



## GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 8 March 2024 at 10.00 am in the Bridges Room - Civic Centre

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From the Chief Executive, Sheena Ramsey

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| Item | Business  |
|------|---|
| 1    | <b>Apologies for Absence</b>  |
| 2    | <b>Minutes</b> (Pages 3 - 8)  |
| 3    | <b>Declarations of Interest</b><br><br>Members of the Board to declare an interest in any particular agenda item. |
| 4    | <b>Updates from Board Members</b><br><br><b>Items for Discussion</b>  |
| 5    | <b>Community Physical Activity Update (Presentation)</b> - Emma Gibson (Pages 9 - 12)                             |
| 6    | <b>Family Hubs update (Presentation)</b> - Gavin Bradshaw   |
| 7    | <b>Feedback from HWB Development Session 29th Feb</b> - All   |
| 8    | <b>Gateshead Cares System Board Update</b> - Mark Dornan<br><br><b>Items for Assurance</b>                        |
| 9    | <b>BCF Quarter 3 return</b> - John Costello (Pages 13 - 18)<br><br><b>Items for Information</b>                   |
| 10   | <b>Pharmacy notifications from NENC ICB</b>   |
| 10a  | Boots UK Ltd: 16 Front Street, Winlaton (Pages 19 - 20)   |
| 10b  | Pharmacy@Home Ltd: Distance Selling Premises at 32 Oakwood Gardens, Gateshead (Pages 21 - 22)                     |
| 11   | <b>Any Other Business</b>   |

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## GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

**Friday, 26 January 2024 at 10.00 am in the Bridges Room - Civic Centre**

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From the Chief Executive, Sheena Ramsey

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Item Business

**HW70 Minutes**

The minutes of the meeting held on 1 December 2024 were approved as an accurate record.

**HW71 Declarations of Interest**

No declarations of interest were made.

**HW72 Updates from Board Members**

Updates were given by members of the Board on changes and news in the sector:

- The Board’s session on aligning the culture of organisations across Gateshead, facilitated by Professor Peter Kelly, was successful. A second session has been agreed for 29 February 2024.
- More research was done by Citizen’s Advice on prescription charges being a barrier to healthcare access, this research has found that this is not a prevalent issue for citizens.
- Healthwatch Gateshead is working with the regional Healthwatch network and the ICB to bring out a survey on dentistry in February/March.
- Adult Social Care peer review is scheduled to start on 19 March 2024.
- Have rebranded and launched the Gateshead Health Charity.

**HW73 Director of Public Health Annual Report**

The Board was presented with the Director of Public Health’s annual report. The 2023 report focuses on the health affects of the following industries:

- Tobacco
- Gambling
- Ultra-processed food and drink
- Alcohol

This report involved information on the impact of these industries on residents in Gateshead and citizens across the UK, particularly on health and death rates that relate to the four industries that the report is focused on.

The presentation included recommendations for what to do going forward relating to each of these industries:

## **Tobacco**

Recommendation 1 – Support and advocate for proposed age of sale legislation.

Recommendation 2 – Advocate for a ‘polluter pays’ levy.

Recommendation 3 – Support and enforce vape regulation.

Recommendation 4 – Creating a system approach to quitting.

Recommendation 5 – Prevention is key.

Recommendation 6 – Commit to long-term, multi-strand approach to tobacco control.

## **Alcohol**

Recommendation 1 – The alcohol industry should not influence health policy, health services or education/awareness raising initiatives aimed at young people.

Recommendation 2 – Strengthen the current system for governing alcohol marketing.

Recommendation 3 – Challenge the narrative of the alcohol industry.

## **Ultra processed food and drinks**

Recommendation 1 – HFSS products should be restricted on council owned sites.

Recommendation 2 – Harnessing social movements in Gateshead to build upon previous work in reducing health-harming commercial determinants of health and create healthier communities.

Recommendation 3 – Use practice-based evidence to inform local strategies.

## **Gambling**

Recommendation 1 – Recognise the importance of the harm caused by gambling.

Recommendation 2 – Advocate for a comprehensive public health approach to gambling harm prevention.

Recommendation 3 – Create policies and strategies independent from the gambling industry to prioritise health and wellbeing.

The Board commended the report.

### **RESOLVED:**

- i. The Board noted the report.
- ii. The Board welcomed the topics from this report coming back to future meetings and sessions.

## **HW74 Gateshead Health NHS FT Plans and Focus on Women's Health**

The Board received a presentation updating on Gateshead Health with a focus on

women's health.

A progress update was given on achievements in 2023/24 regarding; performance and quality, workforce, finance, and developments.

