NHS
North East & North Cumbria

Programme/Workstream plan:	Gateshead Place
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Summary:

Gateshead boasts some of the best health and care services, but stubborn health inequalities persist across our communities. We know that over half of people and families in Gateshead are either just managing or just coping, but more than 30% are in need or in vulnerable situations.

In Gateshead we know that:

- It is 73rd most deprived area out of the 326 local authorities in England.
- More than 23,600 people live in a neighbourhood with deep levels of deprivation.
- People of Gateshead are more likely to experience poor health outcomes compared to people living in the South of England.
- Gateshead residents are more likely to die sooner and experience more illness or disability than people living in the South of England.
- People feel the burden caused by austerity and welfare reforms which have been greater in the North than the South of England - exacerbating further the difference in health outcomes

The overarching strategy for Gateshead Place is our Health and Wellbeing Strategy 'Good jobs, homes, health and friends'[1] which sets out where we need to focus our attention to reduce levels of inequality through altering the circumstances that lead to inequality. We want to make Gateshead a place where fewer people need direct support and more people are thriving[2].

[1] https://www.gateshead.gov.uk/media/31529/Health-and-wellbeing-strategy-2020/pdf/Health_and_wellbeing_strategy_2020.pdf?m=637792329182930000#:~:text=Our%20vision%20for%20health%20and,commits%20us%20to%20these%20pledges.&text=We%20want%20Gateshead%20to%20be%20a%20place%20where%20everyone%20thrives. m

[2] https://www.gateshead.gov.uk/article/11956/Thrive-our-strategic-approach

The six policy objectives of the Health & Wellbeing Strategy are:

- give every child the best start in life
- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure a healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill health prevention

Gateshead Cares (Gateshead Health and Care System) provides the opportunity to strategically plan and commission for better outcomes based upon the Joint Strategic Needs Assessment and Health and Wellbeing Strategy using the mature relationships and trust that are evident to plan together and deliver together as a whole system. A formal alliance agreement is in place for Gateshead Cares which has the fundamental aim of joint working and integration to:

- reduce levels of inequality through tackling the circumstances that lead to inequality
- 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
- support the development of integrated care and treatment for people
- 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 Pound.

The objectives of the Health and Wellbeing Strategy and Gateshead Cares are closely aligned to the ambitions of the NHS Long Term Plan. This Gateshead Plan and will seek to deliver against the NHS LTP national metrics as well as fulfil the 4 objectives set out in the NENC Integrated Care Strategy:

1. Giving Children and Young People the best start in life
2. Better Health and care services
3. Fairer Outcomes for all
4. Longer Healthier Lives

It is these headings which form the basis of our plan.

Partnership working – please describe how partners have been engaged in developing the plan, the partnership working structure and where applicable the current governance, and how this might further mature or strengthen, e.g.ICS work streams or place-based committees.

Partners have been engaged through Gateshead Cares; an alliance of local statutory health and social care organisations with the aim of achieving better outcomes for local people through shared priorities and more integrated working.

In support of this plan the Health and Wellbeing Board hosted a session on 10 March 2022 to review current priorities for Gateshead Cares, within the context of the Health and Wellbeing Strategy and NENC Integrated Care Strategy. The learning from this session has been used to inform the plan.

Partners and wider stakeholders have also had opportunity to feed in their views through a variety of mechanisms which include:

- Presentation at Health & Wellbeing Board, and directorate leadership and management meetings in Social Care, Housing, Locality Team and Commissioning
- Online workshop
- Gateshead Cares System Board
- Integrated Commissioning Meeting
- Joint Committee at Place

The Governance for Gateshead Cares is delivered via an Alliance Agreement; however, in line with the government's Integration White Paper 'Joining-Up Care for People, Places and Populations'[3] which sets out further expectations for place-based working by 2023, the governance arrangements between Integrated Care Boards and Places will be strengthened.

A Joint Committee at Place has been established in Gateshead in accordance with ICB governance arrangements; this has been in operation since 1 April 2023 with the ambition of becoming a Joint Committee in the future. This is a shared ambition with Gateshead Cares and the Health & Wellbeing Board representing the next step towards health and care integration. Further work is needed across the Gateshead System to understand the implications for individual partner organisations, in particular for ICB Place and the local authority, in reaching a decision on this issue and ensuring readiness to move to the next step.

