



GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 27 January 2023 at 10.00 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 the 2 nd December 2022 are attached for approval, together with the Action List.
3	Declarations of Interest Members of the Board to declare an interest in any particular agenda item.
4	Updates from Board Members <u>Items for Discussion and/or Agreement</u>
5	Director of Public Health Annual Report - Alice Wiseman
6	Draft SEND Strategy - Suzanne Dunn (Presentation) (Pages 13 - 40)
7	Family Hubs - Gavin Bradshaw and Moira Richardson (Pages 41 - 46)
8	Gateshead Cares System Board Update - Mark Dornan / All <u>Assurance Items</u>
9	Health Protection Assurance Report - Louise Sweeney (Pages 47 - 66) <u>Items for Information</u>
10a	Adult Social Care Discharge Fund Planning Template Return
10b	Whitworth Chemist Ltd, Wrekenton Health Centre - Change of Hours (Pages 67 - 68)
11	A.O.B.

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GATESHEAD METROPOLITAN BOROUGH COUNCIL
GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 2 December 2022

PRESENT

Councillor Lynne Caffrey – Gateshead Council (Chair)
Councillor Gary Haley – Gateshead Council
Councillor Jennifer Reay – Gateshead Council
Councillor Jonathan Wallace – Gateshead Council
Councillor Leigh Kirton – Gateshead Council
Councillor Michael McNestry – Gateshead Council
Councillor Martin Gannon – Gateshead Council
Councillor Pamela Burns – Gateshead Council
Dale Owens – Gateshead Council
Dr Mark Dornan – ICB/Gateshead Cares
Helen Ferguson – Gateshead Council
Nicola Allen – CBC Federation
Peter Udall – Gateshead Council
Phill Capewell – Healthwatch Gateshead
Vicky Sibson – Gateshead Council
Yvonne Probert – Healthwatch Gateshead

IN ATTENDANCE:

Councillor Catherine Donovan – Gateshead Council
Joanne Coleman – Gateshead Health NHS Trust
Julia Sharp – Gateshead Council
Kirsty Roberton – Gateshead Health NHS Trust
Lynn Wilson – Gateshead Council/ICB
Peter Rooney – NENC Integrated Care Board
Phil Hindmarch – Gateshead Council
Sue Taylor – Balance

HW372 APOLOGIES FOR ABSENCE

Apologies for absence were received from Claire Wheatley, Andrew Beeby, Steph Downey, Alice Wiseman, Councillor Jane McCoid, Steve Kirk, Councillor Bernadette Oliphant and Steve Thomas.

HW373 MINUTES

RESOLVED:

- (i) That the minutes of the meeting held on 21 October 2022 be approved.
- (ii) That the action list update be noted.

HW374 DECLARATIONS OF INTEREST

RESOLVED:

- (i) That there were no declarations of interest.

HW375 UPDATES FROM BOARD MEMBERS

The Board were advised that Adult Social Care have recently had their Peer Inspection in preparation for the CQC Inspection. A number of recommendations have been made and are currently being formulated into an action plan.

A new Persistent Physical Symptoms Service is being set up, this is a really good innovative piece of work, it is going to be shared with the Council's Overview and Scrutiny Committee.

It was noted that the Council is currently engaged in a public consultation in terms of its leisure services review. The public consultation is taking place until 20 December. A report will be taken back to Cabinet in the new year.

It was noted that this is a position none of us wants to be in however, so much of the budget is meeting statutory obligations.

A submission is being prepared in relation to a newly announced Adult Social Care Hospital Discharge Fund. This will be linked with the existing Better Care Fund. The submission needs to be made by the 16th December and a copy will also be brought to the next meeting of the Board in January.

RESOLVED:

- (i) That the Board noted the updates.

HW376 ALCOHOL RELATED HARM - JULIA SHARP

The Board noted that Alice Wiseman provided a paper on Alcohol Related Harm at its last meeting and that it also received presentations from Professor Eileen Kaner of Newcastle University on the impact on Minimum Unit Pricing (MUP) in Scotland and from Sue Taylor, Balance. The evidence was that there had been some decline in alcohol consumption as a result of MUP.

It was noted that alcohol-related hospital admissions can be due to regular alcohol use that is above low risk levels and are most likely to involve increasing risk drinkers, higher risk drinkers, dependent drinkers and binge drinkers.

In terms of admissions for alcohol-specific conditions, numbers locally are 972 per 100,000 of the population, the England figure is 644.

It is felt that there is also a degree of unmet need within the population and if all those who needed support were to present to services that it would be difficult to meet their needs.

Treatment for adults is successful and is on par with the national figure.

There is support available, work is targeted at schools, and a number of campaigns raise the awareness of the health harms.

With regards to young people, we have a specialised young person service and a

separate Adult Substance Misuse Service. There are different interventions depending on the level of needs.

There are some opportunities with some supplementary funding which is available to build capacity in the workforce and get more people into treatment. Currently though there is no residential detox provision in the North East.

Regional Work is being undertaken as part of the recommendations from the Regional Alcohol Needs Assessment. SSMTR funding is available and there is a need to look at inpatient funding. We need to look at partnership working to better meet the needs of vulnerable dependent drinkers. Work also needs to be undertaken to embed an 'alcohol free childhood'.

There is a recovery community who are working to take away the stigma and give a message of hope. It was noted that for every person who has an issue, at least 3 more people are affected.

There are some challenges to be faced, including the prevalence of alcohol within peoples lives, the visibility of alcohol is across the board. We have a licensing system which is difficult to challenge and influence from a public health point of view. There is an issue around the visibility of alcohol to children, for example a Temporary Event Notice may be for a community event in a park but there could be alcohol available. We have an opportunity on Council land to have family focussed events. There is also the whole issue of normalisation of alcohol within our society, we need to think about how we can change the mindset. It has taken a long time to do so with tobacco and it will also take a long time to do something similar with alcohol. The data is challenging and it is difficult to make in-roads where there are entrenched views.

It was noted that the LGA were doing quite a lot of work with regards to including Public Health as a Licensing Objective.

It was noted that with regards to the challenges, there are a number of adverts for supermarkets on television and that many adverts are focussed on alcohol. It is a highly well financed industry with a huge turnover. We need to have the same sort of approach as with tobacco. How do you address the challenge of such a well financed industry and what support is there for carers/partners of those who have alcohol issues. It was noted that we do have a carers service in Gateshead and there are National Networks; however, it is difficult to secure engagement. Each year we do a survey and half of the people in the North East are drinking higher than the recommended limits. It was noted that the Alcohol Free aspect of the World Cup has been very positive. Good practice has been highlighted in Scotland and the Republic of Ireland are undertaking similar measures.

It was noted that in the 1980s, bars used to shut earlier but licensing laws were changed to give more of a European feel. It was also noted that it is really important that where community events take place on Council land that we look at the licensing position.

It was queried in relation to people who are having a difficult time, how do we help

them avoid turning to alcohol. It was noted that a high number of the people who die from alcohol harm are often on their own at home and are amongst the most isolated in society.

RESOLVED:

- (i) That the Board continues to lobby government on this issue.
- (ii) That Board members consider the issue of alcohol promotion across their organisations.

HW377 DRAFT ICS STRATEGY - PETER ROONEY, INTEGRATED CARE BOARD

The Board received a presentation from Peter Rooney with regards to the Draft Integrated Care Strategy.

Peter advised that the ICP is a statutory committee, established by the NHS and local government as equal partners, and involving partner organisations and stakeholders. It forms part of the arrangements for the Integrated Care System (ICS).

- Each Integrated Care Partnership is required to develop an integrated care strategy covering the whole ICP population by December 2022
- ICBs and local authorities must 'have regard to' the strategy when making decisions, and commissioning or delivering services
- The strategy must use the best evidence, building from local assessments of needs (JSNAs), and enable integration and innovation.

It was noted that the ICP should set an overarching strategic direction, the following was noted in relation to our Assets and Case for Change.

- We have strong communities, an amazing Voluntary, Community and Social Enterprise sector, World Class natural assets and vibrant industries
- We have a strong foundation of partnership working, an outstanding health and care workforce, and some of the best research and development programmes of any system
- Our health outcomes are some of the worst in England, with deep and protracted inequalities, which correlate with socio-economic deprivation
- Life expectancy at birth is 81 (women) and 76.9 (men), compared to 82.6 and 78.7 for England
- Healthy life expectancy is 60.2 (women) and 59.4 (men), compared to 63.9 and 63.1 for England.

There is a key commitment to reduce the gap by 2030.

The following comments were fed back to Peter and it was noted that a response on behalf of the Gateshead health and care system had also been sent in response to the consultation:

- It was noted that the strategy was high level and provides an overall strategic vision.

- The focus of the strategy on prevention and preventative measures could be enhanced.
- There needs to be a number of different plans to find solutions to key health challenges - sometimes we have tended to look at a complex problem to see what might be a simple solution which in turn can create perverse incentives.
- Noted that in Cuba there have a significant focus on prevention. The country has 9 doctors and 9 nurses per 1,000 of population, whereas the UK has 3.1 doctors per 1,000 which raises the question of how do we increase the focus on prevention.
- Increase the focus on Children and Young People – not very strong within the strategy currently.
- Would like an assurance that children will very much be at the forefront of the strategy – a focus on children will provide much more ‘bang for your buck’.
- Reference was made to the detailed response from the Directors of Children’s Services about the lack of reference to Children and Young People and the need to make key commitments in terms of Children’s Mental Health.
- The strategy should incorporate a more asset-based approach around connected communities.
- The strategy could move away from a ‘deficit approach’ in terms of how aspirations are set out e.g. increase the number of smoke free families instead of reducing smoking amongst individuals.
- There should be discussions with relevant Strategic Housing Leads to make sure the community is supported with good housing which promotes good health.
- There should be a focus on place, in terms of the determinants of health and wellbeing – housing is critical and people should live in a decent house in a decent place with a decent job and be able to have local places such as parks where they can walk, exercise, spend time etc. If we are required to have regard to the ICS strategy in terms of our local decision making, we need to have shared data and an evidence base.
- What we do with the strategy - that is the important thing. As there will be national priorities, regional priorities and local priorities, it raises the question how do we develop something meaningful locally (our local strategy), when we are also being directed by other strategies - national, regional etc. There needs to be the right balance between the ability to develop a local strategy, develop a local response to health and care challenges and responding to the requirements of strategies developed at broader geographies.
- If we don’t get the finances right and budgets pooled, we will not be able to make this work. Currently, local government finance and health finance arrangements are not aligned - we need to get this right first. Also, we have major shortages of health professionals and social care professionals which needs to be addressed early on within the strategy.

