



GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 10 December 2021 at 9.00 am in the Council Chamber - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for Absence
2	Minutes (Pages 3 - 10)
3	Declarations of Interest Members of the Board to declare an interest in any particular agenda item. Items for Discussion
4	Addressing Poverty Update (continuation from previous Board meeting) - Lisa Goodwin
5	Gateshead Cares System Board: Update and Planning for the new health landscape - Mark Dornan / All (Pages 11 - 40)
6	Covid-19 Response and Vaccine Update - Alice Wiseman / Lynn Wilson Assurance Items
7	Better Care Fund Submission 2021/22 - John Costello (Pages 41 - 44)
8	Updates from Board Members Items for Information
9a	Gateshead Ofsted Visit Full Report - Children's Services - Caroline O'Neill (Pages 45 - 48)
9b	NHSE/I consideration of a change of ownership application for Lloyds Pharmacy at 181 Coatsworth Road Gateshead (Pages 49 - 52)
10	Any Other Business

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Date: Thursday, 2 December 2021

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GATESHEAD METROPOLITAN BOROUGH COUNCIL GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 22 October 2021

PRESENT Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Leigh Kirton	Gateshead Council
Councillor Bernadette Oliphant	Gateshead Council
Councillor Martin Gannon	Gateshead Council
Councillor Gary Haley	Gateshead Council
Councillor Michael McNestry	Gateshead Council
Councillor Paul Foy	Gateshead Council
Caroline O'Neill	Care Wellbeing and Learning
Alice Wiseman	Gateshead Council

IN ATTENDANCE:

John Costello	Gateshead Council
Marissa Jobling	Gateshead Council
Alex Bebb	Gateshead Council
Siobhan O'Neil	Gateshead Healthwatch
Steven Kirk	Community Care Based Health
Lynn Wilson	Newcastle Gateshead CCG/Gateshead Council
Joanna Clark	Gateshead Newcastle NHS Trust
Jon Gaines	Gateshead Council
Andrea Houlahan	Gateshead Council

APOLOGIES: Mark Adams, Dr Mark Dornan, James Duncan, Dr Bill Westwood and Lisa Goodwin

HW290 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Mark Dornan, James Duncan, Lisa Goodwin and Steph Downey.

HW291 MINUTES

RESOLVED:

- (i) The minutes of the last meeting held on 10 September 2021 were agreed as a correct record.

The Board also received an update on items contained within the Action List.

HW292 DECLARATIONS OF INTEREST

Siobhan O'Neil declared an interest in Item 4 as a member of the North East Child Poverty Trust.

RESOLVED:

- (i) The Board noted the declaration of interest.

HW293 ADDRESSING POVERTY UPDATE - LISA GOODWIN AND MARISA JOBLING (PRESENTATION)

The Board received a presentation from Marisa Jobling providing an update on addressing poverty in Gateshead. Due to apologies being received from Lisa Goodwin it was agreed that the update on behalf of Connected Voice would be deferred.

From the presentation, the Board received an overview of poverty triggers within the borough, this included income, levels of debt and claims to Universal Credit. It was highlighted that there are currently 22,000 Universal Credit claimants within Gateshead.

The Board were provided with data illustrating the impact of welfare reform on council rent arrears since 2013; it was also noted that demand from local people for financial support continues to be a priority for the Council. An overview of support provided by the Council to residents was provided, this included Council Tax support, hardship relief, free school meals and discretionary housing payments.

The Board noted that Community Hubs across Gateshead had received 9,468 requests for help; it was reported that the hubs had provided support by providing emergency food provision, social welfare advice as well as emotional support and counselling.

Two case studies were also presented, these case studies highlighted the Council's approach to addressing poverty issues faced by residents. The Board noted its thanks to all officers involved in supporting residents and reaching positive outcomes.

The Board noted that the case studies highlighted the importance of approaching each case individually and providing bespoke solutions for residents. A comment was made stating that an important factor in preventing poverty was to create jobs; the Board also acknowledged that those in employment can face in-work poverty due to low wages and other factors. It was noted that Gateshead Council are a living wage employer and that commissioned services and partners are encouraged to be living wage employers too.

A discussion took place on the impact of welfare reform on poverty, the Board noted that the housing benefit cap and changes to child benefit had adversely affected

many people. The Board also discussed the impact of poverty on mental health; the Board were advised that 1/5 Gateshead residents were currently prescribed anti-depressants. The Board acknowledged that there was no quick solution to the issues facing many residents, it was also noted that in many cases it takes a long time for services to build trust with individuals.

The Board discussed the importance of both health services and the community and voluntary sector in tackling poverty. It was noted that as local authority budgets become strained, work with partner organisations was important to ensure that service provision is as sustainable as possible.

The Board were reminded that under the upcoming changes to its membership, there would be new representation from officers from Economy, Innovation and Growth.

RESOLVED:

- (i) The Board noted the contents of the presentation.
- (ii) The Board agreed to receive the planned update from Connected Voice at a future meeting.

HW294 COVID-19 RESPONSE & VACCINE UPDATE - ALICE WISEMAN/LYNN WILSON

The Board received a presentation providing an update on the Covid-19 response and vaccination rollout across Gateshead.

It was reported that cases are rising locally, comparative data from neighbouring authorities was also provided which showed that cases were rising most across North Tyneside, Northumberland and Gateshead.

The Board noted that the relaxation of Covid rules coupled with the changes to the season were a cause for concern. Alice Wiseman advised the Board that she had written to all Gateshead schools to encourage the maintenance and implementation of Covid measures wherever possible.

The Board were provided with an overview of the vaccine rollout aimed at those aged 12-15. It was acknowledged that the rollout of vaccinations to younger people had caused some controversy nationally, notably as a result of vaccine-deniers and conspiracy theorists.

The Board discussed the announced changes by Government to improve access to GP's had been demoralising; the Board were advised that both GP and pharmacy services were currently working under intolerable pressures.

RESOLVED:

- (i) The Board noted the update.

HW295 AGREE SUBSTANTIVE AGENDA ITEMS FOR 10TH DECEMBER BOARD MEETING

The Board agreed to have a further discussion on addressing poverty at its December Board meeting which would cover the work of Connected Voice and the VCS in this area.

An item will also be brought to the December Board meeting by the Gateshead system on planning for changes to the health landscape from April 2022.

In order to accommodate these items, the Board were advised that an item on the development of Healthwatch priorities would now be considered at the January Board meeting.

It was suggested that the Board may wish to discuss the impact of the Healthy Weight Strategy at a future meeting. The Board also received a suggestion to receive an update on winter pressures faced by partners in the context of the pandemic.

RESOLVED:

- (i) The Board noted the suggestions.

HW296 SAFEGUARDING ADULTS BOARD ANNUAL REPORT AND STRATEGIC PLAN - JON GAINES

The Board received a report seeking its views on the Safeguarding Adults Board (SAB) 2020/21 Annual Report and 2019/24 Strategic Plan (2021 update).

From the report, the Board were advised that the SAB 2021/21 annual report provides an overview of the policy context and of the SAB structure, governance and scrutiny arrangements. It was also noted that the report documents the SAB arrangements during Covid-19

The Board were advised that the Annual Report also summarises Safeguarding Adult performance information and Safeguarding Adult Review activity. It was reported that key achievements of the SAB during 2020/21 were documented within the report and are aligned to the five Strategic Priorities. These included:

- Recruitment of three new lay members to the Board
- Hosting a regional transitional safeguarding workshop, in partnership with South Tyneside
- Development and implementation of the Northumbria Missing Adults Protocol
- Delivery of a more flexible training programme in light of Covid-19 restrictions
- Effective communication during Covid-19, and successful awareness raising programme during Safeguarding Adults Week
- Development of the SAB Multi-Agency Policy and Procedures

From the Strategic Plan 2019/24 (2021 Refresh) the Board were advised that the five-year Strategic Plan that was first published in 2019 is refreshed on an annual basis to ensure that it continues to reflect the priorities of the Board. The 2021 refresh confirmed that the five strategic priorities remain fit for purpose.

These strategic priorities were noted as:

- Quality Assurance
- Prevention
- Community Engagement and Communication
- Improved Operational Practice
- Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

It was reported that the 2021 refresh details changes to the Sub-Group arrangements of the Board, including the merger of two previous groups to create the Quality, Learning and Practice Group. It was noted that the refresh incorporates additional actions including:

- Supporting closer integration of services across the wider Gateshead System
- Working in partnership with the new regional victim to support victims of exploitation
- Improve partnership working to safeguard people who experience homelessness
- Strengthen multi-agency safeguarding transition arrangements, including procedures for responding to child to parent violence

It was suggested that as part of the communications strategy of the SAB that Councillors receive safeguarding training. Officers noted this suggestion and proposed that a members seminar be organised.

RESOLVED:

- (i) The Board agreed to continue receiving updates in relation to Safeguarding Adults.

HW297 OUTCOMES FROM OFSTED VISIT: CHILDREN'S SERVICES - CAROLINE O'NEILL

The Board were advised that a 'front door' inspection from Ofsted had taken place within Children's Services. The Board received a verbal summary of the comments received from Ofsted following the inspection. It was agreed that the Board would receive the full outcome report of the inspection at a future meeting.

