

## HEALTH AND WELLBEING BOARD AGENDA

Friday, 19 July 2019 at 10.00 am in the Whickham Room - Civic Centre

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for Absence</b>
2	<b>Minutes</b> (Pages 3 - 14)  The minutes of the business meeting held on 7 June 2019 and Action List are attached for approval.
3	<b>Declarations of Interest</b>  Members of the Board to declare an interest in any particular agenda item.  <b>Items for Discussion</b>
4	<b>Deciding Together, Delivering Together - James Duncan, David Muir and Caroline Wills, NTW and Michael Laing, Gateshead Health Trust (Presentation)</b>
5	<b>Health and Wellbeing Strategy Update - Alice Wiseman (Presentation)</b> (Pages 15 - 26)
6	<b>Gateshead Health and Care System Update - Susan Watson and Mark Dornan</b> (Pages 27 - 124)
7	<b>Air Quality Update - Gerald Tompkins (Presentation)</b>
8	<b>Update from Board Members</b>
9	<b>AOB</b>
10	<b>For Information</b> (Pages 125 - 140)  Pharmacy Changes notified by NHS England: <ul style="list-style-type: none"><li>- Proposed Boots consolidation on Durham Road</li><li>- Lloyds within Sainsburys Team Valley (change to supplementary hours will take effect from 3<sup>rd</sup> October 2019)</li></ul>

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Date: Thursday, 11 July 2019

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# Public Document Pack Agenda Item 2

## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### HEALTH AND WELLBEING BOARD MEETING

Friday, 7 June 2019

<b>PRESENT:</b>	Councillor L Caffrey (Chair)	
	Councillor L Kirton	Gateshead Council
	Councillor M Foy	Gateshead Council
	Councillor G Haley	Gateshead Council
	Councillor P Foy	Gateshead Council
	Councillor R Bead;e	Gateshead Council
	Sally Young	Gateshead Voluntary Sector
	Karen Soady	Tyne & Wear Fire and Rescue Service
	Alice Wiseman	Gateshead Council
	Lynn Wilson	Gateshead Council
	Elaine Devaney	Gateshead Council
	Mark Adams	NewcastleGateshead CCG
	Mark Dornan	NewcastleGateshead CCG
	Yvonne Ormston	Gateshead Health NHS FT
<b>IN ATTENDANCE:</b>	Lynda Cox	Healthwatch Gateshead
	Susan Watson	Gateshead Health NHS FT
	John Costello	Gateshead Council
	Jane Mulholland	NewcastleGateshead CCG
	Behnam Khazaeli	Gateshead Council
	Louise Hill	Gateshead Council
	Gemma Breakingbury	Gateshead Council
	Teresa Graham	Gateshead GP Federation

#### HW112 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor M Gannon and Councillor M McNestry, Caroline O' Neill, Lyndsey McVey, Steph Edeusi and Sheena Ramsey.

It was noted that this was Jane Mulholland's last meeting as she was retiring and the Chair, on behalf of the Board, thanked Jane for her contribution to the work of the Board and for Gateshead.

#### TIMING OF FUTURE MEETINGS

It is proposed that future Board meetings will now commence at 9am instead of 10am. An email will go out to Board Members about this, seeking any comments they

may have on the proposed change.

## **HW113 MINUTES**

RESOLVED – The minutes of the last meeting were agreed as a correct record.

### **MATTERS ARISING**

#### **Follow up to the Thriving in Gateshead Workshop**

It was noted that at the last meeting it had been agreed that members of the Board would take copies of the first draft of the new Health and Wellbeing Strategy back to their respective organisations to share and gauge feedback. However, no feedback had been received so far from the majority of partners.

At present a set of draft principles were in place based on the 6 Marmott principles and the work of Professor Chris Bentley.

It was also proposed that the Council's Overview and Scrutiny Committees be consulted on the Strategy refresh.

Sally Young advised that she would convene a meeting with representatives from the voluntary sector with a view to facilitating meetings or workshops to produce a collective perspective.

The Board was informed that a new Marmott document will be published in February 2020 and it was proposed that the release of the refreshed Health and Wellbeing Strategy be timed to coincide with the release of the Marmott response to obtain maximum impact.

It was noted that NHS colleagues need to respond to the proposals set out in the Long Term Plan and the refreshed Health and Wellbeing Strategy will form part of that response.

RESOLVED:

- (i) That consultation on the refreshed Health and Wellbeing Strategy for Gateshead be progressed on the basis outline above.

## **HW114 DECLARATIONS OF INTEREST**

RESOLVED:

- (i) There were no declarations of interest.

## **HW115 DEVELOPMENT OF PRIMARY CARE NETWORKS IN GATESHEAD**

The Board received a presentation on Primary Care Networks (PCNs) and the vision for Primary Care.

It was noted that PCNs are formed from groups of practices covering 30-50,000 patients working together and will have an Accountable Clinical Director, 1 day per week per 50K patients pro rata and a Practice Management lead and a board made up of member practices with co-opted members from community service providers and other organisations

The aim of forming the Networks is to :-

- bring care closer to the community and focusing services around local communities and local GP practices to help rebuild and reconnect the primary healthcare team across the area they cover.
- improve health and save lives
- improve the quality of care for people with multiple morbidities
- help to make the NHS more sustainable
- Increase integration between practices, increase resilience, tackle variation in primary care, expand the primary care workforce, increase investment into primary care without it being siphoned off as profit.

The Board were informed of the steps taken in the formation of PCNs and the delivery of services and noted that as of July 2019 PCNs would be in operation offering extended hours across the network and recruitment to shared posts, initially social prescriber and pharmacist. PCN's would then start working to deliver the network priorities.

The Board received information on the identified clinical priorities, funding model and network configuration and the new investment and impact fund which would be in place from 2020/21. In addition, proposed links with Gateshead H&CS and beyond and the below opportunities for joint working were also highlighted:-

- Joint training
- Mentoring for nurse /prescribers
- Expand frailty and complex younger patients support such as virtual ward/ network level MDT
- Development of intermediate care type posts
- Closer integration of practice and community nurse teams.
- Mental health - closer support for practices from locality teams
- Improved links with VCS and integration of practice into the community
- Developing alternatives to admission
- Improved access/alternatives to A+E assessment
- Developing alternatives to outpatient attendances
- Social Prescribing across Primary and Secondary care
- Palliative care - opportunity to move to best practice
- Named Consultant support for individual networks

It was commented that this presented an exciting opportunity in terms of the work

done with Chris Bentley about planned care and emergency care.

It was queried whether deprivation was factored into the funding model and the Board was advised that the funding model was complex and one of the benefits of Primary Care Networks was having a collection of practices in deprived areas. It was noted that for some Primary Care Networks the demographics were different and so social prescribing may look at issues such as frailty eg in areas such as Whickham.

It was noted that a huge amount of work had taken place and the impact on patients was noted. The Board expressed delight at the use of Egberts House which is working with emerging networks.

A discussion took place around patient involvement and shaping services. It was noted that the CCG was keen that patients don't have to travel too far for services but it was considered that there was a need to manage patient expectations in this regard.

It was commented that the rationale for the Birtley / Oxford Terrace Primary Care Networks was unclear.

It was queried how social prescribers would be identified and it was noted that a route for organisations could be "Our Gateshead" once this is refreshed.

It was queried how the Board could monitor and review how well this new system was working. It was indicated that this might be through the GP Federation feeding in audits and clinical governance monitoring reports but the way forward on this was yet to be agreed.

It was noted that ward councillors need to be kept up to date

RESOLVED:

- (i) The Board noted the contents of the presentation.

**HW116 AIR QUALITY**

RESOLVED:

- (i) That this item be deferred to the next meeting of the Board.

**HW117 CLIMATE CHANGE MOTION AGREED BY COUNCIL ON 23RD MAY 2019**

Councillor Caffrey reported that the Council had agreed a motion at its meeting on 23 May 2019 declaring a climate change emergency and had highlighted the implications of climate change both globally and locally.

Councillor Caffrey also noted that the LSC had produced a report identifying 1000

excess summer deaths as a result of climate change.

Gateshead has reduced its carbon footprint by 40% in the last year and Councillor Caffrey asked Board members to report back on the work their organisations were doing to reduce their carbon footprints and nominate a representative to facilitate a wider discussion on this issue at a future meeting.

It was noted that Air Quality was not just about clean air zones. Gateshead disagreed with the Government modelling.

Sir Paul Ennals commended the Council for being a step leader in this area. The Board was advised that the Chair of VONNE was looking for a civil society lead in this matter. Individual organisations can do a great deal but a vehicle was needed to involve communities.

It was noted that GO NE / Nexus have received funding to improve emissions on a further 94 buses and a bid is being developed for electric vehicles for east Gateshead.

RESOLVED:

- (i) That the steps being taken by partner organisations to reduce their carbon footprint be brought to a future meeting of the Board.

## **HW118 ACT - PROGRESS REPORT**

The Board received a presentation on progress being made to develop a new more in-depth dynamic model for adults with a learning disability that would implement a new approach through a multi - disciplinary team with specialists in assessment, reablement, occupational therapy and travel training to work together and dynamically respond to fluctuating needs by offering the right amount of support at each point in time to ensure maximum safe independence and improved outcomes for service users whilst at the same time effectively managing available resources.

The Board also received a case study outlining the positive impact of the new approach in relation to improved outcomes for a service user whilst at the same time spending less.

The Board was advised that next steps involve work to ascertain the next appropriate cohort.

Work would also be taking place around sharing lessons learned and disseminating better practice and having better processes.

A visit has also taken place to Newcastle who are heading towards the fourth year of their scheme to identify good practice and an exit strategy is being developed as the aim of the pilot is to make this way of operating the norm.

The Board noted the investment to save approach in relation to care packages and

was impressed with the person centred approach. It was suggested that the team should link up with Caroline Wills at NTW NHS FT.

The Board noted that initial work had focused on high cost complex packages and the scope for developing this work further was queried. It was also queried whether there were any cases studies highlighting where the approach had been unsuccessful.

It was noted that in 2018-19 initial work had focused on individuals with high cost packages of care but it is considered that benefits can also be achieved in medium to low risk packages which comprise the bulk of the LD funding spent. It was proposed that a further progress update be provided in 6 months - time which could include further case studies.

RESOLVED:

- (i) That a further progress update be provided to the Board in six months time.

#### **HW119 GATESHEAD HEALTH & CARE SYSTEM UPDATE**

Feedback from the Gateshead System Workshop was provided. It was noted that Mark Dornan was the incoming Chair.

The Board was informed that it was a year since the System week long workshop took place. The opportunity was taken at a recent one -day workshop to review and have a stocktake of what has been achieved by the system over the last year, what the learning points were, what our priorities should be for 2019-20 and how we can ensure momentum is maintained. In terms of achievements it was noted that relationships in Gateshead are built on strong foundations and Gateshead is now being discussed nationally in terms of its partnership culture. The system is also responding collectively with “one voice” in relation to a number of issues, most recently the air quality consultation.

It was also reported that the Gateshead System has put in place solid foundations through its memorandum of understanding, associated governance arrangements and an agreed programme of work.

Challenges also remain in relation to finances and capacity within the system.

Going forward, it will be important that we continue to learn from other areas (and share our learning with them) and focus down on a limited number of key priorities.

A more detailed report will be brought to the next Board meeting which will review where we are currently and provide a “forward look” on our future direction.

RESOLVED:

- (i) That the Board note the information provided.

**HW120      UPDATES FROM BOARD MEMBERS**

The police investigation relating to Whorlton Hall Hospital was highlighted and information was sought information on how care for Gateshead residents is quality assured.

The Board was advised that no Gateshead residents were in the care of the company responsible for providing services at the hospital.

An update was also provided in relation to the Hardman Centre.

RESOLVED:

- (i) That a report on how care for Gateshead residents is quality assured is brought to a future meeting of the Board.

**HW121      A.O. B**

RESOLVED:

- (i) There was no other business.

**Chair.....**

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**Item 2.2**

**GATESHEAD HEALTH AND WELLBEING BOARD  
ACTION LIST**

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Matters Arising from HWB meeting on 7<sup>th</sup> June 2019</b>			
<b>Climate Change Motion</b>	Steps being taken by Partner organisations to reduce carbon footprint to be brought to future Board meeting.	Partner organisations on HWB	To feed into the Board's Forward Plan.
<b>Achieving Change Together</b>	Update on progress of ACT to be brought to Board in 6 months.	Louise Hill and ACT Team	To feed into the Board's Forward Plan.
<b>Partner Updates (Re: Whorlton Hall)</b>	Report on how care for Gateshead residents is quality assured.	Caroline O' Neill	To feed into the Board's Forward Plan.
<b>Matters Arising from HWB meeting on 26<sup>th</sup> April 2019</b>			
<b>Follow-up to the Thriving Workshop in Gateshead</b>	Further update to be provided to July Board meeting.	Alice Wiseman	On the July 2019 Board agenda.
<b>Early Help: outcomes and the impact on children, young people and families</b>	To receive performance reports from the Early Help Service (Targeted Family Support) and to support early help approaches.	Gavin Bradshaw	To feed into the Board's Forward Plan.
<b>Matters Arising from HWB meeting on 1<sup>st</sup> March 2019</b>			
<b>Update on Gateshead Health &amp; Care System Approach</b>	To receive further updates as required.	John Costello / All	On the July 2019 Board agenda.

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Matters Arising from HWB meeting on 30<sup>th</sup> November 2018</b>			
<b>Delivery of Children and Young People's Mental Health and Wellbeing Service</b>	The receive a further update in June 2019.	Chris Piercy	To feed into the Board's Forward Plan.
<b>Deciding Together, Delivering Together Update</b>	The receive further updates as required.	Caroline Wills	On the agenda for July 2019 meeting.
<b>Annual Report on Permanent Exclusions (2017/18)</b>	The receive further updates as required.	Jeanne Pratt	To feed into the Board's Forward Plan.
<b>Matters Arising from HWB meeting on 19<sup>th</sup> October 2018</b>			
<b>JSNA Update / Refresh</b>	A further update/ refresh of the JSNA to be received by the Board in September 2019.	Alice Wiseman	To feed into the Board's Forward Plan.
	An item on Air Quality to be brought to a future meeting of the Board.	Gerald Tompkins	On July 2019 Board agenda.
<b>Matters Arising from HWB meeting on 7<sup>th</sup> September 2018</b>			
<b>Update on Integrated Care System / Integrated Care Partnership</b>	To receive further updates as required.	Mark Adams	To feed into the Board's Forward Plan.
<b>Local Safeguarding Adults Board Annual Report</b>	To continue to receive updates from the SAB as required.	Sir Paul Ennals	On agenda of September Board meeting.
<b>Matters Arising from HWB meeting on 20<sup>th</sup> July 2018</b>			
<b>Gateshead Healthy Weight Needs Assessment</b>	To bring back an update on progress in developing a whole system strategy in approx. 6 months' time.	Emma Gibson / Alice Wiseman	To feed into the Board's Forward Plan.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
<b>Drug Related Deaths in Gateshead</b>	The Board agreed to receive a further update later in the year.	Gerald Tompkins / Alice Wiseman	To feed into the Board's Forward Plan.

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*A job, a home, good health and friends*

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*Vision: A job, a home, good health and friends.*

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### We 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 and fight for a better future for Gateshead.

### We aim to:

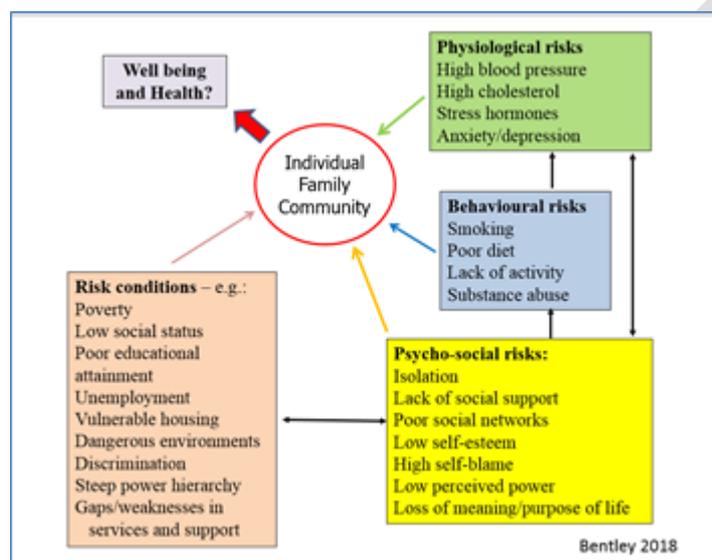
- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop sustainable places and communities
- Strengthen the role and impact of ill health prevention through the integration of health and care services that are place based and bespoke to the needs of individuals.

## Our approach:

To achieve our vision we need to work together, across Gateshead, with communities and cutting through the boundaries of organisations and services.

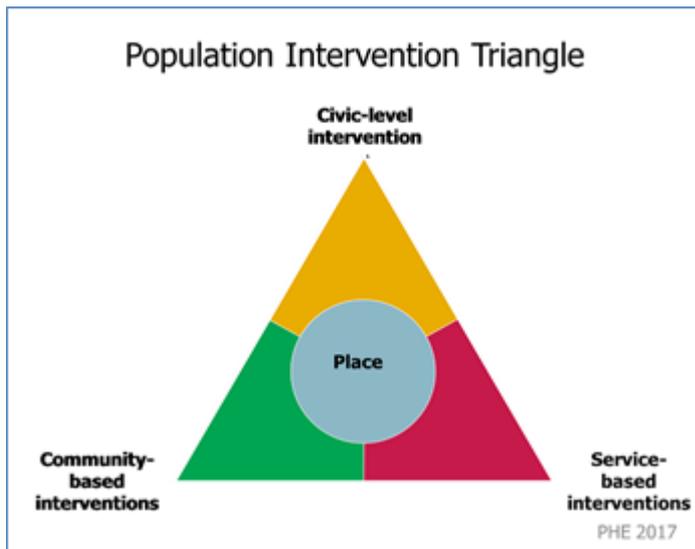
Our Health and Wellbeing Strategy is developed with, endorsed by and delivered through the **Gateshead Health and Wellbeing Board**, in partnership for the people of Gateshead.

The complexity of peoples' lives and how they thrive can only be understood and improved if we can influence the breadth of issues facing every person. Any attempt to "fix" single issues for a person may not actually address the underlying cause.



Our Health and Wellbeing Strategy recognises that to deliver improvements at a population level we will need to address this complexity as a whole system. As such, we acknowledge that interventions and approaches that are multifaceted and complementary are more likely to be successful in reducing inequalities and helping people in Gateshead thrive.

In recognising this challenge, we will develop approaches which consider and address this complexity as a whole system. We will identify interventions at a civic, community and service level; acknowledging no one part is more important than another.



Whilst we understand that interventions at each level can have some impact in isolation from others, we acknowledge that they are likely to be more effective in combination with each other. This will ensure that we deliver the most positive outcomes for all as well as ensuring our resources are targeted to benefit those in most need

### Our Methodology:

Delivering on the identified aims will require action across a broad range of partners, strategies and structures. In Gateshead we appreciate that there are already active workstreams which aim to address many of the actions required for this strategy. Therefore, the purpose of this strategy is not to replace existing work but instead acknowledge, connect, streamline and enhance current activity, within and between our partner organisations. Each aim identifies the current arrangements by which actions will be delivered.

### Our Current Position:

The **Gateshead Joint Strategic Needs Assessment** helps us to understand the key issues facing people in Gateshead. The ongoing challenges and emerging issues to health and wellbeing in Gateshead are presented by stage of life; Best start in life, Living well for longer and Ageing well

We know that people in Gateshead experience significant health inequalities. Inequalities “it never rains but it pours” the Director of Public Health Annual Report for 2017 focused specifically on this issue.

***Two babies, born on this day in Gateshead, could have as much as a 10 year difference in life expectancy due entirely to the circumstances into which they are born.***

***If you look beyond Gateshead those same babies could have as much as a 15 year difference in life expectancy when compared to the most affluent area in Britain***

This strategy will build on the still current strategic recommendations made in the 2017 report;

1. The Health and Wellbeing Strategy should be renewed, adopting a much longer term approach, with a strengthened vision to address inequalities. This needs to include measures to address the social determinants of health alongside prevention and early intervention at every level;
2. Partners in Gateshead should shift the focus from managing the burden of ill health to promoting actions that create the right conditions for good health through the employment of a robust Health in all Policies approach;
3. The Council and its partners should target resources to those individuals and communities most in need. Robust evaluation of reach and impact should be undertaken regularly using a Health Equity Audit approach.

Gateshead Council aims to improve the well-being and equality of opportunity for everyone living in Gateshead and recognises that health inequalities are: "*Unjust, unacceptable and avoidable*".

**It is still our belief that things can and should be done to tackle these inequalities and improve the quality of life for everyone in Gateshead - starting from the day they are born.**

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## Give every child the best start in life.

We recognise that many children and young people in Gateshead already have circumstances which enable them to have the best start in life. However, we also understand there are some families, or communities, where additional pressures make the best start in life more difficult to achieve.

The foundation for a healthy life starts in pregnancy and extends throughout childhood. To address inequalities, we need reduce the social gradient in children's access to positive experiences in early life.

We recognise the importance of an environment that facilitates confident, resilient and positive parenting for the whole family's health and well-being. We will provide routine support to families through parenting programmes, children's centres and key worker, delivered proportionately to meet social need via outreach to families.

Evidence shows that investment in interventions that support early years development (preschool), for which there is good evidence of effectiveness, is likely to be more effective in enhancing a child's long-term outcomes than later investment.

