

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 17 January 2020 at 9.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for Absence
2	Minutes (Pages 3 - 12) The minutes of the meeting held on 29 th November 2019 and Action List are attached for approval.
3	Declarations of Interest Members of the Board to declare an interest in any particular agenda item. <u>Items for Discussion</u>
4	Mental Ill-health Prevention in Education - Steve Haigh, Head Teacher, Whickham School & Sports College (Verbal)
5	DPH Annual Report 'Ageing Well' - Alice Wiseman (Pages 13 - 76)
6	Draft Health & Wellbeing Strategy - Alice Wiseman (Pages 77 - 100)
7	Childhood Immunisations - Rachel Chapman & Fergus Neilson (Presentation only)
8	Gateshead Health & Care System Update - All <u>Assurance Items</u>
9	Better Care Fund 3rd Quarter Return 2019/20 - John Costello (Pages 101 - 116)
10	Updates from Board Members
11	A.O.B.

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GATESHEAD METROPOLITAN BOROUGH COUNCIL GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 29 November 2019

PRESENT	Councillor Lynne Caffrey	Gateshead Council (Chair)	
	Councillor Leigh Kirton	Gateshead Council	
	Councillor Michael McNestry	Gateshead Council	
	Caroline O'Neill	Care Wellbeing and Learning	
	Dr Mark Dornan	Newcastle Gateshead CCG	
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust	
	Alice Wiseman	Gateshead Council	
	Lisa Goodwin	Newcastle CVS	
	IN ATTENDANCE:	Susan Watson	Gateshead NHS Foundation Trust
		Sir Paul Ennals	Local Safeguarding Children's Board
John Costello		Gateshead Council	
Nicola Johnson		OPCC – VRU	
Steven Hume		OPCC – VRU	
Kirsty Sprudd		Gateshead Council	
Felicity Shenton		Healthwatch	
Alison Dunn		Gateshead Council/Citizens Advice	
Elizabeth Stainthorpe		Newcastle Gateshead CCG	
Steve Kirk	Newcastle Gateshead CCG		

HW154 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor G Haley, Councillor M Foy, Councillor M Gannon, Councillor P Foy, Bill Westwood, Lynsey McVay, Steph Edusei, Lynn Wilson and Mark Adams.

HW155 MINUTES

RESOLVED:

- (i) The minutes of the last meeting held on 18 October 2019 were agreed as a correct record.

The Board were also provided with an update from the Action List that was available within the agenda pack.

HW156 DECLARATIONS OF INTEREST

RESOLVED:

- (i) There were no declarations of interest.

HW157 GATESHEAD COMMUNITY MODEL FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM - KIRSTY SPRUDD

The Board received a report seeking views on the Gateshead Community Model.

From the report it was noted that the Transforming Care Programme 2011 was introduced following the Winterbourne scandal with the aim to improve health and care services so that more people can live in the community with the right support, close to home.

An overview of the proposed community model workstreams was provided as follows:

- Personalisation and choice
- Health and wellbeing
- Housing and accommodation
- Employment and education
- Prevention and early help

The Board were advised that the Gateshead Thrive agenda is at the heart of transforming services for people in Gateshead. Additional information was also provided on the LD Community Model Event held on 27th September that was attended by people with disabilities, families, advocates and professionals from across health and social care.

A comment was made noting that Gateshead previously had a good model in place for community care but that it hadn't been coordinated as well as it could have been. An additional comment was made stating that targets have often got in the way of services being able to provide person-centred support.

A discussion took place on hospital provision and admissions; it was noted that hospital admissions are currently low. The Board expressed the view that a wrap-around system needs to be in place for those going into hospital care to prevent them from having to return when they are discharged.

It was commented that a number of care homes are closing, locally and nationally and that the CQC are tightening their regulations. An observation was noted that when a care home closes the impact of this closure is felt by the 'whole system' and it is not often possible to simply decant from one residential care provision to another. Also, as a system, we need to ensure that there is adequate community provision in place before residential places are reduced.

A request was made from the Board that evidence be presented on the safeguarding oversights considered as part of the new model; it was agreed this could be provided at a future meeting. A discussion also took place on the importance of joined up working and good communication with partners as the model evolves.

RESOLVED:

- (i) The Board requested an update on safeguarding oversights in relation to the Gateshead LD Community Model be presented at a future meeting.

(ii) The Board agreed the report recommendations.

HW158 OVERVIEW OF THE VIOLENCE REDUCTION UNIT AND FUTURE PLANS - STEVEN HUME

The Board received a presentation from Steve Hume, Head of the Northumbria VRU to provide an overview of the new Violence Reduction Unit.

From the presentation, the Board were provided with a summary of how the VRU was established in addition to an overview of the VRU team. It was noted that the team brings together a wide range of skills and expertise in partnership working, health, education, community safety, communication, engagement and community development. It was also highlighted that a single point of contact in each of the six local authorities covered by the VRU has been identified, for Gateshead this person will be Alice Wiseman, Director of Public Health.

It was noted that the VRU are working from a series of public health influenced interventions focussed on four key themes, there are:

- Early intervention
- Youth diversion
- Drugs, alcohol and homelessness
- Mental health

The Board were provided with information in relation to Home Office measures and local measures that will be used to review the impact of work being done by the VRU. It was noted that one of the local measures will focus on increasing the quality and frequency of community response to delivering interventions aimed at reducing serious violence.

The Board were also provided with an overview of the VRU's plans beyond March 2020 which included a greater focus on key areas such as Education, Mental Health and early intervention/family hubs.

The Board expressed their gratitude to Steve for attending the meeting and for his presentation. A comment was made acknowledging that adverse childhood experiences can lead to individuals becoming the perpetrators of violence against others; it was further stated that the work proposed on providing early intervention services would be welcomed in Gateshead.

A discussion took place on the impact of education services for those who have been permanently excluded from schools. It was noted that targeted intervention for children in these circumstances is important to minimise the likelihood of them growing up to commit violent crimes.

The Board requested that Steve attend a future meeting of the Board to provide an update on the work that is being done by the VRU. It was suggested that this takes place in the Autumn of 2020.

RESOLVED:

- (i) The Board noted the contents of the presentation.
- (ii) The Board requested an update on the work of the VRU in Autumn 2020.

HW159

GATESHEAD HEALTH & CARE SYSTEM - UPDATE AND RELATIONSHIP WITH ICP NORTH & NENC ICS - MARK DORNAN

The Board received a presentation on the Gateshead Health & Care System containing an update on the relationship with ICP North and NENC ISC.

It was noted from the presentation that there are a variety of priorities supporting people in the Gateshead Health & Care System. These included priorities of primary care networks and neighbourhoods and of Gateshead Place in addition to ICP North and NENC ICS.

A summary of the functions under each geographical tier was provided; it was highlighted that within Gateshead the health and care vision is built on Gateshead's 'Thrive' agenda which will be set out in the Health & Wellbeing Board's new Health & Wellbeing Strategy.

From the presentation, the Board were advised that there are three priority areas for the Gateshead Health & Care system:

- Children and Young People's Health and Wellbeing
- Frailty
- People with Multiple and Complex Needs

The Board were also provided with details of other system transformation programme areas which include adult mental health (Delivering Together), community health, falls, intermediate care, community model for Learning Disabilities and end of life care.

An overview of lessons learned in 2019 was provided from the presentation. From the list it was highlighted that the focus needs to stay on the people being served, it was also stated that there needs to remain a focus on core objectives and financial constraints.

A pictogram of Practices that form the five Gateshead Primary Care Networks was provided; this included information on the practices and the focus of different tiers within primary care in Gateshead. It was stated that within the Gateshead networks there are 30 practices serving a population of 209,448 (Information from January 2019).

The Board were advised of the benefits for patients and the whole care system in addition to a summary of 2019/20 progress so far.

RESOLVED:

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

HW160 NEWCASTLE GATESHEAD TARGETED LUNG HEALTH CHECKS PROGRAMME - STEVE KIRK & ELIZABETH STAINTHORPE

The Board received a presentation on the Newcastle Gateshead Targeted Lung Health Checks (TLHC) programme from Dr Steve Kirk and Elizabeth Stainthorpe.

From the presentation it was noted that the programme has been designed to target ever smokers aged 55-74 who are registered with a GP in Newcastle or Gateshead. The Board were also advised that the programme is intended to run for 4 years.

An overview of lung cancer statistics was provided, it was noted that there is a strong association between lung cancer incidence and deprivation. The Board were also provided with an overview of NGCCG figures.

The Board received an overview of the programme's delivery model in addition to a breakdown of possible challenges that would be faced. Of the challenges it was noted that identifying suitable locations to complete screenings and the impact on primary care and wider services were being considered.

A summary of the programme's communications and engagement plans was provided. It was noted that raising awareness of the screening programme is a priority; Dr Steve Kirk and Elizabeth Stainthorpe requested that Board members raise awareness of the programme with their respective networks.

A question was asked as to whether the funding for this programme could have been better allocated to increasing prevention work. It was stated the programme is funded by the Department for Health and that prevention activities such as smoking cessation were vital and will continue. It was further stated that the screening programme will work in parallel to this work and that funding for the screening programme is tightly regulated.

A discussion took place on the impact of having a 'place based' approach to the screenings in order to maximise the impact. It was noted that lessons have been learned from similar screening programmes in the past and that there is an ethos of 'making every contact count' in terms of patient engagement to ensure that those who are eligible are screened.

RESOLVED:

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

HW161 UPDATES FROM BOARD MEMBERS

The Board were advised that Alice Wiseman's new annual report had been published. It was stated that the report focusses on the topic of 'aging well'.

RESOLVED:

- (i) The Board noted the update.

HW162 A.O.B

RESOLVED:

- (i) There was no other business.

Item 2.2

**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 29th November 2019			
Gateshead Community Model for People with Learning Disabilities	The Board to receive an update on safeguarding oversights in relation to the Gateshead LD Community Model be presented at a future meeting.	K Sprudd	To feed into the Board's Forward Plan
Overview of the Violence Reduction Unit and Future Plans	The Board to receive an update on the work of the VRU in Autumn 2020.	S Hume	To feed into the Board's Forward Plan
Matters Arising from HWB meeting on 18th October 2019			
Gateshead Joint Strategic Needs Assessment Update / Refresh	To receive an update in September 2020	A Wiseman	To feed into the Board's Forward Plan
Health Protection Assurance Annual Report 2018/19	To receive an update on the low uptake of childhood immunisations.	G Tompkins	On agenda of 17 th January 2020 meeting.
Matters Arising from HWB meeting on 19th July 2019			
Deciding Together, Delivering Together	An update on the involvement/ engagement with the voluntary sector be provided at a future meeting. Also, to invite the head teacher of Whickham School to a future meeting to share his experience	J Duncan M Mallam-Churchill	To feed into the Board's Forward Plan. Head Teacher of Whickham school is due to attend the 17 th January 2020 Board

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
	of prevention work in schools.		meeting.
Matters Arising from HWB meeting on 7th June 2019			
Climate Change Motion	Steps being taken by Partner organisations to reduce carbon footprint to be brought to future Board meeting.	Partner organisations on HWB	To feed into the Board's Forward Plan.
Achieving Change Together	Update on progress of ACT to be brought to Board in 6 months.	Louise Hill and ACT Team	To feed into the Board's Forward Plan.
Partner Updates (Re: Whorlton Hall)	Report on how care for Gateshead residents is quality assured.	Caroline O' Neill	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 26th April 2019			
Early Help: outcomes and the impact on children, young people and families	To receive performance reports from the Early Help Service (Targeted Family Support) and to support early help approaches.	Gavin Bradshaw	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 30th November 2018			
Annual Report on Permanent Exclusions (2017/18)	The receive further updates as required.	Jeanne Pratt	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 7th September 2018			
Update on Integrated Care System / Integrated Care Partnership	To receive further updates as required.	Mark Adams	To feed into the Board's Forward Plan.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 20th July 2018			
Drug Related Deaths in Gateshead	The Board agreed to receive a further update later in the year.	Gerald Tompkins / Alice Wiseman	To feed into the Board's Forward Plan.

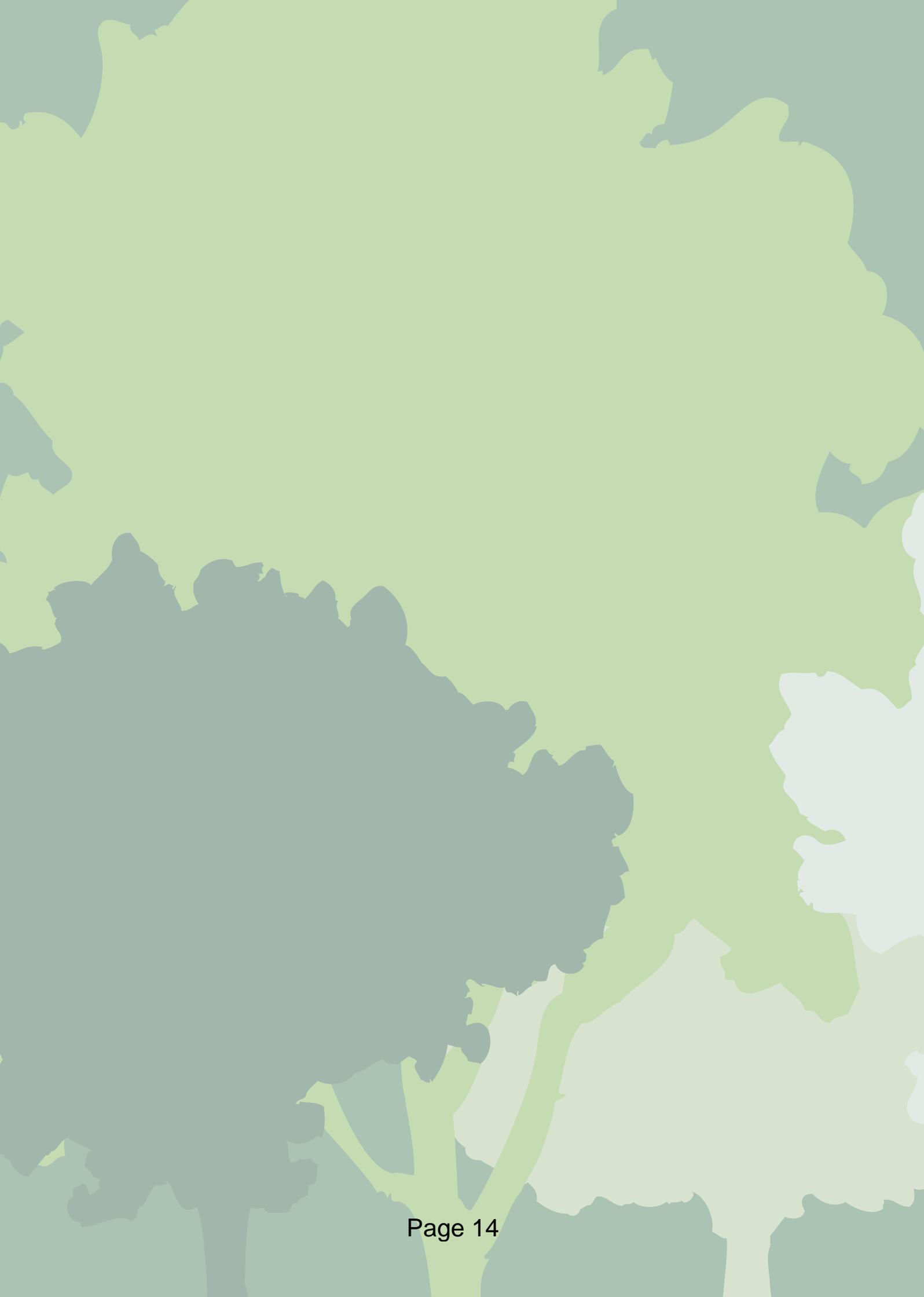
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AGEING WELL

"It is health that is real wealth and not pieces of gold and silver."

Gandhi





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Foreword



Alice Wiseman
Director of Public Health

Why is ageing well so hard?

As I started writing my annual report this year it dawned on me that I wasn't writing about something that was happening to other people and in fact I was, writing about things that were happening to me. Everyone is ageing in their own way and it is of course a natural consequence of being alive.

My report this year, "Ageing Well in Gateshead" takes a broad view of some of the challenges that face us as individuals and communities as we age. A consequence of the success we have had in extending the life expectancy of our population is that we now face health and social challenges that would not have been recognised 50 years ago.

My report illustrates how ageing well is complex and different for every person. It is vital that we recognise this and respond by influencing the things that can improve life for all. To be able to live in a community that is supportive, safe, accessible, non-discriminatory and caring, is crucial to good health.

Throughout the development of the report I have been struck by the negative way that ageing is portrayed and the stigma that is associated with it – for example, we are encouraged through advertising, to buy anti-ageing creams, we are pressured to 'stay younger, for longer'.

I have also reflected on the age old saying; 'you're only as old as you feel'. What is 'old'? Who does it apply to? Who decides when you're 'old'?

I don't view myself as old, but I am reliably informed by my 14-year-old son that I am already that. I loved it when '90 year-old Jack' (who sings in the choir of the Gateshead Older People's assembly) was asked what he was doing one day, replied, 'I'm going to sing to the old people in the care home'. Jack's numerical age was irrelevant to his perception of what 'old' was.

To some extent I accept that as we age it is inevitable that we will face different and increasing health challenges. However, the evidence that we can delay when many of those health challenges start is indisputable.



We, as individuals, communities and services, need to focus on ageing well from a much earlier point so being 'old' doesn't just happen to us. To do that well we need to improve health literacy across our communities. Health literacy describes the combination of personal and social resources required by individuals and communities to access, understand, evaluate and use information and services to make decisions about health. Improving health literacy will encourage individuals and communities to better self-manage their health and well-being.

A central theme of my report has been to understand more about what 'ageing well' means to people in our community. I wanted to know what kind of advice people in Gateshead might give to the next generation. The project 'a letter to my younger self' challenged my views of what ageing well means to our residents. I expected lots of practical advice on staying fit and eating well and, whilst there was some of this, there was a real focus on self-worth and the importance of friends, family and strong social connections. The letters I read made me question whether we have overcomplicated our response to changing health and care needs without considering the basic need for self-worth, friendship and a sense of inclusion. I am convinced that we need to think much more carefully about how we do more to support and facilitate sustainable, healthy, connected and caring communities.

As with every aspect of health and well-being there are sharp inequalities in ageing well, from when a life limiting condition begins, to the age we are when we die and even how and where we die. Consequently, as with every aspect of improving the public's health, it is necessary to understand the relationship between ageing well and the wider determinants of health. We need to consider the impact of income inequality on those essential parts of life that keep us healthy and well. It is unacceptable that people are ageing in our borough without the resources to heat their home, put food on the table and participate in an active social life. We must strive to ensure everyone has opportunities to age well in the way they want and in the community of their choosing. This will mean that we must understand the nuances for particular communities and do different things in different places in Gateshead.

In doing all of this we must not lose focus on the importance of family, friendships and opportunities for social connections – I have heard loud and clear that this is the single most important thing for our local people!

We have already committed to 'making Gateshead a place where everyone thrives'

This is absolutely the right thing to do. We have pledged not just as a council but as a health and care system to:

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

I truly welcome the commitment to these pledges as it provides a strong foundation for a borough in which everyone is supported to age well. We want to help our communities not to just survive, but to flourish, prosper and succeed. Our commitment to ageing well in Gateshead needs to stretch across the life course.

All of this requires an approach which influences strategic policy, working with all our partners, to ensure that Gateshead really is a place where everyone, regardless of their circumstance will thrive.

1

Ageing Well in Gateshead

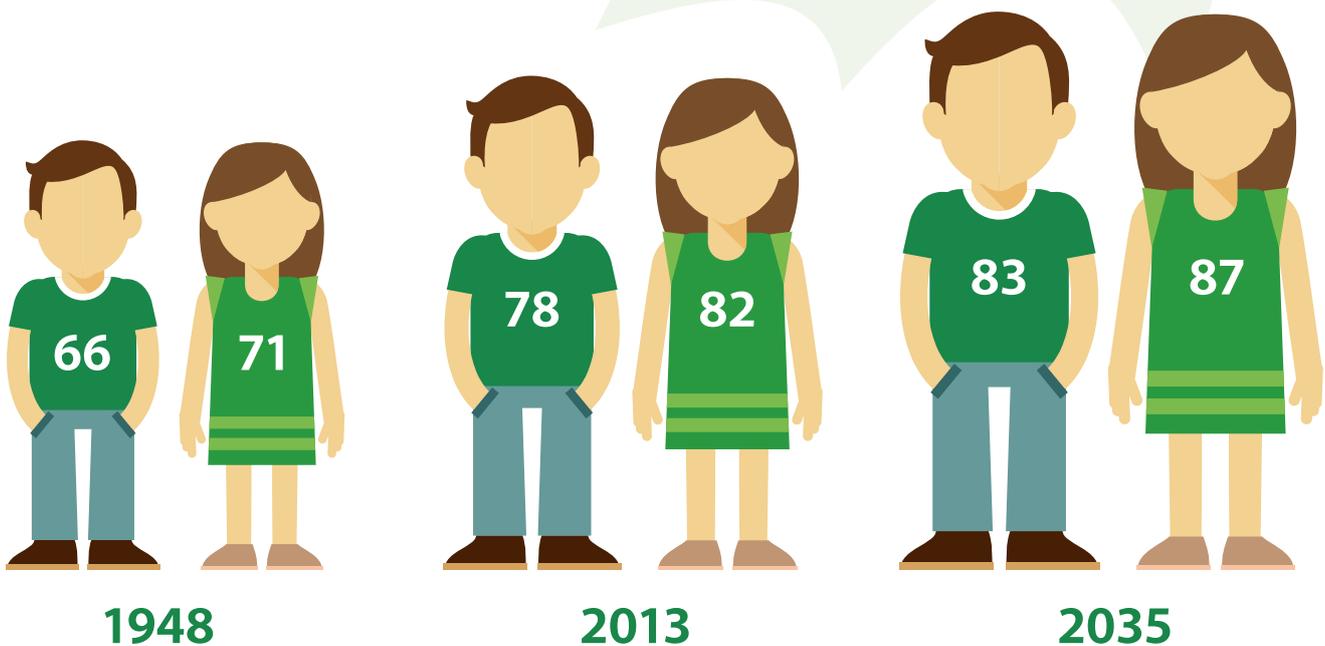
Our population structure is changing

Across the world, people are living longer, the number of people living today aged 60 and over has doubled since 1980, and by 2050 we can expect to see the number of people aged 80 or more to be over 395 million.

