Gateshead Council

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GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 20 April 2018 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2a	**Minutes (Pages 3 - 8)** The minutes of the business meeting held on 19th January 2018 and Action List are attached for approval.
2b	**Action List (Pages 9 - 14)**
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
	Items for Discussion
4	**Health & Care Integration Update - All** (Pages 15 - 28)
5	**Children & Young People Mental Health Local Transformation Plan - Catherine Richardson** (Pages 29 - 56)
6	**CAMHS Waiting Times - Catherine Richardson** (Pages 57 - 60)
	Performance Management Items
7	**Better Care Fund Quarter 4 Return - John Costello** (Pages 61 - 64)
	Assurance Items
8	**Sector Led Improvement: 'Mini' Health and Social Care System Review - Steph Downey** (Pages 65 - 68)
9	**Health Protection Annual Report - Gerald Tompkins** (Pages 69 - 108)
10	**Updates from Board Members**
11	**A.O.B.**

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Date: Thursday, 12 April 2018

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 19 January 2018

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

HW1 APOLOGIES FOR ABSENCE

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

HW2 MINUTES

RESOLVED:

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

HW3 ACTION LIST

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

The following points were noted as ongoing from the report:

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

RESOLVED:

(i) That Board Members noted the Action Plan.

HW4 DECLARATIONS OF INTEREST

There were no declarations of interest.

HW5 FIT 4 THE FUTURE AND COMMUNITY LINKING PROJECT

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

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

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

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

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

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

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

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

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

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

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

RESOLVED:

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

HW6 GATESHEAD COUNCIL'S NEW STRATEGIC APPROACH

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

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

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

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

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

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

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

RESOLVED:

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

HW7 CAMHS LOCAL TRANSFORMATION PLAN

This item was deferred to the next meeting.

RESOLVED:

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

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

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

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

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

RESOLVED:

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

HW9 BETTER CARE FUND QUARTER 3 RETURN 2017/18

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

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

RESOLVED:

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

HW10 UPDATES FROM BOARD MEMBERS

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

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

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

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

to victims in these circumstances.

RESOLVED:

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

HW11 ANY OTHER BUSINESS

There was no other business.

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

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

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

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

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

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Gateshead Council

HEALTH AND WELLBEING BOARD
20th April 2018

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

Purpose of the Report

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

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

Background

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

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

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

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

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

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

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

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

Gateshead Health and Care System Board and Workstreams

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

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

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

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

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

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

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

Workstream 1: Commissioning for Better Outcomes

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

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

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

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

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

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

    Best Start in Life

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

    Living Well for Longer

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

    Older People

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

18. These priorities take into account:

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

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

20. An initial first draft has been produced having regard to existing outcome frameworks and priorities as set out under paragraph 17 above (see appendix 3(i)). This will require further discussion and refinement and will also need to be supplemented by a set of key measures that can be used to measure and track progress in achieving the outcomes identified. Clearly, the measures will need to focus on those areas that are within the gift of provider organisations to deliver, working collaboratively. A summary of the requirements of the commissioning for better outcomes framework going forward is set out at Appendix 3 (ii).

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

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

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

Next Steps:

24. To progress the work of this workstream, the following next steps have been identified:
    - An appraisal of the initial draft set of long term strategic outcomes that have been developed.
    - Translate the strategic outcomes identified into streamlined measures that can be used to monitor and track the progress of providers in delivering better, more joined-up care for local people – this will include how we move commissioning from transaction and process to a system that incentivises population and system level outcome measures, increases productivity and encourages innovation.
    - Consideration of the associated behaviours that will be required across the local system to make this work and how this can be achieved in practice.

Workstream 2: System Architecture and Governance

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

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

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

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

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

29. Partners are reviewing existing systems across the country/internationally seeking to learn from perceived best practice and from those where there has been less success. For example, contact has been made with leads of the South Yorkshire and Bassetlaw system where elements of the approach being taken there are of interest to Gateshead – in particular, the progression of 'placed' based approaches within a broader regional footprint.

30. How Gateshead can continue to progress a 'placed' based approach within an emerging broader footprint covering Cumbria and the north east (CNE) will be key and this issue is being raised as part of regional discussions – in particular, how a CNE approach would interface at a practical level with the direction of travel we have set to develop a local Gateshead 'place-based' health and care system. A key principle of our approach is that services should be designed as close to 'place' as possible. Only where this is not possible, should solutions be undertaken on a wider planning or service footprint.

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

32. NHS planning guidance for 2018-19 was released in early February and work is being undertaken to ensure Gateshead System developments are in line with Department of Health expectations.

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

Next Steps:

34. Next steps to progress this work include:

- Designing and preparing for a proposed rapid planning event to take place in May/June, with a focus around:
  - Strategic outcomes and associated measures to track progress towards achieving those outcomes
  - Contracting and alliancing;
  - Competition and procurement;
  - Governance and partnerships;
  - Links with wider STP Governance
  - Other related issues
- Further development of the thinking around an outline model for Gateshead's system architecture which can be tested and challenged at the rapid development workshop;
- Firming up our collective understanding of resources – the Gateshead resource allocation and forward view in the light of NHS planning guidance.
- Continuing to learn from the approaches being taken by other areas (e.g. Barnsley within the South Yorkshire and Bassetlaw system)
- Advocating the importance of a Gateshead 'place based' approach within a broader CNE footprint.

Workstream 3: Provider Development

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

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

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

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

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

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

    - Work on a phased basis, with the NHS Trusts being in a position to work in an alliance type arrangement with prime providers for some services.

- Adopt open book arrangements and share risk.
- Co-ordinate Transformation Plans through the Gateshead Care Partnership.
- Work with commissioners to move away from transactional activity to a focus on outcomes based commissioning.

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

41. The following key areas for development have been identified:

    - Developing our understanding of an alliance type arrangement using the NHS Standard Alliance Contract as a guide.
    - Understanding the financial position of each partner.
    - Identifying partners to take a lead role in areas of activity.
    - Reviewing the governance of the Gateshead Care Partnership, the Memorandum of Understanding and Terms of Reference to reflect an alliance type arrangement.
    - Agreeing the offer to commissioners for 2019/20 including, a 'no change' scenario showing the costs and risks of continuing as now.

42. A workstream project plan has been developed and contact has been made with partners to set up workshops on such issues as alliance contracts, finance, leadership of activity areas, governance etc.

Next Steps:

43. Next steps to progress this work include:

    - Further development of proposals around the core provider offer and how this could be implemented.
    - Continue to progress discussions through the extended membership of the Gateshead Care Partnership.
    - Take advice on the legal and procurement implications of an alliance type arrangement.
    - Establish a baseline financial position setting out the allocation of funding for Gateshead.
    - Describe a "do nothing position" detailing the cost to residents and partners of continuing with current arrangements in the face of increasing demand and complexity.
    - Take forward a programme of workshops including those referenced at paragraph 42 above.

Some Overarching Issues

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

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

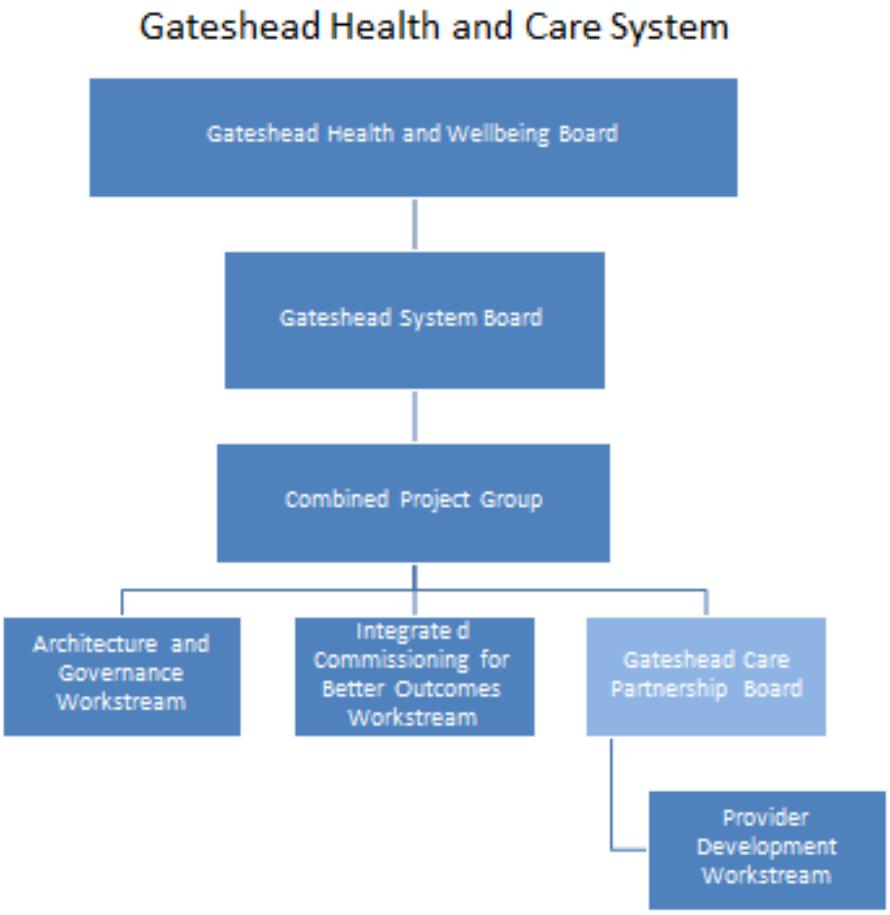
- The impact of an emerging Cumbria and north east footprint on plans for a Gateshead 'place' based health and care system.
- The need to move away from a transactional approach in order to be more transformational as a whole system.
- The implications for how the Health and Wellbeing Board will work in steering the emerging system for Gateshead.

Recommendations

46. The Board is asked to:

(i) Consider the progress update set out in this report and the issues which have been identified to-date;
(ii) Endorse the forward work programme which has been identified within workstream areas;
(iii) Consider the inter-dependencies and issues to be addressed in taking forward a Gateshead place based approach;
(iv) Receive further update reports from the System Board as required.

Contact: John Costello (0191) 4332065 and Gateshead Health and Care System Board Representatives (Chair: Dr. Mark Dornan: NGCCG.Chair@nhs.net)


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

Gateshead Health and Care System

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

Vision

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

Outcomes

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

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

What do we want?

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

Behaviours

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

What will it feel like for local people?

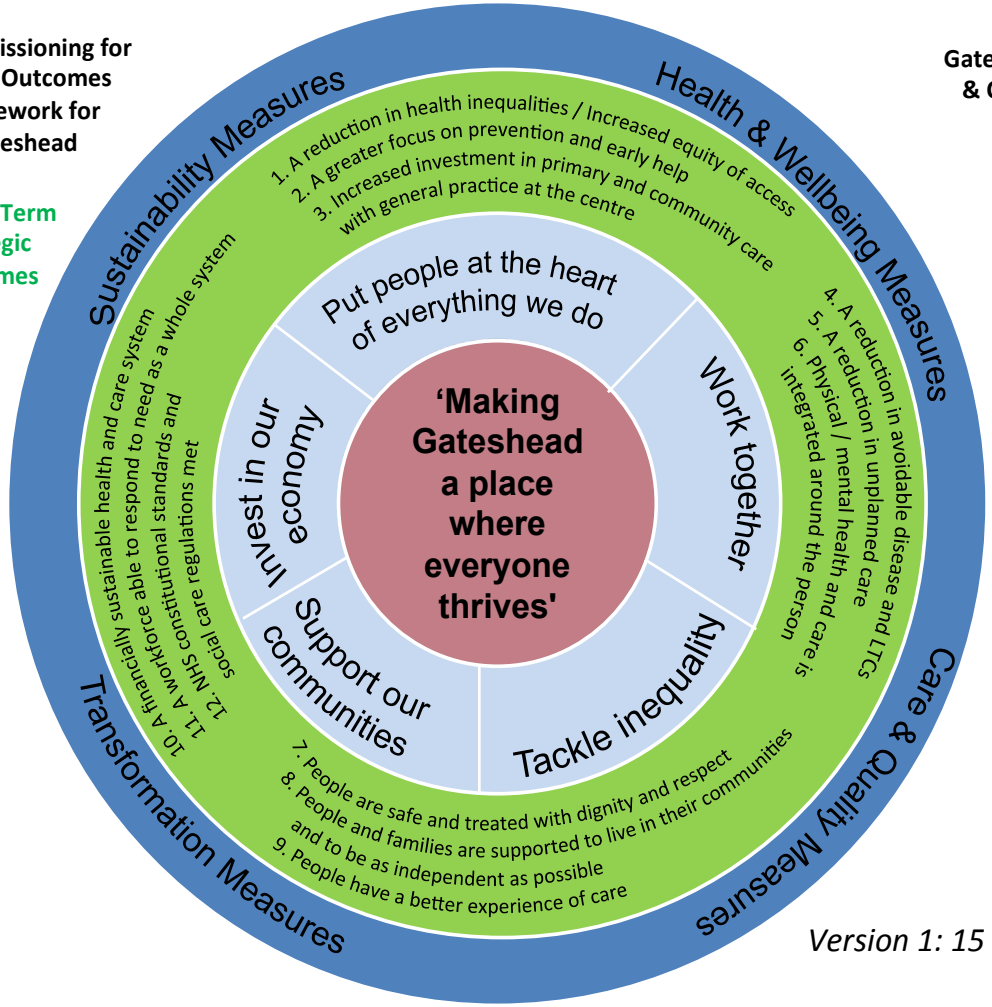
- Right person, right time, right place
- Remove hand-offs
- Remove duplication of services
- (Other descriptors to be identified)

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

A Commissioning for Better Outcomes Framework for Gateshead

12 Long Term Strategic Outcomes

Gateshead Health & Care System



Version 1: 15 March 2018

Draft Commissioning for Better Outcomes Framework for Gateshead

Health & Wellbeing Outcomes for Gateshead (identified by local people & system leaders)	Strategic Outcomes (set by Gateshead System Commissioners following discussions with system partners)	Strategic Outcome Measures (set by Gateshead System Commissioners following discussions with system partners)
• Gateshead Place based and Population Based • Long term in nature • Supports Gateshead's 'Thrive' agenda • Addresses health and wellbeing inequalities inc. life expectancy, healthy life expectancy and opportunities to Thrive • Spans the life-course: Best Start in Life, Living Well for Longer and Older People • Addresses 11 priorities of JSNA	• Gateshead Place based and Population Based • Long term in nature (10 yrs) • A sub-set of the broader health and wellbeing outcomes for Gateshead • The 'scope' of outcomes will ultimately depend on the 'scope' of services to be provided by an integrated, place based, Gateshead health and care system – this will likely change over time (i.e. in tandem with a phased based approach being taken) and could potentially include acute, community health, mental health & LD, primary care and Council services (to be identified) • Assume 'all-in' initially and work back from there in line with the 'scope' to be agreed by system partners • To include cross-cutting outcomes on cross-system working to ensure: ➢ a shift towards prevention/early intervention ➢ a shift from acute to community care settings where appropriate • Set at Provider Alliance Level	• Measures will need to be within the 'gift' of providers to deliver • Capable of being 'measured' accurately • Qualitative (inc. experience of care) as well as quantitative measures • Directed at Provider Alliance Level and pathways / care settings

People, Communities and Care:

Working together to make Gateshead a healthier place

VALUE & IMPACT

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

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

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

WHY?