With the creation of the Centre of Excellence for Women's Health, a main goal of this centre is to be a diagnostic centre of choice, as the facilities of the Centre will be able to cover more people than the population of Gateshead.

The current work of the Centre is as follows:

- Implementing the national women's health strategy – Gateshead and wider NENC ICB
- Developing the Gateshead Women's Health Hub for Gateshead - £250k secured - focus on sexual health, breast, and gynaecology inc. menopause.
- Working with the teams to understand how we achieve constitutional standards (as a minimum)
- Non-NHS – excellence and growth e.g., our IVF services
- Gateshead Women's Health conference
- Builds on Director of Public Health Report (Mind the Gap), 2022

There are a variety of women's health services that the QE has positive feedback and reputation for:

- Regional Gynae Oncology service – managed clinical network
- Maternity services – CQC rated 'Good'
- Regional screening services – breast, cervical, colposcopy, lung and bowel
- Supported by our regional pathology centre
- Regionally, nationally and internationally renowned breast services; consistently achieving strong performance against cancer and screening standards with exemplary patient feedback
- Well established osteoporosis service supported by an onsite DEXA scanner
- IVF service – fantastic monthly patient feedback
- Community teams supporting women and girls inc. bladder and bowel services
- Support from our Pharmacy team

An overview was given of the Sustainability Plan and the next steps to transform services.

**RESOLVED:**

- i. The Board noted the presentation.

**HW75 Refresh of Voluntary Sector Compact**

The Board received a presentation from Connected Voice on the Gateshead Compact. The update of the Gateshead Compact is timed to link into the work of the Improvement Group and the re-start of Gateshead VCSE Leaders meetings.

The presentation showed the work done so far and outlined the planned content of the Compact. The next steps include further discussions with Council commissioners, individual meetings with other Health and Wellbeing Board commissioning partners.

The content outline reviewed the following:

1. Core Principals
2. Shared Priorities
3. Commitments
4. Making it Work

The Gateshead Compact will be signed off by Gateshead Health and Wellbeing Board in Spring 2024.

**RESOLVED:**

- i. The Board noted the report.

**HW76 Gateshead Cares System Board Update**

The Board received a presentation with an update on the Gateshead Cares System.

The following areas were updated on:

- Gateshead Place Plan
  - Workforce session
  - Digital Inclusion
- CNTW's Organisational Model
- Migration to Universal Credit
- Impact of Bus Strikes
- Outcomes from Profession Forum meeting
- Care Health and Wellbeing OSC
- ICB Gateshead Financial Outlook 2024/25

**RESOLVED:**

- i. The Board noted the presentation.

**HW77 Pharmacy notifications (change of ownership) from NENC ICB**

The Board was notified that an application to change ownership of Boots UK Limited at Ravensworth Road, Dunston, Gateshead, NE11 9FJ by JSBH Limited had been granted.

Contact: Grace Anderson, Tel: 0191 433 4635  
Email: [democraticservicesteam@gateshead.gov.uk](mailto:democraticservicesteam@gateshead.gov.uk), Date: Thursday, 18 January 2024

**GATESHEAD HEALTH AND WELLBEING BOARD  
ACTION LIST**

| <b>AGENDA ITEM</b>  | <b>ACTION</b>   | <b>BY WHOM</b>                         | <b>COMPLETE or STATUS</b>  |
|---|---|--|--|
| <b>Matters Arising from HWB meeting on 26<sup>th</sup> January 2024</b> |   |  |  |
| <b>Director of Public Health Annual Report</b>                          | Topics/ themes from the DPH Annual Report to come back to future Board meetings for discussion                  | Alice Wiseman                          | To feed into Forward Plan for 2024/25  |
| <b>Gateshead Health NHS FT Plans and Focus on Women's Health</b>        | To provide a further update on progress and future plans to the Board next year                                 | Trudie Davies                          | To feed into Forward Plan for 2024/25  |
| <b>Refresh of Voluntary Sector Compact</b>                              | To bring the final draft of the Compact back to the HWB for sign-off  | Lisa Goodwin and Alison Dunn           | Due to come to the Board on 26 <sup>th</sup> April                           |
| <b>Matters Arising from HWB meeting on 1<sup>st</sup> December 2023</b> |   |  |  |
| <b>Partner Updates</b>  | Following completion of the LGA Peer Review of ASC, report the findings to the Board                            | Dale Owens                             | To feed into Forward Plan  |
| <b>Asylum &amp; Migration Update</b>                                    | Follow-up report on next steps to be considered by Gateshead Cares System Board in advance of a Members Seminar | Deborah Ewart and Claire Thew          | Update provided to Gateshead Cares System Board on 15 <sup>th</sup> February |
| <b>Gateshead Cares System Board Update</b>                              | Single Point of Access - Children and Young People Pathway: item on progress to be brought to the HWB           | Angela Kumar and partner organisations | To feed into Forward Plan for 2024/25  |

