

**Care, Health and Wellbeing Overview and Scrutiny Committee
Council Plan – Year End Assessment of Delivery and Performance 2015/16
1 July 2016**

Portfolio	Care, Health and Wellbeing
Portfolio Member:	Adult Social Care – Councillor Michael McNestry Health and Wellbeing – Councillor Catherine Donovan
Lead Officer	Alison Elliott, Interim Strategic Director, Care, Wellbeing and Learning
Support Officer	Alice Wiseman, Director of Public Health

This committee undertakes scrutiny in relation to:

- All the functions of the Council as a social services authority except those services provided to children and young people;
- The provision of health services in the Borough, including the function of reviewing and scrutinising matters relating to the health service to adults as set out in the Health and Social Care Act 2001 and associated regulations;
- The provision of health services to children and young people in the borough;
- The health functions discharged by the Health and Wellbeing Board and the Director of Public Health under the Health and Social Care Act 2012 and the National Health Service Act 2006 (as amended) and any related enactment.

Summary

This report sets out the year end 2015/16 assessment of delivery and performance in line with the Performance Management Framework. The report gives an update on performance against the remit of the Care, Health and Wellbeing Overview and Scrutiny Committee and the new Council Plan 2015-2020 outcome Live Well Gateshead.

Our Achievements

- Gateshead Access to Employment Service (GATES) won the ‘Organisations supporting disabled people into employment’ award in the 2015 North East Care Awards.
- Special Olympics Gateshead won 2 regional awards in November 2015. They were the ‘Groups who have made a difference’ award at the North East Equality Awards and the ‘Putting People First / Personalisation’ award at the North East Care Awards. 34 Special Olympics Gateshead athletes have been selected to represent the Northern region at the 2017 Summer National Games in Sheffield.
- 4000 digital events were held across sheltered accommodation to teach older people about android tablets, iPads and phones.
- The Safeguarding Adults Board approved the first Strategic Plan. The three year plan identified five Strategic Priorities for the now Statutory Board, Quality Assurance, Prevention, Community Engagement and

Communication, Improved Operational Practice and Implementing the Mental Capacity Act/Deprivation of Liberty Safeguards.

- Through the Older Peoples Assembly four Postural Stability Classes which are part of evidence based falls prevention programme commenced for the first time in Gateshead.
- Naloxone and Nalmefene were made available as treatment options via referral to Gateshead Evolve. Treatment pathways have been developed and are to be signed off by the Medicines Management Committee.
- Developed a Liver Strategy with Primary and Secondary Care.
- Implemented the HIV home sampling service.
- As part of the Deciding Together Process to understand serious mental health needs across Gateshead and Newcastle a Health Needs Assessment in relation to Suicide Prevention and an audit of suicides between 2011-2013 has been carried out.
- Funding was successfully secured via the Community Capacity Building fund to develop and establish Food Nation in Gateshead.
- Successfully defended an appeal made by the recipient of an enforcement notice served to prevent land being used as a hot food takeaway. The Planning Inspector found the use of information in the Supplementary Planning Document relating to obesity and proliferation of hot food takeaways to be robust.
- Completed the NHS Health Check + cancer pilot.

Key Actions over the next 6 months

- Work with the Clinical Commissioning Group to further develop Carer's services in Gateshead.
- Establish a serious concerns process and procedure for social care providers in Gateshead.
- Develop a programme of activities in the library garden specifically for adults or children who are either living with dementia or a learning disability.
- Implement the Summer of Cycling Campaign incorporating the 'Every Body Active Every Day' Public Health England campaign.
- Develop a ten year plan for tobacco.
- Develop a Sexual Health Strategy.
- Develop a Social Prescribing Framework for Gateshead.
- Implement the Mental Health Trailblazer Pilot to provide on to one support to an estimated 100 unemployed residents annually who are restricted from the labour market due to ongoing mental health problems.
- Implement the NHS Health Check Plus Families pilot.

Future Actions - Areas for Improvement

Enhancing Lives

- Continue to upgrade Telecare equipment from the Housing Revenue Account (HRA) capital programme for 2016/17.

Quality of Life

- Retain annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).

Positive Lives

- Build on the success of the Musical Memories Sessions to develop the group into a wider Friendship café open to all, to address the problems of social isolation. This work will be in partnership with The Friends of Gateshead Central Library.