[3] https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations

Key stakeholders - please list the groups/types of stakeholders that are important in jointly developing and delivering the plan.	
Gateshead Health & Wellbeing Board	GP Practices
Gateshead Health Foundation Trust	LMC
CNTW	GP Federation
SSTFT	Healthwatch
VCSE Providers	
Gateshead Childrens & Adults Social Care, Commissioners and wider Council partners in Housing, Localities	

Priority 1 - Giving Children and Young People the Best Start in Life

Why is change needed?

In Gateshead we want to enable children and young people to have the best possible start in life. Our key priority areas for Gateshead are Special Educational Needs & Disabilities (SEND), CYP Mental Health, and Maternity/First 1001 days.

Our vision is for all children with SEND to thrive, have appropriate provision, feel positive about their next steps and believe in themselves. We put families at the heart of everything we do. As set out in the Health and Wellbeing Strategy, we will:

- Focus our effort on supporting confident, positive and resilient parenting to those who need to the most support.
- Build the resilience and wellbeing of all children and young people
- Make sure maternity and children services are of high quality and meet the needs of all groups
- Support Gateshead to be a child friendly place
- Work together across the system to create the conditions for good emotional health and wellbeing, including action in settings such as school and opportunities for volunteering
- Ensure that the views and opinions of children, young people and their families are represented in all aspects of our work

We've made considerable progress in Gateshead in relation to SEND, some examples of improvements and good practice and planned activity includes:

- Providing training to upskill professionals across Education Health and Social care on their roles and responsibilities of the SEND agenda
- Developing a Joint Commissioning and SEND Strategy
- Continue to increase uptake of learning disability annual health checks 14- 25
- Continue to promote communication of services they can access and celebrate inclusivity in the region.
- Key outputs to date have included increased participation of C&YP and their parents and carers in influencing the development of services to support their needs. Strong relationships have been built across the Health, Education and Social Care.
- Work with Nexus to purchase full travel passes for 126 care experienced young people in Gateshead. Robust evaluation will take place over the next year to monitor the impact having the travel pass has had on the life of each young person e.g. attending health appointments, socialising, emotional mental health & wellbeing.
- Development of a Teenage Resource –'The Little Book of Useful Stuff' is based on the principles of 'The Little Orange Book' (but for teenagers). The book will be launched in quarter 1 of 2023 and engagement and evaluation will take place during the financial year. In addition to this resource development of a SEND Easy Read Version will be undertaken, the resource will be hosted on the Healthier Together Website.

For the SALT service there is now a recovery plan in place and there are some interim measures in place to upskill Higher Level Teaching assistants to support children and young people with speech and communication needs to help us fulfil our ambition in ensuring needs are met at an earlier stage and for the vast majority of children and young people avoiding the need for specialist level intervention.

There has been a number of projects underway in Gateshead to improve the offer of support for children and young people's mental health to try and address some of the challenges in relation to access as well as taking a more preventative community centric approach. A number of successful initiatives have taken place over the last 12 months to support this approach, an example being a community grants scheme which is supporting teenagers at risk of suicide and a sex education programme for young people with a learning disability.

To support a joined-up approach and bring support closer to our communities we are part of the project group for the newly introduced Family Hubs and are also working closely with Locality Teams to transform how we support our young people. An example of this is the development of 5 autism hubs across the borough to work within the hubs. We are also progressing co-location of Psychological Wellbeing Practitioners and Cognitive Behavioural Therapists also being part of the hubs.

For every new parent, having a baby should be a joyful experience that brings families closer together. The truth is, even for those living in relative comfort and surrounded by a loving family, the arrival of a new baby is usually exhausting and can be overwhelming. Ensuring our families have support for early years healthy development (1,001 critical days) is a system wide transformation project. The developments are to ensure Gateshead has seamless support for families, welcoming family hubs with accessible information, an empowered workforce and committed leadership. In Maternity services, Gateshead is committed to ensure all women have personalised and safe care (further detail can be found the maternity thematic plan).