Through the latter half of the 20th Century, the UK population has been steadily getting older and this trend is projected to continue in the future. The fastest increase will be seen in the 85 years and over age group.¹

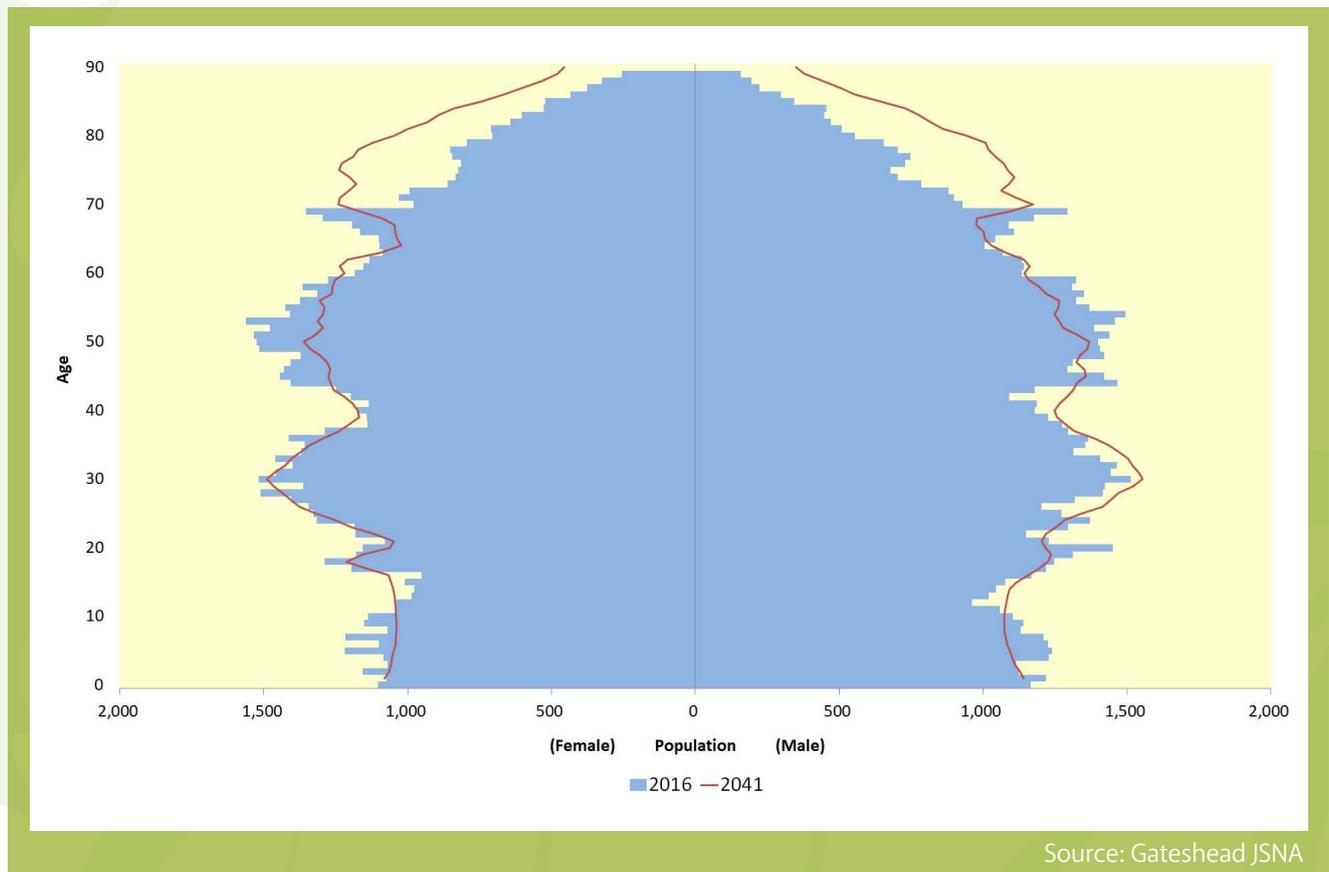
In 1948 life expectancy was 66 years for men and 71 for women.

By 2035 this is likely to increase to 83 for men and 87 for women



In Gateshead it is projected that by 2041 there will be an additional 12,100 people aged 65 or older, an increase of 31% since 2016. ²

Gateshead population profile



Most common causes of death in the last 100 years

Over time we can see how better sanitation, nutrition and hygiene have helped us to live longer. Advances in medical science, such as the development of antibiotics to treat infections, have been game changers in prolonging life. Polio, diphtheria, tetanus, whooping cough, measles, mumps and rubella have been significantly reduced in the UK since the development of effective childhood immunisation. Although we are seeing problems with increasing numbers of measles cases at the moment.

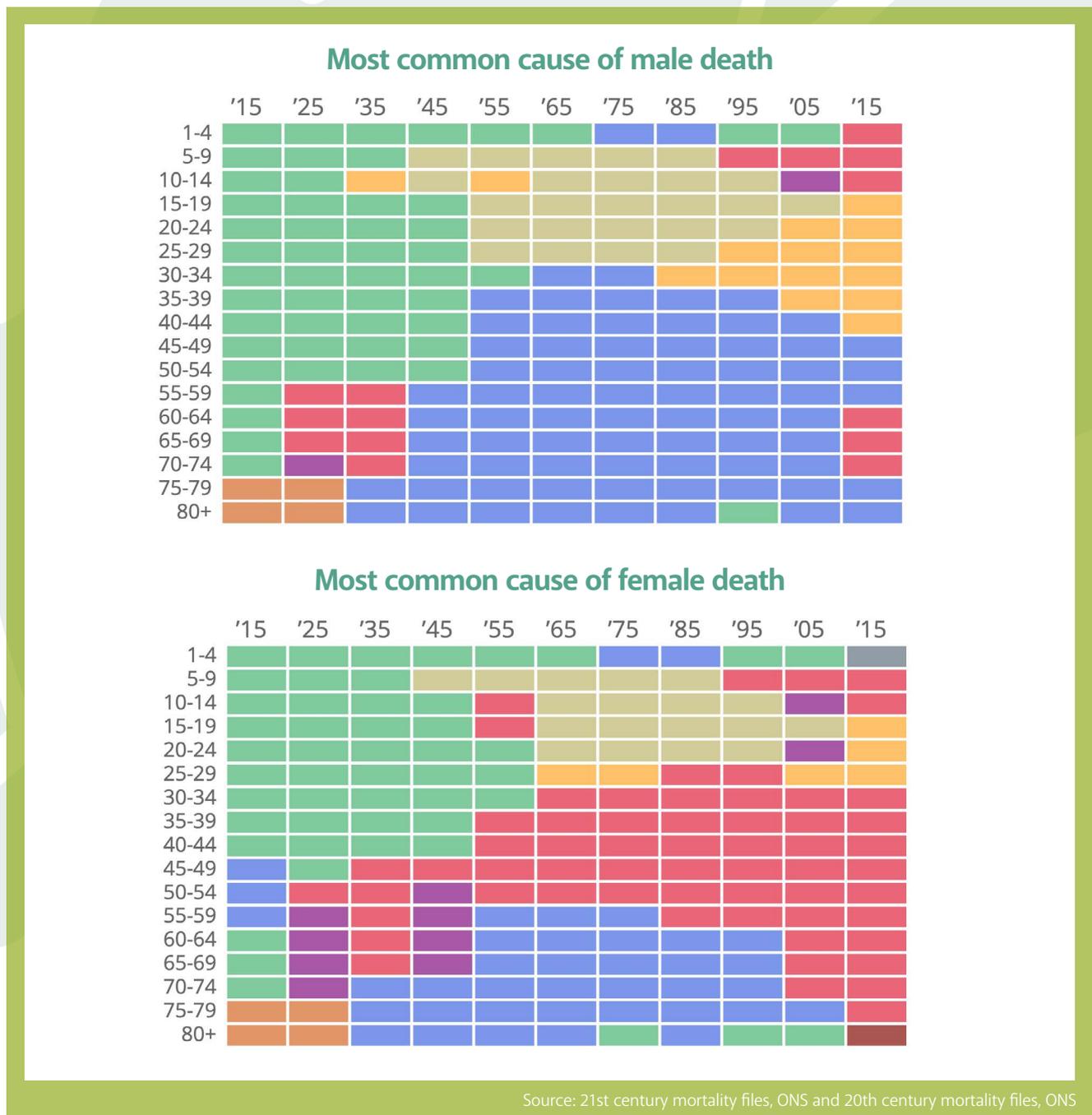
The causes of death and number of people dying has changed and there has been an increase in the population, particularly the number of elderly people. In 1915 there were 562,253 deaths in England and Wales, compared to 529,655 deaths in 2015, a decrease of 5.8%. ³

In 1915 people were dying from infections whereas in 2015 the most common causes of death are related to cancer, heart conditions or external causes (Drug misuse, suicides and self harm). Medical advances have enabled us to save lives and allow people to live longer with conditions that might have curtailed their lives a few years ago.

Since 1945 the leading cause of death for men has been related to heart conditions and for women there has been a rising trend in cancer deaths. Death rates for people under 75 from all cardiovascular diseases and cancers remains high in Gateshead and above the English average.



The chart below clearly shows how national patterns have changed over time.



Tiles Type

- Infections
- Cancer
- Heart conditions
- External
- Motor vehicle incidents
- Conditions of the nervous system
- Dementia
- Senile decay
- Other

Causes such as:

- Tuberculosis, Bronchopneumonia
- Malignant neoplasm of breast, lung, brain, etc.
- Myocardial infarction, coronary disease
- Drug misuse, suicides, self-harm
- Collisions with vehicles, cycles, pedestrians
- Cerebral palsy, Epilepsy
- Unspecified dementia
- Senile decay, other forms of senile decay
- Other ill-defined and unspecified causes

An interactive version of the chart and further information is available on the ONS website [3](#)



Living longer in Gateshead

The increase in the number of people living to a ripe old age could be viewed as a public health success story.⁴ However although people are living longer, many of these additional years may be spent in ill health.

Many people are living longer with long term conditions or chronic diseases for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis, cancers and hypertension.

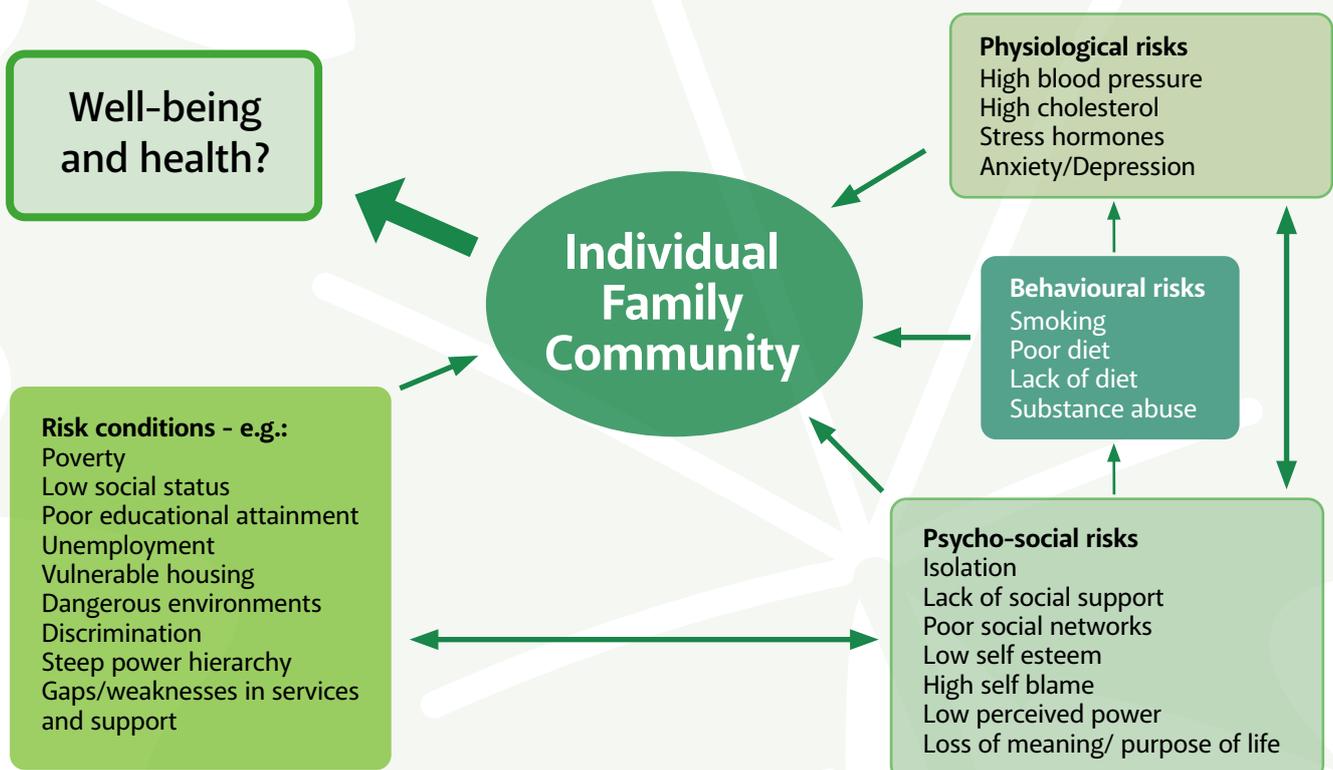
It is important that we improve the health of the population so local people can spend more years in good health. An important part of this is the reduction in health inequalities across different social groups and correspondingly a reduction in the financial pressures on our health and social care services.

Now more than ever, health damaging habits such as smoking, drinking too much alcohol, inactivity and eating excessively are in the spotlight, but it is important that we understand why people take risks that can damage their health.

The way that we live our lives, the challenges that life brings and our relationships with family and friends all have a critical influence on our health and well-being. Whether a place nurtures good health or contributes to poor health depends on how a variety of factors come together to affect the people and communities within it. These factors relate to:

- Our place - the quality and design of homes and public buildings, the maintenance of streets and public spaces, accessible transport, business infrastructure and natural spaces that make up the physical environment of neighbourhoods.
- Our community - the relationships, social contact, perceptions of safety, a sense of belonging and support networks that make up the social environment of neighbourhoods.

The interplay of these factors and the potential risks they present will be different for every individual and family, but they can be summarised by the diagram below.





2

Living well with ageing and age related stigma

It's all in the mind

“In this moment you are alive and breathing. Your chronological age will keep changing over time, but the way that you feel inside is entirely up to you”. [Laura K. Schenck, Ph.D](#) ⁵

We do not recognise ourselves as ‘old’, we are who we are, there will always be those who feel younger than their age and those who feel older, age is subjective; the age that you ‘feel’ is not always the same – as the chronological age you are.

People who develop health problems tend to feel older than their healthy peers. The experience of illness can remind us of our own mortality and the relatively short time we have in our individual lives. Our mental health has a significant impact on our age identity, people with a positive mood report feeling younger than people who are stressed and unhappy. This is the case for young and old alike. ⁶

Our modern world

There is evidence to show that older adults are becoming a stigmatized group. In many western cultures, including our own, youth is valued highly and ‘ageism’ is being demonstrated in negative attitudes, stereotypes and behaviours directed toward older adults, based solely on their perceived age. ⁷

We all spend a life-time internalising stereotypes of ageing until we reach old age ourselves and realise we are the targets of these stereotypes. Some of our perception of age is unconscious, we are presented with verbal and non-verbal cues with which we categorise the people that we meet; how someone dresses, how they wear their hair, how their face looks, how they appear to move, walk and talk, all influence our interaction with them. It is a natural social behaviour, but if we do not consciously examine our reaction to these cues, we risk applying stereotypes and assumptions about the person we are interacting with, perhaps making inferences about their intentions, goals and wishes which may be far from accurate.

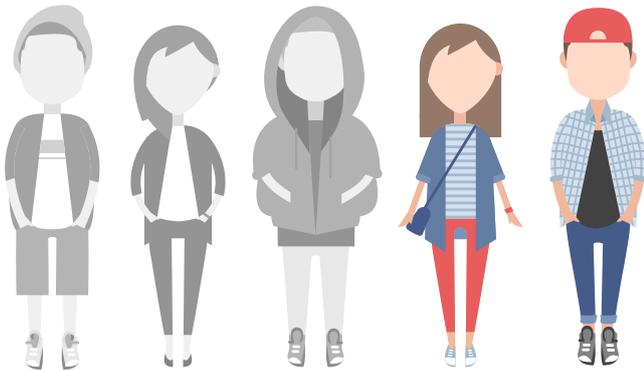
Our attitude to ageing is ingrained in our mainstream culture and there is no doubt that in Britain today, ageism is rife. The Royal Society of Public Health report ‘That Age Old Question’ ⁸ highlighted:

- **negatively framed headlines in the media,**
- **pressure from the beauty industry to use “anti-ageing” products,**
- **lack of contact between older and younger generations,**
- **age based prejudice in the workplace.**

Ageist attitudes lead to age-based discrimination and can, in some cases, lead individuals to apply negative stereotypes to themselves. How often have we heard someone say, "I am too old to do that", when that may not actually be the case.

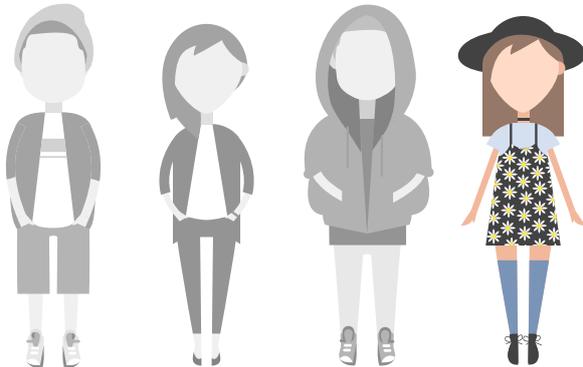
The RSPH report highlighted that millennials (aged 18-34) had the most negative attitudes to ageing and older people, compared to other age groups, and that there is a high level of misunderstanding or ignorance about ageing and its impacts: [9](#)

Two in five 18-24 year olds (40%) believe



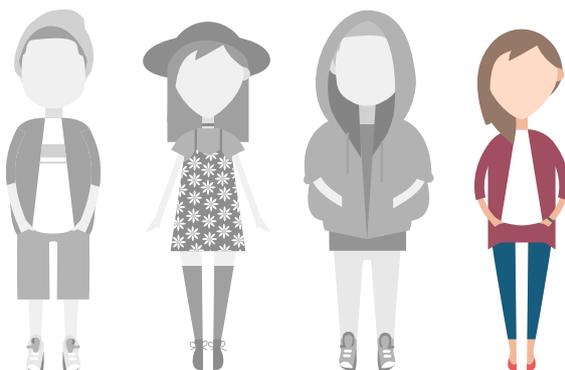
"there isn't any way to escape getting dementia as you age."

One in four 18-34 year olds (25%) believe



"it is normal to be unhappy and depressed when you are old."

One in four 18-34 year olds (25%) think



"older people can never really be thought of as attractive."

All of the attitudes are FALSE

The representation of age in the mainstream and social media is having a negative impact.

Research shows that men and women feel pressured to stay 'younger' for longer. It has been argued in recent studies that anti-ageing narratives are pushing unrealistic body norms and poor body image, ultimately affecting health related behaviours.

The way we visualise the experience of getting older is often driven by 'anti-ageing' terminology ¹⁰ which ignores the fact that everyone is ageing in their own way and this is a natural consequence of being alive.

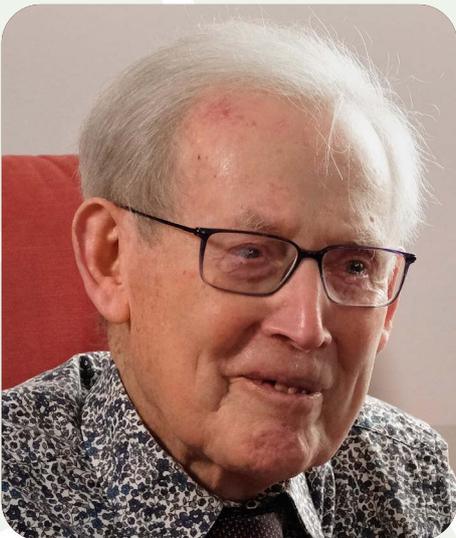
Changing our attitude and understanding of ageing is essential and it is clear that our younger generations have the greatest potential to benefit from promoting a more positive culture around ageing.



"I never thought about getting old.

You know to tell you the truth I don't feel old, only when I come to take the top off a jam jar".

Joan



"I don't even know what old age is. I hear people refer to it, you know 'oh it's old age' and I say what is old age, I don't feel old".

Tommy

Income security – is a pension enough?

We consider people to be living in poverty when their resources are not enough to meet their basic needs and also allow them to take part in society. This could mean struggling to cover food and energy bills, watching every penny spent, worrying that nothing is set aside for a sudden emergency such as the cooker breaking down, or being unable to afford the cost of transport needed to visit a friend or go to a social club.

There is a common belief that pensioner poverty is not an issue but in recent years the number of persons in poverty has started to increase. The Centre for Ageing (2019) has recently reported that pensioner incomes have been stagnant for a decade and that longer-term data suggests that progress on reducing pensioner poverty is beginning to reverse, with people aged 75 and over being particularly vulnerable to poverty. ¹¹

A Department for Work and Pensions report in 2019 indicated that **2 million (16%)** of pensioners in the UK are considered to be living in poverty. ¹²

It is also suggested that people entering retirement are marginally less well off than in previous years. This may indicate that there is a new wave of people in mid-life who are entering retirement with less money who will therefore be at greater risk of poverty in later life.

Many older people are strongly averse to debt and in order to stay debt-free they work hard to live within their means. It is reported that pensioners keep a close eye on their budget and manage their resources very carefully. This involves effort, discipline and resourcefulness; the constant need for restraint and 'existing' with little prospect of a situation improvement can be emotionally draining.

Pensioners take pains to ensure that they met their household bills and many make sacrifices to do so. They go without holidays, stop going out, do not replace household goods, and some take action to reduce their heating and energy costs by turning off appliances.

A view from Gateshead organisations

(Ageing Well workshop June 2019)

"Financial abuse often happens from family members and the older person often will not report them, all we can do sometimes is keep the contact and monitor it in the hope the older person will eventually report it".

"There are a lot of people who are working poor, the ones who we find struggle the most are the ones who are just outside of that, they don't quite qualify, lots of people in their 50s and 60s still have mortgages. If they are ill, they get no help".

"There is a perception that, when eligibility for goods and services talks about moderate savings, people worry about this, they believe they won't be entitled and sometimes they will be, they are often reluctant to disclose, they think they have lots of money when they have £3K, when in reality they would get help or be eligible for a service. At an age when you stop buying material stuff, you stop appreciating what's a lot of money and what's not. This can stop them coming forward at all."

"The women we support who are 70 or 75 plus are very much of a generation of not living above their means. The much older people don't want to talk about money or mental health, as it's still considered a taboo subject."

"Scams - social media in particular is difficult for older people, they believe if it is written down it must be true - kids at least have an awareness it's possible to have fake news - older people see it, read it and believe it."



Skills for life

There is a strong link between learning and better health and well-being. The concept of life-long learning doesn't just mean obtaining employment-related qualifications, it also means learning throughout life.