Protecting Lives

- Continue to implement a bespoke system to strengthen data collection for Deprivation of Liberty Safeguards.

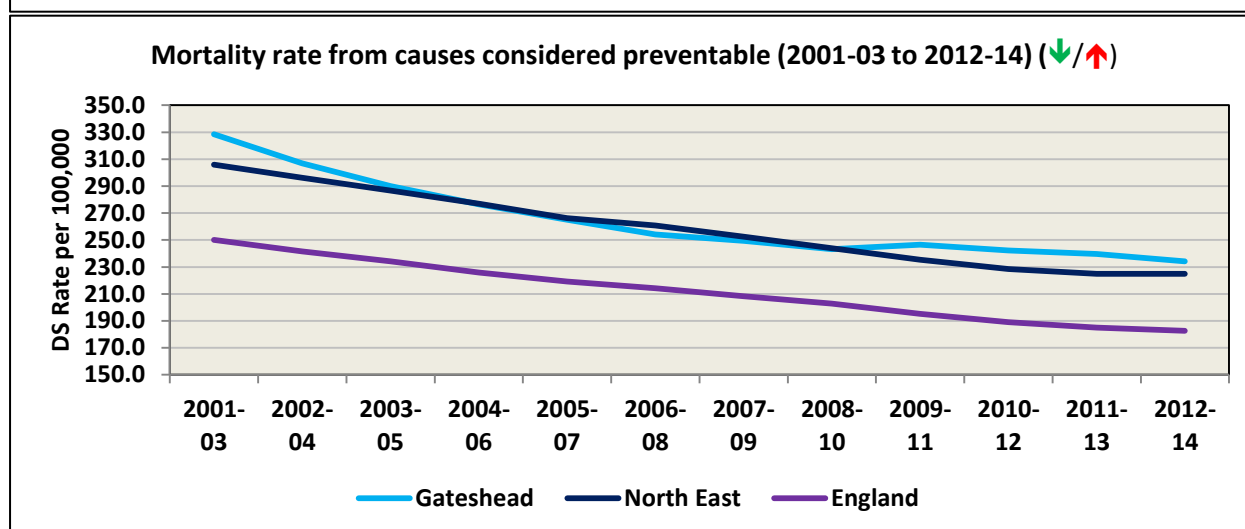
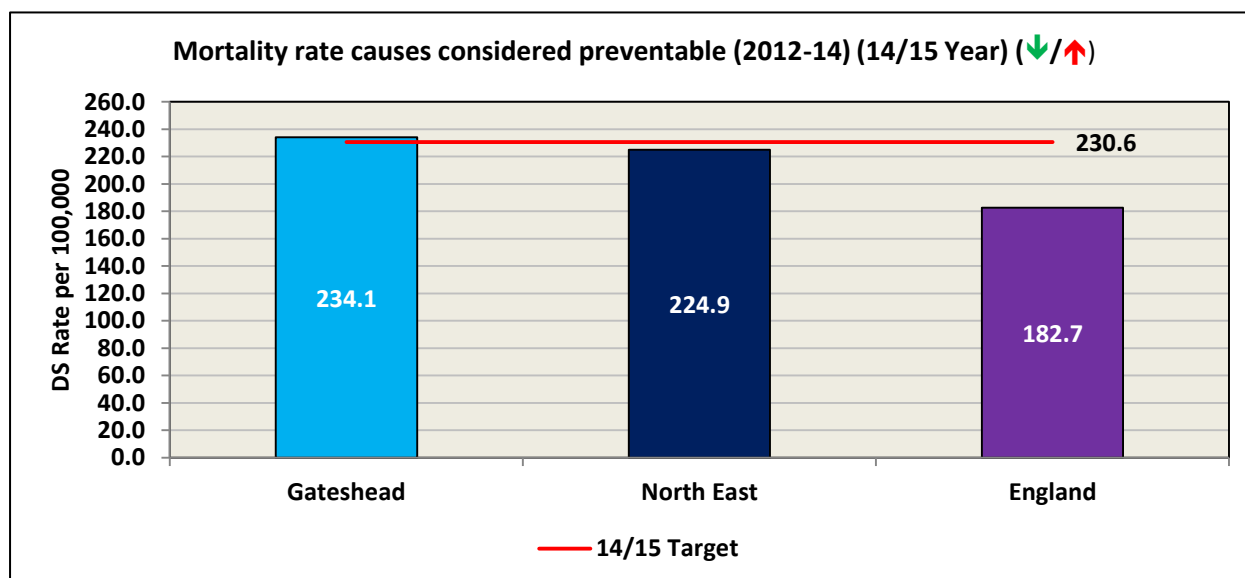
Health and Wellbeing