The Board noted its thanks to all of the staff within Children's Services.

RESOLVED:

- (i) The Board agreed to receive a copy of the Ofsted report once published at a future meeting.

HW298 BETTER CARE FUND 2021/22: ARRANGEMENTS FOR COMPLETING THE 2021/22 SUBMISSIONS TO NHSE/I - JOHN COSTELLO

The Board were advised of the requirements of NHS Planning guidance in relation to

the Better Care Fund for 2021/22 and the arrangements that have to be put in place to meet those requirements. It was noted that the BCF Plan needs to be submitted to NHSE/I by 16 November 2021. The Board were advised that the full plan would be presented at the December 2021 meeting. Although the assurance process will have started at that point, NHSE/I will not approve plans until they have been signed off by all required parties, including the Health and Wellbeing Board..

RESOLVED:

- (i) The Board noted the update.

HW299 UPDATES FROM BOARD MEMBERS

RESOLVED:

- (i) There were no updates.

HW300 A.O.B.

RESOLVED:

- (i) There was no other business.

**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 22nd October 2021			
Addressing Poverty update	To receive the planned update from Connected Voice at its December meeting.	L Goodwin	On the agenda of the December Board meeting
Safeguarding Adults Board Annual Report and Strategic Plan	Board Councillors to receive refresher safeguarding training	A Houlahan	Arrangements are being made to deliver refresher training to Board members on corporate training
Outcomes from Ofsted Visit: Children's Services	The Board to receive a copy of the full Ofsted report once published	C O' Neill	On the agenda of the December Board meeting for information
Matters Arising from HWB meeting on 10th September 2021			
Review of the Role and Membership of the Health & Wellbeing Board: Part 2 Discussion	To reflect the agreed changes in the Board's membership and proposed changes to the remit of the Board within the Council's constitution	A Wiseman & J Costello	Completed – agreed by Council on 18 th November
Review of the Role and Membership of the Health & Wellbeing Board: Part 2 Discussion	The Chair and Alice Wiseman to meet with Lisa Goodwin to progress options for a Reference Group	Chair, A Wiseman, L Goodwin, J Costello	Meeting being arranged

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**TITLE OF REPORT: Gateshead Cares System Board: Update and Planning
for the new health landscape**

Purpose of the Report

1. To provide an update to the Health & Wellbeing Board on the work of the Gateshead Cares System Board and its planning arrangements in preparation for the new health landscape from April 2022.

Background

2. The Government has published various guidance on the integration of health and care on a range of footprints – at a regional level through Integrated Care Systems (ICSs) and at Place level through local partnership arrangements. The government's NHS White Paper 'Working together to provide health and social care for all' has shaped the Health & Care Bill that is currently having its 2nd reading in the House of Lords.

NHS White Paper and Health & Care Bill 2021:

3. The origins of the NHS White Paper go back to 2019, when the Secretary of State for Health and Social Care asked NHS England to identify what legislative changes were needed to fulfil the ambitions of the ten-year NHS long term plan (making sure everyone gets the best start in life; delivering world-class care for major health problems; and supporting people to age well).
4. In late November 2020, NHS England/Improvement (NHSE/I) issued a consultation document 'Integrating Care: Next steps to building strong and effective integrated care systems across England'. The document set out a proposed direction of travel for ICSs as well as options for giving ICSs a firmer footing in legislation. A response to the consultation was prepared by the Health & Wellbeing Board on behalf of the Gateshead System and submitted to NHSE/I.
5. In February 2021, the NHS White Paper was published with a view to setting out the case for a new legislative framework to facilitate greater collaboration within the NHS and between the NHS, local government and other partners, and to support the recovery from the pandemic. The Health and Care Bill 2021 is intended to provide the legislative framework required to implement these proposals.
6. A key theme of the White Paper is 'working together to integrate care' and it is proposed that the Health & Care Bill will support two forms of integration:

- Removing barriers *within* the NHS and making ‘working together’ an organising principle. NHS bodies (NHSE, ICSs and providers) will have a “triple-aim” duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.
 - Greater collaboration *between* the NHS, local government and wider delivery partners to improve health and wellbeing outcomes for local people. There will be a broad duty to collaborate across the health and care system with the expectation that local authorities and the NHS will be work together within their ICS.
7. The challenge for areas at Place level, such as Gateshead, is to ensure that the integration of health and care progresses in a way that is consistent with the ‘primacy of place’ principle and is directed at working towards local aspirations and addressing local priorities in response to local needs.

Gateshead Cares – Gateshead Health & Care System:

8. The Gateshead system (*Gateshead Cares*) developed its aspirations to secure joined up health and care to meet the needs of their communities through an Alliance Agreement in April 2021 that built upon a MoU that had already been in place. A report on the development of the Agreement was considered by the Health & Wellbeing Board at its meeting in March 2021.
9. The Alliance Agreement provided an opportunity for the Gateshead system to set its stall out, making the most of the relationships that had been developed at Place over a long period and looking to maximise benefits for the Gateshead population in the future. The Agreement supports the Gateshead Thrive agenda and it is intended to facilitate further progress towards integrated commissioning and delivery of health and care services across Gateshead.
10. The Alliance Agreement covered:
- Vision and core objectives of the Gateshead Health & Care System
 - Values and principles of joint working
 - Governance Arrangements
 - Programme Areas to be included within the Agreement
11. Five programme areas were initially identified for inclusion within the Alliance Agreement on the basis that they were ‘ripe’ for a system wide integrated approach to support their development and delivery:
- (i) Children & Young People Best Start in Life: SEND (including transition to adulthood)
 - (ii) Older People: Older Persons Care Home Model (now expanded to Adult Care Home Model)
 - (iii) Older People: Frailty (Strength & Balance)
 - (iv) Mental Health Transformation
 - (v) Development of Primary Care Networks (PCNs)

Gateshead Cares – Update on the 5 Programme Areas

12. The following is a summary update on each of the five programme areas included within the Alliance Agreement:

Children & Young People Best Start in Life: SEND (including transition to adulthood)

13. This programme of work focuses on Special Educational Needs & Disability (SEND) and seeks to give every child the best start in life, a key aim of Gateshead's Health & Wellbeing Strategy. The foundation for a healthy life starts in early life and extends throughout childhood and it is recognised that support needs to be tailored to meet the particular needs of children and young people and their families. The programme also supports the aim of the Health & Wellbeing Strategy to enable all children, young people and adults to maximise their capabilities and have control over their lives.

14. The current position in relation to this programme of work can be summarised as follows:

- Health input **into Education Health Care Plans (EHCPs)** - Training and Awareness sessions have been developed and have been well received by Education settings and Health services.
- A **review of the SEND Information and Advice Service (SENDIASS)** service is underway with a view to this service being jointly commissioned.
- SEND EHCP/Health service **Audits are now embedded** and an action log produced to take forward any areas identified for improvement.
- Significant **investment into the Designated Clinical Officer Role (DCO)**, now a full time post which has successfully been recruited into and will be in post early in the New Year.
- Significant progress has been made in the **development of a joint LA/Health SEND data** dashboard.
- The **Speech and Language Therapy service review is complete**, and a formal report is to go to the CCG Executive Committee.
- A **review of the 0 – 5 service provision for ASD/Autism pathways** and service provision is taking place.
- An overarching **system wide Children's strategy is being developed** (first draft towards the end of December).
- A **draft SEND strategy has been produced** and is being shared with key partners for comment and input.
- An initiative to **promote Learning Disability Health checks for 14 – 25 years olds is underway** across primary care, education and families.

- Significant work is ongoing **to increase the voice of the child** - a teenage resource is being developed with young people; a SEND youth forum has been developed.
- **Information leaflets and being updated** to raise the awareness and increase in the number of families accessing Personal Health Budgets.

Older People: Older Persons Care Home Model (now expanded to Adult Care Home Model)

15. Gateshead Cares is committed to shifting the balance of services towards community support with a focus on prevention, early help and self-help to avoid hospital admissions; developing integrated care and treatment for people with health and care needs; minimising the length of stay in acute settings and supporting home first discharge arrangements where feasible. Where care homes are required to meet peoples' needs, it is recognised that provision has to be sustainable and responsive to the particular needs of the adults they cater for. This is consistent with the commitment within Gateshead's Health & Wellbeing Strategy to integrate how we plan, make decisions and provide health and social care.
16. This programme of work initially focused on the development of an Older Persons care home model to ensure a safe, appropriate, integrated and cost-effective care home service for Gateshead people. The challenges posed by the pandemic have further demonstrated the importance of a sustainable and responsive model going forward. The programme has since been expanded to focus on a care home model for all adults across Gateshead Place that incorporates lessons from the pandemic and changes in national policy e.g. hospital discharge policy etc.
17. The current position in relation to this programme of work can be summarised as follows:
 - The following **workstreams are being pulled into one** overarching project:
 - Older Persons Care Homes
 - Working Age Care Homes
 - Promoting Independence Centres – Short Term
 - Mental Health Specialist Centres – Short Term
 - **Discharge to Assess policy** is confirmed beyond March 2022.
 - Short term **contracts are being developed to** secure capacity to **meet discharge requirements** until at least the end of March 2022.
 - New **60 bed Promoting Independence Centre building** being built in Felling.
 - **Fees and grant support agreed** for the full financial year for all care homes.
 - **Providers are being engaged** on the development of new models.
 - Data analysis and **future demand analysis** is being reviewed due to pandemic impact.