We recognise the importance of transition points in children's lives. We will develop programmes to support these key milestones, for example, transition to school.

### **The action we will take:**

- develop the national framework to support Gateshead as a child friendly place
- focus our efforts on facilitating confident, positive and resilient parenting, delivered in a proportionate way so those who require more of our care and support will be given priority
- reduce inequalities in early development of physical and emotional health, and cognitive, linguistic and social skills by increasing the focus of existing expenditure on early years development so that it is progressive across the social gradient
- build the resilience and well-being of young children across the social gradient
- ensure the provision of high-quality maternity services, parenting programmes, childcare and early year's education to meet the need across the social gradient

### **We will deliver this through:**

- The Early Help Strategy
- The Local Safeguarding Children's Board
- Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan 2018
- The Children's System Board
- Voice of the Child

## Enable all children, young people and adults to maximise their capabilities and have control over their lives.

Without life skills and readiness for work, young people and adults will not be able to realise their full potential, to flourish and take control over their lives.

We will strive to ensure that the emotional health and wellbeing of local people is a priority. Positive emotional health increases life expectancy, improves our quality of life, increases economic participation, and positive social relationships.

We recognise that the voices of local people must guide the future of Gateshead.

### **The action we will take:**

- focus efforts on creating the conditions for people to enjoy positive emotional health and well-being. We will consider measures across the whole population alongside specific action in various settings e.g. the workplace
- ensure that the views and opinions of local people are represented in all aspects of our work through our democratic process and asset-based community development approaches
- focus on improving our resident's educational achievement and acquisition of Skills for life

### **We will deliver this through:**

- The Mental Health and Well-being Network
- Our approaches to community development
- Our Learning and Skills steering group
- Culture strategy

## Create fair employment and good work for all

We will improve the quality of jobs and access to those jobs across the social gradient.

We will support our communities to support themselves and each other by making it easier for people who are disadvantaged in the labour market to obtain and keep work.

We will fight for a better future for Gateshead, supporting Gateshead employers to improve stress management and effective promotion of wellbeing and physical and mental health at work.

### **The action we will take:**

- invest in our economy by developing local markets that work better for local people; a market which advances the interests of a community as a whole, creating local supply chains and working with key public, commercial and social anchor institutions to create local wealth and growth across the borough
- enable sustainable, diverse and flexible opportunities for employment, innovation and growth across the borough
- make it easier for people who are disadvantaged in the labour market to obtain, stay in and progress in work
- incentivise employers to create or adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems
- we will support employers to implement guidance on stress management and effective promotion of wellbeing and physical and mental health at work
- focus on enabling our local public sector to provide apprenticeships and employment for Gateshead residents
- we will encourage local enterprise through self-employment and the development of community led, cooperative employment opportunities.
- we will review current ways of working and consider how different models of provision might better meet the needs of local communities.

### **We will deliver this through:**

- Core Strategy and Urban Core Plan for Gateshead and Newcastle 2010-2030
- Making Spaces for Growing Places
- Rural Economic Strategy
- Culture strategy
- Local Transport Plan (North East Combined Authority)
- Gateshead Goes Local, Community Led Local Development
- Community Wealth Building?

## Ensure a healthy standard of living for all.

We recognise the importance of giving people the power to make the most of their money and their lives to give people a fair chance and reduce the cliff edges faced by people moving between benefits and work. An essential part of this will be to tackle inequality so people have a fair chance, and, establishing a minimum income for healthy living for people of all ages.

### **The action we will take:**

- commission advice, information and guidance which is place based and bespoke to the needs of individuals
- be a living wage employer
- maximise household income and improve financial capability, enabling people and families to have the best possible financial wellbeing, now and in the future
- encourage the establishment of Credit Union facilities in all our communities
- support community-based initiatives such as alternative food production, recycling of waste food (supermarket produce) encouraging community initiatives to repair and recycle appropriate goods
- advocate for vulnerable people and communities to reduce inequalities in accessing local services

### **We will deliver this through:**

- Tackling Poverty in Gateshead Board
- Primary Care Networks
- Gateshead Strategic Partnership

## Create and develop sustainable places and communities.

The environment is estimated to account for almost 20% of all deaths in Europe, the health and wellbeing of individuals is influenced by where they live. This includes their physical environment as well as the communities and social networks to which individuals belong over their life course.

### **The action we will take:**

- develop policies to reduce the scale and impact of climate change and health inequalities using a health in all policies approach
- maximise the potential impact of our natural environment linking up green and blue spaces
- ensure that health is a core indicator in all planning considerations
- actively support measures that aim to facilitate clean air and environmental improvements, including energy efficiency
- invest in our local economy and our workforce
- prioritise action that aims to build community capital and reduce social isolation across the gradient
- support locally developed and evidence-based regeneration that removes barriers to community participation and action and reduces social isolation
- support provision of good quality, affordable housing for the residents of Gateshead
- We will provide housing choice and security of tenure across the life course.

### **We will deliver this through:**

- Core Strategy and Urban Core Plan for Gateshead and Newcastle 2010-2030
- Making Spaces for Growing Places
- Rural Economic Strategy
- Housing Strategy
- Culture strategy
- Local Transport Plan (North East Combined Authority)
- Green Gateshead Infrastructure Plan

## Strengthen the role and impact of ill health prevention through the integration of health and care services that are place based and bespoke to the needs of individuals.

We recognise that our health and care services are changing, and that demand is increasing as our population ages. This means that we must ensure that our services support everyone's needs. To do this we will involve local people in the planning of services so that they reflect local priorities and needs.

We are committed to a health and care system that measures success in terms of improved wellbeing, independence and social connectivity, not just by making savings to hospitals. We are committed to keeping people, who need complex support, living at home or near to home, so that they have the support of their family and community, if that is what the wish.

### **The action we will take:**

- prioritise prevention of ill-health at all levels including an enhanced focus on supporting local people to stop smoking, be more active, drink in moderation and make healthy life choices.
- ensure that our health and social care services support people throughout their life, providing integrated care and support at the right time and in the right place.
- **integrate health and care with housing services responding to needs where people live**
- monitor population health as a system through shared long-term measures
- maximise the Gateshead spend across the system to deliver the best outcomes.
- design a system that recognises and facilitates effective social prescribing approaches building on the work of Our Gateshead and care navigators.
- use a Make Every Contact Count approach to empower people to connect and make positive changes to their lifestyles.

### **We will deliver this through:**

- Gateshead Health and Care System Board
- Integrated planning, performance and commissioning plan

**TITLE OF REPORT:** Integrating Health and Care in Gateshead – Review and Forward Look

**REPORT OF:** Gateshead Health and Care System – Susan Watson and Mark Dornan

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## **Purpose of the Report**

1. The report provides an update from the Gateshead Health & Care System on progress in taking forward a place-based approach to the integration of health and care in Gateshead, arising from the 'report-out' from the week-long workshop in June of last year.
2. The report is in two parts:
  - A review of work undertaken over the last year – successes, areas of learning and areas that we need to redouble our efforts to progress in 2019/20;
  - A forward look of areas of key focus during 2019/20.
3. The views and continued support of the Health and Wellbeing Board is sought to our work as a system.

## **Background**

4. Reports were brought to the September 2017 and April 2018 Board meetings 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.
5. It was reported to the Board that there was 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.
6. A shared vision and proposals for taking this work forward was endorsed by the Board and led to a week-long workshop in June 2018 to develop our emerging ideas further. The outcomes from the workshop were presented to Board members at a

report-out session in July 2018. It was reported that a key outcome from the workshop was a commitment to pursue a 'primacy of place' approach in taking forward health and care integration in Gateshead. This means that, as far as possible, integrated planning (commissioning and provision) of services takes place at a Gateshead Place level with services being provided as close to peoples' homes as possible whilst ensuring quality and safe care that is responsive to peoples' needs. In short, Gateshead System designed, locally delivered, health and care.

7. It was recognised that our place-based approach would also have implications for our relationship with wider footprints/ 'collaborative areas' at Integrated Care System (ICS) level and Integrated Care Partnership (ICP) North level that include Gateshead. As a local system, we have made it clear that we see the role of the ICS/ICP as being to support our journey and local working arrangements across health and social care. This is best represented by the inverted 'pyramid' diagram at Appendix 1 where local place is placed at the apex, followed by the ICP layer and then the ICS layer at sub-regional and regional levels.
8. This meant that we needed a clear, shared and consistent narrative on what we are seeking to achieve for the benefit of local people that links to Gateshead's Thrive agenda. This would become a key focus of our work.
9. A further progress report was brought to the Board in October 2018 and regular verbal updates have been provided to subsequent Board meetings.
10. A one-day workshop was held on 6th June 2019 to reflect on our work over the past year (Part 1 of this report) and to identify key priorities/ areas to take forward in 2019/20 (Part 2).

### **PART 1: Reflection / Stocktake on Work of Gateshead Health & Care System (July 2018 to June 2019)**

11. The first part of the workshop was a stocktake session which focused on how we did last year as a system and where we are currently.
12. It was clear that there was much success to celebrate as well as lessons learned and areas where we will need to redouble our efforts to progress during 2019/20.

#### **Celebrating success: 'We are still here!'**

13. Key success areas that were highlighted included:

##### ***Good Foundations in Place:***

- **We have developed the 'skeleton' for the Gateshead Health Care system** through a Memorandum of Understanding that has been signed up to and a Terms of Reference for the Gateshead Health & Care System.
- **They have provided a framework for us to work as a system**, to see ourselves as a 'system' and to speak as a 'system'.
- **As a system, we have a better understanding of Gateshead's health inequality challenges and opportunities** to address them are better understood.

- We also have a **better understanding of each other's challenges**.
- We have **developed a Gateshead Plan** that acts as an iterative narrative of our journey as a local System (see **Appendix 2** attached).
- We have the bones of a shared set of baseline measures that provide a **system 'lens' on quality, performance, exceptions/mitigations** etc. i.e. moving away from a single organisational focus.

### ***Building Relationships:***

- **Commitment from system partners** as evidenced by weekly meetings since June of last year to maintain the momentum from the report-out and keeping to our promise to meet regularly.
- There are **good, strong and close relationships** in place, despite some difficult conversations along the way - a marker of growing system maturity.
- **People get on with one another** and the relationships developed provide a firm foundation for future working.

### ***An Agreed Programme of Work:***

- We have an **agreed programme of work in place:**

#### ***3 priority areas:***

- Children and Young People's Health and Wellbeing
- Frailty
- People with Multiple and Complex Needs (inc. Frequent Attenders)

#### ***Other transformation programme areas:***

- Deciding Together, Delivering Together
- Community Health Services
- Falls
- Intermediate Care
- Community Model for Learning Disabilities
- End of Life Care

### ***Speaking as One Voice:***

- We **have worked together and responded together as a system** e.g.
  - Provided a system response to the Council's budget proposals;
  - Provided a system response to the national LGA consultation on an adult social care Green paper and the local consultation on air quality;
  - Input as a system to the direction of an ICS and ICP in our patch;
  - Took a joint approach/ provided a joint response to emerging primary care networks (with a stated clear intention to make the most of opportunities to support and involve the networks in our System work going forward).
- We are **confident as a system that we can make some clear, sustainable and exciting changes** in Gateshead for the benefit of local people.

### **One Culture:**

- The **journey towards ‘one culture’ has started** (although it is recognised that there is more to do).

### **National & Regional Interface:**

- We are **recognised externally as a ‘good’ emerging system**. Communications to the region have worked well – we have a good reputation.
- Nationally and regionally **people are talking about Gateshead** and our approach to system working.

### **Lessons Learned**

14. The last year also provided an opportunity to learn some valuable lessons as a system including:

- **System change requires a long-term commitment**. We made a 10 year+ commitment and we have just completed our first year – we should recognise this and celebrate this.
- **System change is very difficult and complex**, especially at a time of uncertainty, but if it wasn't we would have already cracked it! Also, are we too ambitious or not ambitious enough?
- We need to **stay focused on the people we serve**.
- We have **a lot to learn from other areas** Cumbria, Northumbria, Greater Manchester etc. and other areas can learn from our experience to-date.
- **We need to keep our focus on our objectives and be more specific** about what we are planning to do year by year, programme by programme (our agenda has been too broad – **we need to choose a few ‘smaller’, more tangible items and then make sure we deliver them**).
- We need to better **harness the capacity of the system** to deliver our work programme.
- **Financial constraints** – although the current climate provides opportunities as well as challenges, **it is difficult to get past this issue**. We have not yet identified how we can bring system resources together to implement our priorities. The idea of a local ‘flex’ (transformational) fund has proved difficult to secure in practice – a re-think on this is needed.
- It is important to regularly **build in some time for reflection** i.e. ‘We need some space to come out of the weeds’.

- We need to **continue to advocate a ‘place’ based approach** in seeking to influence emerging relationships with our ICS/ ICP.
- **Primary Care Networks provide an important opportunity to embed system working.** We need to work collaboratively to provide support to the emerging networks and to help shape their development.
- **A focus on inequality is key.** A limited number of radical approaches may be needed e.g. at Place/ neighbourhood level;
- We need to get senior buy-in to **move to a virtual team** (‘General Staff’).
- **We have gone some way to reach a system view of the position (financial/ planning arrangements) of individual partner organisations** (though further detail is needed).
- **We have not yet answered** the questions:
  - **How do we plan to invest in the right areas as a system?**
  - **How can we invest in community care, prevention and early intervention?**
- **We still need to make a real step-change.** We need to decide what that will be in practice.

**Regrets: ‘We have a few!’ – areas where we need to redouble our efforts**

15. Some areas were identified where we have not made as much progress as we would have liked and where we will need to redouble our efforts going forward:

***System Leadership:***

- We haven’t yet developed a **system leadership/ stewardship role.**
- We **need greater CX/AO involvement** to provide necessary leadership and direction.

***Ambition, Momentum & Outcomes:***

- **Have we lost our ambition? There is a worry that we might lose momentum** unless we redouble our efforts.
- We need to ask ourselves **what have been the tangible outcomes** from the last year?

***Planning Arrangements:***

- **Planning arrangements not yet aligned.** Although we have an iterative ‘live’ Gateshead Plan that describes where we want to get to as a system and our journey to-date, we are not yet joined up to the point that there is one Planning document for the Gateshead system (i.e. instead of individual

organisation planning documents that are broadly aligned). We 'shared' plans rather than developed a single Planning document.

- **We are still commissioning for services** rather than for outcomes (outcomes-based commissioning). There is also another school of thought on improving outcomes in complex environments (e.g. Toby Lowe) – arguing in favour of adopting a 'learning organisation' approach instead i.e. that **our focus should be on 'learning' together** rather than 'measuring'. **We need to find a path that works for us as a system.**

#### ***The Money:***

- **Anything to do with money** – budgets and planning. We have not changed how our organisations behave when the money is difficult.
- Shifting the money - **no agreement yet on how to disinvest in some areas in order to fund priority areas of work.**
- We **haven't yet developed one system** i.e. pooled money, estate, risk or responsibility.

#### ***Transformation Work:***

- **We have not progressed transformation as fast** as we would like in some areas.
- We **need to challenge our thinking more** – explore different ways of working; link in to public sector reform work etc.
- There are real **barriers to progress** that we need to take on. This requires trust in each other. Sometimes, we have a fear of offending that can get in the way of identifying the core of an issue.

#### ***A General Staff & Capacity:***

- We have **not gone far enough in securing a 'General staff'** for the Gateshead system. Need to move more to one virtual team.
- **Capacity 'to do the do'**. We spread ourselves too thin, without the necessary resource to support our work. Where we have invested in capacity, we have made more progress

## **PART 2: Looking Forward - Key Priorities / Areas to take forward in 2019/20**

### **Some Guiding Principles**

16. **Evolution:** Build on our key principles from our work so far, we are on a cultural journey.
17. **Scale & Subsidiarity:** We need to take forward some areas of work at a 'Gateshead wide' level and others at smaller 'locality' geographies within Gateshead.
18. **System integration and Prioritisation:** we now need to ensure we join more of the Gateshead system together to enable all our organisations' work to be serving the 'thrive' agenda. This will involve reviewing culture, governance and how the work of our teams is better aligned to serve our citizens. We also need to focus down, for any additional placed based commissioned work, on a smaller number of specific priorities and to use our collective energies, capacity and resources to take them forward to secure tangible results. The development of the 'General Staff' principle will form part of this approach.
19. As a system, we need to recognise that **Individual Communities Priorities** (e.g. Beacon Lough) / localities (e.g. primary care networks) exist and will evolve over time. We need to consider how we can best enable those communities/ localities to achieve their priorities within an overarching framework for the system as a whole.
20. In order to help ensure that the system focuses its energies on the right things and makes the most of available capacity, the system will need to consider areas of work that it wishes to '**adopt (support)**', '**align**' or '**drive**' itself.
21. In relation to work that falls within these categories, we will need to answer the following questions:
  - How do we 'support' / enable areas of work to press-on (with only issues relating to capacity, barriers and enablers being addressed by the System)?
  - How do we 'align' things we are doing across our organisations (to secure a system wide approach)?
  - How do we 'drive' things that require or would benefit from a system approach (currently are not being led by the system)?

### **Priority Areas of Focus across the System for 2019/20**

22. Consideration has been given to the requirements of the System in terms of:
  - Infrastructure development;
  - Budgetary and planning arrangements;
  - Cultural change across the system;
  - Embedding prevention in ways of working; and
  - Priority programmes of work to be progressed.

23. We need to build on the foundations provided by the MoU for the Gateshead System to support the next phase in the development of integrated working arrangements at Place. We will also need to link with and feed into the development of arrangements at ICP and ICS geographies on the one hand and locality geographies within Place on the other hand including new Primary Care Networks. We have developed the 'skeleton' for the system, now we need to put some flesh on the bones!
24. We need to consider how work that is taking place on 'enablers' to integration – workforce, IT etc. at ICS level can best support our arrangements at Place as well as clarifying our 'ask' at Place.
25. We have learned from other areas of the country, most recently a site visit to Manchester, and we will need to continue to seek out learning that can help us to refine and further shape our arrangements at Place.
26. We also need to explore the contributions of local universities, higher education etc. in providing learning and support to our system.

***Budgetary & Planning Arrangements:***

27. As our System work at Place seeks to link closely with Gateshead's Thrive agenda and will be taking forward key elements of a revised Health & Wellbeing Strategy for Gateshead we will need to ensure that our planning arrangements are best placed to feed into and work in tandem with programmes of work that flow from them.
28. We also need to progress joint planning arrangements at Place to facilitate a single Planning approach and response to the implementation of the NHS Plan – a key requirement this Autumn. This will require greater alignment of our plans and planning arrangements.
29. We need to build upon the momentum secured from developing a single system response to budgetary and other issues over the last year to make a further step change in our approach. This will include securing a better understanding as a system of our collective pressures and proposals to address them/ mitigate their impact etc.
30. We will also explore how we plan to invest in the right areas as a system:
  - Shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help;
  - Explore opportunities to release resources from one part of the system to another;
  - Ensure there is transparency and a system view of impact in identifying solutions.

***Cultural Change:***

31. Whilst system working has been challenging at times, good and strong working relationships continue to be in place, as mentioned earlier. It is clear, however, that in order to progress to the next level, leadership across our organisations will be key in cascading system values and ways of working so that there is buy-in across our system as a whole. It is recognised that CXs/ A.O.s continue to have an important

role to play here, complemented by engagement with staff at all levels of our organisations.

32. A 'brand' for our system, linked to the Thrive agenda may also help with this.

***Our Work Programme for 2019/20:***

33. It is proposed that we retain our 3 key 'driven' priorities for 2019/20:

- Children & Young People's wellbeing and Mental Health;
- People with Multiple & Complex Needs;
- Frailty.

34. However, in line with the principle above of focusing down on specific issues, Senior Responsible Officers (SROs) have been asked to identify particular areas of focus within the 3 priority areas for 2019/20.

35. In taking this work forward, consideration will be given to resources, capacity, and demand management. Consideration will also be given to what support SROs will need to progress priority areas of work e.g. 'general staff' to take work forward; wider engagement with frontline staff, service users etc. More generally, the role of SROs will need be re-visited.

36. The system will also 'support' the leadership of our 7 other transformation programme areas working with the SROs for:

- Deciding Together, Delivering Together
- Community Health Services
- Falls
- Intermediate Care
- Community Model for Learning Disabilities
- End of Life Care

***Prevention Embedded in Ways of Working and Programmes of Work:***

37. We recognise the need to further embed preventative approaches in our system working. This will be addressed through our 3 priority and 7 transformation programme areas.

38. We will also build upon the input of Professor Chris Bentley and the Public Health Team to our system work – through the lens of civic-level interventions, community-based interventions and service-based interventions. This includes:

- Locality based working to address health inequality, including a self-assessment to inform areas of focus and future direction;
- Stop-smoking interventions and how the system can work collectively to address;
- Alcohol: including impact on A&E attendances and unplanned admissions.