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

HOW?

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

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

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

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

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

WHAT?

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

Gateshead Council

HEALTH AND WELLBEING BOARD
20th April 2018

TITLE OF REPORT: **Children and Young People Local Transformation Plan 2017/18 including update on implementation of new CAMHS model.**

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

Purpose of the Report

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

Background

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

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

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

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

Proposal

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

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

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

8. The initial phases of the transformation programme consist of developing a single point of access (SPA) to all mental health provider services. The SPA will receive all queries and referrals for children and young people aged 0-25 for Getting Help and 0-18 for Getting More Help. the SPA will provide access to Specialist Mental Health Services provided by Northumberland, Tyne & Wear NHS Trust (NTW); the Emotional Health and Wellbeing service provided by South Tyneside Foundation Trust; and the five services that form the Voluntary Services Collaborative (VSC).

Conclusion

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

Recommendations

10. The Health and Wellbeing Board are requested to:

    - Receive this update report on implementation of new CAMHS model.
    - Receive and support the Mental Health Governance Structure (Appendix 2)
    - Receive further updates throughout the phased implementation of the CAMHS transformation programme.
    - Agree the refreshed Children and Young People Local Transformation Action Plan 2017/18 (Appendix 4)

Contact: Catherine Richardson, Commissioning Manager, Newcastle Gateshead CCG (0191) 217 2979

Appendix 1

NHS
Newcastle Gateshead
Clinical Commissioning Group

Health and Wellbeing Board April 2018

Children and Young People Mental Health Transformation Programme

1. Introduction

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

2. Background

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

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

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

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

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

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

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

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

Consultation on the refresh of the Transformation Plan has taken place through the multiagency group partnership group members. The plan is available on Newcastle and Gateshead Local Authority websites and the NGCCG website. This is a live document and current version is attached (appendix 4)

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

- Improved access to services
- A seamless step based model
- A single point of access
- Shared care and joint planning
- Choice of provision
- Improved Primary Care
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- Workforce development
- Workplace accommodation solutions
- Information solutions

It is expected that the new model will clearly evidence innovation, sustained continuous improvement and utilise the principles of the Thrive Model (AFC–Tavistock 2014). The Thrive Model advocates for mental health services to be

delivered according to the needs and preferences of young people and their families, using an integrated, person-centred approach to child and adolescent mental health.

The initial phases of the transformation programme consist of developing a single point of access (SPA) to all mental health provider services. The SPA will receive all queries and referrals for children and young people aged 0-25 for Getting Help and 0-18 for Getting More Help. the SPA will provide access to Specialist Mental Health Services provided by Northumberland, Tyne & Wear NHS Trust (NTW); the Emotional Health and Wellbeing service provided by South Tyneside Foundation Trust; and the five services that form the Voluntary Services Collaborative (VSC).

3. Service Delivery: Getting Help

Two service specifications have been developed. The first 'Getting Help' will focus on prevention and early help and reducing demand on specialist services and will also deliver the SPA. The initial mobilisation plan has now been implemented and will continue to deliver this over four phases. The SPA which commenced 1st December 2017 (with schools), second phase before end of April 2018 for GPs, third phase June for Local Authorities and the fourth phase will incorporate all other referrers including self-referrals by September 2018.

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

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

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

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

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

4. Service Delivery: Getting More Help

The second service specification 'Getting More Help' is concerned with the delivery of the CAMHS whole system model (appendix 3) which will focus on prevention and early help and reducing demand on specialist services. This specification has been developed with the Children and Young Peoples Mental Health, Emotional Wellbeing and Resilience group.

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

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

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

5. **Waiting Times** Focused work is underway to understand the pressures on services from both new referrals and waits for treatment and specific therapies. An initial review was undertaken on 21st February 2018 by NTW and South Tyneside Foundation Trust and reviewed referrals from residents of Newcastle and Gateshead. The waiting list data at this stage does not include VCS commissioned services and further work is underway to provide a comprehensive picture of demand, capacity and resources (see separate item on the HWB agenda).

6. **Managing Performance** Newcastle Gateshead CCG is working with current service providers developing a revised performance framework. Final draft framework is attached (Appendix 5) and will be mobilised during 2018/19.

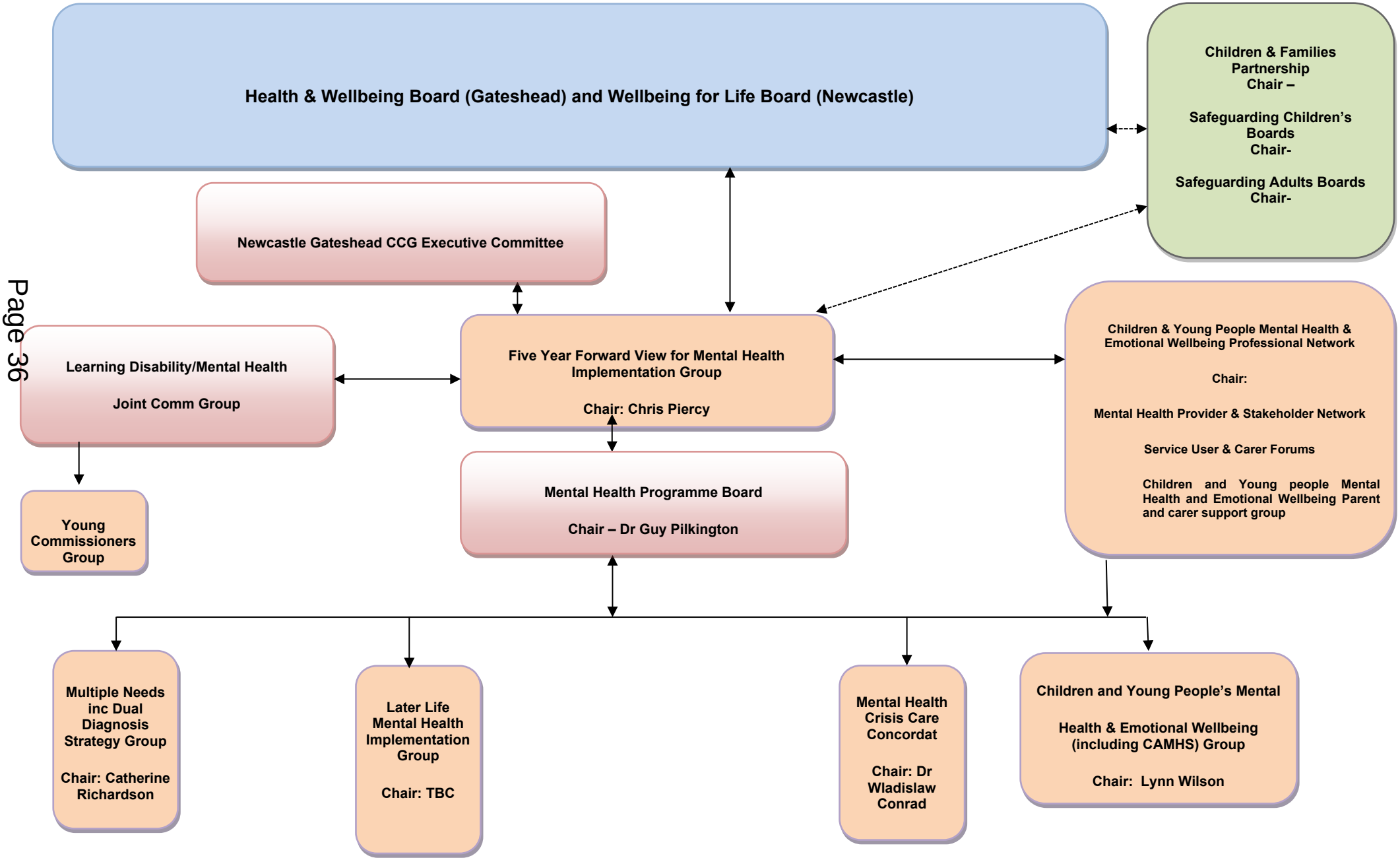
7. **Recommendations**

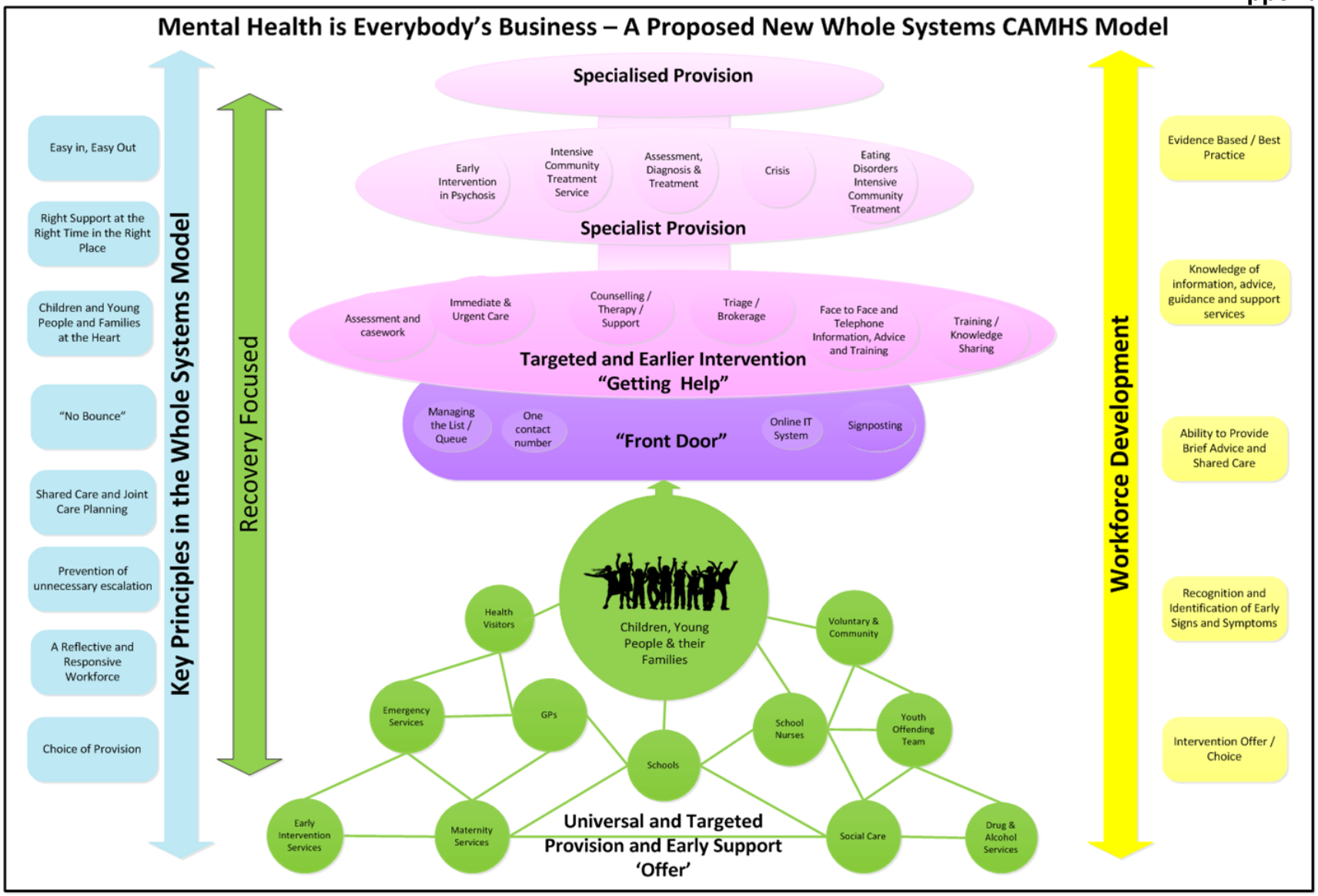
Health and wellbeing Board are requested to:

- Receive this update report on implementation of new CAMHS model.
- Receive and support the Mental Health Governance Structure
- Receive further updates throughout the phased implementation of the CAMHS transformation programme.
- Receive update on current waiting list position (as a separate item on the agenda)
- Note revised draft performance framework

- Agree the refreshed Children and Young People Mental Health, Emotional Wellbeing and Resilience plan and implementation group

Appendix 2 Mental Health Governance Structure




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

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Action Plan 2017-18						
Area	**Transformation Priority**	**Objective**	**Any update**	**Lead**	**Timescale**	**RAG**
1	**Expanding Minds, Improving Lives**	Implementation of new whole system approach: Getting Help inc single point of access and Getting More Help services		CCG	Dec 2017 – Sept 2018	
		Incorporate multi-media access for SPOA		NTW	April 2018	
		Evaluation phase by phase of Getting Help inc single point of access and Getting More Help services	Establish evaluation scope with NTW Feb 18	CCG/NTW	January 2018 – October 2018	
		Incorporate peer support into new model spec	All secondary schools developed peer support model.	CCG	April 2018	
		Include priority assessments for vulnerable groups into spec including LAC	In new spec	CCG	March 2018	
		Ensure all requirements are captured within the financial plan.	Agreement by February 18 – link to NHSE Planning Guidance and MHIS	CCG	April 2018	
		Develop performance framework and incorporate recommendations from Childrens Commissioner Childrens Mental Health in	Draft shared with NTW and STFT to be agreed March 18	CCG	April 2018	