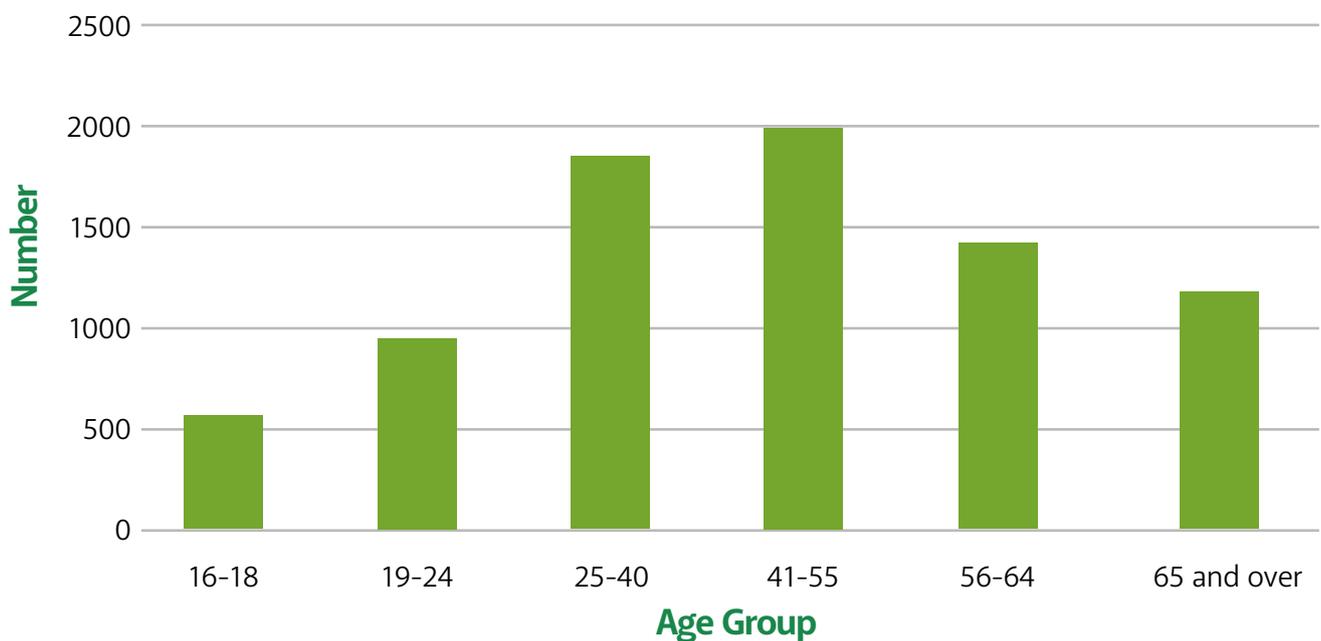
Participating in adult learning can lead to involvement in voluntary activities and a reduction in social isolation but the benefits are not limited to individuals: better health and increased participation in society means reduced healthcare costs and a greater contribution to our community as a whole.

Levels of participation in education tend to decrease with age, though it is never too late to learn new skills and knowledge. This poses a challenge to policy makers, who need to ensure that opportunities to access, retrain and learn new skills are available to all throughout their lives.

It is estimated that about 8 million working age adults have 'below-functional' numeracy skills and about 5 million have 'below-functional' literacy skills in England. It is difficult to identify specific Gateshead data on literacy and numeracy across working age adults, but in 2005 Skills for Life found in Gateshead 22% of people need support with their literacy and 63% need support with their numeracy. ¹³

In Gateshead 58% of those accessing community learning, employability and careers, opendoor and skills for life courses in the academic year 2019/20 were over 40 years of age.

Age profile of persons attending adult learning and skills courses in Gateshead 2019/20



Source: Gateshead Council

“I like to learn new things, to fill my time and not be bored. You get to spend time with other people and that’s important for everyone”. **Gateshead resident, McErlane Square**



Employment

An increase in life expectancy, combined with a need for workers to stay in employment later in life has resulted in an increase in adults working or seeking work for longer. However not everyone who wants to work has equal access to employment.

A recent parliamentary report (2018) ¹⁴ suggested that, for older workers, there were 3 key issues which need significant attention:

- tackling age bias and discrimination, particularly in recruitment;
- making workplaces and working practices more flexible and adaptable to the changing needs of older workers in all their diversity; and
- access to skills development, career advice and support throughout people's lives.

Supporting an ageing population in employment is important for public health, as research has shown that working into later life can maintain cognitive and physical activity, provide a sense of identity and access to social support, and create intrinsic benefits of feeling productive and valued. Over recent decades there has been a significant increase in the number of older workers, with over 50s now making up nearly a third (31%) of the entire UK workforce. This trend will only continue as the State Pension age rises. ¹⁵

Supporting people to be in good quality work for as long they want is critical for their financial security now and into the future. Good quality work also provides a vital opportunity to help them manage their health and improve their well-being.

As people age and their circumstances change, they may need part-time working arrangements or support to take on new roles and learn new skills. Tackling age discrimination means affecting a major shift in attitudes on the part of employers and older employees.

Successfully increasing the older-worker employment rate is important as future labour-market shortages are foreseen across Europe, and there are many jobs that only older people can fill without significant investments in retraining. Retaining older workers can be an opportunity for employers to transfer knowledge and experience from older to younger workers, and mentoring schemes could play a key role in bridging the intergenerational divide and share skills and knowledge.

Women face difficulties in accessing work in later life as often they still do the majority of caring for children and other family members and are more likely to be in part-time work. While the employment rate for women aged 50 to 64 has been rising for many years, it remains significantly below that of men. ¹⁶

The gender pay gap is particularly pronounced for women over 40, meaning that even when in work, older women generally earn less and smaller pensions. ¹⁷

The recent publication by the Centre for Ageing Better (2018) ¹⁸ reported that mid-life is an important stage in planning and preparing for a good later life. It stated that:

With a rising state pension age and many people living for longer, there is a greater need to plan and prepare for the future than ever before. While some people in mid-life are looking forward with confidence to a good retirement, many others are not. Many people are not saving enough, with an estimated 12 million people heading towards an insufficient retirement income.



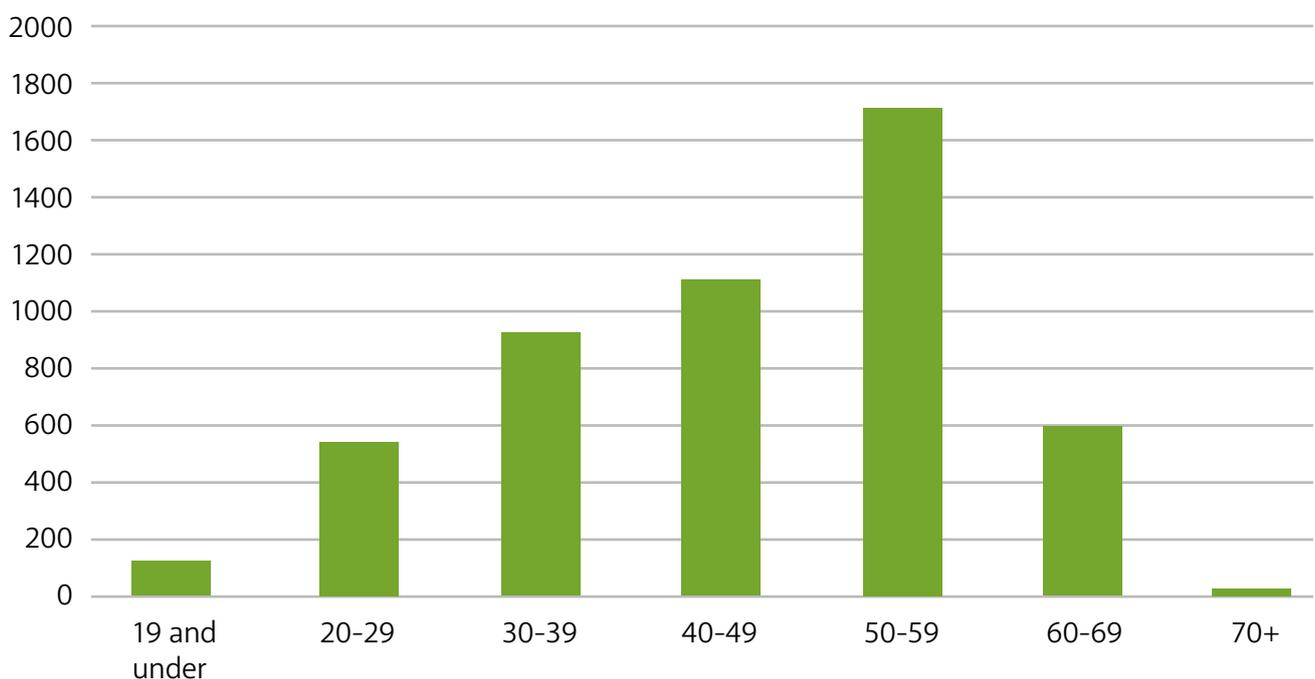
Mid-life is also the start of a steady increase in the prevalence of long-term health conditions. The evidence shows that many people do not plan for their later life. As much as 57% of people haven't thought about their hopes or ambitions for life after 60 much or at all. Most usually say it's because they don't tend to plan their life out in advance or that it seems too far off.

It is not easy to find comparative data on the age profile in workplaces and often age profiles are closely linked to the type of work.

'Anecdotally a lot of specialist / manufacturing and public sector businesses report an old and ageing workforce (45+) but employers in hospitality, retail and call centres have a predominantly younger (under 30) workforce' (Better Health at Work Award lead, 2019).

This seems to be demonstrated in the age profile of employees at Gateshead Council, 69% of the staff employed by Gateshead Council are aged over 40.

Age of staff employed by Gateshead Council



Source: Gateshead Council

To ensure that the health and well-being of staff is supported the Council are engaged in various activities, through the Better Health at Work Award to ensure that staff are made aware of the need to stay healthy and active.

Better Health at Work Award

Workplace Health is an integral part of the Gateshead public health strategy and is a priority in challenging economic times, when companies need to use every tool available to ensure productivity and competitiveness.

The Better Health at Work Award North East was established in 2009, to take health and well-being into the workplace. Individuals benefit from a healthier environment and culture, increased access to health information and interventions. Workplace activity as part of the Award has potentially saved lives – identifying dangerously high cholesterol levels and early stage cancers. Through the award we are also working with employers to raise awareness of issues relating to ageing well.

Employers benefit from improved staff engagement, lower levels of absenteeism and increased productivity. There are few more apparent win-win situations.



Living in our digital world

Technology is transforming our lives, it affects how we communicate with each other, how we work, how we carry out our daily activities and how we spend our spare time.

Changes in technology have progressed quickly, the first call from a mobile phone in the UK was made in 1985 and now two-thirds of adults in the UK have a smart phone. For some people, our digital world has become very challenging. ¹⁹

Familiar activities are changing, we now have many more television channels, traditional television viewing is falling with more people watching catch up TV or using subscription services. The way that we receive information is becoming digital, the number of letters delivered by the Royal Mail is declining year on year and we are seeing a shift away from paper-based communication.

Digital transformation is seen by the Government as an important part of public sector reform with the aim of increasing efficiency and providing a better service for users. Much of the growth in information and communication technology has been driven by the development of the internet and most younger people would find it difficult to imagine a world without it. Many older people have also fully embraced digital technology, but there remains a stark difference in internet use between the youngest and oldest age groups. Virtually all (99 per cent) of young adults have recently used the internet but this falls to just 33 per cent of those aged 75 and over. ²⁰

While many who do not use the internet say this does not interest them, given the speed of change, there is a risk that they will be left behind in our increasingly digital world, we must ensure that those who are not online do not miss out on, or find it harder to access, essential goods and services.

The use of assistive technology, which supports people to stay in their homes safely and for longer, is enhancing the lived experience of those living with disabilities and those who care for them.

Everyone has the right to access information and this comes from our shared values like ensuring dignity, fairness, equality, respect and independence. These values are defined and protected by law (Human Rights Act, 1998)



Transport and access to services

A combination of factors can play a role in increasing the risk of poverty and social exclusion as people age. In later life, being able to get out and about is vital to access local amenities and stay a part of the local community.

Reconfiguration of public services is having an impact as local services close or are moved into hubs to enable economies of scale. Some local services have closed due to lack of available funding to support their work. Local shops and social venues are being hit by changes in the way that we shop and meet people i.e. out of town shopping and internet.

Gateshead is part of the Tyne and Wear Local Transport Plan, which aims to have a fully integrated and sustainable transport network, allowing everyone the opportunity to achieve their full potential and have a high quality of life. ²¹

We are aware however that changing the way that people travel is a long term and costly investment and that there are currently some very real issues for people in Gateshead. To explore what the issues are, a focus group in June 2019 discussed transport in the context of ageing well and the following points were made.

'In terms of buses in Gateshead, some places are well served such as Birtley (every 10 mins) and have very good services and are perhaps even over-served, compared to more rural areas which are poorly served (1 or 2 buses every hour). Travelling through Blaydon is a real issue, where bus routes are sparse. Rowlands Gill to the Centre of Town requires multiple buses.'

'Activities need to have transport embedded as part of their service as transport is a barrier to accessing the activities.'

'From a dementia perspective the carer always has to go with a person to their appointments predominantly due to the issue of transport. Could there be a better system in place for providers to tell passengers what stop they are at, and when to get off. There are multiple issues with people not having access to good transport: loss of independence, costs of using a taxi, partners might stop working to help with transport, wasted money on private transport when there is public transport'

'Safety of the public on transport- newly settled communities don't feel safe on public transport, lots of antisocial behaviour on buses'



A home and a choice

‘Health, housing and social care services assume that older people prefer to age in place. While this may be true for many individuals, we shouldn’t assume it’s always the best option for all older people.’ [Helen Brown, Occupational Therapist](#) ²²

Our current policies aim to support ageing in place, allowing individuals to preserve their identity and community links. We refer to this as ‘living independently’ and assume that this is the best model for everyone.

For many this may be the case, but we should not forget that for some their home can become a prison, due to ill health, lack of access or loss of friends and family. It is also the case that the incidence of elder abuse, including financial abuse, physical or sexual abuse and neglect is increasing. It is estimated that 1 million people in the UK are subject to elder abuse. If people are to age in place successfully then we need to consider how to safeguard them against abuse of all kinds. ²³

A safe, physical environment is essential for well-being in later life. Yet some people experience fuel poverty leading to damp, cold homes and others are at significant risk of falls due to disrepair of their home, both of which have hugely negative impacts on their well-being.

It is important that we ensure that a range of housing and service options, to meet the housing needs and aspirations of our ageing population is available. Our planning should consider the needs of those who wish to age in place and may need support with home adaptations and care and support services at home and also provide options for those individuals who may choose to relocate. ²⁴

Taking a strategic approach to this, reflecting on ageing population profiles, and the implications for health, could lead to a shift of attention to the opportunities for quality bespoke housing provision, across all tenures in the right places. This could encourage people to think about actively planning for an age related home move, rather than this being triggered by a crisis, such as bereavement or after a serious fall.

This will only happen if we are prepared to move away from our existing assumptions and enter into a discussion with local people about how and where they wish to live.

Reflections on a home and a choice – Ageing Well Project

Independence was a clear priority for people in the project. Generally, they would not decline help, but they did want to have a defining voice in any decisions made about their care. A number had already made the decision to live in sheltered accommodation and saw this as a necessary compromise. Several people had made this transition with considerable trepidation but had been surprised at some of the unforeseen benefits. One woman said,

“I can have my time here ... my family know I’m okay, they don’t need to worry. I can make choices for myself.” - Margaret

Caring

The number of people providing unpaid care is increasing rapidly, and it appears there are far more unpaid carers in the UK than previously anticipated. Carers UK (2019) suggested that figure could now stand at around 8.8m adults – one person in six – up nearly 40 per cent from the estimated 6.3m in 2011. Forecasts published at the start of century estimated that the number of unpaid carers in the UK wouldn't reach nine million until 2037. ²⁵

The 2011 Census indicated that there were 22,220 people providing unpaid care in Gateshead, 11.1% of the population; this is higher than the England average of 10.3%. Almost 22% (4,866) of unpaid carers were over 65. (Gateshead JSNA)

Most people willingly take on the task of helping to care for a loved one – often but not always a husband or wife – and don't think of themselves as doing anything out of the ordinary. Caring for a loved one whether they are a family member or a friend can make it difficult to sustain your own social networks as it is hard to get away to see people unless someone else can take over from you. Loneliness can have a negative impact on a carers mental and physical health, compounding the serious challenges many carers already face.

Over half (54.8%) of people aged 65 and over who provide at least one hour of care, have a long-standing illness or disability – equating to well over a million people (1,262,500), or one in ten (10.7%) of all these family carers aged 65 and over.

Age UK report that the bulk of child care undertaken by older people is carried out by those aged 65 and over - most frequently grandparents who look after their grandchildren, to enable their own adult children to work - an example of the crucial economic (and social) contribution older people often make, even when they are not in paid employment themselves. ²⁶

We cannot overlook the fact that for many, their caring role defines who they are and they are very happy to look after their loved ones. Our aim must be to ensure that services exist to offer carers support and respite when they need it and recognise the valuable role that they play in our community.



Changing needs

The traditional nuclear family is in decline in the UK, as more people chose to live alone or as couples without children. Families are often separated by miles as they live, work and study across the region and beyond.

In 2017, it is estimated that 7.7 million people (28% of households) contained only one person. For those aged 65 and over, the larger proportion of people living alone were female (66.5%). This is partly because there are more women than men in the total population aged 65 and over due to women's higher life expectancy. By the age of 65, most women have been married and husbands are typically older than their wives. These two factors mean that more women than men become widowed, which may lead to living alone. In spite of this, the number of widowed women is falling due to life expectancy increasing faster for men compared with women. [27](#)

Reflections on relationships with others – Ageing Well Project

Many people in the project face significant challenges and have already had to adjust their assumptions and expectations regarding their personal circumstances. Nonetheless, people still talked about gains as well as losses.

One lady recently widowed after a long and happy marriage, has become close to her neighbour. This young woman is a single parent and one of her three children has special educational needs and behavioural problems. This lady has become an honorary 'Nana' to the family, and it is clear that the relationships are mutually beneficial.

Many people spoke of new bonds and community links being forged in older age. This evidences the deep human instinct to reach out and connect.

There are 1 million older people without children in the UK, and this is set to double by 2030. The main issue during government discussions is the assumption of family help being available, as well as judgements and stigma attached to those without children, particularly for older people in BME communities meaning that they may be less likely to ask for help. Furthermore there is often an assumption that older people without children will have surrogate friends and family to provide help which of course isn't always the case.

Our ageing population is also increasingly diverse. There is a need to consider what elements of the care system are common to all groups, and what areas are likely to differ. There is a misconception that all older people are heterosexual and have family to take care of them, this is not always the case. For example, many older LGBTQ+ are alone and single without any children to take care of them, and some of them have been estranged from their family, meaning they are more reliant on good health and social care services. [28](#)

The older LGBTQ+ community have different needs to their heterosexual peers, surveys show they may consume more alcohol and drugs and have higher mental health needs. The recent national LGBTQ+ survey showed that 24% of respondents had accessed mental health services in the last 12 months.

There are major gaps in the knowledge and training of staff relating to LGBTQ+ people, resulting in unfair treatment of LGBTQ+ patients and colleagues. In the Unhealthy Attitudes study [29](#) (2014), 75% of the 3,001 patient-facing staff had not received any training on the health needs of LGBTQ+ people or the rights of same-sex partners and parents.



Social isolation

The media report that loneliness and social isolation is an epidemic in our modern world and that message was highlighted by the work of the Jo Cox Commission in 2017, [30](#) which reported that more than 9 million people always or often feel lonely in the UK. The statistics gathered by the Commission are a startling reminder of why we need to raise awareness and strive to reduce social isolation. It is reported that around 200,000 older people will not have had a conversation with a friend or relative in more than a month and that for 3.6 million people aged over 65 television is their main form of company.

What do we mean?

Social isolation:

The inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment).

Loneliness:

An emotional perception that can be experienced by individuals regardless of the breadth of their social networks.

“People are falling through the net. There is a feeling that for the most isolated very little in the way of information reaches them. Even those who have family may not be encouraged to access more activities, as the family may feel what they provide is enough”

Workshop note 2019

Social isolation can have a negative impact on a person’s health and well-being. The reasons that a person might become disconnected from social groups can be due to a range of factors, these might include not having enough money to afford the expenses involved in taking part in social activities, and social and cultural factors such as perceived and actual discrimination based on ethnicity, race, nationality, health status, sexual preferences and age.

Anyone can experience social isolation and loneliness. While social isolation is more commonly thought about as a factor of later life, it can occur at all stages of the life course.

“I had been with Bill since I was 15, we had been married a long time and he died suddenly, I wasn’t prepared. Then I realised you can still have a life, you can still have a happy life because it’s up to yourself .. that’s what I did”

Margaret



All about loneliness ³¹



Over **9 million** adults are often or always lonely.

(British Red Cross and Co-op)



For **3.6 million** people aged 65 television is the main form of company.

(Age UK)



Over half of parents (52%) have had a problem with loneliness with 21% feeling lonely in the last week.

(Action for Children)



43% of 17 – 25 year olds using Action for Children services experienced problems with loneliness.

(Action for Children)



38% of people with dementia said that they had lost friends after their diagnosis.

(Alzheimer's Society)



More than **1 in 3** people aged 75 and over say that feelings of loneliness are out of their control.

(Independent Age)



50% of disabled people will be lonely on any given day.

(Sense)



58% of migrants and refugees in London described loneliness and isolation as their biggest challenge.

(The Forum)



8 out of 10 carers have felt lonely or isolated as a result of looking after a loved one.

(Carers UK)



More than **1 in 10** men say they are lonely, but would not admit it to anyone.

(Royal Voluntary Service)



How do we make changes?

We know that social relationships and strong social networks can promote health by giving people a sense of belonging and identity. In Gateshead we know that the best way to stay connected is to practise the Five Ways to Well-being.



TALK AND LISTEN
BE THERE.
FEEL CONNECTED



DO WHAT YOU CAN,
ENJOY WHAT YOU DO,
MOVE YOUR MOOD



REMEMBER
THE SIMPLE
THINGS THAT
GIVE YOU JOY



EMBRACE NEW
EXPERIENCES,
SEE OPPORTUNITIES,
SURPRISE YOURSELF



Your time,
your words,
your presence

There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world.

Our community groups understand the benefit of social contact across the life course and are working hard to reach out to people who may not be very well connected. Relationships are critical for promoting well-being and for acting as a buffer against mental ill health for people of all ages.

Cosy Crow Singers

The Cosy Crow singers is a group of more than twenty people aged 50+ from Gateshead. Every week, they meet at Gateshead Older People's Assembly to sing, chat, and generally have a lot of fun.

The group sings chart classics from the seventies onwards and does regular performances in care homes and at local events. Singing in a group is a fantastic way of improving mental and physical health and provides an excellent opportunity to make new friends and engage with something creative and meaningful.

The participants all get something different from taking part but what unites them is how they support one another and harmonise in more ways than one.



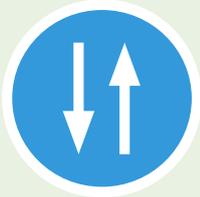
Friendship

Sometimes you meet someone, and know in five minutes that you'll get on.



Friends might have a laugh or go on a good night out together.

Friends look out for each other.



Friendship is a two-way street, friends are there when you need them - it feels good to be trusted and to be told what's on your marra's mind. You can have a good moan enjoy companionship.

You have different friends for different conversations but family aren't always friends.



Some friends love shopping therapy

Golfers play with friends - It's good to banter and best to beat them.



Good friends share time, make memories together.

Good friends don't have to talk - You can listen to each other's problems, or relax and sit in silence.





Lifelong friends, they're very special.
With good friends, you can pick up from
the place you left off after months
or even years.

So many shared memories of going
around together.



Friends might play bingo
- you win some, lose some
maybe lose a canny few!



Friends can be a pain in the backside,
everyone has a different character
so friends learn about each other, come to
an understanding - make allowances.