Objectives –	
Objective 1	Improve inclusion and participation of CYP in their communities with a particular focus on the SEND population
Objective 2	Improve Children and Young Peoples Mental Health
Objective 3	Address waits for SALT as well improving the offer for CYP and their families through upskilling the workforce and developing a joint approach for community-based support which is an integrated offer as part of the Family Hub development
Objective 4	Develop an integrated offer for pre and post diagnostic support

Goals –				
	Description of Goal: What is being measured? If possible include the data source.	**Where are you now?** Baseline, with a date.	**What is the target?** Number or percentage	**When do you aim to get there?** A date
Goal 1	System Engagement Plan in place with SMART targets	0	1	End March 2024
Goal 2	Improve access target for CYP MH Services	6985 contacts	7000 (Newcastle/Gateshead)	End Qtr 4 2024 Newcastle/Gateshead figures to be disaggregated.
Goal 3	Wait no longer than 18 weeks to treatment for SALT – KPI data	Baseline to be determined	To be determined	End March 2026
Goal 4	Establish 5 commissioned autism hubs across the borough	1	5	September 2023

Initiatives – Key deliverables.

		23/24				24/25	25/26	27/28	28/29
Item	**Deliverable description**	**Q1**	**Q2**	**Q3**	**Q4**				
1	Conduct and evaluate a pilot focused on new mothers via the vulnerable parent pathway and the Family Nurse Partnership to promote confidence, and help to build self-esteem, and address the anxiety and fear felt by many pregnant woman and parents. Evaluation by the Local Clinical Research Network				X				
2	Work with the Local Authority and system partners on the development of family hubs with a focus on improving support for new and expectant mothers				X				
3	Undertake a review of the Single Point of Access for CYP mental health services 'Getting Help' service which has been in operation since 2019, with an aim to evaluate the model and increase accessibility			X					
4	Embed Trauma Informed Practice through the newly established 'Trusting Hands' Team					X			
5	Review the crisis pathway for children and young people and codesign the pathway and alternative to crisis offer with our Gateshead children and young people				X				
6	Review and improve the offer for Mental Health Support Teams in Schools				X				
7	Development and roll out of 'The Little Book of Useful Stuff' – a codesigned health and wellbeing resource for teenagers			X					
8	Deliver Masterclasses for health and education professionals in relation to Children and Young People's Asthma, Allergies, Diabetes and Epilepsy				X				
9	Design and deliver GP Kite Mark to improve accessibility for CYP				X				

Priority 2 – Better Health & Care Services – developing Integrated Neighbourhood Teams in line with Next steps for integrating primary care: Fuller Stocktake report (2022) recommendations

Why is change needed?

At the heart of the Fuller Stocktake report is a new vision for integrating primary care, improving the access, experience and outcomes for communities. Some great work has taken place to date which is in line with this vision and that of the NHS Long Term Plan through the Gateshead Carers Priorities, our work with Public Health to tackle the stubborn health inequalities that exist across Gateshead and through our PCN development work.

In Gateshead we want to use the recommendations of the Fuller Stocktake to build on all of the positive work going on and deliver the vision of Integrated Neighbourhood Teams (INTs) in Gateshead bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations and improving access and experience of people who use services. This will be achieved by providing more streamlined and responsive support based on principles of personalised care, through the development of MDT's, working with wider system partners and building on the great work already going on in Gateshead.

We will need to embed the primary care workforce as an integral part of system thinking planning and delivery. The development of training, supervision, recruitment and retention, and increased participation of the workforce is key, which includes GP's. We plan to review the GP performers list to enable other appropriately qualified clinicians to contribute more easily as part of the primary care workforce.

We recognise the importance of collective system leadership across our organisations in taking forward our priority areas and our ambition for integration. We also understand the need to continue to develop our local system and ways of working so that it is best placed to deliver our aspirations for local people. This is something we are taking forward in parallel with our work programmes.

Our work programme areas and enablers for integration each have their own SRO for the Gateshead system, supporting a distributed leadership approach. Gateshead system is supported by a managerial and clinical workforce, and in Gateshead Place the ICB have appointed clinical leads to provide system leadership to work with senior clinical and managerial leaders from across health and social care to consider how resources can best be used to achieve shared ambitions and strategic priorities. The Gateshead leads are:

- Dr Mark Dornan – Partnership / Primary care/IFR
- Dr Georgina Butler – Ageing well / Living well
- Dr Sangeetha Bommisetty – Mental Health, Learning Disabilities, Autism and Children & Young People.

We feel this will provide the linkup between our programmes of work such as communities and complex care, urgent and emergency care, long-term condition prevention, early intervention, and support our primary care improvement and development of Integrated Neighbourhood Teams.