## Recommendations

39. The Board is asked to:

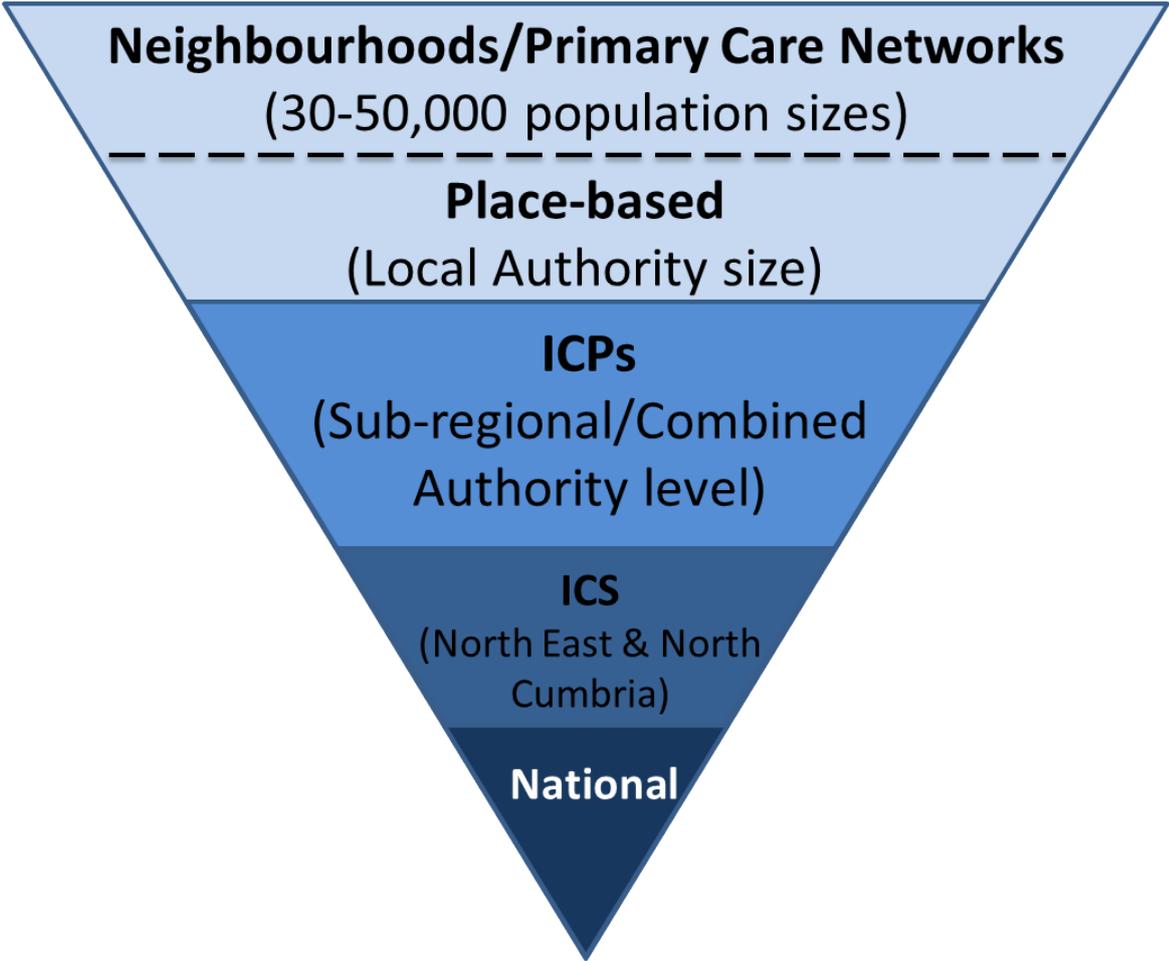
- (i) Consider the progress update set out in this report and the issues which have been identified;
- (ii) Endorse the key areas of focus for 2019/20.

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**Contact:** John Costello (0191) 4332065

**Gateshead 'Place' based approach to Health and Care Integration**

**Citizens**



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# Gateshead Health & Care System

## Making Gateshead Thrive – the Plan



## **Making Gateshead Thrive – the plan**

**1. What is the Gateshead Plan ?**

**2. The challenges we face**

**3. Who's involved in shaping Gateshead?**

**4. Strategic Direction**

**5. What are we going to do?**

**6. Key principles underpinning the plan**

**7. Programmes and Transformation areas**

**The Gateshead Plan: Top 3 Priorities**

1. Frailty
2. Residents with multiple, complex needs
3. Children and young people's wellbeing and mental health

**8. Enabling strategies**

**9. Financial strategy**

# 1. What is the Gateshead Plan?

# What is the Gateshead Plan?

The Gateshead Plan is not a strategy, it sets out the narrative about why we have come together as organisations and our approach going forward. It is being developed as a single process, with the plan forming the basis of the 2019/20 organisation plan for those NHS organisations in the system and will include:

- ***a direction of travel*** for the medium and longer term, whilst also having a focus on what can be done now in the short term i.e. from 2019/20 onwards (see below);
- ***how we see our relationships with each other***, with local people and with broader collaborative areas;
- ***the financial position across the system*** – financial pressures and our approach to savings/efficiencies proposals from a whole system perspective for 2019/20;
- ***details of system demand***, encompassing health and social care demand growth;
- ***plans for key priority areas*** for 2019/20 (see below);
- ***plans for transformation programmes*** of work (see below);
- ***will link to the expected priority areas of the NHS Plan and Government's Green Paper on adult social*** - Cancer; Cardiovascular & Respiratory; Mental health; and Learning Disability and Autism

# What is the Gateshead Plan?

## **A system plan based on place that supports the thrive agenda**

We are changing health and care in Gateshead. We are determined to plan and deliver health and care differently for the people of Gateshead.

### **We are committed to:**

- **Working together based on trust,**
- **Concentrating on Gateshead**
- **Breaking down the barriers between health and care**
- **Planning health and care together**
- **Delivering health and care together**
- **Using our money and people wisely and well**

# Strategic Outcomes Framework

The development of Gateshead integrated strategic planning is

- complex,
- challenging
- and multi-faceted

However, it provides a unique opportunity to shape, guide and bring together our health and care system in pursuit of a joint vision and a common set of key outcomes that are owned collectively by local health and care partners and local people.

There is an opportunity to strategically plan and commission for better outcomes based upon the Joint Strategic Needs Assessment using the mature relationships and trust that are evident to plan together and deliver together as a whole system.

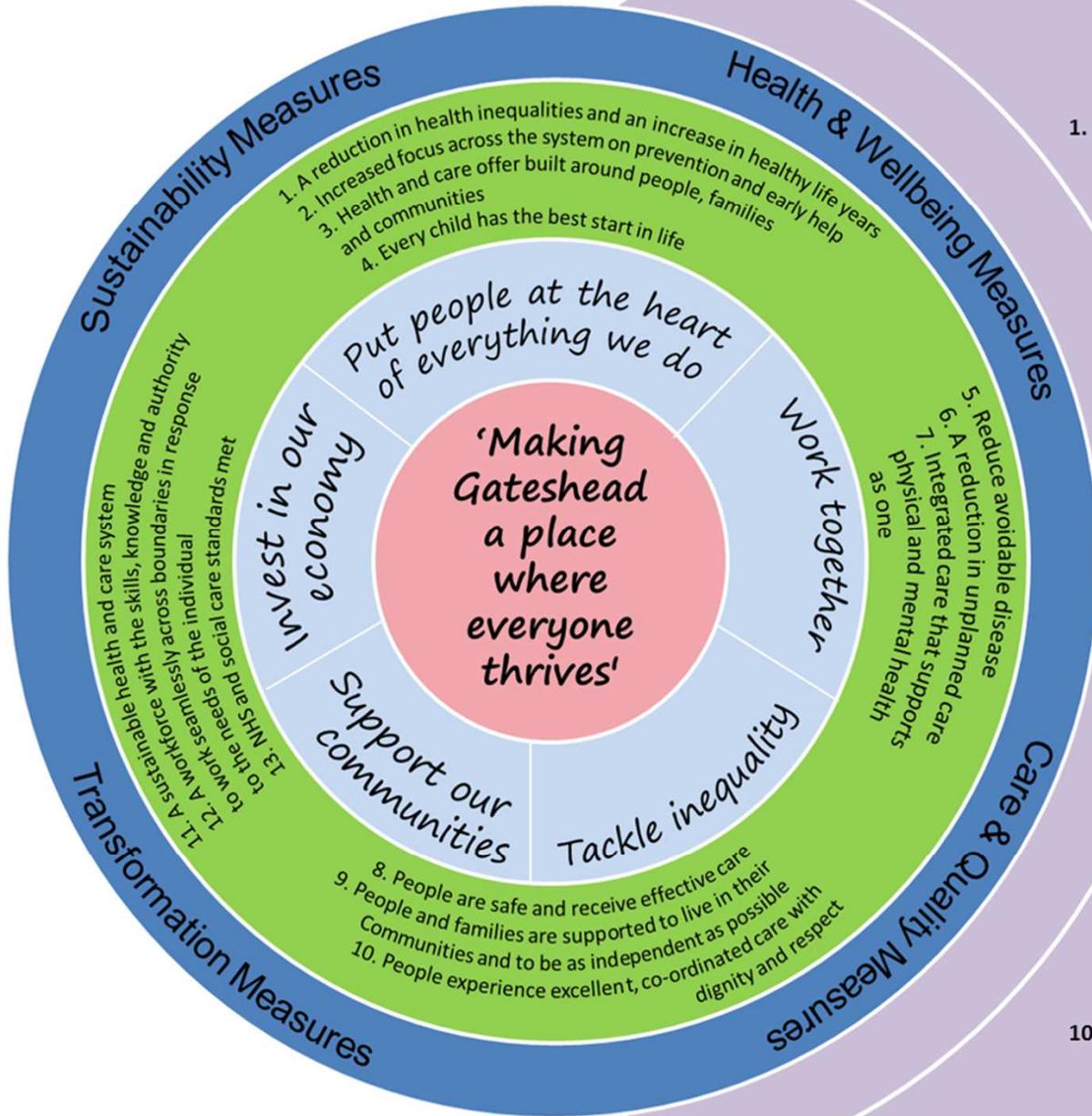
Working closely with Public Health colleagues and using population segmentation will provide us with a measure of what thrive looks like but will also inform the provision of resources where we may choose to target them according to the social gradient.

The strategic outcomes based approach will enable providers to innovate and work across the health and care system (including housing support) over the long term, whilst facilitating a move away from transactional commissioning with a focus instead on transformation based upon population need.

Cross cutting strategic outcomes have been developed that will require providers to work together with commissioners, for example in moving towards more community provision and in delivering the prevention agenda.

There are 13 strategic outcomes that have been developed by the GHCP described in the framework for better outcomes.

# GATESHEAD CARE PARTNERSHIP FRAMEWORK FOR BETTER OUTCOMES

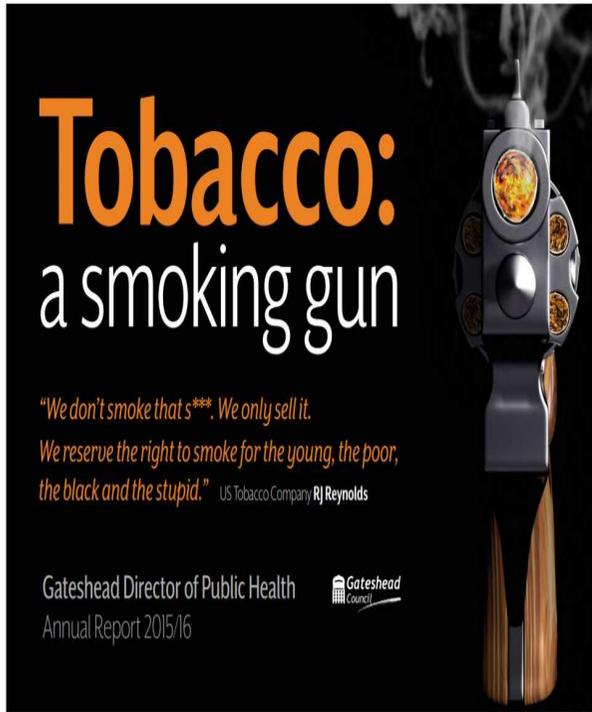


## 10 PRINCIPLES

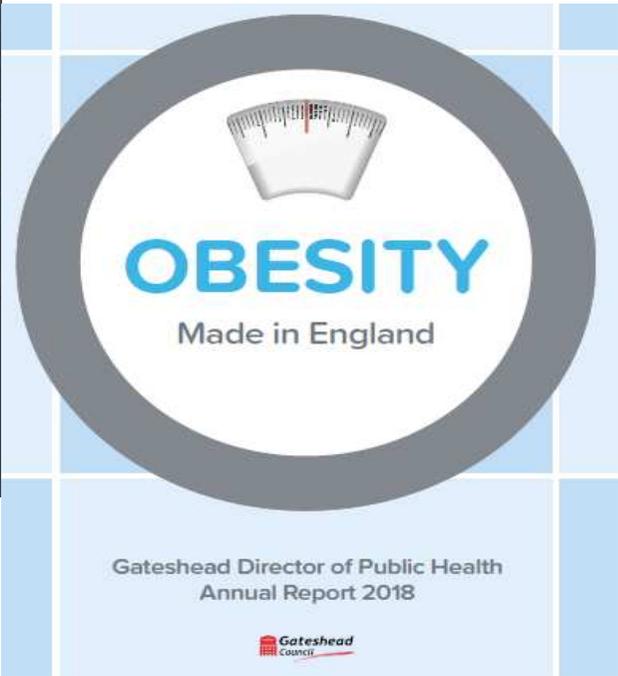
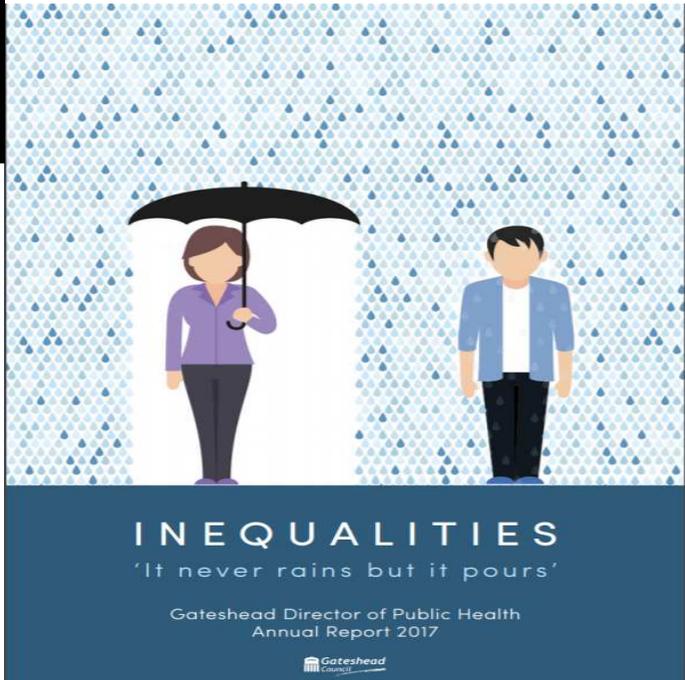
1. Based on needs and priorities as identified in the JSNA.
2. Spans the life course.
3. Localised to Gateshead place and population.
4. Long term (10 years).
5. Aims to reduce inequalities.
6. Meets national reporting requirements for health and care.
7. To include cross cutting outcomes on system working to ensure:
  - A shift towards prevention/early intervention;
  - Shift from acute to community care settings where appropriate.
8. To be delivered by Gateshead health and care partners collectively.
9. Outcome measures must be meaningful and manageable and within the gift of the system to deliver.
10. Measures and targets to be set to track progress against outcomes.

## 2. The challenges we face in Gateshead





**The evidence  
2016 -2018**



# So, you are born in Gateshead, that means.....

*Two babies, born on this day in Gateshead, could have as much as a 10 year difference in life expectancy due entirely to the circumstances into which they are born.*

*If you look beyond Gateshead those same babies could have as much as a 15 year difference in life expectancy when compared to the most affluent area in Britain.*



Baby boy born in the most deprived communities in Gateshead can expect to live on average

**73.2 years**



Baby boy born in the least deprived communities of the English borough with the highest life expectancy can expect to live on average

**88.3 years**



Baby girl born in the most deprived communities in Gateshead can expect to live on average

**76.9 years**



Baby girl born in the least deprived communities of the English borough with the highest life expectancy can expect to live on average

**90.8 years**



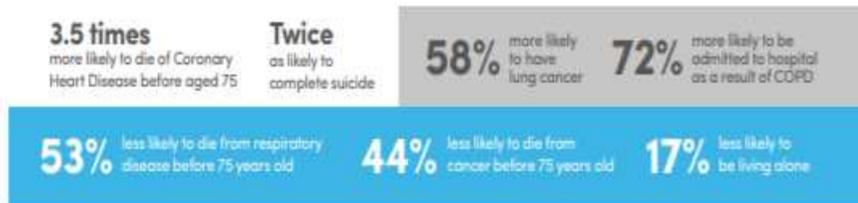
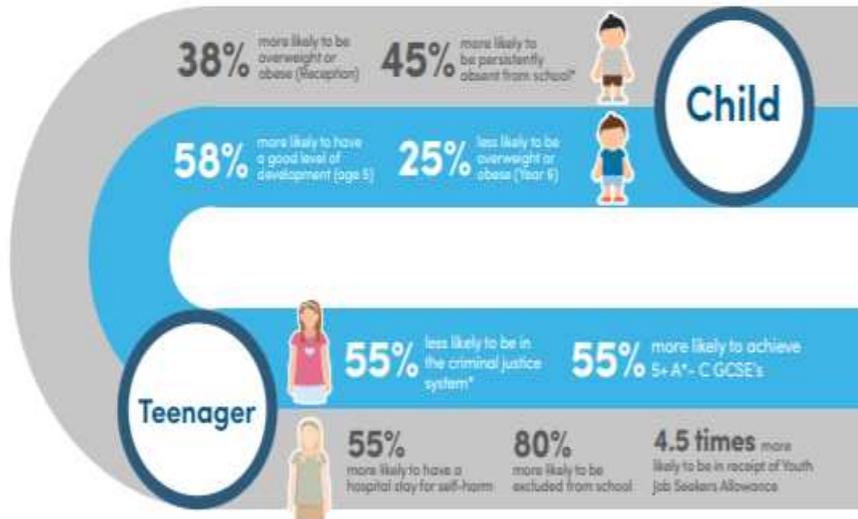
# A tale of two babies



## Most affluent



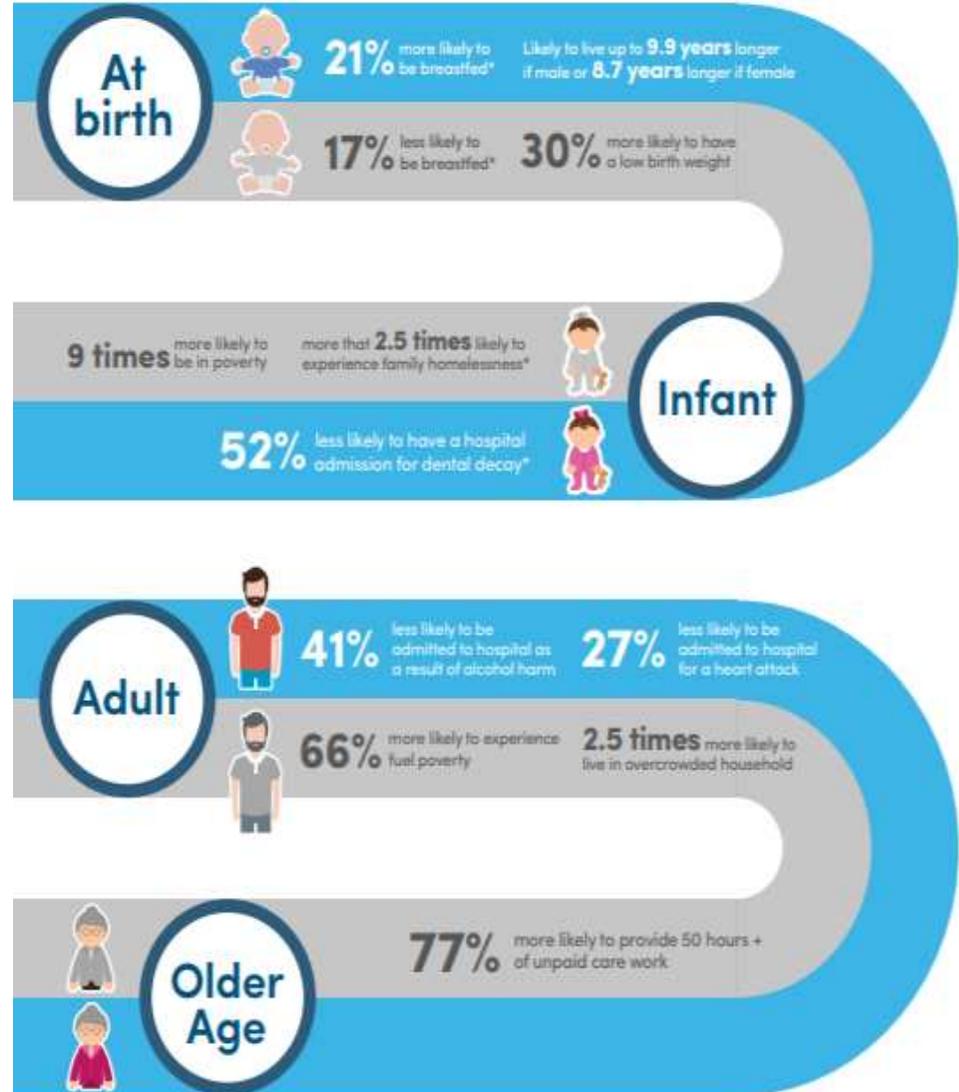
## Most deprived



## A tale of two babies tells our story of inequalities.

It is vitally important to recognise that no outcome is set in stone. However the story aims to illustrate the potential variation in the opportunities and difficulties two babies might encounter throughout their life based on the circumstances into which they are born.

It highlights a demonstrable bias in the way our current systems are set up to benefit, to a greater extent, those in more affluent circumstances. With determination and collaborative effort we can reduce this injustice.