Friends are thoughtful,
when needed they'll feed your pet.
Some friends are furry,
like Ivan, Albert's cat.





3

A Letter to my younger self

As we age, we often find ourselves reflecting on the past and all those 'what might have been' questions. To try to explore what ageing in Gateshead means and what we can learn, we commissioned a writing project, supported by Equal Arts. The project asked local people to consider what advice they might give to their younger selves.

The key messages which were repeated over and over related to the value of finding and sustaining friendships, to remaining active, keeping in contact with others and to living in the present. It was clear that participants were saying that 'the past is over and done with' and that 'we can't change it'.

The letters and poetry produced contained some very personal messages which we can all learn from:

Dear Younger Me

Elizabeth heed your mothers advice to help people as you never know when you will need good advice as well.

Being nice costs nothing but your time and patience.

This comes to mind when I walk through Saltwell Park. It is a great leveller, and maybe you will just make someone's day.

*With love
Elizabeth*

Here I am at 50 years old and all I am really in a good place. Life has been good to me which I can't believe. I started going back in the past had a great husband who was kind and considerate. My children came along and we became a real family.

Then moving up to my life now at 78 years all children have their own families. We moved to a bungalow in sheltered accommodation, it suited my husband and I.

Bill died in 2014 life changed.

But you find a new life for myself now which I have found which has worked.

With love

Margaret

Good news its 2019 and your still
alive.

Things have changed a bit in the future.

Some advice, computers rule
everyone's lives, so take computing
courses.

Try to take more attention to family
and friends don't worry about things
too much all turns out well.

Money is everyone's god in 2019
so look after family lock doors.
Be careful don't drink too much its
unhealthy, eat well no curry.

With love George

As you get older don't start
thinking about your age and how you
should act. Live life to the full, enjoy
new challenges, spread your wings,
meet new people, value your friends.
Form opinions but listen and respect
the opinions of others.

Changes are going to be forced on
you so meet them head on and turn
them to your advantage as much as
you can.

In short don't give in to old age,
get out of the house, try new
things, make new friends. Join any or
all of the groups the council offers,
you'll have the greatest time of your
life and find out that you never
grow old.

With love
Carole

Wish I knew then what I know now.

Think for myself, not worry what others think.
I should not have got married so young.

3 children in 2 yrs 9 months, good catholic no
birth control. Went to South Africa and came
back with a fourth. May not have chosen so
quick or even married same man. Never took
tablets for 79 years, never ill, kept healthy
with herbs, took blood pressure tablets fell
twice through low blood pressure.

Now Gateshead is a good place to live.

Millenium bridge, Baltic, Sage, Shipley Art
Gallery, Saltwell Park, Library, Swimming Pool,
Little Theatre. Great bus service 53,54. Metro
to seaside, country, to towns. Cheap pass £12.

Bus pass enables meeting people on buses.

With love

Joan.

I write this letter with love and a wish your
life will develop into a happy successful future
surrounded by people who care and love you.
Friends who are loyal and supportive. I know you
will have a great deal of kindness to offer and a
willingness to learn and achieve.

Choose your partner carefully. You need to know
they appreciate you and that you are willing to
listen and work with their interests, 'give respect'
never be critical of others.

Eat well and keep as fit as possible to ensure health
throughout life. Laugh dance and travel while you
can. 'Never miss breakfast'. Widen your horizon,
go out and try new interests. I do puzzles to
maintain brain power.

Love life, praise the lord. Prepare for the future
by enjoying the present.

Love from me to you

Jân



Memories from the corners of my heart

Dear Tommy

My thoughts go back thirty years which was when Irene was taken ill. I nursed her and I cared for her and my love for her grew for twenty years until she died I found no social life. I spent every bit of my time with her and admired her on courage. I left my job to be with her.

The last years were the most unhappy time of my life but I am now happy and enjoying life. My wife's been dead for 10 years but I still talk to her occasionally.

With love
Tommy

Dear Younger Me

You've been a fool. You should have done things took chances took opportunities that offered themselves and not covered away from them. Been more responsible for your own happiness. My past is full of regrets but in life you blindly fumble on and forgive yourself. Hoping that you gain acceptance of who you are and learn. Life is about love seeking it and giving it, loving and being loved - Reading Bertrand Russell's the 'Conquest of Happiness' helped me enormously and music, art, nature and 8 out of 10 things in life are rubbish anyway so don't worry uselessly.

With love Walter

PS. Nourish the inner child!

I enjoy being old

But I don't half feel the cold

I do wear purple and a red hat that doesn't match

I enjoy looking at men's bums

But I don't touch cos I don't want to catch

I wear odd socks

I no longer wish to fit into societies box

I do what I want to do

Well what I can

I love to dance, but I can no longer do the can can

I sing when I feel like it

Well make odd noises

I dance up and down the kitchen when I feel like it and I make tea

I like being Me.

Joan

Dear younger Me

I live very near to Saltwell Park which is a great place for meeting people. Walking around the lake is a lovely social place. The park is a place you could visit on your own .. strike up a conversation with someone else. If Dad was out and about and someone said "hello, nice day" it made his day, this is what I like to do. Sometimes someone says "You are the first person I've spoken to today".

Remember this when you walk around even a smile can make their day.....

Any yours

With love
Elizabeth



'You need to be yourself - I was trying to be what others wanted me to be.' (Joan)

'Don't be afraid of not fitting in - difference is not weakness. Forgive as much as you can. Take care of your joints - keep moving. Speak your mind, ask for help if you really need it. Give help willingly if you can.' (Tony)

'Don't be afraid to enjoy life. Do what you want so long as it doesn't hurt anyone. Don't be in a hurry to fall in love but if it happens cherish the moments.' (Carole)

'I would tell myself to smile more, listen more, worry less, to rely more on myself not others. To not only recognise opportunities but to act on them.' (Walter)

'I've enjoyed every minute of my life. Even when I didn't know where the next penny was coming from. I had a good man, he fitted like an old shoe. I still talk to him, I do. I talk to his photograph.' (Molly)

'Remember, things change when you're older. Time goes faster, you must know how to change as well.' (Susan)

'Live Life and enjoy every minute - You only get one chance.' (Elizabeth)

'You need friends around you to be honest and make memories together, to tell your secrets to.'
(William Morris Lounge group members)



A reflection by Ceinwen - artist in residence

It has been a privilege to work as resident artist in the 'Ageing Well in Gateshead' project. My brief was to run writing workshops with groups of elders who live independently in Gateshead and to discover what advice they might give to their younger selves regarding how to live well as they advanced in years. All the groups that I worked with pre-existed e.g. people were residents of the same sheltered housing scheme or they were members of groups that met to engage in cultural or leisure activities.

Our workshops were characterised by the participants' open attitudes, trust, friendship and humour (sometimes refreshingly wicked). It was also evident that, at times, people were sharing aspects of themselves, and their lives, that had previously remained under wraps. People were prepared to take risks in front of each other, revealing feelings, memories and insecurities and this was met with kindness and understanding. Levels of mutual support were high, and people had a strong commitment to the well-being of their peers.

It was no surprise that, in line with recent research outcomes, people consciously and repeatedly recognised that access to:

- **friendships (including intergenerational ones)**
- **meaningful activities (especially creative ones)**
- **support networks**
- **ongoing contact with family members**
- **social engagement**
- **independence**
- **having a role in kinship groups and the wider community**

was at least as important to their health and well-being as good exercise regimes, diet and physical healthcare.

I witnessed, again and again, the strength of people's acceptance of their life circumstances, rather than rumblings of grudging resignation. Our participants were people who continue to embrace life and I am humbled by their trust in me as the facilitator, and by their commitment to the process. I witnessed many extraordinary moments, moments of recognition, connection and joy. These were often accompanied by gales of laughter, occasionally by tears.

What started as a journey to discover acquired wisdom about health issues often developed into a celebration of lives lived, resilience and love. In one session, a woman in her late eighties stated,

"Would I do it all again – no I wouldn't – I'm happy now. I've had a good life."

Thank you to Equal Arts for supporting the Ageing Well project.





4

Our bodies change – it is to be expected

Our genetic make-up and lifestyle plays a huge role in how we age, minor aches and pains inevitably come with the passing of time. It is important to learn what to expect from normal ageing as understanding these changes can help reduce stress and anxiety about these normal body changes.

The way that we look will change, our skin becomes thinner and becomes more prone to bruising, our hair will be more brittle and go grey, our bones lose density and are more prone to fractures. We may lose balance and mobility, we may become forgetful and our teeth will weaken, our eyesight and hearing will change. Our sense of smell and taste may change and our immune systems become weaker, increasing our risk of infection.

This does not mean that there is nothing that we can do to reduce our risk of ill health as we age. By staying active, eating well and being linked to friends and family we are looking after our well-being.

Taboo subjects: a midlife crisis?

We all suffer from life stresses which are typically brought on by work or relationship issues, divorce, money problems or worrying about family, children or ageing parents. Sometimes we describe a “midlife crisis” when we think we have reached life’s halfway stage.

Anxieties over what we have accomplished so far, either in our work or personal life, can lead to anxiety or depression and make us question our role and future. For many the menopause and natural physical signs of ageing trigger such feelings.

Menopause for a woman is when her period stops permanently, it is a normal part of a woman’s life. It is sometimes called “the change of life.” The human body transitions to menopause over several years and can result in a range of symptoms and irregular periods. The average age for menopause in the UK is 51.³²

Unlike menopause in women, when hormone production stops completely, testosterone decline in men is a slower process. The testes, unlike the ovaries, do not run out of the substance it needs to make testosterone. A healthy man may be able to make sperm well into his 80s or later.

For both men and women, their late 40s and early 50s, is a time when it is not uncommon to have issues with mood swings and irritability, to have problems with sleep and lack of energy, to see bodily changes such as loss of muscle mass and a reduced ability to exercise, a reduced sex drive and problems with memory and concentration. It is important that we talk about these very normal changes and remember we can all age well.

There are 3.5 million women aged over 50 in the workplace in the UK. Studies have shown menopause symptoms can have a significant impact on attendance and performance in the workplace and there is evidence to suggest that gendered ageism within organisational culture is an issue.

There is a growing awareness about the impact of menopause and nationally an emphasis on working with employers, unions and managers to increase their awareness and understanding so that they can support women at work in a helpful way and make appropriate adjustments in the workplace if required. [33](#)

Are you over 40? it's time to move and stretch more

The World Health Organization (WHO) [34](#) recommends at least 150 to 300 minutes of moderate exercise a week for adults up to age 64. That works out to about 30 minutes a day, five to seven days a week. It's also recommended that adults do muscle-strengthening exercises, focusing on all areas of the body, at least two days a week. And in midlife, it's important to incorporate stretching both before and after physical activity, to better prepare the body for a strong workout.

Falls prevention

Many people believe that falls are just a part of getting older, but this is not necessarily the case. Experts believe that most falls could be prevented with some modest changes to our lifestyle and home. Medically speaking, falls are often a warning sign that something isn't quite right – but it's often something treatable.

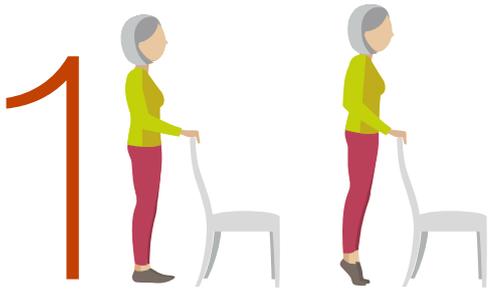
There were 250 hospital admissions for hip fractures in Gateshead in 2017/18. [35](#)

The short and long-term outlooks for patients are generally poor following a hip fracture. Only 46% of those with a hip fracture return to their usual residence or previous level of independence. Falls worsen long-term outcomes and are a major cause of people moving from their own home to long-term residential or nursing care. Falls can lead to social isolation and an increased reliance on social care services. In short, falls are costly. Not only to the person, but also to the wider health and social care system. [36](#)

Taking steps to make a home environment free of things to trip over, having a regular eye check, medication reviews, safe footwear, better lighting and reducing alcohol consumption can all help, but the key factor is to do regular exercise to maintain balance and stay steady.

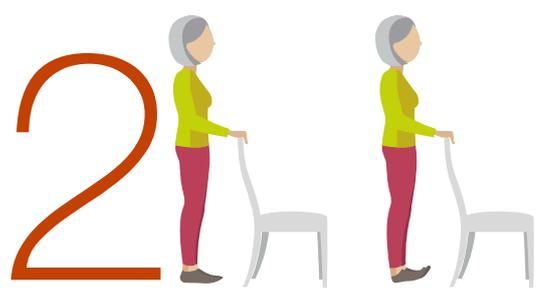
Certain exercises go a long way to help strengthen muscles, which can help prevent falls, and therefore, breaking a bone. They also help maintain better posture, strength, flexibility and movement. These moves should be done along with strength training, which uses weights to help build muscles, along with aerobic exercise.

6 exercises for strength and balance ³⁷



Heel Raises

Stand tall, holding the back of a sturdy kitchen-type chair or kitchen sink, then lift your heels off the floor, taking your weight onto your big toes. Hold for three seconds, then lower with control. Repeat 10 times.



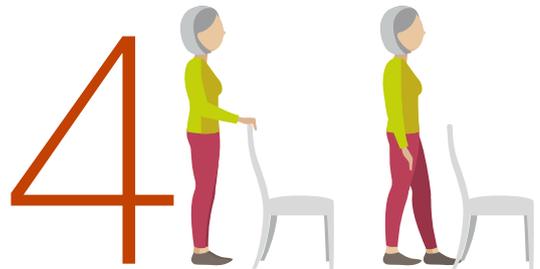
Toe Raises

Stand tall holding the same support, then raise your toes – taking your weight on your heels. Don't stick your bottom out. Hold for three seconds, then lower with control. Repeat 10 times.



Sit to Stand

Sit tall near the front of a chair with your feet slightly back. Lean forwards slightly and stand up (with hands on the chair if needed). Step back until your legs touch the chair then slowly lower yourself back into the chair. Repeat 10 times.



Heel-Toe Stand

Stand tall, with one hand on your support. Put one foot directly in front of the other to make a straight line. Look ahead, take your hand off the support and balance for 10 seconds. Take the front foot back to hip width apart. Then place the other foot in front and balance for 10 seconds.



Heel-Toe Stand

Stand tall, with one hand on a support like a kitchen cabinet. Look ahead and walk 10 steps forwards, placing one foot directly in front of the other so that the feet form a straight line. Aim for a steady walking action. Take the feet back to hip width apart, turn around and repeat the steps in the other direction.



One-Leg Stand

Stand close to your support and hold it with one hand. Balance on one leg, keeping the support knee soft and your posture upright. Hold the position for 10 seconds. Repeat on the other leg.



Frailty

'Frailty, like a fall, is not an inevitable part of ageing' it is an age-related condition which describes how our bodies gradually lose their in-built reserves, leaving us vulnerable to dramatic, sudden changes in health triggered by seemingly small events such as a minor infection or a change in medication or environment. There are many variables which can influence a person's potential of becoming frail.

For most of us, there is lots that we can do to reduce the potential of becoming frail and even reverse certain frailty traits. Following this advice is an investment of effort and time, an investment in our future. The return on this investment is confidence, mobility and, hopefully, independence and freedom in later life. ³⁸

If 10% of the mildly frail had remained fit, the savings would be more than £15million. (frailty iCARE) ³⁹

1. Stay physically active

From around the age of 40, unless we continue to build our muscular strength, the body gradually becomes weaker and weaker. It is a natural process but we do know that athletes that have continued to train hard as they age show very little sign of decline, which may suggest that it is only a 'natural' part of ageing for people who are more sedentary. The phrase "**Move it or lose it**" really is true.

Women, who typically have thinner bones than men, are more likely to have to deal with osteoporosis, which is weakened bone or bone loss, and is more likely as oestrogen levels drop at menopause. For this reason weight bearing exercise is very important and we should all do some low and high impact exercise for bone strength. ⁴⁰

2. Eat well

Sense of taste and smell can alter with age, and this can affect appetite and enjoyment of food. As we age we tend to eat less and our body's ability to absorb some nutrients also becomes less efficient. It is important for everyone to eat a varied diet to ensure an adequate supply of all the essential vitamins and minerals and enough food to cover our energy requirements. This is often neglected by those living alone or on a tight budget. ⁴¹

It is never too late to start eating healthily and a healthy diet doesn't have to be boring or expensive.

3. Keep your mind active

There has been a lot of discussion about how you can keep your mind busy and claims made about keeping the memory sharp and holding off degenerative diseases such as dementia. The evidence to support this is inconclusive, but we do know that continued learning through life enhances self-esteem and encourages social interaction and a more active life.

Anecdotal evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift people out of depression. The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of well-being.

4. Connect with others

There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world. It's clear that social relationships are critical for promoting well-being and for acting as a buffer against mental ill health for people of all ages. Staying connected to your community, family and interests is an important factor in staying well.



Focus on heart health

As you get older, your risk of having heart disease increases. While men are more likely to have a heart attack than women, it's important to stay as heart-healthy as possible. One way to do that is to stay active and take part in the recommended amount of aerobic exercise each week.

Nearly 7 million people are living with Cardiovascular Disease (CVD) in England, and it contributes to over a quarter of deaths each year. People from our most deprived populations are nearly 4 times more likely to die prematurely from CVD, compared to those from the most affluent populations. [42](#)

Of the 482 deaths recorded in 2015/17 due to CVD in Gateshead (in people younger than 75 years of age) 310 were considered preventable. (Gateshead JSNA)

Health and social care costs in England relating to CVD are estimated at £7.4 billion each year, with wider costs to the economy estimated at £15.8 billion annually.



The NHS Health Check programme aims to:

- improve life expectancy for local people
- reduce the life expectancy gap due to vascular disease between Gateshead and the rest of England through the provision of NHS Health Checks (risk identification, assessment and management) for 40-74 year olds, not previously diagnosed with vascular disease
- promote and improve the early identification and management of the individual behavioural and physiological risk factors for vascular disease and the other conditions associated with these risk factors
- support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions

Cardiovascular Disease prevention, early detection and management

The Department of Health estimate that the NHS Health Check programme [43](#) could prevent 1,600 heart attacks and strokes, at least 650 premature deaths, and identify over 4,000 new cases of diabetes each year. At least 20,000 cases of diabetes or kidney disease could be detected earlier, allowing individuals to be better managed to improve their quality of life. The evidence also shows that the programme isn't just reaching the worried well, there is equitable access among groups with the greatest CVD risk.

Since 2013, the programme has also aimed to reduce levels of alcohol related harm, and to raise awareness of the signs of dementia and signpost people for help. Everyone attending a NHS Health Check has their alcohol consumption risk assessed. From 2018 dementia risk reduction messaging has been included in the NHS Health Check.

In Gateshead, in the 5 years between April 2014/15 and March 2018/19 just over half of people invited for a NHS Health Check actually had one (52%). In the last year 3123 NHS Health Checks were completed, and of those 24% did not know that they had an increased risk of developing cardiovascular disease in the next 10 years. (Gateshead JSNA)

Our community pharmacies

Up to 90,000 people in the North East of England are unaware they are living with high blood pressure, according to new estimates from the British Heart Foundation (BHF). [44](#)

If untreated, high blood pressure can significantly raise the risk of heart attack and stroke. It's also associated with an increased risk of vascular dementia.

High blood pressure is often referred to as a silent killer as it does not usually have any symptoms. This means that many people are unaware they are living with one of the risk factors most commonly associated with heart attacks and strokes.

For every ten people who are diagnosed with high blood pressure, a further seven people remain undiagnosed and untreated. High blood pressure is the third biggest risk factor for premature death and disability in England after smoking and diet.



However, if detected the condition can be easily treated by a combination of simple lifestyle changes and medication, depending on the individual.

A new two-year project 'Let's Tackle High Blood Pressure' [45](#) was launched (May 2019) in a number of community pharmacies in Gateshead and Newcastle to help tackle undiagnosed high blood pressure by providing free blood pressure tests, healthy living advice, and home blood pressure testing to the communities that need it most.

Focus on diabetes

More people than ever have diabetes. More people than ever are at risk of Type 2 diabetes. If nothing changes, more than five million people will have diabetes in the UK by 2025. [46](#)

The good news is that three in five cases of Type 2 diabetes can be prevented or delayed. We are supporting people to find out about their risk and take action to reduce it. We are working together with NHS England and Public Health England to provide Healthier You: NHS Diabetes Prevention Programme (NDPP), the first national programme to help those who are at high risk of Type 2 diabetes. The programme gives participants personalised support to help them achieve a healthy weight, improve their diet and become more physically active, all together which have been shown to reduce the risk of developing the condition. Since it started, more than 300,000 people have been a part of the service.

From January 2019, all Gateshead patients who are thought to be at risk of developing diabetes by their GP will be able to access a local course, with support, for at least 9 months. There are several community venues across Gateshead running courses every week and Newcastle Gateshead currently have the highest referral rates in the region.

There have been 1924 referrals to the NDPP to date (August 2019), and in July 2019 there were 271 referrals, and 114 started on the programme. [47](#)

Diabetics can do anything

Brian Watson

I was diagnosed in 1957 and I have lived with Type 1 diabetes for 62 years. I have endured discrimination during my life with this condition, but I have overcome it with determination, help from my parents, healthcare professionals and Diabetes UK.

When I was at school nobody knew what diabetes was, I was picked on, bullied because I was different. My mum talked to the headteacher and things got better. I felt like I had won the lottery when I was finally allowed to go on a school trip, when the teachers finally understood that I was not going to be 'too high risk'.

When I started looking for work, employers did not reply to my letters, I was knocked back all the time. I had to tell people I was a diabetic, but employers thought I was a risk. I finally got a job with Common Brothers on a 6 month trial after that I worked for 40 years; diabetes has not stopped me doing anything.

There is a lot of discrimination against the disabled, against those with long term conditions, it is ignorance really, we have a long way to go. I do a lot of voluntary work with Diabetes UK, talking to people with Type 2 diabetes and their carers. People need the opportunity to talk to others about their experiences with other like-minded people, to get their questions answered and share information.

I worry about the future for younger people, they are too sedentary, they eat the wrong foods, everything is fast food and pizza. People really do not understand how much damage they are doing to themselves. There are things that can be done to reverse Type 2 diabetes, through diet and understanding, people need better education on nutrition and managing long term conditions like this.

I am one of the longest living Type1 diabetics in Gateshead. When I was diagnosed, they told my Mum I would live until I was 25, I have proved them wrong and I am enjoying my life. I can travel the world, socialise, meet people and follow the football. Diabetics really can do anything.



Focus on dementia

Dementia is a term used to describe various different brain disorders, that have in common a loss of brain function that is usually progressive and eventually severe. Symptoms of dementia can include loss of memory, confusion and problems with speech and problem solving.