There are also a number of transformation programmes and initiatives already underway in Gateshead which we can build on, as well as provide us with the opportunity to co-locate, avoid duplication and inefficiencies in the system and utilise the Better Care Fund as an enabler where appropriate.

However, Primary care does not work in isolation; joined up community health services play a vital role in meeting people's needs in the community, often working in partnership with social care, community services, secondary care and the VCSE sector.

As a system there is also a commitment to look at how a shift to prevention and community based healthcare and support secondary care with the challenges they face in Gateshead, but also start to think about how we begin to make real headway in a shift to prevention over the next 5 years by shifting care upstream to prevent the levels of ill health our population experiences, to provide integrated and proactive care whereby a person's health and wellbeing is supported at a much earlier stage and more effectively. The approaches are crucial to reducing the need for high-cost acute care and achieving better outcomes for the people of Gateshead. Models already in operation such as an Integrated Discharge Hub, Discharge to Assess, Virtual Wards, UTC's and crisis response services also play a vital part in any integrated offer, as well as an increased focus on housing and digitally enabled care and remote monitoring

Our overall ambition in Gateshead, through the development of Integrated Neighbourhood Teams is:

- To tackle persistent health inequalities across the borough; community resources, people, carers and those parts of the workforce that are closer to communities such as our Social Prescribers and Health & Wellbeing Coaches.
- Develop an improved offer to provide more effective support to our children and young people, autistic people and those with a learning disability by adapting our traditional models of support to ensure services are accessible and meet their support needs.
- Address gaps in provision through a community development approach, building on existing assets, and through joined up work with the local authority and system partners.

Objectives –	
Objective 1	To develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices and providing people with more choice about how they access care and support to ensure patients have good experience of access to services and there is equity for all.
Objective 2	To assist systems with integration of primary and urgent care access, specifically looking at the role of NHS 111, and improving access to pharmacy, dentistry, optometry, and audiology.
Objective 3	Enable all PCNs to evolve into integrated neighbourhood teams (recognising that this may look different in each area) by building on already existing models such as Discharge to Assess, UTC's, Mental Health Crisis response and the new Community Diagnostic Centre and through the development of co-located Multi-Disciplinary Teams (MDT's) leading to improved patient journeys, joined up systems and patient centred personalised care.
Objective 4	Work alongside local people and communities in the planning and implementation process of the actions set out above, ensuring that these plans are appropriately tailored to local needs and preferences, including that of our children and young people; people with a learning disability; autistic people; and demographic and cultural factors which build on the positive work already underway with HAREF, Labriut, Connected Voice and Jewish Community Council.

Goals					
	Description of Goal	**What is being measured?**	**Where are you now?**	**What is the target?**	**When do you aim to get there?**
Goal 1	Expand direct access and self-referrals	Falls response Musculoskeletal Services Audiology Weight Management Community Podiatry Wheelchair and community equipment services	Baseline assessment to be completed	Direct access and specialist referrals for all listed	End 2024/5
Goal 2	Meet 2 hr urgent community response	Response times	70%	Above 70%	Maintain standard
Goal 3	Recovery Plan and targets in place for UEC	Bed occupancy Trolley breaches	To be determined	To be determined	Target dates to be set as part of recovery plan
Goal 4	Meet faster diagnosis standard for Cancer	Cancer diagnosis times	62 day waits across all specialities	75% within 28 days	To be determined
Goal 5	Delivery Plan for Recovering Access to Primary Care	Robust recovery plan in place	To be determined when PCN capacity and access plans are submitted	As previous	Plan in place for each PCN by 30 June

Initiatives – Key deliverables.

		23/24				24/25	25/26	27/28	28/29
Item	**Deliverable description**	**Q1**	**Q2**	**Q3**	**Q4**				
1	Monitor the Network DES requirements and review the PCN Maturity Matrix		X						
2	Evaluate current initiatives and models and develop proposals for expansion/development of pharmacy, dentistry, optometry and audiology				X				
3	Work with Trusts and partners to improve data collection and reporting especially in relation to workforce and population data to ensure greater efficiency and targeting of resources.				X				
4	Develop a data sharing agreement across anchor organisations and relevant partners to enable updates to patient records and real time viewing (adopt national template if available)				X				
5	Appraisal of UTC's and wider UEC model across Gateshead linking in CMHT to explore opportunities to develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices				X				
6	Identify opportunities to streamline services and improve access, including e-consult, self-service options, user friendly information and processes			X					
7	To build on the virtual wards offer in Gateshead to deliver on from the national and local priorities around discharge and hospital avoidance and system resilience			X					
8	Service development and improvement of Community Health Services				X	X			
9	Promote the UCR service with all people across the Gateshead system including primary and secondary care			X					
10	Review Older Peoples MH Crisis Pathway and develop recommendations to improve the offer across Gateshead			X					

Priority 3 - Fairer Outcomes for All

Why is change needed?