RESOLVED

- (i) That the information presented be noted and the comments provided as part of the Board’s consultation response.

GATESHEAD HEALTH TRUST'S CORPORATE STRATEGY 2022/23 - 2024/25 - KIRSTY ROBERTON

The Board received a presentation from Gateshead Health NHS Foundation Trust on their Corporate Strategy.

There are three strategic areas that the strategy is structured around, People, Patients and Partners.

These are underpinned by 7 Strategic Enablers: Digital and Data, Innovation and Improvement, Estates, Finance, People and OD, Communication and Engagement and Planning and Information.

There are five strategic aims:

- We will continuously improve the quality and safety of our services for our patients
- We will be a great organisation with a highly engaged workforce
- We will enhance our productivity and efficiency to make the best use of our resources
- We will be an effective partner and be ambitious in our commitment to improving health outcomes
 - Objectives:
 - Tackle our health inequalities
 - Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population
- We will develop and expand our services within and beyond Gateshead

Engagement work has been done with staff and patients and the following Vision 2025 has been developed:

- People will live more years in Good Health
- The Gap in Healthy life expectancy between people living in the most and least disadvantaged communities in Gateshead will be reduced
- People's experience of using services will be better. Our staff will be working in a way that embraces our organisations core values and beliefs
- Ensure our planned care reflects what is affordable and sustainable to meet the health needs for the community of Gateshead

There are four key components to addressing health inequalities:

Starting Well
Living Well
Ageing Well
Better Care

The Trust is also looking at Digital Exclusion and how it can be built into everything it does.

The Plan which has been developed for the next 5 years is looking at 3 main areas:

- Remove barriers to access
- Focussing on experience of care
- Improving outcome for everyone

One area of success is the Tobacco Service, the QUIT Team is a joint venture. Everyone admitted who is a smoker has a visit from one of the team. In terms of the maternity ward, smoking at delivery is down from 17% to 7.8%. An incentive scheme was started and was offered to everyone in the person's household, it is recognised it is not just about the patients.

For staff we have a listening space and we have been working with Gateshead College to offer manicures, pedicures and massages.

With regards to the screening programmes, we have very good links with the Jewish community to make sure we are reaching harder to reach groups.

The Discharge from Hospital project is linking in with feeding families so that those who have no-one at home or no means to get food for going home are getting a box delivered with soup, cheese and crackers etc. in order that they can get home.

It was also noted that the Trust has an alcohol liaison nurse if a person comes through A and E. It may need to start looking at a similar model for alcohol to the one in place for smoking.

One aspect of the Trust's approach is asking patients who attend if they are worried about heating their house. The Trust is working with CAB and they are going to do some training with staff.

RESOLVED:

- (i) That the information presented be noted.

HW379

GATESHEAD PLACE GOVERNANCE - MARK DORNAN, LYNN WILSON AND JOHN COSTELLO

The Board were presented with a report to seek its views on the next steps in taking forward place-based governance and working arrangements for the Gateshead Health & Care System (Gateshead Cares).

It was noted that a Joint Committee arrangement has been suggested for Gateshead going forward.

A Joint Committee would be helpful for making joint decisions within its scope of authority between relevant partner organisations. The statutory bodies can agree to delegate defined decision-making functions (and resources) to the joint committee in accordance with their respective schemes of delegation. It was noted that there will need to be further discussions on roles, membership, structure and accountabilities. It is suggested that this is done across the partnership in a phased way.

It was noted that the Gateshead Cares System Board supports the proposed direction of travel and process outlined in the paper. CBC commented that they agreed with the approach set out within the report.

It was also noted that Gateshead Council had discussed the report at its Corporate Management Team and that further discussions will take place in the New Year.

RESOLVED:

- (i) That the comments of the Board be noted.

HW380 GATESHEAD CARES SYSTEM BOARD UPDATE - MARK DORNAN / ALL

This item was circulated to the Board for information after the meeting.

HW381 A.O.B.

No additional business was raised.

**GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST**

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 21st October 2022			
Partner Updates	To receive an update on Northumbria Police Prevent Strategy at a future meeting	Claire Wheatley	To feed into Forward Plan
Delayed Discharges Harm Assessment	To receive a progress report on delayed discharges in 2023	Jo Baxter / D Owens	To feed into Forward Plan
Matters Arising from HWB meeting on 17th June 2022			
Anti-Social Behaviour Review	To bring and update to a future Board meeting	A Tankerville	To feed into Forward Plan
Gateshead Health Protection Board	To receive an annual update on the progress of the Board	M Hopkinson	To feed into Forward Plan
Matters Arising from HWB meeting on 29th April 2022			
Climate Change Strategy for Gateshead	To receive an update on progress in taking forward the Climate Change Strategy To feed into the Implementation Plan being developed for the Health and Wellbeing Strategy	A Hutchinson / L Greenfield	To feed into Forward Plan

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 2nd December 2022			
Alcohol Related Harm	That the Board continues to lobby government on this issue That Board members consider the issue of alcohol promotion across their organisations	Board Members	
Gateshead Place Governance	A session on future arrangements to be held in the New Year	All	To feed into Forward Planning

Area SEND inspection and SEND strategy

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Suzanne Dunn

Service Director Education, Schools and Inclusion

Agenda Item 6

Area SEND inspections – 2016-2022

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Summary

- Inspections began in 2016 to check how well local areas were implementing the 2014 SEND reforms.
- 2017, Gateshead was inspected and it was positive. There was no written statement of action required.
- **Over half** of the inspected local areas had SEND service weaknesses significant enough to trigger a formal improvement programme, known as a “written statement of action” (WSOA);
- **Inspection outcomes got worse over time:** across 2021 and 2022, **two-thirds** of inspected local areas were told to put together a WSOA;
- Measured by the proportion of formal improvement instructions given out, **no other sector that Ofsted inspects performs as badly as local area SEND does.**
- In all, Ofsted & CQC inspectors identified **over 440** individual areas of significant weakness in the local area SEND services they inspected between 2016 and 2022. The three most common areas of weakness were **defective leadership & strategy, poor joint commissioning** of education and health services, and **flawed Education, Health & Care Plan (EHCP)** processes.

The new Area SEND inspection system

- Firstly, these will be a **cycle of inspections**, not a one-and-done set like the last lot. The standard cycle will still be one area SEND inspection every five years – but if local area performance is inconsistent or worse, then there will also be monitoring inspections that will happen sooner. These inspections will be interspersed with engagement meetings *“to keep a spotlight on SEND provision.”*
- Second, the **purpose of inspection will change** slightly. The new inspections will be broader in scope, to check *“the effectiveness of the local area partnership’s arrangements for children and young people with SEND [and] where appropriate, recommend what the local area partnership should do to improve the arrangements.”*
- Third, the first set of inspections focused mostly on **education** and **health** aspects of SEND services. The new framework will also look at the **social care** side of the SEND house, bringing Ofsted’s social care inspectors onto inspection teams for the first time.
- Fourth, the new area SEND inspections will look at aspects of **alternative provision** (AP) for the first time, as well as SEND services.
- Fifth — and probably most significantly — Ofsted and CQC have repeatedly stated that with the new area SEND inspections, they want to focus more on how well services work *“to improve the experiences and outcomes of children and young people with SEND.”*

What are inspectors looking for?

- The inspection handbook says that the area SEND inspection teams will be evaluating local area performance against two main criteria:
- **The impact of the local area partnership's SEND arrangements on the experiences and outcomes of children and young people with SEND:** Inspectors here will be looking at things like how well the local area identifies need, meets need, and prepares children and young people for next steps - and also how children and young people with SEND and their families are involved at an individual level.
- **How local area partners work together to plan, evaluate and develop the SEND system:** This is more standard inspection stuff, basically checking how well local leaders and systems work. It includes things like looking at leaders' ambitions, strategies, commissioning, joint working, and whether leaders meaningfully engage and work with children and young people with SEND and their families.

What will inspection outcomes look like?

The new area SEND inspections won't use the standard Ofsted grading system of 'outstanding' through to 'inadequate.' Instead, there will be three possible outcomes, each fairly wordy:

- The local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.
- The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements.
- There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.

Our new SEND strategy

July 2022 – a wordy document, mainly focused on education, that didn't clearly explain our priorities across the local area, or who and what we were going to do about them.



December 2022 - a new SEND strategy, developed by extensive multi-agency working to identify our priorities from a thorough self-evaluation across all area services. Key priorities link heavily to Ofsted's focus on EHCP processes, joint working, commissioning and AP, and form the basis of a complex, yet clear action plan.



January 2023 – ready for consultation for new SEND Strategy.



SEND

Our Priorities



Our Vision

Our vision is for all children with SEND to **thrive**, have appropriate provision, feel positive about their next steps and believe in themselves.

We put families at the heart of everything we do.



Link to Inclusion Strategy

We know that the Inclusion Strategy will play a significant role in improving the quality of provision for children and young people with SEND and as such this strategy and the Inclusion Strategy have been developed alongside each other. In our Inclusion Strategy we have set out a vision where we promote the development of strong foundations that:

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- Ensure early identification and early intervention are focussing on whole setting inclusive practice and early intervention
- Ensures high quality support services and interventions are available at the earliest opportunity to support children, young people, whole setting development and system change
- Enables and promotes everyone to work collaboratively with a shared vision and responsibility to support, challenge and hold each other to account to support children and young people in Gateshead.

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Our Context



Of the **27,158** children and young people in education settings across Gateshead.....

4478 have **Special Educational Needs & Disabilities**



Education, Health and Care Plans INCREASED

Over the **previous 8 years** the number of new

Education, Health and Care Plans

being issued to children and
young people in an

eight-year period

in Gateshead **increased** by
117%.

