

TITLE OF REPORT: **Gateshead Health & Wellbeing Board –
Progress Update**

REPORT OF: **Dale Owens, Strategic Director, Integrated
Adults and Social Care**

Summary

To update and seek the views of the Care, Health & Wellbeing OSC on the work of the Gateshead Health & Wellbeing Board for the six-month period October 2022 to March 2023.

Background

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2022/23 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the work of the HWB. A report has already been provided on the work of the HWB for the period 1st April to 30th September 2022.
3. This second report provides an update on for the period 1 October 2022 to 30 March 2023.

Gateshead Health & Wellbeing Board – Progress Update October 2022 to March 2023

4. The following update highlights key issues considered by the HWB during the second half of 2022/23.

North East & North Cumbria Integrated Care Strategy

5. It was reported to the Board that each Integrated Care Partnership (ICP) is required to develop an integrated care strategy covering the whole ICP population by December 2022. The strategy must use the best evidence, building from local assessments of needs (JSNAs), and enable integration and innovation.
6. Integrated Care Boards and local authorities must then ‘have regard to’ the strategy when making decisions, and commissioning or delivering services.

7. A consultation draft of the North East and North Cumbria Integrated Care Strategy was considered by the Board. It was noted that we have a strong foundation of partnership working, an outstanding health and care workforce, and some of the best research and development programmes of any system. However, our health outcomes are some of the worst in England, with deep and protracted inequalities, which correlate with socio-economic deprivation.
8. The Board supported the vision and goals of the strategy but made a number of comments on the draft document, including:
 - There needs to be a much stronger focus on Children and Young People within the strategy and the Board sought an assurance that children will very much be at the forefront of the final strategy document. The Board also noted that a detailed response had been provided by the Directors of Children's Services to the draft strategy along similar lines about the lack of reference to Children and Young People and the need to make key commitments in terms of Children's Mental Health.
 - The inclusion of prevention is really important. There needs to be a number of different plans to find solutions to key health challenges - sometimes we have tended to look at a complex problem to see what might be a simple solution which in turn can create perverse incentives. The focus on prevention and preventative measures generally could be enhanced within the strategy.
 - The strategy should incorporate a more asset-based approach around connected communities.
 - There should be a focus on place, in terms of the determinants of health and wellbeing – people should be able to live in a decent house in a decent place with a decent job, and communities should be supported in ways that promote good health.
 - We need to get the finances right and secure pooled budgets. Currently, local government finance and health finance arrangements are not aligned - we need to get this right first. We also have major shortages of health and social care professionals which needs to be addressed early on within the strategy.
 - There needs to be the right balance between the ability to develop a local strategy, develop a local response to health and care challenges and responding to the requirements of strategies developed at broader geographies.
 - If we are required to have regard to the ICS strategy in terms of our local decision making, we need to have shared data and an evidence base.

SEND (Special Educational Needs and Disability) Strategy

9. The Board received a presentation on a new SEND Strategy for Gateshead, developed by extensive multi-agency working to identify our priorities from a thorough self-evaluation across all area services. It was reported that key priorities link to Ofsted's focus on Education, Health and Care Plan (EHCP) processes, joint working, commissioning and alternative provision and form the basis of a clear action plan.
10. Our vision is for all children with SEND to thrive, have appropriate provision, feel positive about their next steps and believe in themselves. We will put families at the heart of everything we do. For children with Special Educational needs, four priorities have been identified:
 - (i) To have a transparent approach to identify children's needs which is understood by families and professionals, so that the right support is in place at the right time.
 - (ii) To actively engage with children, young people and their families so that their vision of 'Our choice, our voice' is heard and supported during strategic planning.
 - (iii) For health, social care, and education services to work together to commission the best support for pupils' needs, and to keep all children and young people safe.
 - (iv) To ensure that children and young people are well prepared, supported and feel positive about taking their next steps.
11. It was noted that Gateshead's SEND strategy and Inclusion Strategy have been developed alongside each other as the Inclusion Strategy will play a significant role in improving the quality of provision for children and young people with SEND.
12. The Board also received an update on the new Area SEND inspection system.