The Health & Wellbeing Strategy, JSNA and Director of Public Health annual reports share the following health inequalities data and information, highlighting the need to pursue a strategic system wide approach to tackle continuing inequalities:

- Overall, Gateshead is the 47th most deprived local authority in England, out of 317 local authorities. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England. Extending that range further, nearly 62,600 (31%) live in the 20% most deprived areas
- The population is ageing, it is projected that by 2043 there will be an additional 12,316 people aged 65 or older, an increase of 29%
- Even before Covid, around 30% of children in the UK were living in poverty, which is an enormous source of stress for families
- 73.3% of adults in Gateshead have excess weight according to survey data. This is significantly worse than the England average of 63.5%
- In the year to April 2021 there were nearly 1,030 opiate users and over 360 non-opiate users in treatment.

No one agency can tackle inequalities alone. Gateshead Cares provides the platform to bring our collective strengths and resources into one place and focus them on improving the health, wealth and wellbeing of everyone, setting out the biggest opportunities to improve the health of Gateshead residents, focussing on the wider determinants of health, and taking action through local empowerment and leadership.

Through this plan we want to build on the positive work working on across Gateshead and deliver on the ICB Integrated Care Strategy and wider NHS LTP ambitions. We are fortunate in Gateshead to have support from our Health & Wellbeing Board and Director of Public Health who are fully invested in the ambitions of the ICB in relation to inequalities through the ICB Healthier and Fairer Committee and our Health and Wellbeing Board as Chair of the ICP North Area Partnership Meeting.

In Gateshead we want to build a culture of learning and improvement to support equitable decision making to reduce health inequalities across the wider determinants of health. This will be supported through Northumbria University Centre for Health and Social Equity (CHASE) and the Health Determinants Research Collaboration which is a 5 year research infrastructure project to develop research capability, capacity and culture in Gateshead.

The Director of Public Health has a £5million grant for the next 5 years to support research and innovation across Gateshead.

Objectives	
Objective 1	Reducing the harms from alcohol, substance misuse and smoking across Gateshead
Objective 2	Promoting healthy weight and active lives to achieve an overall reduction in those people who are clinically obese and over.
Objective 3	Improve the experience of people when waiting for planned operations.
Objective 4	To work towards achieving the Core20Plus5 targets for adults and children over the next 5 years & fully participate in Deep End Network (Chopwell)

Goals					
	Description of Goal	**What is being measured?**	**Where are you now?**	**What is the target?**	**When do you aim to get there?**
Goal 1	Reduce smoking prevalence by 5%	Prevalence data	Baseline to be determined	5% Reduction	2030
Goal 2	Increase access to weight management services	Access targets	Baseline to be determined	To be determined	To be determined
Goal 3	Sustain national targets for SMI Health Checks	No of checks taken place	60%	60%	2023/4 with figures sustained or exceeded annually
Goal 4	Achieve Core20 Plus% targets for adults and children	Please refer to Table below	Current baseline to be established for all areas	Align with national targets set out below	

Core20plus5 five clinical areas of focus: ADULTS
1.Maternity: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
2. Severe mental illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
3. Chronic respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid-19, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
4. Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028.
5. Hypertension case-finding and optimal management and lipid optimal management: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.
Core20Plus5 for children and young people
Asthma: Addressing over reliance on reliever medications and decreasing the number of asthma attacks.
Diabetes: Increasing access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; as well as increasing the proportion of those with Type 2 diabetes receiving recommended NICE care processes.
Epilepsy: Increasing access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
Oral health: Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.

Initiatives – Key deliverables.