- **Engagement and Consultation on Models** to commence in December / January.

Older People: Frailty (Strength & Balance)

18. The Frailty Vision for Gateshead is to provide a proactive integrated approach to service delivery to support prevention, anticipation of functional decline, early intervention and timely care in line with an individual's needs and wishes, by the most appropriately skilled clinician. The ultimate aim is to keep people happy, healthy and at home. This is consistent with Gateshead's Health & Wellbeing Strategy and, in particular, the aim to strengthen the role and impact of ill health prevention.
19. It is well recognised that one of the most valuable interventions in helping people to stay healthy and on their feet for longer is targeted strength and balance training (Consensus Statement on Healthy Ageing. BGS Fit for Frailty, NICE). The current position in relation to this programme of work can be summarised as follows:
- **£300,000 inequalities funding identified** to secure the pathway for 3 years.
 - Strength & Balance **Development Group** formed – **developed end to end Strength and Balance Pathway** for Gateshead across 3 levels:
 - OTAGO exercise programme – level 3;
 - Falls Management Exercise (FaME) – level 2;
 - General physical activity aiming to support people to keep active as they age – level 1.
 - **Core Commissioning Group established** to implement commissioning arrangements for pathway.
 - FaME and Group OTAGO **service specifications being developed.**
 - **Staying Steady** (FaME programme) recommenced **delivery by Older People's Assembly** from April 2021.
 - **Active at Home Programme continuing** to deliver **Strength & Balance services** to individuals who are at risk of deconditioning due to the impact of the pandemic – 1:1 support in own homes and by phone. Jointly provided by Gateshead Health FT Community services and Gateshead Leisure services staff.
 - **Key areas of focus for future** – to agree and implement a **commissioning approach up to March 2024.**

Mental Health Transformation

20. This programme of work is around transforming mental health care for the benefit of local people and is consistent with the aim of the Health & Wellbeing Strategy to enable all children, young people and adults to maximise their capabilities and have control over their lives. The programme recognises that positive emotional health increases life expectancy, improves our quality of life, increases economic

participation, improves educational attainment and facilitates positive social relationships.

21. The current position in relation to this programme of work can be summarised as follows:

- Recruitment undertaken for **Mental Health Practitioner roles for each PCN.**
- **Project Manager recruited** to support Mental Health Transformation – start date 6 December 2021.
- Recruitment to commence for **Peer Support Worker roles:**
 - Task and finish group in place to oversee the introduction of the roles;
 - Working in conjunction with PCNs, Voluntary Sector and the Council to understand how the roles will connect with other roles.
- Urgent and Crisis support:
 - **Together in a Crisis (TIAC) service under review** – task and finish group set up. Review to be complete by December 2021 with recommendations for future ways of working.
- Residential Care:
 - **Beds under review**
 - Working with the service and partners to **reshape the offer**
 - Report and **recommendations imminent**
- **Expansion of existing services** to address rising demand – e.g. Tyneside Mind helpline.

Development of Primary Care Networks (PCNs)

22. This programme of work recognises the important role that Primary Care Networks (PCNs) play as part of Gateshead Place and identifies key areas of focus to support their development. As such, it supports a number of strands of Gateshead's Health & Wellbeing Strategy, including the aim to strengthen the role and impact of ill health prevention.

23. PCNs also have a key role to play in taking forward locality working arrangements across our system and in building Place from communities, complementing the work being taken forward by the Council and VCS.

24. Focused sessions are held with PCN Clinical Directors to discuss how the System can best support PCNs and how PCNs can support the work of the broader system.

25. The current position in relation to this programme of work can be summarised as follows:

Workforce Development

- **Additional Roles:**
 - Paramedics - 1 in post in Inner West; and Central and South planning to recruit.
 - Adult mental health practitioners – 5 recruited, due in post early 2022, and two PCNs aiming to recruit additional 2 MHPs by April 2022.
 - Children’s Mental Health Practitioners – training posts now established in all PCNs.
 - Physician Associate – 1 appointed in Central and South.
 - Care Co-ordinators – 10 to be appointed in Central and South.
- **PCN workforce plans for 2021/22** collated and submitted to NHS England.
- Primary Care **Strategic Workforce lead in post** – hosted by Gateshead CBC Federation.
- **Practice Nursing Training Needs** analysis underway.

Integrating Care

- Implementation of **Enhanced Care in Care Homes**
 - Implementation Group established to problem solve system wide issues.
- **Roll out of technology into care homes** – i.e. Healthcall Project – currently underway.
- **Community Multi-Disciplinary Teams** now operating in all 5 PCN areas.

Primary Care Access

- National General Practice **Access Data mapping** completed by all Gateshead practices.
- CCG data on current levels of primary care activity now produced on weekly basis and shared with practices.
- NHSE&I **Time for Care team** – held workshops with PCN Strategy Group - identified priority areas to address at system level – Access and Inequalities.
- Discussions on future commissioning arrangements for **Extended Access** services in Gateshead commenced.
- **Extra care same day access** discussions ongoing across the Gateshead system in terms of resilience and equity to support primary care.
- Local **Winter Resilience Funding** available to support same day access over the winter period.
- Plans developing with **community pharmacies** to increase referrals to the Community Pharmacy Consultation Service.

People @The Heart (Multiple Complex Needs Transformation)

26. Although it is not one of the five programmes within the current iteration of the Gateshead Cares Alliance Agreement, the Gateshead System previously agreed to develop a Multiple and Complex Needs (MCN) Transformation Initiative across Gateshead. The initiative supports Gateshead's Health & Wellbeing Strategy which makes a commitment to integrate our health and care services whilst ensuring they are placed based and bespoke to the needs of individuals.
27. A partnership including Fulfilling Lives, Oasis Community Housing and local consultants took forward the transformation initiative in order to:
 - Yield new insights into the ways in which the Gateshead system is dealing with people experiencing MCN;
 - Reveal where over-complexity within the system is working against the achieving of outcomes;
 - Highlight where innovation has enabled better outcomes for those with MCN;
 - Make recommendations for the rationalising of the multiple professional contexts concerned with MCN issues;
 - Leverage improvement within the system that will benefit both service-users and professionals.
28. An evidence base was developed which included the voice of people with lived experience. This led to a report which sets out an approach that puts 'People @ the Heart' by combining a series of drivers for change. The approach includes specific priorities, principles, and practices that could be adopted to improve the effectiveness of the system. A Programme Manager is currently being recruited to help take forward key recommendations from the report.

Gateshead Cares Enablers of Integration

29. The Gateshead system recognises the importance of key 'enablers' of health and care integration at Gateshead Place and, in particular, workforce and the digital agenda. These enablers support and underpin the work of Gateshead Cares as a whole and support Gateshead's Health & Wellbeing Strategy aims to create the conditions for fair employment and good work for all, and to create and develop sustainable place and communities.

Gateshead System Leadership Development Programme

30. The System Leadership Development Programme was launched to respond to the growing need for senior leaders to work within and across an increasingly complex system.
31. The main focus of the programme has been the development of local system leadership capacity and capability, whilst at the same time contributing to the delivery of local health and care priorities. It has been designed to complement development programmes of individual partner organisations.

32. The first cohort of participants are coming towards the end of the programme and includes senior clinicians, managers and social care professionals working across health and care in Gateshead.
33. The Leadership Programme has recently been reviewed by the Gateshead System Board and it has considered a number of recommendations relating to rebranding; introducing a greater focus on inequalities, the primacy of place and human learning systems; arrangements for selecting future cohorts; and delivery of the programme.

Gateshead Cares Workforce

34. Colleagues with lead responsibility for Organisational Development, HR and Workforce from Gateshead Cares Alliance members have come together with some clinical colleagues from nursing and social care, to develop the Gateshead Care Workforce group. The group held a facilitated workshop in November, and identified the following areas as priorities:
 - Joint Apprenticeships/Placements and Additional Responsibility Roles
 - Workforce supporting people with Multiple/Complex Needs
 - Leadership and Continuing Workforce Development (CWD)
35. It was also agreed to seek quick wins/better connectivity between our workforce teams that are focusing on:
 - Employee Wellbeing
 - Inequalities
 - Prototyping and Developing
36. The Group is going to continue to meet every 6 weeks; whilst there is strong commitment from all parties, there is a lack of project management capacity within the group, which needs to be resolved. From a wider system perspective, the group has strong links with the ICS Workforce Board (the Service Director for Adult Social Care represents Adult Social Care regionally at the Board), and with ICP North Workforce workstreams.

