

TITLE OF REPORT: Gateshead Health & Care System Alliance Agreement

Purpose of the Report

1. The report provides and update on work to develop an Alliance Agreement for the Gateshead Health & Care System with effect from the 1st April 2021. It is envisaged that the Agreement will be between Newcastle Gateshead CCG, Gateshead Council, Gateshead Health NHS Foundation Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust, Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, Gateshead Primary Care and VCS.
2. The Agreement is intended to facilitate further progress towards integrated commissioning and delivery of health and care services across Gateshead. Hill Dickinson LLP have supported the development of the Alliance Agreement for the Gateshead System with input from partner organisations.

Background

3. The Gateshead Health & Care System Group has been operating under a framework provided by a Memorandum of Understanding (MoU) since 2019. The MoU sets out the arrangements within which the Gateshead Health & Care System works together to integrate care for the benefit of people and communities within Gateshead so that their health and care needs can best be met.
4. The basis of collaboration between the partner organisations has been that they participate within a Gateshead 'place' system comprising health and care commissioning and provider organisations (including the VCS).
5. Whilst the MoU has served the System well in its formative years, it is now timely to further develop the arrangements in place so that they match our future ambitions for the Gateshead system and reflect the policy direction from the Department of Health & Social Care / NHS England & Improvement for strong place-based partnerships as a key component of the future health and care landscape.
6. To this end, workshops were held for the Gateshead System, led by Hill Dickinson, to consider how we can build upon the existing MoU and apply

learning from other systems to develop an Alliance Agreement that will underpin our future ambitions for more integrated and collaborative working.

7. The Alliance Agreement differs therefore from the existing MoU in a number of key respects:
 - It is a legally binding agreement;
 - It sets out details of work programme areas that partners are committed to take forward through the Agreement during 2021/22;
 - It formalises governance arrangements to support the delivery of those programmes;
 - It will be an evolving Agreement which will be reviewed and developed further on a regular basis i.e. it will be an iterative process;
 - Importantly, it provides a framework that the Gateshead system can use to build upon in response to the future changes to the health and care landscape proposed in the recent Department of Health & Social Care White Paper.

8. The Alliance Agreement covers:
 - Vision and core objectives of the Gateshead Health & Care System
 - Values and principles of joint working, including the intention of Partners to develop a financial planning framework for the system during 2021/22
 - Obligations and roles under the Agreement (Membership Levels etc.)
 - Governance Arrangements
 - Programme Areas to be included within the Agreement
 - Other standard provisions for Agreements of this nature

Vision and Core Objectives

9. The Gateshead System's vision is derived from Gateshead's Health & Wellbeing Strategy 'Good jobs, homes, health and friends' and it supports Gateshead's Thrive agenda - 'Making Gateshead a place where everyone thrives'.

10. The Gateshead System has confirmed:
 - The importance of the primacy of 'Place' and subsidiarity principle, whereby decisions should be taken as close to communities as possible.
 - The need to focus on addressing health and other inequalities, which have been exacerbated by the pandemic.
 - The need to protect and to continue to develop relationships that have been developed at Place, so that the focus on delivering for local people is not lost.
 - The importance of Provider collaboration and mutual co-operation, rather than competition.

11. The System's core objectives within the Agreement are to:
 - (i) reduce levels of inequality through tackling the circumstances that lead to inequality;

- (ii) shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels;
- (iii) support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities;
- (iv) create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services, getting the most from the Gateshead £.

An Alliance Agreement for the Gateshead System

Context to an Alliance Agreement:

12. An Alliance Agreement for the Gateshead Health & Care System is intended to build upon the existing MoU and provide a more formal underpinning for our approach, based upon a legally binding “Alliance” model for the development of place-based collaborative working arrangements for health and care in Gateshead.
13. It is considered that the development of an Alliance Agreement is all the more important in view of:
 - The *financial challenges* across the local health and care economy generally, including those of the local authority.
 - The opportunities to further *embed learning from our system’s response to the pandemic*. This has further highlighted the importance of integrated health and care working and reinforced the need to progress local priorities.
 - Proposed changes set out in the *Government’s White Paper ‘Integration and Innovation: working together to improve health and social care for all’* to the way in which the NHS will be organised from April 2022 which will have particular implications for CCGs, place-based working and Integrated Care Systems.