		England indicators (Oct 2017), KPI's and agreed outcome measures				
		Review demand and waiting times for CAMHS service	February 2018	CCG/NTW/STFT	February 2018	
		To review activity/demand on VCS services	To include in performance framework	CCG	February 2018	
		Review full pathways which specifically include pathways relating to: • services within VCS • inpatient CHYP MHS pathway including specialised commissioning • mental health and behavioural support for CHYP in contact with the Justice System perpetrators and / or victims of crime, including sexual assault and those in the welfare system and on the edge of care. • those requiring	Will review at development day mid March	CCG	Jan – May 2018	

		bereavement support including support after suicide.				
		Adopt better use of technology within CAMHS services Increase the use of texts, emails and skype etc for appts. This work should be informed by CHYP and Families.	Young Commissioners have been asked to deliver this within their commission until March 18 – NTW to incorporate	NTW/CCG	September 2018	
		Develop support pathways for children and young people and for parents/carers who have alcohol problems	To invite Platform/Evolve to development day	Gateshead Council Newcastle City Council	Sept 2018	
		CHYP supported to develop mental health and wellbeing APP promoting self care. Explore any development of apps for schools with Young Commissioners	Many Apps in existence, review from CHYP to establish if another still required and/or which Apps we promote/support for NG. Part of school exclusions action plan	CCG Gateshead Council Newcastle City Council	July 2018	
		All schools, colleges, primary		Gateshead	Sept 2018	

		care will have a named lead on mental health		Council Newcastle City Council		
2	**Workforce Development Plan**	Develop a comprehensive workforce strategy based on training needs assessment of wider children and young peoples workforce; staffing data (wte, discipline, skill set) and financial information.	NTW/STFT underway with workforce group. This will include VCS and IAPT workforce	NTW with All partners support	April 2018	
		Implementation of workforce development strategy		All	April 2018 – March 2019	
	Eating Disorders	Demonstrate improvements to early intervention and avoidable hospital admissions, implement regional approach.	To link MST work with LA developments	CCG NTW	Dec 2018	
		Build capacity within community mental health services to deliver evidence based eating disorder treatment - Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic		NTW	Sept 2018	

		family therapy, linked to Children and Young People IAPT				
		A performance framework will be developed to include measurement and monitoring of 1 week urgent referrals and 4 week routine referrals.	ED performance is included in draft perf framework	CCG	April 2018	
4	**CYP IAPT**	Continue implementation of improvement plan ensuring providers have the skills and capacity to work with children and young people including those with Learning Disabilities	NHSE contract until December. To link workforce development plan and WD network between Newcastle and Gateshead.	CCG	July 2018	
		Review training priorities and target workforce - training opportunities for under 5's and LD and Autism	Deliver quarterly sessions with IAPT partners and CHYP MH workforce as CPD network	CCG	Dec 2018	
		Undertake scoping re extension of the current CYP IAPT programme to train staff to meet the needs of		CCG	Sept 2018	

		children and young people who are not supported by the existing programme				
5	**Early Intervention and Prevention**	Implement Getting Help which includes greater emphasis on prevention and early intervention.	Specifications agreed	CCG	April 2018	
		Deliver early intervention and prevention through the health visitor, family nurse partnership and school nurse new specification and contract (Gateshead)	In service spec contract start date July 2018	Gateshead Council	July 2018	
		Pilot mindfulness in Gateshead schools x3 (Gateshead)	Staff training commenced	Gateshead Council	June 2018	
		Incorporate mental health and wellbeing in schools via 0-19 contract (Gateshead)	In service spec contract start date July 2018	Gateshead Council	July 2018	
		Promote CYP mental health and wellbeing opportunities via early help social care model (Gateshead)	Service changes underway	Gateshead Council	April 2018	
		Early help Newcastle	Update required from Newcastle City Council	Newcastle City Council		
		Submit DfE bid for mental health in schools programme	Workshops commence March	CCG Gateshead	June 2018	

		for Gateshead and Newcastle	2018 with AFF. 43 schools in Gateshead and 20 schools in Newcastle	Council Newcastle City Council		
6	**The Right Coordinated Response to Crisis**	Continue to implement interim improvement plan developing options for early intervention crisis response based on a 24/7 model of care and provided in their local communities ensuring care is provided as close to home as possible or within their own homes. Develop the model for intensive home treatment for children and young people with complex needs. Develop of a multi-agency crisis care pathway	Workshop planned Feb 20th. Need to review the offer for residents outside Newcastle and Gateshead.	CCG	December 2018	
7	**Reducing Inequalities**	Monitor new arrangements and continue improvement activities	Refresh joint strategic needs assessment CYP mental health and wellbeing to inform future commissioning	Gateshead Council Newcastle City Council	December 2018	
		Promote education and	Employment in	Gateshead	April 2018	

		employment opportunities for care leavers	Gateshead group working on this, also supported housing is out to the market with emotional wellbeing support. To link to Skint service who can also support	Council Newcastle City Council		
		Newcastle In addition to a range of other activities learning and employment is the focus of: • A dedicated Connexions worker attached to the Post-16 social work team • A Generation NE adviser attached to the Post-16 team two days per week • New learning/employment opportunities circulated on an ongoing basis to a wide range of specialists including care homes • Council pre-apprenticeships organised to	Maintaining and developing learning and employment opportunities for care leavers is overseen and collaborative approaches instigated via the MALAP and Corporate Parenting Advisory Groups			

		target vulnerable young people, including care leavers • LAC/Care leavers offered guaranteed interviews for any Council apprenticeships				
8	**Learning Disabilities**	Monitor and review new arrangements. Understand local impact of the LD transformation programme ensure services are responsive to individual needs and are able to wrap round those YP with complex needs to prevent placement breakdown.	Workshop planned 30-31st Jan. Pathways reviewed and support offered from LA's into NTW Welcome sessions for Early Help. LW coordinating. LD, Autism and ADHD are to be incorporated into Getting Help and Getting More Help	CCG Gateshead Council Newcastle City Council	Dec 2018 April 2018	
9	**Autism**	Scope local need and service development to deliver assessment and treatment compliant with national and local standards for children and young people with learning disability, autistic spectrum disorder, attention deficit and	Needs assessment done in Gateshead, JY developing the strategy. Spec needs to link to schools. Strengthen	Gateshead LA	December 2018 Spring 2019	

		hyperactivity disorder, to improve access and multi-agency intervention	mainstream school/setting offer for supporting CYP with communication and interaction needs (autism/SLCN) through development of a specialist teacher team. Develop post diagnostic support offer for parents of CYP with autism to include parent training programme. NTW service clear from workshop see update in action 8	 Gateshead LA NTW	 Spring 2019	
10	**Perinatal Mental Health**	Review the pending Perinatal Care National Guidance when published and the better births recommendations Review impact of perinatal	NHSE funding ends March 2019.	CCG/NTW	Dec 2018	

		maternal mental health pathways on primary care and specialist services to establish potential need for a community perinatal mental health service Implement a service model to include support for both parents which is equitable place based. Ensure local birthing units have access to a specialist perinatal mental health clinician.				
11	**Transitions**	Implement best practice in regard to transition from children's mental health services to adult mental health services within the new service model. Improve support to children and young people in transitions years, particularly between services for pre and post-16yr olds, Primary secondary, Secondary- +16, CAMHSAMHS, Care leavers	Each child to part of performance framework = 95% will have a transitions plan. VCS age range 13-25. National guidance due out soon.	CCG	September 2018	

		Undertake CHIMAT transitions tool with CAMHS service and with social care (children's and adults' services) Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults Review whether work is needed to improve pathways between preschool years and school				
12	**Specialist In-Patient**	Implementation and monitoring of programme to ensure children and young people in need of specialist in patient care are able to access services timely and near to home as possible. Explore opportunities to increase	Development day to be planned for June 2018	NTW	October 2018	

		outreach work through utilisation of children's centres and general practice.				
13	**Sexual Abuse and/or exploited**	Ensure those who have been sexually abused and/or exploited receive comprehensive assessment and referral to appropriate evidence based services Develop and implement comprehensive assessment and provide care plan which is owned by young person which includes access to appropriate evidence based services with a Lead Professional supporting throughout.	Barnardo's service to be extended by CCG – Mosaic project. Streetwise are funded by PCC to deliver interventions for victims.	CCG	July 2018	
14	**Early Intervention in Psychosis (EIP)**	Improve the quality element of the EIP standard by providing Cognitive Behavioural Therapy for psychosis, Family Interventions and Individual Placement Support to all service users. Development of staff to provide further evidence based interventions is required to improve NICE concordance.	To invite Guy Dodgson to discuss and update the group at the June meeting.	NTW/CCG	December 2018	

Applicable to

Staffing

GH
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All
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Urgent Care - I

Outcome meas

Measure	Standard	Target
Referrals and Contacts		
Number and % of children and young people aged under 18 with a diagnosable mental health condition treated by NHS funded community services		30% 17/18; 32% 18/19
Number of new referrals received		
%age of referrals triaged by SPA		90%
%age of referrals "accepted" by Getting Help and Getting More Help		80%
Source of referral - primary care; education;social services;self referral;other		
Number of assessments (face to face or other) + telephone		
Outcome of assessments (stay with the assessing team); (referred on Getting more help);(referred onto other NTW services);discharged		
Total Number of sessions provided in the month and number of sessions per child/ young person in the month. Length of episode of care and average number of sessions per case Age band '0-4, 5-8, 9-13, 14-18 by intervention, monthly: data to include number and % of males, females, non gender specific, LGBTQ. BME, Looked after Children, Young Offenders and Carers		
% Place of delivery e.g. community venue, school, home, other		
Time of intervention data to include am, pm evening and weekends		
Reason for referral (need categories) e.g. self harm, depression, bullying, gender issues		
Conversion rates		
DNA Rate getting help and getting more help		<15%
Number and %age of Getting Help referrals returned to SPA		<2.5%
Number and %age of Getting More Help referrals returned to SPA		
Cancellation rate - service/Patient		
Drop out rate 1st, 2nd contact		
Number and % of discharges		<10%
%Patients discharged shown by number of appts		<10%
Waiting Times Getting Help and Getting More Help		
Waiting time from referral to Assessment	within 2 weeks	95%
Waiting time from referral to Urgent assessment	Within 48 hours	95%
Percentage of patients seen with second contact within 12 weeks of referral (Ref to 2nd Treatment (2nd appointment))	12 weeks	95%
Percentage of patients seen with second contact within 9 weeks of referral (Ref to 2nd Treatment (2nd appointment))	9 weeks	95%
Percentage of patients seen with second contact within 4 weeks of referral (Ref to 2nd Treatment (2nd appointment))	4 weeks	95%
Number and percentage of patients on waiting list waiting more than 4 weeks	4 weeks	
Number and percentage of patients on waiting list waiting more than 9 weeks	9 weeks	
Number and percentage of patients on waiting list waiting more than 12 weeks	12 weeks	

Number and percentage of patients on waiting list waiting more than 18 weeks	18 weeks	
Number and percentage of patients on waiting list waiting more than 24 weeks	24 weeks	
Number and percentage of patients on waiting list waiting more than 36 weeks	36 weeks	

Waiting Times Autism and ADHD

Waiting time from referral to Assessment	within 2 weeks	95%
Waiting time from referral to Urgent assessment	Within 48 hours	95%
Percentage of patients seen with second contact within 12 weeks of referral (Ref to 2nd Treatment (2nd appointment))	12 weeks	95%
Percentage of patients seen with second contact within 9 weeks of referral (Ref to 2nd Treatment (2nd appointment))	9 weeks	95%
Percentage of patients seen with second contact within 4 weeks of referral (Ref to 2nd Treatment (2nd appointment))	4 weeks	95%
Number and percentage of patients on waiting list waiting more than 4 weeks	4 weeks	
Number and percentage of patients on waiting list waiting more than 9 weeks	9 weeks	
Number and percentage of patients on waiting list waiting more than 12 weeks	12 weeks	
Number and percentage of patients on waiting list waiting more than 18 weeks	18 weeks	
Number and percentage of patients on waiting list waiting more than 24 weeks	24 weeks	
Number and percentage of patients on waiting list waiting more than 36 weeks	36 weeks	

% of Schools with a named Link Worker		
Average Caseload FTE Clinician/Therapist	suggested	25
Average Caseload FTE Clinician/Therapist	suggested	15
Staff Vacancies as a %age of structure		<5%
Staff Vacancies as a %age of structure		<5%
Staff Sickness absence rate		<5%
Staff Sickness absence rate		<5%
E&D staff survey by band		
Average Caseload Youth Offending Service Clinician/Therapist		

CTS

Number of referrals to ICTS seen within 4 hours of referral	4 hours	95%
Number of Crisis Plans issued		
Percentage of patients seen face to face within 4 hours by suitably trained practitioner (urgent response)	4 hours	95%

sures

Percentage of CAMHS patients aged 17.5 plus with a transition plan	90%
Percentage of patients with a paried PROM in the reporting period	90%
percentage of patients with a paired CROM in the reporting period	90%
percentage of patients with an improvement in their paired CROM in the reporting period	90%
percentage of patients with an improvement in their paired CROM in the reporting period	90%
Percentage of Carers receiving a carers assessment	90%

Gateshead Council

HEALTH AND WELLBEING BOARD
20th April 2018

TITLE OF REPORT: **Gateshead Children and Young People Mental Health Services WaitingTimes Position paper**

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on a position paper (attached) on Children and Young People Mental Health Services Waiting Times.

Background

2. Focused work is underway to understand the pressures on services from both new referrals and waits for treatment and specific therapies. An initial review was undertaken on 21st February 2018 by NTW and South Tyneside Foundation Trust and reviewed referrals from residents of Newcastle and Gateshead. The waiting list data at this stage does not include VCS commissioned services and further work is underway to provide a comprehensive picture of demand, capacity and resources.

Recommendations

3. The Health and Wellbeing Board is asked to consider the attached position paper.

Contact: Catherine Richardson, Commissioning Manager, Newcastle Gateshead CCG (0191) 217 2979

Gateshead Children and Young People Mental Health Services Waiting List Position paper

3rd April 2018

Focused work is underway to understand the pressures on Children and Young People Mental Health services from both new referrals and waits for treatment and specific therapies. An initial review was undertaken by NTW (Northumberland, Tyne and Wear NHS Foundation Trust and STFT (South Tyneside NHS Foundation Trust) who provide CYPS services in Gateshead to understand the number of children and young people waiting for 1st appointments and residents of Gateshead. The waiting list data at this stage does not include VCS commissioned services and further work is underway to provide a comprehensive picture of demand, capacity and resources.

As of 3rd April 2018 there were 464 children and young people waiting for 1st appointment. These referrals are allocated to 3 differing pathways shown in Chart 1 below

Chart 1: Number of Gateshead residents on waiting list for 1st appointment by pathway

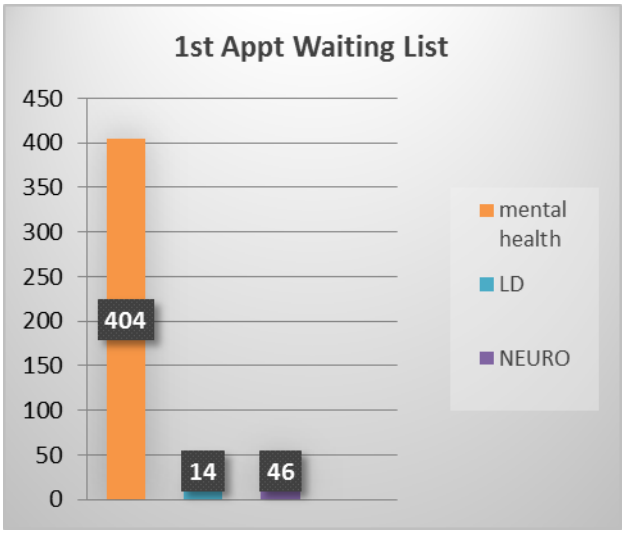
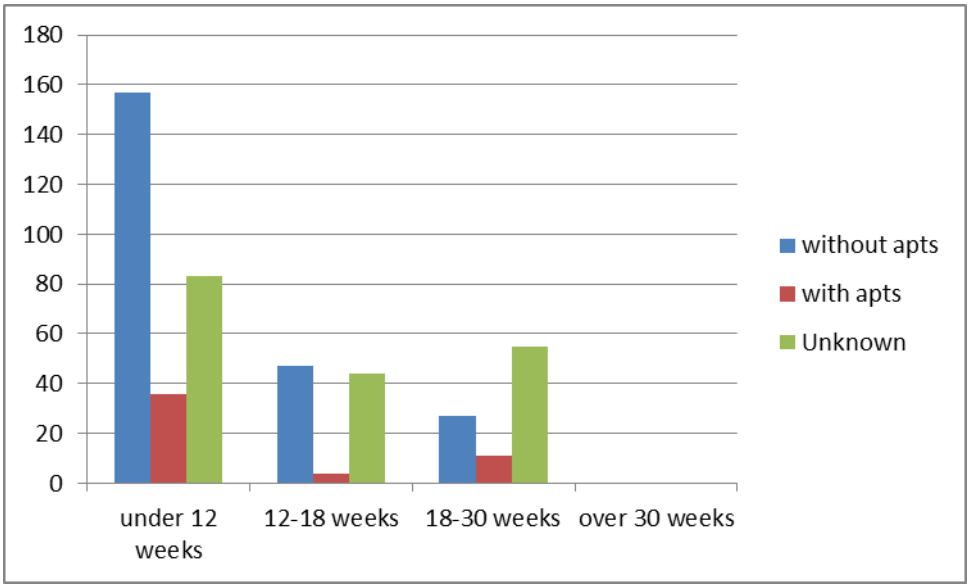


Chart 2 shows the number of children and young people waiting for 1st appointment split by those who have received an appointment, those still awaiting an appointment. STFT were unable to provide data at the time of this paper on status in terms of appointment, these patient waits are categorised as unknown within in Chart 2. Of the 464 patients currently waiting, 60% of patients have been waiting under 12 weeks, 36 of which have a confirmed appointment, and 20% have been waiting 18-30 weeks, 11 of which have a confirmed appointment.