Digital Inclusion

37. A group of colleagues across the Gateshead Cares Alliance, with representatives from the voluntary sector have been meeting to develop a work programme to address Digital Inclusion. There is a significant amount of work going on in various parts of Gateshead to better understand and address digital exclusion, but the group have identified the need to better connect and manage these activities. The CCG have just been successful in securing some funding to take forward this work, and a plan is being developed with the aim to join up the existing digital inclusion activities, better enable our ability to bid for national funding and pump prime some further opportunities. This will be planned in synergy with work being taking forward in respect of the VCSE.

Great North Care Record (GNCR)

38. Through the Service Director for Adult Social Care, Gateshead leads the regional Social Care GNCR group and is in a prime position to take forward its implementation. It is identified as a fast adopter of the integrated health and care records facilitated by the Great North Care Record. From an ICS perspective, the Chair of the Gateshead Cares System Board has a clinical role in respect of the Digital Care Programme team; this means that Gateshead is very well placed to benefit from the integrated care record programme going forward.

Gateshead Cares Planning for New Health Landscape

39. The Gateshead Cares System Board held a planning session in preparation for the changes to the health landscape from April 2022. As part of its discussions, it considered national NHS guidance on 'Thriving places: Guidance on the development of place-based partnerships' and developed a response to key questions raised by the guidance (the questions were identified in advance of the planning session to shape and guide the discussion).
40. A summary of key points from the guidance and a response to the questions raised is set out at Appendix 1 of this report. They cover:
- The geography of Gateshead Place;
 - Responsibilities and functions to be carried out at place level;
 - Delivery;
 - ICS support needed;
 - Supporting providers;
 - Governance, decision-making and accountability;
 - Engagement;
 - Working with people and communities;
 - Resources and delegation at Place;
 - Governance and decision-making arrangements
 - Accountability arrangements;
 - Leadership & workforce development;
 - Leadership skills and capabilities.
41. Partner organisations are encouraged to discuss the comments on the document within their own organisations. It is recognised that the position will be an evolving one as we receive more clarity nationally and from the ICS on future arrangements. Our aim is to be on the front foot in Gateshead and it is hoped that the document will help with that and will generate a useful debate that we can build upon going forward.

Gateshead Cares Principles on Ways of Working

42. During the planning sessions on preparing for the new health landscape, the System Board also reviewed its principles on ways of working as set out in the Gateshead Cares Alliance Agreement (see Appendix 2 of this report).

43. The Board reconfirmed its commitment to the principles on working arrangements within the Alliance Agreement and it was felt that they should continue to shape our working arrangements at Place going forward.
44. Discussions at the Planning session also highlighted the need to strengthen these principles further / add to them as follows in preparation for the new health landscape:
- Build upon the working arrangements that we already have at Gateshead Place, don't dilute or diminish them.
 - Our working arrangements for Gateshead Cares should continue to be determined at Gateshead Place level by Gateshead Cares partners.
 - Seek to do all we can at Gateshead Place level (unless there is a compelling reason that it will add specific value to do otherwise e.g. at ICS level) i.e. a bottom-up approach should always be applied, consistent with the overarching 'primacy of place' principle.
 - Where programmes of work are undertaken at scale, Gateshead Place will articulate what it wants from those programmes.
 - Secure optimum autonomy and delegated budgets for Gateshead Place.
 - Initiatives / programmes of work to address health inequalities should be focused at Gateshead Place and at community (locality) levels within Gateshead Place.
 - Whilst the overriding focus of 'Gateshead Cares' should continue to be Gateshead Place, it will continue to shape and influence working arrangements at broader geographies.
45. It is envisaged that the updated principles can be used to test emerging governance arrangements at Gateshead Place and future relationships with the ICS. Partner organisations are also encouraged to consider these principles as part of discussions within their own organisations.

Recommendations

46. The Health and Wellbeing Board is asked to consider:
- (i) the Gateshead Cares System Board update on the work programmes set out in this report;
 - (ii) the response of Gateshead Cares to questions posed by national guidance on 'Thriving places: Guidance on the development of place-based partnerships', set out at Appendix 1 of this report;
 - (iii) revised principles on ways of working set out at Appendix 2 of this report.
47. Partner organisations are also encouraged to discuss the documents within their own organisations, recognising that this is an evolving picture at Gateshead Place.
48. The Board is also asked to agree to receive further updates on a rolling basis on the programmes of work of Gateshead Cares as part of its Forward Plan.

CONTACT: John Costello (Ext 2065) johncostello@gateshead.gov.uk

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Gateshead's Health and Care Systems response to the national guidance: Thriving places: Guidance on the development of place based partnerships

Introduction

The Thriving Places guidance, published in September 2021 seeks to support all partner organisations in integrated care systems to collectively define their place-based partnership working, and to consider how they will evolve to support the transition to the new statutory ICS arrangements, from April 2022.

This Place based response to the guidance is proposed in the context of transitioning with safety and then embedding the new ways of working underpinned by a clear aspiration for our public and patients. We hope this will help the evolving discussion happening at the ICS but we recognise it will be reviewed in the light of those developments. We will put reviews in place once the ICS has agreed its next steps.

Background

The guidance recognises that Place-based partnerships represent a flexible, bottom-up approach and are an important enabler for meaningful collaboration.

As part of the development of ICSs, there is an expectation that partnerships at place level will play a central role in planning and improving health and care services, proactively identifying and responding to population need.

Place-based partnerships also provide an opportunity for the organisations responsible for planning and delivering these services to continue to build and maintain broader coalitions with community partners to promote health and wellbeing, influencing the wider determinants of health.

The White Paper also emphasised the important role of place-based partnerships to support joint-working between the NHS, local government and other partners in sub-system localities, as well as the opportunity for a significant amount of system decision-making at place-level where appropriate.

The Bill does not set out fixed arrangements for the governance of place-based partnerships; instead it gives flexibility for partners to agree how they work locally.

Key points from the guidance

- Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.

- Place-based partnerships will remain as the foundations of integrated care systems as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.
- It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.
- The document describes the activities placed partnerships may lead, capabilities required and potential governance arrangements.

Proposals for place-based arrangements for 2022/23 onwards - Action required

As part of the establishment of new ICS arrangements from April 2021, ICS leaders should confirm their proposed place-based partnership arrangements for 2022/23, including their boundaries, leadership and membership.

More specifically, they should set out:

- the configuration, size and boundaries of the ICS's places
- the system responsibilities and functions to be carried out at place level
- the planned governance model, including membership, decision-making arrangements, leadership roles as well as agreed representation on, and reporting relationships with, the ICP and ICB.

Questions that have been considered by Gateshead Cares

1 Confirm the geography of Gateshead Place

Background: The guidance states that the footprint of place should be based on what is meaningful to local people, has a coherent identity and is where they live their lives – such as a town, city, borough or county. The footprint for place-based partnerships must be defined collaboratively, to ensure that it is a meaningful forum for engaging partners to deliver joint actions (page 10).

Qu Confirm that the geography of Gateshead Place is the LA boundary as is currently the case for Gateshead Cares.

Yes, all agree that they wish the place based partnership to be on the LA boundary.

2 Responsibilities and functions to be carried out at place level - agreeing the shared capabilities and activities of the partnership

Background: The NHS, local government and other local partners should agree the ICS responsibilities and functions to be carried out at place level (page 12). The guidance states that what is undertaken at system or place should be guided by the principle of subsidiarity, with decisions taken as close to local communities as possible, and at a larger scale where there are demonstrable benefits or where co-ordination across places adds value.

The guidance states that some of the programmes and activities that place-based partnerships may undertake together include (pages 15 to 18):

- a) Health and care strategy and planning at place
- b) Service planning
- c) Service delivery and transformation
- d) Population health management (*much happening at ICS*)
- e) Connect support in the community
- f) Promote health and wellbeing
- g) Align management support

Qu What programmes and activities should Gateshead Place undertake together? all of a) to g)?

Yes, the evolving place-based partnership would like to deliver all functions. They are broad in nature and it provides an opportunity for Places to shape/ interpret.

Clarity is needed on what can be done at Gateshead Place and what needs to be done at scale at broader geographies in line with the Primacy of Place principle. Gateshead would wish to do as much as it can at Place level i.e. unless there is a compelling reason for a function/activity to be undertaken at scale but recognises many specialist services require planning at scale. Our rule of thumb is to commission services at the geography they are provided at. Given this we would hope as much of the CCG budget, running cost, staff (including clinicians) would be transferred to the place based team to allow them autonomy for the place based partnership to evolve its team for the functions delegated to place.

It was noted that these functions describe commissioning rather than mentioning it specifically – this is consistent with a view of commissioning and provision working in tandem together where possible.

Background: The place-based partnership and ICB leadership should consider and define the role the place-based partnership and its leadership team will play to support effective monitoring of performance within the system, sharing data and intelligence across partners, identifying risks and helping to agree remedial actions particularly in relation to any statutory functions have been delegated to the place-based partnership (page 27).

Qu What role should Gateshead place-based partnership and its leadership team play to support effective monitoring of performance within the system, sharing data and intelligence across partners, identifying risks and helping to agree remedial actions?

We are working with NECS and Gateshead public health to explore a single version of the truth. This is likely to be using Axiom and we hope to pilot in Gateshead soon.