117%



Referrals **INCREASED**

The number of children **referred** to
the Council's Pre-school Education,
Health and Care
Panel has **increased**
since 2013.

2013-14

93



2021-22

306

Of the 306 referrals made...

237 children were **seen by the
Council's Early Years Assessment and
Intervention Team (EYAIT)**

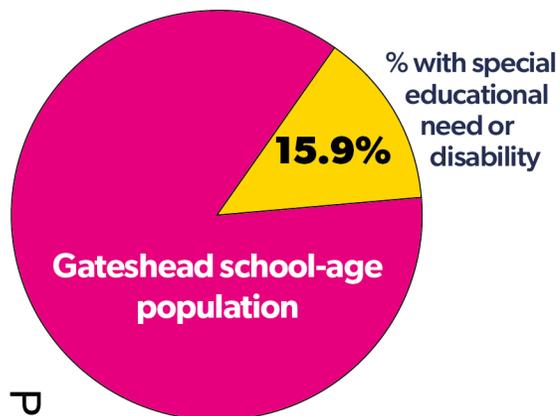
286 children were **seen by the
Children's Development Team/
Outpatients**

6 of these being **overseen** by the **Early
Years SENDCO**.

60 As of September 2022, there were **60 children aged 0-4 with an EHCP**. Of these, **33** are in
mainstream, **3** are in **independent early years settings** and **24** are in **specialist placements**.

Gateshead school-age pupils with ...

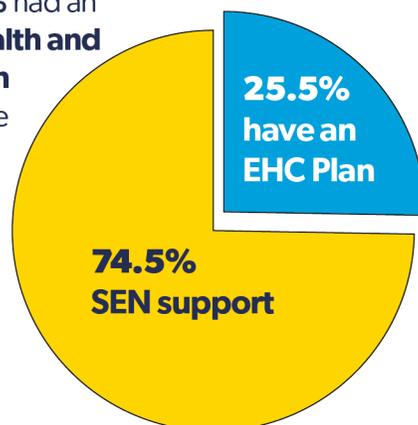
... SEND



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In January 2022, a total of **4478** Gateshead pupils were reported by schools to have a special educational need or disability.

Of these, **25.5%** had an **Education, Health and Care (EHC) Plan** and **74.5%** were categorised as 'SEN Support'.



... an EHC Plan

(This data also includes Jewish and Emmanuel College)

The number of statutory school-age pupils with an EHC Plan has **INCREASED** from

2015 **843** 2022 **1241**

4.1% of all school places in Gateshead

Gateshead has a slightly high proportion of school age pupils with an EHC Plan compared with regional and national figures.

Gateshead is the highest within the region and is above the national average.

Top 5 areas of need

Over the past 3 years, the top five areas of need reported by schools via School Census have been:

- 1 Speech, Language and Communication Needs (SLCN)** – **INCREASED** from **627** in 2015 to **1103** in 2022
- 2 Moderate Learning Difficulties (MLD)** – **INCREASED** from **655** in 2015 to **839** in 2022
- 3 Social, Emotional and Mental Health (SEMH)** – **INCREASED** from **481** in 2015 to **776** in 2022
- 4 Autism Spectrum (ASC Autism)** – **INCREASED** from **293** in 2015 to **744** in 2022
- 5 Specific Learning Difficulty (SpLD)** – **INCREASED** from **329** in 2015 to **369** in 2022 but has significantly decreased since 2019

Pupils at SEN Support

The number of school-age pupils requiring **SEN Support** has **slightly increased** from **3,400** in 2015 to **3,618** in January 2022, which equates to 11.9% of all pupils in Gateshead.

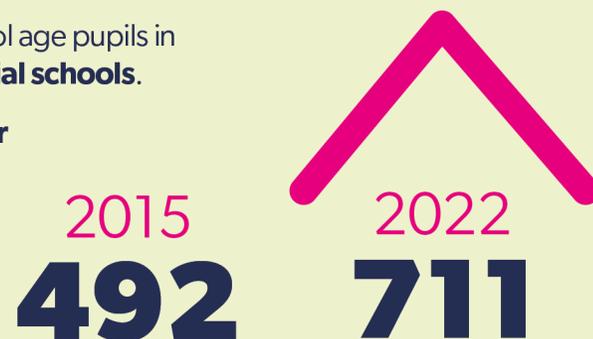
This is slightly below the regional and national figures.

Special school pupils

The number of school-age pupils being taught in special schools in Gateshead has risen from 492 in 2015 to 711 in 2022.

This equates to **2.23%** of all school age pupils in Gateshead being **taught in special schools**.

Gateshead currently has a **higher** proportion of school age pupils being taught in special schools as a percentage of the whole school population, **compared with regional and national** figures.



ARMS provision

ARMS are schools which specialise in a particular area of learning need.

Children in ARMS usually have an Education, Health and Care Plan and are generally taught in **smaller classes** with a **higher level of support** than a normal mainstream school but will have **opportunities to mix with children in the mainstream school**.

The **ARMS provisions** have been **INCREASED** this year to accommodate more children with additional needs. This will relieve pressure on the special schools and allow more children to be included in a mainstream provision

In Gateshead as of January 2022, there were....

248

young adults

aged 16-19

with an EHC Plan

20

young adults

aged 20-25

with an EHC Plan

Our Priorities

Our strategic approach is to **'Make Gateshead a place where everyone thrives'**.

For children with Special Educational needs this means our four priorities are:

1. To have a transparent approach to identify children's needs which is understood by families and professionals, so that the right support is in place at the right time.
2. To actively engage with children, young people and their families so that their vision of 'Our choice, our voice' is heard and supported during strategic planning.
3. For health, social care, and education services to work together to commission the best support for pupils' needs, and to keep all children and young people safe.
4. To ensure that children and young people are well prepared, supported and feel positive about taking their next steps.



Priority 1

To have a transparent approach to identify children's needs which is understood by families and professionals:
Right support,
Right Place,
Right time

Key actions are:



- **Develop** an **Inclusion Support Structure** across Gateshead for all stakeholders so that staff with the relevant expertise can be used to ensure more pupils are able to remain in mainstream provision
- **Review** and **refine our support for schools around exclusions** with the aim of reducing our rate of permanent exclusions
- **Improve** the **Audit and Quality Assurance Process** for EHCPs
- Produce a **Gateshead Quality Provision Toolkit (Ranges)** document
- To build on and develop **information sharing** with all families and professionals
- To **develop and update Annual Training Packages** for all partners working with CYP with SEND

When we get this right, it looks like:

- All CYP Needs are accurately assessed in a timely and effective way
- Children's needs are better met improving their preparation for adulthood and life chances
- Inclusive provision with an understanding of whole school SEND and all staff seeing themselves as leaders and champions of children with SEND
- Streamlined referral processes so that CYP are supported in a timely manner and in the right way



Priority 2

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To actively engage with children, young people and their families so that their vision of **“Our Voice, Our Choice”** is heard and supported during strategic planning.

Key actions are:



- To continue to **build on** and **evaluate** the **existing strong parenting offer**
- To continue to **develop approaches to gathering feedback from parents**
- **Expand the Vision Friendly Schools Award**
- To **build on** and **evaluate** the **Learning Disability Three Year Plan** and **Autism Strategy Plan**
- **To build on** the **current offer from SENDIASS** so that even more families are aware of what is available in the local area, and embed a co-produced **Young Person’s Hub** within the Local Offer
- To **build on** and **develop** the **digital inclusion offer** to support **engagement** and **information sharing** with our CYP

When we get this right, it looks like:

- **All children and young people feel safe and heard**
- **All families feel heard** without having to repeat their situation and needs
- **All families know what services are available** to them and **how to access them** - the right services are in place at the right time
- Our workforce across education, health and care are committed to a **“team around the family”** approach, with the right skills etc. to deliver services to our CYP at the right stage of their development
- **All families feel they are respected, valued and empowered** to meet their children’s needs with the right support in their local community

Priority 3

**Health, Social Care
and Education
Services work
together to
commission the
best support and
keep all children
and young people
safe**

Key actions are:



- To develop our **offer of alternative provision**
- To continue to develop the **ARMS provision across Gateshead** to meet the needs of CYP within mainstream settings
- To evaluate, review and build upon **our therapeutic offer** and **timely access** to services
- To support children and young people who experience **anxiety and mental health issues** so that they can attend school regularly
- **Review the Short Breaks scheme** to ensure arrangements are in place to meet needs of CYP who need to access a wide range of provision
- **Use collated data** from the **Gateshead JSNA** to **identify future actions** and **joint commissioning needs**

When we get this right, it looks like:

- **Joint Commissioning** underpins our work and the system works collectively to **meet families' needs as early as possible**
- **Equitable and accessible services** across the borough, informed by lived experiences
- **Partnership working is excellent** - families and professionals have a good understanding of what each service does and how to access it
- **Families are assured that services are working together** to meet needs
- **Effective monitoring** of commissioned provision and ensuring that provision is good value for money



Priority 4

To ensure that children and young people are well prepared, supported and feel positive about taking their next steps

Key actions are:



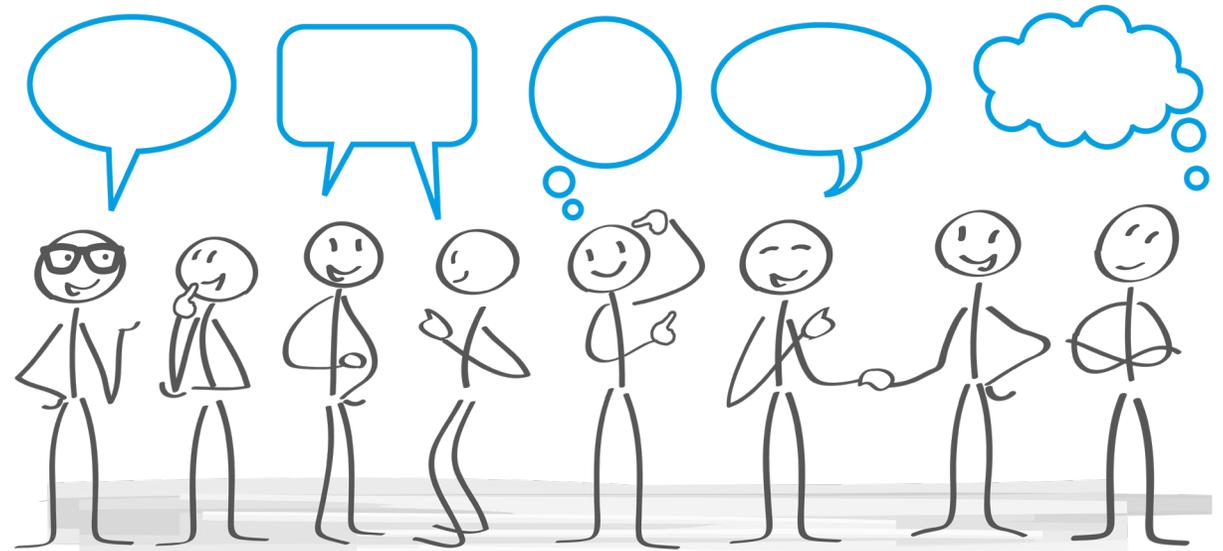
- **Transition processes across education, health and care are in place for all key stages** to ensure that CYP are fully prepared and supported
- **Transitional workplace training packages** to be developed to ensure CYP are fully supported
- A **council based supported internship offer and apprenticeships** for young people with SEND will be developed
- Development of **targeted training** linked to writing for CYP with SEND
- To **address the shortfall in attainment and progress** at KS4 for CYP at SEN support and with an EHCP compared to North East and National Data

When we get this right, it looks like:

- CYP have a **clear pathway** to achieving their goals and know who will help them on this journey.
- **All CYP with SEND feel they are in the right place** - happy, included, heard, valued and trusted by those around them
- All CYP have a **sense of achievement** within **realistic expectations**
- All CYP are **supported by those who know them best** to eliminate barriers and achieve their own potential
- All CYP with SEND are **guided onto clear and flexible pathways** of support built to meet their needs
- All CYP are **supported on pathways to reduce anxiety and build confidence**
- Where multiple partnerships are involved, **solutions are swiftly and effectively implemented** to support Delivering Better Outcomes

Who have we consulted with?

- Parents and Carers
- Children and Young People
- School Leaders
- Teams across Education
- Teams Across Health
- Teams across Social Care



Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ARMS	Additionally Resourced Mainstream School
ASC	Autistic Spectrum
CYP	Children and Young People
DCS	Director of Children's Services
EHCP	Education Health and Care Plan
EYAIT	Early Years Assessment and Intervention Team
JSNA	Joint Strategic Needs Assessment
LDD	Learning Disability/Difficulty
MLD	Moderate Learning Difficulties
PCF	Parent Carer Forum
Parent/Parental	This term includes Carers
SALT	Speech and Language

SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SENDSCO	Special Educational Needs and Disabilities Co-ordinator
SEMH	Social Emotional and Mental Health
SLCN	Speech Language and Communication Needs
SLCN	Speech Language and Communication Needs
SpLD	Specific Learning Difficulty
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stopping The Over Medication of Children and Young People

Next Steps

- Public consultation across February followed by analysis of findings
- Final amendments made early March, followed by publication on website

Currently in development, and starting to report into SEND board -

- Project plan with 4 key priority owners
- Working parties/workstreams/actions

Next Steps

- Public consultation across February followed by analysis of findings
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- Project plan with 4 key priority owners
- Working parties/workstreams/actions

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TITLE OF REPORT: FAMILY HUBS & START FOR LIFE UPDATE

1. Purpose of the Report

To seek the views of the Health & Wellbeing Board on the implementation of the Family Hubs and Start for Life Programme.

2. How does the report support Gateshead's Health & Wellbeing Strategy?

The Family Hubs and Start for Life offer will have a direct impact on the six policy objectives of the Health and Wellbeing Strategy through the provision of (a) an integrated support offer to families with dependent children and (b) an all-age menu of help and advice for people of all ages, regardless of family composition.

3. Background

The Government (Department of Health and Social Care and the Department for Education – DHSC and DfE) has allocated £301.75 million over the next three financial years to enable 75 Upper-Tier Local Authorities in England to deliver a package of family support and Start for Life services.

4. This includes funding for:

- **Bespoke parent-infant relationships and perinatal mental health support** – to promote positive early relationships and good mental wellbeing for babies and their families;
- **A network of Family Hubs** – to support the process of moving to a Family Hub model or to develop an existing Family Hub model further, putting the baby, child and family at the centre;
- **Infant feeding support services** – to design and deliver a blended offer of advice and support that will help all mothers to understand the benefits of breastfeeding and meet their infant feeding goals;
- **Parenting support** – to facilitate services to help all new and expectant parents make the transition to new parenthood as smooth as possible;
- **A clear 'Start for Life' offer** setting-out the services and support available to families in the local area during the 1,001 critical days;
- **Parent/carer panels** and ensure that parents' and carers' voices are heard in the design, planning and delivery of services;
- **The home learning environment** to aid early years educational recovery.

5. Gateshead Council has been notified that it is eligible for funding from the Family Hubs and Start for Life programme, subject to confirmation that we can deliver the programme's requirements, and has received an indicative funding allocation (2022-2025) of between £2,995,000 to £3,085,000. This includes a transformation

element to fund the change process, including costs associated with project development, communications, local needs assessment activities and minor building refurbishments.

6. The funding will also enable us to take forward the recommendations in *The Best Start for Life (A Vision for the 1,001 Critical Days)* review report. The report highlighted that the services offered to families in the critical period between conception and age 2 are often disjointed, making it difficult for those who need help to navigate the support available to them. The report committed to six action areas, focused on ensuring families have access to the support they need, and to ensure the Start for Life system is working together to provide that support

Ensuring families have access to the services they need:

- Seamless support for families: a coherent joined up Start for Life offer available to all families;
- A welcoming hub for families: Family Hubs as a place for families to access Start for Life services;
- The information families need, when they need it: designing digital, virtual and telephone offers around the needs of the family.

Ensuring the 'Start for Life' system is working together to give families the support they need:

- An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families;
- Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection;
- Leadership for change: ensuring local and national accountability and building the economic case.

7. Family Hubs can also act as anchor points for a wide range of services to connect with communities and should support the development of locality plans which reflect the priorities of people living within our neighbourhoods. Family Hubs are about early intervention and prevention, are complementary to current and emerging locality work and can only operate effectively within a strong, joined-up system of placed-based help.

8. The Family Hub model is underpinned by three key principles:

Access:

- There is a clear, simple way for families with children of all ages to access help and support through a Family Hub building and/or a Family Hub approach.

Connection:

- Services work together for families, with a universal 'front door', shared outcomes and effective governance;
- Professionals work together through co-location, data-sharing and a common approach to their work. Families only have to tell their story once;
- Statutory services and Voluntary and Community Sector (VCS) partners work together to get families the help they need.

Relationships:

- The Family Hub prioritises relationships and builds on family strengths.
 - A relational approach is at the heart of everything that is delivered in Family Hubs.
9. The development of a Family Hub should involve key stakeholders in the local area across health, social care, education and VCS organisations, and it should be representative of the 0–19 age range and 0-25 range for SEND. In addition to the funded strands, Family Hubs will develop a wider offer which can include support for:
- Midwifery and health visiting services
 - Activities for children aged 0-5 years
 - Nutrition and weight management
 - Smoking cessation
 - Oral health
 - Substance misuse
 - Youth and youth justice services
 - Reducing parental conflict
 - Domestic abuse
 - Housing
 - Debt
 - Early childhood education
 - Intensive family intervention and safeguarding services
 - Mental health

10. Progress

Actions completed to date can be summarised as:

- Formal sign-up progress completed by 30 October 2022 deadline;
- Delivery Plan submitted by 30 December 2022 deadline – summary of proposals is given below;
- Family Hub branding developed – based on ‘Thrive’ concept/design;
- Expanding co-location of community midwifery services to more Family Hub sites – already located at two centres;
- Working with Digital/Communications colleagues to develop the Start for Life offer;
- Ongoing consultation with the Family Hubs & Start for Life Steering Group and wider partners.

11. Proposal

Our delivery model can be summarised as:

- We will seek to re-purpose the existing Children’s Centre estate under new Family Hub and Start for Life branding, re-launching our centres at Deckham (Elgin Road), Chowdene (Waverley Road), Blaydon/Winlaton (Shibdon Bank) and

Birtley (Harras Bank) as Family Hubs before 31 March 2023 and in line with programme/milestone expectations. We plan to increase staff capacity at the four main Family Hub sites, creating bespoke 'Start for Life' fixed-term roles to support the initial phase of programme implementation.

- Centres at Felling (High Street) and Teams (Rose Street) will follow in July 2023, while partnership sites at Leam Lane (Cotemedede) and Wrekenton Hub (High Street) are also within scope to host a Family Hub offer.
- We will identify VCS assets in four communities of highest need where a Family Hub facility is not available and a further two assets with known experience and expertise in engaging with targeted cohorts of families. We will fund staff capacity in these VCS assets – aligned to the Family Hub network - to deliver aspects of the Start for Life and core Family Hub offer. We will also commission a VCS organisation to provide a co-ordination and oversight function for the aligned network of VCS spokes operating under a clear MOU detailing role and function.
- We will develop bespoke, nurturing spaces at our sites for confidential discussions and group activities, plus feeding-friendly areas. We will also scope the potential for birth registrations to take place at Family Hub locations.
- For parenting, perinatal mental health and infant feeding support, we will expand access to evidence-based interventions and significantly increase the offer of peer support opportunities for parents, including in VCS settings. We will develop an Infant Feeding Strategy, develop a dedicated Infant Feeding Support Team and simplify support pathways, increasing the capacity to deliver specialist feeding advice.
- We will expand our GP attachment pilot and fund feeding equipment, plus Hope and Baby Boxes, while increasing co-ordination capacity.
- We will train our early years and SEND workforces in evidence-based interventions to improve the pre-school home learning environment.
- The Start for Life offer will be hosted by the main Gateshead Council website and published in March 2023 alongside designated social media platforms. The portal will link closely with the online SEND Local Offer, Holiday Activities and Food (HAF) and Family Information Service (FIS) pages and connect to the full partnership contribution to the Start for Life and Family Hub offer.