## So, you are born in Gateshead that means.....

you feel the burden caused by austerity and welfare reforms which have been greater in the North than the South of England - exacerbating further the difference in health

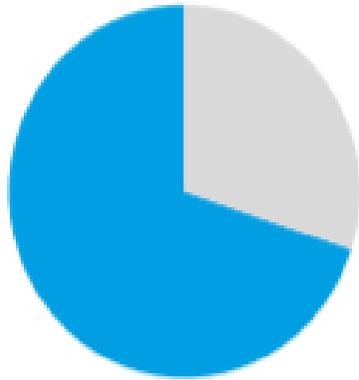
you could be one of more than 23,600 people who live in a neighbourhood with deep levels of deprivation.

you are more likely to experience poor health outcomes compared to people living in the South of England

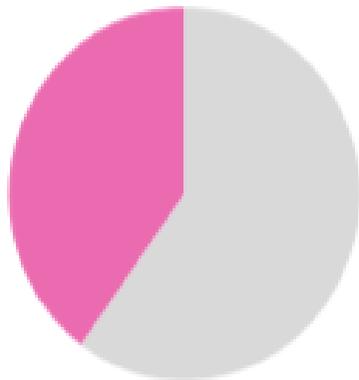
you live in the 73rd most deprived area out of the 326 local authorities in England

you are more likely to die sooner and experience more illness or disability than people living in the South of England

# In 1962

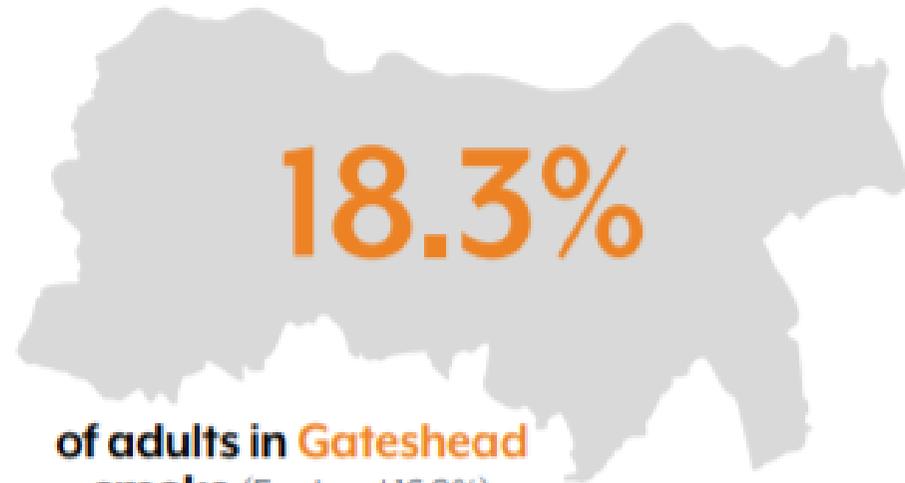


70% of men smoked



40% of women smoked

# In 2016



of adults in **Gateshead** smoke (England 16.9%)

That's **29,485** people.



12.4% of 15 year olds in Gateshead smoke (England 8.2%)

That's **280** 15 year olds.

Current data shows



have excess weight.

This is significantly worse than the England average of 64.8%.



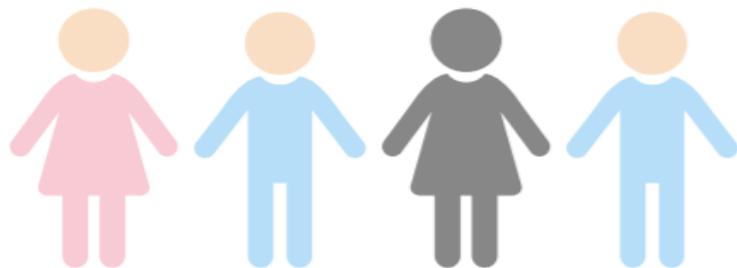
**Two in every three** adults in Gateshead has excess weight

**One in four** adults in Gateshead are obese

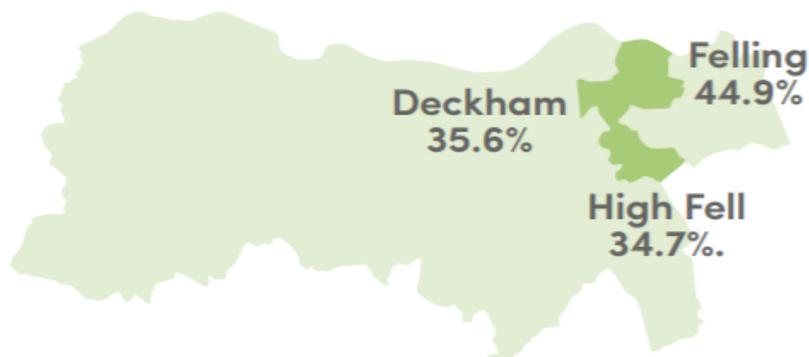


# Where you are born in Gateshead also makes a difference....

1 in 4 children in Gateshead live in poverty



The highest levels of child poverty in the borough can be found in three wards:

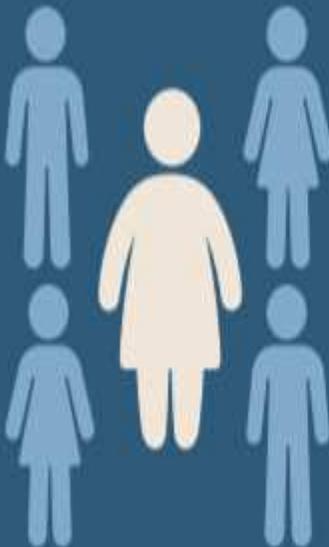


- A man living in the Bridges area on average lives 9.3 years less than a man in Whickham South and Sunnyside.

- A woman living in Felling lives on average 7.7 years less than a woman in Whickham South and Sunnyside.



In the most **deprived** areas of Gateshead the proportion of obese adults is almost **double** that in the least deprived.

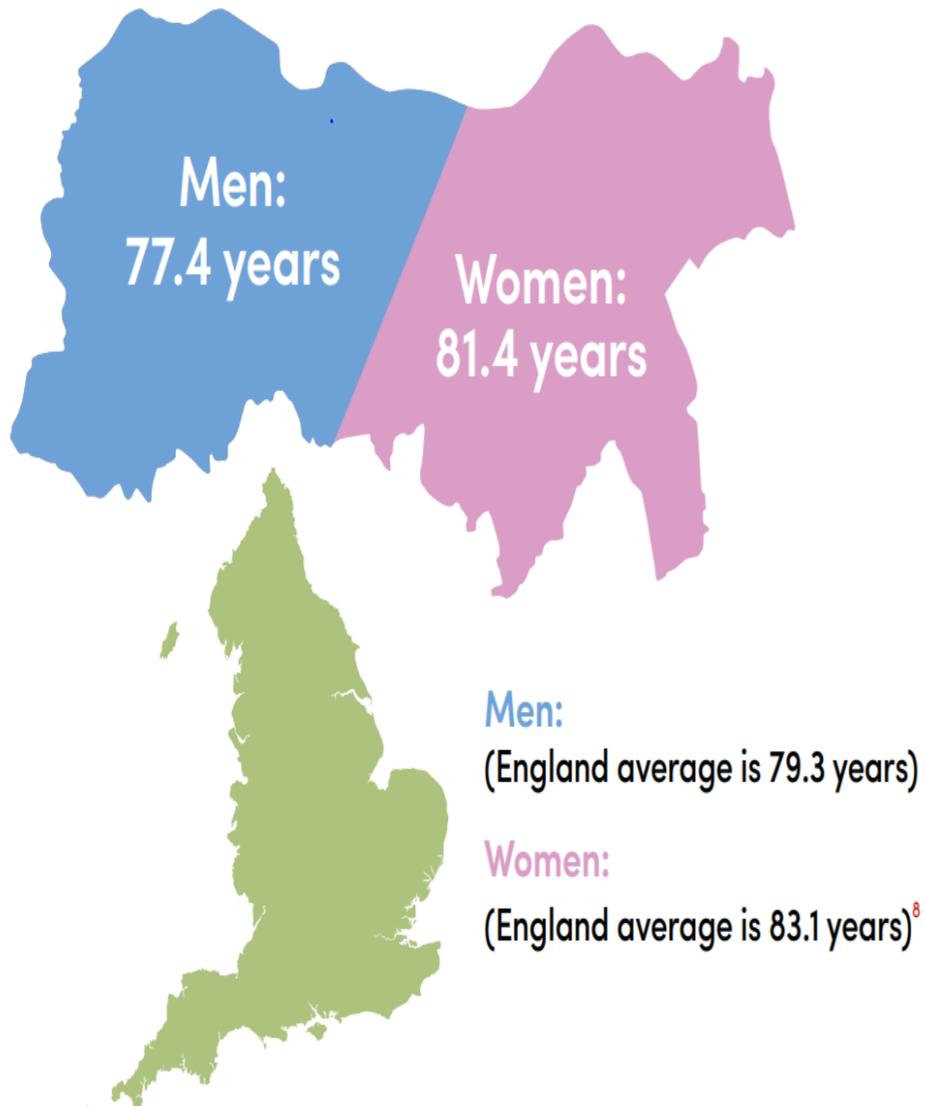


Over **one in five** children in Gateshead start school overweight or obese.

By Year 6, in Gateshead **over 1 in three** children are overweight or obese

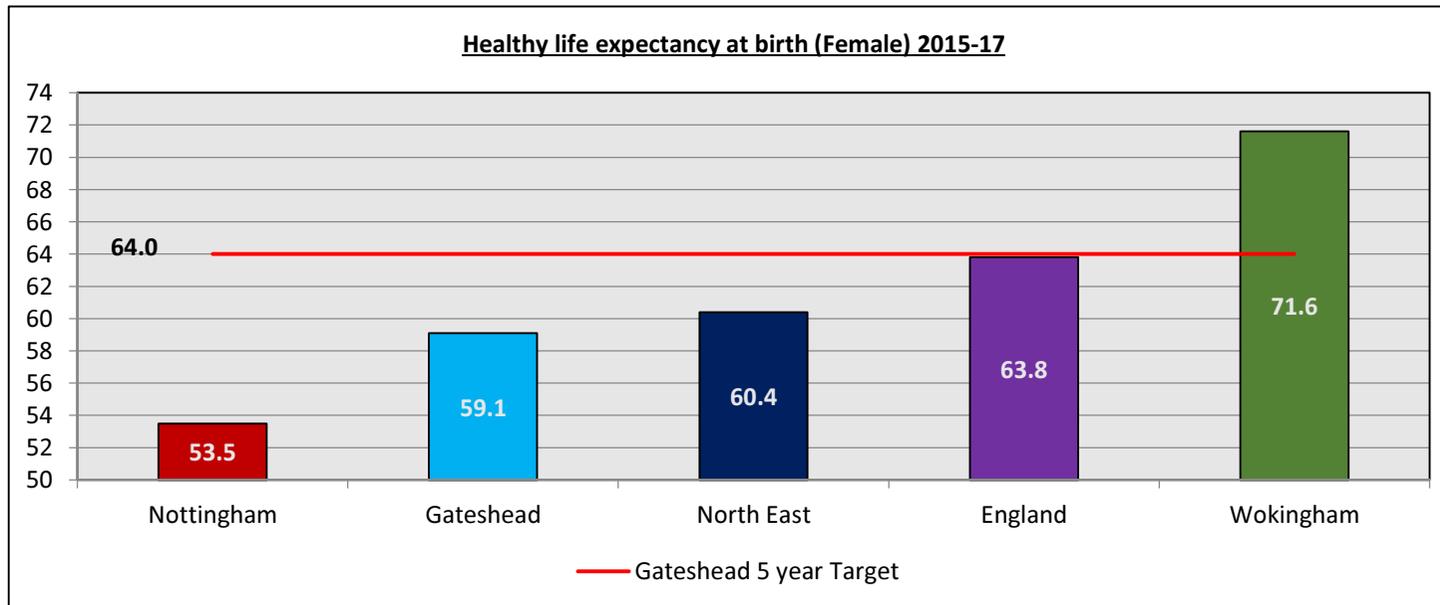
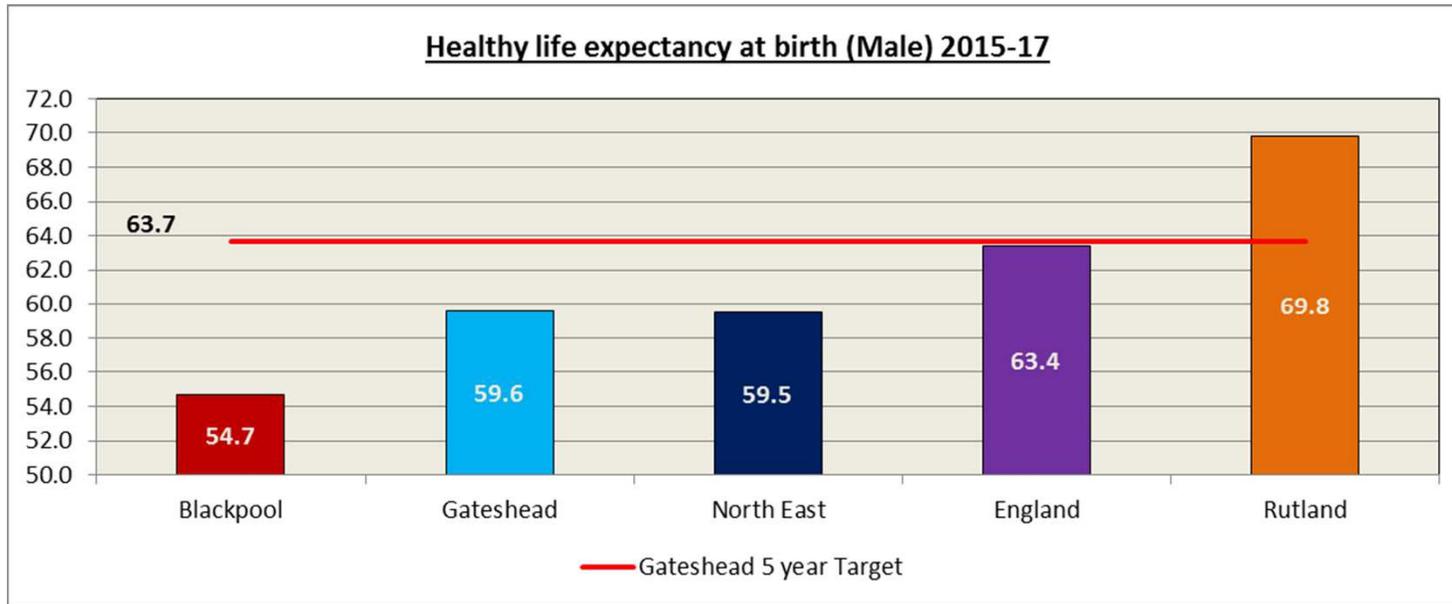


## Life and Death Gateshead v England



The social determinants of health' are all interconnected - how old you are, whether you're male or female, what kind of house you live in, how well you did at school, if you have a job and what kind of a job it is, how active you are and the quality of the environment around you.

## Healthy Life Expectancy In Gateshead

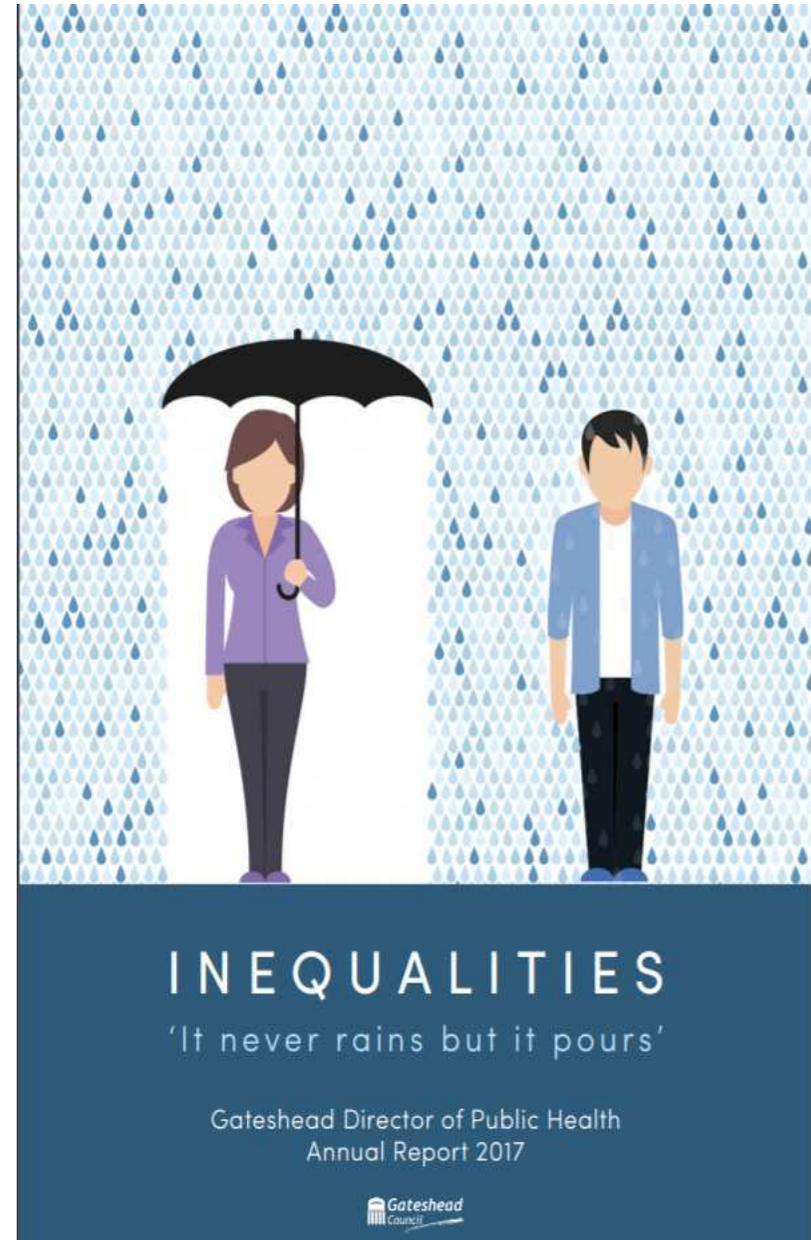


## *DPH Strategic recommendations 2017*

*The Health and Wellbeing Strategy should be renewed, adopting a much longer term approach, with a strengthened vision to address inequalities. This needs to include measures to address the social determinants of health alongside prevention and early intervention at every level.*

*Partners in Gateshead should shift the focus from managing the burden of ill health to promoting actions that create the right conditions for good health through the employment of a robust Health in all Policies approach.*

*The Council and its partners should target resources to those individuals and communities most in need. Robust evaluation of reach and impact should be undertaken regularly using a Health Equity Audit approach.*



# Inequalities, RightCare and Population Health

Inequalities in health outcomes in the North East are related to the 'wider determinants' of health rather than on healthcare experience.

Many of these wider determinants are factors and are an integral part of the place (work, housing, environment etc) and are largely the responsibility of local government, all partners working closely together to identify opportunities to support the reduction in health inequalities.

By using RightCare alongside the local intelligence such as the JSNA we are able to ensure our plans focus on the opportunities which have the potential to provide the biggest improvements in health outcomes and reductions in health inequalities.

## Health & Wellbeing

9.6

Inequalities in male life expectancy (years)

8.8

Inequalities in female life expectancy (years)

13.3%

Estimated smoking prevalence

48.1

Premature mortality rate due to CHD (per 100,000 population)

16.4

Premature mortality rate due to stroke (per 100,000 population)

35.9

Premature mortality rate due to respiratory conditions (per 100,000 population)

10.7%

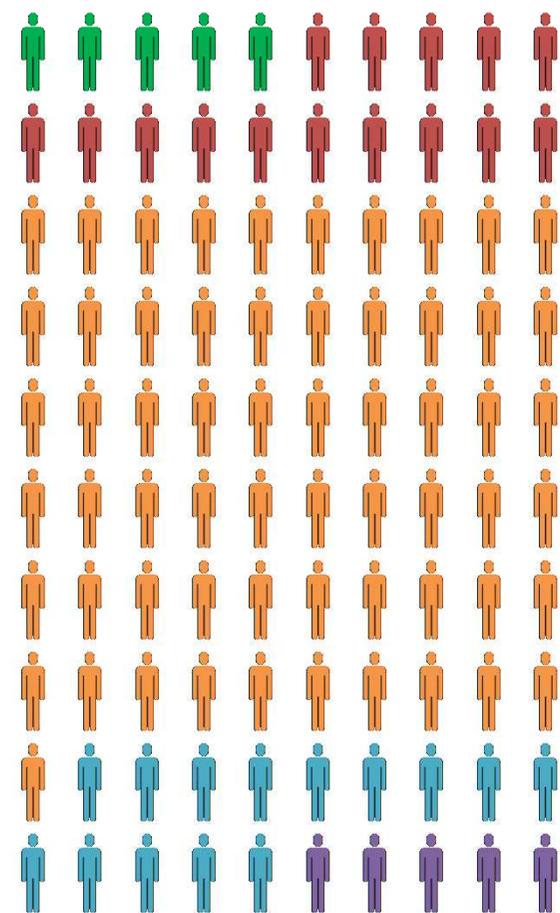
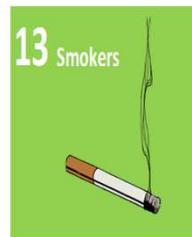
Obesity prevalence

# Population

If Gateshead was a village of 100 people

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- 6 x Diabetes
- 4 x Heart Disease
- 17 x Raised Blood Pressure
- 3 x Cancer
- 1 x Dementia
- 1 x Severe Mental Illness
- 7 x Asthma
- 2 x Stroke
- 22 x Long Term Illness
- 25 x Living in 'Most Deprived' Quintile



# 3. Who's Involved in Shaping Gateshead?



# Gateshead Federation of GP Practices (GFGP)



Northumberland,  
Tyne and Wear  
NHS Foundation Trust



Newcastle Gateshead  
Clinical Commissioning Group

We have come together as the  
Gateshead Health and Care  
System



The Newcastle upon Tyne Hospitals   
NHS Foundation Trust

# 4. The Strategic Direction



# Why did Gateshead health and care organisations come together?

- Gateshead boasts some of the best health and care services, but stubborn health inequalities persist (both within Gateshead and relative to the rest of the country)
- We have layered resource on top of existing resource to respond to need in a silo way - expensive and inefficient!
- People have told us their experience of care is fragmented
- Where our system has needed to be strongest (e.g. for people with multiple and complex needs), it has often been the weakest
- Add workforce challenges and financial sustainability into mix.....