It is estimated that there are 850,000 people with dementia in the UK and that this could increase to over 1 million by 2025. It is estimated that 21 million people in England have a close friend or family member living with dementia. [48](#)

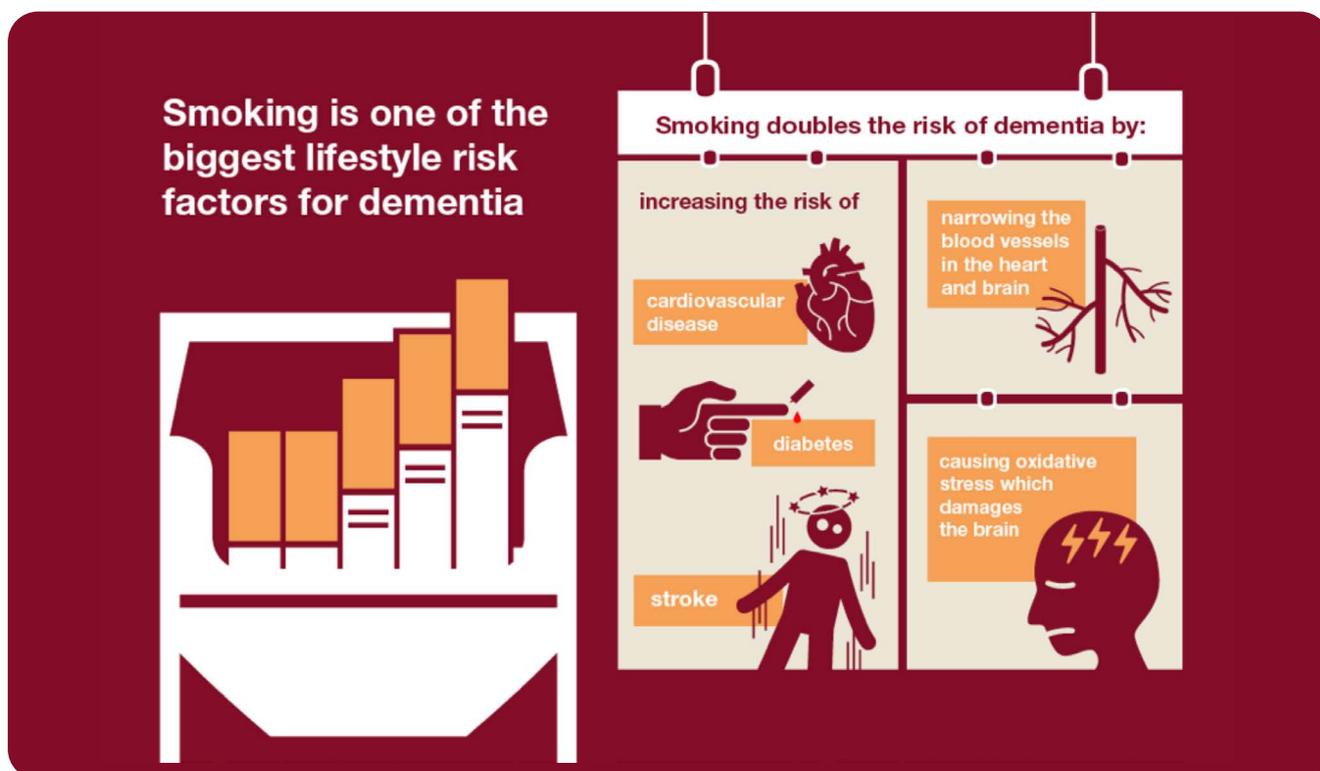
The number of people 65 years of age or older currently with dementia in Gateshead is estimated to be 2,654. (Gateshead JSNA)

According to an Alzheimer's Society survey, dementia is the most feared health condition for people aged over 55, more feared than the threat of cancer, heart disease or HIV / AIDS. In the UK, 62% of people with dementia are female and 38% are male. This is likely to be a consequence of the fact that women live longer than men and age is the biggest known risk factor for the condition. [49](#)

There are a number of lifestyle factors that can increase dementia risk and it is now believed that 'what's good for the heart is also good for the brain'.

The guidelines recommend reducing the risk of or delaying the onset of disability, dementia and frailty by helping people to:

- stop smoking • be more active • reduce their alcohol consumption
- improve their diet • lose weight if necessary and maintain a healthy weight



Source: PHE

In Gateshead we are working hard to support people to be more aware of how they can reduce the risks of ill health in later life and encouraging everyone to remain active and healthy throughout their lives.

Citizens Advice Gateshead – dementia advice work

The complexity of the care and benefits systems does not make it easy for those living with dementia or their carers to get the right support at the right time. Citizens Advice Gateshead has an advice worker dedicated to supporting people with dementia and their families. Building on the success of this service they went on to fundraise to create a dementia café.

Citizens Advice Gateshead provides advocacy, information and support to help people apply for benefits and they often find that people are unaware of the help that they can receive.

A recent case highlights the issues that people face.

Alice is an 81 year old lady who lives in her own accommodation. Her monthly household income totalled £364, made up from her State Retirement Pension and an occupational pension. Her husband moved permanently into a residential care home when he was diagnosed with Alzheimer's disease and multiple health conditions requiring constant care and supervision. This left Alice in a difficult position financially.

Alice attended an appointment at Citizens Advice Gateshead and the adviser helped her to complete a benefit check and write to her creditors to stop further communications, she was unable to pay as the removal of her husband's income (which now goes towards his care home fees) left her with a very small income to live off. It was identified that the client was eligible for a council tax reduction and pension credit.

It was identified that a lasting power of attorney needed to be discussed with family and friends with regards to her husband, as the care home were concerned that he was going to lose capacity. They jointly own property and had joint bank accounts, which could impact the client as the bank account may be frozen if he lost capacity and she would be unable to sell the house without his permission if she needed to downsize.

Outcomes

- The adviser identified that Alice may be eligible for Pension Credits. The outcome of this was a successful award of £45.75 per week backdated to when her husband moved into the care home.
- The adviser identified that Alice may be eligible for council tax reduction. The outcome of this was a successful award of £18.88 per week.
- The adviser wrote to the creditor and agreed that as a result of the unique circumstances they would write off the debt of £5,000.
- The adviser identified that the Alice and her husband may benefit from Lasting Power of Attorney and successfully applied with the help of a local solicitor.

This case is not unusual and it highlights that there are many people with financial and legal concerns, due to health issues, who need support in Gateshead.

(The clients name has been changed to protect her identity)



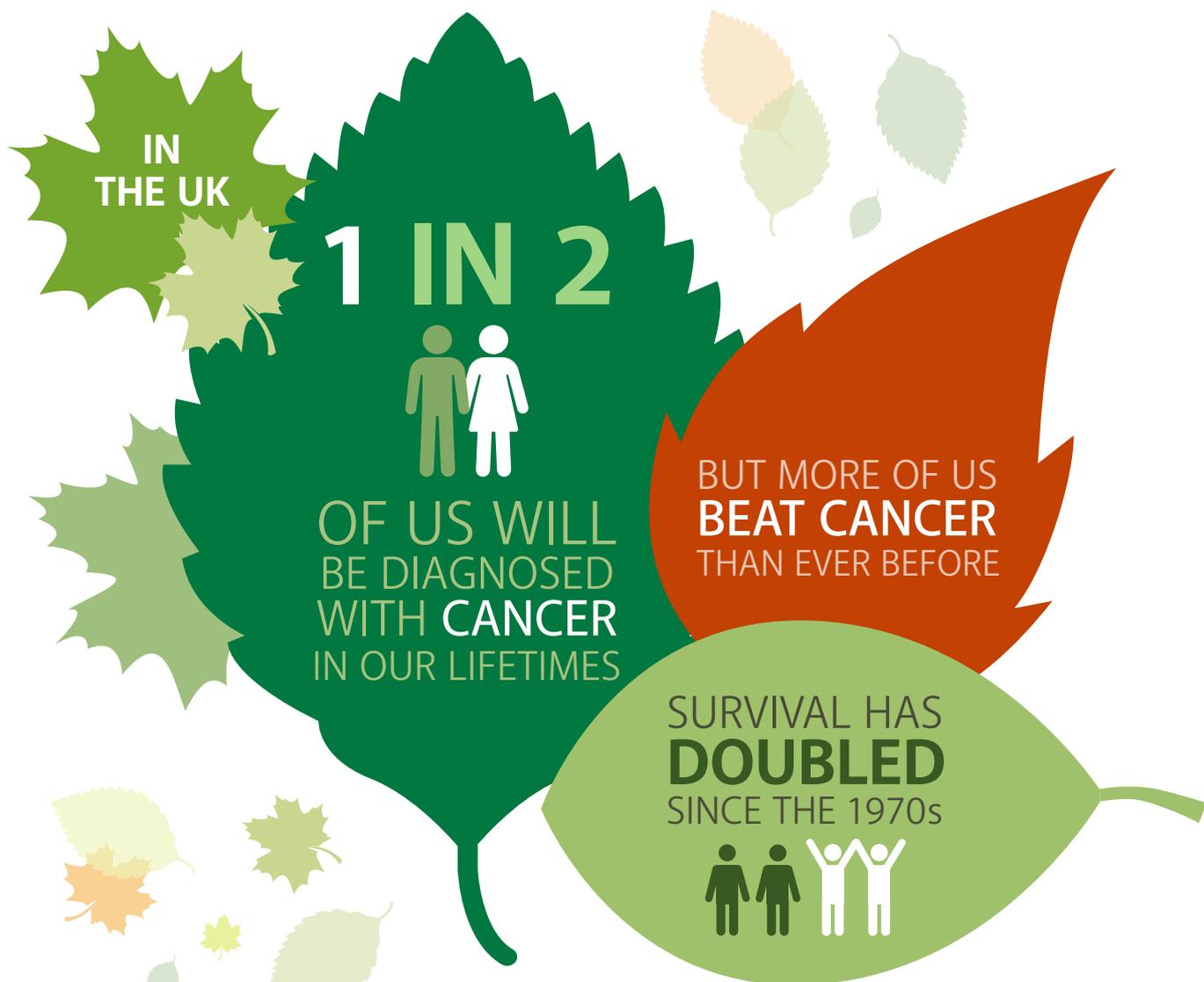
Focus on cancer

In the UK it is estimated that 1 in 3 people will develop some form of cancer in their lifetime. As our population lives longer, this figure is expected to increase further. It is a major contributor to the gap in life expectancy between Gateshead and England.

Public Health England and Macmillan predict that the number of people living with and beyond cancer will increase dramatically in the coming years. It is estimated that the number of people in the North East and Cumbria who will go on to live for twenty years or more following a cancer diagnosis will grow from 91,000 to over 178,000 by 2030. This change will come about as a result of an ageing population in which cancer is becoming increasingly prevalent and improvements in treatment and diagnosis will increase the proportion of people who go on to survive their cancer.

Analysis shows that 31% of the male life expectancy gap between Gateshead and England is due to excess deaths from cancers and of those, 17.9% are due specifically to lung cancer. For females, 29% of the gap is attributed to cancers with 19.8% specifically to lung cancer. (Gateshead JSNA)

Cancer is heavily influenced by lifestyle, with research suggesting up to half of all cancers could be prevented by changes to lifestyle behaviors such as: smoking, physical activity, and alcohol consumption.



FACT (Fighting All Cancers Together)

For most people a cancer diagnosis can be a huge shock and many patients find additional support outside of a clinical setting very helpful. We offer a range of non-clinical services for people diagnosed with cancer, as well as their families, friends and carers.

The people we work with do not need to be referred and we do not have waiting lists; help is there when needed, be it in a peer group or 1-1, in a group with family and friends or sessions that build friendships and new relationships.

FACT offer many things, ranging from emotional and physical support to exercise classes, yoga, pilates, walking groups, high-intensity interval training (HIIT) and over 50's sessions, to name but a few. Our social groups include coffee mornings, men's groups and other ladies and family groups which are all delivered in relaxed, homely and welcoming environments. For those seeking emotional support we offer counselling and well-being therapies.

Many people come to us after their treatment is complete. Once someone is discharged from hospital and the treadmill of clinical appointments has reduced, they can find themselves lost and isolated. Often people are told that their medical journey has come to an end and this is where FACT steps in, to plug the gap in provision.

Our outreach hubs benefit our beneficiaries in remote and rural areas helping those who cannot always travel far from home to access the services and support, that they desperately need the support to help them recover mentally and physically.

FACT supports all affected by cancer if that be directly or indirectly and that support is available to them when they need it, there is no time limit on that. Sometimes we are there just for a chat, but we are there. Our beneficiaries tell us that what we offer they couldn't find anywhere else, and the help they have receive is priceless. They refer to us as their FACT family and we do them.

www.fact-cancersupport.co.uk/

Recommendations

Put people and families at the heart of everything we do

Through early intervention and prevention approaches, we must seek to educate and support our community with healthy ageing. We must deliver a coherent well-being offer (based on the five ways to well-being), using existing resources across statutory and non-statutory partners, to address social isolation and strength and balance.

The Gateshead system must commit to ensuring that activities are available for all, and where possible ensure that they are geographically based and inclusive regardless of age. To support this work partners must invest in targeted early intervention and prevention activity to keep our population active, motivated and engaged.

The role of unpaid carers must be highlighted and all organisations must ensure that services exist to offer carers support and respite when they need it and recognise the valuable role that they play in our community.

Recommendation 1:

Develop a coherent and organised well-being offer across Gateshead based on the principle of Making Every Contact Count and the five ways to well-being.

Tackle inequality so people have a fair chance

The Gateshead system must recognise that a combination of factors increases the risk of poverty, inequality and social exclusion as people age. We must ensure that everyone has access to the resources they need to live well. This will mean providing different levels of support in a proportionate way based on needs.

In later life, being able to get out and about is vital to access local amenities and stay a part of the local community. Access to local services and good value public transport networks are critical, too often we hear about difficulties such as cost pressures or service reductions impacting local people.

We need targeted action to reduce poverty and seek to ensure that every person can stay warm, eat well and fully participate in a social life of their choosing. This will help to reduce the need for expensive crisis services that are required when someone becomes unwell and potentially contribute to a reduction in premature death.

We must improve the quality and condition of our housing stock so that all persons are able to feel safe and secure in their homes and be able to make choices about how and where they wish to live across their life.

We have recognised the need to consider changing housing needs in our housing strategy, but we need to go further and ensure that our housing adaptations services are able to work proactively and with a falls prevention focus.

Recommendation 2:

Review and strengthen the focus on opportunities that support people to age well in all relevant policy areas identified in the Health and Wellbeing strategy e.g. transport, housing and poverty.

Recommendation 3:

Ensure everyone has the resources they need to live and age well. This includes an early focus on implementation of the recommendations contained in the Strategic Review of Advice, Information, Guidance and Advocacy.⁵⁰

Recommendation 4:

Target the wellbeing offer, proportionately based on our Local Index of Need (LIoN), to strengthen health literacy in our most disadvantaged communities.



Support our communities to support themselves and each other

Everyone has a role to play in ageing well, we must ensure that future generations are well equipped for later life so that everyone can enjoy good physical, mental and emotional health and well-being, with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.

The Gateshead System must commit to make Gateshead a place where full participation is within the reach of all people, regardless of age. This means that every voice is heard, everyone can access services and engage with civil society, with their contribution being recognised and valued.

Our whole community must be involved in the co-production of future policy from an early stage, and we must work to identify and understand the barriers which people may face in healthy ageing and social inclusion.

We acknowledge that access to information is critical for all members of our community and that for some people digital access is not the norm.

Recommendation 5:

Improve the engagement offer for people facing additional challenges as they age by returning to community focused delivery that's adaptable to local needs and uses trusted venues and people.

Recommendation 6:

Review the volunteering experience for older people to ensure everyone has access to a good quality experience.

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

We must focus on making workplaces and working practices more flexible and adaptable to the changing needs of older workers in all their diversity; and ensure access to digital skills development, career advice and support throughout people's lives.

Recommendation 7:

Ensure people can work for as long as they wish through action to tackle age related bias and discrimination in the workplace.

Recommendation 8:

Identify opportunities to recognise, value and maximise the different contributions people make through unpaid care and volunteering as they age.

Recommendation 9:

Promote health and well-being in the workplace, both within our own workforce and with local business partners, through the Better Health at Work Award.

Work together and fight for a better future for Gateshead

An age-friendly Gateshead will enable people of all ages to actively participate in community activities and will treat everyone with respect, regardless of their age. We must make it easy for older people to stay connected to the people that are important to them.

Recommendation 10:

Ensure all residents, as they age, can participate actively in society, their contribution valued and influential.



Update on Obesity report 2018.

Whole systems approach

As the report recognised, our work on obesity is challenging and as such requires a long term approach. In the last year we have developed a strategic alliance and operational workshops to support and steer priorities for our work to address obesity. We are taking a whole system approach, focussing on collaboration so that everyone understands and is committed to ensuring 'Health in All Policies'.

Gateshead is one of the first areas regionally to express an intention to sign up to the Healthy Weight Declaration, in partnership with Food Active. The declaration is focused on population level interventions which take steps to address the social, environmental, economic and legislative factors that affect people's ability to modify their behaviour.

In 2018/19 the Gateshead Families Overview and Scrutiny Committee (OSC) reviewed obesity across the life course which led to long-term commitment from key stakeholders. It is now widely acknowledged that cultural change, as part of the whole systems approach, is required.



Poverty

We recognised that poverty has a profound impact on people's lives and the choices they can make. To inform our approach we are working in collaboration with Newcastle University and an embedded researcher, who is focussing specifically on the issues associated with austerity and nutrition. In particular we are exploring the social determinants of food insecurity and its nutritional impact on women and their young children. The work is at an early stage but will help us to understand the specific impact of austerity on nutrition in our more disadvantaged communities.

Population

Our initial focus has been on population-based approaches. We have been looking at the evidence for restrictions on advertising and promotion of high salt, sugar and fat food and drink on the local transport system. This builds on the work currently being implemented on the London transport system and we hope this will be supported by legislative change in the future.

Engagement

A number of community organisations contacted us following the publication of the Obesity Report, they wanted to know more about the healthy weight agenda and how they could work with us. In response to this we have linked with community organisations and further consultation events are planned to understand community priorities.

Early consultation work has started with the young people in Gateshead. The work is focused on the lived experiences of young people and the impact of the food environment on the food choices linked to health inequalities. The findings will help to influence some of the place shaping work happening in Gateshead.



Activity

Gateshead is supporting the regional daily mile programme, which contributes greatly to achieving the required 30 minutes of school-time activity recommended by the Chief Medical Officer. Approximately 30% of Gateshead schools are now engaged with the programme and this has been closely aligned in a partnership approach with the work of the Gateshead School Sport Partnership.

Our work on obesity has now begun in earnest, we do not underestimate the challenge and we have been overwhelmed by the positive response from our community.



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Appendix 2 - Acknowledgements

Thank you to the following people for their contribution to this report.

Organisations contributing to the Ageing Well workshop 16th June 2019

Gateshead Big Local, Diabetes UK, Bensham Social Group (St Chads), Gateshead Older Peoples Assembly, The Alzheimer's Society, Equal Arts, Tyneside Women's Health, AGE UK Gateshead, FACT, Sight Services, Baltic, Tyne & Wear Fire and Rescue Service, Citizens Advice Gateshead.

Those who supported the 'A Letter to my younger self' project including

Equal Arts and facilitator Ceinwen E Cariad Haydon and staff, group members and residents at:

Angel Court shelter accommodation, McErlane Square Sheltered Accommodation, Mulgrave Villas Sheltered Accommodation, Wood Green Sheltered Accommodation, William Morris Lounge (Chopwell & Rowlands Gill Live at Home Scheme) and The Creative Carers and Creative Friends groups at the Shipley Art Gallery.

Gateshead Council

In particular:

Natalie Goodman, Programme Lead, Public Health, Gateshead Council

Angela Hannant, Programme Lead, Public Health, Gateshead Council

Emma Gibson, Programme Lead, Public Health, Gateshead Council

Phil Snow, Graphic Designer, Gateshead Council

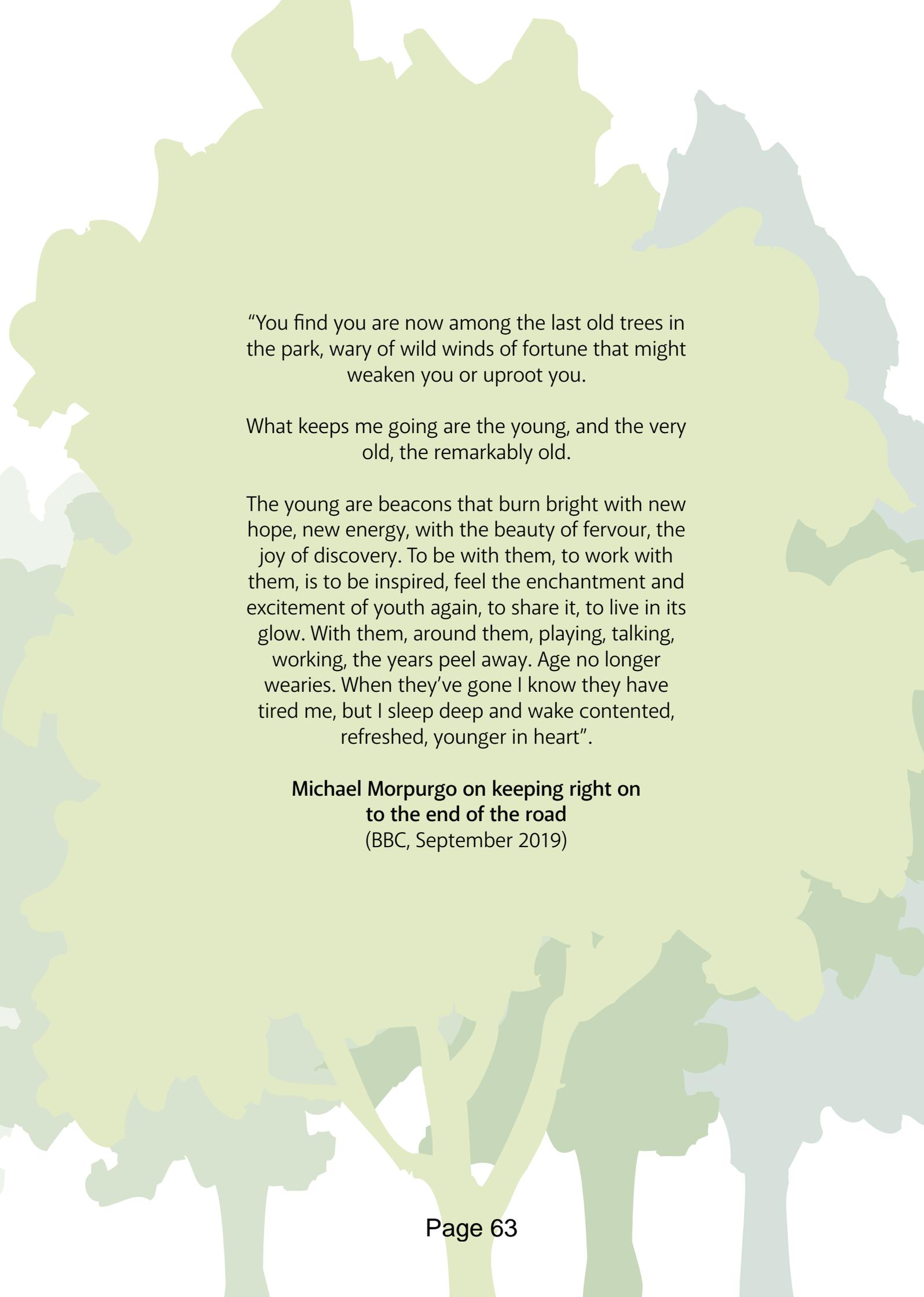
Iain Lynn, Corporate Officer, Gateshead Council

Alice Wiseman

Gateshead Director of Public Health

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www.gateshead.gov.uk/health

The background of the page features a stylized illustration of trees in shades of light green and pale yellow. The trees are depicted with soft, rounded canopies and simple trunks, creating a serene and naturalistic atmosphere.