3. Additional functions and Capabilities

Background: The guidance also states that these programmes and activities may be underpinned by shared functions or capabilities, such as people, digital and technology functions, business intelligence and analytics (page 12). They should be supported by an approach to working that embeds systematic involvement of relevant professional groups, service users, carers and communities described further in chapter 4 on governance, decision-making and accountability (page 13).

Qu What shared functions or capabilities should be undertaken at Gateshead Place?

Whilst recognising there needs to be an ICS dimension to some functions where there are particular benefits of scale, there also needs to be a place based capability to coordinate our approach to these functions and to take a bottom-up approach to planning i.e. for:

- Workforce
- Estates
- Digital agendas (Inc. digital inclusion/poverty).
- Health Inequalities – it has to be a key part of programmes /activity at Gateshead Place and localities (communities) within Gateshead Place.

There will be other large scale functions that place needs to input and interface with.

4 Delivery

Background: The guidance goes on to state that a place-based partnership may agree that these capabilities and activities should be led by individual organisations or resourced collaboratively by programmes delivered across organisational boundaries. It is most important that the

partnership helps organisations to agree where capabilities and programmes should sit to avoid conflicting activities or duplicated effort (page 13).

Qu How can we best deliver those Functions and Capabilities?

Approaches:

- Partnership - Conflicts of interest are not a bad thing if they are appropriately managed.
- Subsidiarity - We want to do as much as possible at Place level where appropriate.
- Convergence - Many of our programmes in Gateshead fit with activities listed under A to G above (Question 2).
- Evolve - We already have much of the structure here in Gateshead and it works. We need to build on and ensure that our programmes follow our Principles on working arrangements (see separate note on this).

5 ICS support needed

Background: Place-based partnerships should work with other partners across the ICS to agree the activities and capabilities that may be most effectively delivered at scale across the system, or where a consistent approach across places is appropriate (page 13), including making decisions with at-scale provider collaboratives (page 21).

Qu What activities and capabilities may be most effectively delivered at scale across the system, or where a consistent approach across places is appropriate, including making decisions with at-scale provider collaboratives?

As per section 3: some dimensions of the Workforce, Digital and Estate agendas needs to be undertaken at regional level with Place influencing and inputting to the approach taken. However, Place will also need to undertake a coordinating role in relation to the enablers of integration and to take a bottom-up approach to planning e.g. local workforce planning.

There is also the need to ensure that the voice of Place feeds into the ICS in a meaningful way e.g. the voice of primary care, so that it can influence the ICS. This also relates to the function around engagement.

The voice of Place may still need to feed into other geographies - the 'space' between Place and ICS level. There is a need to think about how this will be addressed - a collaboration of Places?

It was felt that further discussions are needed on what is best done at scale. It was noted that a Finance paper has been prepared looking at the issues on what could be done at scale / at Place.

6 Providers

Background: Place-based partnerships may also consider different approaches to take locally to support providers of different types and from different sectors to work together to co-ordinate care

and integrate services in their locality, though this will be distinct from the role of the at-scale provider collaboratives (page 13).

Qu What approaches does Gateshead Place wish to take to support providers of different types and from different sectors to work together to co-ordinate care and integrate services in its locality?

Noted that this links to the issue of provider representation. For social care, it was noted that a single provider is not in a position to represent the sector - the sector is so varied.

There are provider forums that can be used e.g. to engage and consult with the social care provider sector as and when needed and this would work better than finding a representative to sit on the place based partnership.

7 Governance, decision-making and accountability

Background: The guidance states that the NHS, local government and other local partners should agree the planned governance model for place (page 19) including:

- Membership
- Place-level decision-making arrangements, including any joint arrangements for statutory decision-making functions between the NHS and local government
- Leadership roles, for convening the place-based partnership, as well as any individuals responsible for delegated functions
- Representation on, and reporting relationships with, the ICP and ICB

Membership

The guidance states that while it will be for local partners to agree the appropriate organisations and individuals to be included in the place-based partnership arrangements, they will do well to consider how they will include representation from the following (page 19):

- **primary care provider leadership**, represented by PCN clinical directors or other relevant primary care leaders
- **providers of acute, community and mental health services**, including representatives of provider collaboratives where appropriate
- **people who use care and support services and their representatives** including Healthwatch
- **local authorities**, including Directors of Adult Social Services and Directors of Public Health and elected members
- **social care providers**
- the **voluntary, community and social enterprise sector (VCSE)**
- the **ICB**

Place partners should agree the membership of the different parts of their governance arrangements, recognising the different role partners will play, and that it may not be considered

appropriate for some members of the place-based partnership to participate in some formal decision-making arrangements (page 23).

Qu Should Gateshead Place Partnership change / extend its membership?

It was felt that the Gateshead Place partnership did not need to extend its membership. See Appendix for current membership and governance diagram.

Qu What parts of the governance arrangements for Gateshead Place need to be considered further from a membership perspective?

It was felt that other organisations don't necessarily need to become 'members' - they can feed into Gateshead Place as appropriate (e.g. housing sector, colleges etc.) e.g. they could also input through a Reference Group arrangement where they are kept informed regularly and brought in as needed.

8. Engagement

Background: The guidance also states that the place-based partnership should agree which other community partners with an important voice or role should be involved in the partnership, as members of committees or through other working groups and arrangements. This will depend on the objectives of the partnership, and may include housing associations, emergency services, prisons, universities and education providers. There will be partners with more complex footprints, such as ambulance trusts, which depending on the nature of working relationships, may be most appropriately represented as members or through other working arrangements, which should be agreed (page 20).

Qu What approach does Gateshead Place wish to take towards the involvement of other community partners? Should we have a yearly reference group?

We would like to have a yearly reference group. We also want to ensure we embed community engagement in all place work.

Working with people and communities

Background: As part of their decision-making arrangements, place-based partnerships should systematically involve professionals, people and communities in their programmes of work and decision-making processes. This should build on existing approaches to engaging and co-producing with people and communities; for example, those approaches developed by HWBs. These arrangements should be a source of genuine co-production and a key tool for supporting accountability and transparency of the system (page 21).

Qu What approach does Gateshead Place wish to take involving professionals, people and communities in their programmes of work and decision-making processes?

Engagement with the Public: Through our Place workstreams, arrangements are being made to ensure that community engagement is embedded into everything we do. Arrangements are also needed to encompass the Voice of the Child.

There is a continuing need to consider how we utilise our collective comms which is being progressed (a comms work programme is being developed).

Traditional methods of communication also have a role to play such as the Gateshead Council magazine, which includes pages dedicated to health and care issues.

People engagement also needs to be factored in as part of the ongoing development of work programmes. A number of different approaches are needed.

Engagement with our workforce: We also need to further consider how we harness our workforce to promote involvement and to communicate on behalf of Gateshead Place .

Engagement with Professional leaders: Professional Advisory Group Everyone supports this being set up. Initially, it would need to meet more frequently than 1-2 a year to input into the place based partnership. This needs to involve a range of professionals including social care professionals. It also needs to involve community professionals (e.g. Chief Executive of Edberts House). TOR are being drafted.

9 Agreeing the Resources and delegation at Place

Background: A number of the questions have already been picked up under the section on 'Responsibilities and functions to be carried out at place level' (page 2 above). Consideration should also be given by system leaders to how they ensure appropriate resource and delegated decision-making are established at place (page 21).

Where place-based partnerships agree with statutory bodies –for example, the ICB, NHS providers or local government –to take on delegated statutory functions for the place, the relevant bodies will retain accountability for these functions and must be satisfied the place -based partnership is able to manage the functions appropriately. They will agree with the partnership any terms of the delegation including the governance and assurance arrangements required to ensure the functions are delivered in a proper way (page 22).

Qu How can we seek to ensure (and/or advocate) that appropriate resource and delegated decision-making is established at Gateshead Place?

We need to consider how the 'Gateshead Cares' Alliance Agreement can evolve to do this. See Appendix for current version.

Timescales: Noted that Joint Committee arrangements, will take some time to evolve. The ICB will be a new organisation and it will need to build trust and delegate to Place – it won't happen overnight. This is unlikely to be ready for April 2022 and may be more likely Autumn 2022.

Steps needed: Joint Committee arrangements will require organisations to agree functions, budgets and schemes of delegation.

Preparation: Gateshead Place wants to be proactive by putting the necessary arrangements in place so that it is ready to take on those responsibilities and make the most of those opportunities i.e. so that it can demonstrate in advance that it is fit for purpose.

As part of this, we need to consider what shadow arrangements can be put in place. As a local system, Gateshead Cares will continue to function/operate for the benefit of Gateshead residents while waiting (and ready) to take on further responsibilities.

In summary, we need to consider what we can do now to demonstrate maturity / our state of readiness e.g. financial & performance monitoring.

10 Governance and decision-making arrangements

Background: Local areas must also consider how to balance and build on existing relationships and governance arrangements, with the delivery of the functions and duties set out in the proposed legislation (Page 22).

Table 2 (pages 24 to 26) summarises the broad types of governance arrangements that could be established to support place-based partnerships to make decisions between the appropriate partners, if the Bill is passed in its current form (page 22/23).