It is clear from the policy direction of the White Paper that a formal place-based partnership will likely need to be in place in Gateshead from April 2022 and that the Agreement will need to be kept under review in 2021/22 to prepare for the transition to those arrangements.

At the same time, the Alliance Agreement should work alongside and facilitate the development of provider collaborative arrangements. There will need to be a programme of work to develop both the place-based partnership for Gateshead through the Agreement’s governance structures, as well as a provider collaborative at Place.

A strong and mature system partnership is needed to ensure Gateshead can formulate its 'ask' to the ICS and seek the autonomy and budget required to deliver on its priorities across key work programme areas.

14. Taken together, there is a compelling case to take a proactive approach now to put in place an Alliance Agreement that can be used to steer our work and provide a good foundation to evolve further in response to a continually changing landscape.

Governance:

15. The intention is that partners will work together under a governance framework that will be set out in the Agreement covering:
 - Accountability (through the Health & Wellbeing Board and the Boards of individual partner organisations);
 - Strategic direction (through our system leadership arrangements);
 - Delivery (an existing Group that is re-purposed to encompass delivery of the Agreement)
16. These arrangements (see Appendix 1) are intended to further strengthen relationships between the Parties, all of whom are commissioners and/or providers of health and care services in Gateshead.

Membership levels:

17. There are three levels of membership of the Alliance (to be known as the 'Gateshead Cares' Alliance):

Full Member: A full member will play an active role in the plans for system transformation and place-based health and care in Gateshead. They will be entitled to attend and participate in decisions at strategic system meetings and delivery group meetings, as well other meetings in the supporting governance structure.

A full member will sign up to the values and principles set out in the Agreement.

Associate Member: An associate member will be invited to attend and contribute to all strategic system meetings but will not participate in decisions at these meetings. They will also be invited to attend and contribute to all meetings of the Delivery Group and other meetings in the supporting governance structure but not participate in decisions.

An associate member will sign up to the values and principles set out in the Agreement.

Affiliate Member: An Affiliate Member will confirm that it shares and supports the values and principles set out in the Agreement.

18. It is envisaged that key 'anchor' statutory organisations such as the CCG, Council and local NHS Foundation Trusts will become full members from the outset, with scope for other local partner organisations to become associate or affiliate members (either from the outset or over time as the Agreement evolves). Changes could also be made to a partner's membership level as the Agreement evolves through an in-built six-monthly review arrangement.
19. The Agreement is based upon an alliance approach and is designed to work alongside existing NHS Standard Contracts and arrangements for the delivery of those services within scope. The Agreement is not intended to conflict with or take precedence over the terms of the partners Service Contracts and Section 75 Agreements unless specifically agreed by the Parties.

Duration:

20. It is envisaged that the Agreement will not have a fixed term as it is intended to steer and provide a framework for integrated working at Gateshead Place going forward. However, there is provision to vary the Agreement, to replace the Agreement with a new Agreement or to terminate it as may be agreed by the Partners.

Areas for inclusion within the Agreement:

21. Gateshead System partners have identified the following areas for inclusion within the Agreement, subject to annual review as follows:
 - (i) CYP Best Start in Life: SEND (inc. transition to adulthood)
 - (ii) Older People: Older Persons Care Home Model
 - (iii) Older People: Frailty (Strength & Balance)
 - (iv) Mental Health Transformation
 - (v) Development of PCNs
22. The Parties to the Agreement have developed work plans for each of these initial Areas which include:
 - Key deliverables that the system partners are committed to delivering during Year 1 of the Alliance Agreement (2021/22);
 - An indication of the future direction of travel for Year 2 onwards (from 2022/23).
23. More detail on the five areas is set out in the draft templates at Appendices 2.1 to 2.5 (attached).
24. It is envisaged that the Alliance Agreement will evolve over time. This means that there will be scope to reference other potential areas for inclusion in an evolving Alliance Agreement which would be reviewed on a six monthly basis e.g. key enablers of integration such as our workforce and digital agendas. The latest version of the Agreement is attached at Appendix 3.