**.....we understood that we needed to work differently to deliver better outcomes for local people with less resource**

# Our journey so far

September 2017 and April 2018 - report to Health and Wellbeing Board setting out the thinking of the health and care system leaders about the opportunities for integrating health and care services with the explicit aim of improving the health and wellbeing outcomes of Gateshead residents.

**June workshop 2018**  
A week-long workshop to develop emerging ideas further. The outcomes from the workshop were presented to Board members at a report-out session before its July meeting and a commitment was made to bring a progress update back to the HWB board in the Autumn.

A key outcome from the June workshop was the commitment to pursue a **'primacy of place'** approach in taking forward health and care integration in Gateshead.



## Our journey so far

*Our place-based approach has implications for our relationship with wider footprints/ 'collaborative areas' at Integrated Care System (ICS) level and Integrated Care Partnership (ICP) North level that include Gateshead. As a local system, we have made it clear that we see the role of the ICS/ICP as being to support our journey and local working arrangements across health and social care.*

# Place based approach

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- ✓ as far as possible, integrated planning (commissioning and provision) of services takes place at a Gateshead Place level with services being provided as close to peoples' homes as possible

- ✓ Gateshead System designed, locally delivered, health and care

- ✓ the importance of local people, local politicians and local professionals being directly involved in decisions about the future of health and social care in Gateshead.

- ✓ A clear, shared and consistent narrative describing what we are seeking to achieve for the benefit of local people
- ✓ Our local 'ask' from the ICP/ICS is clear
- ✓ Opportunities to address the key enablers to integration at a broader footprint such as workforce, IT etc.

- ✓ decisions are made as close to 'place' as possible, strengthening local democratic accountability in developing and implementing new models of care
- ✓ leaders of place with a population focus, local government have a key role in shaping an environment that creates the conditions which facilitate good health across the life-course - housing, economy, employment etc.

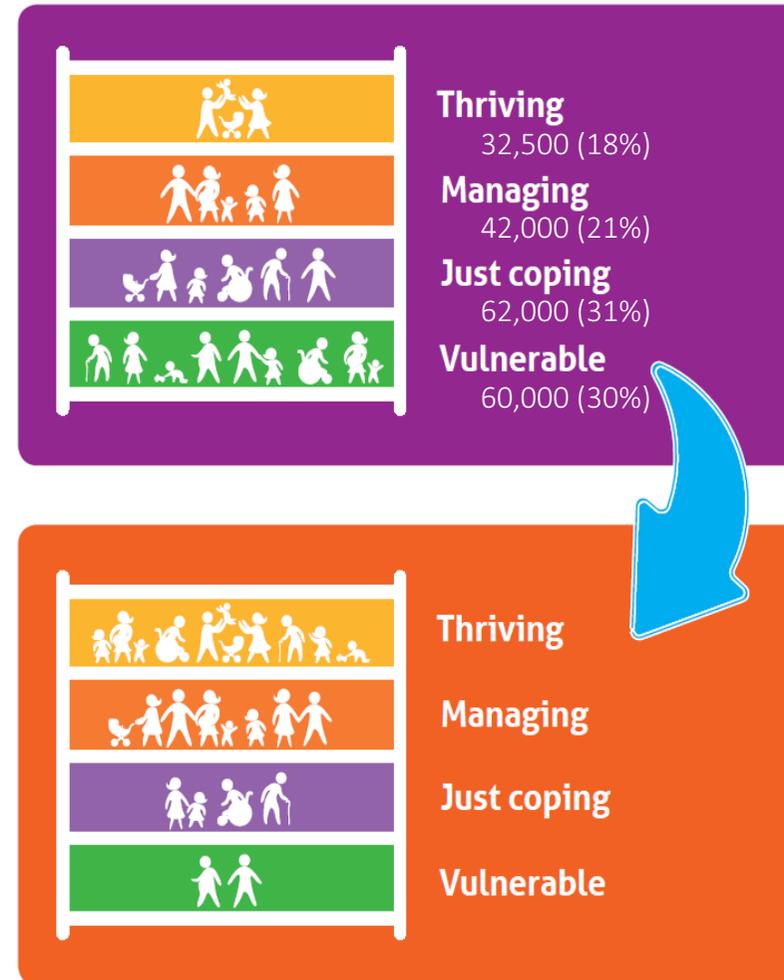
# Helping people to Thrive in Gateshead

The focus for the system is to shift care upstream to prevent the levels of ill health our population experiences, to provide integrated and proactive care and support whereby ill health is managed earlier and more effectively. These approaches have been shown to reduce the need for high cost acute care and long term care packages thus managing cost and improving health and wellbeing.

# Thrive agenda

## Making Gateshead a place where everyone thrives

Intelligence we hold about our population tells us that at present, the majority of the Gateshead population are either vulnerable, or only just coping, with less than 40% of the population managing or thriving. The Thrive strategy aims to turn this around, so that only a small minority are vulnerable or just coping, with most people doing well.



# Our Thrive agenda for Gateshead has five pledges



1

- Put people and families at the heart of what we do;

2

- Tackle inequality so people have a fair chance;

3

- Support our communities to support themselves and each other;

4

- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the Borough;

5

- Work together and fight for a better future for Gateshead.

# 5. What Are We Going To Do?



# Aims and Objectives of the GH&C System

The Gateshead Health and Care Plan recognises that population health cannot be achieved through provision of services alone.

This can only be achieved through linking strategy with the wider determinants of health such as housing, education, and employment as well as being able to empower people and communities to be more active partners in their health.

Therefore our aims and objectives are to :

- shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help. As part of this, ensure that a shift in activity is accompanied by a shift in resource as appropriate i.e. that money follows the patient/service user;
- support the development of integrated care and treatment for people
- create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity, getting the most from the Gateshead £.

## There will be a shared system in Gateshead that is collectively responsible for:

A system designed to address our issues;  
A People Strategy that encompasses all of our workforce, including carers, volunteers and service users themselves;

An IT Strategy that links with work at broader footprints  
Developing a single narrative for Gateshead and speaking with one voice.

**Services designed and delivered by locality based teams (primary care, community, social care), place based teams (secondary care), ICP teams (some secondary & most tertiary care) putting Gateshead people and the thrive agenda at the heart of our strategic planning;**

Designing the system and leading areas of work;  
Planning, delivery, assurance and accountability;  
Making best use of estates

Developing the Strategic Outcomes Wheel for the local system, securing the best value from the Gateshead £, consistent with our place based approach;

## Proposed approach: Primacy of Place

- ***We will have*** no purchaser provider split in Gateshead – partners are bound together in interests of the Gateshead population;
- ***We will have*** outcomes focused strategic planning;
- ***We will*** be prepared to make some radical changes;

# What does it mean for our organisations and ways of working?

- Gateshead speaks with a single voice – in Gateshead, across the NE and to our regulators
- System ownership – we are one Gateshead
- Joint problem solving
- No blame
- Aligning organisation aims and objectives to the system vision and priorities
- Reviewing planning / budget cycles and processes to align with system needs
- Adopt and apply the financial principles

## 6. Key principles underpinning the plan



# Governance and System leadership



# Governance our Memorandum of Understanding (MOU)

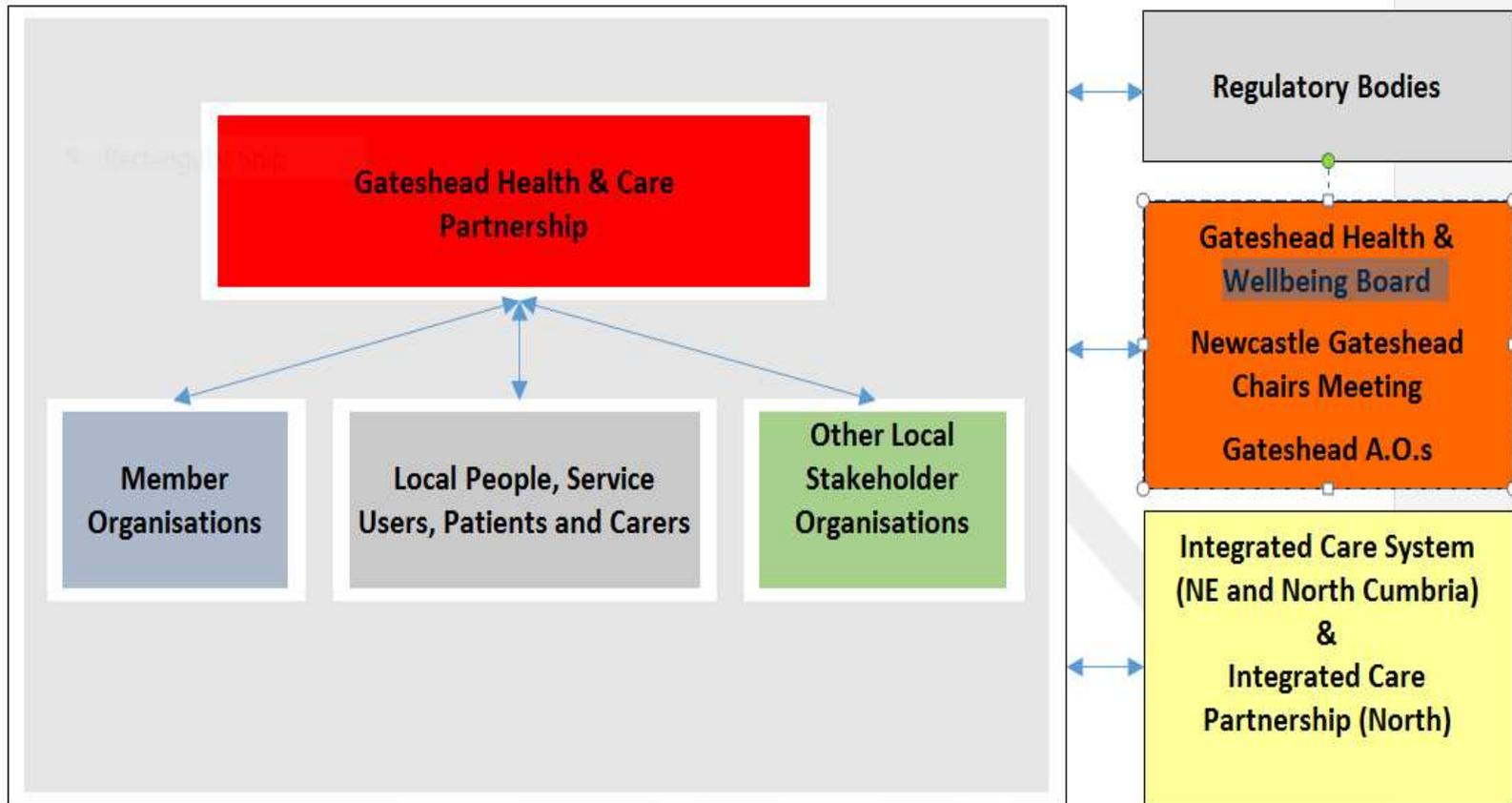
An MOU has been agreed by all organisations in the system.

The M.O.U sets out the arrangements within which the Gateshead Health & Care System will work together for the benefit of people and communities within Gateshead so that their health and care needs can best be met within available resources to the local system.

Key components include:

- An extended system membership, reflecting a whole system approach;
- An MoU based on trust – not a non-legally binding document;
- A statement of commitment from system members – to play a significant, active and ongoing contribution to enhancing the health, care and wellbeing of local people in a way that is locally sustainable;
- It does not replace the legal frameworks or responsibilities of our organisations;
- Nothing in the MoU will prevent organisations from meeting their statutory responsibilities;
- Decision making would be based upon a consensus approach, with a voting arrangement in place as a backstop measure only.

# Gateshead Health & Care Partnership & Relationships



# Governance – roles and responsibilities

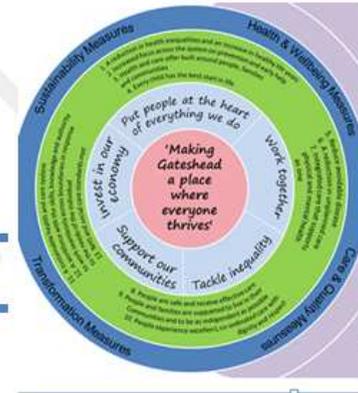
- **Accountable Officers (AO)** - To ensure senior leaders have excellent relationships with those leading the system, 6 weekly dedicated Gateshead informal updates will be added on to the AOs Newcastle Gateshead meetings. The AOs are now collectively the arbiter of disputes. AOs would be appraised of progress via their representative and at the Gateshead Health and Wellbeing Board.
- **Senior Responsible Officers (SRO)**- The system has chosen to support 10 transformation areas and prioritise 3 areas. Each area has an SRO nominated from the System there to help be a link to each of the transformation work programmes recognising that there are many established existing structures that need to be coordinated and supported by the system
- **Membership of the Weekly meeting.** Those attending the meeting on a weekly basis do so in one of two roles:
  - **Role 1:** designated officers acting on behalf of their organisation with full delegated responsibility within the remit of their organisational boundaries. These members carry the voting rights of their organisations. These officers need formalising so there is clarity who the designated officer is for each organisation
  - **Role 2:** organisational representatives or subject experts attending the meeting to offer advice and guidance to the system. At present there is no limit on these numbers.

# How will we recognise success?

We have a greater focus on reviewing quality, performance, finance and planning at a local system level i.e. moving the lens from a focus on individual organisations to a focus on the system as a whole.

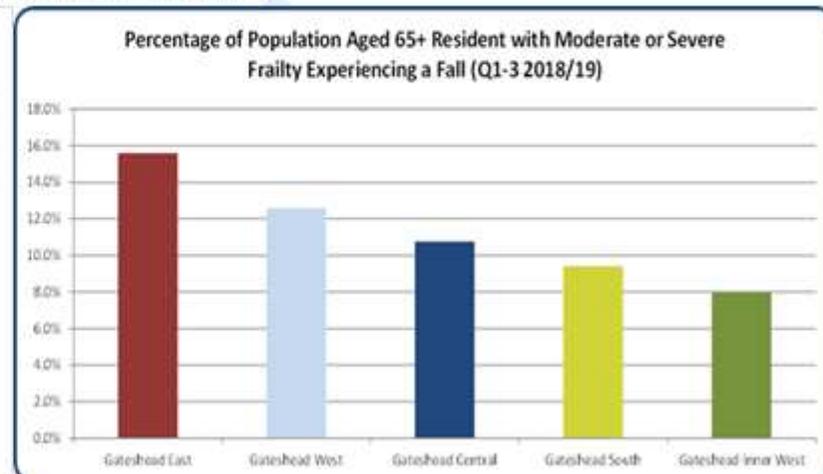
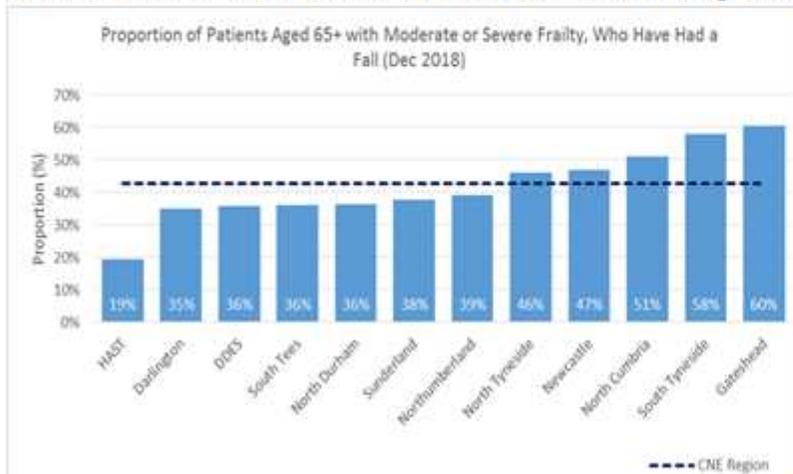
A new Gateshead system report is in development which includes reporting progress on the transformation priority areas.

Gateshead System Report  
November 2018



## Gateshead System Transformation Indicators - Frailty

### Patients 65+ with moderate or severe frailty who have had a fall



# Interface with the Integrated Care System (ICS) and Integrated Care Partnership (ICP)



## Integrated Care System

The long term ambition for the people of the North East and North Cumbria (NENC) is to transform health outcomes and help them to live longer, healthier and wealthier lives.

An aggregated NENC System Operating Plan has been developed to provide a supportive narrative to articulate how NENC ICS will deliver the requirements of the NHS Operational Planning and Contracting Guidance.

It has been built up from Place level discussion, where there is active engagement with local government and community and voluntary sector partners, through to ICP level plans and active collaboration with NENC wide priority programmes including Health Education England. These 2019/20 planning submissions align with, and support delivery of, NENC's longer term priorities.

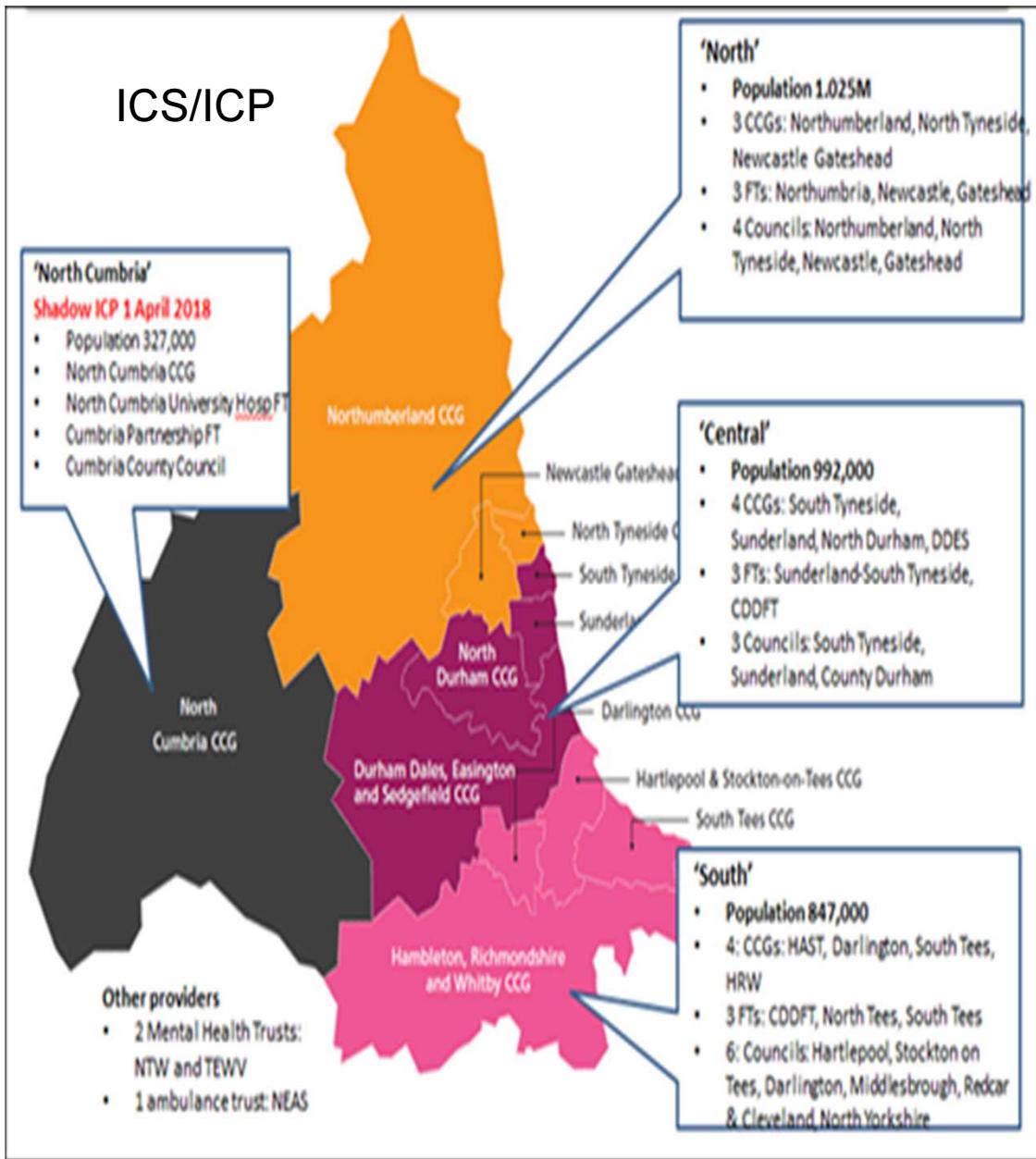
## Integrated Care Partnerships

The region is divided into four sub geographies called integrated care partnerships (ICPs), where collaboration takes place between place-based commissioners and place-based providers. Newcastle Gateshead CCG sits alongside Northumberland and North Tyneside CCG as part of the 'North' ICP.