Some of the arrangements described in table 2 may be implemented through existing arrangements, such as HWBs. However, there may be some arrangements that must be established independently. The arrangements are not mutually exclusive, and places may adapt and revise the arrangements to address their particular business and decision-making needs. It is also possible to use a single forum for multiple purposes. Place-based partnerships should consider, along with wider system partners, how they will ensure governance and decision-making remains clear and proportionate and avoids duplication across the ICS, and how they share information and involve partners to promote joined-up decision-making (page 23).

Qu Of the options set out under Table 2 of the Thriving Places Guidance (on pages 24 to 26), what governance would we wish for Gateshead Place?

A Joint Committee arrangement would most closely match the approach we would wish to take.

A staged approach will likely be needed and there would be value in putting shadow arrangements in place as soon as practicable.

Qu What shadow arrangements do we want for Gateshead Place in advance of the proposed changes for April 2022?

As mentioned, a two stage process can be taken – set the infrastructure up/ plan for our governance and put supporting arrangements in place i.e. so that Gateshead Place can take on further responsibilities and functions when we and the ICB are ready (inc. delegated functions/ budgets). The Gateshead Place system can continue to evolve and grow, consistent with its aspirations – a steady progression.

It was also noted that there is an ICS Task & Finish Group looking at this issue and there is a need to finalise the detail.

11 Accountability arrangements

Background: The guidance states that while NHS partners will be accountable for delivery of their functions through NHS England and NHS Improvement and to central government, local authority partners are accountable to communities through local democracy. Place-based partnerships should agree the arrangements required to fulfil each of these relationships appropriately, including how they engage council elected members or NHS non-executive directors in decision-making, as well as their relationships with HWBs and local authority health overview and scrutiny arrangements, and the relationship between NHS bodies and NHS England and NHS Improvement (page 27).

Qu What accountability arrangements should be in place for the Gateshead Place Partnership going forward?

Noted that this is set out in our governance diagram for Gateshead Place – agreed, that there would be accountability to the Health & Wellbeing Board (as there is currently).

Also noted that an ICS Design Group has been established which includes LA representatives.

12 Leadership & Workforce developments

Background: The guidance states that there is a range of leadership roles that may be fulfilled at place, and they will depend on the responsibilities the place-based partnership has agreed to undertake together. Partnerships may choose to have an overall lead for the place, its vision and plan, which will likely comprise the role of convening the partnership but may also include responsibility for managing delegated statutory functions. This will typically be accompanied by other leadership roles in the partnership for defined functions or programmes of work. The roles and responsibilities of the leadership team will typically fall into the three broad categories described in Table 3 (page 28) of the guidance:

- Partnership convenor
- Executive leads
- Programme leads

It is important that the leadership roles of the place-based partnership are agreed and defined clearly, based on the functions and programmes of the partnership, and there is an agreed process to manage any potential conflicts of interest (page 29).

Qu Are the leadership roles of Gateshead place-based partnership agreed and defined clearly, based on the functions and programmes of the partnership?

Yes, but this needs to be kept under review.

Additional capacity will be needed in such areas as finance, performance management, engagement.

Leadership skills and capabilities

Background: Whilst leaders and teams will clearly want to shape their own development, the guidance states that learning to-date suggests the key skills and behaviours that place-based leaders should aspire towards to be effective in their role include (page 29/30):

- openness and honesty with colleagues, as well as acting with integrity
- a commitment to listening to others and understanding different points of view
- strong relationship-building skills, with the capability to work with partners to develop a shared vision around joint priorities and plans
- a readiness to take ownership of complex problems
- curiosity and the ability to understand what is really happening, and not what is supposed to be happening
- encouraging close working between leaders from different organisations to build relationships and solve problems
- fostering a culture of continuous learning, measuring effectiveness and adapting the approach on what is or is not working
- regularly engaging with people who use services, carers and members of the voluntary sector to understand their experiences of care and acting on their views.

Qu are we happy to use these principles?

Yes

Background: The guidance states that the partnership may also use this as an opportunity to consider how they will support the continued development and capability of the place's professional communities to meet the future work of the partnership (page 13).

Qu How will Gateshead Place support the continued development and capability of its professional communities to meet the future work of the partnership?

1st cohort of the Gateshead system leadership development is ongoing. We will need to consider how we can best move the Leadership Programme forward. The infrastructure is in place, but it will need to evolve. We then need to explore options for the wider teams.

Qu What working arrangements should be put in place that embeds systematic involvement of relevant professional groups, service users, carers and communities?

We feel the professional forum and engagement evolving is a good start and this will evolve.

Link to the full ISC Thriving Places guidance document:

[ICS-implementation-guidance-on-thriving \(england.nhs.uk\)](https://www.england.nhs.uk/implementation-guidance-on-thriving/)

J Costello

Current Gateshead Cares System Board

Chair: Mark Dornan

Vice-Chair: Steve Kirk

Plus Senior Representatives of:

- Newcastle Gateshead CCG
- Gateshead Council
- Gateshead Health NHS FT
- Newcastle upon Tyne Hospitals NHS FT
- Cumbria, Northumberland, Tyne & Wear NHS FT
- Community Based Care Health
- Blue Stone Collaborative
- Connected Voice

Governance of Gateshead Cares:

See Illustration attached.

Current Alliance Agreement:

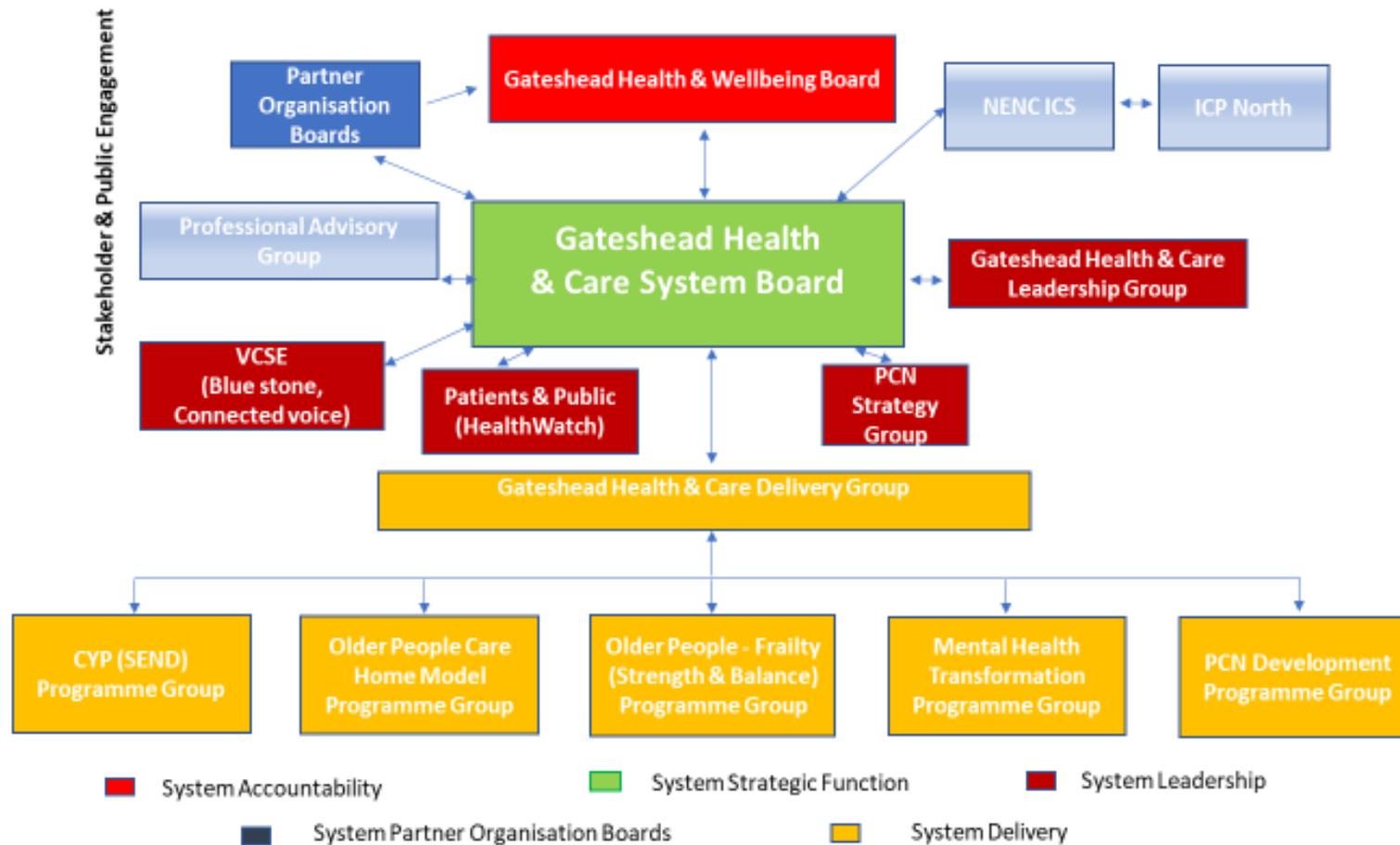


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Signatures-Gateshe:

Gateshead Health & Care System (Gateshead Cares) – Governance



Page 35



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Outcomes from Planning Sessions for Gateshead Cares System Board

Gateshead Cares – Principles on Ways of Working

Commitment to the principles on working arrangements within the Gateshead Cares Alliance Agreement was re-confirmed (see extract of the Alliance Agreement attached). They will continue to shape our working arrangements at Place going forward.