Why is a legally binding agreement proposed?

25. Partners are already working together to develop Gateshead System arrangements in order to establish an improved governance, financial and contractual framework for delivering integrated health support and care to the people of Gateshead. It is felt that an Alliance Agreement will further strengthen the relationships between the parties to the agreement.
26. By entering into a formal arrangement, each organisation will commit to the mutual promises and obligations set out in the Gateshead Alliance Agreement. This will be the first time that the 'anchor' institutions have made such a commitment.
27. A formal Alliance Agreement may also afford future opportunities to secure national or regional funding for Gateshead going forward.

Timetable and Next Steps

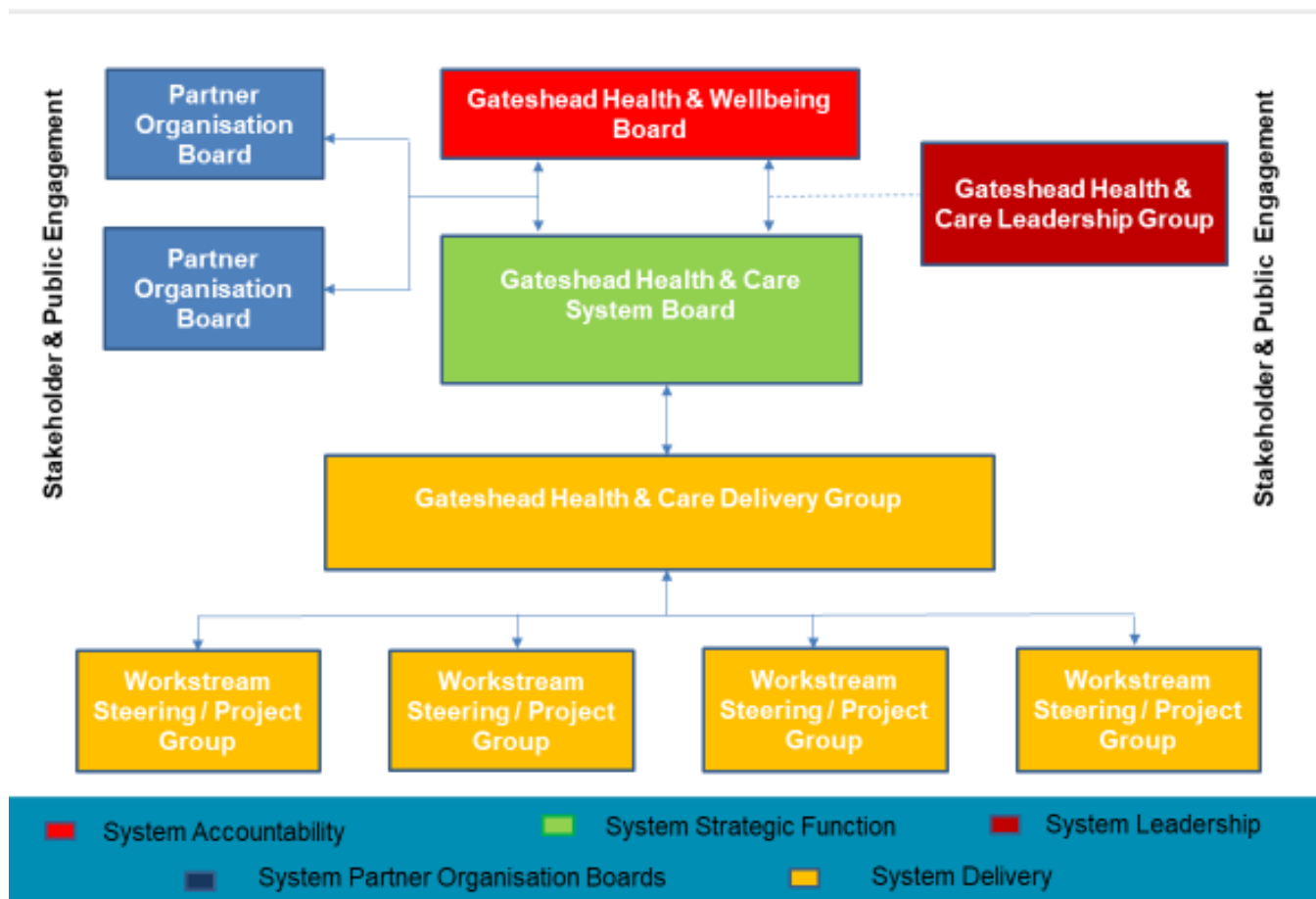
28. It is proposed that the Agreement will be effective from 1st April 2021 – the "Commencement Date".
29. The next step is to bring a report to the Boards of our respective partner organisations to seek formal approval of the Alliance Agreement. Some final additions/ amendments to the terms and content of the Agreement may be required following discussion with other Partners to the Agreement.