Director of Public Health Annual Report

13. The Board considered the findings of the Director of Public Health Annual Report for 2022 'Minding the Gap' which focused on women and health inequalities. It was reported that gender is a determinant of health and that inequalities in life expectancy between the most and least deprived women is increasing at a much faster rate than for men. The report considered gender inequality using the six domains of work, money, knowledge, time, power and health and how they impact specifically on women in Gateshead.
14. The report made a number of recommendations relating to the following themes which were endorsed by the Board:

- Giving every child the best start in life.
- Enabling children, girls and women to live their lives to the fullest.
- Empowering women to have financial stability and independence.
- Ensuring a healthy standard of living for all and creating generational life changes.
- Developing safe sustainable places and communities.
- Ensuring that women live healthy lives for longer.

Gateshead Health Trust's Corporate Strategy 2022/23 - 2024/25

15. The Board received a presentation from Gateshead Health NHS Foundation Trust on its Corporate Strategy 'Our patients, Our people, Our partners'. It was reported that the Trust has identified five strategic aims at the core of its strategy:

- We will continuously improve the quality and safety of our services for our patients.
- We will be a great organisation with a highly engaged workforce.
- We will enhance our productivity and efficiency to make the best use of our resources.
- We will be an effective partner and be ambitious in our commitment to improving health outcomes.
- We will develop and expand our services within and beyond Gateshead.

16. These aims are supported by seven enabling functions: Digital and Data, Innovation and Improvement, Estates, Finance, People and Organisational Development, Communication and Engagement, and Planning and Information.

17. It was also reported how the Corporate Strategy will support implementation of our Health and Wellbeing Strategy.

Gateshead Place Governance

18. The Board considered a paper from the Gateshead Cares System Board on options for governance at Place going forward having regard to national guidance and processes set out by the Chief Executive of NENC Integrated Care Board.

19. It was reported that a Joint Place Committee could be helpful for making joint decisions within its scope of authority between relevant partner organisations. The statutory bodies can agree to delegate defined decision-making functions (and resources) to the joint committee in accordance with their respective schemes of delegation.

20. The Board was supportive of a direction of travel that would see a Joint Gateshead Place Committee put in place, building upon our existing arrangements. It was noted that there will need to be further discussions on roles, membership, structure and accountabilities and it was suggested

that this is done across the partnership in a phased way (also see paragraph 23 below).

Future direction of Gateshead Cares (Gateshead Health and Care System) – HWB Planning Session

21. A Planning Session for our local health and care system took place on the 10th of March which was facilitated by Professor Peter Kelly. The purpose of the session was to:

- revisit our ambitions and priorities and consider where we currently are as a system;
- consider our future direction of travel and working arrangements going forward.

22. The session was well attended by representatives of partners who sit on the HWB and Gateshead Cares System Board.

23. Key messages from the session included:

Transparency and Honesty in Addressing Inequalities Gap

We need to be transparent and honest about those areas we have not made sufficient progress against e.g. in addressing the health and inequalities gap which is widening in Gateshead.

Existing funding arrangements can perpetuate health inequalities. We need to focus on the resources we control so that they can be targeted more equitably.

Targeted Approach

A targeted approach is needed more than ever if we are to bridge the inequalities gap, to reach communities most in need and to engage with disenfranchised members of our communities. Resources need to be targeted to where they are most needed.

Accessibility

There needs to be more of a focus on how our organisations gain access to individuals and communities, rather than how they should access our organisations and services.

Focus on Prevention

There needs to be a greater focus on prevention i.e. prevention at every opportunity. We need to find a way to resource preventative approaches to health and care against a backdrop of significant financial challenges across our local system.

We need to turn things on their head – justify why we should not focus on prevention (rather than having to justify a focus on prevention). A cultural change is needed to facilitate this.

We also need to be better at building in lived experience and value service user experience in developing preventative responses.

Our Priorities

We have the right priorities as a system that support our health and wellbeing strategy. It is more about how we align our priorities and take them forward with a focus on prevention e.g. through targeted approaches, as mentioned above.

Our Workforce

It is clear that there are workforce challenges across our health and care system which impact on how we can deliver key programmes of work that underpin our priorities. These challenges need to be addressed pro-actively in a joined-up way by partner organisations across our local system, making the most of opportunities to work in tandem with one another.