The discussion at the Planning session also highlighted the need to strengthen these principles further / add to them as follows in preparation for the new health landscape:

- Build upon the working arrangements that we already have at Gateshead Place, don't dilute or diminish them.
- Our working arrangements for Gateshead Cares should continue to be determined at Gateshead Place level by Gateshead Cares partners.
- Seek to do all we can at Gateshead Place level (unless there is a compelling reason that it will add specific value to do otherwise e.g. at ICS level) i.e. a bottom-up approach should always be applied, consistent with the overarching 'primacy of place' principle.
- Where programmes of work are undertaken at scale, Gateshead Place will articulate what it wants from those programmes.
- Secure optimum autonomy and delegated budgets for Gateshead Place.
- Initiatives/ programmes of work to address health inequalities should be focused at Gateshead Place and at community (locality) levels within Gateshead Place.
- Whilst the overriding focus of 'Gateshead Cares' should continue to be Gateshead Place, it will continue to shape and influence working arrangements at broader geographies.

Application of the Principles

Use the principles to test:

- How the detail of our emerging governance model/arrangements stack-up against these principles
- How proposals that emerge over time from the ICS satisfy/are in accordance with those principles

J Costello

Extract from Gateshead Cares Alliance Agreement (dated 22nd April 2021)

VALUES AND PRINCIPLES

5 THE VALUES AND PRINCIPLES FOR GATESHEAD CARES

Values

5.1 The relationship between the Partners will be based upon the following values which will be promoted and embedded across our organisations.

Respect	The Partners will demonstrate mutual respect and trust to other Partners. The different perspectives and contributions of the Partners will be recognised and valued.
Inclusiveness	In developing and shaping a Gateshead place-based narrative, Partners will work both with other Partners, stakeholders and local people and communities and be willing to work and learn from others.
Transparency	All decision-making relating to financial and service planning and the delivery of services will be shared and available to the Partners through open and transparent communication and engagement.
Efficiency	A desire to make the best use of available resources in meeting the objectives of Gateshead Cares and in a way that is sustainable for the local health and care system.
Commitment	A shared commitment to providing the best possible care, working with local communities.

Principles

5.2 The Principles underpin the delivery of the Partners' obligations under this Agreement and set out key factors for a successful relationship between the Partners. The Partners acknowledge and confirm that the successful development and delivery of the Objectives will depend on the Providers' ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the delivery of the Programme Areas (together with the Council as a Provider) under this Agreement in conjunction with the CCG and Council (as a Commissioner).

5.3 The Principles are that the Partners will work together in good faith and, unless the provisions in this Agreement state otherwise, the Partners will:

5.3.1 genuinely collaborate with honesty, trust and understanding in working towards the success of Gateshead Cares;

- 5.3.2 work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward, including identifying, managing and mitigating specific risks and the implementation of an outcomes framework in respect of their performance of the obligations under Service Contracts;
- 5.3.3 agree improvements which are specific, challenging, add value and eliminate waste based upon a human learning systems approach to managing in complexity; and
- 5.3.4 always demonstrate that the best interests of people resident in Gateshead are at the heart of the activities which they undertake under this Agreement and the Services Contracts and Section 75 Agreements and not organisational interests, and engage effectively with the Population,

(together these are the “**Principles**”).

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TITLE OF REPORT: Gateshead Better Care Fund Submission for 2021/22

Purpose of the Report

1. To seek the retrospective endorsement of the Health & Wellbeing Board to the Better Care Fund submission for Gateshead for 2021-22 in order to support integrated health and care services for the benefit of local people.

Background

2. The Better Care Fund (BCF) was originally announced by the Government in the June 2013 spending round, with the goal to secure a transformation in integrated health and social care. The BCF created a local single pooled budget to incentivise the NHS and local government to work more closely together around the needs of people, placing their wellbeing as the focus of health and care services, and shifting resources into community and social care services for the benefit of local people, communities and the health and care economy.
3. The most recent BCF submission for Gateshead by NHSE/I was for 2019/20 as areas were encouraged to roll-on their programmes during 2020/21 due to the pandemic. However, as part of the current NHS planning round, there is a requirement for areas to prepare a BCF submission for the current year – 2021/22.
4. NHS England guidance on BCF Planning Requirements for 2021/22 set out the details of national conditions to be met, metrics to be included in plans (against which the progress made by local areas will be monitored), and requirements relating to the narrative components of the Plan. Details were also provided on funding arrangements and requirements, the process for agreeing plans and providing necessary assurance to NHS England. The deadline for the submission of agreed plans was very tight - the 16th November 2021.
5. The Gateshead BCF submission for 2021-22 has been developed working closely with colleagues at Newcastle Gateshead CCG and other partners through the Integrated Commissioning Group.
6. The submission is in two parts:
 - A narrative plan that sets out our approach to integration, including our approach to joint/collaborative commissioning and supporting people to remain independent at home.
 - An excel Planning Template which sets out details on metrics, how national conditions will be met and proposed expenditure.

7. A key thread which runs through our submission is that the BCF should not be seen in isolation but rather as being part of broader programmes of work that seek to respond to people's needs in an integrated and sustainable way.
8. Our collective experience and response to the pandemic has further demonstrated the importance of working together to prevent and reduce admissions to hospital; to support safe, timely and effective discharge; and to improve outcomes for people being discharged from hospital.
9. The Health & Wellbeing Board was briefed at its last meeting on the BCF submission requirements for 2021-22, arrangements for developing the Gateshead submission and an update on progress. The submission was then finalised and submitted to NHS England by the deadline set.

Gateshead BCF Submission for 2021/22

10. The Gateshead BCF submission documents for 2021-22 can be accessed through the following link: <https://www.gateshead.gov.uk/article/3933/Gateshead-Better-Care-Fund>
11. At the time of the submission to NHS England in November, we were already in month 8 of 2021/22. The emphasis has therefore been on ensuring continuity of existing schemes in the current year in line with planning guidance requirements and pending a more detailed review of schemes and arrangements for future years.

National Conditions

12. For 2021-22, there are four national conditions that all BCF plans must meet to be approved, similar to those for previous years. These are:
 - (i) A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
 - (ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution (for Gateshead, this represents an uplift of 4.5%).
 - (iii) Agreement to invest in NHS commissioned out-of-hospital services.
 - (iv) A Plan for improving outcomes for people being discharged from hospital.

BCF Schemes 2021-22

13. As for the previous BCF submission, schemes are being grouped under the following broad areas:
 - Managing discharges and admissions
 - Service pressures
 - Planned care
 - Carers
 - Disabled Facilities Grant
 - Market shaping and stabilisation
 - Service transformation

BCF Funding

14. Details of the BCF financial breakdown for Gateshead for 2021/22 is set out below:

BCF Contribution	2021/22 (£)
Minimum NHS (CCG) Contribution	£17,713,351 *
Disabled Facilities Grant (capital funding for adaptations to houses)	£ 2,111,149
Improved Better Care Fund	£ 11,051,841
Total	£30,876,341

* i.e. an uplift of 4.5% on the CCG's Minimum Contribution for 2020/21

15. The Improved BCF grant (which originally arose from the 2015 spending review) will be pooled into the BCF, similar to previous years.
16. The BCF submission template includes details of scheme level expenditure plans.

Plan Delivery and Governance

17. The delivery of the plan will be governed by a Section 75 agreement which will set out respective responsibilities of the Council and CCG. Delivery will continue to be overseen by the Integrated Commissioning Group, including senior officers from the Council and CCG.

Sign-off Arrangements

18. Similar to previous submissions, there is a requirement that the BCF Plan is signed off by the Health & Wellbeing Board, the local authority and Clinical Commissioning Group.

Approval and Monitoring of BCF Plans

19. Assurance of final plans will be led by NHS England Better Care Managers with input from other NHS England colleagues and local government representatives.
20. Recommendations for approval will be signed off by NHS regional directors and this will include confirmation that local government representatives were involved in assurance and agree the recommendations. NHS England will approve BCF plans in consultation with DHSC and DLUHC.
21. It is understood that quarterly reporting will recommence in 2021-22 and will cover progress in implementing BCF plans, progress against metrics and ongoing compliance with the national conditions of the fund.

Recommendations

22. The Health & Wellbeing Board is asked to endorse, retrospectively, the 2021-22 Better Care Fund submission for Gateshead.

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27 October 2021

Caroline O'Neill
Strategic Director of Children, Adults and Families Gateshead
Civic Centre
Regent Street
Gateshead
NE8 1HH

Dear Caroline,

Focused visit to Gateshead children's services

This letter summarises the findings of a focused visit to Gateshead children's services on 22 to 23 September 2021. Her Majesty's Inspectors for this visit were Brenda McLaughlin, Vicky Metherringham and Louise Walker (HMI designate).