Chart 2: 1st appointment number of weeks waiting split by those with and without appointment



The looked after population children that attend NTW service are recognised to be one of the most challenging and vulnerable groups. There are currently 64 Gateshead looked after children within the service. The service provides dedicated time from a clinical lead and a psychologist to these young people either directly or by supporting their care coordinators.

As a service, NTW provide psychotherapy, EMDR, trauma focused CBT, dialectical behaviour therapy and play therapy for young people. In addition to direct clinical work we provide drop in clinics for social workers to access and discuss cases and provide training for foster carers aimed at increasing awareness of complex trauma manifestations in children.

In addition to new service models of Getting Help and Getting More Help including the launch of Single Point of Access, further work on developing a waiting list initiative is underway which includes establishing examples of good practice in other areas which have experienced similar pressures on services. Below some examples

- CYPS Steering group provides the platform for the governance of changes needed to support, among other things, waiting times
- Kooth to be launched May 18 as an online counselling and emotional wellbeing service for children and young people aged from 11 years up to 19th birthday and up to 25 years old for those in the looked after system.
- Workforce planning group which will scope whole current and future workforce models and demand. This will include training, skill mix and CPD.
- Task & Finish Group set up that will identify children who have been in NTW service the longest and support formulation around recovery
- Processes established to identify all children who are under school years with the view to establish whether specialist services are the correct service to meet their needs

- Task & Finish Group set up to identify and support decision making around those who are 17 years and over to determine most appropriate service
- Neuro - developmental pathway will be reviewed with a view to implement different ways of working including assessment processes.
- New Psychology pathway staffing structure implemented with the view to support the treatment and supervision of treatments.
- Audit underway to understand why people Do Not Attend appointments (DNA)

Gateshead Council

HEALTH AND WELLBEING BOARD
20th April 2018

TITLE OF REPORT: Better Care Fund: 4th Quarterly Return (2017/18)

Purpose of the Report

1. To seek the endorsement of the Health & Wellbeing Board to the Better Care Fund return to NHS England for the 4th Quarter of 2017/18.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission 2017-19 at its meeting on 8 September 2017, which in turn was approved in full by NHS England on 27 October 2017.

3. NHS England is continuing its quarterly monitoring arrangements for the BCF which requires quarterly template returns to be submitted. The Board endorsed a return for Quarter 3 at its meeting on 19 January 2018.

Quarter 4 Template Return for 2017/18

4. In line with the timetable set by NHS England, a return for the 4th quarter of 2017/18 is required to be submitted by the 20th April. The return sets out progress in relation to budget arrangements, meeting national conditions, performance against BCF metrics and implementation of the High Impact Change Model for managing transfers of care. It also includes a narrative update on progress made and end of year feedback.

Proposal

5. It is proposed that the Board endorse the 4th Quarter BCF return for 2017/18 to be submitted to NHS England (attached as an excel document).

Recommendations

6. The Health and Wellbeing Board is asked to endorse the Better Care Fund 4th Quarter return for 2017/18.

Contact: John Costello (0191) 4332065

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Better Care Fund Template Q4 2017/18

1. Cover

Version 1.1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

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Health and Wellbeing Board:	Gateshead
Completed by:	John Costello/Hilary Bellwood
E-mail:	hilarybellwood@nhs.net
Contact number:	0191 217 2960
Who signed off the report on behalf of the Health and Wellbeing Board:	Councilor Lynn Caffrey Chair Gatehsad HWB Board

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Income & Expenditure	0
6. Year End Feedback	4
7. Narrative	0

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Gateshead Council

HEALTH AND WELLBEING BOARD
20 April 2018

TITLE OF REPORT: **Sector Led improvement; "Mini" Health and Social Care System Review**

Purpose of the Report

1. The report provides an overview of CQC Appreciative Inquiry methodology, and the forthcoming mini peer review that Gateshead is having, in preparation for a potential CQC Appreciative Enquiry.

2. The report requires discussion and approval for the following recommendations:

   - That Health and Wellbeing Board members confirm their commitment to participating in the review;
   - That Health and Wellbeing Board member organisations make relevant officers available for interview/focus groups on the day of the review (11th May).

Background

3. In April 2017 when the government issued additional funding for social care, they announced that attached to the additional monies would be a set of targets which local areas would have to achieve and also a series of health and social care system reviews, which would be undertaken by CQC using an "appreciative enquiry" methodology.

4. The reviews are geographically focused on a Local Authority area, but the strategic and operational focus is on the experience of older people within the whole health and social care system (please see CQC Local System Review- Interim report for further information) .

5. Within this CQC are clear that the review is of the health and social care system, and the experience of those involved so far, is that the focus is roughly **70% health and 30% social care.**

6. The initial cohort of reviews was scheduled to run from October 2017 to Spring 2018, and encompassed 20 LA areas. The format of the review is broadly:

   - Collection of all LA and NHS data sets into a single "system profile"
   - Completion of a "self-assessment" document (System Overview Information Request)
   - Week long on-site inspection

Local Involvement

7. Hartlepool was the only NE area chosen to have a Health and Social Care system review.

8. The Director of Adult Social Services for Stockton (Ann Workman) was part of the review panel in Trafford, and Neil Revely (the LGA Care and Health Improvement Advisor) has been on a number of review panels throughout the country.

9. In February, CQC and those locality colleagues who had been involved in a review (either as a recipient or as a reviewer), facilitated a local learning day for health and social care colleagues in the region.

10. Whilst at this time there hasn't been any formal decision as to whether the reviews will continue beyond the initial scope, the feedback was that CQC had found the system review process to be very positive and enlightening; with a strong focus on the strength of the system (rather than individual organisations) and the experience of people who use our services.

11. In addition the speech by the Minister for Health and Social Care on 20th March 2018 made reference to reintroducing the role of CQC for inspection of Adult Social Care.

12. Therefore the "sense" is that there is likely to be some extension to the programme, and/or CQC will seek to adopt some of these approaches in their existing regulatory activities.

Local Sector Led Improvement offer

13. As part of the NE region SLI offer, those colleagues who have been involved in a system review were prepared to undertake a series of one day "mini reviews" for those health and social care systems who felt this would be beneficial. Colleagues from the LA, CCG & Trusts who were at the session agreed that this would be a good opportunity for Gateshead.

14. The date of 11th May has been arranged by the ADASS branch. At this stage it is not clear what format the mini review will take, but further information will be forthcoming shortly.

Proposal

15. It is proposed that the Health and Wellbeing Board are asked to:

- Hold the date in key people's calendars, pending clarification of the format of the day;
- Brief key people within your organisation;
- Identify key personnel to be involved in the planning for the review;
- Identify key opportunities/groups for the reviewers to visit (pending clarification of the format of the day).

Next steps

16. The timeline for the Mini System Review is as follows:

- LA Portfolio Holders briefed 05.03.18
- SOIR completed and submitted 11.04.18
- Chair of H&WBB to be briefed 11.04.18
- Presentation to H&WBB 20.04.18 (also, Health & Care Systems Board discussion on 20.04.18 prior to the Board meeting)
- Update to Safeguarding Adults Board 25.04.18
- Review planning group established within the LA – partners to identify key links
- Clarification of the format of the day expected late April

Recommendations

17. The Health and Wellbeing Board is asked to:

- confirm its commitment to participating in the review;
- make relevant officers available for interview/focus groups on the day of the review.

Contact: Steph Downey (0191) 4333919

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Gateshead Council

HEALTH AND WELLBEING BOARD
20th April 2018

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

Purpose of the Report

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

Background

2. The Director of Public Health (DPH) employed by Gateshead Council is responsible for the exercise of the local authority's public health functions. This includes those conferred upon the Council by Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to promote "the preparation of or participation in appropriate local health protection arrangements". This report forms part of those arrangements.

3. Health protection describes those activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:

    - Prevention - screening, immunisation and vaccination schemes to prevent the incidence of diseases
    - Surveillance – systems of disease notification, identifying outbreaks
    - Control - management of individual cases of certain diseases to reduce the risk of spread
    - Communication – communicating messages and risks during urgent and emergency situations).

4. The attached report (Appendix 1) provides further detail of those arrangements and activity from April 2016 to March 2017. A brief summary is provided below.

<u>Prevention</u>

<u>Immunisation</u>

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

    - Uptake of the routine childhood immunisation programme is amongst the highest in England;

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

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

Screening

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

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

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

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

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

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

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

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

Emergency preparedness, resilience and response (EPRR)

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

    - The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.
    - Public Health England co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
    - The Gateshead Multi-Agency Resilience and Emergency Planning Group brings together different organisations to discuss multi-agency emergency preparedness, response and resilience issues. The group ensures that Gateshead is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations

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

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

Surveillance

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

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

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

Control

Tuberculosis

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

Scarlet fever and invasive Group A Streptococcal infections

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

Sexually transmitted infections (STIs)

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

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

Excess winter deaths

20. In Gateshead in winter 2014/15, there were 173 excess winter deaths, compared to 70 in 2013/14.
21. There is significant variation in the numbers of excess winter deaths between different years. It is not always apparent why this is the case. Winter of 2014/15 had the highest number of excess winter deaths in England and Wales since 1999/00 with 41 300 more people dying in the winter months compared with the non-winter months.
22. The majority of deaths occurred amongst people aged 75 and over. There were more excess winter deaths in females than in males in 2014/15, as in previous

years. Respiratory diseases were the underlying cause of death in more than a third of all excess winter deaths in 2014/15.

Air quality

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

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

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

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

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

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

Communications

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

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

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

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

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

Conclusions

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

Proposal

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

Recommendations

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

Contact: Alice Wiseman 0191 433 2777
Email: alicewiseman@gateshead.gov.uk

Appendix 1

Health Protection Assurance - Annual Report 2016/17

Introduction and purpose of the report

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

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

Background

Health protection describes those activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:

Prevention - screening, immunisation and vaccination schemes to prevent the incidence of diseases

Surveillance – systems of disease notification, identifying outbreaks

Control - management of individual cases of certain diseases to reduce the risk of spread

Communication – communicating messages and risks during urgent and emergency situations).

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

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

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

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

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

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

Prevention

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

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

Immunisation

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

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

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

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

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

Meningitis

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

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

Seasonal influenza

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

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

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

In 2016/17, influenza immunisations were offered to:

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

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

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

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

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

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

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

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

Influenza Vaccine uptake – adults

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

CASE STUDY

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

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

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

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

Influenza Vaccine uptake – children

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

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

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

Screening programmes

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

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

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

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

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

Cervical Screening

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

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

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

Breast Screening

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

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

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

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

Bowel Cancer Screening

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

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

Diabetic Eye Screening

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

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

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

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

Abdominal aortic aneurysm screening

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

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

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

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

Ante-natal and new born screening programmes

Ante-natal and new born screening programmes include:

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

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

Key points to note are:

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

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

Emergency preparedness, resilience and response (EPRR)

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

Planning takes place at regional and local levels:

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

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

- Public Health England co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
- The Gateshead Multi-Agency Resilience and Emergency Planning Group brings together different organisations to discuss multi-agency emergency preparedness, response and resilience issues. The group ensures that Gateshead is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations

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

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

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

Surveillance

Effective surveillance systems ensure the early detection and notification of particular communicable diseases. Public Health England's Health Protection Team obtains data from a wide variety of sources, including GPs, healthcare staff, hospitals, sexual health services, local authority environmental health teams, care homes, schools and nurseries. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed and controlled.

Gastrointestinal Infections

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

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

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

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

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

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

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

Excess winter deaths in 2014/15 and 2015/16

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

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

EWM = winter deaths - average non-winter deaths

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

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

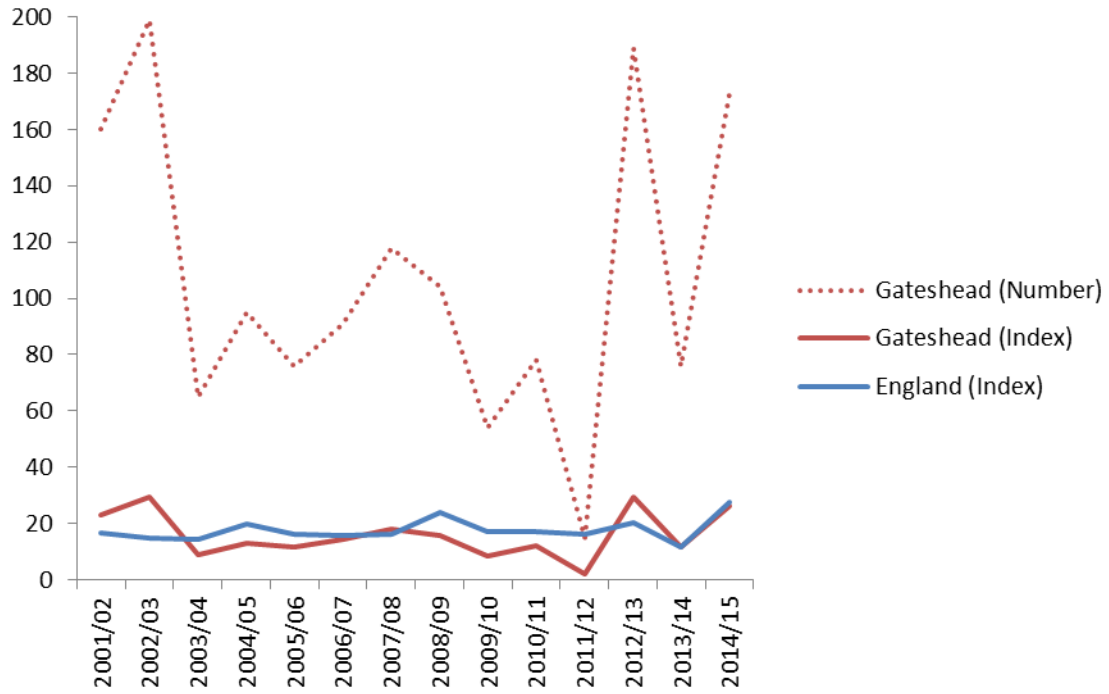
The most recent data available are for the 2014/15 winter, when in Gateshead there were 173 excess winter deaths, compared to 70 in 2013/14. The EWM index for 2014/15 shows that there were 26 per cent more deaths in the winter compared with the non-winter period. The position of Gateshead is typical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

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

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

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

Figure 1: Number and Index of Excess Winter Deaths



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

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

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

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

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

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

Air quality

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

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

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

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

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

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

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

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

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

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

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

Control – Specific Disease

Tuberculosis (TB)