		23/24				24/25	25/26	27/28	28/29
Item	**Deliverable description**	**Q1**	**Q2**	**Q3**	**Q4**				
1	Progress the recommendations from the Dame Carole Black Review on substance misuse harms utilising the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) with proposals for use agreed by the Office for Health Improvement and Disparities (OHID).					X			
2	Development of a Health Inequalities team based at QE hospital and working with those identified with multiple and complex needs to access health services back in the community. This work complements and is aligned to developments funded via the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG).					X			
3	Strengthen the links between community and secondary care for both drugs and alcohol through Community Recovery Coordinator and Nurse posts working into the hospital to ensure interventions to support vulnerable dependant drinkers are robust.					X			
4	Undertake a needs assessment of services including linking the LA/Community/ICB obesity strategies					X			
5	Support Implementation of Gateshead's Physical Activity Strategy					X			
6	Develop options for provision of tier 1, 2 and 3 obesity services				X				
7	Support implementation of the Active Travel Social Prescribing Pilot, sharing and considering learning from this work across the system.					X			
8	Conduct an analysis of early age obesity issues that are linked with BAME diabetic activity and produce an action plan.				X				

9	Work with PCNs to implement Health Inequality Leads					X			
10	Implement learning from review of targeted work on hard to reach groups to maintain 60% target of SMI Healthchecks				X				
11	Provide additional investment targeted at vaccine inequalities which is being coordinated in partnership with the Public Health Team				X				
12	Roll out PCN/School pilot for asthma and allergy review				X				
13	Roll out training to staff supported by The Beat Asthma Bundle of Care package				X				
14	Disseminate learning from the Deep End Network pilot at Chopwell Primary Healthcare Centre and use findings to inform 24/25 activity.				X				
15	Increase Early Cancer diagnosis to 75% diagnosed at Stage 1 or 2 by 2028.								X
16	Promote early intervention and prevention of asthma and allergies and respiratory illness in conjunction with Local Authority Housing Team through a Health Pilot focussed on increasing identification of damp and mould in Council housing, social housing and private lets.				X				
17	Develop proposal for an Epilepsy Nurse in Gateshead with a view to being operational by Autumn 2023	X							

Priority 4 - Longer and Healthier Lives – Mental Health, Learning Disability, Autism, Ageing Well

Why is change needed?

Mental Health –

Currently many of the teams working across pathways, work in silos, the transformation is looking to improve pathways and join up referral routes. The patient experience is often being passed from service to service or then criteria/eligibility makes accessing support difficult.

Particular areas of focus in Gateshead to improve the offer and address gaps in service include understanding how people can be supported better to prevent people ending up in crisis by looking at how existing support is being offered and create an alternative to crisis offer that will enable people to access support in a timely way, in places and spaces that are accessible, reducing the need to attend A&E or Crisis services.

The dementia pathway requires review and redesign to enable people and their families/carers with Dementia to live safely and with the appropriate support at home. We have mapped current services, which will enable us to develop an appropriate pathway for Dementia from hospital admission/discharge to living at home in the community.

It is envisaged that through the expansion of the mental health workforce, together with improved networks will support people and professionals in the system to make meaningful connections, taking away the need for multiple appointments, prolonged waiting times and being referred from service to service. With system partners working together and understanding from the person how they can be best supported, we will aim to give better long-term outcomes preventing the need to access services and connect people to their local communities, improve the crisis offer and develop non-clinical approaches to support people to have good mental health and wellbeing.

Learning Disability and Autism –

The Gateshead Learning Disability & Autism three-year plan outlines aims to progress work across four priority areas: Pre & Post Diagnosis Support, Health Inequalities, Communication & Engagement and Workforce. The Pre and Post Diagnosis Support agenda will improve and expand services for autistic adults, children and young people, and their parents and carers. At a strategic level, this work seeks also to improve collaborative working, streamline communication between services and upskill the workforce to ensure patients experience a consistent approach across the life span. We want an offer of support to be available across the borough which works alongside locality partners and integrated neighbourhood teams to build on the great work that has already been done to address gaps in provision and access to services and good quality affordable housing that meets the needs of some of our most vulnerable people in Gateshead. Our aim is to:

- Continue to improve the accuracy and increase size of GP Learning Disability registers.
- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance.
- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.