“You find you are now among the last old trees in the park, wary of wild winds of fortune that might weaken you or uproot you.

What keeps me going are the young, and the very old, the remarkably old.

The young are beacons that burn bright with new hope, new energy, with the beauty of fervour, the joy of discovery. To be with them, to work with them, is to be inspired, feel the enchantment and excitement of youth again, to share it, to live in its glow. With them, around them, playing, talking, working, the years peel away. Age no longer wearies. When they’ve gone I know they have tired me, but I sleep deep and wake contented, refreshed, younger in heart”.

**Michael Morpurgo on keeping right on
to the end of the road**
(BBC, September 2019)



A letter to my younger self



A letter to my younger self

As we age, we often find ourselves reflecting on the past and all those 'what might have been' questions.

To try to explore what ageing in Gateshead means and what we can learn, we commissioned a writing project, supported by Equal Arts. The project asked local people to consider what advice they might give to their younger selves.

The key messages which were repeated over and over related to the value of finding and sustaining friendships, to remaining active, keeping in contact with others and to living in the present. It was clear that participants were saying that 'the past is over and done with' and that 'we can't change it'.

A reflection by Ceinwen - artist in residence

It has been a privilege to work as resident artist in the 'Ageing Well in Gateshead' project. My brief was to run writing workshops with groups of elders who live independently in Gateshead and to discover what advice they might give to their younger selves regarding how to live well as they advanced in years.

Our workshops were characterised by the participants' open attitudes, trust, friendship and humour (sometimes refreshingly wicked). It was also evident that, at times, people were sharing aspects of themselves, and their lives, that had previously remained under wraps. People were prepared to take risks in front of each other, revealing feelings, memories and insecurities and this was met with kindness and understanding.

I witnessed, again and again, the strength of people's acceptance of their life circumstances, rather than rumblings of grudging resignation. Our participants were people who continue to embrace life and I am humbled by their trust in me as the facilitator, and by their commitment to the process. I witnessed many extraordinary moments, moments of recognition, connection and joy. These were often accompanied by gales of laughter, occasionally by tears.

What started as a journey to discover acquired wisdom about health issues often developed into a celebration of lives lived, resilience and love. In one session, a woman in her late eighties stated,

"Would I do it all again - no I wouldn't - I'm happy now. I've had a good life."



Friendship

You can trust your friends,
tell them things in confidence
know it won't go any further.
Friends are there to lend a hand
when needed. We need friends.
Friends make a big difference

By Maureen, Susan, Dawn, Brenda
and Bev (helped by Winnie)

Company

Company is important
if you get alone you need family
and friends
yes, time with other people -
you get lonely on your own
coming here is lovely
joining in
McErlane Square
knits our community together

Poems by Irene, Joan, Brenda, Eve,
Mary, Margaret, Betty, Rita, Laes



I love
to learn new things, to fill my time and not be bored and I get to spend time
with other people

I love
retirement but I still need to get up and go
life without work can be boring and lonely
I love pets, they're company - a different kind of company
I love to watch Olympic sport, tennis, athletics and football too
I love exercise - we do our own chair exercises and keep fit
I encourage the others it can be hard work mind

I love
music - we've got wide tastes here,
we also like the theatre, but it's so expensive
I love to read - I could sit and read all day, but I don't always get the chance
I love weekdays - weekends can be long, there's loads on in the week
I love peace and I need time to relax time to switch off.
I love to talk - to get it all out
I try not to worry about small things, when I chat I feel so much better
I love my community - everyone joins in, people are friendly
and we talk out our problems

I love
to be handy and always make things, I'm creative
I go to groups, I'm out more than the gas
I love to be positive - I don't think anyone should regret getting older
so many didn't get the chance, health is more important than money
and the NHS is very, very important
I love to have some control over my life - and not be told what to do
or be dominated by my partner, it's important to learn to say no
I love to share - time/chat/experiences, even clothes
I love to laugh - have fun and enjoy life, my last thirty-five years has been my
best time

Poems by Irene, Joan, Brenda, Eve, Mary, Margaret, Betty, Rita, Laes



friends are very important

you need friends round you
to be honest and make memories together
to tell your secrets to
it's good to talk about old times
with old friends you quickly pick up
even after long absences

chat to your friends and be positive
new friends give you different perspectives
pick your friends carefully
you need close friends
and nice acquaintances too

friends help each other out
you feel sad when your friends aren't well
you get close to people you laugh with
it's great to share a good laugh
be young at heart
socialising is good for you
friendship shows you the bright side of life

By Molly, Sheila A, Sheila B, Terry, Anna, Margaret, Collin

Rock My Rocking Chair

Walk in the park, breathe fresh air,
say nice day to people you meet.
Remember we all need others.
That rocks my rocking chair.

Be with my lovely girl and sing,
Let me call you sweetheart,
and I am with her again.
That rocks my rocking chair.

Chocolate for breakfast
and chocolate for dinner,
as well as chocolate for tea.
That rocks my rocking chair.

Lots of peace and sleep,
and quiet to calm my questions.
Be still my overactive mind.
That rocks my rocking chair.

by Tommy, Elizabeth, Joan and Susan

What You Need to Know

Remember, things change when
you're older.

Time goes faster,

you have to know how to
change as well.

In my thirties, I became the
breadwinner and everything
altered.

I learnt be careful who you
trust - and who you don't.

You never know what's lurking
around the next corner.

By Susan

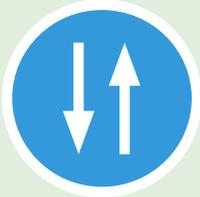
Friendship

Sometimes you meet someone, and know in five minutes that you'll get on.



Friends might have a laugh or go on a good night out together.

Friends look out for each other.



Friendship is a two-way street, friends are there when you need them - it feels good to be trusted and to be told what's on your marra's mind. You can have a good moan enjoy companionship.

You have different friends for different conversations but family aren't always friends.



Some friends love shopping therapy

Golfers play with friends - It's good to banter and best to beat them.



Good friends share time, make memories together.

Good friends don't have to talk - You can listen to each other's problems, or relax and sit in silence.





Lifelong friends, they're very special.
With good friends, you can pick up from
the place you left off after months
or even years.

So many shared memories of going
around together.



Friends might play bingo
- you win some, lose some
maybe lose a canny few!



Friends can be a pain in the backside,
everyone has a different character
so friends learn about each other, come to
an understanding - make allowances.

Friends are thoughtful,
when needed they'll feed your pet.
Some friends are furry,
like Ivan, Albert's cat.



Here I am at 50 years old and all I am really in a good place. Life has been good to me which I can't believe. I started going back in the past had a great husband who was kind and considerate. My children came along and we became a real family.

Then moving up to my life now at 78 years all children have their own families. We moved to a bungalow in sheltered accommodation, it suited my husband and I.

Bill died in 2014 life changed.

But you find a new life for myself now which I have found which has worked.

With love
Margaret

Dear Younger Me

Elizabeth heed your mothers advice to help people as you never know when you will need good advice as well.

Being nice costs nothing but your time and patience.

This comes to mind when I walk through Saltwell Park. It is a great leveller, and maybe you will just make someone's day.

With love
Elizabeth

Wish I knew then what I know now.

Think for myself, not worry what others think. I should not have got married so young.

3 children in 2 yrs 9 months, good catholic no birth control. Went to South Africa and came back with a fourth. May not have chosen so quick or even married same man. Never took tablets for 79 years, never ill, kept healthy with herbs, took blood pressure tablets fell twice through low blood pressure.

Now Gateshead is a good place to live.

Millenium bridge, Baltic, Sage, Shipley Art Gallery, Saltwell Park, Library, Swimming Pool, Little Theatre. Great bus service 53,54. Metro to seaside, country, to towns. Cheap pass £12.

Bus pass enables meeting people on buses.

With love, Joan.

I write this letter with love and a wish your life will develop into a happy successful future surrounded by people who care and love you. Friends who are loyal and supportive. I know you will have a great deal of kindness to offer and a willingness to learn and achieve.

Choose your partner carefully. You need to know they appreciate you and that you are willing to listen and work with their interests, 'give respect' never be critical of others.

Eat well and keep as fit as possible to ensure health throughout life. Laugh dance and travel while you can. 'Never miss breakfast'. Widen your horizon, go out and try new interests. I do puzzles to maintain brain power.

Love life, praise the lord. Prepare for the future by enjoying the present.

Love from me to you, Jan

Good news its 2019 and your still alive.

Things have changed a bit in the future.

Some advice, computers rule everyone's lives, so take computing courses.

Try to take more attention to family and friends don't worry about things too much all turns out well.

Money is everyone's god in 2019 so look after family. lock doors. Be careful don't drink too much its unhealthy. eat well no curry.

With love George

As you get older don't start thinking about your age and how you should act. Live life to the full, enjoy new challenges, spread your wings, meet new people, value your friends. Form opinions but listen and respect the opinions of others.

Changes are going to be forced on you so meet them head on and turn them to your advantage as much as you can.

In short don't give in to old age, get out of the house, try new things, make new friends. Join any or all of the groups the council offers, you'll have the greatest time of your life and find out that you never grow old.

With love
Carole

Memories from the corners of my heart

Dear Tommy

My thoughts go back thirty years which was when Irene was taken ill. I nursed her and I cared for her and my love for her grew for twenty years until she died I found no social life. I spent every bit of my time with her and admired her on courage. I left my job to be with her.

The last years were the most unhappy time of my life but I am now happy and enjoying life. My wife's been dead for 10 years but I still talk to her occasionally.

With love
Tommy

Dear Younger Me

You've been a fool. You should have done things took chances took opportunities that offered themselves and not covered away from them. Been more responsible for your own happiness.

My past is full of regrets but in life you blindly fumble on and forgive yourself. Hoping that you gain acceptance of who you are and learn. Life is about love seeking it and giving it, loving and being loved -

Reading Bertrand Russell's the 'Conquest of Happiness' helped me enormously and music, art, nature and 8 out of 10 things in life are rubbish anyway so don't worry uselessly.

With love Walter

PS. Nourish the inner child!

Dear younger Me

I live very near to Saltwell Park which is a great place for meeting people. Walking around the lake is a lovely social place. The park is a place you could visit on your own .. strike up a conversation with someone else. If Dad was out and about and someone said "hello, nice day" it made his day, this is what I like to do. Sometimes someone says "You are the first person I've spoken to today".

Remember this when you walk around even a smile can make their day.....

Any yours

With love
Elizabeth

I enjoy being old

But I don't half feel the cold

I do wear purple and a red hat that
doesn't match

I enjoy looking at men's bums

But I don't touch cos I don't want to
catch

I wear odd socks

I no longer wish to fit into societies box

I do what I want to do

Well what I can

I love to dance, but I can no longer do
the can can

I sing when I feel like it

Well make odd noises

I dance up and down the kitchen when I
feel like it and I make tea

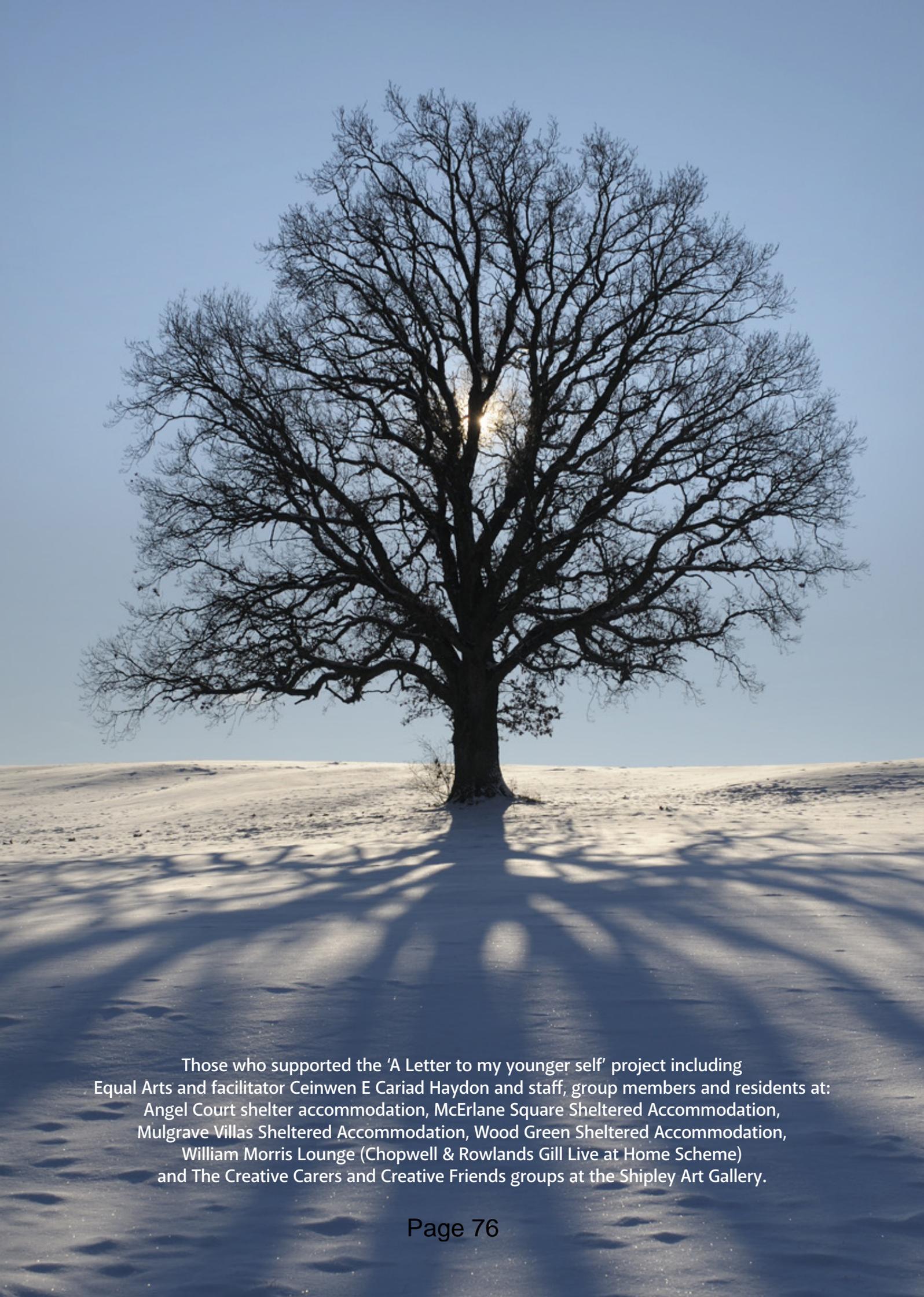
I like being me.

Joan

- Be happy and good to your friends
- Have a good laugh
- Eat well exercise well and have lots of laughs and friends
- Enjoy music and think positive, always be creative
- Don't give up and stop peeing over high walls, you can't change things
- Be good to friends, be happy

By Terry, Anna, Sheila A, Molly, Sheila B, Collin





Those who supported the 'A Letter to my younger self' project including Equal Arts and facilitator Ceinwen E Cariad Haydon and staff, group members and residents at: Angel Court shelter accommodation, McErlane Square Sheltered Accommodation, Mulgrave Villas Sheltered Accommodation, Wood Green Sheltered Accommodation, William Morris Lounge (Chopwell & Rowlands Gill Live at Home Scheme) and The Creative Carers and Creative Friends groups at the Shipley Art Gallery.



TITLE OF REPORT: Gateshead Health and Wellbeing Strategy 2020

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the final draft of the proposed Health and Wellbeing Strategy.

Background

2. The previous strategy, "Active, Healthy and Well Gateshead", was written in 2013 and covered the period up till 2016.
3. During 2017-18 the council and partners signed up to the strategic approach and pledges to "make Gateshead a place where everyone thrives".
4. The Health and Wellbeing Board agreed a refresh of the Gateshead Health and Wellbeing Strategy in September 2018.
5. We held a conference on the Marmot 10-year review of "Fair Society, Healthy Lives" in January 2019 with over 80 attendees contributing to and helping to shape the strategy, and a follow up session for council officers, partners and councillors in July 2019 on initial thinking in developing a new strategy.
6. The approach followed has been to establish an inclusive steering group to strengthen the focus of the strategy on the wider determinants of health. The group included council officers from public health, economic development, housing, communities, social care, environment and policy and colleagues from Newcastle Gateshead CCG and Newcastle University, supported by the Cabinet Member for Health and Wellbeing and Chair of the Health and Wellbeing Board.
7. The strategy has been co-written by members of this steering group, led by the Director of Public Health.

Proposal

8. The vision of the new strategy is; "Good jobs, homes, health and friends".
9. The focus of the new strategy is based upon the policy objectives from the Marmot framework "Fair Society, Healthy Lives" focusing on health inequalities. This builds on the issues identified from the 2017 DPH annual report – "*Inequalities: it never rains but it pours*".
10. The strategy has 6 policy objectives, with highest priority being given to the first objective:
 - A. Give every child the best start in life
 - B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
 - C. Create fair employment and good work for all
 - D. Ensure a healthy standard of living for all
 - E. Create and develop healthy and sustainable places and communities
 - F. Strengthen the role and impact of ill health prevention.

11. The steering group members have undertaken a wide programme of engagement on development of the strategy during October – December 2019.
12. The draft strategy has been presented to a range of both partner organisations and council meetings including; overview and scrutiny committees, community safety board, Healthwatch Gateshead, Gateshead Housing Company, Gateshead Secondary Headteachers, Sage Gateshead, Tackling Poverty in Gateshead board, Gateshead Safeguarding Partnership, representatives from Gateshead Businesses, Newcastle Gateshead CCG, CNTW mental health trust, Gateshead Diversity Forum, Connected Voice (Newcastle CVS), Blue Stone Consortium, Gateshead Youth Assembly and Gateshead Older People’s Assembly.
13. Views and comments from this programme of engagement and from councillors, senior managers and council employees has resulted in revision to the draft strategy.

Next steps and proposed timescale

14. The final strategy is planned to go to Cabinet on 25 February 2020 for recommendation onto Council in March 2020.
15. The strategy will also be brought back to the Health and Wellbeing board for final approval on 6 March.
16. Partners take the strategy to their relevant boards for sign off.
17. The Board will consider the initial feedback from the public via Healthwatch at the meeting on 6 March 2020.
18. Review of the membership of the Gateshead Health and Wellbeing Board is proposed.
19. Review of the delivery mechanisms for the strategy, to ensure they are fit for purpose and sufficiently focussed on the evidence-based actions.

Recommendations

20. The Health and Wellbeing Board is asked to consider the final draft of the proposed Health and Wellbeing strategy and feedback any views or comments.

Contact: Alice Wiseman, Director of Public Health (0191) 4332777

Good jobs, homes, health and friends

*'Why treat people and send them back
to the conditions that made them sick?'*¹

¹ Marmot M. (2015) *The Health Gap: The Challenge of an Unequal World*. London: Bloomsbury Publishing

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Foreword by the Leader of the Council

Reducing health and social inequalities is not just a matter of fairness and social justice. Inequalities are bad for everyone in society – even those in high social positions. Health and social problems are more common in unequal countries; civic participation decreases, household debt rises, and child well-being is worse².

It is morally unacceptable that there is a direct link between lower social position and poorer health. In line with other parts of the UK, over recent years, inequalities have been widening in Gateshead. Those in the poorest areas will live in ill-health for up to 15 years longer and die up to 10 years earlier than their neighbours in more affluent parts of the borough³.

In our economically advanced society, rising inequalities suggest that the right policies are not in place to make use of all available resources to guarantee a decent standard of living for everyone. In Gateshead, one in five children live in poverty, over 6,500 people rely on foodbanks, and over 3,000 people need support and advice to prevent or deal with homelessness and vulnerable housing. We know from our local research that Universal Credit (welfare reform) is pushing local people into debt⁴.

The country has had over ten years of austerity which has seen public sector funding continually reduced by central government – we have lost nearly half of our previous funding, the equivalent of £900 less to spend per year on every household in Gateshead. Austerity has resulted in a significantly reduced universal and preventative offer which, combined with a growth in older population and the local impact of welfare reform, has produced an increase in demand for more expensive crisis services.

This combination of austerity and escalating need has meant it has become ever more difficult for all services to respond with the help and support people require. Closing the inequality gap is a big challenge and will need us to look beyond ill health treatment and social care services so that their causes, which are rooted in the wider social issues we face as a community, can be dealt with.

Put simply, the most effective way of ensuring people have the best chance of thriving, and living an enjoyable life in good health, is to make sure they have a good start in life, a good education, a warm and loving home, access to good quality work and enough income to meet their needs. Because we understand that reducing health inequalities is about good quality jobs for local people, decent housing and community cohesion, it follows that we also acknowledge the central role that communities themselves must play. The positive impact of these wider approaches has been understood for many years, but not enough progress has been made and now is the time to change that.

² Pickett, K. and Wilkinson, R. (2018) *The Inner Level*. Penguin Books

³ Office for National Statistics, *Life Expectancy (2015-17) and Healthy Life Expectancy (2009-13)*

⁴ Cheetham et al. (2019) *BMJ Open* <https://bmjopen.bmj.com/content/9/7/e029611>

In addition, a new challenge has emerged in the form of climate change caused by the greenhouse effect which prevents heat escaping into the atmosphere and leads to global warming. There is now widespread acceptance that human activity is responsible for negatively changing the environment in which we are seeking to improve health and reduce inequalities. Urgent action is required, and Gateshead needs to lead by example. That is why on the 23 May 2019 Gateshead Council declared a climate emergency and why this strategy is different from the ones we have produced in the past, incorporating vital action on climate change. Some of the behaviour change necessary to address poverty and climate change is of equal importance to our health and wellbeing, for example, active and more sustainable travel, buying and growing locally, tackling fuel poverty. Our strategies on these important issues will work together to make the necessary change for the future and protect the wellbeing of our communities.

Delivering this strategy will require a different approach based on fairness, human rights, justice, relationships and trust that will facilitate the circumstances that enable people to have the best opportunities in life. It will need us to focus our community development expertise to galvanise both the power and commitment of individuals, supporting communities to take greater control over what happens in their neighbourhoods, creating relationships, improving confidence and encouraging a greater sense of belonging.

This foundation is where our 'Gateshead Thrive' approach originated, and it has been critical to develop a Health and Wellbeing Strategy that supports the delivery of this ambition.

We want this strategy to set out where we need to focus our attention to reduce levels of inequality through altering the circumstances that lead to inequality. We want to prevent the ongoing cycle of disadvantage for future generations. As Sir Michael Marmot says; '*Why treat people and send them back to the conditions that made them sick?*'.

This strategy is not going to be easy to deliver. It will require close collaboration between public sector organisations, the communities themselves, the voluntary sector and local business. It needs to be driven by place-based approaches that are directed and influenced by our communities.

We live in one of the wealthiest countries on earth. Everyone should have the means to ensure a decent standard of living for themselves and their loved ones. Within our powers, we are determined to change that to make social rights real in Gateshead. We should not, and will not, accept anything less.