Inspectors evaluated the quality of help and protection provided to vulnerable children and their families in the 'front door' integrated referral team (IRT) and in the assessment and intervention team (AIT). They met with social workers and their managers and looked in detail at children's records. In addition, inspectors appraised the quality and impact of the local authority's performance management and audit arrangements.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework.

Headline findings

Gateshead's highly skilled, committed and caring social workers and their managers in the front door teams provide sensitive, innovative child-centred help and protection to most children seen during the visit. Continuously strong, ambitious and effective senior leadership has resulted in sustained improvements. The well-respected and experienced director of children's services (DCS), together with her senior team, has created a culture where doing the right thing to help children and their families is embedded across teams.

Closely aligned, mature professional partnerships work together effectively to safeguard children from harm. Thresholds are understood well, and scrutinised frequently. There is consistent and commendable evidence of continuous innovation and improvement during the COVID-19 (coronavirus) pandemic. Senior leaders are

fittingly proud of their staff's commitment and determination throughout this period to see vulnerable children and their families face to face. Staff report that they feel valued in their work and professional development and that their personal well-being is prioritised.

Performance management is effective. Leaders are intending to take action to strengthen their audit function by including the views of children and parents. Managers' inconsistent evaluation in supervision and lack of direction around alternative ways of working, along with an absence of contingency planning, contribute to delay for a small number of children.

What needs to improve in this area of social work practice

- The quality and impact of supervision and contingency planning for children in need.
- The routine inclusion of the views of children and their families in audits.

Main findings

Contact and referrals for children in need or at risk of harm are managed effectively in the IRT. Social workers and managers make prompt, well-informed decisions about what help and protection are required.

Decisions by managers to step up and down to early help services are appropriate. Partner agencies have a shared understanding of thresholds, augmented by the daily multi-agency triage meeting, which includes the early help service. Proportionate checks are undertaken with professionals; they work closely together and collaborate well. As a result, most children and families get the right level of help and protection at the right time, delivered by very committed and skilled professionals. This is making a difference to their day-to-day lives and is keeping them safer. Parental consent to share information is sought routinely, or appropriately overridden if required.

Responses to children at risk of harm are timely and effective. Visits are carried out swiftly by IRT staff when they are concerned about children's immediate welfare, and this is a real strength. Multi-agency child protection strategy meetings are used constructively to share information about children, leading to well-informed decisions about what needs to happen next to protect them from harm. Inspectors agree with a recent independent audit of strategy meetings and child protection enquiries, which concluded that children and their families receive a proportionate response.

Most assessments of vulnerable children are comprehensive and analytical. They demonstrate effective and thoughtful engagement with families and a good understanding of children's needs. They are thorough and clearly reflect the child's voice and experiences. However, some are not updated regularly.

Diligent work by staff across all front door teams, including the out of hours service, demonstrates a resolute focus on understanding the impact of domestic abuse, parental substance misuse, and poor mental health and neglect. Competent examples were seen of social workers using an array of direct-work tools to evaluate how these and other vulnerabilities interact with the ability of parents to provide stable, safe and consistent care for their children.

Risks and strengths are identified and carefully analysed, and consistently informed by the family's previous history. The child's views and lived experiences are central to most decisions, plans and planning. Effective, proportionate action is taken, protecting children from harm. Respectful inclusion of parental and extended family members' views during assessments is recorded well but parental needs do not eclipse those of children. Difficult and honest conversations are conducted appropriately, resulting in many parents working collaboratively and openly with social workers. Good-quality children-in-need plans are evident, but a minority of children remain on these plans too long without the requisite review.

Management direction is clearly articulated on children's records in the IRT. Supervision in the AIT is regular but recording by managers is perfunctory and lacks analysis and clarity on what needs to happen next. It does not include an ongoing evaluation of whether timely progress is being made. Contingency thinking and planning are limited, leading to delay for a small number of children. Regular management reviews of children's progress at 10 and 28 days are conducted. However, children in need whose assessments remain ongoing do not benefit from similar scrutiny beyond 28 days.

Leaders have recognised the need to strengthen services and systems to monitor and assess the impact of work with vulnerable adolescents, those missing from home and children at risk of exploitation. Action to appoint dedicated specialist staff is beginning to make a difference, but the alignment of services and systems to monitor and assess the impact of this work is not yet fully embedded to ensure that risks to children are fully understood and addressed quickly.

Performance management is rigorous. Leaders have an accurate grip on frontline practice, supported by reliable real-time data. Leaders at all levels regularly investigate variances and emerging concerns in monthly performance clinics, chaired by the deputy strategic director. For example, a monthly missing-from-care meeting led by the senior management team identified that the number of children engaging in their missing-from-care interviews was not good enough. Consequently, a dedicated missing-from-care coordinator post has been created and this is beginning to make a substantial difference.

Senior leaders 'paused' routine audits in February 2021 due to the increase in referrals and pressures on team managers and staff as a result of the pandemic. However, they have continued to carry out thematic audits. Auditors focus on measuring the quality of the work and whether children are being helped and

safeguarded. Leaders are intending to take action to include the views of children and their parents during audits.

The DCS has an accurate view of the service she leads and shows exceptionally strong, stable leadership and commitment to continued improvement, working adroitly to progress the small number of areas for improvement that remain. There is no complacency. For example, despite the unprecedented challenges posed by the pandemic, a strong culture of outward-looking, continuous learning and accountability meant that Gateshead continued to innovate, and appoint more staff to take forward the new initiatives. They pioneered the successful development of a new social workers in schools team across six secondary schools, leading to earlier intervention and prevention of harm to children. This initiative is now being extended to include more schools. In addition, an independently commissioned peer review of the complex children-in-need team is leading to an enhanced service to children at risk of coming into care.

Ofsted will take the findings from this focused visit into account when planning your next inspection or visit.

Yours sincerely

Brenda McLaughlin
Her Majesty's Inspector

**Re: Application to change ownership at: 181 Coatsworth Road, Gateshead
NE8 1SQ - COO CR CAS-93429-K7V5C0**

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

The application has been assessed and confirms the following:

1. Fitness to practice checks have been carried out for Pyramid Pharmacy 7 Ltd and confirmed satisfactory.
2. There are no pending concerns with the outgoing contractor Lloyds Pharmacy Limited.
3. Pyramid Pharmacy 7 Ltd are undertaking to provide pharmaceutical services at premises that are already listed chemist premises, at which Lloyds Pharmacy Limited is currently providing pharmaceutical services.
4. Pyramid Pharmacy 7 Ltd will;
 - a. carry on at the listed chemist premises, in place of Lloyds Pharmacy Limited, the business in the course of which Lloyds Pharmacy Limited is providing pharmaceutical services at those premises,
 - b. provide the same pharmaceutical services as those that Lloyds Pharmacy Limited is providing
 - c. ensure the provision of pharmaceutical services at the premises will not be interrupted (except for such period as the NHSCB may for good cause allow).

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

Appeal Rights

Organisation Name	Address1	PostCode
Lloydspharmacy	181 Coatsworth Road	NE8 1SQ
Centralchem Ltd	217 Coatsworth Road	NE8 1SR
Ashchem Chemists	The Health Centre	NE8 1NB
Well Gateshead - Prince Consort Road	105 Prince Consort Road	NE8 1LR
Bewick Road Pharmacy	13 Bewick Road	NE8 4DP
N and B Chemists Ltd	1 Liddell Terrace	NE8 1YN
Rowlands Pharmacy	76-78 Saltwell Road	NE8 4XE
Boots	13 - 15 Ellison Walk, Trinity Square	NE8 1BF
Tesco Pharmacy	Tesco Instore Pharmacy	NE8 1AG
K and A Pharmacy	292 Old Durham Road	NE8 4BQ
Lloydspharmacy	Watson Street	NE8 2PQ

Rg Young Pharmacy Limited	33 Sheriffs Highway	NE9 5PJ
Boots	Ravensworth Road	NE11 9FJ
Quayside Pharmacy Ltd	Crawhall Road	NE1 2BL
Boots	35 Blakett Street	NE1 7AN
Well Gateshead - Beaconsfield Road	14 Beaconsfield Road	NE9 5EU

NHS England and NHS Improvement

Our Ref: CAS-93429-K7V5C0
(To be quoted on all correspondence)

Primary Care Support England

PCSE Enquiries, PO Box 350
Darlington, DL1 9QN
Email: pcse.marketentry@nhs.net
Phone: 0333 014 2884

**To All Interested Parties Via Email –
No Appeal Rights**

12th November 2021

Dear Sir/Madam

**Re: Change of ownership application for Lloyds Pharmacy at 181
Coatsworth Road, Gateshead, NE8 1SQ by Pyramid Pharma 7 Ltd.**

NHS England has considered the above application and I am writing to confirm that it has been granted.

Please see the enclosed report for the full reasoning.

Yours sincerely

U Arshad

Usman Arshad
Pharmacy Market Management Services Officer

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