The North ICP is building on a long history of partnership working across health and social care, and through this collaboration the results have been positive and greater than any individual organisation could have achieved alone

As a footprint the North ICP is growing and developing, and is starting to understand what working together as a system might offer in facing the challenges ahead, and delivering much more for the people who we serve.

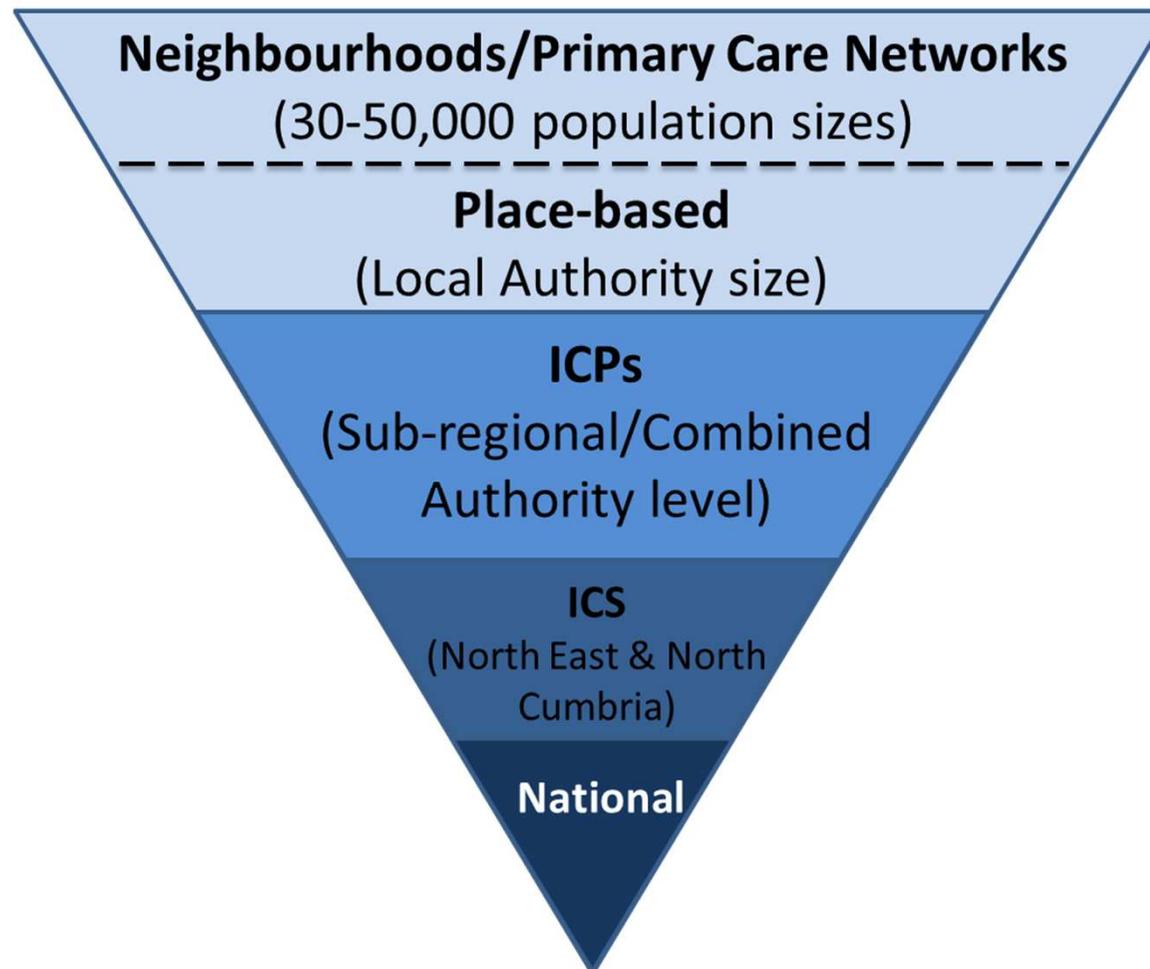
# The four Integrated Care Partnerships in the ICS and the interface with the Gateshead Health and care System



## Gateshead Health and Care System



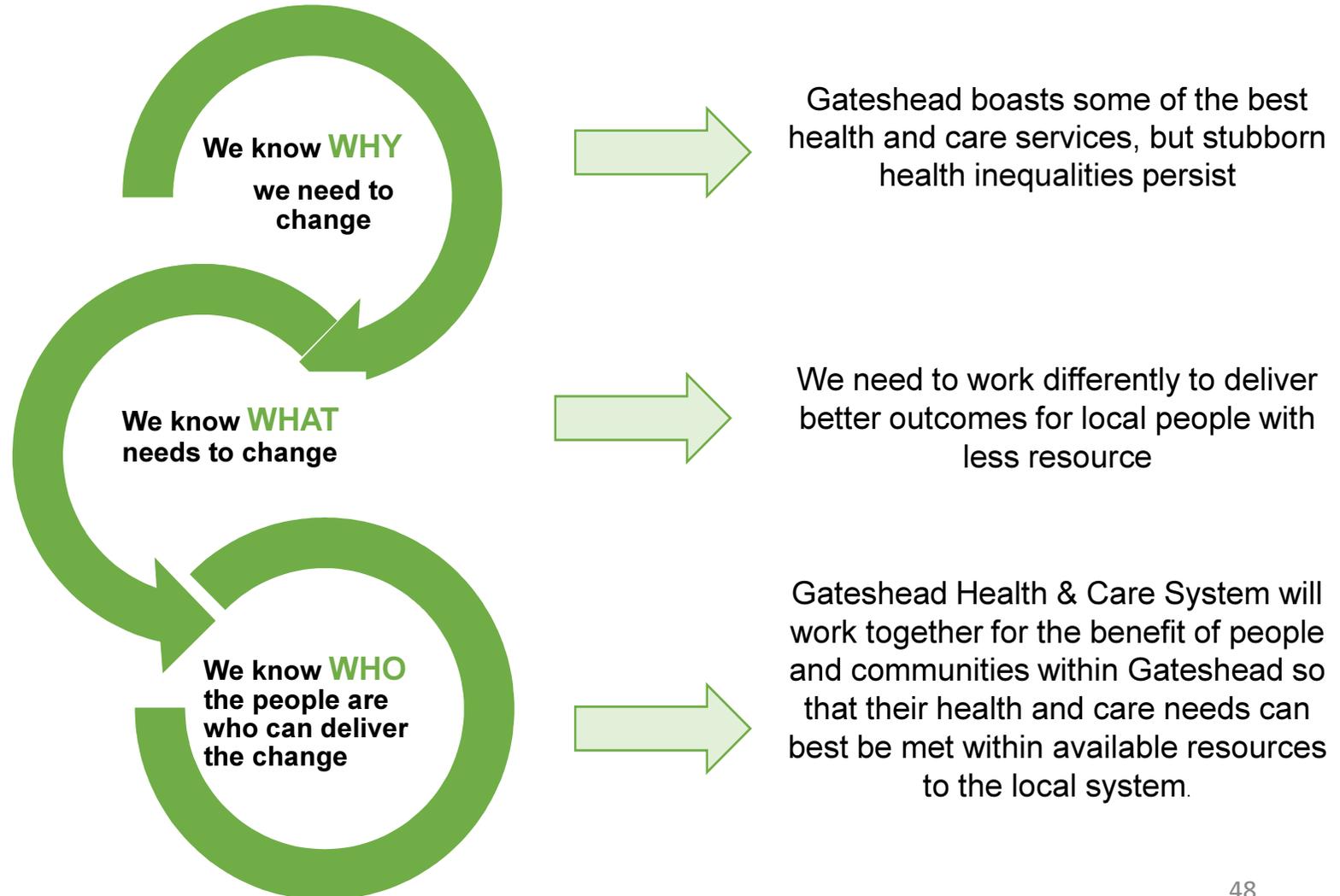
# Gateshead 'Primacy of Place' based approach to health and care integration



# 7. Programmes and transformation areas



# Delivering the Gateshead plan



# So how will we deliver the Gateshead plan?

Through our primacy of place approach we said

- we will deliver services that are designed and delivered by locality based teams (primary care, community, social care), place based teams (secondary care), ICP teams (some secondary & most tertiary care) putting Gateshead people and the thrive agenda at the heart of our strategic planning.
- our partners are bound together in interests of the Gateshead population
- we will have outcomes focused strategic planning;
- we are prepared to make some radical changes;

We are already seeing the results of, and gaining recognition for this approach with the Gateshead Care Partnership winning the 2018 HSJ Award for improved partnership working between health and local authority.

During the Gateshead System workshop week, it was agreed to oversee a number of transformation programmes. The rationale for doing this was:

- To share our transformation capacity, especially people;
- To align our current and future transformation activity to our joint planning arrangements;
- To avoid duplication and unintended consequences
- To reduce meetings covering the same activities
- To provide direction in working to deliver the outcomes framework
- To resolve any barriers/issues to taking work forward
- To reduce the 'burden' of 'over consultation' on patients and carers
- To mitigate our financial challenges, manage demand and enhance service quality and safety.

**However, we need to ensure alignment of our plan, vision and work plans.**

# Transformation Areas

## **We were clear that:**

- We wanted to act together to mitigate our financial challenges;
- We would concentrate on high value, system wide transformation activity;
- It is important to link transformation activity, finance and service planning.

## **To ensure our work programme is manageable and our oversight effective, we have made the distinction between:**

- Transformation programmes which aim to change services across the system and have implications for more than one partner;
- Bi-lateral discussions between partners;
- Service developments which are predominantly about improving the internal operations of one partner;
- Operational and transactional matters which highlight individual cases or minor changes

## **Therefore:**

- Each work stream has identified their strategic vision for co coordinating integrated services across the Gateshead system, articulating how can it be delivered at place in 2019/20 and aligned to the framework for better outcomes.

## **The leads for the transformation areas have considered:**

- What can be done differently to join up our approach across the system for the benefit of local patients/ service users?
- Is there anything that can be done to differently to reduce cost within the system in the short and longer term?
- Is Gateshead an outlier currently and, if so, what can/is being done to address this?

# Transformation Areas

The following transformation programmes have been identified and have now been included as part of the Group's work programme, with the top three priority areas highlighted below:

1. **Frailty**
2. **Children and Young Peoples' wellbeing and mental health**
3. **Residents with multiple and complex needs**
4. **Deciding Together, Delivering Together**
5. **End of Life Care**
6. **Intermediate Care**
7. **Community Transformation**
8. **Community Model for Learning Disabilities**
9. **Falls**

## Programmes of Work

	Workstream	System Sponsor	Project Manager
1	Frailty	Steve Kirk (GP Fed)	TBC
2	Residents with multiple and complex needs	Susan Watson (QE)	Funding identified
3	Children and Young People's Wellbeing and Mental Health	Caroline O' Neil / Lynn Wilson (LA)	Catherine Richardson
4	Deciding Together, Delivering Together	James Duncan (NTW)/Chris Piercy (CCG)	Caroline Wills
5	End of Life Care	Jane Mulholland, up to June 2019 (CCG)	CCG colleague identified
6	Intermediate Care	Steph Downey (LA) Julia Young (CCG)	Sam Corras
7	Community Transformation	Michael Laing (GHNT)	Gill Wigham (GHNT)
8	Learning disability	Steph Downey (LA)	TBC
9	Falls	Alice Wiseman (LA)	Natalie Goodman

# 1. Frailty

# Frailty

## What is the strategic vision?

Frailty ICARE is the regional approach to Frailty led by the “Care Closer to Home” programme of the North East, North Cumbria ICS

The Regional ICARE toolkit was launched at a Regional workshop on 4th September with the expectation that each area subsequently initiates and sets up an integrated, system wide approach to design and implement a programme of work to meet the outcomes set out in the Regional Frailty toolkit [www.frailtyicare.org.uk](http://www.frailtyicare.org.uk)

The aim of the Frailty ICARE Toolkit is to “drive the development of better ways of preventing frailty and supporting those living with frailty”

To initiate and plan the programme of work to deliver the outcomes of the Frailty ICARE toolkit, a Gateshead System wide Frailty group is established and will incorporate existing Frailty groups and improvement work already underway, the Gateshead system wide Frailty group will be called the Gateshead Integrated Frailty Group.

## What can be done in 2019/20 to help deliver / move things forward?

The Gateshead Integrated Frailty Group includes representation of all relevant organisations across the Gateshead System with nominated representation signed off by the Gateshead Health and Care System Group.

A mapping exercise based upon the outcomes identified within the Frailty ICARE toolkit has been undertaken with all organisations to identify the baseline position.

A workshop was held in February 2019 for all members of the GIFT to share, discuss, and develop the subsequent action plans which will develop from the mapping exercise to meet the Frailty ICARE toolkit outcomes

These actions plans will identify any required resources, support etc required from the Gateshead Health and Care System Group

The group will report progress to the Gateshead Health and Care System Group on a bimonthly basis

# Frailty

## How will this align with / help deliver the 13 strategic outcomes?

The Regional Frailty ICARE toolkit outcomes are consistent with the outcomes identified within the Gateshead System outcomes Framework and was approved and signed off as such at the Gateshead Health and Care System Group.

## What support is needed to achieve this in 2019/20?

The Gateshead Health and Care System Group will be required to provide support, direction and approval of implementation plans and any associated resources to the Gateshead Integrated Frailty Group (GIFG) and provide resolution of any difficulties/blocks across the system which would prevent GIFG meeting the outcomes of the Frailty ICARE toolkit

## **2. Residents with multiple, complex needs and frequent attenders**

# Residents with multiple, complex needs and frequent attenders

## • What is the strategic vision?

The Gateshead Homelessness and Multiple and Complex Needs HNA has assessed the scale, nature and impact of homelessness combined with complex and multiple needs in Gateshead in order to provide information which can be used to address the wider determinants of health and influence strategies and actions to prevent and alleviate homelessness and reduce health inequalities for this group.

The HNA has demonstrated the considerable overlap between homelessness and a wide range of other health and support needs - homelessness is not just a housing issue.

Homelessness is not inevitable but the HNA shows we are still not solving it, we still have occurrences in the Borough: 3,322 presentations to Housing Options, 211 homeless in priority need, 110 homeless not in priority need, 457 referrals to Supported Housing, Fulfilling Lives: 14 rough sleepers, 50 Hidden Homeless, Basis@363: 163 rough sleepers, 578 hidden homeless, Hard Edges Report: 3,325 in multiple and severe disadvantage

## • What can be done in 2019/20 to help deliver / move things forward?

- A Public Sector Reform (PSR) is being established to consider the needs of those with multiple and complex needs.
- In addition to this the Foundation trust has been leading some work on frequent flyers with the aim of connecting the two aspects to understand, for example are these the same group of people
- Coordinate homelessness prevention and support to include preventing all domains of homelessness (statutory homeless, single homeless, rough sleepers, hidden homeless, multiple exclusion homeless, severe and multiple disadvantage) across Gateshead Council and partners.
- Join up across the system to commission and deliver coordinated, preventative services which are designed to understand and respond to the whole person and are able to work effectively with multiplicity of need.<sup>57</sup>

# Residents with multiple, complex needs and frequent attenders

How will this align with / help deliver the 13 strategic outcomes?

What support is needed to achieve this in 2019/20?

## **3. Children and young people's mental health and wellbeing**

# Children and young people's mental health and wellbeing

## What is the strategic vision?

Following extensive listening and engagement with Children Young people and their families the CCG working with a range of statutory and 3rd sector providers is developing a programme of Transformation.

We have heard Children and young people want easier access to community based services with shorter waiting times, with a particular emphasis on multimedia access and using technology, moving away from health focus to a community focus.

We know the waiting times have been too long and in the past there have also been examples of Children and Young People experiencing difficulty in getting the help that they need.

In regard to improving outcomes for children and families, No Health without Mental Health published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.

In addition to this work as a system we need to work together to deliver tier 1 work through the 0-19 contract as well as into schools and through mental health support teams via the mental health trailblazer pilot.

## What can be done in 2019/20 to help deliver / move things forward?

The children and young people's mental health service is mainly commissioned by Newcastle Gateshead CCG. Currently investment is £7.4m which includes a contribution of £180k by Gateshead council. The costs are broken down as follows:

- Northumberland, Tyne and Wear Mental Health Trust (NTW) £6.5m with a non-recurrent amount of funding also agreed £448,000.
- South Tyneside Foundation Trust (STFT) who deliver early help low level services have a contract circa £400,000.

The above costs exclude Voluntary and community services (VCS). There are four main VCS including Streetwise, North East Counselling Service, Children North East and Kalmer Counselling with a combined contract value of £300k.

The CCG also have a separate contract with Barnardo's to deliver services for bereavement and sexual abuse.

The service that will deliver tier 2 and 3 services will be commissioned via 2 new specifications. Getting Help (tier 2) which also includes the single point of access and Getting More Help (tier 3).

We will need to implement the new specifications with a lead provider. Negotiation between the CCG and NTW are underway with an expectation that these will be adopted in April 2019.

The successful trailblazer bid (embargoed until next week) will also see training of support team staff November and December 2018 to go live early 2019.

# Children and young people's mental health and wellbeing

## How will this align with / help deliver the 13 strategic outcomes?

- Reduction in health inequalities and healthy life years
- Increased focus across the system on prevention and early help
- Health and care offer built around people, families and communities
- Every child has the best start in life
- A reduction in unplanned care
- Integrated care
- Safe and effective care
- Excellent care with dignity and respect
- Sustainable health and care system
- Workforce with the skills, knowledge and authority to work seamlessly
- NHS and social care standards met

## What support is needed to achieve this in 2019/20?

Overview of the implementation of the Getting Help and Getting More Help specifications and timely delivery of the trailblazer work.

# Transformation Programme Dashboard End of Life Care

## Activity & Status

## Support Needed

**2019/2020:** Key themes identified to date

Care Planning

Capacity

Engagement

Quality of Care

Difficulties in sourcing the appropriate packages for fast track patients

Social Worker in Palliative Care (Gap)

Commitment from stakeholders to take ownership of any agreed actions from EoL workshop

Further resource requirements to be identified after workshop

# Transformation Programme Dashboard Community Services.

5 year Transformation Programme delivered by the Gateshead Care Partnership (GCP)

Activity & Status	Support Needed
<p><b>Locality Working:</b> Transformation Board agreed to stand down this workstream. Moving into evaluation stage and "business as usual"</p>	
<p><b>Single Rapid Response:</b> Accommodation move continues to be delayed, which has a knock-on effect to establishing the single point of access.</p>	<p>Assistance is required to release funding.</p>
<p><b>Local Authority:</b> Joint workshop will be held on 20th May to identify opportunities for closer working and joint interventions. Update report due in April delayed until June so it can incorporate the outcomes of the workshop.</p>	<p>Engagement and collaboration with Assessment teams within the Local Authority</p>
<p><b>Care of Complex/Older/Frail:</b> MDT and case management papers presented. Board asked for Case Management paper to be revised and brought back in June 2019. An executive summary of the MDT paper with clear recommendations to be presented to Gateshead Care Partnership.</p>	<p>Engagement and joint agreement on the way forward from all partners across the system.</p>
<p><b>Falls:</b> Local Authority improvement event focussed on adaptations and housing. Plan to present a proposal to review the Falls Team pathway to this group in June for approval.</p>	<p>Support to extend the Falls Rapid Response Service beyond the initial 12 months.</p>
<p><b>IT &amp; Performance:</b> Mobile working pilots on track - meeting arranged to plan hardware requirements in May.</p>	
<p><b>Workforce &amp; Development:</b> Transformation Board approved expansion of this workstream to become a system-wide group. Workstream overview document being written up for approval.</p>	
<p><b>End of Life &amp; Palliative Care:</b> Business case for Community Palliative Care Consultant to be written.</p>	

# Gateshead System Falls Group Dashboard

**Aims:** Make every contact count so anyone who has fallen or is at risk has access to appropriate and standardised assessment.

Establish an integrated care pathway.

## Activity & Status

## Support Needed

**Strength and Balance:** CCG have agreed to fund Strength and Balance for a further year at current level (£20k). An evaluation of the first 2 cohorts will be carried out and presented in June 2019.

Otago issues with over subscription and transport are on-going.

Still need a long-term solution for strength and balance funding with increased capacity - evaluation due in June-19.

No confirmed plan for otago transport (need as £64/week per course). Also need resource to run additional courses.

**Falls Service Review:** Proposal to review Falls Team pathway will be presented to the Falls System Group in June 2019.

**Workforce Training:** Frailty System Group agreed on 16th April to have a workforce working group that incorporates Falls.

Confirmation of the establishment of the workforce group by the Gateshead Integrated Frailty Group.

**Acute Falls:** Need to align the QEH falls strategy (based on NICE guidelines) with the priorities of this system-wide group, particularly around falls readmissions and failed discharges.

Need agreement on how to align acute and system-wide Falls strategies. Resource is required to coordinate this.

**Data and Evaluation:** A top-level plan is in place to understand what is currently recorded in terms of falls data across the system and define what should be recorded and how. Initial scoping is underway.

**Primary Care:** Delay in the Year of Care rollout due to national resource funding requirements. Expected to begin June 2019.

none from this group.

**NEAS Falls Car:** A request for an additional 3 years funding will be presented to the CCG in June to allow further time to evaluate the success of the service.

none from this group - request to the CCG for 3 year extension funding due in June 2019.