- Improve the training offer for people who support and provide services for people with a learning disability and/or Autism – ensuring that people have an understanding and awareness of the needs for this population.
- Ensure that system partners offer timely support and access to service, linked to education, housing and relationships.
- Working in integrated pathways with adults with multiple and complex needs, Learning Disability and/or Autism and Mental Health needs, to avoid admissions to care settings and hospitals, support people to be more independent, have access to training and employment opportunities and live thriving lives.
- Improve access to services for pre and post diagnosis for people waiting for a diagnosis and connect with individuals that may not be aware or understand how services can be accessed.
- Ensure that the voice of people is include in the development of services through an independent organisation

Ageing Well –

The Gateshead system is linked with the ICB Ageing Well workstream of which we are active participants, and which supports us to locally deliver the best outcomes for patients and service users.

Throughout he pandemic the Gateshead system has risen to many of the challenges that Covid presented to an already fragile home care market. By coming together as a system during that time it accelerated the delivery of more effective integrated ways of working across adult social care and health to avoid hospital admission and facilitate discharge through the PRIME service and Rapid Response Teams, as well as provide a service to end of life patients through Hospice at Home.

The aim of this plan is to build on the good relationships and system already operating in Gateshead, as well as address a still present over reliance on residential care and enduring market sustainability and workforce issues that are prevalent across the sector. There are significant challenges in the care home and home care sector in Gateshead, particularly in the recruitment and retention of the workforce and attracting people with the right skills and ability due to low rates of pay and often lack of career opportunities and due the rurality of some of our communities.

In addition, there is a fragmented Older Persons pathway in Gateshead, especially for those people with dementia; more can be done to make improvements to the pathway through increased community investment to enable people to stay at home for longer and avoid often unnecessary admission to hospital and long-term residential care.

Objectives	
Objective 1	Improve the community mental health offer across Gateshead for adults and older people.
Objective 2	Improve the experiences of people with a learning disability and autism in managing their health and improving the support to live independently in the community, reduce reliance on residential care and the length of inpatients stays
Objective 3	Develop a new and improved integrated offer for residential care across the borough, which includes older people, working age adults and specialist services.
Objective 4	Develop an improved and sustainable integrated offer for homecare which supports better outcomes for our older people in Gateshead and system flow by enabling safe and timely discharge and progress with a ‘home first’ approach

Goals					
	Description of Goal	**What is being measured?**	**Where are you now?**	**What is the target?**	**When do you aim to get there?**
Goal 1	Improve access to core community mental health services for adults and older adults for SMI	Access rates	4745 as end of Qtr 3 22/23	5000 for Newcastle/Gateshead	End Qtr 4 2023/4
Goal 2	Increase IAPT Access Target	Access rates	15%	1836 (25% target)	End 2024/5
Goal 3	Monitor the recovery of Gateshead's dementia diagnosis rate to ensure it remains at 66.7% or above	Diagnosis	77%	Above 66.7%	2023/4. Future years will align with national targets
Goal 4	Improve access to perinatal mental health services (8.6% target in 23/24	Access rates	350 as of end Qtr 3 2022/3	803 contacts Newcastle/Gateshead	End Qtr 4 2023/4
Goal 5	People aged over 14 on GP learning disability registers receive an annual health check and health action plan	Number of people receiving a health check	84%	75%	2023/4. Future years will align with national targets.
Goal 6	An increase in the number of older people (65+) being supported	New measure	Baseline to be established	To be established	End 2023/4

	at home after 10 weeks from being discharged from hospital who were on a Pathway 1 or 2 service				
Goal 7	A reduction in the number of falls which leads to emergency hospital admissions	New Measure as part of BCF metrics	Baseline to be established	To be established	End 2023/4

Initiatives – Key deliverables

		23/24				24/25	25/26	27/28	28/29
Item	**Deliverable description**	**Q1**	**Q2**	**Q3**	**Q4**				
1	Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives				X				
2	Expansion of IAPT across Gateshead which includes greater alignment with PCNs and physical health.					X			
3	Review and redesign of older persons MH pathway to: • reduce reliance on inpatient beds and more support in the community ensure dementia diagnosis rate remains at 66.7%					X			
4	Pilot non-clinical alternatives to supporting peoples mental health through a community grant scheme to: • test out ideas and build an evidence base of what works • build community capacity at a neighbourhood level inform future CMHT investment				X				
5	Scope development of a step up/down service in Gateshead for people with a learning disability or who are autistic to avoid inappropriate hospital admission and improve patient outcomes.				X				
6	Maintain uptake of Annual Learning Disability Health Checks				X	X	X	X	X
7	Improve the offer of pre and post diagnostic support for autistic people and their families/carers through the commissioning of an autism hub in Gateshead				X				
8	Improve access to Alternative to Crisis services which includes provision of crisis safe haven space for individuals in crisis but who do not require immediate clinical input				X				
9	A Hospital Discharge Service for Gateshead needs to be agreed for the next two financial years based on the resources available					X			
10	Develop and procure a new Home Care model for Gateshead in conjunction with the Local Authority and system partners				X				
11	Improve recruitment and retention of the Health & Social Care Workforce through development of workforce hub				X				

