

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

Purpose of the Report

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

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

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

Background

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

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

Common Aspirations

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

Key Outcomes

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

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

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

Proposal and Next Steps

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

14. The next steps could include:

A Development Session with a focus on Prevention:

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

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

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

Recommendations

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

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HWB Developing Together Session: Group/Feedback from Tables

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

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