- Monitor take up of the Autism Information Hub in its early stages and trial an evening session of it.
- Develop the Joint Strategic Needs Assessment (JSNA) and its evidence base to inform commissioning arrangements and intentions across the health and care sector, building upon work undertaken during 2015/16.
- Develop a response linked to the Regional campaign on sugar which in turn is linked to the development of an Obesity Strategy for Gateshead.

Section 2 – Delivery of the Council Plan 2015-2020

Strategic Outcome Indicators - Summary of Performance

CHW01 – Reduce Mortality from Causes Considered Preventable (PHOF 4.03)



Key message: At this stage the year-end data for 2015/16 is not currently available. It is due to be published around November/December 2016.

The data currently available is for the 14/15 year (2012-14 data). This strategic outcome indicator currently shows there has been a reduction in the mortality rate from causes considered preventable (per 100,000) from 239.6 (2011-13 Data) to 234.1 (2012-14 Data) deaths.

However, while there has been a reduction in the mortality rates when comparing the 2011-13 data to 2012-14 data, the target set for 2014/15 at 230.6 (per 100,000) was not met. However the decrease between periods 2011-13 and 2012-14 was a total of 2.3% which is the largest single decrease shown since the 2008-10 period (10/11 year).

Data shows that whilst the gap between the Gateshead and the England rate has been gradually narrowing since 2001-03 this narrowing had recently reversed with a slight increase between 2008-10 and 2009-11. The 2012-14 data has shown a continuation in the downward trend shown by the data since that point.

Overall between 2001-03 and the most recently released data for 2012-14 the mortality rate for Gateshead from causes considered preventable has reduced by 28.76% which is a higher percentage decrease than the England rate which dropped by 26.92%.

The basic concept of preventable mortality for all ages is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases. All Public Health programmes and the work of the Health and Well-being Board contribute to a reduction in premature mortality.

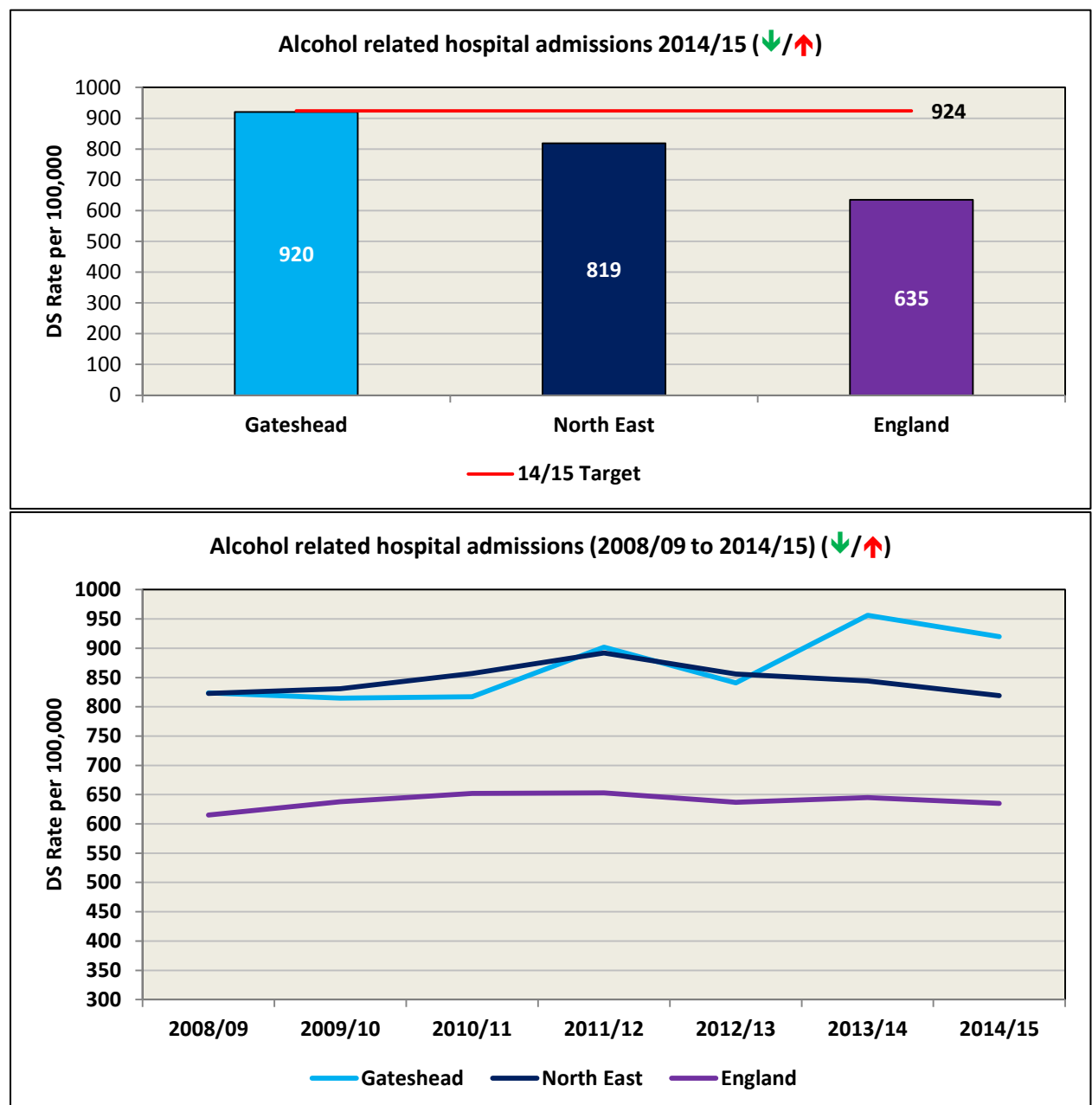
Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