| <b>AGENDA ITEM</b>  | <b>ACTION</b>  | <b>BY WHOM</b>                | <b>COMPLETE or STATUS</b>        |
|---|--|-------------------------------|----------------------------------|
| <b>Matters Arising from HWB meeting on 20<sup>th</sup> October 2023</b>                             |  |                               |                                  |
| <b>Updates from Board Members</b>   | To add a presentation on the National Women's Health Strategy to the Board's work programme                        | Presentation by Siobhan Brown | To feed into Forward Plan        |
| <b>Cumbria, Northumberland, Tyne &amp; Wear NHS FT Strategy and Community Health Transformation</b> | CNTW to come back to the Board with an update on its clinical model at a future date                               | Anna English                  | To feed into Forward Plan        |
| <b>Matters Arising from HWB meeting on 8<sup>th</sup> September 2023</b>                            |  |                               |                                  |
| <b>SEND Inspection</b>  | To bring an update to a future Board meeting on progress in taking forward the SEND Strategic Priority Action Plan | Andrea Houlihan               | To come to the HWB in April 2024 |
| <b>Trauma Informed Care</b>   | To report back to the Board next year on progress in implementing the service, including some case studies         | Lisa Wood                     | To come to the HWB in June 2024  |



**TITLE OF REPORT: Community Physical Activity Update (Gateshead Physical Activity Sector Led Improvement and The Active Travel and Social Prescribing Pilot).**

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### **Purpose of the Report**

1. To update the Health & Wellbeing Board on 2 key areas of community physical activity work- Physical Activity Sector Led Improvement and The Active Travel and Social Prescribing Pilot.

### **Gateshead Physical Activity Sector Led Improvement**

2. A senior leadership group for physical activity was established in the North-East in early 2023 with the explicit aim of looking at how to develop an approach to get the inactive (i.e. those participating in less than 30 minutes of moderate intensity physical activity per week) to become more active. The group is made up of Office of Health Improvement and Disparities (OHID), Active Partnerships, Sport England and local authorities. Recent data shows, Gateshead currently has the least number of active adults in the region.<sup>1</sup>
3. It was agreed regionally that a 'system approach' through a 'Sector Led Improvement' (SLI) model would be adopted. This could then bring together the expertise and enthusiasm from across all parts of the local area, from individual, community, organisations, to develop a shared understanding about the challenges we are trying to address, consider how the local system is operating and where are the greatest opportunities for change.
4. SLI is the approach to improvement put in place by local authorities, the Association of Directors of Public Health and the Local Government Association<sup>2</sup>. It aims to provide assurance to all involved, as well as demonstrate continuous improvement. SLI is about being open, learning from each other and helping improve how we do things. This physical activity work has received the backing of the North East Regional Directors of Public Health group.
5. The SLI work very much supports the 'Gateshead Physical Activity Strategy',<sup>3</sup> which highlights the need for everyone to be physically active throughout their life. The emphasis is on ensuring that everyone is able to be active in a way that is meaningful for them, that children and young people are able to enjoy being physically active and build foundations for the future and that communities and

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<sup>1</sup> [Active Lives | Adult Data \(sportengland.org\)](https://www.sportengland.org/active-lives/adult-data)

<sup>2</sup> [Sector-led improvement: reviews | Local Government Association](https://www.localgovernmentassociation.org.uk/sector-led-improvement-reviews)

<sup>3</sup> [Physical activity strategy 2022 to 2032 - Gateshead Council](https://www.gateshead.gov.uk/physical-activity-strategy-2022-to-2032)

partners support people be more active where they live, particularly targeting where inequalities are greatest and recognising that every community is different.