Harnessing our Evidence Base and Data

Data has also been identified as a key enabler in taking forward our priorities. We need to harness our evidence base and data across our system to inform and drive forward preventative approaches linked to our programme areas and enablers i.e. data and evidence led approaches.

Doing what is best for Gateshead communities

Whilst we need to comply with government / national requirements, our focus needs to be on what will secure the greatest benefit for Gateshead people and communities.

Governance Arrangements

We need to ensure that our governance arrangements support our ambitions and direction of travel as a Place system. Our aspiration is to work towards a Joint Committee arrangement with the ICB at Gateshead Place. This could enable us to better control / join-up up our finances, secure maximum value and develop joint business cases.

Consideration also needs to be given to how a Joint Committee arrangement can help us to drive preventative approaches / pathways.

Alcohol Related Harm

24. The Board was provided with an overview of the public health rationale for Minimum Unit Pricing (MUP) for the sale of alcohol. It was reported that the evidence indicates that there had been some decline in alcohol consumption in Scotland as a result of MUP.

25. The Board considered a paper on Alcohol Related Harm and received presentations from Professor Eileen Kaner (Newcastle University), Sue Taylor (Balance) and public health colleagues.
26. It was noted that alcohol-related hospital admissions can be due to regular alcohol use that is above low risk levels and are most likely to involve increasing risk drinkers, higher risk drinkers, dependent drinkers and binge drinkers. In terms of admissions for alcohol-specific conditions, numbers locally were reported as being 972 per 100,000 of the population, against an England figure is 644. It was also felt that there was unmet need within our communities.
27. Treatment for adults locally has been successful and is on par with national figures. A number of campaigns raise awareness of the health harms.
28. Regional work is being undertaken as part of recommendations from the Regional Alcohol Needs Assessment. We need to look at partnership working to better meet the needs of vulnerable dependent drinkers. Work also needs to be undertaken to embed an 'alcohol free childhood'.
29. It was recognised that there are some challenges to be faced, including the prevalence of alcohol within people's lives as the visibility of alcohol is across the board, including to children. It was noted that we need to have the same sort of approach in place as with tobacco.

Gateshead Cares System Board

30. The Health and Wellbeing Board has continued to receive regular updates on the work of the Gateshead Cares System Board. This included:

Health & Wellbeing Strategy 'Good Homes, Jobs, Health and Friends'

- Consideration of how the Health & Wellbeing Strategy's policy objectives can be progressed through the System Board's programme areas. This included how Professor's Chris Bentley's 'population intervention triangle' can be applied as a tool for delivery and used as a framework for action to reduce health inequalities.

Programme Areas and Enablers

31. It was reported that the System Board overviewed progress against key programme areas and enablers of integration during 2022/23 and that plans were being developed for 2023/24:

Programme Areas:

- *Children and Young People: Best Start in Life /SEND* – this included a Strategic overview of key SEND initiatives and the development of a SEND Strategy. Specific initiatives taken forward included:
 - Launch of Baby Box Appeal (supporting and promoting healthy baby development), and the HENRY programme to support

families to help children achieve the best start in life, using a holistic, evidence-based approach.

- Work to develop a Teenage Resource based on the principles of the existing The Little Orange Book.
- Development and roll out of Learning Disability 14+ Health check good practice guidelines and postcard.
- A Youth Justice Service Digital Me resource and bespoke counselling offer and training.
- *Mental Health Transformation* – this has included work to embed mental health transformation into locality working, into family hubs development and autism hubs; the creation of over 30 new roles which work within Primary Care Network (PCN) areas and exploring opportunities to co-locate teams and services across the borough.

Work is also underway to develop the crisis pathway to avoid admission to hospital and the commencement of a review of the Older Person's mental health pathway; to take forward a pilot to address the inequalities autistic adults face in accessing services as well as 'deep-dive' exercises to better understand the low take-up of the Talking Therapies service in Gateshead and the inequalities faced by the deaf community in accessing mental health services.

- *Multiple & Complex Needs: People@theHeart* – this has included feedback on a formal launch event on the 6th of December where it was highlighted that there is not a need for a new service, but rather for existing services to work better together in a way that reaches out to people with MCN through engagement and joined up services ('right door first time').
- *Adults /Older People: Transformation of Home Care & Care Homes* – this includes the importance of home care in supporting 'flow' across the health and care system; a consideration of workforce and 'Fair Cost of Care' challenges across the sector and their impact; and work to move towards more outcomes-based contract models.