For consideration

30. The Board is asked to note the progress made in developing an Alliance Agreement for the Gateshead Health & Care System to take effect from the 1st April 2021 on the lines set out within this report.

Contact: John Costello **Ext:** 2065

Gateshead Health & Care System – Potential Governance Model



Areas to be incorporated within our Gateshead System Alliance Agreement

AREA: CYP Best Start in Life – SEND (inc. transition to adulthood) **SRO:** Lynn Wilson **Lead Officer(s)** Catherine Horn

Year 1 (2021/22) - Deliverables

What are we committing to achieve together in Year 1 (2021/22) i.e. what are the deliverables?

- Local Authority to undertake review of the current SENDIASS service (supported by the system) and to be jointly commissioned by Health, Education and Social Care our SENDIASS from April 2022
- Undertake a review of SALT service provision and develop and implement service specifications with clear KPIs
- CCG and Education will jointly develop single and multi-agency SEND training packages to be delivered to services/providers during 2021/22 then to become a rolling programme of training across the system
- We will commit to reviewing the 0 – 5 service provision for ASD/Autism
- We commit to recommence discussions around the learning disability/difficult debate and issues this presents
- Across Health, Education and Social Care develop multi-agency processes for all key transition points for children and young people with clear pathways during 2021
- Develop and implement system wide SEND strategy, Children’s strategy and Joint Commissioning Strategy documents
- Undertake SEND provider audits led by the Designated Medical Officer for SEND and Multi-agency EHCP Audits will be undertaken
- Produce reports detailing findings of the audits
- Share copies system wide of the findings from the audit to address issues
- Develop an action plan and address any issues identified i.e. awareness training, outcomes training
- Develop and implement a multi -agency Data dashboard
- Increase co-production/incorporating the Voice of the Child with Children, Young People and Families
- Promote the benefits of Personal Health Budgets (PHBs)
- CCG Project Officer will ensure the Local Offer is up to date with relevant information
- Discuss with Schools and Families the benefit of PHBs
- Promote the benefits of Young People receiving a Learning Disability Health Check in primary care
- Ensure relevant information is posted on the Local Offer, CCG website and GP websites
- CCG to SEND Nurse to promote the benefit of these checks with our special schools
- Work with primary care to promote the importance of health checks to 14 – 25 year olds

- To help improve the quality of health information in EHCPs we will
- Offer SEND Health awareness training to schools
- The SEND Nurse from the CCG will support schools to understand what information is required and to ensure the correct information is sought and inputted into plans in time for review meetings
- Provide regular updates to the SEND board from the SEND Combined Operational Group
- Update the SEND assurance document and to be shared with the SEND board on regular basis

