TITLE OF REPORT: **Feedback from Planning Session on Gateshead Health and Care System**

Purpose of the Report

1.   To set out the feedback and key messages from the Health and Wellbeing Board Planning Session held on the 10th March, which focused on the future direction of our Gateshead health and care system.

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

2.   The report supports Gateshead's Health & Wellbeing Strategy 'Good Jobs, Homes, Health & Friends' as a key focus of the planning session was on what our priorities should be as a system, how they will they help us to deliver Gateshead's Health and Wellbeing Strategy and address the health and inequalities gap in Gateshead.

Background

3.   The Planning Session took place on the 10th March and was facilitated by Prof. Peter Kelly. Representatives of partners who sit on the HWB and Gateshead Cares System Board took part in the session including:

- Gateshead Council
- Integrated Care Board (Gateshead Place)
- Foundation Trusts (Gateshead Health Trust, Newcastle Hospitals Trust and Cumbria, Northumberland, Tyne & Wear (CNTW) Mental Health Trust)
- Community Based Care (Health) / Gateshead GP Federation
- Primary Care
- Healthwatch
- VCS
- Northumbria Police
- Tyne & Wear Fire and Rescue Service

4.   The format of the session was a mixture of:

- Input and perspectives on where we currently are as a system and on our future direction of travel;
- A mixture of Group and plenary discussions to consider questions that explored key issues relating to our work and working arrangements going forward.

Outputs from the Planning Session

5.   A summary of the feedback and discussions from session is attached as an appendix to this report.

6.   Key messages from the session included:

Transparency and Honesty in Addressing Inequalities Gap

7.   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.

8.   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

9.   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

10.   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

11.   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.

12.   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.

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

Our Priorities

14.   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

15.   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

16. 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

17. 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

18. 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.

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

Recommendations

20. The Health and Wellbeing Board is asked to consider the key messages and feedback from the Planning Session and our next steps.

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Gateshead Health and Wellbeing Board

Planning Session on Gateshead Health and Care System (Gateshead Cares)

10th March 2023

Feedback from Discussions on Questions

Part 1: Our Gateshead Health & Care System (Gateshead Cares)

Questions considered:

Building upon our strengths, what do you think 'great' would look like in Gateshead?

Table 1:

- Why do we start with our strengths, should we not start with the gaps and weaknesses.
- Long term funding for preventative services, including VCSE.
- Joined-up commissioning across different statutory sector services – look at resources collectively. We have the right ambition but need a plan to follow through.
- For mental health services, build up from a foundation of funding community services.
- Great is moving from discussion to action.
- A strong evidence base / more evidence focused, clarity about objectives, ownership of priorities.
- A clear starting point needs to be defined so that we can demonstrate the difference made.
- Leaner process – reducing forms, bureaucracy (could be through joint commissioning).
- De-construct and recreate – honesty and bravery across the system.
- Don't forget the lessons of Covid – we are building bureaucracy back in.
- Great is people getting the services they need and people not being 'passed off'.

Table 2:

- Employment access for Looked after children.
- System prioritisation of children and young people (invest to save).
- Prevention needs to considered at every opportunity e.g. to increase numbers living in the community (e.g. not in care homes). Need to develop prevention pathways.

- Accounting more transparently for spend and where it is directed – for treatment or for prevention. Need to recognise and act on the basis that investment in prevention will ultimately reduce pressures on acute services.
- Proactively engage with disenfranchised members of the community.
- Public perception and awareness: social stigma e.g. addiction.
- Value service user experience and develop services based upon lived experience.
- Digital recognition of circumstances e.g. appointment times that work for the users.
- 'Acceptance' around mental health.
- Utilise the capacity of other services capacity to help address the care gap.

Table 3:

- Wealth and income, not debt.
- No differences in the wider determinants of health – decent housing and decent employment for all. Do this by targeting across the social gradient. Need levelling up.
- Maslow's hierarchy.
- Within the control of the individual. Need to engage with communities and local population using a multi-agency approach. Working in small areas, engaging with communities.
- Early intervention is key and need to change aspirations.

Other Points Made:

- Peoples own aspirations for their lives and those of the families to be raised.

What should our Priorities be (and how will they help us to deliver Gateshead's Health and Wellbeing Strategy and the NENC Integrated Care Strategy)?

Table 1:

- We spend too much time setting priorities and not delivering them.
- A priority is to align all of the different priorities we already have e.g. community mental health transformation, locality working, public sector reform.
- Housing should play a bigger part of Health & Wellbeing Strategy as it has a massive impact on health.
- Because of scale / size of our ICS, we should be able to have more influence.
- Working out what needs to be done at scale and what at local place. For some issues e.g. ADHD, people could be better served at place – talking to local families to solve the problem at source.
- Neighbourhood working – we must fund and support this. Access point / hub model – co-location works.
- Education needs to be at the table too.