Enablers of Integration:

- *Workforce:* making Gateshead a great place to live and work – this includes the role of the Gateshead Cares Workforce Partnership in taking forward workforce development issues at a system level and providing further opportunities for collaborative working e.g.
 - 'Off the shelf' work experience models within primary care to be developed that system partners can access.
 - A Gateshead place-based Summer School is being developed that will engage with Year 9+ students from local schools who have an interest in health and care careers.

- A priority has been identified around developing a system-based Care Academy to provide responsive, high quality training opportunities for health and care staff.
- Work is also underway around developing nursing associate roles in social care.
- *Digital Gateshead (inc. digital poverty / inclusion)* – this has included a Programme Manager hosted by Connected Voice to help co-ordinate work and develop connections across the system.
- *System Development: Primary Care Network (PCN) Development* – this has included work to address health inequalities, patient access, and PCN input to mental health transformation work.
- *Data: Axym / Gateshead Outcomes Framework* – this has included a webinar to promote the system data tool 'Axym' and to disseminate its application across work programme areas to deliver the Gateshead Outcomes Framework.

Assurance

32. The following items were considered by the HWB as part of its assurance role.

Health Protection Assurance Report

33. The Board received a report providing an overview of the health protection system and outcomes for Gateshead as part of the Director of Public Health's responsibility to provide assurance that the current arrangements for health protection are robust and equipped to meet the needs of the population.

34. It was reported that an analysis of data and information regarding health protection outcomes for screening, immunisation and communicable diseases and air quality had highlighted that there are areas that require improvement. It was noted that these areas would inform the assurance priorities for next year.

Gateshead Better Care Fund Submission 2022/23

35. The Board endorsed the Gateshead Better Care Fund (BCF) submission for 2022/23. The BCF focuses on the integration of health and social care in a way that supports person-centred care and ultimately better outcomes for people and carers. The submission incorporated:

- A BCF Planning template that set out details of income and expenditure against schemes, metrics and compliance with national conditions.
- A Narrative Plan that set out details of our approach to integration, our priorities for 2022/23 and how we are working together to take them forward.

Other Issues considered by the Health and Wellbeing Board

36. Other issues considered by the Board included:

Delayed Discharges:

37. The Board received a report seeking views on current and future plans to support health and social care to prepare for winter and reduce the harms caused to individuals by delayed discharges and unavailability of social care support to effect timely, safe, discharge.
38. Key issues and challenges facing the health and care sector were outlined, particularly around capacity and workforce, as well as the impact this has had on our patients. Actions being taken to expedite timely discharge were reported to the Board, which endorsed the approach being taken by partners.

Winter Pressures Plan:

39. The Board received an update on the Winter Pressures Plan. It was reported that an increasing demand was being placed on urgent and emergency care services due to:
- Changing needs of an ageing population
 - Changing expectations as a result of a 24/7 culture
 - Year-round demand, no downtime over summer period
 - Rising demand
 - Impact of Covid
 - Increased acuity of patients
40. Details of the response across the local system to increase capacity and operational resilience were considered by the Board.

Family Hubs:

41. The Board considered the implementation of the Family Hubs and Start for Life Programme. It was reported that the Family Hubs and Start for Life offer will have a direct impact on the six policy objectives of the Health and Wellbeing Strategy through the provision of (a) an integrated support offer to families with dependent children; and (b) an all-age menu of help and advice for people of all ages, regardless of family composition.
42. It was highlighted that resources had been allocated over the next three financial years to enable 75 upper-tier local authorities, including Gateshead, to deliver a package of family support and Start for Life services. An overview of proposals for the delivery model in Gateshead was provided, this included plans to re-purpose existing Children's Centres under the new Family Hub and Start for Life branding; to work with the VCS in delivering the offer; the development of bespoke, nurturing spaces at our sites for confidential discussions, group activities and feeding-friendly areas.

Recommendations

43. The views of OSC are sought on:

- (i) the progress update on the work of Gateshead's Health & Wellbeing Board for the second six months of 2022/23 as set out in this report.

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