How are we going to align our resources (e.g. staffing, finance, enablers etc.) to deliver the things we are signing up to? We will commit to free-up existing staff resources across Health, Education and Social Care to:

- CCG SEND Nurse and LA SEND Team to work together to support schools to develop the health advice input into EHCPs
 - Undertake multi-agency audits of EHCPs
 - Develop and update the Local Offer
 - Develop and implement a system wide Children's Strategy
 - Increase co-production with our Children, Young People and Families, ensure that all the resources across the system are joined up to work together to engage with Children, Young People and Families
 - Develop training packages
 - Deliver training sessions across Health, Education and Social Care
- We will require financial support to:
 - Jointly commission our SENDIASS service following review of current service provision
 - Increase engagement with Children, Young People and Families, we require financial input to purchase MENTI online engagement tool

If there are any gaps (e.g. system capacity to deliver), how are we going to address those gaps?

- Commitment from whole Gateshead System to free staff to priorities areas of work defined above
- Support (Clinical Lead) for Primary Care to promote the uptake LD Health Checks for 14 – 25 year olds and other key areas
- DMO has resigned from post, this post will be advertised as DMO/DCO role

What working groups are in place to co-ordinate delivery and what is their remit? (how will they enable joined-up work around a shared purpose)

- A SEND data group is in place led by Jon Gaines LA who is leading on developing a multi-agency approach

- A portfolio manager and project officer in place at the CCG to take forward the prevention agenda around the Little Orange Book and Year 9 school assemblies – commitment that staffing across the system will support this agenda
- The CCG SEND specialist Nurse, Project Officer and LA SEND Monitoring and Quality Assurance Manager are starting to develop training packages - a commitment of time is required to develop this work going forward to ensure a joined up approach

Future Direction of Travel (Year 2 onwards)

Provide an indication of plans for Year 2 (2022/23) onwards and potential areas of inclusion in an evolving Alliance Agreement

- Act upon findings from SEND provider audits and review of EHCPs
- Further develop training and awareness raising of SEND across the Gateshead System
- Increase the uptake of LD Health checks in primary care for 14—25 year olds
- See an increase in the number of families accessing Personal Health Budgets

Areas to be incorporated within our Gateshead System Alliance Agreement

AREA: Older People - Older Persons Care Home Model

SRO: Lynn Wilson

Lead Officer(s): Barry Norman

Year 1 (2021/22) - Deliverables
<p>What are we committing to achieve together in Year 1 (2021/22) i.e. what are the deliverables?</p> <ul style="list-style-type: none"> • A Governance structure in place with Steering group formed, with a shared vision of what the system wants to achieve • A review of current Care Home Models including wrap around support from Health and Social Care Professionals • Agree engagement plan with Care Home Providers and other key stakeholders • Analyse the impact of Covid-19 on Care Homes in both the short and medium term • Agree short term requirements for beyond 1st April 2021 to continue to support safe, same day discharges from hospital into Care Home provision • Formalise shared vision and agree contract models required for delivery in the medium to long term • Agreement of Lead Commissioner and procure required services by agreed procurement process
<p>How are we going to align our resources (e.g. staffing, finance, enablers etc.) to deliver the things we are signing up to?</p> <ul style="list-style-type: none"> • Agree members of project team with representatives across CCG, LA and Trust who are committed and available to support the project delivery • Scoping out of existing budgets/expenditure in the Care Homes sector across the system both pre covid-19 (2019-20), during covid-19 (2020-21) and projected for 2021-22 • Carry out an options appraisal on funding options for partners for future models such as Pooled Budget arrangements, existing spot recharging arrangements and a mixture of both • System Board to be able to consider any recommendations and move at pace with decision making to allow system partners to work with their own organisations to influence change
<p>If there are any gaps (e.g. system capacity to deliver), how are we going to address those gaps?</p> <ul style="list-style-type: none"> • Due to ongoing Covid-19 response, key officers may not have 100% capacity to commit to project team • Option to look at bringing in additional temporary support around project management and business support • Potential conflict of other key areas of work such as Hospital Discharge Service, Community Services and Intermediate Care