6. The Gateshead PA Strategy recognises the need to take a 'whole system approach' as we need to consider the changes required, at all the layers in the system, to tackle inactivity. This includes changes to policy, the physical environment, organisations and institutions, the social environment, as well as to individuals themselves.
7. SLI as a tool has been used in many other areas in local government but not in the field of physical activity. An assessment tool was therefore developed by the group for physical activity to support the process based on the International Society for Physical Activity and Health (ISPAH) publication, Eight Investments That Work for Physical Activity<sup>4</sup>.
8. The ISPAH publication focuses on a number of key areas that are all informed by international evidence on what works for physical activity. These are:
  - whole of school programmes
  - active transport
  - active urban design
  - healthcare
  - public education, including mass media
  - sport and recreation for all
  - workplaces
  - community-wide programmes.
9. As part of the SLI process, the physical activity assessment tool will be piloted with several local authority areas and the findings will provide a steer on how local authorities in the North East are performing and identify opportunities to improve and focus priorities and resources.
10. Gateshead signed up to the SLI work in in October 2023, and has since begun to pilot the physical assessment tool as part of the physical activity SLI workshops it has been running with partners, since December 2023. The workshops have been supported by the Local Government Association and are due to run until May 2024 in Gateshead. On completion of the workshops, an evaluation across all areas will be carried out regarding key findings and opportunities for Gateshead.
11. There has been great enthusiasm from the first workshops carried out, to stand up a 'Gateshead Physical Activity Partnership' to enable partners, to come together to take forward some of the opportunities for change as a collective, and this very much supports the ethos of the Physical Activity Strategy.

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<sup>4</sup> [8 Investments - ISPAH](#)

## Active Travel and Social Prescribing Pilot

12. In June 2021, The Department for Transport (DfT) announced 'Active Travel' Capital funding across the country worth £239m. This was to be provided to local transport authorities to embed walking and cycling as part of the new long-term commuting habits and to reap the associated health, air quality and congestion benefits and forms part of the Governments £2 billion commitment.
13. As part of this, funding, councils were able to apply to 'test out' a new approach to Social Prescribing and Active Travel for their communities. The Department of Transport was keen to evaluate the impact on cycling and walking levels with a holistic approach to increasing physical activity and developing the local environment <sup>5</sup>.
14. The pilot aim from DfT was to improve the physical and mental well-being of individuals referred to the social prescribing pilot, managing existing physical and mental health conditions, and reducing the prevalence of future conditions.
15. Based on the assessment of the feasibility study Gateshead were one of 11 successful local authorities, to be awarded funding of £1.4 million for the active travel and social prescribing pilot from, April 2023 for 3 years.
16. 'Walk and Wheel Gateshead' had a soft launch in August 2023. The initial aim was to explore the needs of our communities in our target geographical areas (building upon the initial consultation stage) and develop an understanding of the referral process into the project.
17. A manager and 4 staff were recruited to the team in Spring/Summer 2023. The team have worked hard to build good working relationships with delivery partners, including Edberts house link workers, NHS staff, mental health link workers and GP Surgery staff.
18. The pilot is targeted at 3 of the 5 Primary Care Networks in Gateshead, based on health inequalities data and also in line with the Local and Walking Infrastructure Plan (LCWIP) and infrastructure developments. The pilot work includes Practices in East and Central Gateshead and Birtley Medical Practice. A referral protocol agreed with the Social Prescribing (SP) Link Workers is also in place.
19. The team have run several local walking and cycling events from August to December 2023. The walking events were designed and informed by the community. Cycling events were delivered in the summer months with the assistance of a local cycling delivery company to deliver events in a number of areas to suit varying abilities and including family-based activities.
20. The pilot to date has had 80 referrals mainly from SP Link Workers but also through self referrals. There are currently 35 referrals currently active on the programme. We have seen a steady rise in referrals over the first 6 months as the programme becomes more established.

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<sup>5</sup> [Active travel social prescribing pilots: local authority allocations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/active-travel-social-prescribing-pilots)

21. There have been a few referrals deemed to be unsuitable due to the geographical constraints of the project or the complexity of the issues the person was presenting with. Those referrals have been supported by the link workers in practices or referred to other suitable programmes. A number of those referred to the ATSP programme declined to engage with the offer for a number of reasons. A number of referrals on the programme are experiencing social isolation, mental health issues etc. and have benefited from the activities, but it is important to acknowledge that this not a quick fix for many.
22. The delivery model based on one-to-one referrals worked well at the outset of the programme, however as referral numbers are increasing, more referrals will be engaged into group-based activities where appropriate.
23. The winter months have been more challenging for the programme, and a winter walking programme has been established, including indoor walking sessions and led walks from all 15 GP surgeries in the pilot area. Cycling sessions and support programmes will be offered in early Spring.
24. A communication strategy is in place to maximize opportunities for the programme. This includes a digital offer in GP surgeries. An online referral form for professionals and self-referrals is coming on board with a QR code for ease of referral. The team are monitoring digital media hits and continue to develop the profile of the project.
25. The active travel and social prescribing board meet quarterly to overview progress, informed by the operational working group. Evaluation and monitoring arrangements are in place with ATE and Gateshead is utilising the Health Determinants Research Collaborative (HDRC) team to support further qualitative learning.
26. Proposed next steps for year 2 of the project in April 2024, include “Bike Banks” to support any local cycling activities moving forward. Further exploration is also required in relation to ‘adapted bikes’ to ensuring we can provide an inclusive offer.