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

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

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

Scarlet fever IGAS

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

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

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

Sexually transmitted infections (STIs)

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

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

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

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

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

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

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

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

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

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

Communications

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

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

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

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

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

Reporting

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

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

Conclusion

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

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

Alice Wiseman

Director of Public Health

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

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

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

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

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

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

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

The routine immunisation schedule from Autumn 2017

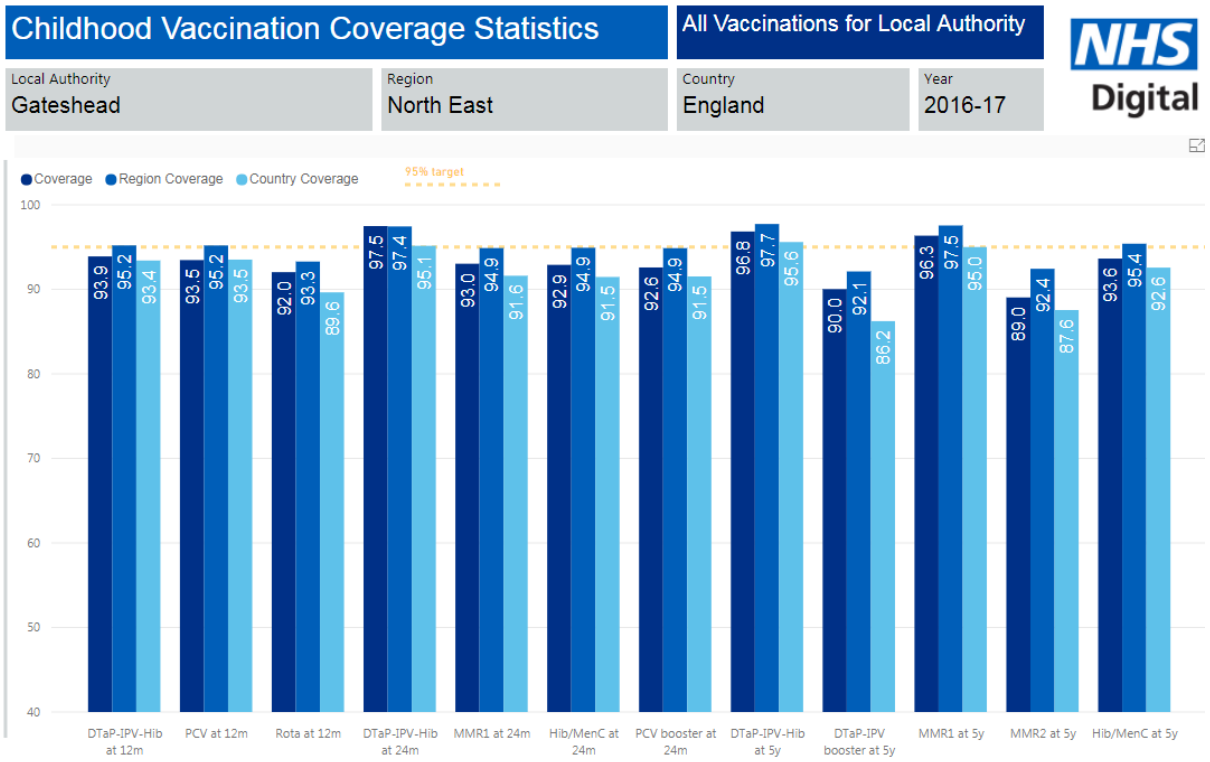
Age due	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)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

Selective immunisation programmes

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

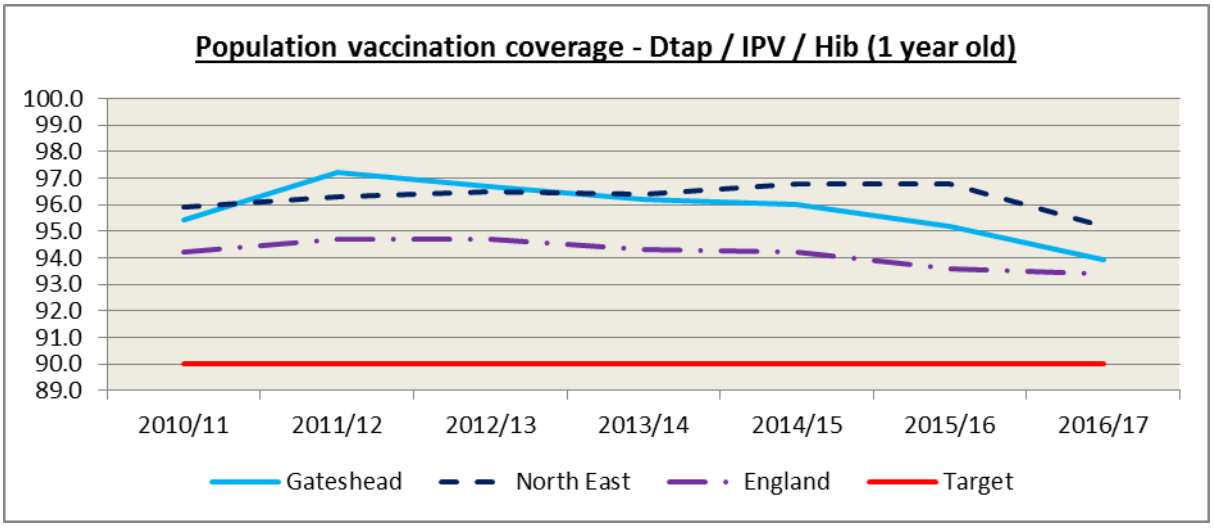
Additional vaccines for individuals with underlying medical conditions

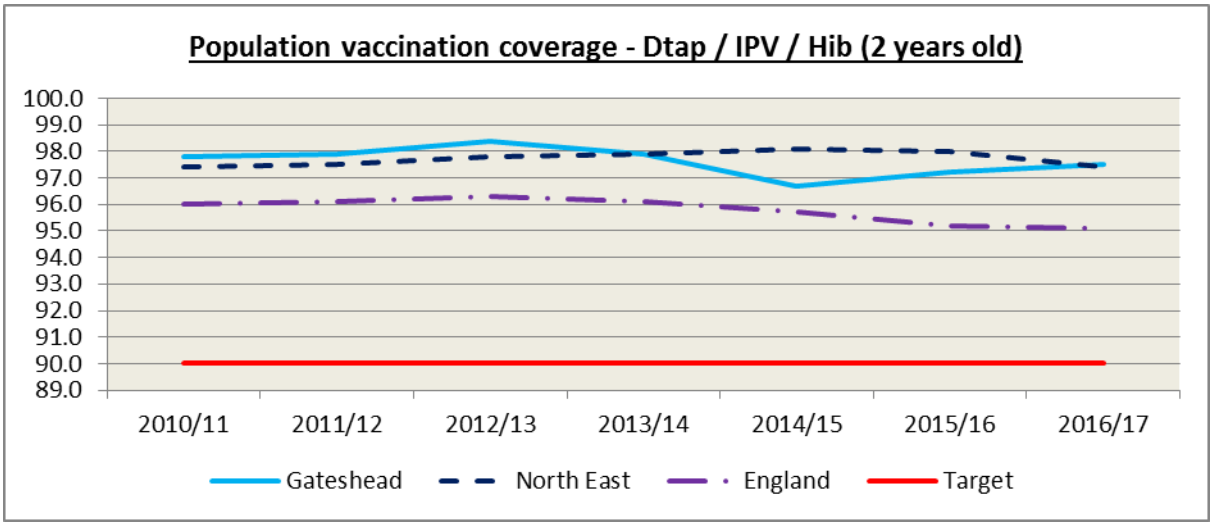
Medical condition	Diseases protected against	Vaccines required[1]
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (up to two years of age) PPV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

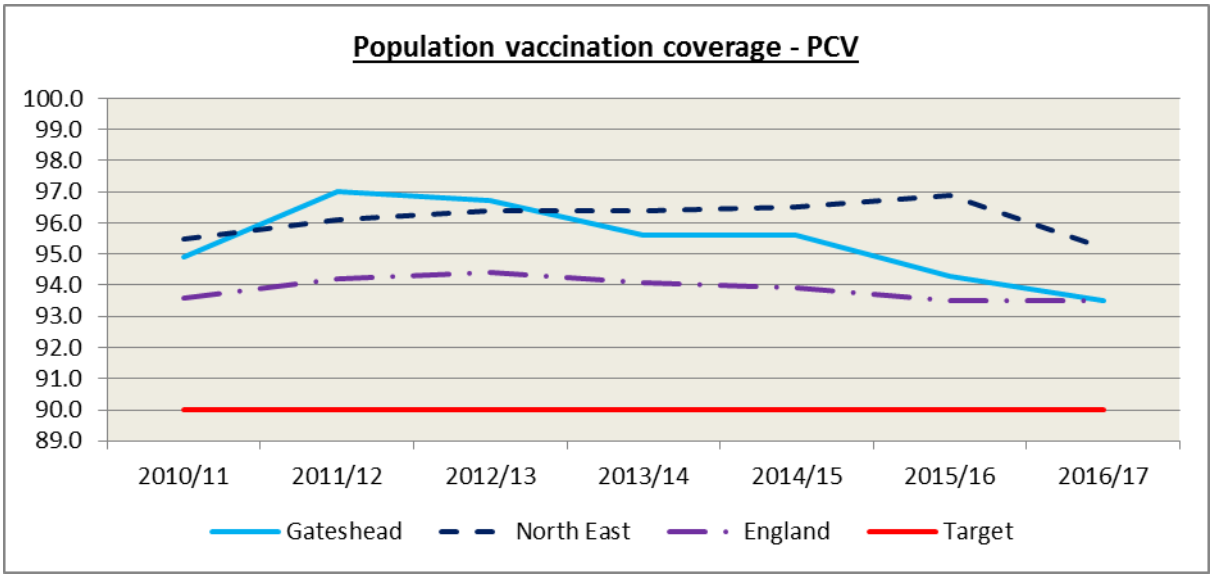


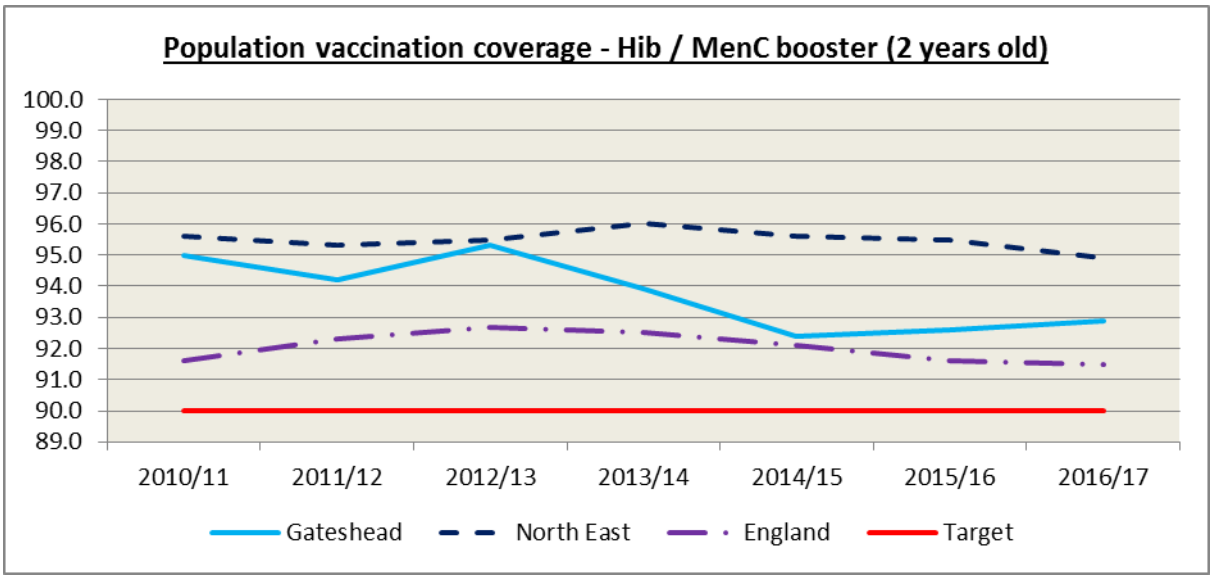
Dtap/IPV/Hib

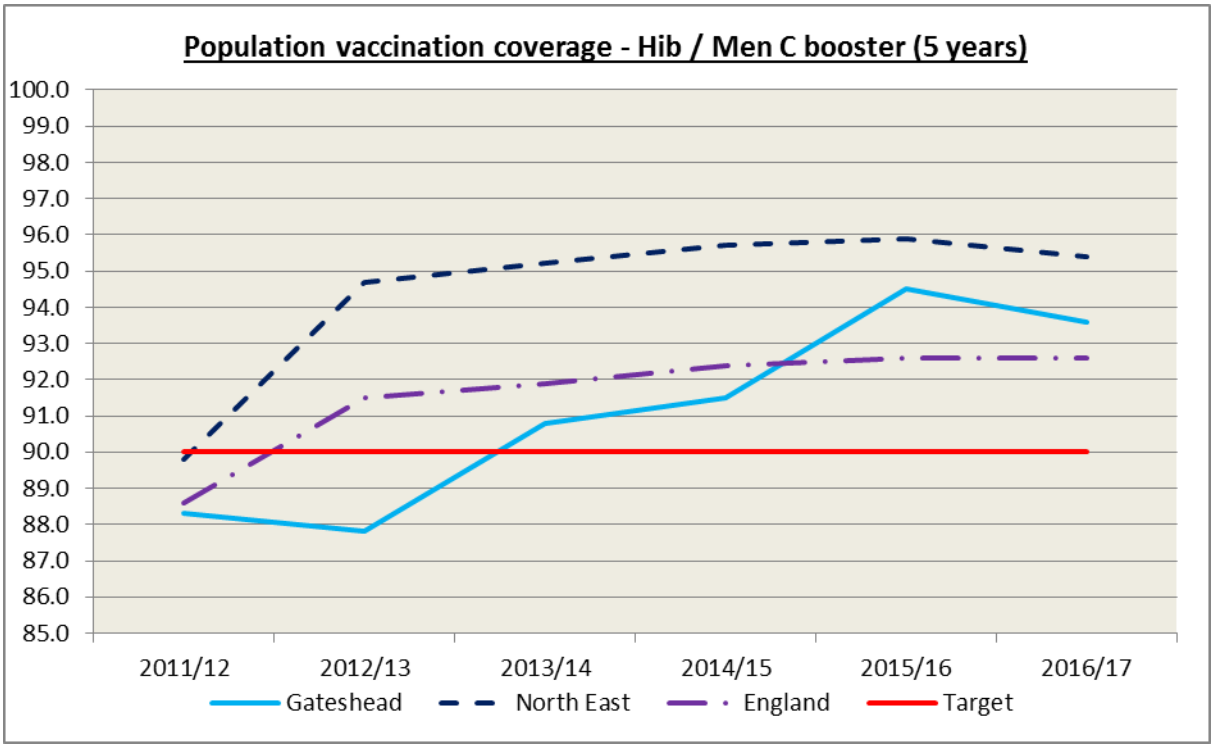
This single jab contains vaccines to protect against five separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib – a bacterial infection that can cause severe pneumonia or meningitis in young children)