Table 2:

- Accessibility – community (location); focus on how we access our patients, not how they access us.

- Prevention needs to be seen as a key enabler and focus of our System Boards.
- Need to address the reality that those organisations that fund preventative approaches don't always see the benefits for their organisations. As a system, we know that the focus should be on prevention so we need to find a way of addressing this.
- Measure what we are preventing.
- Undertaking pro-active analysis – e.g. of missed appointments.
- Move away from judgement to empathy.
- Governance structures.

Table 3:

- Integration workers need to be enabled to work together.
- Community empowered to build relationships and then consider the issues.
- As people come together, enable them to have a voice as to what they want and need.
- Need to refer to policy and evidence, but it should not be the driver over community voice.
- Engagement – needs patience, won't happen overnight.
- The Digital agenda is important.

Other Points Made:

- We have the right priorities, the issue is how we implement them.
- As a system, we need to take ownership of prevention – this will need a cultural change. We also need to move from a business case culture to a learning culture.
- We need to see things through the lens of prevention.
- We need to be brave and move resources from acute provision to prevention (that will reduce the onset of conditions that otherwise will increase demand for acute services).
- We need to work with the acute sector to manage people's expectations from services.
- As a system, we are so busy responding to acute demand that we don't have enough time to focus on prevention.
- Primary care needs to be able to focus more on those who don't come to a GP (rather than the 'worried-well').
- One-off, short-term, non-recurrent funding towards preventative approaches, addressing inequality is not enough to make the change needed.
- Need to target resources to where they are most needed. We don't do this consistently.

What changes or additions to the Programme Areas and Enablers will be required (to take forward our priorities and address key system challenges and opportunities)?

Table 1:

- Funding for local community services.

- We are not representing communities adequately within our forums – e.g. do the people here today reflect the communities we serve?

Table 2:
- Data – a greater focus by Gateshead Cares on the data, being data driven.

Table 3:
- Access to services – e.g. dentistry.
- Lobby government to ring-fence taxes to addressing inequalities.

Other Points Made:
- The programmes and enablers are fine, the issue is how we take them forward with a focus on prevention.
- We need to move from intent to practice (otherwise, day-to-day pressures get in the way).

Part 2: Governance and Working Arrangements

Questions considered:

What would the tangible benefits be of a Joint Committee arrangement, how could it add value and help us to take forward our aspirations?

Plenary Discussion:
- We have been clear as a system that we aspire to put in place a joint committee arrangement.
- It could enable us to better control / join-up up our finances and secure maximum value.
- It could facilitate joint commissioning of services.
- There could be more scope to develop joint business cases.
- Need to consider how a Joint Committee arrangement can help us to drive preventative approaches / pathways.
- Opportunities to develop our learning more quickly and respond to it.
- Area-wide (place) pathways can be effective and there would be opportunities / benefits to develop these from a Joint Committee arrangement.
- Could help to change / develop a joint culture around prevention.
- It needs to be recognised that it is difficult to influence overall budget levels – much is nationally mandated e.g. for the acute sector. However, we can seek to make the best use of available resources for Gateshead Place by working together jointly.
- We will need to work through the detail and ensure that arrangements are consistent with schemes of delegation / constitutions of our organisations.
- Good governance is a minimum to provide a solid framework for decision making.

How can we best advocate for Gateshead Place at broader geographies (ensuring a strong voice)?

Plenary Discussion:
- We need to recognise that Gateshead Place will not have much control over acute services (hospitals, ambulance services) as decision making will not be undertaken at Place level. However, we can seek to influence decision-making by advocating for Gateshead Place.
- Need to recognise how housing fits in to the wider system and how we then advocate in a joined-up way
- There are a number of people from Gateshead Place involved in different Area, sub-regional and regional Groups and Committees – they will need to work together to advocate for Gateshead Place.

Overarching Points / Issues Raised

- As a system, 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.
- There needs to be a greater focus on prevention – 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)
- 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 – data and evidence led approaches.
- A cultural change is needed to focus more on prevention.
- Funding arrangements perpetuate health inequalities. We need to focus on the resources we control to target them more equitably.
- We need to ensure that our governance arrangements support our ambitions and direction of travel as a Place system. It is our aspiration is to work towards a Joint Committee arrangement with the ICB at Gateshead Place.
- We need to consider how we can best comply with government / national requirements but at the same time ensure that we are able to do what we feel we should do to secure the most benefit for Gateshead people and Gateshead communities.