It is still our belief that things can and should be done to tackle these inequalities and improve the quality of life for everyone in Gateshead - starting from the day they are born. We know this will be challenging because it is complex, and it is not something that will be completed in one, five or even ten years. But if we all work together on this, fighting for a better future, we believe that Gateshead can be a place where everyone thrives.

Cllr Martin Gannon

Our Vision for Health and Wellbeing in Gateshead:

Good jobs, homes, health and friends

Our strategic approach, Making Gateshead a place where everyone thrives, commits us to these pledges.

We pledge to:

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

We want Gateshead to be a place where everyone thrives.

Our Current Position:

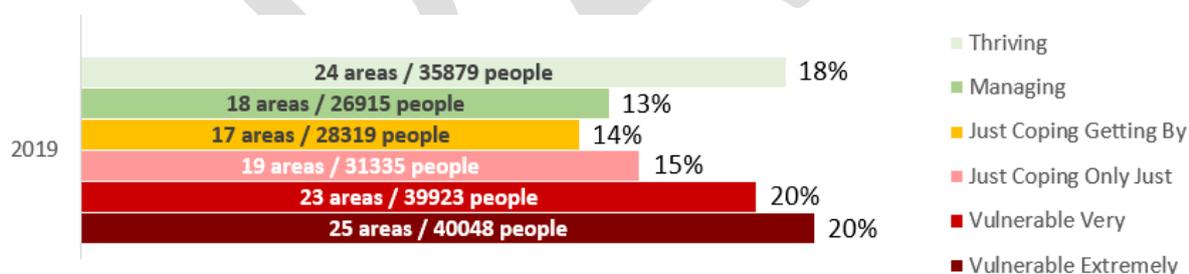
Our [Gateshead Joint Strategic Needs Assessment](#) helps us to understand the key issues facing people in Gateshead. The ongoing challenges, and emerging issues, for health and wellbeing in Gateshead are set out by stage of life; Best start in life, Living well for longer and Ageing well.

We know that people in Gateshead experience significant health inequalities. The [Director of Public Health Annual Report 2017-18](#) “Inequalities – ‘it never rains but it pours’”, focused specifically on this issue.

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

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

To help us know our communities better, so we can most effectively target our resources, we have developed a set of categories. To do this we use a number of indicators from our Local Index of Need (LoN) to identify geographically where our most vulnerable communities within Gateshead are.



From this we know that, during 2019, 40% were in vulnerable, or very vulnerable, situations with a further 29% just coping.

We want to change this, to make Gateshead a place where fewer people need direct support and more people are thriving.

We want to help our communities not just survive, but to flourish, prosper and succeed. We are working differently, with partners, to achieve the right outcome for those people and families who require more care and support.

We have reviewed available evidence on the most effective way to achieve our ambitions. In response to our review, we have adopted the six policy objectives set

out in the 'Marmot Review: Fair Society, Healthy Lives' (2010)⁵, as a framework to help deliver our vision of making Gateshead a place where everyone thrives. The policy objectives are:

- A. Give every child the best start in life
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
- C. Create fair employment and good work for all
- D. Ensure a healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill health prevention.

Our Approach:

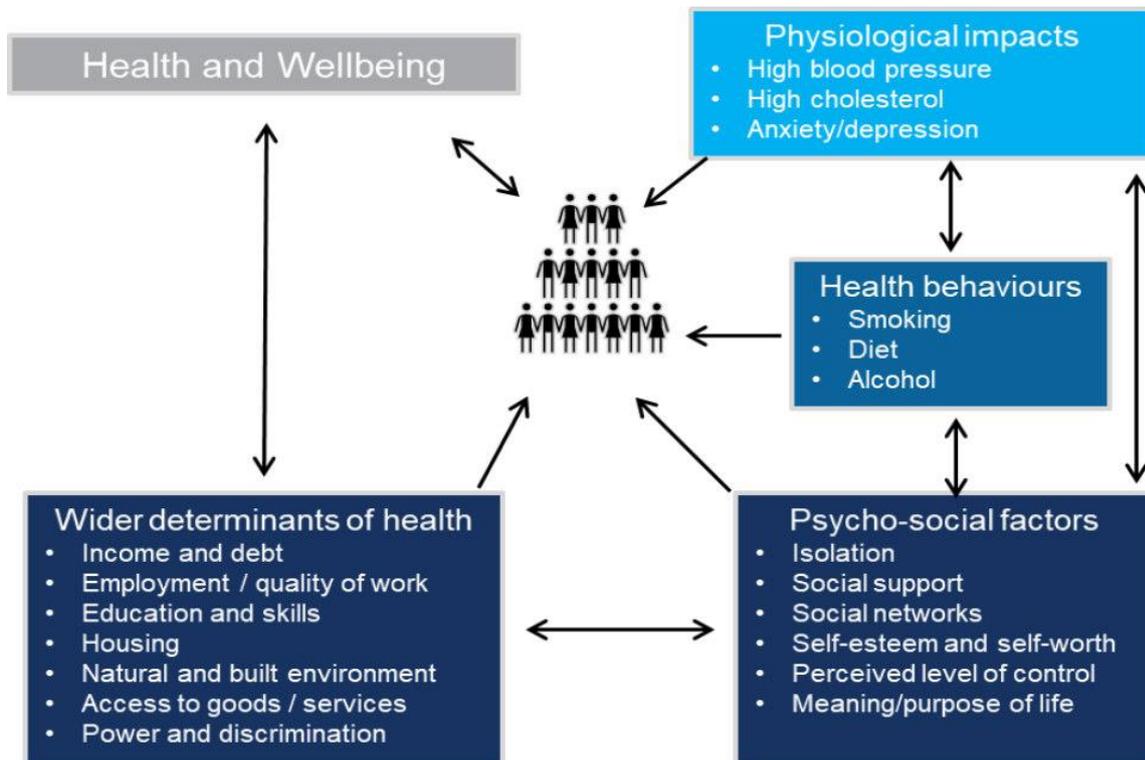
To achieve our vision for health and wellbeing, we recognise the importance of working together, across Gateshead, with communities, breaking down the boundaries of different organisations and services.

Our Health and Wellbeing Strategy has been developed with, and endorsed by, our strategic partners in Gateshead. It will be delivered through the different partner organisations that make up the [Gateshead Health and Wellbeing Board](#), on behalf of the people of Gateshead.

The underlying factors that govern our health and well-being are numerous, inter-related, and complex. They have their roots in the social, environmental and economic circumstances into which we are born and grow. We call these the wider determinants of health. To effectively reduce health inequalities, it is important to analyse these underlying causes to establish a clear picture of the problem so we can see the opportunities for action that will help people thrive.

The diagram below aims to demonstrate the complexity of the issues which cause ill-health and allow inequalities to develop. While simplified, it shows the different factors that impact our health, where they originate, and how they interact, multiply, and reinforce each other, both in sequence and at the same time. At the centre of this are people and the communities in which they live. When viewed through this lens we can see that acting on single factors in isolation is likely to provide a partial and incomplete response to the situation. Rather than acting on individual issues we recognise the need for an approach which nurtures communities and promotes the assets of individuals - a place-based solution.

⁵ Marmot, M (2010) Available at: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

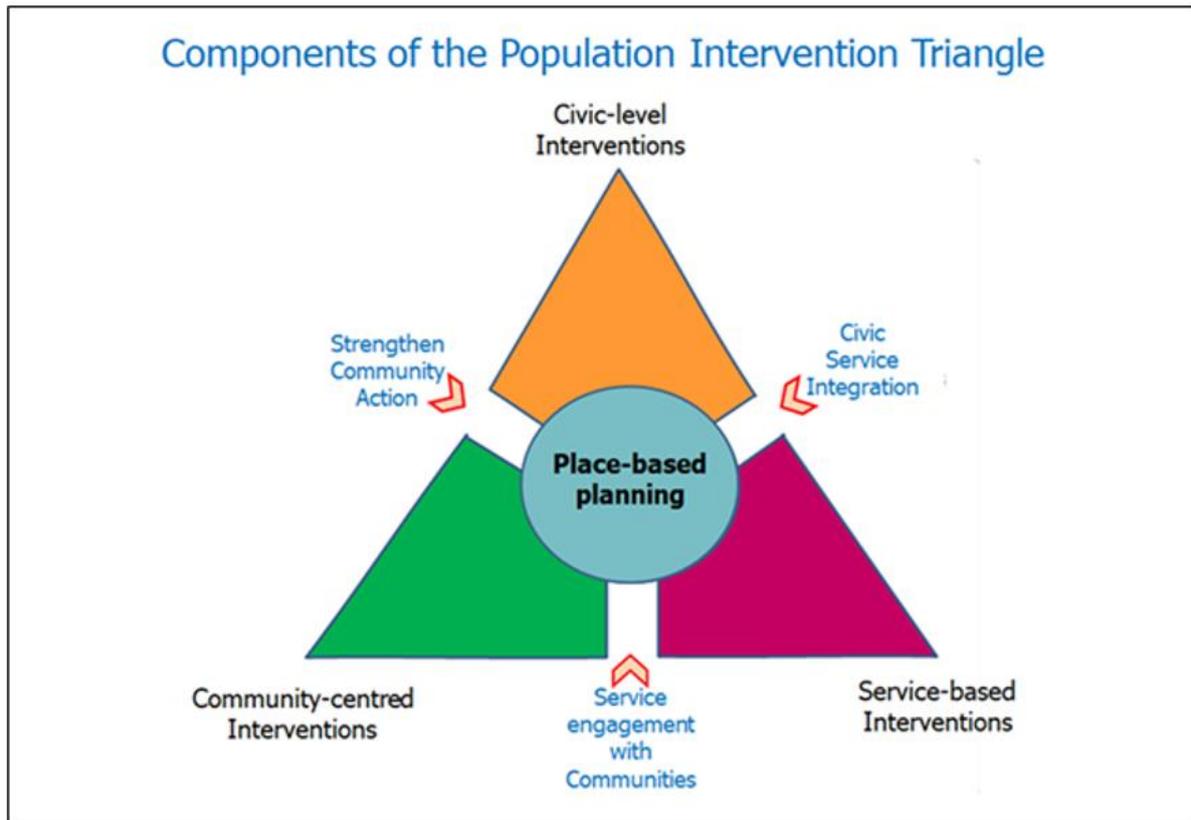


Our Health and Wellbeing Strategy recognises that to deliver improvements at a population level we will need comprehensive action across the whole system of community, civic, and service interventions. We accept that approaches which are multifaceted and complementary are more likely to be successful in reducing inequalities and helping people in Gateshead thrive.

We will develop methods which consider and address this complexity as a whole system. The Population Intervention Triangle below illustrates how the different elements required for a joined-up approach to treating a place fit together:

- Civic led interventions refer to the wide range of local authority functions
- Service-based interventions refer to the range of public services, for example the NHS
- Community centred interventions recognise the vital contribution that the community themselves make to health and wellbeing.

While each element makes an important contribution, when isolated from each other the impact is not as great as it could be. No one part is more important than any other, but the ambition must be to effectively combine these parts into a coordinated, multifaceted whole through place-based planning.



We will use our Local Index of Need (LION) alongside conversations with local communities and professionals working with those communities, to help us understand the relative needs of different places and people. This will support us in identifying and developing appropriate interventions and where they would be best targeted within local communities.

In addition to geographically defined communities we will also consider the needs of communities of interest and develop approaches which tackle health inequalities for these groups.

Our Methodology:

We aim to deliver the most positive outcomes for everyone, but we will focus our resources to benefit those in the most need – this will mean doing different things in different places.

Delivering on the identified aims require action across a much broader range of partners, strategies and structures than previous strategies considered. In Gateshead, we recognise that there are already active workstreams which aim to address many of the actions required for this strategy. The purpose of this strategy is not to replace existing work but instead acknowledge, connect, streamline and enhance current activity, within and between our partner organisations and our

communities. Each aim identifies the current arrangements by which actions are being delivered.

The **outcomes** we aim to achieve, through the implementation of this strategy, are set out below:

We aim to:

- **Give every child the best start in life (with a focus on the first 3 years of a child's life)**
 - In all cases, the circumstances which result in adverse childhood experiences are prevented
 - All parents can access support, proportionate to their needs, so they can be the best parents they can
 - All children start school ready to learn
 - In all cases, permanent school exclusions are prevented
- **Enable all children, young people and adults to maximise their capabilities and have control over their lives**
 - All young people are resilient, with good physical and mental health and wellbeing
 - All young people are ready and appropriately skilled for the workplace
 - Gateshead is a positive environment in which everyone's mental health and wellbeing can flourish
 - Everyone is able to be an active part of their community
 - Domestic abuse is prevented
- **Create the conditions for fair employment and good work for all**
 - All working age residents have access to good quality, sustainable work with decent pay and conditions
 - All people in low paid, low skilled jobs have opportunities to improve their skills base so they can more easily achieve personal progression and attain an improved standard of living
- **Ensure a healthy standard of living for all, in accordance with [international law on economic and social rights](#)**
 - All working age residents receive a living wage that considers the true cost of healthy living
 - All individuals in need are equipped to ask for help, and are supported to do so, where appropriate
 - Individuals and families are supported to have the best possible financial wellbeing, to access debt and social welfare advice, to maximise household income and improve financial management skills
 - Affordable childcare is accessible to those who need it
- **Create and develop sustainable places and communities**
 - Local communities and social networks are strong

- All residents know about, and can easily access, the activities and support available in their local area
 - Connections are specifically improved for vulnerable groups most at risk of poor health, with local activities and sources of support
 - All residents have access to a good quality, affordable home
 - All residents live in a warm, energy efficient home
 - All communities have access to good quality green space
 - Gateshead has clean air with low levels of pollution, comparable with the very best in the country
 - Gateshead has low levels of crime and anti-social behaviour, comparable with the very best in the country
 - Gateshead is carbon neutral by 2030
- **Strengthen the role and impact of ill health prevention**
 - All preventable ill-health in Gateshead is reduced at a rate that will see us ending the gap caused by inequalities within the borough
 - No one will be homeless, or living in accommodation that does not provide a safe and healthy environment
 - All residents will be able to access flexible health and care support when and where they need it

We recognise that many of these outcomes are enormously ambitious. However, we feel passionately that all Gateshead residents deserve to live in conditions that facilitate good health and wellbeing.

Delivery of these outcomes will improve health and wellbeing and ultimately expedite the achievement of our strategic approach to make Gateshead a place where everyone can thrive.

Give every child the best start in life, with a focus on the first 3 years

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

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

We recognise the importance of an environment that makes confident, resilient and positive parenting for the whole family's health and wellbeing possible.

We will provide universal support to families through midwifery, health visiting, school nursing and education in addition to more targeted support (e.g. parenting programmes, children's centres and early help key workers). We will deliver targeted support proportionately to meet health and social needs of different families.

We know that investing in interventions early on that support preschool development, is the most effective way of enhancing a child's long-term outcomes.

We also recognise the importance of transition points in children's lives. We will develop programmes to support key milestones, for example, the first 1001 critical days and transition to primary school and between primary and secondary school.

The action we will take.

We will:

- focus our efforts on supporting confident, positive and resilient parenting, delivered in a proportionate way so those who require more of our care and support will be given the most attention
- reduce inequalities in early development of physical and emotional health, and cognitive, linguistic and social skills by increasing the focus of existing expenditure on early years development
- build the resilience and wellbeing of young children from all backgrounds
- make sure maternity services, parenting programmes, childcare and early year's education are of high quality and meet the needs of all different groups
- support our schools to deliver an effective curriculum that addresses the skills required for later life in an environment that's conducive to emotional well-being
- develop a framework to support Gateshead as a child friendly place

We will deliver this through:

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

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

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

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

We will make sure that all local people can contribute to and engage with the future of Gateshead.

The action we will take.

We will:

- focus efforts on creating the conditions for people to enjoy positive emotional health and well-being. We will consider measures across the whole population alongside specific action in various settings e.g. the workplace, schools and opportunities for volunteering and social action
- prioritise our resources towards those groups and communities who are most in need
- ensure that the views and opinions of local people are represented in all aspects of our work through our democratic process and asset-based community development approaches
- focus on improving our residents' achievement in education and skills for life
- prioritise preventing and reducing the scale and impact of domestic abuse

We will deliver this through:

- The Mental Health and Well-being Network
- Our approaches to community development and democratic engagement
- Our Learning and Skills steering group
- Culture Strategy
- North East Strategic Economic Plan
- Relationships with local VCSE organisations and through Connected Voice

Create the conditions for fair employment and good work for all

We will help to improve both the quality of jobs and access to those jobs, for local people from different backgrounds.

We will help our communities to support themselves and each other by focusing on people who are disadvantaged in the labour market to get into, stay and progress in work.

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

The action we will take.

We will:

- help to create the conditions for local wealth and economic growth across Gateshead by creating local supply chains, using our assets effectively, supporting the interests of local communities and working with other public, private and voluntary organisations
- encourage local enterprise through self-employment and the development of community led, cooperative employment opportunities
- support sustainable, diverse and flexible opportunities for employment, innovation and growth across the borough
- support people who are disadvantaged in the labour market to obtain, sustain and progress in work
- encourage volunteering and social action as a positive pathway to work
- encourage employers to create or adapt jobs for lone parents, carers, and people with mental and physical health conditions so that everybody can lead fulfilling working lives
- promote flexible working patterns that enable people to balance employment with commitments that support the wellbeing of individuals, their families and communities
- support employers to make use of guidance on stress management and effective promotion of physical and mental health and wellbeing at work
- support our local public sector to provide apprenticeships and employment for Gateshead residents
- review current ways of working and consider how different models of provision might better meet the employment needs of local communities

We will deliver this through:

- Gateshead's Local Plan; The Core Strategy and Urban Core Plan, Making Spaces for Growing Places, and supporting SPDs

- Culture strategy
- North East Joint Transport Plan
- Gateshead Goes Local, Community Led Local Development
- Community Wealth Building
- North East Strategic Economic Plan
- Relationships with local VCSE organisations and through Connected Voice

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Ensure a healthy standard of living for all, in accordance with international law on economic and social rights

Like most other countries around us, the UK has voluntarily subscribed to [international legal standards](#) that declare that everyone is entitled to an adequate standard of living, including healthy food and decent housing.

We know how important it is to give people the power to make the most of their money and their lives, to give people a fair chance and reduce the stress faced by people moving between social security entitlements and work. An essential part of this is to tackle inequality so people of all ages have a fair chance and receive an income sufficient for healthy living.

The action we will take:

We will:

- commission and provide advice, information and guidance which is local to, and meets the needs of, individuals
- promote the real living wage and agile and flexible working across Gateshead employers
- maximise household income and improve financial skills, supporting people and families to have the best possible financial wellbeing, now and in the future
- encourage the establishment of Credit Union facilities in all our communities
- support community-based initiatives and plural forms of ownership that aim to ensure a more sustainable community approach to living such as alternative food production and co-operatives, recycling of waste food (supermarket produce) encouraging community interest companies and initiatives to do things like repairing and recycling appropriate goods
- act as an advocate for vulnerable people and communities to reduce differences in access to local services
- implement the socio-economic duty (Section 1 of the Equality Act 2010) as a matter of good practice learning from the [examples in other local authorities](#) and the [Fairer Scotland Duty](#).

We will deliver this through:

- Tackling Poverty in Gateshead Board
- Gateshead Strategic Partners
- Community wealth building
- North East Strategic Economic Plan
- VCSE networks including Connected Voice

Create and develop sustainable places and communities

The environment, 'our place', is a major determinant of health, thought to account for almost 20% of all deaths in Europe⁶. Our health and wellbeing is influenced by where we live and the home we live in. This includes our physical environment as well as the communities and social networks to which we belong during our life. Our vision is that by 2030 Gateshead will be a more prosperous, attractive and sustainable place to live with improved quality of life and thriving communities.

The action we will take:

We will:

- develop policies, with health impact assessment embedded, to reduce the scale and impact of climate change and health inequalities
- support the development of good quality community activities and services for all residents of Gateshead
- collaborate in the promotion of community cohesion and the prevention of crime and anti-social behaviour
- maximise the positive impact of our natural environment by making our countryside and natural resources accessible for all
- ensure that health is a key factor in all planning considerations
- actively support measures that deliver clean air and environmental improvements, including energy efficiency to ensure Gateshead is carbon neutral by 2030
- prioritise actions that remove barriers to community participation, support people to be involved in local regeneration and reduce social isolation
- ensure provision of the right number, type, quality and affordability of homes, to meets the current and future needs of all residents
- provide housing choice and promote security of tenure throughout people's lives
- improve the quality, condition and management of housing across Gateshead
- make Gateshead accessible to all, achieving a shift to more sustainable forms of travel

We will deliver this through:

- Gateshead's Local Plan; the Core Strategy and Urban Core Plan, Making Spaces for Growing Places, and supporting SPD's
- Gateshead Community Safety Partnership
- Economic Strategies

⁶ <http://www.euro.who.int/en/health-topics/environment-and-health>

- Housing Strategy
- Culture strategy
- North East Joint Transport Plan
- Gateshead Green Infrastructure Plan
- Future Space Gateshead
- Gateshead Housing Company
- Relationships with local VCSE organisations and through Connected Voice

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Strengthen the role and impact of ill health prevention

We know that our health and care services are changing, and demand is increasing as our population gets older and technology advances. This means that we must ensure that our services support everyone's needs. To do this we will involve local communities and the voluntary and community sector in the planning of services so that they reflect local priorities and needs. We will integrate our health and care services whilst ensuring they are placed based and bespoke to the needs of individuals.

We are committed to a health and care system that measures success in terms of improved wellbeing, independence and social connections. We will strive to move existing resources away from expensive acute care provision, to enable us to reinvest in prevention and early intervention measures. We are committed to keeping people, who need complex support, living at, or near, home, so that they have the support of their family and community, if that is what they wish.

The action we will take:

We will:

- prioritise prevention of ill-health and high cost intervention at all levels and focus our support to local people; to sustain tenancies, stop smoking, be more active, drink in moderation and adopt health promoting lifestyles
- make sure that our health, social care and housing services support people throughout their life, providing integrated care and support at the right time and in the right place
- recognise the crucial role of local VCSE organisations in ill health prevention, and include them in planning and delivery processes
- ensure funding is targeted to local, prevention focused activities rather than dealing with problem after they happen
- integrate how we plan and make decisions for health, social care and housing
- integrate the provision of health and care with housing services to respond to needs where people live
- prevent homelessness and better understand its root causes and how we address them
- ensure that no-one lives in accommodation that does not provide a safe and healthy environment
- monitor the health of people in Gateshead together with our partners through shared long-term measures
- reduce the scale and impact of substance misuse
- design how we work, and what we do, together across Gateshead, to recognise and facilitate effective social prescribing approaches
- adopt a system-wide Make Every Contact Count approach to help people to make positive changes to their lifestyles

We will deliver this through:

- Gateshead Health and Care System Board
- Integrated planning, performance and commissioning plan
- Public service reform
- Gateshead Housing Company
- Homelessness and Rough Sleeping strategy embedded within the Housing Strategy
- Relationships with local VCSE organisations and through Connected Voice
- Gateshead Smokefree Alliance
- Gateshead Healthy Weight Alliance

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HEALTH AND WELLBEING BOARD
17th January 2020

TITLE OF REPORT: Better Care Fund: 3rd Quarter Return (2019/20)

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 3rd Quarter of 2019/20.