12	New Promoting Independence Centre in the Autumn 2023 to replace the existing 2 small homes.				**X**				
13	Development of overnight community support service to support people with both planned and unplanned overnight needs for those with long-term needs.					**X**			
14	Develop and procure a joint Health & Social Care Residential & Nursing Care Contracts for Adults.					**X**			
15	The EHCH DES & our local DES Plus will support a reduction in admissions into hospital for people in permanent long-term residential/nursing care through ensuring proactive support from Primary Care and Community Nurses				**X**				

Enablers – what do you need in place in order for you to deliver your plan
1. Process – operational models that will require change as a result of this plan being delivered
System leadership and development
2. Workforce
Develop workforce hub in Gateshead with agreed key deliverables and milestones taking into account ARRS and expansion plans as part of Transformation programmes
Workforce Initiatives to improve recruitment and retention of the Health & Social Care Workforce. This includes; A Health & Social Care Academy B apprenticeship development, C Step into Work Programme, improving work experience placements opportunities across health and social care, and using placement hours from skilled staff in services that need additional support.
3. Research and Innovation
University Research and evaluation for key projects and pilot programmes to support innovation, decision making and future investment based on improved outcomes for people.
Support from Northumbria University Centre for Health & Social Equity (CHASE)
Instability of housing research for autistic individuals and those with a learning disability due to be released
4. Digital technology and Data
Complete AXYM project
Work with Trusts and partners to improve data collection and reporting especially in relation to workforce and population data to ensure greater efficiency
Interoperability issues resolved
Improved digital telephony and simpler online requests as part of the Modern General Practice Access approach.
5. Estates.
Build on the work of the Primary Care Estates Group through a refreshed action plan to support a 'one public estate' approach
6. Finance
Coordination of funding streams and criteria to maximise flexibility in order to achieve key objectives
Greater flexibility re capital investment

Risks – Please summarise the key risks specific to your action plan, and how these might be mitigated.

Risks	Mitigations
Workforce Unable to retain and recruit sufficient staff and volunteers to meet the needs of local people, leading to people receiving sub-optimal care.	Development of Workforce hub to support recruitment, retention and staff wellbeing.
Demand Levels of complexity of health and care demand are materially increased beyond historic / trend levels due to impact of cost of living, delayed impact of Covid, increased flu and covid such that they can not be appropriately met. Services required to shift resources to reactive pressures at the expense of proactive preventative work.	Build community capacity through community grants Recovery Plan for UEC Proactive vaccination plan Agreed plan with Gateshead Cares and Health & Wellbeing Board and commitment from Trusts to focus on community-based solutions. Delivery Plan for Recovering Access to Primary Care
Economic Pressure Economic pressure and short-term funding of public services leads to a reduction in available resource in one or more partner organisation, which causes reduced service provision or cost shifting that impacts on care provision and / or partner commitment to Gateshead Cares	Agreed BCF Plan Partnership approach to grants and non-recurrent funding e.g. Discharge grant
Governance and Engagement The ICB imposes a model of governance or different priority expectation on Gateshead Cares that reduces partner engagement in the partnership and work programme	New governance arrangements in place. Commitment from Gateshead partners to work towards becoming a Joint Committee
Leadership and Commitment With staff turnover and new senior staff in post there is reduced belief in, and commitment to, Gateshead Cares such that programmes of work don't progress with pace and energy and the partnership falls by the wayside	Informal Senior Leads meeting re-established to build relationships across system partners Health & Wellbeing Board in support integration and aligning priorities across the system
Resistance to Change Historic behaviours and cultures are so deeply embedded that we are unable to change / transform models of care / working and this reduced partners commitment	Clear communication and engagement plan which is shared across organisations. Development of system wide induction and training to support a single workforce culture regardless of contract of employment.