## Link to the NHS long Term Plan priority areas Cancer; Cardiovascular & Respiratory; Mental health, Learning Disabilities & Autism

The Gateshead Health and Care System is well placed to ensure place based plans are developed which will form the foundation on which to build the collective ICP plan.

Through our primacy of place approach we will deliver services that are designed and delivered by locality based teams (primary care, community, social care), place based teams (secondary care), ICP teams (some secondary & most tertiary care) putting Gateshead people and the thrive agenda at the heart of our strategic planning.

# 8. Enabling Strategies

# Information Technology (IT)

Digital Transformation is one of the ICS priority work streams. There is already a significant piece of work taking place at a regional level through the development of the Great North Care Record - a new way of sharing medical information across the North East and North Cumbria by health and social care practitioners. It means that it will be possible to share key information about peoples' health such as diagnoses, medications, details of hospitals admissions and treatments between different healthcare services including hospitals, out of hours and ambulance services. The programme is a collaborative piece of work including local NHS, social care, academia, local charities and third sector providers.

There is also scope for local integrated data sets using population segmentation to support predictive care planning at different levels e.g. borough level, practice level and individual patient level, linked to clinical and financial data. This can help to target patients and service users through a system wide approach. As we develop our IT systems locally, we will need to make the most of these emerging opportunities.

We need to support opportunities to use data and technology to improve health and care services for our patients and public. This may be through using technology to access services through 111 or online patient consultations and opportunities to use technologies to support people to manage their own condition. The Long Term Plan for the NHS sets out the longer term ambition of the NHS.

## Delivery Plan 19/20

- Develop appropriate IT provision to support the implementation of Urgent Treatment Centres, including records sharing and direct booking from 111.
- Work as a system to share learning and opportunities which the Global Digital Exemplar programme offers. Continue with joint working across the region through the Digital Care Programme.
- Continue to develop the Great North Care Record (part of the Local Health Care Record Exemplar programme).
- Develop digital tools to support patients in their self-management and opening more digital channels to access services and advice.
- Support implementation of NHS App when it becomes available

# Workforce

Workforce Transformation is one of the ICS priority work streams, and is a key enabler to delivery across all areas of work.

It is widely recognised that there is a pressing need to address health and care workforce challenges and that this needs to be a system wide solution between social care and health, given the interface between both the clients/patients who use services and the people who work in delivering social and health care in the public sector, the voluntary sector and the independent care sector.

Recruitment and retention of a comprehensive social care work force, paid a fair wage for the work they do has to be a high priority. There is an urgent need to address the negativity and “stigma” associated with a job within the care sector. There are also particular challenges relating to attracting and retaining NHS staff within the north east which is impacting upon GP primary care, nursing and secondary care. More broadly, there is a need to address the likely impact of Brexit, given the number of people from outside the UK who work in this field.

As many of the challenges we are facing are similar to those experienced across the north east, there are opportunities to address some of these issues across a broader footprint (regional level). At a Gateshead place level, the need to develop an integrated People Strategy has been identified which will look to ensure that the approach being taken in Gateshead builds upon and adds value to the work taking place at a NE level.

# Workforce

Immediate workforce priorities have been identified across the health and social care system including:

- Increase domiciliary workforce supply through proactive marketing of health and social care careers within schools programmes
- Facilitate agile working across organisations and sectors to sustain the system 'right skills, right place' through streamlining of policies and clinical passporting
- Move to competency based roles which remove boundaries but value unique professional contribution
- International Recruitment including general practitioners, hospital nurses and other shortage occupation groups
- Enhancement of retention strategies including cross sector fellowships and flexible working options
- Portfolio career opportunities across health sectors, research, leadership and academia
- Increasing multidisciplinary pre and post registration placement opportunities for learners in primary care
- Nursing Associate Programmes in acute, care home, general practice and third sector organisations, supporting development across sectors
- Development of apprenticeship pathways that encourage 'earn and learn' from career entry to advanced level professional for the clinical and non-clinical workforce
- Development of career entry apprenticeship roles that work across health and social care
- Career start programmes for medical, nursing, care support and business administrator roles that support career entry and transition from acute to primary care settings
- Increasing capacity and diversity of primary and community teams to include enhanced patient facing roles
- Enhancing opportunities for workforce collaboration across Primary Care Networks and at Place including role development with third and voluntary sector organisations.

# Communications and engagement

It is essential that decisions on local health and care services are not only understood by local people but have their active involvement. This means:

- Public engagement - telling our story and enabling people to shape our future direction;
- Understanding peoples' needs and how we can work together to address them;
- Testing out with people and evolving proposals in the light of their input;
- Gateshead people being able to relate to a single health and care system that seeks to meet their needs within available resources and in a way that is consistent with the Thrive agenda.

There is also a need to communicate and engage with our staff in taking forward different strands of work. A key part of the transformation programmes outlined in this plan for instance, is the engagement and involvement of clinicians and staff.

In terms of the NHS long term plan, the framework for the 5 year strategic plan has recently been published and we expect to have active engagement across the Gateshead system with staff, patients, the public in order to support organisations determine what the plan means for their area, and how best the ambitions it sets out can be met.

Similarly the proposals in Green Paper focusing on ensuring that the care and support system is sustainable in the long term will also be reviewed.

# 9. Financial Strategy



## Gateshead Resources: The Gateshead £ and how its used

We spend around £450m a year on health and social care each year supporting the population of Gateshead.

# Our approach to managing the Gateshead £

- Developing approach to budget planning across organisations, built upon a set of principles that have been developed for financial planning and delivery.
- Based upon a move towards a single system plan to support the sustainability of the Gateshead system as a whole as well as those of individual organisations.
- A focus on real cost reduction and demand management across the system.
- Avoiding cost shifting between organisations
- Looking to focus on a small number of high impact areas with a view to taking cost out of the system.
- Also looking to resource key system priority areas and to consider the scope to re-allocate funding across the health and care system where appropriate.
- Plans of individual organisations to be looked at through a system lens.

# Developing Our Financial Strategy

We will develop a single system approach, based on the needs of our population. The demands on our resources are rising.

If we do nothing

- **The gap between demand and resources will approach £90m for local authority services, driven by demand for social care by 2024**
- **We will need 50 extra acute beds by 2024 and 100 by 2029**
- **There will be 60,000 more out-patient appointments a year by 2029**

We can only tackle this through a single approach to managing demand by working with our local population, building on our collective assets. We will avoid cost shifting across organisations.

Over time we will increase our focus on early intervention and prevention, increasing our investment across our community services to reduce pressures on hospital beds.

We will collectively look at ways to reduce the complexity of the system, moving from an approach of managing efficiency (doing things right) to increasing the developing a health and care system that wraps around the needs of local communities (doing the right things) and finally to increasingly shift emphasis away from provision to empowering local people and communities to support their own health

# System wide £, activity & demand planning

During the 2019/20 planning process Directors of Finance across the North ICP health system have met to discuss planning requirements, using the opportunity to share and discuss at system level activity and finance, and identify risks and mitigations.

The group has agreed that the Directors will work together to manage delivery of individual and ICP control totals.

Underpinning principles for managing ICP finances are currently being agreed:

- A single control total for the ICP;
- Open book approach with transparency from all partners;
- Collective oversight of the 0.5% CCG contingency funds;
- Recognition of the need to support existing services financially;
- Collective identification of residual risk and development of a strategy as to how best they could be managed on a system basis;
- No cost shifts;
- The pick-up of a service change either within the ICP or wider ICS is not one organisation's challenge. There needs to be a ICP or wider ICS response as appropriate;
- Focus on real cost and activity reductions that are clinically led;
- Collective ICP approach to monitoring going forward;
- Collective approach to managing cash to avoid interest payments on cash borrowings.

In order to support the emerging system approach to working within the Gateshead health economy, all stakeholders are undertaking a collective approach to modelling expected demand over the next ten years. Consequently potential demand is being modelled across primary care, secondary care, mental health, community and social care to establish a picture of likely future demand for services and to form the basis of a system plan going forward.

This represents our baseline or “Do nothing” approach, we recognise this is not sustainable. We will measure success against this baseline, enabling us to properly assess the benefits of investment against this baseline scenario. We believe this can free up our system to make the brave decisions that are needed about how we use our resources.

# Gateshead System Demand Planning

## Principles

- Ten year modelling period
- Focus on activity not cost
- 2017/18 activity used as baseline
- Modelling represents the “do nothing” scenario
- Pragmatic approach but using ONS and IHAM growth estimates
- Forecasts aggregated at a high level but can be drilled down
- Modelling covers: Primary care, Acute care, Mental health, Community services, Social care
- Disaggregation of priority areas: Frailty, complex patients, children's and younger people's mental health services

## Outstanding issues

- NEAS activity impact
- Disaggregation of children and younger people's mental health services
- STFT services delivered in Gateshead (IAPT)
- Voluntary sector

# Finance summary

- Material growth in demand relating to older people
- If activity is not managed effectively potential need for an additional 100 acute beds by 2028/29
- All sectors projecting growth along similar lines

'We said'	'We did'
MoU and Terms of Reference for Gateshead Health & Care System: We would finalise the MoU and ToR.	MoU and ToR agreed and signed-off by System Members.
NHS Plan: We would review the NHS Plan as a system and its implications.	System leaders provided an overview of the Plan and the System Group considered its interface with a Gateshead Place approach.
We would advocate the importance of 'Place' as a key principle in contributing to ICS / ICP Plans and work towards whole system input to these emerging Plans as they develop.	System response to initial ICS plan submitted.
	An updated version of the Plan was considered which incorporated additions/ revisions previously identified. Agree to continue to develop the Plan to reflect DPH annual report, financial position etc.
Budget Planning: We would consider/progress budget planning as a System, starting with the Council's budget proposals.	A whole system response was provided on the Council's Budget Proposals on 6 <sup>th</sup> February.
<p>Invest to Save:</p> <ul style="list-style-type: none"> <li>- Identify how resources can be secured for a limited programme of 'invest to save' proposals within the overall financial envelope for the Gateshead system as a whole.</li> <li>- Develop 'criteria' to be applied in prioritising proposals/ business cases where resources are required on an invest to save basis.</li> </ul>	An initial discussion took place on this issue. Agreed that there is a need for an investment framework for the system and that it links to the key question 'How do we plan to invest in the right areas as a system?' ( <i>identified through Budget Planning discussions</i> )
Decision Tree: We would develop a 'Decision Tree' to clarify relationships of Place Programme/ Delivery Group with the System Meeting.	An initial Decision Tree has been compiled. This requires further discussion/ development.
System Development Workshop: We would focus on how we can respond effectively to complexity in the Gateshead Health & Care System / improve outcomes in a complex environment.	Workshop held with expert input from T. Lowe. Following the workshop, Transformation programme leads considered how the 'Steps of Change' approach could be applied to their areas.

# So what's next?

# Our progress on prevention

Clear priorities and joint plans in place or developing:

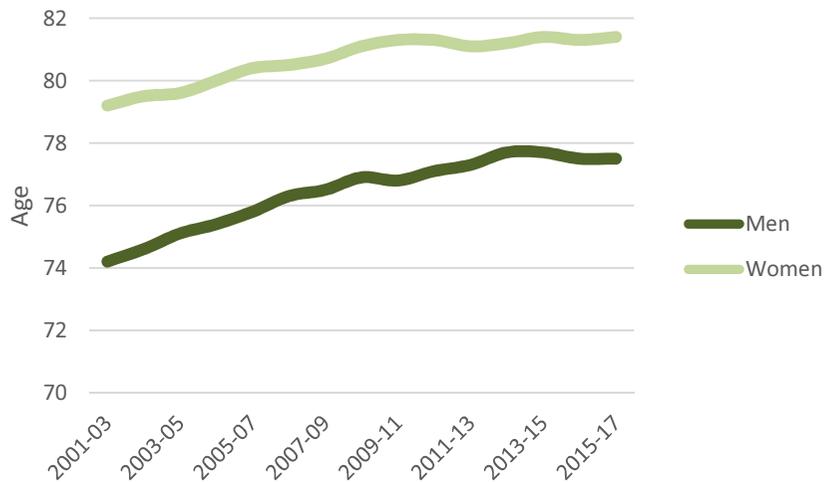
- Smoking
- Alcohol
- Obesity
- Mental health

Health and Wellbeing strategy being updated focussed on 6 Marmot principles

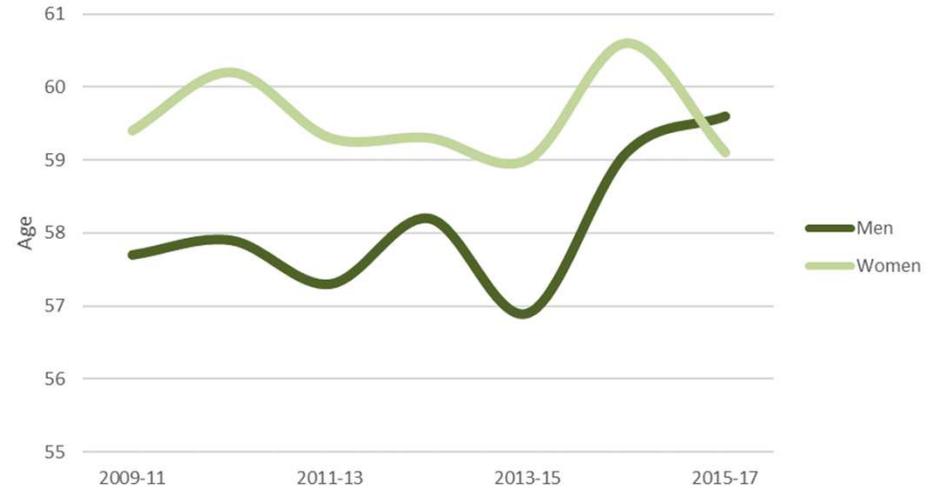
MECC approach being embedded

# Life Expectancy

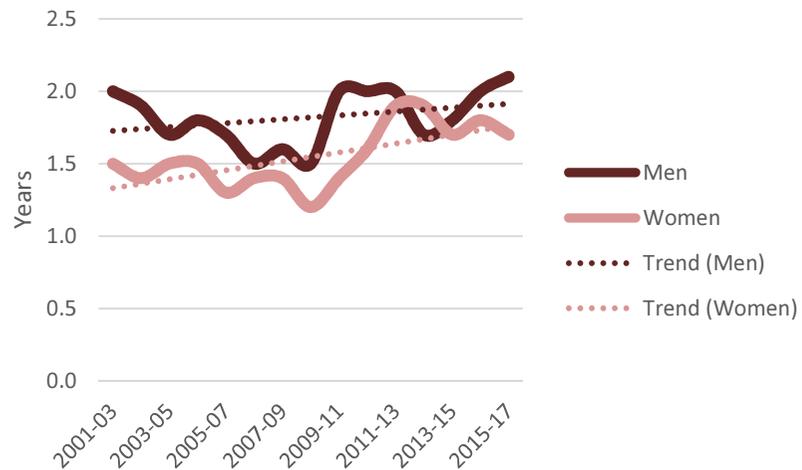
Life Expectancy



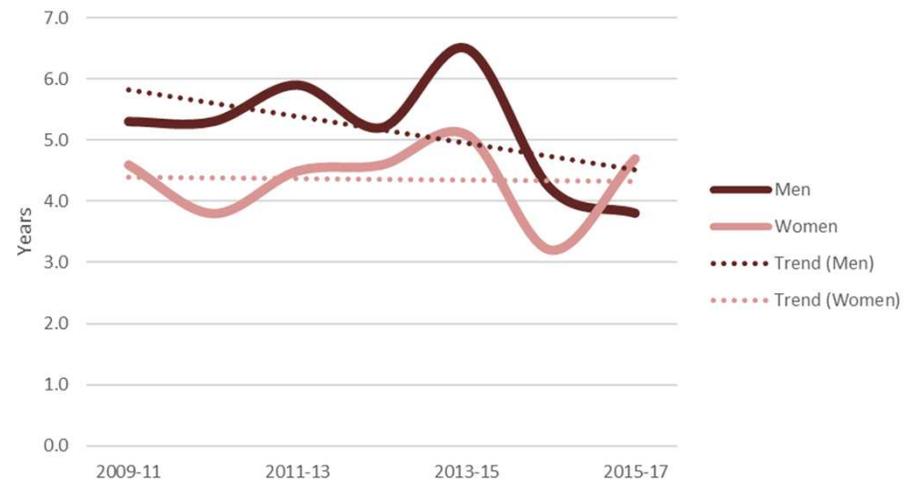
Healthy Life Expectancy



Life Expectancy - Gap to England

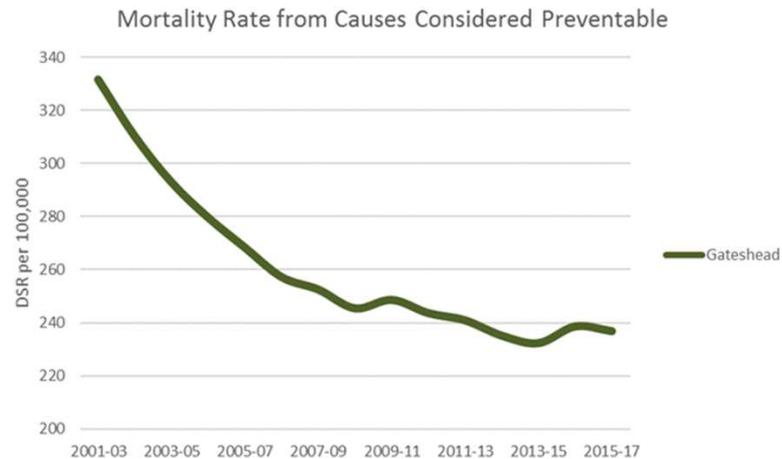
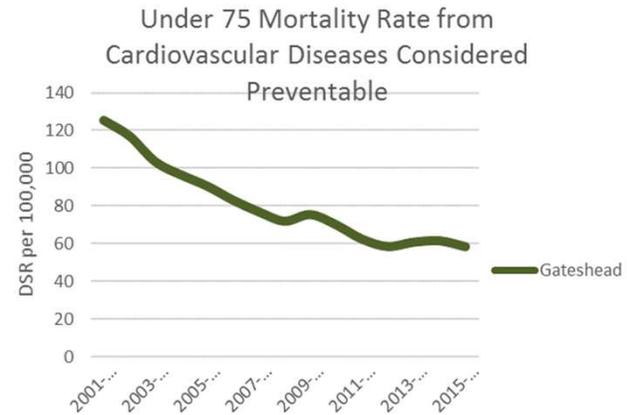
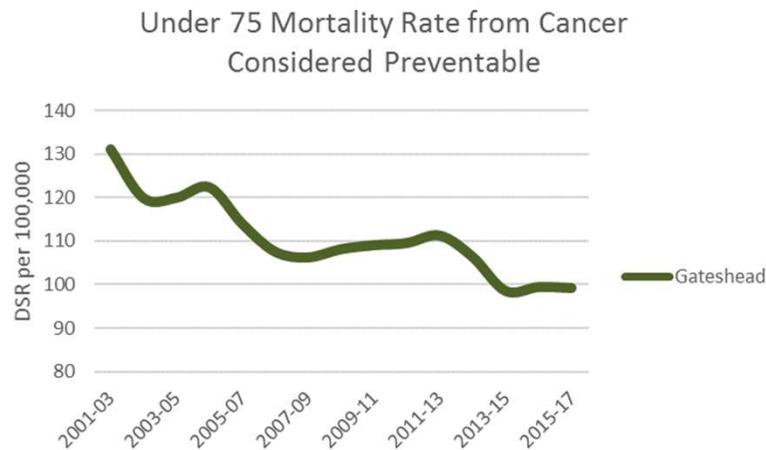