## **Proposal**

1. It is proposed that the HWBB note the update on the 2 work areas for physical activity, which further support the Physical Activity Strategy’s vision ‘to support those communities who, are least active, or face the greatest barriers to physical activity’.

## **Recommendations**

2. The Health and Wellbeing Board is asked to note the progress detailed for both Community Physical Activity work areas.

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Contact: Emma Gibson, Public Health Practitioner.  
Natalie Goodman, Advanced Public Health Practitioner.

## Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

### 1. Guidance for Quarter 3

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

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

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

#### Note on viewing the sheets optimally

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

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

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

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and copying in your Better Care Manager.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

#### 3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

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

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

#### 4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

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

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

#### 5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

**The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:**

| Scheme Type                           | Units  |
|---------------------------------------|--|
| Assistive technologies and equipment  | Number of beneficiaries                                  |
| Home care and domiciliary care        | Hours of care (unless short-term in which case packages) |
| Bed based intermediate care services  | Number of placements                                     |
| Home based intermediate care services | Packages   |
| DFG related schemes                   | Number of adaptations funded/people supported            |
| Residential Placements                | Number of beds/placements                                |
| Workforce recruitment and retention   | Whole Time Equivalent gained/retained                    |
| Carers services                       | Number of Beneficiaries                                  |

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.

- **Outputs delivered to date in column K.** Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.

- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.

**Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template**

2. Cover

Version 2.0

**Please Note:**

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

|   |  |  |
|---|--|--|
| Health and Wellbeing Board:   | Gateshead                                  |  |
| Completed by:   | John Costello on behalf of Gateshead Cares |  |
| E-mail:   | johncostello@gateshead.gov.uk              |  |
| Contact number:   | 0191 4332065                               |  |
| Has this report been signed off by (or on behalf of) the HWB at the time of submission? | No   |  |
| If no, please indicate when the report is expected to be signed off:                    | Fri 08/03/2024                             | << Please enter using the format, DD/MM/YYYY |

| Checklist |
|-----------|
| Complete: |
| Yes       |
| Yes       |
| Yes       |
| Yes       |
| Yes       |
| Yes       |

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

| Complete               |           |
|------------------------|-----------|
|                        | Complete: |
| 2. Cover               | Yes       |
| 3. National Conditions | Yes       |
| 4. Metrics             | Yes       |
| 5. Spend and activity  | Yes       |

[<< Link to the Guidance sheet](#)

<sup>^^</sup> Link back to top

**Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Gateshead

|  |     |
|--|-----|
| Has the section 75 agreement for your BCF plan been finalised and signed off?                                | Yes |
| If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off |     |

| Confirmation of National Conditions  |              |   |
|--|--------------|---|
| National Conditions  | Confirmation | If the answer is "No" please provide an explanation as to why the condition was not met in the quarter: |
| 1) Jointly agreed plan   | Yes          |   |
| 2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer      | Yes          |   |
| 3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time              | Yes          |   |
| 4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services | Yes          |   |

| Checklist Complete: |
|---------------------|
| Yes                 |
| Yes                 |
|                     |
| Yes                 |
| Yes                 |
| Yes                 |
| Yes                 |



Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Gateshead

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

| Metric                                 | Definition  | For information - Your planned performance as reported in 2023-24 planning |       |       |         | For information - actual performance for Q1 | For information - actual performance for Q2 | Assessment of progress against the metric plan for the reporting period | Challenges and any Support Needs in Q3  | Q3 Achievements - including where BCF funding is supporting improvements.  |
|--|---|--|-------|-------|---------|---|---|---|---|--|
|  |   | Q1   | Q2    | Q3    | Q4      |   |   |   |   |  |
| Avoidable admissions                   | Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3)                                | 298.7  | 284.1 | 300.9 | 331.5   | 327.9                                       | 298.3                                       | Data not available to assess progress                                   | This has run above target for last two quarters. Further work to define the most appropriate interventions (step-up and step-down) to prevent admission is ongoing.   | Winter resilience funding has enabled GP extended access until end of March. Additional four CNPs in Care Homes has reduced unplanned admissions from those homes. Further work to be done to prevent              |
| Discharge to normal place of residence | Percentage of people who are discharged from acute hospital to their normal place of residence.   | 93.5%  | 93.5% | 93.5% | 93.5%   | 94.4%                                       | 94.9%                                       | On track to meet target   | Whilst we are on track to meet the target, we do have some challenges in respect of housing / environmental issues, which whilst they affect a relatively small number of people they can be complex to resolve. We | There has been BCF investment into the home care market which has led to a significant reduction in people waiting to be discharged. The joint appointment between health and social care of a system Transfer of  |
| Falls                                  | Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.                               |  |       |       | 2,416.7 | 543.7                                       | 534.0                                       | Data not available to assess progress                                   | Challenges remain in ensuring that patients who have fallen and have called an ambulance are appropriately kept at home. This should improve with direct link to UCR which is under development.                    | The Rapid Response team continue to respond to Falls within the Community and have direct access to diagnostics within SDEC to prevent admissions on a number of pathways. The Acute Frailty team now works        |
| Residential Admissions                 | Rate of permanent admissions to residential care per 100,000 population (65+)   |  |       |       | 781     | 2022-23 ASCOF outcome: 955.4                |   | Not on track to meet target   | The target was a challenging one, and whilst we have not achieved it, the measures put in place to address the pressures on beds have not yet had a full year effect.   | Although we are not on track to meet the target, there has been a significant improvement on the previous year. This indicator is cumulative, with a target of 781 per 100,000 at the year end.                    |
| Reablement                             | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services |  |       |       | 89.0%   | 2022-23 ASCOF outcome: 76.7%                |   | Not on track to meet target   | Both the PICs of Southernwood and Eastwood have continued to predominantly accept many Hospital Discharge referrals of service users with higher levels of dependency (high levels of frailty and many              | During September 2023, the PRIME service has reverted back to its true Enablement model and accepted more community 'step up' referrals than HD referrals in the last 6 weeks. From this change of approach, PRIME |

