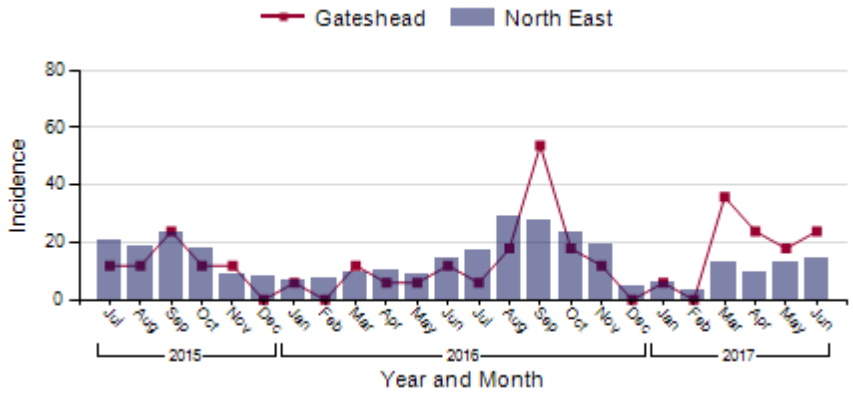
	Period	Gateshead	North East	England
1	2013/14	74.5	76.1	77.4
2	2014/15	78.2	76.5	79.4
3	2015/16	76.4	77.6	79.9



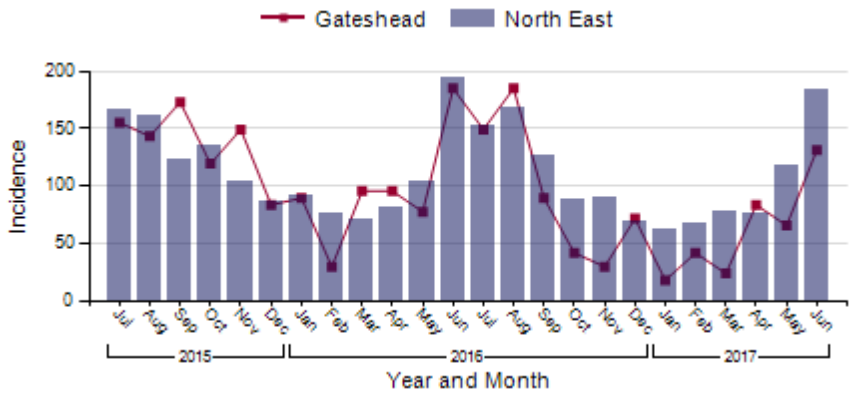

2.20xii - Newborn Hearing Screening - Coverage - Gateshead
100
75
50
25
0
%
2013/14
2014/15
2015/16
England



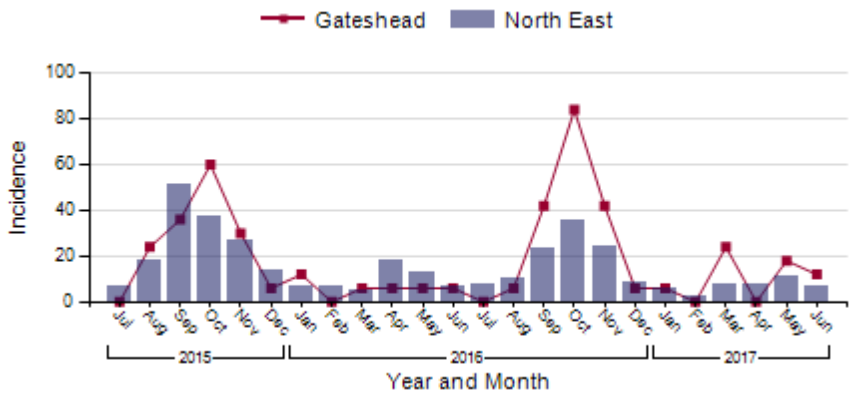
Incidence of Salmonella (per 100 000)



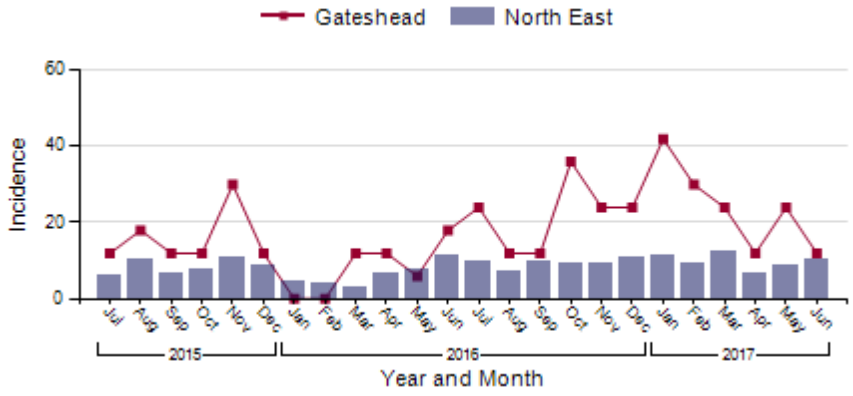
Incidence of Campylobacter (per 100 000)



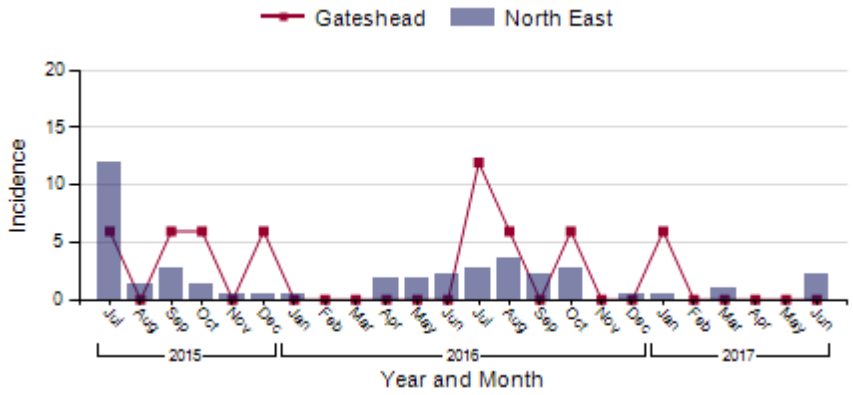
Incidence of Cryptosporidium (per 100 000)



Incidence of Giardia (per 100 000)



Incidence of E. coli 0157 and VTEC (per 100 000)



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