Healthy Life Expectancy - Gap to England



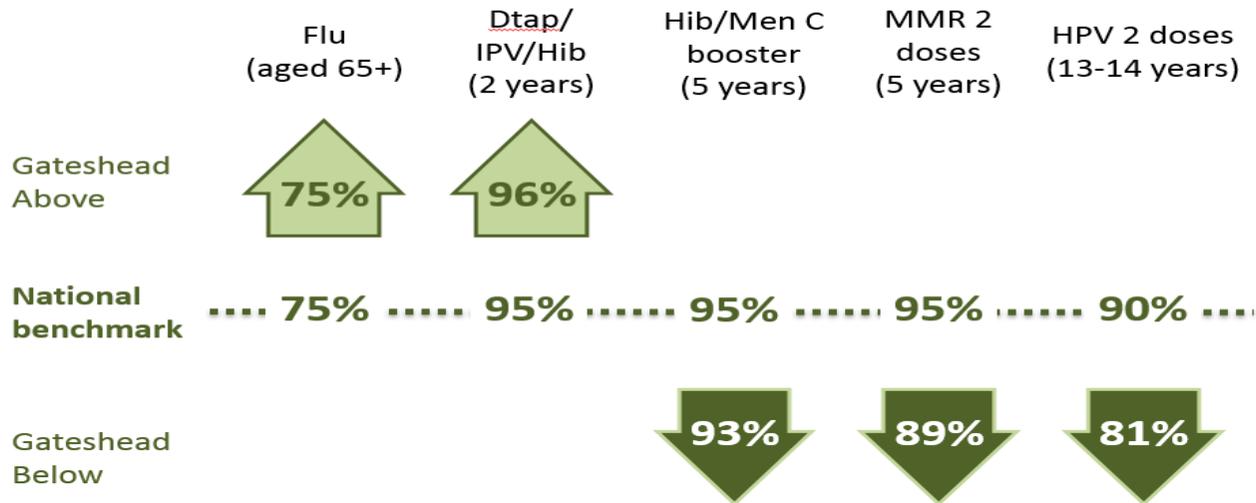
# Secondary prevention

- Maintain focus on chronic disease management



# Screening and immunisation

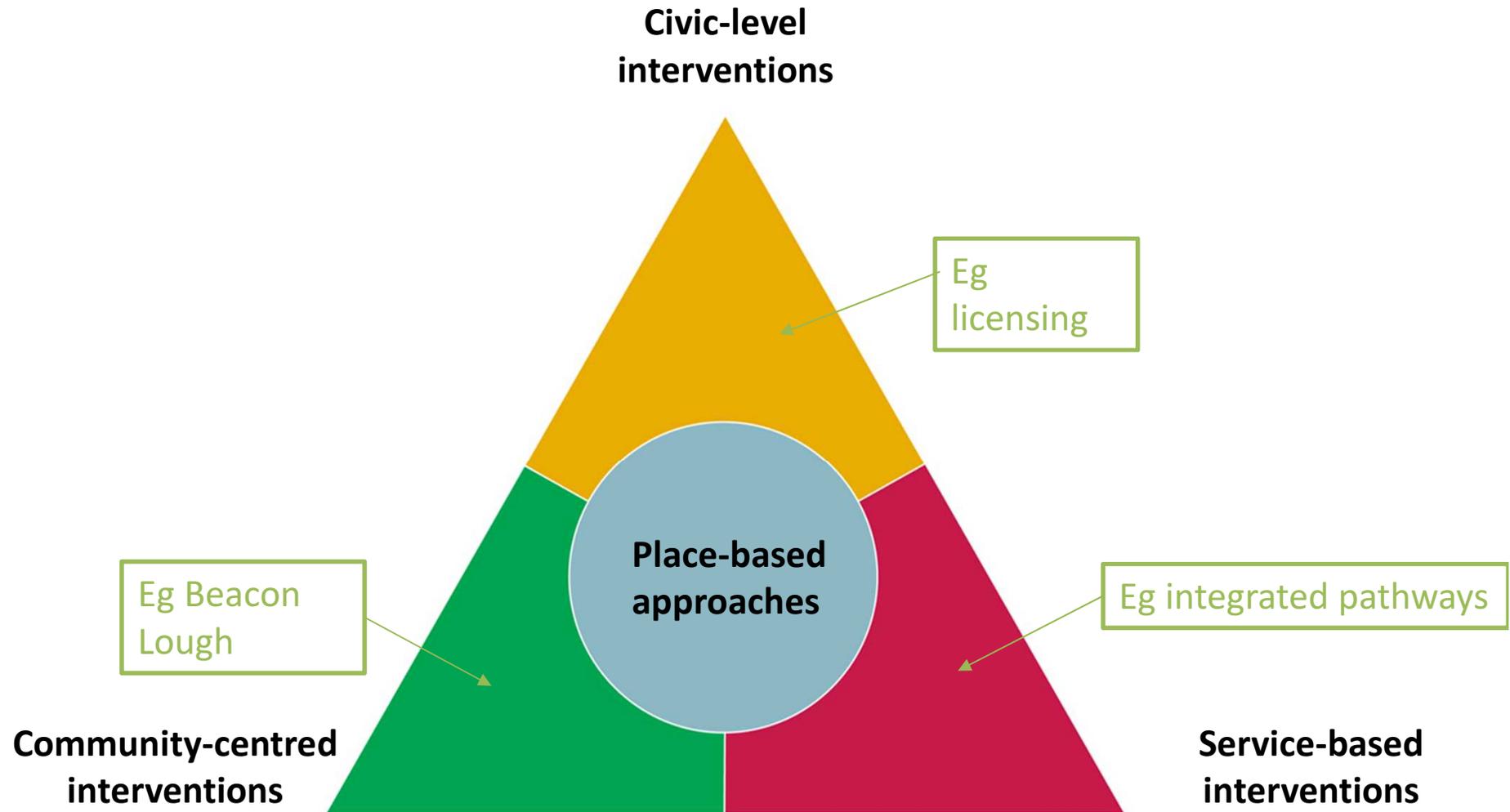
## Population Vaccination Coverage



## Adult Screening programme uptake

Screening Programme	National Standard	% Coverage (2018)	
		England	Gateshead
Cervical Cancer ( 25-64 years)	80%	71.4%	73.9%
Breast Cancer (50-70 years)	70%	74.9%	77.0%
Bowel Cancer (60-69 years)	NA	59.0%	61.8%
AAA (men 65 years)	75%	80.8%	82.6%
Diabetic eye screening*	75%	82.7%	81.6%*

# System-wide prevention



## The Gateshead Vision

“Making Gateshead a place where everyone thrives”



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Our reference: PCC-201718-57



Sent via email to:

Gateshead HWB

PCC  
Suite 1A  
West One  
114 Wellington Street  
Leeds  
LS1 1BA

Email: [consolidations@pcc-cic.org.uk](mailto:consolidations@pcc-cic.org.uk)

Phone: 0113 2124 180

6 June 2019

Dear Sir/Madam

**Consolidation onto the site at 477-479 Durham Road, Gateshead, NE9 5EX of Boots UK Ltd already at that site and Boots UK Ltd currently at 544 Durham Road, Gateshead, NE9 6HX.**

We have received the above application, a copy of which is enclosed, and NHS England has completed its preliminary checks. We are now notifying interested parties of the application.

Schedule 2, paragraph 19(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) requires the Health and Wellbeing Board to make representations on consolidation applications to NHS England.

Those representations must (in addition to any other matter about which the Health and Wellbeing Board wishes to make representations) indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

The Health and Wellbeing Board's representations should be sent to me at the above address within 45 days of the date of this letter i.e. by 21 July 2019. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

NHS England will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Yours sincerely

A handwritten signature in black ink that reads 'P. Burns' with a horizontal line underneath.

Paul Burns  
Adviser

Enc

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

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**Chapter 12A**

**Annex 2**

**Draft Application Form**

**Application in respect of a consolidation onto an existing site**

Application in respect of a consolidation onto an existing site in the area of:  
.....Gateshead Health and Wellbeing Board.....

A consolidation application must be in relation to pharmacy premises that are located within the area of a single health and wellbeing board.

This is an application in respect of a consolidation onto an existing site and as such is an excepted application under regulation 26A (1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the "**Regulations**").

Please complete this form as legibly as possible.

Applicants should note that information provided in this form may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

**1 Information regarding the applicant**

**1.1 Full name and correspondence address of the applicant (i.e. the contractor who will continue to provide services)**

Boots UK Limited NHS Contracts Team D90 East F08 Nottingham NG90 1BS
--

**1.2 Applicant's legal entity**

I/we am/are applying as a:

(Please tick relevant box. Only one box may be selected. GPhC registration numbers only need to be provided for pharmacy applications.)

Sole trader  My GPhC registration number is .....

Partnership

Please list each partner and their GPhC registration number:

Please continue on a separate sheet if necessary.

Corporate Body

Superintendent's name  
and GPhC registration  
number is

Mr Marc Donovan Registration Number: 2044958

I am/We are already included in the pharmaceutical list for the health and well-being board in whose area the premises listed in sections 2 and 2a below are located.

Yes  No

### 1.3 Relevant fee

I/we include the relevant fee for this application.

### 2 Name of the current owner and address of listed premises site 1 (the continuing site)<sup>1</sup>

Boots UK Ltd  
477-479 Durham Rd  
Gateshead  
Tyne and Wear  
NE9 5EX

I/we (the applicant) propose to carry on at site 1, the business in the course of which the above owner is providing pharmaceutical services at the above site.

These premises are currently in my/our possession\* Yes  No

\* by rental, leasehold or freehold

### 2a Name of the current owner and address of listed premises site 2<sup>3</sup> \* (the closing site)

Boots UK Ltd  
544 Durham Rd  
Gateshead  
Tyne and Wear  
NE9 6HX

<sup>1</sup> This should be the name and address as it currently appears in the relevant pharmaceutical list.

I/we confirm that, consequent on the consolidation of the listed chemist premises at site 1, the provision of pharmaceutical services from site 2 will cease. Yes  No

If the current owners of listed premises site 1 and 2 are different, I/we confirm that this application is also an application to change the ownership of the listed premises for which I/we are not the owner.

Yes  No

Are either or both of the listed premises above distance selling premises or appliance contractor premises<sup>2</sup>?

Yes  No

### 3 Opening hours

#### 3.1 Proposed core opening hours<sup>3</sup>

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00		40

#### 3.2 Proposed total opening hours<sup>4</sup>

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30		51

#### 3.3 Current core opening hours for Site 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00; 14:00-17:30	09:15-13:00		40

<sup>2</sup> NHS England must refuse a consolidation application if either or both sites are distance selling premises or appliance contractor premises.

<sup>3</sup> These should be the same as the current core opening hours for site 1.

<sup>4</sup> The total opening hours includes the core hours and any supplementary opening hours. These should be the same total opening hours as at the current site 1.

**3.4 Current total opening hours for Site 1**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30		51

**3.5 Current core opening hours for Site 2**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00			40

**3.6 Current total opening hours for Site 2**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00			40

**4 Pharmaceutical services and premises facilities to be provided at the consolidated premises - Site 1**

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)



**4.1** If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if the pharmacy does not provide appliances).

Appliances will be provided as currently provided at site 1 (supplied by NWOS)
--

**4.2** I/We confirm that the current pharmaceutical services provided at site 1 will continue to be provided consequent to the consolidation of the listed chemist premises at site 1.

Yes  No

**4.3** Please give details of any advanced and enhanced services that are currently provided from both sites; and the services that you intend to provide from the consolidated site.

<b>Details of NHS Pharmaceutical Services relevant to the applications</b>	<b>Currently Provided at site 1</b>	<b>Currently provided at site 2</b>	<b>To be provided at Site 1 after consolidation</b>
	<b>(Y/N)</b>	<b>(Y/N)</b>	<b>(Y/N)</b>
Medicine Use reviews	Y	Y	Y
Influenza vaccination service	Y	Y	Y
Emergency Hormonal Contraception	Y	Y	Y
Emergency Supply of Medicines	Y	Y	Y
EPS	Y	Y	Y
Medicines Check up	Y	Y	Y
Prescription Delivery Service	Y	Y	Y
Stop smoking service NHS and voucher scheme	N	Y	Y
Supervised consumption	Y	Y	Y
New Medicines Service	Y	Y	Y
FRPS	Y	Y	Y
Prescription Direct	Y	Y	Y
Malaria prevention service	Y	Y	Y
Inhaler recycling	Y	Y	Y
Minor Ailment Service	N	Y	Y

**All services currently provided at site 2 will continue to be provided at site 1 should the relevant commissioners continue to commission these services.**

Please continue on a separate sheet if necessary.

**4.4** These details should include a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan showing the consultation area cannot be provided please set out the reasons for this.

**Floor plan showing consultation area**

Enclosed

**4.5** Please give details of any premises facilities that are currently provided from both sites; and the services that you intend to provide from the consolidated site. Examples are listed but include others that are considered relevant.

Details of NHS Pharmaceutical Services relevant to the applications	Currently Provided at site 1 (Y/N)	Currently provided at site 2 (Y/N)	To be provided at Site 1 after consolidation (Y/N)
Access for wheelchair users	Y	Y	Y
Access without steps	Y	Y	Y
Toilet for wheelchair user	N	N	N
Induction loop	Y	Y	Y
Signing service	N	N	N
Translation service	N	N	N
Parking	N	N	N
Disabled car parking	N	N	N
Other – automatic doors	Y	Y	Y

Please continue on a separate sheet if necessary.

### 5 Information in support of the application

**5.1** Please confirm that you are/will be accredited to provide all the services included in section 4 to be provided from site 1 after consolidation where that accreditation is a prerequisite for the provision of the services. Yes  No

**5.2** Please confirm that the premises are/will be accredited to provide all the services included in section 4 to be provided from site 1 after consolidation where that accreditation is a prerequisite for the provision of the services. Yes  No

**5.3** Will there be any interruption to service provision? Yes  No

**5.4** If the answer to question 5.1 or 5.2 is "no" or the answer to question 5.3 is "yes" please give full details in the box below:

Please continue on a separate sheet if necessary.

**5.5** Please use the box below to explain why granting the application would not create a gap in pharmaceutical services provision that could be met by a routine application to meet a current or future need for pharmaceutical services, or to secure improvements or better access to pharmaceutical services. Applicants may wish to refer to the guidance on determining consolidation applications in Annex 20A of Chapter 12A of the Pharmacy Manual.

We believe that granting the application will not cause a gap in the provision of pharmaceutical services for the following reasons:

1 – The two sites are located a very short distance apart and are only approximately a 3 minute or 200 metre walk from one another

2 – Both Pharmacies are on the same road. Whilst they are on opposite sides of the road there are 2 pedestrian crossings within easy access should they be required.

3 – The Boots Pharmacy (site 1) will continue to provide all the services it currently provides along with any currently provided at site 2.

4 – Patients will still continue to have a choice of pharmaceutical services in the locality as there will continue to be 2 further pharmacies, one boots and one a different contractor.

5 – The Gateshead Pharmaceutical Needs Assessment 2018 does not identify any gaps or any findings that would impact this application.

6- We have enclosed a map showing the walk and distance between the two sites.

7- We do not believe that should this application be successful, patients would be left devoid of services. Should patients still wish to access a pharmacy, they will not find the remaining location difficult to access.

Please continue on a separate sheet if necessary.

**6 Declaration to be signed by the current owner of site 1**

I/we confirm that this application is being made with my/our full knowledge and consent.

If I/we am/are not the applicant I/we will withdraw from the pharmaceutical list in respect of the premises listed in section 2 (site 1) consequent upon the consolidation of the listed chemist premises onto site 1 and the applicant being included in the list at site 1.

Signature .....

Name ..... Jo Severn.....

Position ..... Assistant NHS Contracts Manager....

Date ...24th May 2019.....

On behalf of the company/partnership ..... Boots.UK Ltd

**6a Declaration to be signed by the current owner of site 2 (only required where the current owner of site 2 is different to the current owner of site 1)**

I/we confirm that this application is being made with my/our full knowledge and consent, and that I/we will withdraw from the pharmaceutical list in respect of the premises listed in section 2a (site 2) consequent upon the granting of this application.

Signature .....

Name .....

Position .....

Date .....

On behalf of the company/partnership .....

### **7 Undertakings**

By virtue of submitting this application I/we undertake to provide pharmaceutical services at the premises listed at section 2 (site 1):

- that are already listed chemist premises,

I/We also undertake to notify the Commissioner within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 2) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify the Commissioner if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.

I confirm that to the best of my knowledge the information contained in my/our application is correct.

Signature .....

Name ...Jo Severn .....

Position ... Assistant NHS Contracts Manager.....

Date .....24<sup>th</sup> May 2019.....

On behalf of the company/partnership ...Boots UK Limited.....

Contact phone number in case of queries.. .....

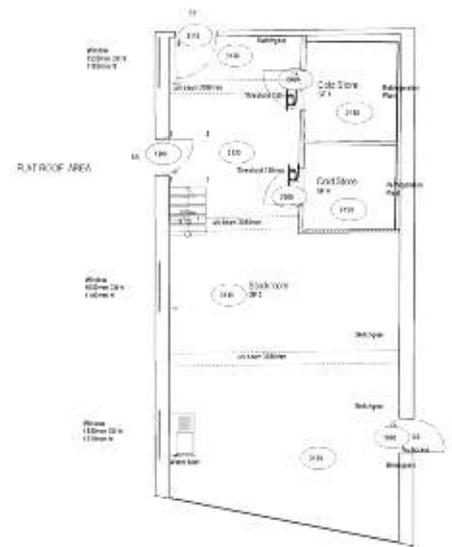
Contact email number in case of queries .. .....

Registered office

Boots UK Ltd  
Thane Road  
Nottingham NG2 3AA



477-479 Durham Road  
Low Fall  
Gatedhead  
First Floor  
Structure



Scale: 1:50  
Date: 10/10/10  
Author: [Name]  
**FIRST FLOOR PLAN - 1:50**

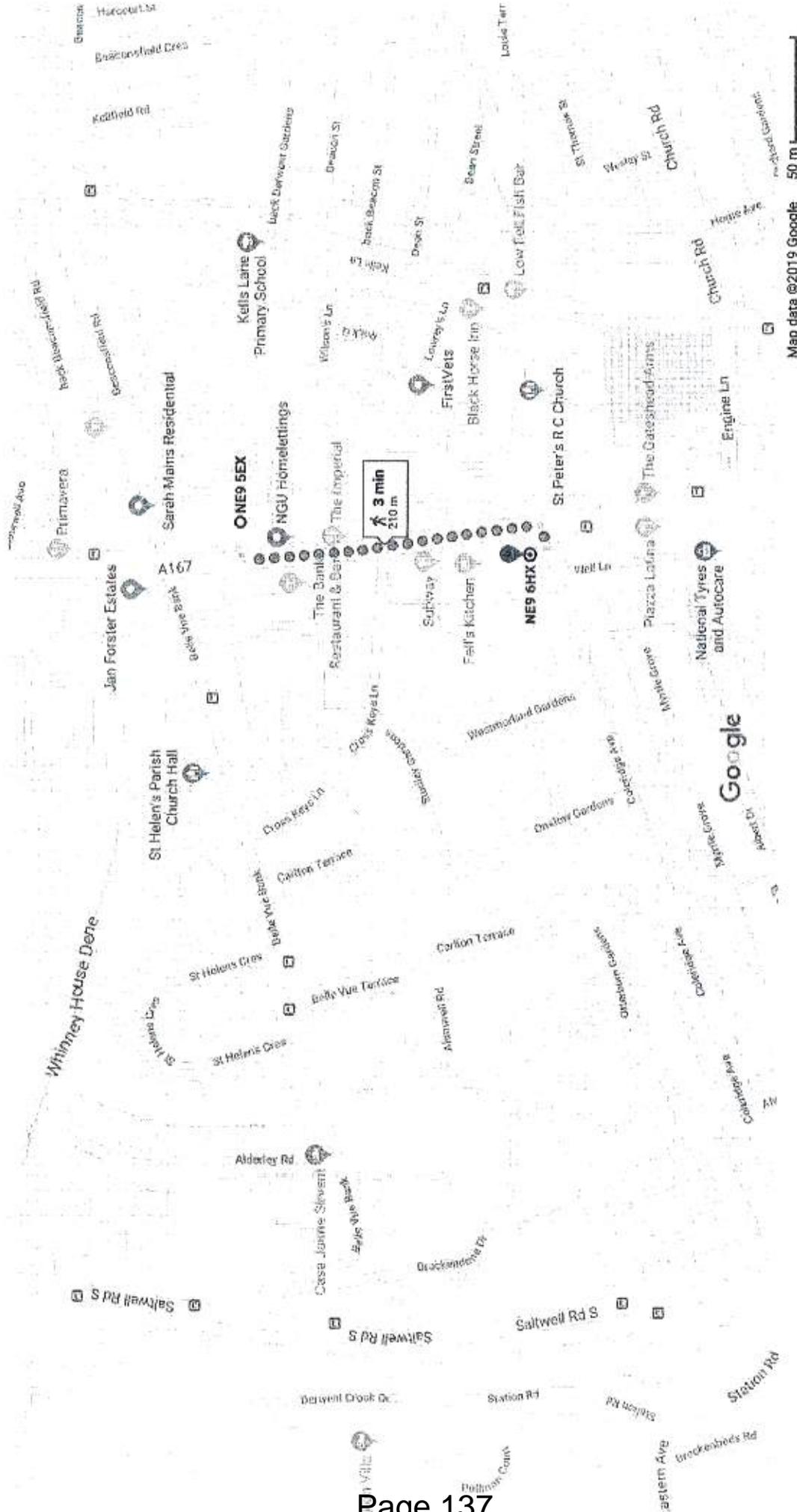
Gross Floor Area	94.2	m <sup>2</sup>
Total Spill Area	3.0	m <sup>2</sup>
NESA	3.0	m <sup>2</sup>

Google Maps

Durham Road, Gateshead NE9 5EX to Durham Rd, Gateshead NE9 6HX

consolidation application

Walk 210 m, 3 min



via Durham Rd/A167

3 min  
210 m

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Please note that the following pharmacy will change its hours as indicated below:

**Lloyds Pharmacy Ltd**  
**Within Sainsbury**  
**Eleventh Avenue**  
**Team Valley**  
**Gateshead**  
**NE11 0JY**

**Existing hours**

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 22:00	08:00 – 22:00
Tuesday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 22:00	08:00 – 22:00
Wednesday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 22:00	08:00 – 22:00
Thursday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 22:00	08:00 – 22:00
Friday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 22:00	08:00 – 22:00
Saturday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 22:00	08:00 – 22:00
Sunday	11:00 – 14:00	14:00 – 17:00	11:00 – 17:00

**Revised hours with effect from 03/10/2019**

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 20:00	08:00 – 20:00
Tuesday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 20:00	08:00 – 20:00
Wednesday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 20:00	08:00 – 20:00
Thursday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00	08:00 – 20:00



Friday	09:00 – 12:00 14:00 – 17:00	17:00 – 20:00 08:00 – 09:00 12:00 – 14:00 17:00 – 20:00	08:00 – 20:00
Saturday	09:00 – 12:00 14:00 – 17:00	08:00 – 09:00 12:00 – 14:00 17:00 – 20:00	08:00 – 20:00
Sunday	11:00 – 14:00	14:00 – 17:00	11:00 – 17:00

**Please note that the total hours column represent the times that a pharmacist will be available to the public.**