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Gateshead

| Checklist   |   |   |   |                                   |                     |                            |                 |   |  |  |  |
|---|---|---|---|-----------------------------------|---------------------|----------------------------|-----------------|---|--|--|--|
| <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>Yes</span> <span>Yes</span> <span>Yes</span> </div> |   |   |   |                                   |                     |                            |                 |   |  |  |  |
| Scheme ID   | Scheme Name                                 | Scheme Type   | Sub Types                                       | Source of Funding                 | Planned Expenditure | Actual Expenditure to date | Planned outputs | Outputs delivered to date (estimate if unsure) (Number or NA) | Unit of Measure  | Have there been any implementation issues? | If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.           |
| 1   | Managing Discharges and Admission Avoidance | Home-based intermediate care services   | Reablement at home (to support discharge)       | Minimum NHS Contribution          | £2,723,479          | £2,060,965                 | 946             | 667   | Packages   | No   |  |
| 2   | Market Shaping and Stabilisation            | Residential Placements  | Care Home                                       | Minimum NHS Contribution          | £567,367            | £425,525                   | 20              | 20  | Number of beds/placements                                      | No   |  |
| 2   | Market Shaping and Stabilisation            | Home Care or Domiciliary Care   | Domiciliary care packages                       | ICF                               | £1,816,000          | £1,362,000                 | 94,090          | 71060   | Hours of care (Unless short-term in which case it is packages) | No   |  |
| 2   | Market Shaping and Stabilisation            | Home Care or Domiciliary Care   | Domiciliary care packages                       | ICF                               | £2,006,000          | £1,504,500                 | 103,935         | 74158   | Hours of care (Unless short-term in which case it is packages) | No   |  |
| 2   | Market Shaping and Stabilisation            | Residential Placements  | Care Home                                       | ICF                               | £3,395,795          | £2,546,846                 | 120             | 116   | Number of beds/placements                                      | No   |  |
| 1   | Managing Discharges and Admission Avoidance | Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term) | Bed based intermediate care with rehabilitation | Minimum NHS Contribution          | £31,364             | £15,295                    | 7               | 5   | Number of placements   | Yes  | Provision used on an adhoc basis based on demand. Surplus funding to be redirected to Homecare.                          |
| 4   | Service Pressures                           | Home Care or Domiciliary Care   | Domiciliary care packages                       | ICF                               | £366,000            | £274,500                   | 18,960          | 14812   | Hours of care (Unless short-term in which case it is packages) | No   |  |
| 4   | Service Pressures                           | Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term) | Bed based intermediate care with rehabilitation | ICF                               | £300,000            | £225,000                   | 60              | 45  | Number of placements   | No   |  |
| 4   | Service Pressures                           | Residential Placements  | Care Home                                       | ICF                               | £875,000            | £656,250                   | 31              | 30  | Number of beds/placements                                      | No   |  |
| 5   | Transformation                              | Home Care or Domiciliary Care   | Domiciliary care packages                       | Minimum NHS Contribution          | £519,535            | £389,651                   | 26,920          | 20190   | Hours of care (Unless short-term in which case it is packages) | No   |  |
| 6   | Carers                                      | Carers Services   | Respite Services                                | Minimum NHS Contribution          | £523,958            | £389,651                   | 622             | 467   | Beneficiaries  | No   |  |
| 6   | Carers                                      | Carers Services   | Other   | Minimum NHS Contribution          | £524,025            | £389,651                   | 623             | 467   | Beneficiaries  | No   |  |
| 7   | Disabled Facilities Grant                   | DFG Related Schemes   | Adaptations, including statutory DFG grants     | DFG                               | £2,111,149          | £1,583,362                 | 488             | 366   | Number of adaptations funded/people supported                  | No   |  |
| 1   | Managing Discharges and Admission Avoidance | Home Care or Domiciliary Care   | Domiciliary care to support hospital discharge  | ICF                               | £135,000            | £102,130                   | 6,990           | 4664  | Hours of care (Unless short-term in which case it is packages) | No   |  |
| 3   | Planned Care                                | Residential Placements  | Care Home                                       | ICF                               | £400,000            | £300,000                   | 14              | 14  | Number of beds/placements                                      | No   |  |
| 3   | Planned Care                                | Home Care or Domiciliary Care   | Domiciliary care packages                       | ICF                               | £450,000            | £337,500                   | 23,310          | 16636   | Hours of care (Unless short-term in which case it is packages) | No   |  |
| 2   | Market Shaping and Stabilisation            | Home Care or Domiciliary Care   | Domiciliary care to support hospital discharge  | ICF                               | £71,285             | £53,464                    | 3,690           | 2635  | Hours of care (Unless short-term in which case it is packages) | No   |  |
| 1   | Managing Discharges and Admission Avoidance | Home-based intermediate care services   | Reablement at home (to support discharge)       | Minimum NHS Contribution          | £393,999            | £298,068                   | 785             | 554   | Packages   | No   |  |
| 1   | Managing Discharges and Admission Avoidance | Assistive Technologies and Equipment  | Assistive technologies including telecare       | Minimum NHS Contribution          | £20,910             | £15,683                    | 102             | 74  | Number of beneficiaries  | No   |  |
| 1   | Managing Discharges and Admission Avoidance | Residential Placements  | Short term residential care without             | Local Authority Discharge Funding | £601,200            | £450,900                   | 187             | 173   | Number of beds/placements                                      | No   |  |
| 1   | Managing Discharges and Admission Avoidance | Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term) | Bed based intermediate care with rehabilitation | Local Authority Discharge Funding | £321,200            | £137,035                   | 35              | 0   | Number of placements   | Yes  | New Centre to open later than planned. Surplus funding has been redirected to fund step-down beds covering service gaps. |
| 1   | Managing Discharges and Admission Avoidance | Residential Placements  | Short-term residential/nursing care for someone | ICB Discharge Funding             | £260,800            | £195,600                   | 75              | 0   | Number of beds/placements                                      | No   |  |
| 1   | Managing Discharges and Admission Avoidance | Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term) | Bed based intermediate care with rehabilitation | ICB Discharge Funding             | £214,133            | £91,356                    | 24              | 0   | Number of placements   | Yes  | New Centre to open later than planned. Surplus funding has been redirected to fund step down beds covering service gaps. |
| 2   | Market Shaping and Stabilisation            | Home Care or Domiciliary Care   | Domiciliary care packages                       | ICF                               | £405,000            | £306,390                   | 20,985          | 13998   | Hours of care (Unless short-term in which case it is packages) | No   |  |

NENC ICB - Pharmacy and Optometry  
Primary Care Commissioning

Pemberton House  
Colima Avenue  
Sunderland Enterprise Park  
Sunderland  
SR5 3XB

Date: 07/02/2024

Email: [nencicb-tv.pharmacyandoptometry@nhs.net](mailto:nencicb-tv.pharmacyandoptometry@nhs.net)

### **NOTIFICATION OF REMOVAL FROM THE PHARMACEUTICAL LIST**

Please note that NENC ICB has received notice that Boots UK Ltd will cease to provide pharmaceutical services on 02/03/2024 and will be removed from the pharmaceutical list for the area of Gateshead Health and Wellbeing Board with effect from that date.