(Community and bed base), Home Care model & tender

- Potential to align key projects so same officers aren't spread thin and project timelines are achievable

What working groups are in place to co-ordinate delivery and what is their remit? (how will they enable joined-up work around a shared purpose)

- Finance & Contracting Group – LA & CCG
- Integrated Commissioning Group
- Hospital Discharge Strategic Group
- Later Life MH & Dementia Group
- Joint Care Home Provider Forums

The Integrated Commissioning Group would ideally form the Steering Group of the project as Key Directors are already members of the forum.

The Finance & Contracting Group may need extended to be the driver of the project team to deliver the requirements and monitor progress.

Future Direction of Travel (Year 2 onwards)

Provide an indication of plans for Year 2 (2022/23) onwards and potential areas of inclusion in an evolving Alliance Agreement

- Roll out of new contract models and transition of awarded contracts
- Potential Pooled budgets in place across the system
- All providers (Care homes and wrap around services) working with one aim so support and improve the quality of care delivery
- Opportunity to look at place-based contracts for both homes and community services (including home care) who complement each other
- Contracts will allow flexibility to adapt and change to meet any changes of demands / needs from Year 2 onwards

Areas to be incorporated within our Gateshead System Alliance Agreement

AREA: Older People - Frailty (Strength & Balance)

SRO: Lynn Wilson

Lead Officer(s) Sarah Chapman

Year 1 (2021/22) - Deliverables

What are we committing to achieve together in Year 1 (2021/22) i.e. what are the deliverables?

A review of the strength and balance pathway has been completed and taken to the Gateshead system board in November 2020. Aim to deliver a co-ordinated, sustainable strength and balance pathway of one to one support and classes for frailer older adults in Gateshead. This will link with broader community activities to promote lifelong participation.

The report identified recommendations with a focus for 2021/22:

- Maintain delivery of level one 'community maintenance' as a core foundation of strength and balance pathway
- Newcastle Gateshead CCG recommendation to procure a three year contract for the delivery of FaME (Falls Management Exercise) programme with increased capacity at an annual cost of £30k
- Otago provision will be formally commissioned, using a prime provider model. We will re-align system resources to facilitate this.
- An agreement to provide transport and venue hire in 2021/22 through in-kind partner organisation contributions for Otago.

How are we going to align our resources (e.g. staffing, finance, enablers etc.) to deliver the things we are signing up to?

- The strength and balance review identified a funding shortfall of approximately £85,000 to commission Otago provision. The next step is to take the report to Newcastle Gateshead CCG executive for discussion, it was noted there is not new money in the system.
- The Strength and Balance working group includes key partners who will work together to co-ordinate and deliver the strength and balance pathway.
- The core foundation of strength and balance pathway is 'community maintenance' e.g. general exercise delivered by Leisure and voluntary services. This level supports the wider proactive approach to maintaining health and well-being for older people in Gateshead.

If there are any gaps (e.g. system capacity to deliver), how are we going to address those gaps?

- In order to deliver Otago provision, transport and venue hire are required. It has been asked if these can be contributed in kind by partners to address these gaps.
- Additional funding will address the gaps identified by the strength and balance working group including annual training for Otago class deliverers and dedicated staff to co-ordinate and effectively deliver the strength and balance pathway.

What working groups are in place to co-ordinate delivery and what is their remit? (how will they enable joined-up work around a shared purpose)

- There is a strength and balance working group with partners from CCG, Public Health, NHS Community Services, Leisure services and social care. Now the review has been completed, this group will be formalised into the Gateshead strength and balance Pathway Steering Group to oversee implementation. A clear terms of reference will be developed to clarify the remit, role of the group and reporting channels. We need to formalise the links to the frailty work programme that sits under the Gateshead system board and clarify how and to whom progress should be reported – i.e. will progress be direct to Gateshead system board or does a frailty programme board exist for the reports to feed into.
- These partners have a successful history of collaborative, flexible working, with Gateshead Leisure Services and NHS Community Services jointly delivering an Active at Home Service throughout the pandemic, whilst classes are unable to operate.