12. Next Steps

- Develop the Delivery Plan to evidence the Level 3 assessment criteria set by DHSC/DFE;
- Deliver the key opening milestones (centres) and publish the Start for Life offer before 31 March 2023;
- Return the initial Management Information (MI) and Maturity Self-Assessment (MSA) exercise by week ending 17 March 2023;
- Consider nomination to become a 'Super Evaluator' in Spring 2023 to participate in more in-depth research with DHSC/DFE.

13. Recommendations

- The Health and Wellbeing Board is asked to consider the proposal for implementation of a Family Hub and Start for Life programme in Gateshead.

Contact/s:

Gavin Bradshaw Ext 3543
Moiria Richardson Ext 3034
Helen Fergusson Ext 2700

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TITLE OF REPORT: Health Protection Assurance Annual Report 2021/22

Purpose of the Report

1. Present an overview of the health protection system and outcomes for Gateshead as part of the Director of Public Health's responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population.

Background

2. The Director of Public Health (DPH) employed by Gateshead Council is responsible for the exercise of the local authority's public health functions. This includes those conferred upon the Council by Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to promote "the preparation of or participation in appropriate local health protection arrangements". This report forms part of those arrangements.
3. Health protection describes those activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
 - Prevention - screening, immunisation and vaccination schemes to prevent the incidence of diseases
 - Surveillance – systems of disease notification, identifying outbreaks
 - Control - management of individual cases of certain diseases to reduce the risk of spread
 - Communication – communicating messages and risks during urgent and emergency situations.
4. The attached report (Appendix 1) provides further detail of those arrangements and activity ranging from 2019 to 2022. The indicators use data from varying timeframes, in all cases the most recent data has been sought for the report although this can range from 2019 to 2022 due to publication schedules.

Conclusions

5. An analysis of the data and information regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the assurance priorities for next year 2022/23. These include
 - Screening: Focusing on supporting screening programmes to resume to their normal delivery models after the pandemic; and reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively high uptake levels across Gateshead as a whole.
 - Immunisation: It is noted that Gateshead has high uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
 - Further work to understand better the data around levels of Hepatitis C infection.
 - EPRR: Embed the Health Protection Assurance Board
 - Excess winter deaths: Review the data and consider possible causes for increased rates, work with stakeholders locally to support initiatives that protect the vulnerable and elderly.
 - Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead.
6. Existing Health Protection Assurance arrangements remain in place with oversight through the Gateshead Health Protection Board and this annual report.

Proposal

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

Recommendation

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

Contact: Alice Wiseman, Director of Public Health.

Appendix 1.

Health Protection Assurance Report 2021/22

Executive Summary

1. Gateshead has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning, this framework is outlined in appendix 1.
2. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these indicate the priority areas for next year 2022/2023. These include:
 - Screening: Focusing on supporting screening programmes to resume to their normal delivery models after the pandemic; and reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively high uptake levels across Gateshead as a whole.
 - Immunisation: It is noted that Gateshead has high uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
 - Further work to understand better the data around levels of Hepatitis C infection.
 - EPRR: Embed the Health Protection Assurance Board
 - Excess winter deaths: Review the data and consider possible causes for increased rates, work with stakeholders locally to support initiatives that protect the vulnerable and elderly.
 - Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead.

Introduction

3. The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection for Gateshead Council¹. The DPH, on behalf of the Council, should be assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. This report is to inform the Health and Wellbeing Board about arrangements and outcomes for health protection in Gateshead.
4. The most recent data available has been used in the analysis for this report. In circumstances where the data is not available, assurance for Gateshead is limited to the overall assurance we have in respect of the programme or the period for which we do have data. We recognise this report covers the period including the Covid Pandemic where there were alterations to some service delivery and data collection methods. The data included in the report has also been captured over different time periods ranging from 2019 to 2022 so please refer to each dataset individually for detail and note any limitations.

Background

5. Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.
6. This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:
 - National programmes for screening and immunisation which may be routine or targeted;
 - Management of environmental hazards including those relating to air pollution and food;

- Health Emergency Preparedness Resilience and Response (EPRR), the management of individual cases and incidents relating to communicable disease (e.g. meningococcal disease, tuberculosis (TB), influenza) and chemical, biological, radiological and nuclear hazards;
 - Infection prevention and control in health and social care community settings and in particular, Healthcare Associated Infections (HCAIs);
 - Other measures for the prevention, treatment and control of the management of communicable disease (e.g. TB, blood-borne viruses, seasonal influenza).
7. The DPH is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.

Health protection a multi-agency function

8. Local Authorities are responsible for providing independent scrutiny and challenging the arrangements of NHS England (NHSE), UK Health Security Agency (UKHSA) and providers. The responsibility for the provision of the health protection function is spread across all the organisations.
9. Gateshead Council, through the leadership role of the DPH, has a delegated health protection duty from the Secretary of State to provide information and advice to relevant organisations to ensure all parties discharge their roles effectively for the protection of the local population². This leadership role relates mainly to functions where the responsibility for commissioning or coordinating lies elsewhere. The Council also provides local support for the prevention and investigation of local health protection issues through the Public Protection Environmental Health (EH) function.
10. Screening and Immunisation Teams (SITs) employed by UKHSA are embedded in NHSE. The SITs provide local leadership and support to providers in delivering improvements in quality and changes in screening and immunisation programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.
11. UKHSA brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to cases, incidents and outbreaks; and provides expert advice to NHSE to commission immunisation and screening programmes, as well as other responsibilities relating to surveillance and planning.
12. All organisations have responsibility to protect their staff, customers and visitors etc. with appropriate infection control, staff vaccination and information programmes.
13. Gateshead Place (formerly NHS Newcastle Gateshead CCG) commissions treatment services (e.g. hospital inpatient treatment, nurses working with specific infections, such as TB) that comprise an important component of strategies to control communicable disease.
14. Emergency preparedness, resilience and response functions are provided by all category one responders; this includes the Local Authority, UKHSA, NHSE, Emergency Services and NHS Foundation Trusts. Those organisations form the Gateshead Multi-Agency Resilience and Emergency Planning Group.

Covid-19 (C19)

15. The pandemic was announced in March 2020. Since that time there has been a significant impact on the population, daily lives and service delivery especially within healthcare. We have seen significant case numbers and deaths in the elderly and vulnerable populations. The 2020/2021 DPH report focuses on Covid and recovery. Guidance remains in place for those living and working in care and health settings. We remain vigilant to the threat of increasing Covid case numbers and continue to work closely with our

partners including the local trust to gauge the level of community transmission across Gateshead. Currently there is no public testing offer meaning C19 prevalence is difficult to estimate. We are also supporting the Covid vaccination schemes throughout the winter months as this is one of our strongest lines of prevention and protection (page 10). A brief summary and timeline of Gateshead's Covid data is found in table 1.

Table 1: Covid Data highlights and timeline for Gateshead ^{3,4}

2020	<p>Notification of the first confirmed case was 13/03/2020</p> <p>The first wave was March 2020 – June 2020, with a daily case high of 50 (23rd April) and a 7 day rolling rate of 123.3 cases per 100,000 (10th April).</p> <p>The second wave was September 2020 – November 2020, with a daily case high of 176 (9th November) and a 7 day rolling rate of 476.4 cases per 100,000 (9th November).</p> <p>Hospital admissions – waves of admissions followed case waves by 1-2 weeks. Daily high of 38 admissions (1st April) and 29 admissions (4th November). 7-day average of patients in hospital peaked at 119.1 (11th April) and 129.6 (9th November).</p> <p>Deaths – very quickly followed the first wave, w/c 17th April saw highest point in wave 1 deaths=46; which declined quickly to almost 0 in July, then increased in wave 2 with a 2nd wave high w/c November 20th of 26</p>
2021	<p>The first wave of cases was from December 2020 throughout January 2021, The daily case high was 166 on 4th January 2021. The 7 day rolling rate peaked at 487.7 cases per 100,000 (4th January).</p> <p>The second wave was June – August 2021. The daily case high was 339 (12th July). The 7 day rolling rate peaked at 985.4 cases per 100,000.</p> <p>Hospital admissions – Daily high of 16 admissions (12th January). 7-day average of patients in hospital peaked at 85.4 (17th January). There were then a number of smaller peaks in hospital patients between July – December, not exceeding a 7-day average of 61.4 patients in hospital.</p> <p>Deaths – Remained relatively stable at approximately 15 per week until mid-March, whereby they declined to 0 until July and averaged approx 4 deaths per day for the rest of the year. .</p>
2022	<p>Cases – 1st wave December 2021 – February 2022; daily case high of 1150 (4th Jan – Omicron) / 2nd wave March – May; daily case high of 320 (21st March). The highest 7 day rolling rate was reached on 6th January 2022 at 2939.8 cases per 100,000. The March wave peaked at 823.5 cases per 100,000 on 26th March.</p> <p>A number of smaller waves have followed, with peaks of 101 cases (6th July) and 57 cases (27th September). COVID case numbers in</p> <p>N.B. A lack of testing means case numbers are underestimated. Hospital admissions and deaths can give us a more accurate picture and suggest that although case numbers appear much lower in the 'smaller waves' throughout summer/winter 2022 – hospital admissions are comparable to the January 2022 peak.</p> <p>Hospital admissions – daily high 23 (19th January). 7 day average of patients in hospital peaked at 101.6 (24th January); 93.6 (4th April); 74.9 (25th July); 79(25th October); currently approaching new peak (73.7 as of 8th January).</p> <p>Deaths continue at a low level at approx. 0-5 death per week throughout 2022</p> <p>Gateshead Covid case numbers in the 7 days up until 7th January 2023 was 56 cases per 100,000.</p>

As of 1st April 2022, the government no longer provided free tests for general public use in England. This means case numbers are likely underreported and underestimated after this time period. To maintain assurance in this area there is ongoing surveillance of healthcare data (hospital admissions and deaths)

and prevalence estimates produced from the ONS Coronavirus Infection Survey. ([Coronavirus \(COVID-19\) Infection Survey, UK - Office for National Statistics](#))

COVID-19 highlighted how socioeconomics play a significant role in determining health inequalities, in this case the incidence and prevalence of the infection in different socioeconomic and occupational groups. The national COVID-19 inquiry hearings are ongoing and will, hopefully, identify areas for improvement around national preparedness.