Background

2. The HWB approved the Gateshead Better Care Fund (BCF) submission for 2019/20 at its meeting on 18th October 2019, and NHS England has recently indicated that the submission has been approved in full (with a formal confirmation letter to follow).
3. NHS England is continuing its monitoring arrangements for the BCF which requires template returns to be submitted. There was no requirement to submit a substantive BCF return for quarters 1 and 2 of 2019/20 (as the deadline for the submission of our BCF Plan for 2019/20 was not until the 27th September). As part of the reporting arrangements for quarter 3 of 2019/20, there is a brief narrative required setting out progress against our plan for use of the Winter Pressures Grant which is now pooled as part of the BCF.

Quarter 3 Template Return for 2019/20

4. In line with the timetable set by NHS England, a return for the 3rd quarter of 2019/20 is required to be submitted by the 24th January. The return sets out progress in relation to funding, meeting national conditions, performance against BCF metrics and implementation of the High Impact Change Model for managing transfers of care. It also included narrative updates.

Proposal

5. It is proposed that the Board endorse the 3rd Quarter BCF return for 2019/20 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 3rd Quarter return for 2019/20.

Contact: John Costello (0191) 4332065

1. Guidance

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements document for 2019-20 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 3) To foster shared learning from local practice on integration and delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

Quarterly reporting for the 'improved Better Care Fund' (iBCF grant) will be required in Q4 19/20 and is not required for the current quarter Q3 19/20.

The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q3 and Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2019/20 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

- National condition 1: Plans to be jointly agreed
- National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution
- National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
- National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

4. Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and achievements realised.

As a reminder, if the BCF plans should be referenced as below:

- Residential Admissions and Reablement: BCF metric plans were set out and collected via the BCF Planning Template

- Non Elective Admissions (NEA): The BCF metric plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions at a HWB footprint. These plans were made available to the local areas via the respective Better Care Managers and remain valid. In case a reminder of your BCF NEA plan at HWB level is helpful, please write into your Better Care Manager in the first instance or the inbox below to request them:

england.bettercaresupport@nhs.net

- Delayed Transfers of Care (DToC): The BCF metric ambitions for DToC are nationally set and remain the same as the previous year (2018/19) for 2019/20. The previous year's plans on the link below contain the DToC ambitions for 2018/19 applicable for 2019/20:

<https://www.england.nhs.uk/publication/better-care-fund-2018-19-planning-data/>

This sheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. HICM

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, for the reported quarter, and anticipated trajectory for the future quarter, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

For the purposes of the BCF in 2019/20, local areas set out their plans against the model applicable since 2017/18. Please continue to make assessments against this erstwhile HICM model and any refreshed versions of the HICM will be considered in the future as applicable.

In line with the intent of the published HICM model self-assessment, the self-assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self-assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of The optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of The Better Care Fund, but it has been agreed to collect information on its implementation locally via The BCF quarterly reporting template as a single point of collection.

- Please report on implementation of a Hospital Transfer Protocol (also known as The 'Red Bag scheme') to enhance communication and information sharing when residents move between Care settings and hospital.

- Where there are no plans to implement such a scheme Please provide a narrative on alternative mitigations in place to support improved communications in Hospital Transfer arrangements for social Care residents.

- Further information on The Red Bag / Hospital Transfer Protocol: The quick guide is available on the link below:

<https://www.england.nhs.uk/publication/redbag/>

Further guidance is also available on the Kahootz system or on request from the NHS England Hospital to Home team through:

england.ohuc@nhs.net

6. Integration Highlights

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service/scheme or approach and the related impact.

Where this success story relates to a particular scheme type (as utilised in BCF planning) please select the scheme type to indicate that or the main scheme type where the narrative relates to multiple services/scheme types or select "Other" to describe the type of service/scheme.

Where the narrative on the integration success story relates to progressing one of the Enablers for Integrated Care, please select the main Enabler from the drop down. SCIE Logic Model for Integrated Care:

<https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model>

7. WP Grant

Reporting for Winter Pressures Grant is being collected alongside the BCF in a single mechanism. For this quarter, the reporting is primarily seeking narratives and confirmation on progress against the delivery of the plans set out for the Winter Pressures Grant as part of the BCF planning process.



Version 1.1

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- As in previous quarters, the BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF Grant information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately.
- The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q3 and Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Health and Wellbeing Board:	Gateshead
Completed by:	Hilary Bellwood and John Costello
E-mail:	hilarybellwood@nhs.net
Contact number:	0191 217 2960
Who signed off the report on behalf of the Health and Wellbeing Board:	Councilor Lynne Caffrey Chair 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
2. Cover	0
3. National Condition & s75	0
4. Metrics	0
5. HICM	0
6. Integration Highlights	0
7. WP Grant	0

[<< Link to Guidance tab](#)

2. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by:	C21	Yes
E-mail:	C23	Yes
Contact number:	C25	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C27	Yes
Sheet Complete:		Yes

3. National Conditions

[^^ Link Back to top](#)

	Cell Reference	Checker
1) Plans to be jointly agreed?	C9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C10	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C11	Yes
4) Managing transfers of care?	C12	Yes
1) Plans to be jointly agreed? If no please detail	D9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D10	Yes

3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D11	Yes
4) Managing transfers of care? If no please detail	D12	Yes

Sheet Complete: Yes

4. Metrics

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	Cell Reference	Checker
Non-Elective Admissions performance target assesment	D12	Yes
Residential Admissions performance target assesment	D13	Yes
Reablement performance target assesment	D14	Yes
Delayed Transfers of Care performance target assesment	D15	Yes
Non-Elective Admissions challenges and support needs	E12	Yes
Residential Admissions challenges and support needs	E13	Yes
Reablement challenges and support needs	E14	Yes
Delayed Transfers of Care challenges and support needs	E15	Yes
Non-Elective Admissions achievements	F12	Yes
Residential Admissions achievements	F13	Yes
Reablement achievements	F14	Yes
Delayed Transfers of Care achievements	F15	Yes

Sheet Complete: Yes

5. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning - Q3 19/20 (Current)	D15	Yes
Chg 2 - Systems to monitor patient flow - Q3 19/20 (Current)	D16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q3 19/20 (Current)	D17	Yes
Chg 4 - Home first/discharge to assess - Q3 19/20 (Current)	D18	Yes
Chg 5 - Seven-day service - Q3 19/20 (Current)	D19	Yes
Chg 6 - Trusted assessors - Q3 19/20 (Current)	D20	Yes
Chg 7 - Focus on choice - Q3 19/20 (Current)	D21	Yes
Chg 8 - Enhancing health in care homes - Q3 19/20 (Current)	D22	Yes
Red Bag Scheme - Q3 19/20 (Current)	D27	Yes
Chg 1 - Early discharge planning - If Q3 19/20 mature or exemplary, Narrative	F15	Yes
Chg 2 - Systems to monitor patient flow - If Q3 19/20 mature or exemplary, Narrative	F16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - If Q3 19/20 mature or exemplary, Narrative	F17	Yes
Chg 4 - Home first/discharge to assess - If Q3 19/20 mature or exemplary, Narrative	F18	Yes
Chg 5 - Seven-day service - If Q3 19/20 mature or exemplary, Narrative	F19	Yes
Chg 6 - Trusted assessors - If Q3 19/20 mature or exemplary, Narrative	F20	Yes
Chg 7 - Focus on choice - If Q3 19/20 mature or exemplary, Narrative	F21	Yes
Chg 8 - Enhancing health in care homes - If Q3 19/20 mature or exemplary, Narrative	F22	Yes
Red Bag Scheme - If Q3 19/20 no plan in place, Narrative	F27	Yes
Chg 1 - Early discharge planning - Challenges and Support needs	G15	Yes
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	Yes
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	Yes
Chg 5 - Seven-day service - Challenges and Support needs	G18	Yes
Chg 6 - Trusted assessors - Challenges and Support needs	G19	Yes
Chg 7 - Focus on choice - Challenges and Support needs	G20	Yes
Chg 8 - Enhancing health in care homes - Challenges and Support needs	G21	Yes
Red Bag Scheme - Challenges and Support needs	G27	Yes
Chg 1 - Early discharge planning - Milestones / impact	H15	Yes
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	Yes
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	Yes
Chg 5 - Seven-day service - Milestones / impact	H19	Yes
Chg 6 - Trusted assessors - Milestones / impact	H20	Yes
Chg 7 - Focus on choice - Milestones / impact	H21	Yes
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	Yes
Red Bag Scheme - Milestones / impact	H27	Yes

Sheet Complete: Yes

6. Integration Highlights

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	Cell Reference	Checker
Integration success story highlight over the past quarter	B10	Yes
Main Scheme/Service type for the integration success story highlight	C13	Yes
Integration success story highlight over the past quarter, if "other" scheme	C14	Yes
Main Enabler for Integration (SCIE Integration Logic Model) for the integration success story highlight	C17	Yes
Integration success story highlight over the past quarter, if "other" integration enabler	C18	Yes

Sheet Complete:	Yes
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7. Winter Pressures Grant

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	Cell Reference	Checker
Brief narrative on progress in delivering the Winter Pressures Grant spending plan	B8	Yes
Indication whether the planned spend for the Winter Pressures Grant is on track	C10	Yes
Where "NOT ON TRACK", please indicate actions being planned or in place to get back on track	C11	Yes
Have acute hospital trusts continued to be involved in the delivery of the Winter Pressure Grant plan?	C13	Yes
Please describe how this involvement is being ensured	C14	Yes

Sheet Complete:	Yes
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Better Care Fund Template Q3 2019/20**3. National Conditions & s75 Pooled Budget**

Selected Health and Wellbeing Board:

Gateshead

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Better Care Fund Template Q3 2019/20

4. Metrics

Selected Health and Wellbeing Board:

Gateshead

Challenges and Support Needs
Achievements

Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans
Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	National submission deadlines for BCF template are outside of SUS reporting periods and therefore the full picture for Q3 is not yet available. Only April-Nov data is currently available.	Whilst the full quarter 3 data is not yet available, Apr-Nov year to date performance suggests that activity is 10% below target levels. Forecasting activity forward we would expect to remain below target by year end by 9% (target = 26,458, forecast = 23,973).
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	<p>We have an ageing population and an increase in those with a dementia type illness.</p> <p>We are seeing people coming into our service later with more complex needs.</p> <p>Winter pressures need to be factored in at this time of year.</p> <p>We need to continue to support people to remain in their own homes with support services for as long as possible, however some of these services can be less cost effective than a person living in 24-hour care eg 24 hour care within a person home.</p> <p>We are working with our Commissioning colleagues to:</p> <ul style="list-style-type: none"> • Develop a new Extra Care Scheme which will support people whose needs are complex and who have a dementia. • Review Home Care contracts to consider how people are supported in their own home. 	<p>Data is up to Nov 2019.</p> <p>ASCOF 2A (part 2) - 65 and over per 100,000 population = 692.87 per 100,000 population.</p> <p>There are 272 (compared to annual target of 348) permanent admissions which is much higher than the 205 in the same period in 2018-19 (Apr-Nov).</p> <p>In 2018/19 at the same point the ASCOF 2a value was 524.40 per 100,000 population therefore this year is showing a poorer performance.</p> <p>Underpinning the performance, during this period we had restructured the remits of some of our teams which created a waiting list for assessment of needs. This included people who were placed in short term assessment beds for further assessment. This led to a delay which in turn caused an increase in people who were then identified as requiring permanent care.</p> <p>Since this time, we have reviewed our team remits which has significantly reduced the</p>
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Continuous referrals of complex cases into PRIME. Whilst such demands have been proactively responded to by the service with great effectiveness, the service has benefitted from the use of additional staff from its In-House long-term service which is undergoing an attrition model.	<p>Latest performance (Q3) does not cover the full 9-month period (service performance is only up to November 2019).</p> <p>The indicator value stands at 88.8% (619 out of 694) for all those aged 65 and over that were discharged from hospital into reablement during Jan to Jul 2019 and still at home 91 days later.</p> <p>This is higher than at the same period last year (88.33%) and is higher than the 2019-20 target of 87.9%.</p> <p>Underpinning this performance: PRIME's O.T. has swiftly assessed both the individual functioning of service users and their home environment, prescribing aids to ensure service user's continued independence within their own homes. PRIME has expanded its trusted assessor model into ward therapist to ensure the seamless absorption of step-down admissions into the service.</p> <p>The Rapid Response service has secured referrals from the A&E at the Q.E. Hospital, providing immediate support to stabilise service users as a precursor to PRIME</p>

<p>Delayed Transfers of Care</p>	<p>Average Number of People Delayed in a Transfer of Care per Day (daily delays)</p>	<p>Not on track to meet target</p>	<p>The new target set for our local economy is very challenging. Meeting the needs of the ageing population remains a constant challenge along with an increase in frailty and older people with a dementia. There are also recognised endemic issues within social care markets. However, despite these challenges and the challenging target the narrative from within the "system" is one of high performance (GHFT 8th highest performance in A&E in the country). On a day to day basis DTOCs is not a factor impacting on surge and operational performance.</p> <p>Issues for young people with mental health illness such as housing is a challenge which can impact on delays.</p>	<p>Latest Performance relates to October 2019.</p> <p>The average number of delays per day, per 100,000 population, is 8.31 for delays attributable to Social care and the NHS. This is outside the target of 4.0 per 100k population for Oct 2019. Performance has not changed compared to the same point for the previous year, where the equivalent rate was 8.31 per 100k population, however the targets are still based on Q3 17/18 performance which was the quarter with one of the lowest DTOC rates recorded for Gateshead.</p> <p>6.35 per 100k population were delayed on average per day, where the NHS was attributable which is outside the target of 2.7. This is a higher rate compared to the same point for the previous year (5.34).</p> <p>For Social care, the average number of delays per day for Oct 2019 was 1.96 per 100k. This is outside of the target of 1.3 per 100k population but performance has improved compared to the same point for the previous</p>
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Selected Health and Wellbeing Board:

Gateshead

Challenges and Support Needs

Please describe the key challenges faced by your system in the implementation of this change, and Please indicate any support that may help to facilitate or accelerate the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

		Narrative		
		Q3 19/20	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Mature Across the Gateshead area early discharge planning is well embedded with regular reviews of the SAFER bundle continuing to be undertaken to ensure it continues to be effectively implemented. Multi Disciplinary daily Board/Ward rounds include identification of patients with nearing EDD's in order that their discharge can be planned with the appropriate support provided in the community if necessary. Work continues to be undertaken to achieve greater standardisation of how SAFER was initially embedded and draw in latest good practice emerging.	The SAFER bundle is used in parts of the trust and the standard practices for senior reviews, board rounds and MDT working are variable from ward to ward. Particular challenges exist due to the demand for medical, nursing and therapy resource throughout all stages of the patient journey resulting in frequently having to stretch resources more and more thinly. The consequence of this being a necessary compromise between timely assessments, provision of sufficient therapeutic intervention to optimise function and availability for discharge planning. To address this challenge, a robust evaluation of the demand for services throughout all clinical pathways, benchmarking against appropriate peer organisations and an assessment of the cost effectiveness of further investment would be helpful.	Acute OT service now routinely work into SSU, EAU and ED to complete assessments and identify clinical needs earlier in the patient journey. Evaluation continues however the data currently available indicates that this change has been associated with a reduced length of stay for patients requiring OT input compared to previous service model.
Chg 2	Systems to monitor patient flow	Mature Across the Gateshead area patient flow is monitored regularly by senior clinicians throughout the day to ensure effective patient flow throughout the UEC system so that patients receive optimum care and support, with no delays. During peak demand or surges, senior clinical support is increased in line with joint local escalation plans. We now have a well established and well embedded approach to reviewing stranded patients so that they can continue their journey along the pathway of care and embedding mental health screening assessment.	The systems that were in place in 18/19 remain in situ and function well enough for the day to day running of the hospital although progress has been made with regards to the stated aim of transitioning towards a real-time digital system. A direction of travel is established for digitisation of all information related to patient flow and the trust has sufficient IT infrastructure in place to facilitate this. The limiting factor for this is engagement with clinical teams to utilise the system and input information in real-time which is essential if it is to be useful in managing patient flow. A limiting factor for this is the lack of any dedicated resource to support its implementation.	A series of pilots have been conducted to identify and troubleshoot issues with the system's functionality in specific clinical pathways (such as ward attenders, elective admissions etc) and inter-ward transfers. A dashboard has now been created to display bed availability information live on the trust's intranet homepage (although the data is not always accurate due to lack of timely data entry from ward teams).
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature Multi Disciplinary Discharge processes are well established and embedded in Gateshead. We continue to coordinate discharge planning based on MDT/ joint assessment processes and protocols and on shared and agreed responsibilities. This has promoted effective discharge and positive outcomes for patients.	The trust's discharge team is currently uni-professional and is entirely comprised of nurses although they do liaise with other members of the multidisciplinary team on a regular basis as part of their role. As part of the NHS Improvement's 'reducing long stays' initiative each ward in the hospital now conducts a multidisciplinary discussion regarding all patients with a LOS >6 days at least once per week. The quality and level of standardisation in these reviews, the actions taken following them and the quality of data capture remains variable between ward teams and is a work in progress.	No changes have been made to the discharge team. When the long-stay project was initially launched it was extremely successful in reducing length of stay (statistically significant difference with special cause variation) and was not associated with any increase in re-admission rate. Unfortunately, this improvement was only sustained for a period of 8 weeks so we are undertaking a review.
Chg 4	Home first/discharge to assess	Mature Stakeholders now have a well developed and embedded multidisciplinary team and approach to assess patients holistically in the most appropriate environment and at the most appropriate time. The team is ensuring an increasing number of patients are being assessed and discharged from hospital on the same day with good links to local care homes to ensure there are no delays in discharging patients back to their home, including weekends.	The implementation of an effective discharge to assess pathway requires a culture-shift for a large number of individuals, teams and organisations with a different approach to management of risk. Progressing a complex project such as this across organisational boundaries has been difficult due to operational challenges.	A working group has been established that includes stakeholders from the health (acute and community) and from adult social care. A definition of 'discharge to assess' has been agreed upon by all stakeholders.
Chg 5	Seven-day service	Mature Integrated 7 day MDT working practices are established and well embedded to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital as well as being discharged on a weekend when clinically appropriate or are medically fit for discharge (including restarting of care packages).	The trust continues to provide services across 7 days per week every day of the year for key services/teams and operational areas. We have highlighted an issue in respect of complex M&H assessments for weekend discharges, we are seeking to resolve this through our trusted assessor model.	Appropriate teams now provide cover over 7 days but no evidence is available to quantify the impact of this as yet.

Chg 6	Trusted assessors	Mature	Operational delivery of the Trusted Assessor process is now well established and embedded across health and social care, with evidence of improved outcomes and efficiencies across the system. This is currently being rolled out across all relevant service areas. We are pleased to note that the volume of referrals by trusted assessor are equal across 7 days with single assessment processes in place.	Various trusted assessor systems are in place for different services across health and social care. Referral processes for various systems remain complex with multiple assessments required from various individuals before care can progress which can be time-consuming. We intend to have a systemic focus on simplification of access to different services, reducing duplication of assessments and forms and providing a clear focus to reduce the number of stages in a patient journey and referral procedures.	A number of trusted assessor initiatives are in various stages of implementation across health and social care with varying degrees of success and impact. A trusted assessor system exists for referrals to PRIME whereby the discharge liaison nurses complete assessments for patients on some wards and individual therapists on other wards.
Chg 7	Focus on choice	Mature	Choice protocol is embedded in Gateshead and understood by staff, however this has been reviewed to ensure standardisation with the Regional Policy. Planning for discharge begins on admission with EDD's set to ensure appropriate flow is maintained whilst community and social care teams work with acute teams to support people home from hospital. The Choice Policy has been implemented to challenge patients and family who previously would have had unnecessary extended stays.	The policy works and has been updated after multi-agency reflection on individual cases. Further work is required to advertise the policy and ensure that all clinical staff are aware of its existence and the process as there are still occasions when it is implemented after a protracted delay.	The hospital's choice policy has been successfully launched and has been used on multiple occasions. On only one occasion has the policy had to be followed to the point of completion and a patient removed from the building and this occurred only through an extreme and unusual set of circumstances. The teamwork between health and social care in relation to this policy has been excellent.
Chg 8	Enhancing health in care homes	Exemplary	NGCCG as an ex care home Vanguard site has very well established high quality support, service provision and exemplary pathways of care for this group of patients - integrated with all parts of the health and care system.	Due to a high prevalence of influenza, there has been a significant number of patients requiring admission or requiring emergency care support this winter.	Scheme is already exemplary and continues to deliver outcomes

Hospital Transfer Protocol (or the Red Bag scheme)					
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.					
		Q3 19/20 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Exemplary	NGCCG as an ex care home Vanguard site has established high quality support, service provision and exemplary pathways of care for this group of patients.	Whilst the scheme in Gateshead is embedded, the challenge is in ensuring that there are an adequate number of bags available to replenish stock out in the care homes.	Scheme is already exemplary and continues to deliver outcomes

Better Care Fund Template Q3 2019/20

6. Integration Highlight

Selected Health and Wellbeing Board:

Remaining Characters: 18,477

Integration success story highlight over the past quarter:
 Please give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example.

Social Care Institute for Excellence have said that effective systems leadership relies on capabilities and behaviours, and leaders in ICSs need to be skilled at:

- building strong relationships with other leaders, and often working with them informally to develop joint priorities and plans and
- establishing governance structures which drive faster change, often going where the commitment and energy is strongest

Our integration success story observed this quarter highlights examples of this in terms of system level collaborative approaches, and is linked to the enablers for integration - 2. Strong, system-wide governance and systems leadership.

The Gateshead Health & Care System is progressing integrated team working linked to its priority and transformation programme areas and BCF schemes. This includes the co-location of staff at Gateshead Place to help develop a better understanding of system challenges and opportunities to address them, as well as joining up planning and delivery arrangements with system partners. This includes:
 - CCG and Council staff who have shared office space (e.g. to progress the development of an Older Persons Care Home model);

Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".

Scheme/service type	Enablers for Integration
Brief outline if "Other (or multiple schemes)"	

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.

SCIE Enablers list	2. Strong, system-wide governance and systems leadership
Brief outline if "Other"	

Better Care Fund Template Q3 2019/20

7. Winter Pressures Grant

Selected Health and Wellbeing Board:

Gateshead

Please provide a brief narrative on progress made towards delivering the Winter Pressures Grant spending plan (as expressed within the BCF planning template 2019-20)

We have worked with system partners to maintain the levels of care packages and placements from winter 2018/19 and planned levels of spend are on track. However, we would note that this position in no way reflects the challenges and issues within the system and the risks within the Adult Social Care sector.

In particular, it does not address the issue of demand outstripping funding in terms of the cost of care, including:

- NLW and inflationary pressures;
- the number of people needing care (the faster we discharge people, beds are filled up - so we don't see a shift from acute spend

Please indicate whether the planned spend for the Winter Pressures Grant is on track

On Track

Where "NOT ON TRACK", please indicate actions being planned or in place to get back on track

Have local acute hospital trusts continued to be involved in delivery of the Winter Pressures Grant including any changes in the use of the grant as compared to 2018-19?

Yes

Where 'No' is selected above, please describe how this involvement is being ensured

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