Future Direction of Travel (Year 2 onwards)

Provide an indication of plans for Year 2 (2022/23) onwards and potential areas of inclusion in an evolving Alliance Agreement

- Monitor the implementation of the strength and balance pathway. Ensure outcome measures are embedded within the pathway, to ensure monitoring of effectiveness and delivery of objectives.

Areas to be incorporated within our Gateshead System Alliance Agreement

AREA: Mental Health Transformation

SRO: Lynn Wilson

Lead Officer(s): Kirsty Sprudd

Year 1 (2021/22) - Deliverables

What are we committing to achieve together in Year 1 (2021/22) i.e. what are the deliverables?

- A Leadership and Governance structure in place, with a shared narrative of what the system wants to achieve which includes short term priorities, and a longer term plan outlining the development of the community model to transform how we prevent/support people with their MH.
- A partnership agreement to outline ways of working and dealing with conflict especially in relation to decision making.
- Workforce – Clear understanding of who makes up the MH workforce, and barriers to access for new people e.g. clinical qualifications.
- The formation of multi-disciplinary community mental health hubs on a PCN footprint; also joining up the role of PCN MH practitioner roles with Community MH Team.
- Introduce trusted assessor model.
- Specific place-based priorities agreed particularly focussed on social determinants of health and also inequalities in defined 'places' within a PCN geography – virtual teams convened to oversee the delivery of these by creating a place-based partnership of community assets wrapped around that PCN cluster.
- Complete review of CCG and LA commissioned residential beds with a view to an improved offer and inform the development of the community model with housing, social care and voluntary and community organisations to improve the housing and support offer for people living (semi) independently.
- Work in conjunction with local authority partners to improve housing and support options for those people with MH/complex needs that are experiencing/at risk of homelessness.
- Develop an improved offer for Personal Budgets and expansion of Personal Health Budgets to S117.

How are we going to align our resources (e.g. staffing, finance, enablers etc.) to deliver the things we are signing up to?

- Appointment of a small core delivery team comprising of representatives from across the system to manage the development of the model with a clear commitment of time from each of the partners to ensure that momentum, as well as opportunities

are not lost.

- Use the Rethink model will be used as a framework for change.
- Staff identified to form hubs – enabled by no changes to contracts of employment, or contracts for service delivery in the short term. Opportunity with community hubs to form a buildings-based team, however in the meantime, a commitment from partners to host staff in office space without cost. Also, a recognition that not all activity should be buildings based – virtual and ‘in-reach- offers to be developed.
- A pooled budget to support the transformation, and monopolise on opportunities to ‘try out’ new methods of delivery
- Timely and pragmatic decision making at the Systems Board to facilitate quicker pace of change. Alongside this sits a clear shared narrative and directive within each system partner to ensure the decision is carried forward with each individual organisation.

If there are any gaps (e.g. system capacity to deliver), how are we going to address those gaps?

- A ‘gap’ is still in relation to budget – exactly what is in the system; how money will be released to support transformation, either by dual running, testing out new ideas, transfer from statutory organisations to community sector.
- Systems Board to ensure access to resources, including people, when required to ensure delivery of projects and support model development – often Board will agree a direction of travel, however it can be really difficult to get commitment from staff in each of the respective organisations to do the work!
- Service user/carer representation – preliminary work has been done to develop a co-production approach in the development of the model. This needs to be broadened out to ensure representation across all communities and ensure people with lived experience and carers are central to future design of the model.