Screening

16. Screening is used in a population to identify the possible presence of an as-yet undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce potential harm. Each programme is underpinned by rigorous quality assurance, including a programme of visits by the UKHSA screening quality assurance service and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).
17. The screening programmes, commissioned by NHSE for which the DPH has an assurance role are:
 - Cancer screening programmes (breast, bowel and cervical)
 - Diabetic Retinopathy
 - Abdominal Aortic Aneurysm (AAA)
 - Antenatal and Newborn screening programmes.
18. Data for the adult screening programmes are available for up to quarter 4 of 2022/22, table 2. Figures are subject to revision prior to the publication of the Q1-Q4 annual report, so may differ from reported Q4 figures.
19. Two key indicators can be used as measures of assurances alongside national uptake of screening programmes; these are:
 - National baseline indicators.
 - Clinical standards that are required to ensure patients safety and control disease.
20. Table 2 demonstrates that Gateshead has a general higher screening coverage than the England average. Some programmes are still below the national standard and further work to understand and increase these rates is needed.
21. Uptake of the AAA and cancer screening programmes in Gateshead continues to be either similar or above the national average. The table below present's coverage for the adult screening programmes.
22. Data for the Diabetic Eye Screening Programme is unavailable at a Gateshead level. Performance, reported at North of Tyne and Gateshead area level, suggests that uptake is below the England average and national standard. The SITs are also aware of inequalities in the uptake of the service, with lower uptake amongst younger age groups and those from more deprived socioeconomic areas.

Table 2: Adult Screening Programme Coverage/Uptake Q4 2021/22⁵

Screening Programme	National Standard	% Coverage	
		England	Gateshead
Cervical Cancer (25-64 years)	80%	68.0%	74.6%
(50-64 years)		74.7%	75.5%
Breast Cancer (53-70 years)	70%	53.3%	54.2 %

Bowel Cancer (60-69 years)**	No threshold recorded	70.3%	72.8%
AAA (men 65 years, 2020)	75%	59.5%	55.7%
Diabetic eye screening*	75%	78.4%	75.2%

*North of Tyne and Gateshead diabetic eye screening programme data

** Latest Bowel Cancer screening data is for Q3 2021/22.

Red: Below England coverage and national standard; Amber: Below national standard but above England coverage; Green: Above both national standard and England coverage

23. The Antenatal and Newborn screening programme covers six areas:

- Fetal anomaly
- Sickle cell and thalassemia
- Infectious diseases in pregnancy
- Newborn infant physical examination
- Newborn hearing screening
- Newborn bloodspot screening

24. Data on the coverage of the entire Ante-Natal and Newborn screening programme is not uniformly available at a Gateshead level. Some are available at Gateshead level, others are available at Newcastle Gateshead level, please see key and table 3 for further detail. Overall table 2 demonstrates high coverage for this screening programme.

Table 3: Antenatal and Newborn screening coverage Q4 2021/22⁶

Screening programme	National Standard	% Coverage 2021/22	
		England	Gateshead
Infectious Diseases in Pregnancy – HIV	95.0%	99.8%	99.8%
Sickle Cell and Thalassemia	95.0%	99.7%	99.8%
Newborn Blood Spot Screening	95.0%	97.3%	98.1%*
Newborn Hearing Screening	98.0%	98.3%	99.2%**
Newborn and Infant Physical Examination Screening	95.0%	96.6%	97.0%

*Data is for NHS Newcastle/Gateshead. **Data is a combined Sunderland South Tyneside and Gateshead.

Immunisation and vaccination

25. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections. In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

26. NHSE is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services will deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance Indicators.

Routine childhood immunisation programme

27. Current coverage for routine childhood immunisation programme in Gateshead is presented in table 4 below. Achieving population coverage of >95% is important as this is the point at which the entire population is protected, including the 5% that are not vaccinated. This is referred to as herd immunity.

Table 4: Coverage routine childhood immunisation programme Gateshead 2021/22⁷

Vaccine and booster programme	Age cohorts					
	12 months		24 months		5 years	
	England	G'head	England	G'head	England	G'head
Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib)	91%	94.7%	93.3%	96.7%	94.7%	96.1%
DTap/IPV Booster					84.4%*	90.2%*
PVC	93.8%	95.7%	88.6%	93.4%		
Measles, mumps and rubella (MMR)			89.0%	94.2%	93.7%	96.0%
Hib/Men C booster			89.3%	94.1%	85.8%**	90.5%**
Rotavirus	90.1%	92.6%				
Meningitis B	91.8%	93.7%	88.3%*	93.6%*		

*Boosters ** 2 doses MMR 21/22

28. Gateshead achieves a higher uptake of childhood immunisation programmes than the England average, although does not always reach the target level of 95% or higher. Therefore, it is important we still strive to improve our rates to reach the target of 95% and understand any inequalities in access or uptake.
29. Of note during the pandemic many of the routine services including routine immunisations delivery were affected, therefore some figures may not truly reflect normal practice. This is important to note, as if uptake is low for particular cohorts then additional catch up considerations may be needed.
30. All girls and boys aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the childhood vaccination programme. The vaccine protects against cervical cancer and some oropharyngeal cancers. It's usually given in year eight at schools in England with a second dose administered within 6 to 12 months.
31. 2020 to 2021 was the sixth year HPV vaccine coverage for the 2-dose schedule has been calculated in school Year 9 females (aged 13 to 14 years) in England. The HPV programme in 2020 to 2021 was disrupted due to school closures in response to C19. In addition, the continued commitment to deliver on the universal childhood flu vaccine programme (the programme has been extended to 7 school years from reception to year 7 during the 2020 to 2021 academic year) may also have impacted the capacity of school immunisation providers to deliver the HPV vaccination programme. Uptake of the first and second vaccine for boys and girls is generally higher in Gateshead than nationally.

Table 5: HPV Vaccine Coverage in Gateshead (2020/21)⁸

	Females cohort 18: 12- to 13-year-olds (Year 8) birth cohort: 1 Sep 2006 to 31 Aug 2007.	Males cohort 2: 12- to 13-year-olds (Year 8) birth cohort: 1 Sep 2006 to 31 Aug 2007	Females cohort 17: 13- to 14-year-olds (Year 9) birth cohort: 1 Sep 2005 to 31 Aug 2006	Males cohort 1: 13- to 14-year-olds (Year 8) birth cohort: 1 Sep 2005 to 31 Aug 2006
Gateshead	80.3*	70.8*	96.0* 83.6**	86.9* 76.0**
England	76.7*	71.0*	81.8* 60.6**	17.3* 54.7**

*% Vaccinated with at least one dose by 31/08/2021 **% Vaccinated with 2 doses by 31/08/2021

32. Td/IPV (tetanus, diphtheria and polio) teenage booster is the final dose of the routine childhood immunisation programme. The national plan provides the Td/IPV booster in year 9 alongside the final MenC booster. Table 6 demonstrates high levels of uptake in Gateshead.

Table 6: Td/IPV Booster 2020/21⁹ and Men ACWY 2020/21¹⁰

Vaccine and booster programmes	Age Cohorts			
	Year 9		Year 10	
	England	Gateshead	England	Gateshead
Td/IPV	76.4%	90.9%	80.3%	94.3%
MenACWY	76.5%	90.9%		

At risk immunisation programme

33. The at risk immunisation comprises the following:

- Pneumococcal (PPV) vaccine single dose at 65 years
- Shingles vaccine single dose at 70 years (catch up for 78 and 79 year olds)

Table 7 Pneumococcal (PPV) and Shingles immunisation coverage^{11, 12}

Vaccination	England	Gateshead
PPV 2020/21	70.6%	76.1%*
Shingles (70 years) 2021/22	40.6%	44.1%

* Only available at Newcastle Gateshead CCG level

34. The coverage rate for the at risk immunisation programme in Gateshead is higher than the England rate, although it is noted that the overall uptake rates remain low in Gateshead and could be an area for further improvement.

Seasonal flu vaccine programmes

35. In 2020/21 annual seasonal flu vaccine was offered to:

- Those aged 2 and 3 years on 31 August 2021
- School aged children (all primary school aged children and eligible secondary school aged children)
- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- 50 to 64 year olds
- all those aged 65 years and over
- those in long-stay residential care homes
- carers / in receipt of carer's allowance / or main carer of an older or disabled person
- close contacts of immunocompromised individuals
- frontline health and social care staff

Table 8: Seasonal flu Vaccination Coverage Gateshead 2021/22^{13,14}

Indicator	Standard	Geography	2021/22
Population vaccination coverage - Flu (aged 65+) (%)	75	Gateshead England	85.4 82.3
Population vaccination coverage - Flu (at risk individuals) (%)	55	Gateshead England	60.5 52.9
Population vaccination coverage - Flu (Child) (%)	65	Gateshead England	69.2 57.4

Population vaccination coverage - Flu (2-3 years old) (%)	48	Gateshead	56.7
		England	50.1

36. Gateshead has higher coverage rate than England across the seasonal flu vaccination programme; both the adult and childhood age groups are also all above the standard.
37. The Gateshead Council Employee Winter Flu Vaccination programme for frontline staff 2020/21 used a voucher scheme which all eligible staff could use at local pharmacies. It is not possible to provide data on uptake.

Covid Vaccine Uptake

38. The Covid vaccination programme has been rolled out nationally, everyone aged 5 and over can get a 1st and 2nd dose of the COVID-19 vaccine. People aged 16 and over, and some children aged 12 to 15, can also get a booster dose. People aged 5 and over who had a severely weakened immune system when they had their first 2 doses, will be offered a 3rd dose before any booster doses. Some people, including those aged 50 years or over, those at higher risk or who are pregnant, and frontline health and social care workers, will be offered a seasonal booster (autumn booster).
39. In Gateshead, data from the 14th September 2022 reports 85% of the population has had their first dose and 81% have had a second dose.¹⁵
40. Data from the 31st July 2022 suggests of those eligible for a booster 81% have received this. Note: A booster is a third dose of the vaccine of whom only certain populations are eligible.¹⁶
41. There is still a gradient of deprivation, with 32% of residents remaining unvaccinated in the most deprived decile, compared to just 16% in the least deprived. Wards with the lowest Booster uptake are: Saltwell (71%), Bridges (74%), Deckham (76%), High Fell (76%), Lobley Hill and Bensham (76%). Ethnic minority groups also have higher percentages of people who are unvaccinated, with 54% of White and Asian ethnicities; 52% of White and Black Africans; 52% of Any Other Ethnic Group and 51% of Any other Black background remaining unvaccinated, compared to just 21% of White British Ethnicities.¹⁶ Targeted work could be completed to support and increase uptake in these areas.