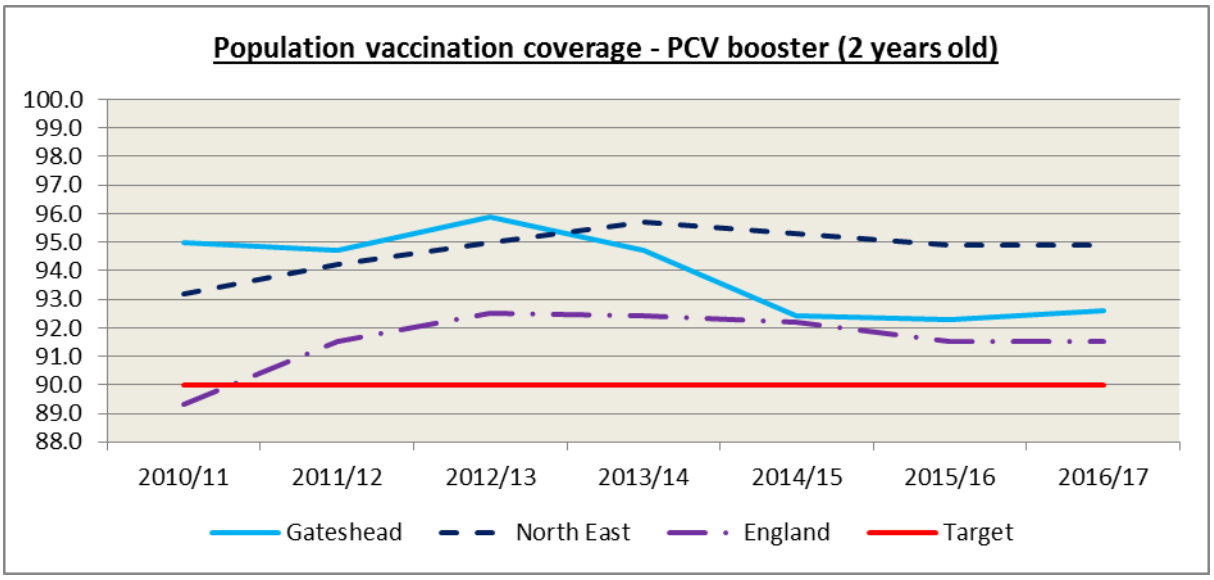


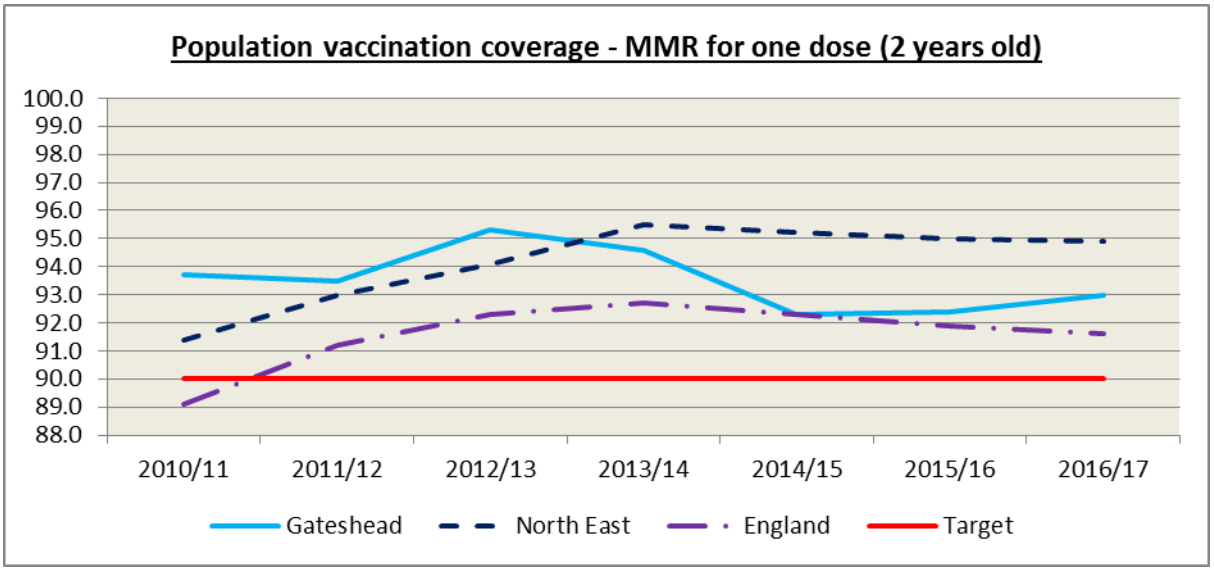

Population vaccination coverage - Dtap / IPV / Hib (2 years old)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

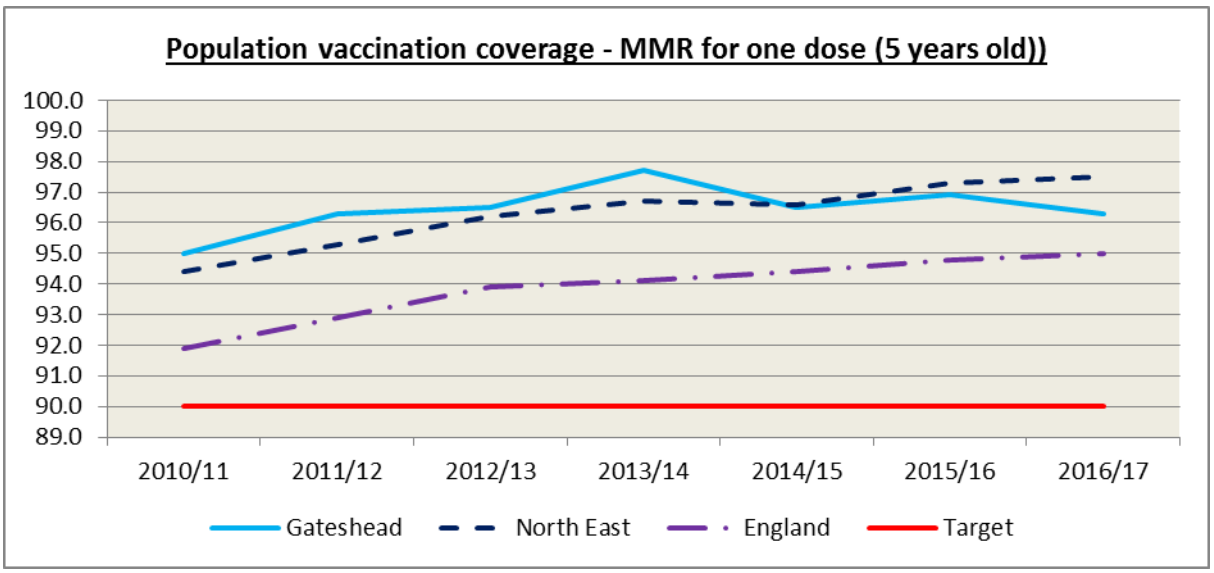

Population vaccination coverage - PCV
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

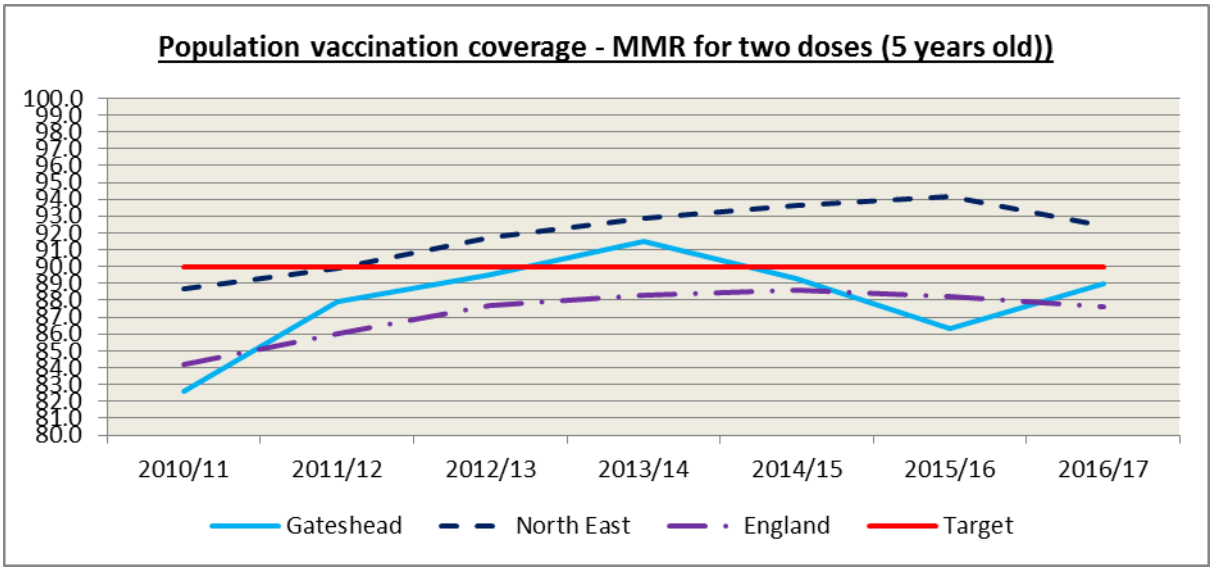

Population vaccination coverage - Hib / MenC booster (2 years old)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

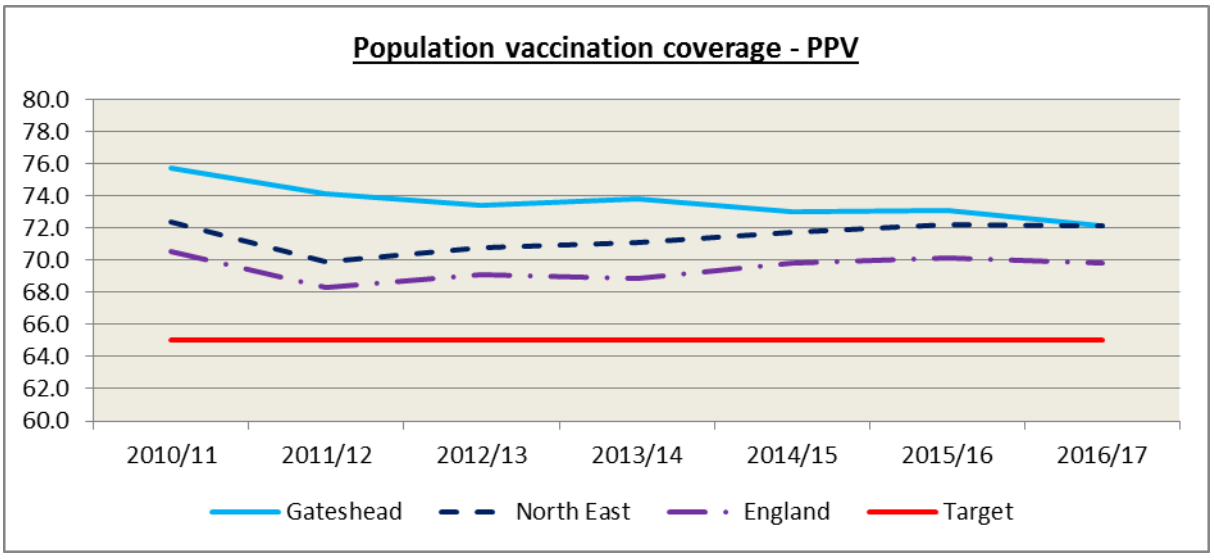

Population vaccination coverage - Hib / Men C booster (5 years)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
88.0
87.0
86.0
85.0
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

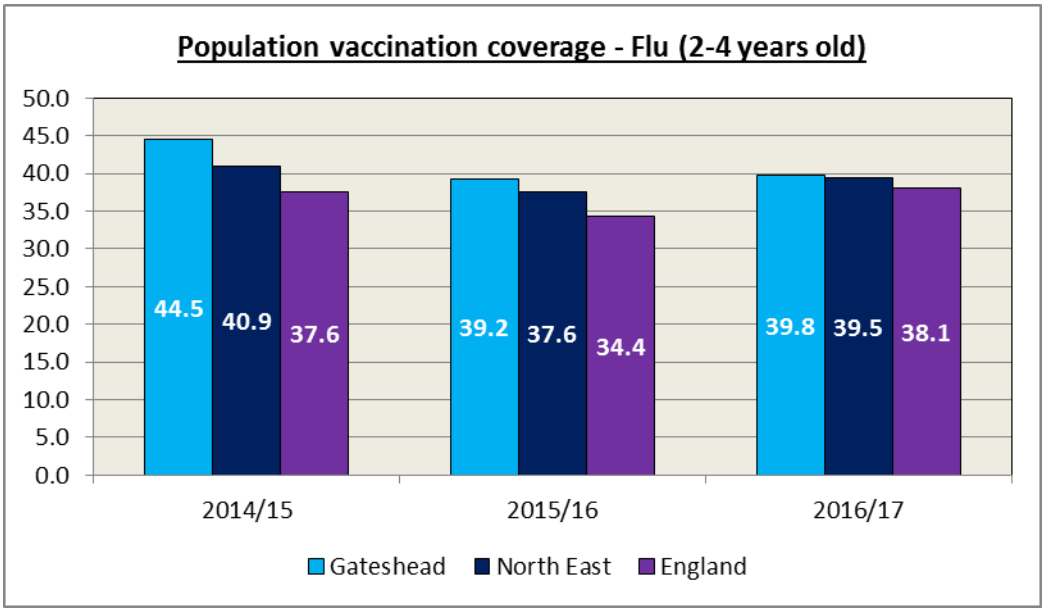

Population vaccination coverage - PCV booster (2 years old)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
88.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

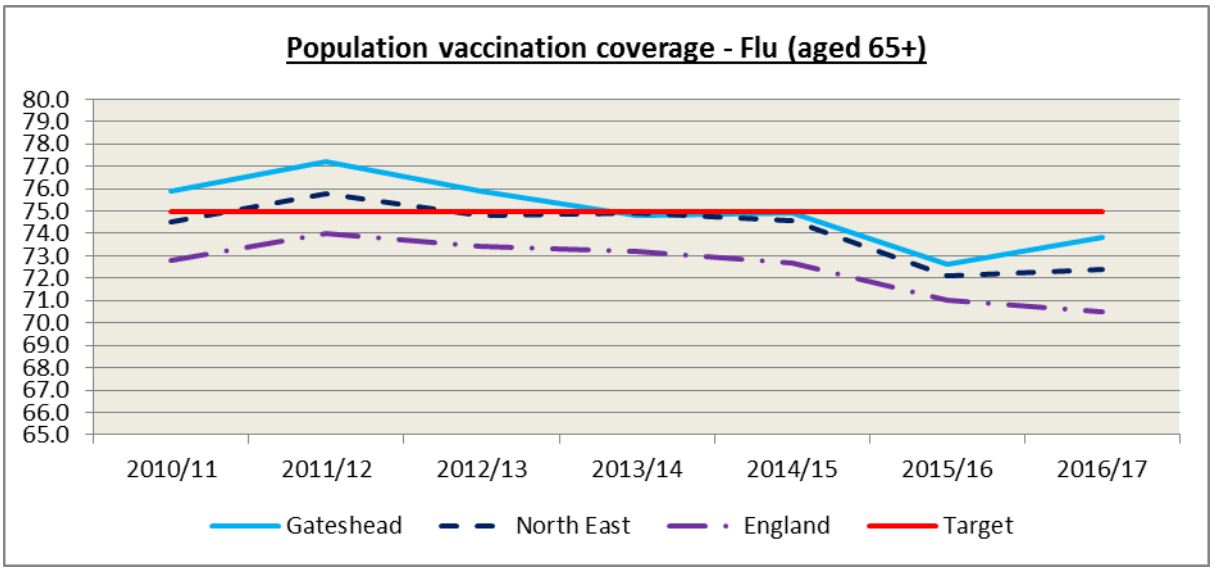

Population vaccination coverage - MMR for one dose (2 years old)
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
88.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