What working groups are in place to co-ordinate delivery and what is their remit? (how will they enable joined-up work around a shared purpose)

At present:

- Core delivery group – made up of representation from across the system to facilitate change through Rethink model
- Co-production Partnership Meeting – members from across the system, including voluntary sector. Currently every 4 weeks
- MHLDA Board – 6 weekly
- CYP MHLDA Group
- Adults MHLDA Group
- Physical Health MHLDA Group

- Later Life MHLDA Group
- MHLDA – commissioning, performance and finance. Currently CCG employees only.

A review of these groups will take place to ensure coordination of the delivery of priority areas is achieved. At present the remit of some of the groups is large, they have no decision-making ability or budget to action any proposals for transform how services are delivered.

Future Direction of Travel (Year 2 onwards)

Provide an indication of plans for Year 2 (2022/23) onwards and potential areas of inclusion in an evolving Alliance Agreement

- Pooled budget for place-based community mental health.
- ‘System’ or ‘Place based’ contracts – providers are delivering on behalf of the system rather than with each respective organisation.
- Build on the learning from year one to support incremental change in line with the future vision for MH transformation in Gateshead.
- Build on the success of MH hubs to further develop ‘no wrong door’, removal of thresholds, eligibility and barriers.

Areas to be incorporated within our Gateshead System Alliance Agreement

AREA: Development of PCNs

SRO: Steve Kirk

Lead Officer(s): Sam Hood

Year 1 (2021/22) - Deliverables

What are we committing to achieve together in Year 1 (2021/22) i.e. what are the deliverables?

- PCNS to continue to develop relationships with our constituent practices and as organisations, and to develop collective strategic plan for PCNs in Gateshead.
- Develop system leadership skills within the PCNs
- Workforce – specifically developing and delivering PCN workforce plans for the next 4 years - understand the requirements of the PCNs, share information and have a collective dialogue through the Gateshead Workforce Group on the workforce agenda. Support system working to join up the workforce agenda in Gateshead in order to maximise opportunities
- Tackling health inequalities - Target a higher share of overall CCG funding towards geographies with high health inequalities; PCNS required to play their part in a system wide approach to reduce inequalities by 2023/24, - in 2021/22 this will be focused around delivery of the PCN Inequalities DES spec
- Continue to develop integrated working between community services and PCNS – with a focus on frailty.
- Support the implementation of the PCN Service Specifications to be introduced in 2021/22

How are we going to align our resources (e.g. staffing, finance, enablers etc.) to deliver the things we are signing up to?

- Workforce - Identify commonalities and where agreed and appropriate work together as a system, whilst recognising the autonomy of each PCN.
- NHS England expects that CCGs will be using some of their additional funding for inequalities to boost primary care capacity and access,
- CCG Delivery Team to support PCNs to deliver system wide areas of work.

If there are any gaps (e.g. system capacity to deliver), how are we going to address those gaps?

- A workforce lead in the system to coordinate workforce planning in and across primary care and PCNs to inform workforce planning and Transformation in PCNs – exploring options of funding for this role with potential to sit in GP federation
- Support with coordinating recruitment where appropriate to recruit new roles across PCNs

- Work with the system to identify relevant information on population health to support PCNs to identify and tackle inequalities.
- Organisational development support,
- Financial support/project support to support ongoing implementation across the system
- Ongoing development of PCNs – OD

What working groups are in place to co-ordinate delivery and what is their remit? (how will they enable joined-up work around a shared purpose)

- The Gateshead Primary Care Workforce Group
- Gateshead PCN Strategic Planning Group
- Gap in terms of group with oversight for Frailty work in Gateshead

Future Direction of Travel (Year 2 onwards)

Provide an indication of plans for Year 2 (2022/23) onwards and potential areas of inclusion in an evolving Alliance Agreement

- Continue to support PCNs to develop and strengthen mechanisms for them to have a collective voice for Primary Care in Gateshead at an ICS level
- Ongoing development of primary care workforce
- Continue to support Primary Care to contribute to addressing health inequalities in the wider Gateshead system
- Build on integrated working with the wider Gateshead system