Surveillance and communicable diseases

42. Effective surveillance systems ensure the early detection and notification of specific communicable diseases. UKHSA Health Protection Team obtains data from a wide variety of sources, including healthcare staff, hospitals, microbiology laboratories, sexual health services, local authority environmental health teams, care homes, schools and nurseries. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed and controlled.
43. Following the findings of poliovirus in sewage samples collected from the London Beckton Sewage Treatment Works, which covers parts of North and East London, earlier this year the UKHSA working with the Medicines and Healthcare product Regulatory Agency (MHRA) have expanded the surveillance of polio to a range of areas outside of the capital including parts of North Tyneside, Newcastle upon Tyne and Gateshead. This is on a precautionary basis to determine whether the virus is spreading to other areas. Additional areas have been chosen based on an assessment of risk, which takes into consideration several factors. This includes demographics – population groups living in the area with links to countries overseas where wild poliovirus is still found or where live oral polio vaccine is still used; areas with low

polio vaccination coverage; and areas with pockets of under-vaccinated communities. The sewage sampling strategy will continue to be reviewed and adapted as new evidence emerges.¹⁷ Nationally, including in Gateshead, the overall risk of paralytic polio is considered low because most people are protected by vaccination. In some areas of London, the Joint Committee on Vaccination and Immunisations have suggested a polio vaccination booster programme for children, this has not been required for Gateshead. Gateshead's public health team are being proactive and working closely with NHSE SIT to identify areas of low vaccination coverage for polio and increase uptake with targeted initiatives.

Environmental health and food safety

44. Gateshead Council's Environmental Health team are an important resource in preventing, identifying and investigating cases and outbreaks of, especially, foodborne infections, including food poisoning.
45. The Environmental Health team received 567 food hygiene and food standards complaints (2021/22). All complaints were investigated in a timely manner and action taken where appropriate. These investigations identified the following issues:
- 8 complaints about businesses not controlling allergens.
 - A food poisoning outbreak at a restaurant that was linked back to poor hygiene practices in the preparation and cooking of crispy duck. (Action: Advice given)
 - Possible food poisoning at a restaurant that was linked back to raw spring onion used in the dish. (Action: Advice given)
46. The team conducts a food sampling programme. In 2021/22 568 samples were obtained. The food sampling programme identified issues relating to hand washing, cleaning, incorrectly labelled products. All establishments which were unsatisfactory were given advice and resamples taken to monitor improvement.
47. Over the period the team investigated 459 cases of infectious disease including 348 cases of Campylobacter. UKHSA initiated an online questionnaire to try and ascertain if there was any common links with the large numbers of Campylobacter cases. The results did not show any links, but evaluation is ongoing.
48. The Environmental Health Team had all been seconded to Covid enforcement and operated on an emergency basis for food safety until September 2021. After returning to normal working, it was found that standards had declined, and officers are having to spend more time in premises providing help and advice to businesses. Officers also noted a large turnover in business ownership, with a lot of new food business operators. The team are following the Food Standards Agencies Recovery Program.

Control of specific diseases

49. Early diagnosis by clinicians, prompt treatment of cases and early reporting by microbiologists and clinicians to the UKHSA Health Protection Team are essential in enabling prompt public health action for diseases such as meningococcal infection. For other diseases such as gastrointestinal infections, initial reporting may be through sampling undertaken by local authority environmental health officers. The tables below present data on the notifications received for specific communicable diseases.

Table 9: Measles, mumps, meningococcal disease and whooping cough Notifications, 2021¹⁸

Area	Disease
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	Measles		Mumps		Rubella*		Meningococcal disease		Whooping cough	
	No.	Rate per 100k	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K
England and Wales	360	0.6	3214	5.4	67	0.1	58	0.1	527	0.9
North-East	36	1.4	360	13.6	1	0.04	3	0.1	59	2.2
Gateshead	2	1.0	32	16.3	0	0	1	0.5	3	1.5

All rates are per 100,000 population calculated using the mid-year population estimates from ONS.

Table 10: Foodborne and waterborne infectious disease Incidence rate, 2021¹⁸

Area	Disease									
	E. coli O157*		Salmonella		Campylobacter*		Cryptosporidium*		Legionellosis*	
	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K	No.	Rate per 100K
England and Wales	17	0.03	402	0.7	3891	6.5	162	0.3	90	0.2
North-East	0	0	0	0	0	0	5	0.2	3	0.1
Gateshead	0	0	0	0	0	0	1	0.5	1	0.5

All rates are per 100,000 population calculated using the mid-year population estimates from ONS.

50. Gateshead has lower rates compared to the NE region for all main food and waterborne infections. For some infections, where no cases were ultimately confirmed, there have been multiple possible cases and incidents reported which still require investigation and public health action before diagnostic test results are available. Sometimes, prompt action is needed to protect population health whilst diagnostics are ongoing.

Table 11: Hepatitis and Tuberculosis notifications 2021¹⁸

Area	Disease									
	Hepatitis A		Hepatitis B		Hepatitis C		Hepatitis E		TB	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	5	0.01	82	0.1	23	0.04	42	0.07	4787	8
North-East	0	0	1	0.04	1	0.04	1	0.04	84	3.2
Gateshead	0	0	0	0	0	0	0	0	4	2

All rates are per 100,000 population calculated using the mid-year population estimates from ONS.

51. Rates for Hepatitis B and C are so small it is difficult to draw definitive conclusions. There is a suggestion that the published available figures for Hepatitis C may underrepresent actual case numbers.

The TB rate per 100,000 of the population is higher than the regional average but the actual case numbers remain low.

Table 12: Sexually transmitted infections (STI) and new HIV diagnosis notifications (2021)¹⁹

	Rate per 100,000 population						
	All new STI diagnosis	Chlamydia	Genital herpes	Genital warts	Gonorrhoea	Syphilis	HIV (new diagnosis)
England	551	282	38.3	50.0	9	13.3	4.8
NE	440	261	39.6	40.8	46	9.4	3.2
Gateshead	494	276	44.1	45.6	66	5.0	2.0

52. The rates of STIs in Gateshead are similar or lower than the England average for most of the above indicators, but often the Gateshead rates remain slightly above the NE average. STI rates saw a rapid decline nationally and locally in 2020, likely linked to the covid restrictions in place during this period. Therefore, it is important to consider trend data and future data before drawing clear conclusions relating to table 11.

53. Monkeypox is an emerging threat, there have been significant cases numbers in London and this is beginning to spread to other parts of the country. At present cases in the North East remain very low in Gateshead with only 5 confirmed cases since the outbreak began in May 2022. We are working with UKHSA and local health partners to ensure the prompt diagnosis and management of cases locally, with clear protocols in place for this and any required public health action as a result.

54. As a council we have also reviewed our Health Protection Incident/Outbreak Action Card to support prompt management of cases to help reduce spread. The team have also worked with the NHSE SIT to ensure a Monkeypox vaccination programme in line with the national guidance, this is a targeted programme for populations at risk. The criteria for eligibility has been agreed locally between key partners and led by the local sexual health service commissioned by the council delivered through South Tyneside and Sunderland NHS Foundation Trust. The programme is severely limited by a shortage of national vaccine supply. Continued close monitoring of the outbreak is required to ensure appropriate and timely responses in line with national guidance.

Healthcare associated infections (HCAs)

55. Prevention of HCAs in healthcare settings is a key responsibility of healthcare providers, with most employing or commissioning dedicated specialist infection control teams. Hospital Trusts each have a Director of Infection Prevention and Control providing assurance to the Trust Board on HCAI prevention. UKHSA provides infection control advice in non-healthcare community settings such as care homes and schools. Rates of HCAs for Newcastle Gateshead CCG are given below:

Table 12: Rates of Healthcare Associated Infections 2021/22²⁰.

	Rates of Healthcare Associated Infections per 100,000 bed-days** 2021/22	
	England	Gateshead Health NHS Foundation Trust

MRSA	0.7	0.0
MSSA	11.3	9.6
E. coli	21.5	29.6
C. difficile	16.2	9.0

* These data do not provide a basis for decisions on the clinical effectiveness of infection control interventions in individual Trusts: further investigations considering potential confounders would need to be undertaken before this could be done.

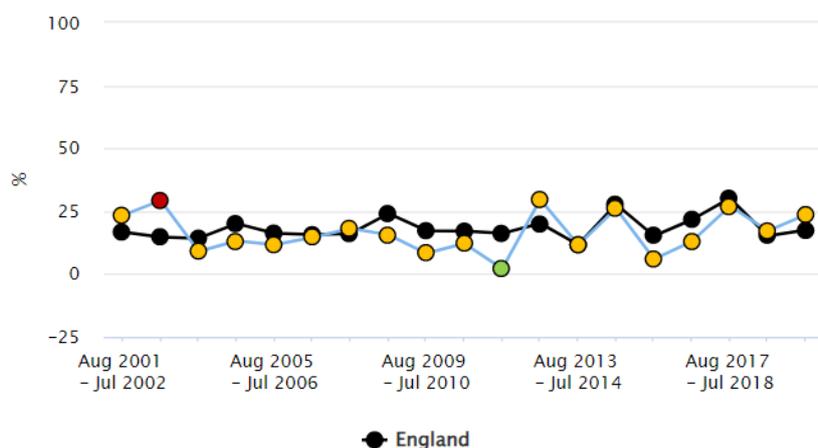
Nor do these data provide a basis for comparisons between acute Trust or CCGs. Rate information, using rate calculations as currently defined, is not appropriate for comparison. The counts of infections have not been adjusted to give a standardised rate considering factors such as organisational demographics or case mix. Rate information is of use for comparison of an individual organisation over time.