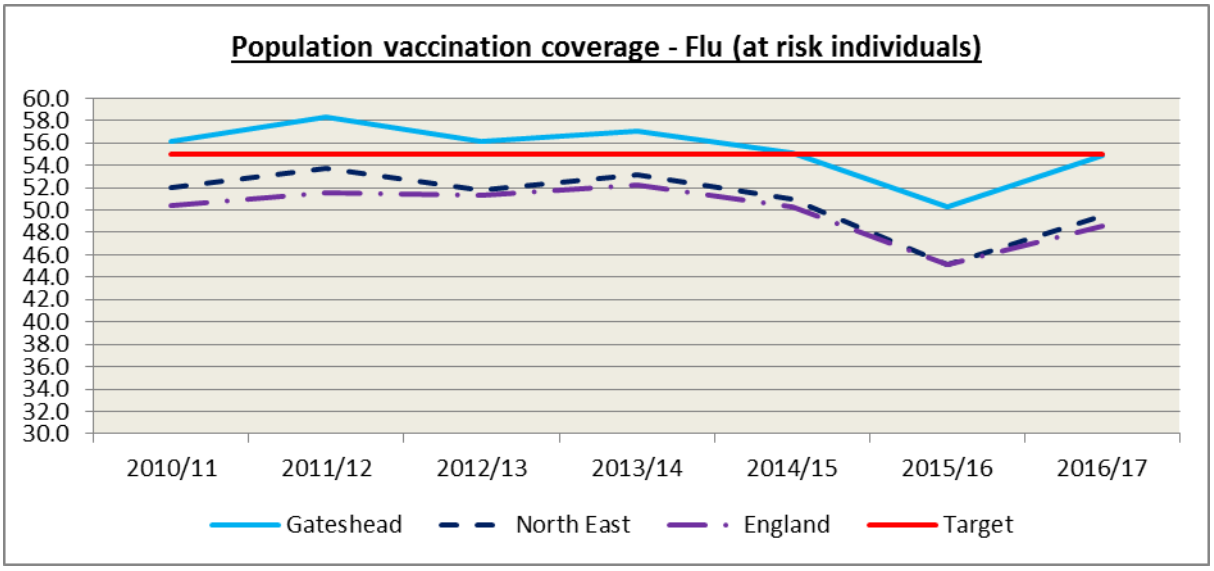

Population vaccination coverage - MMR for one dose (5 years old))
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

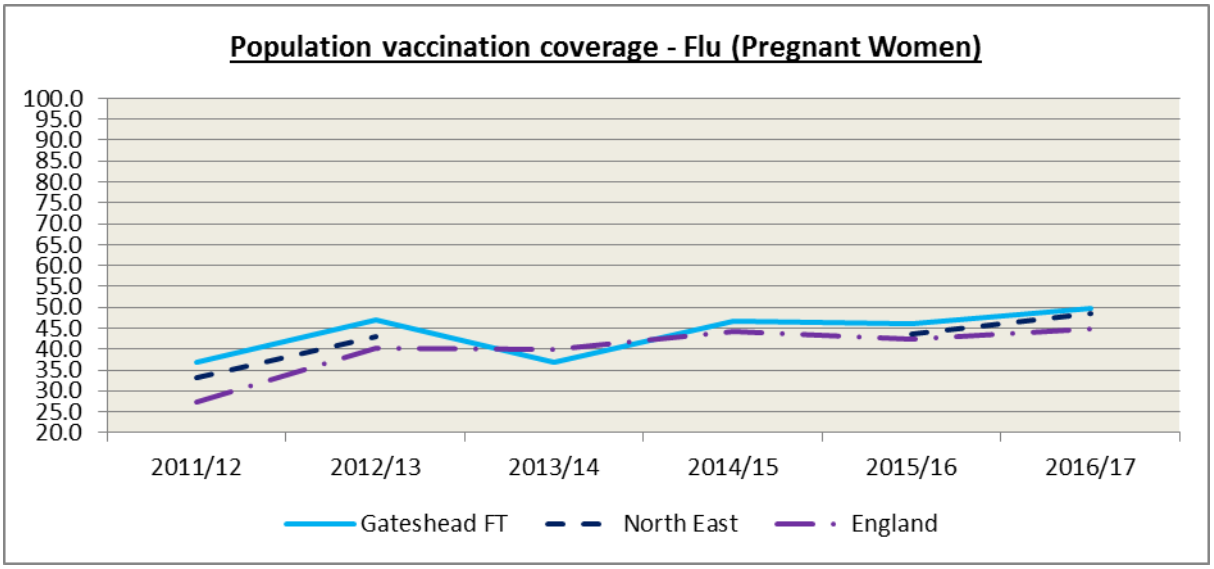

Population vaccination coverage - MMR for two doses (5 years old))
100.0
99.0
98.0
97.0
96.0
95.0
94.0
93.0
92.0
91.0
90.0
89.0
88.0
87.0
86.0
85.0
84.0
83.0
82.0
81.0
80.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

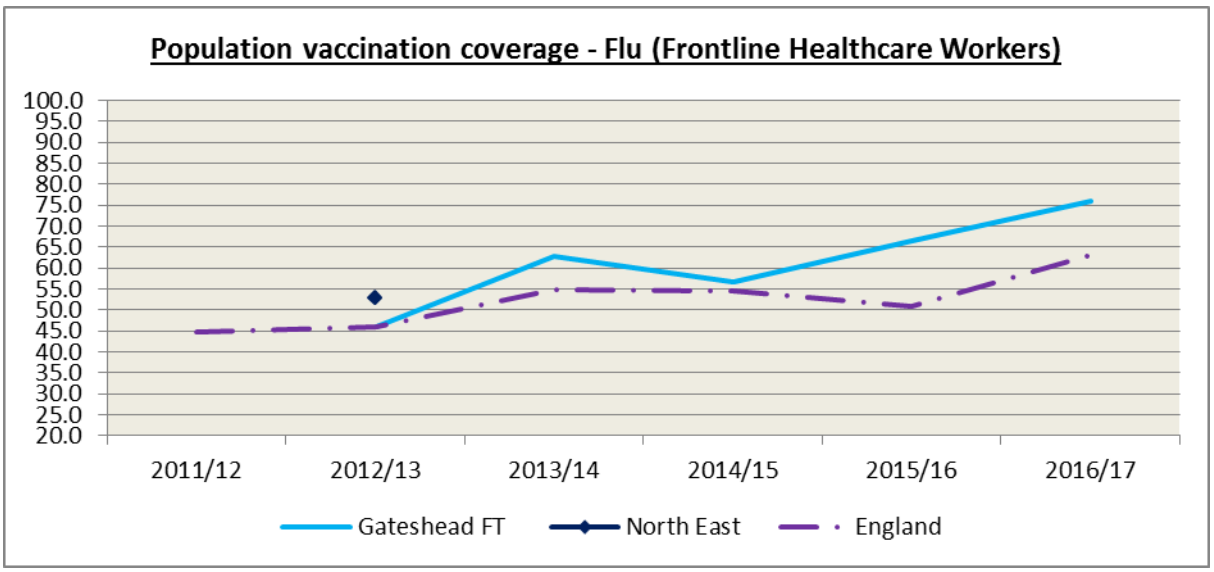

Population vaccination coverage - PPV
80.0
78.0
76.0
74.0
72.0
70.0
68.0
66.0
64.0
62.0
60.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

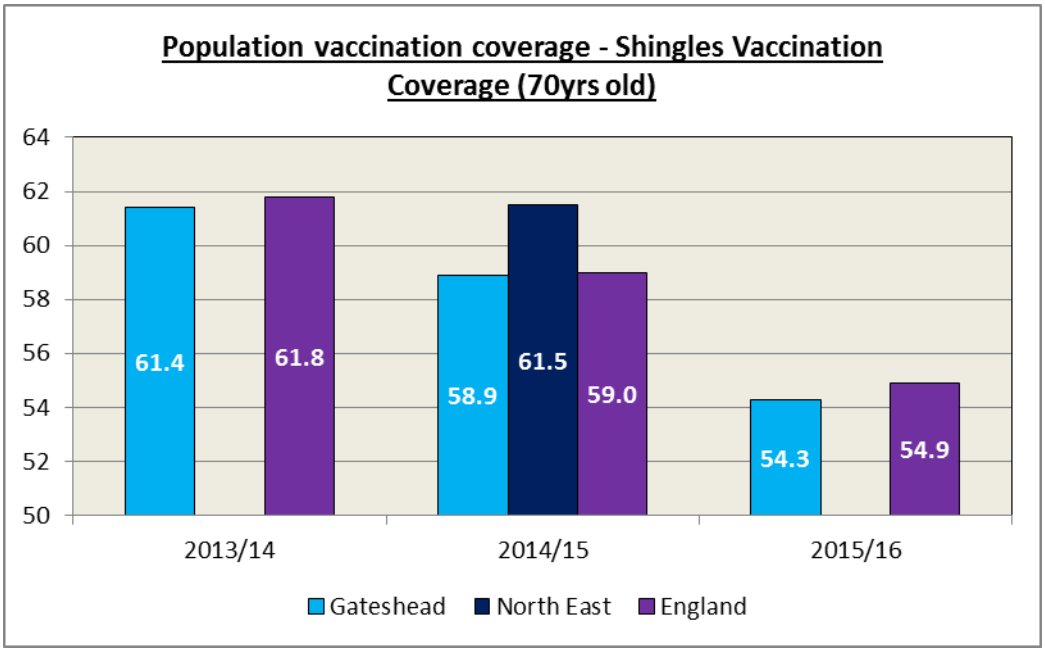

Population vaccination coverage - Flu (2-4 years old)
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
44.5
40.9
37.6
39.2
37.6
34.4
39.8
39.5
38.1
2014/15
2015/16
2016/17
Gateshead
North East
England

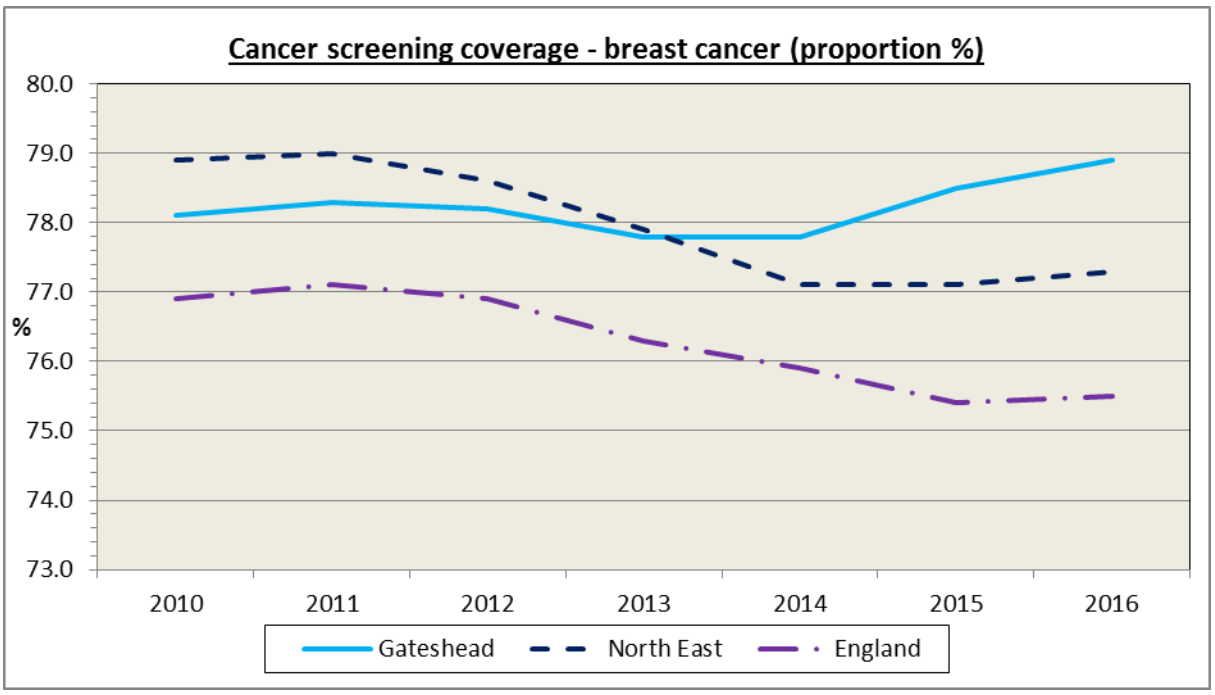

Population vaccination coverage - Flu (aged 65+)
80.0
79.0
78.0
77.0
76.0
75.0
74.0
73.0
72.0
71.0
70.0
69.0
68.0
67.0
66.0
65.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target

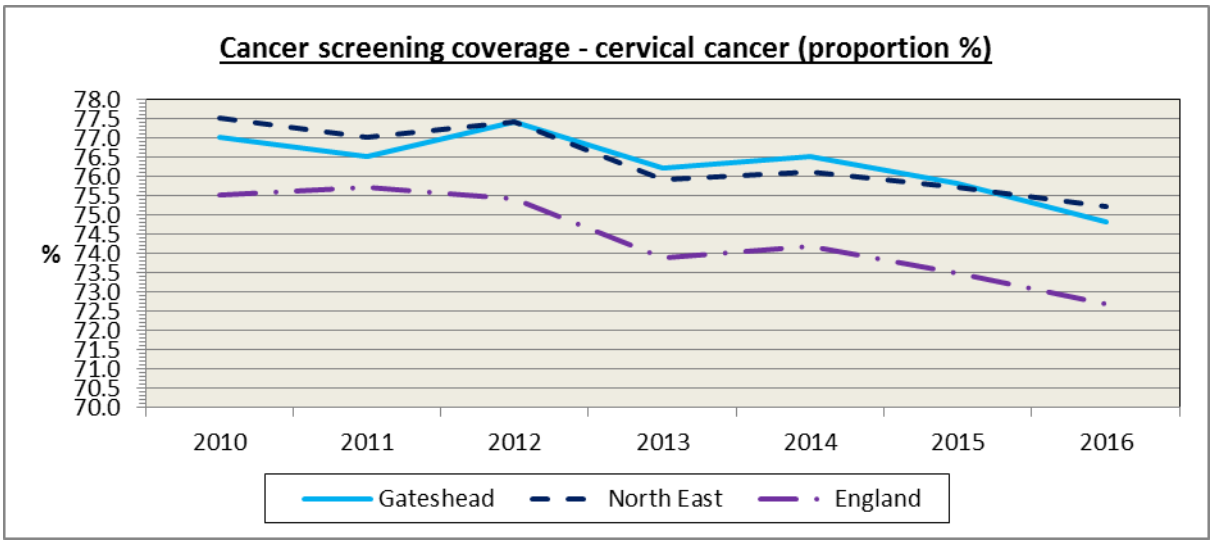

Population vaccination coverage - Flu (at risk individuals)
60.0
58.0
56.0
54.0
52.0
50.0
48.0
46.0
44.0
42.0
40.0
38.0
36.0
34.0
32.0
30.0
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Gateshead
North East
England
Target