Details are as follows:

FLA85 Boots UK Ltd 16 Front Street, Winlaton, Tyne & Wear NE21 4RE

Please be advised that NENC ICB will work closely with the pharmacy, to ensure that all measures have been taken to ensure patients will not be adversely affected by this closure;

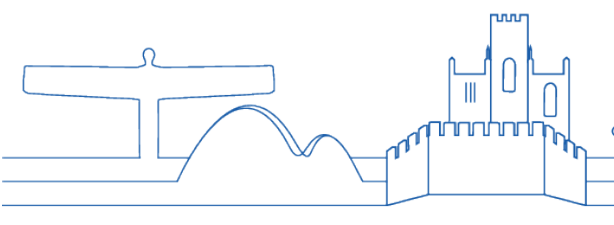
- Patients and Care Homes will be informed
- The pharmacy will put arrangements in place for the transfer/disposal of excess stock on the day of closure
- The pharmacy will ensure all owings are dispensed for patients and no prescriptions where full stock is not available are dispensed.  
*Please note - If there are still outstanding owing's, the GP practice will be informed so new prescriptions can be issued where necessary*
- The pharmacy will ensure that all patients with prescriptions awaiting collection are contacted and if necessary deliver the medication to patients home
- The pharmacy will return any prescriptions remaining in the pharmacy uncollected to the prescribing practice
- The pharmacy will submit all dispensed prescriptions to the PPD for payment and any enhanced service claims to relevant organisation
- The pharmacy will ensure that premises are left secure

If you have any concerns regarding the closure of this pharmacy please do not hesitate to contact NENC ICB at [nencicb-tv.pharmacyandoptometry@nhs.net](mailto:nencicb-tv.pharmacyandoptometry@nhs.net)

Yours Faithfully,

Lynne MacDonald

Primary Care Officer





**North East and  
North Cumbria**

**APPLICATION: \_CAS-187148-M5G9X4- for inclusion in a pharmaceutical list:  
Distance Selling Premises (Excepted Application)  
by Pharmacy@Home Ltd at 32 Oakwood Gardens, Gateshead, Tyne and Wear, NE11 0DE**

**Decision**

On 31<sup>st</sup> January 2024, the Pharmaceutical Services Regulations Committee (PSRC) **approved** this **Distance Selling Premises Application** on the following basis:

**Regulation 25(2)(a)** does not apply as no primary care provider with a patient list is present within the same premises as the proposed site.

**Regulation 25(2)(b)** does not apply as the applicant has demonstrated how services will be provided remotely, without interruption throughout the given opening hours and without face-to-face contact with patients.

**Regulation 31** does not apply as there is no pharmacy at the same or adjacent premises to the proposed site, nor is there any suggestion that any of the nearby pharmacies are in any way connected with this application.

**Regulation 64(3)** does apply and is satisfied as:

- the applicant is not offering to provide pharmaceutical services to patients who are present at, or in the vicinity of, the listed chemist premises;
- services will not be provided to patients at the listed chemist premises;
- the listed premises are not on the same site or in the same building as the premises of a provider of primary medical services with a patient list;
- the pharmacy procedures for the premises will secure the uninterrupted provision of essential services to patients anywhere in England;
- safe and effective essential services will be provided without face-to-face contact with patients;
- there is nothing to suggest that any publicity material indicates essential services are going to be restricted to patients in particular areas of England or that the applicant is likely to refuse to provide drugs or appliances presented by specific categories of patients.

**Regulation 64(4)** is satisfied as the NHS ICB will not vary or remove the conditions set out in paragraph 64(3).

**Regulation 66** is not applicable as the NHS ICB will not be directing services.

The HWB's **Pharmaceutical Needs Assessment** is not relevant to this application as DSP applications are excepted.

**Consultation** – Two objections to the application have been raised by Boots UK Ltd and Temple Bright on behalf of Lobley Hill Pharmacy.

**Appeal Rights:**

|                      |                    |             |           |             |          |
|----------------------|--------------------|-------------|-----------|-------------|----------|
| Lobley Hill Pharmacy | 72 MALVERN GARDENS | LOBLEY HILL | GATESHEAD | TYNE & WEAR | NE11 9LJ |
|----------------------|--------------------|-------------|-----------|-------------|----------|

|       |                     |                               |           |                |          |
|-------|---------------------|-------------------------------|-----------|----------------|----------|
| Boots | UNIT 9              | TEAM<br>VALLEY<br>TRADING EST | GATESHEAD | TYNE &<br>WEAR | NE11 0BD |
| Boots | RAVENSWORTH<br>ROAD | DUNSTON                       | GATESHEAD | TYNE &<br>WEAR | NE11 9FJ |