** Bed-days are based on overnight occupancy from NHS Digital

Excess winter deaths²¹

56. In Gateshead there were 80 excess winter deaths from Aug 20-Jul 21 (latest data available), this has increased from 60 in 2019-2020 but is a reduction on 2017-18 figures (190 excess deaths). Most excess winter deaths at a national level are due to COVID-19, followed by circulatory diseases, dementia and Alzheimer’s and respiratory diseases, and the majority occur amongst the elderly population. There is variation in the numbers of excess winter deaths between different years. It is not always apparent why this is the case but factors like seasonal flu outbreaks and temperature changes can have an impact. Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. In 2020-21 Gateshead saw 10.6% more people dying in the winter months compared to the non-winter months, compared to the England and NE average of 35.4% and 23.6% respectively. The figures suggest there were fewer excess winter deaths in Gateshead than the national average in 2020/21, with significant variation year on year. Note that the time period for this data includes deaths from COVID-19. The chart below presents the all-age excess winter deaths ratio and highlights the year on year variation from 2001-2020, both at a national and local level.

Chart 2: Excess winter deaths single year 2001 – 2020 (all ages)²⁰



Emergency Preparedness Resilience and Response

57. Planning for emergency situations, such as extreme weather events, flooding, evacuations, police operations including modern slavery cases and outbreaks or terror incidents, takes place at regional and local levels.
58. The DPH is a member of the North East Health Resilience Partnership (NELHRP) which is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. Work is directed through the Health and Social Care Resilience Group (H&SCRG) which is responsible for co-ordinating the development of health and health related social care resilience arrangements, capability and capacity to respond to emergencies and major incidents as part of a multi-agency response.
59. UKHSA co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
60. The Gateshead Multi-Agency Resilience and Emergency Planning Group meets quarterly, has a remit to ensure that the council and partners are equipped to respond to an emergency in Gateshead. This includes reviewing and developing internal policies, providing shared awareness for issues concerning the Gateshead borough and Northumbria Local Resilience Forum area and engagement in and sharing the learning from exercises and reviewing and learning from local emergency situations e.g. flooding
61. The DPH continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by UKHSA to co-ordinate such advice in the event of an emergency incident.
62. Gateshead Council's Resilience and Emergency Planning Team represents the authority at Northumbria Local Resilience Forum (LRF) strategic and tactical board meetings and planning groups to ensure considerations for regional plans are incorporated into local plans, including identified risks and mitigations.
63. Gateshead Council's Emergency Response Team will provide strategic and tactical level representation at multi-agency coordination meetings during incident response. Representatives will make decisions on the Council's behalf, commit resources where required and liaise with internal command and control structures to ensure shared situational awareness.
64. Representatives from Gateshead's Resilience and Emergency Planning and Public Health Teams will attend Event Safety Advisory Groups (SAGs) when required to provide advice and guidance to event planners/management to strengthen security and public health arrangements.

Air Quality

65. There are various contributory factors to air pollution, including road transport, domestic and industrial sources. There are two pollutants associated with road transport that cause problems with health in Gateshead. They are nitrogen dioxide (NO₂) and particulate matter less than 2.5 microns

in size (PM2.5) - both have short and long-term effects on human health. NO₂ is a colourless gas released from motor vehicle exhaust systems when fuels are burned. PM2.5 is also linked to exhaust systems but is also released from braking systems and tyre wear.

66. There are two different arrangements in place for monitoring and reporting on air quality in the UK. Firstly, there is the national monitoring arrangement whereby the UK Government must report to the European Commission annually on its progress in meeting the requirements of the 2008 Ambient Air Quality Directive (2008/50/EC), which sets the UK legally binding limits of maximum permissible levels for roadside concentrations of pollutants that impact public health including NO₂ and PM2.5. The Government operates an extensive national monitoring network which is supplemented by pollution control modelling. Secondly, there are requirements placed on local authorities like Gateshead Council under The Environment Act 1995. This is known as Local Air Quality Management (LAQM). LAQM is the statutory process by which local authorities monitor, assess and act to improve local air quality.
67. The Government has set specific LAQM air quality objective standards for pollutants that should not be exceeded. When pollutants are found to be close to or higher than these standards and where there is relevant exposure, local Councils are required to declare Air Quality Management Areas (AQMA) and take steps to reduce air pollution.
68. Due to measured levels of NO₂ repeatedly exceeding the annual mean objective of 40 micrograms per cubic metre (µg/m³), Gateshead Council declared an AQMA in April 2005 within Gateshead Town Centre. This was extended to the south along Durham Road in April 2008.
69. In 2017 Gateshead and Newcastle City Councils were directed by central government to develop a plan that will address how to reduce NO₂ exceedances on the Tyne Bridge and A167 in Newcastle that exceed legal limits set by the European Directive which is now part of UK law. Subsequently (2020, with an update in 2022) government have directed the local authorities to implement a Clean Air Zone (CAZ). Work on implementing a Clean Air Zone (CAZ) which would subject older, more polluting vehicles to a charge for using the road network, has been subject to lengthy delays due to the Covid pandemic, legal challenges and funding issues. In January 2023 a category C CAZ will be launched. This includes non-compliant buses, coaches, taxis, HGVs and LGVs, with the phased approach including LGVs from July 2023. The zone covers central Newcastle and the bridges between Newcastle and Gateshead in the central area.
70. Gateshead Council continues with its monitoring regime which was extended from 2018 to reflect additional monitoring requirements linked to the CAZ, using 5 automatic monitoring stations (3 of which are within the AQMA) to record real time concentrations of NO₂, PM2.5. and PM10. NO₂ is also measured across a network of 64 non – automatic sites using low cost passive diffusion tubes. 23 of these sites are located inside the AQMA. Every month 74 individual tubes are exposed (with 15 co – located at the 5 automatic monitoring stations).

71. For several years now, levels of NO₂ have generally fallen and have remained consistently below the annual mean objective in these locations within the AQMA. The impact of Covid19 and the lockdowns during 2020 meant significantly lower traffic volumes on the road network. This had a positive impact on reducing the concentrations of NO₂ and Particulate Matter during this period. The recovery from covid has generally seen concentrations of NO₂ increase back towards, but not yet return to, pre-pandemic levels.
72. The maximum real time concentration of NO₂ within the AQMA during 2021 as an annual average was 34 µg/m³ measured at the Tyne Bridge (compared to 44 µg/m³ in 2019 and 32 µg/m³ in 2020). However, there is no 'relevant exposure' in this location. The highest concentrations where there is relevant exposure were on Bottle Bank and Lychgate Court, both measuring 25 µg/m³ (34 µg/m³ and 27 µg/m³ respectively in 2019 and 25 µg/m³ and 21 µg/m³ in 2020 respectively). The highest concentration measured using a bias adjusted diffusion tube within the AQMA was 36.2 µg/m³. This was tube TB6 on the A167 Tyne Bridge, but again does not represent relevant exposure (41.9 µg/m³ in 2019 and 32.9 µg/m³ in 2020). The highest concentration where there is relevant exposure was seen at Lychgate Court with 27.5µg/m³, compared to 31.5 µg/m³ in 2019 and 24.1 µg/m³ at the same locality in 2020. The monitoring data also indicates that there were no exceedances of the annual mean objective level outside of the AQM

Conclusions

73. The Health Protection Arrangements across Gateshead are multi-agency. This report alongside an overview of the meeting and reporting structures, aims to provide the necessary assurance that the local health protection systems are robust and equipped to both prevent and suitably react to health protection situations.
74. There are clear limitations to the report in relation to the data, not all data sets are complete, and some vary in time period. Many of the data sources offer rates per 100,000 of the population but these are often not standardised so differing population demographics and factors such as socioeconomic status are not accounted for and skew the data when comparing to the north east and nationally. Therefore, in order to draw robust conclusions, the data should be triangulated with service reports, trend data and other qualitative data sources. Also, this report covers a unprecedented time period of the C19 pandemic which affected social interactions, daily living and healthcare services so a lot of normal service delivery was disrupted or paused; meaning comparison to previous years is difficult. It has also resulted in many ongoing changes in service delivery and behavioural factors which may affect the data and we are still very much in a phase of recovery.
75. The Gateshead response to the C19 pandemic was very positive with lots of partnership working across the system and positive relationships built which can be taken forward and further developed. The ongoing threats from Polio, Monkeypox, C19 and Avian Influenza also are important considerations for the future year.
76. From the limited conclusions we can draw it is apparent that Gateshead remain very strong in its screening and vaccination coverage across both adult and children services. Health protection incidents/outbreaks have a clear protocol and established multidisciplinary and multiorganizational partnerships have helped deal with issues promptly to reduce local spread.

Recommendations

- Screening: Focusing on supporting screening programmes to resume to their normal delivery models after the pandemic; and reviewing the data in more detail to consider the health inequalities around access and coverage despite relatively high uptake levels across Gateshead as a whole.
- Immunisation: It is noted that Gateshead has high uptake rates of its immunisation programmes, further work could be considered to continue to push coverage rates up to the national targets of 95% and also review local variation in uptake to support targeted initiatives in areas with lower uptake rates.
- Further work to understand better the data around levels of Hepatitis C infection.
- EPRR: Embed the Health Protection Assurance Board
- Excess winter deaths: Review the data and consider possible causes for increased rates, work with stakeholders locally to support initiatives that protect the vulnerable and elderly.
- Air Quality: Implementing the Clean Air Zone to improve air quality in Gateshead

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

FFR49 Whitworth Chemist Ltd, Wrekenton Health centre, Springwell Road, Gateshead NE9 7AD

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Tuesday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Wednesday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Thursday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Friday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Saturday	None	09:00-13:00	09:00-13:00
Sunday	None	None	
Total Hours per week	40 Hours	11 Hours 30 Minutes	51 Hours 30 Minutes

Revised hours with effect from 05/12/2022

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Tuesday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Wednesday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Thursday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Friday	09:00-13:00 14:00-18:00	08:30-09:00 13:00-14:00	08:30-18:00
Saturday	None	None	Closed
Sunday	None	None	Closed
Total Hours per week	40 Hours	7 Hours 30 Minutes	47 Hours 30 Minutes

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

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