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


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

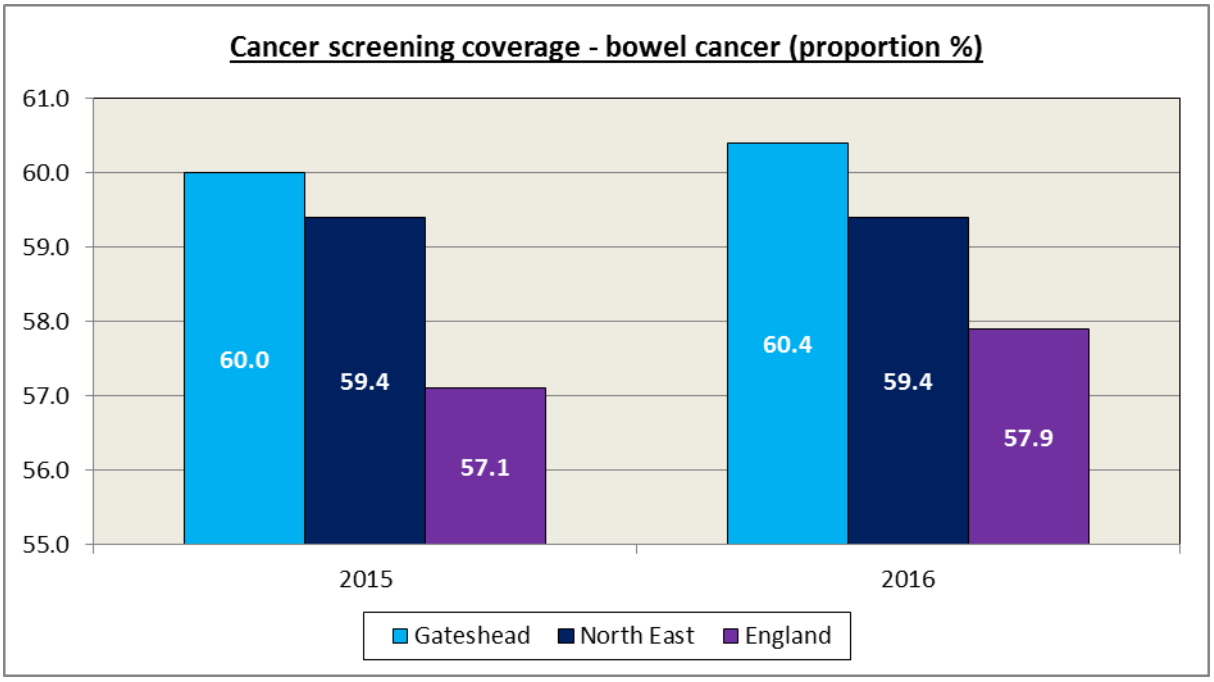

Population vaccination coverage - Shingles Vaccination Coverage (70yrs old)
64
62
60
58
56
54
52
50
61.4
61.8
58.9
61.5
59.0
54.3
54.9
2013/14
2014/15
2015/16
Gateshead
North East
England





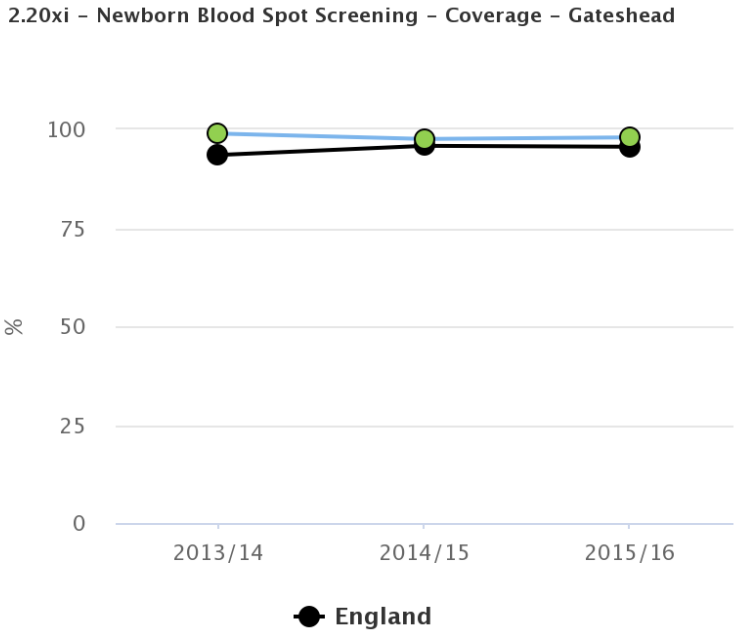
Uptake of the Diabetic Eye Screening Programme 2015-16

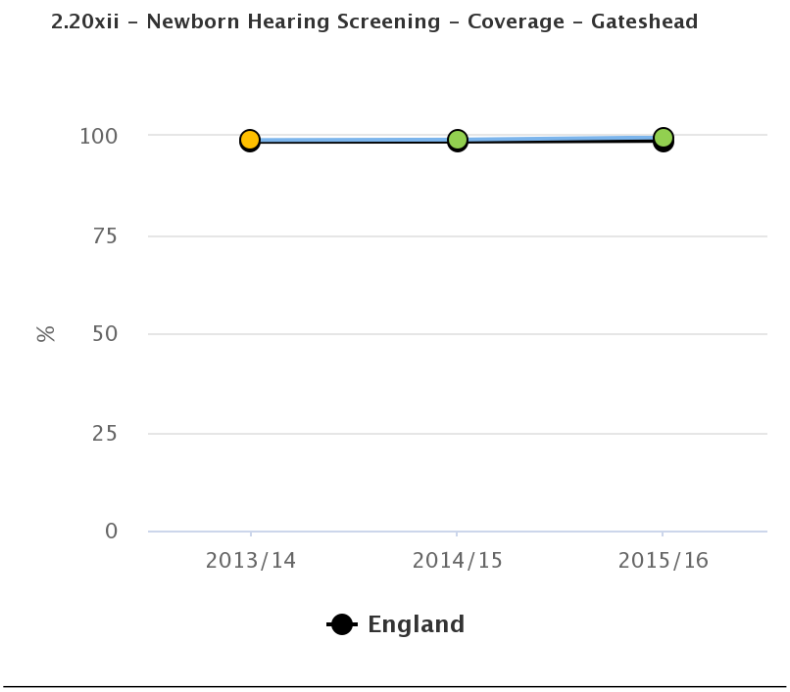
Area	**Percentage (%)**
North of Tyne & Gateshead Diabetic Eye Screening Programme	**82.2**
North East	**84.6**
England	**82.2**

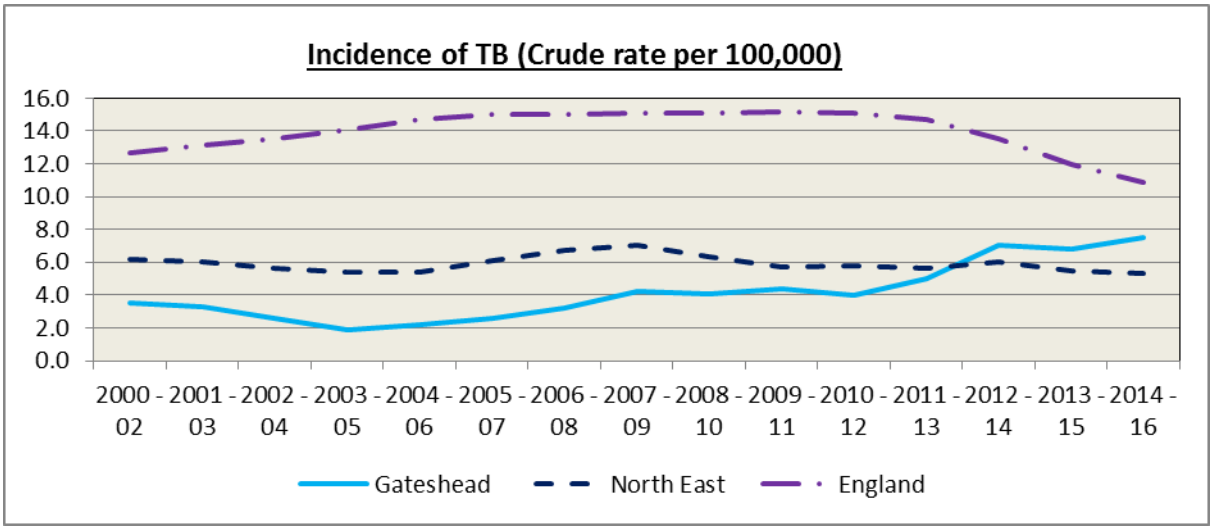


Abdominal Aortic Aneurysm Coverage

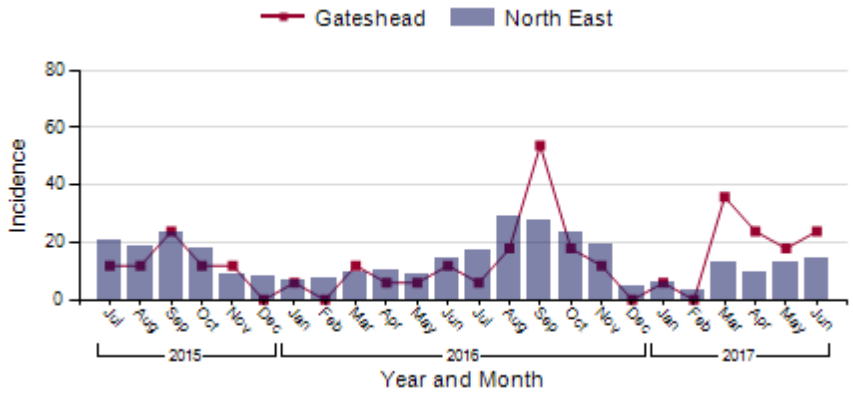
	Period	Gateshead	North East	England
1	2013/14	74.5	76.1	77.4
2	2014/15	78.2	76.5	79.4
3	2015/16	76.4	77.6	79.9



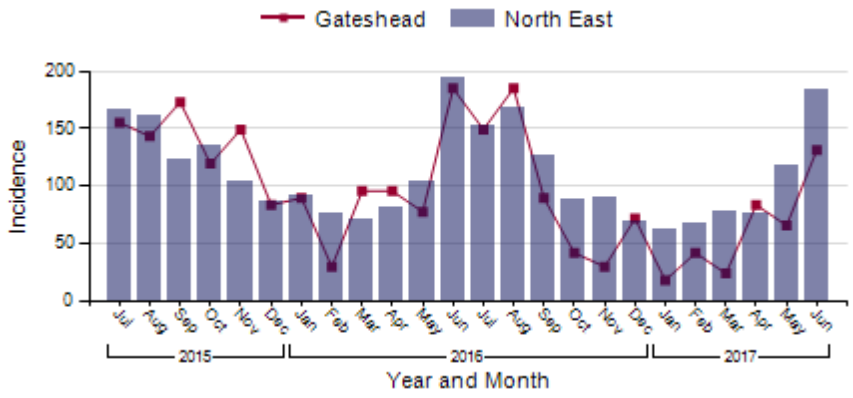

2.20xii - Newborn Hearing Screening - Coverage - Gateshead
100
75
50
25
0
%
2013/14
2014/15
2015/16
England



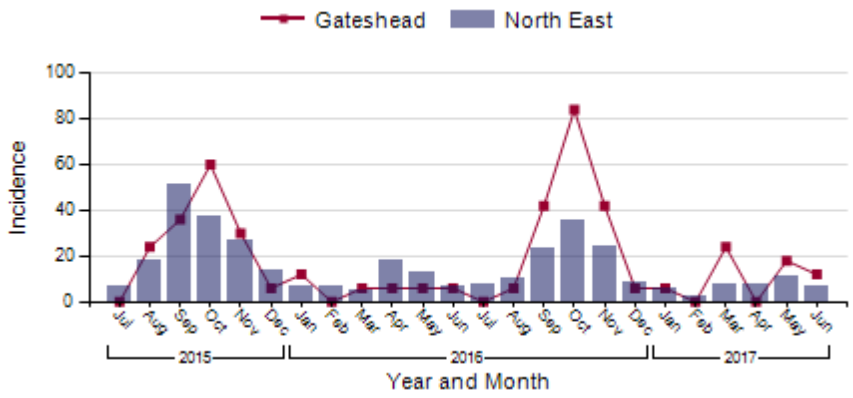
Incidence of Salmonella (per 100 000)



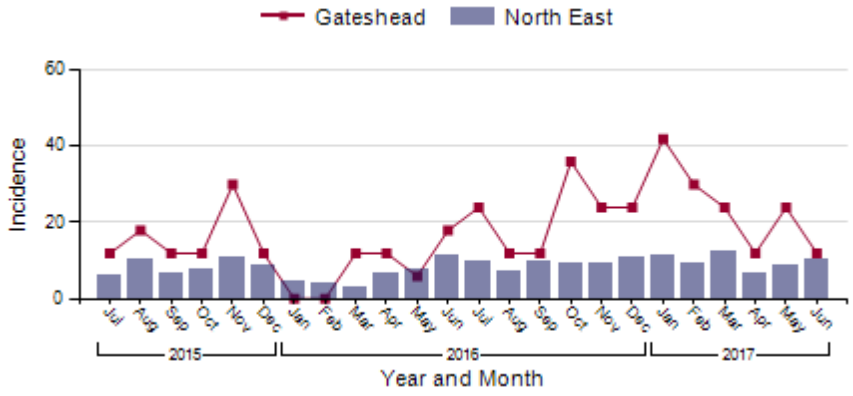
Incidence of Campylobacter (per 100 000)



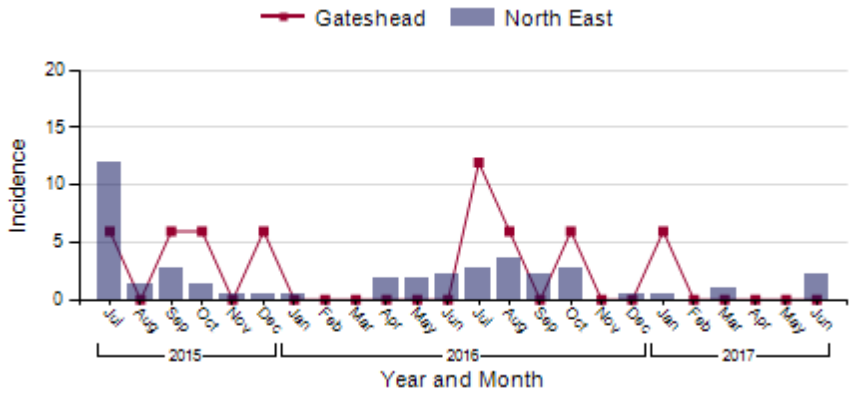
Incidence of Cryptosporidium (per 100 000)



Incidence of Giardia (per 100 000)



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



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