In line with the concept, the Gateshead mortality rate from causes considered preventable (per 100,000) in 2012-14 was 234.1 deaths. The long term trend since 2001-03 has been down for Gateshead, the North East and England and this has continued with the new figures for 2012-14. This data represents the actual rates after the Population data and the European Standard Population calculation method were revised.

For the 2012-14 year there was a change in the calculation for preventable mortality. Due to changes in the International Classification of Disease Version 10 (ICD10) Coding (the code that defines the reason for admission to hospital) the data series have been revised and updated. This does not affect any year on year comparisons for Gateshead as the data on the Public Health Outcomes Framework (PHOF) tool has been revised right back to the start (2001-03). It has however resulted in an increase in the rates of preventable mortality for Gateshead. Following guidance from Public Health England they have advised that the definition of preventable mortality has not changed and that any increases are due to the change in the coding that classifies what is a preventable death.

This definition for this new strategic outcome indicator which was identified for inclusion in the suite of strategic outcome indicators is one of the key indicators included in the Public Health and NHS Outcome Framework. Since the strategic outcome indicator was introduced, the calculation methodology for this indicator has been revised. The 5 year target for 2019/20 has been agreed with the intention of continuing the solid downward trend shown above.

CHW02 - Stabilise the Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (Narrow) (PHOF 2.18)



Key message: The data currently available is for the year end 2014/15; this shows we have had a decrease in the number of alcohol related hospital admissions from 956 (per 100,000) in 2013/14 to 920 in 2014/15. This data is still currently provisional as it is based on the Local Alcohol Profiles for England (LAPE) quarterly flow data for 2014/15 and is the third amendment to this end of year figure. Despite this change in the data Gateshead has still successfully surpassed the target for this indicator that was set for 2014/15 of 924 (per 100,000). The current date for publication of the 14/15 final figures is still unknown.

This change in the rate represents a 3.77% decrease on the previous year. Based

on the provisional data the rate in Gateshead is still significantly higher than the North East average (2nd highest rate in the North East) and remains significantly higher than the England rate.

The narrow measure of alcohol harm is a lot less sensitive to the changes that have occurred in NHS coding over the years. This indicator provides a much fairer comparison between the levels of harm in different areas and over time. It is also far more responsive to changes that result from any local action around alcohol which will enable Gateshead to more accurately see the results work targeted in this area.

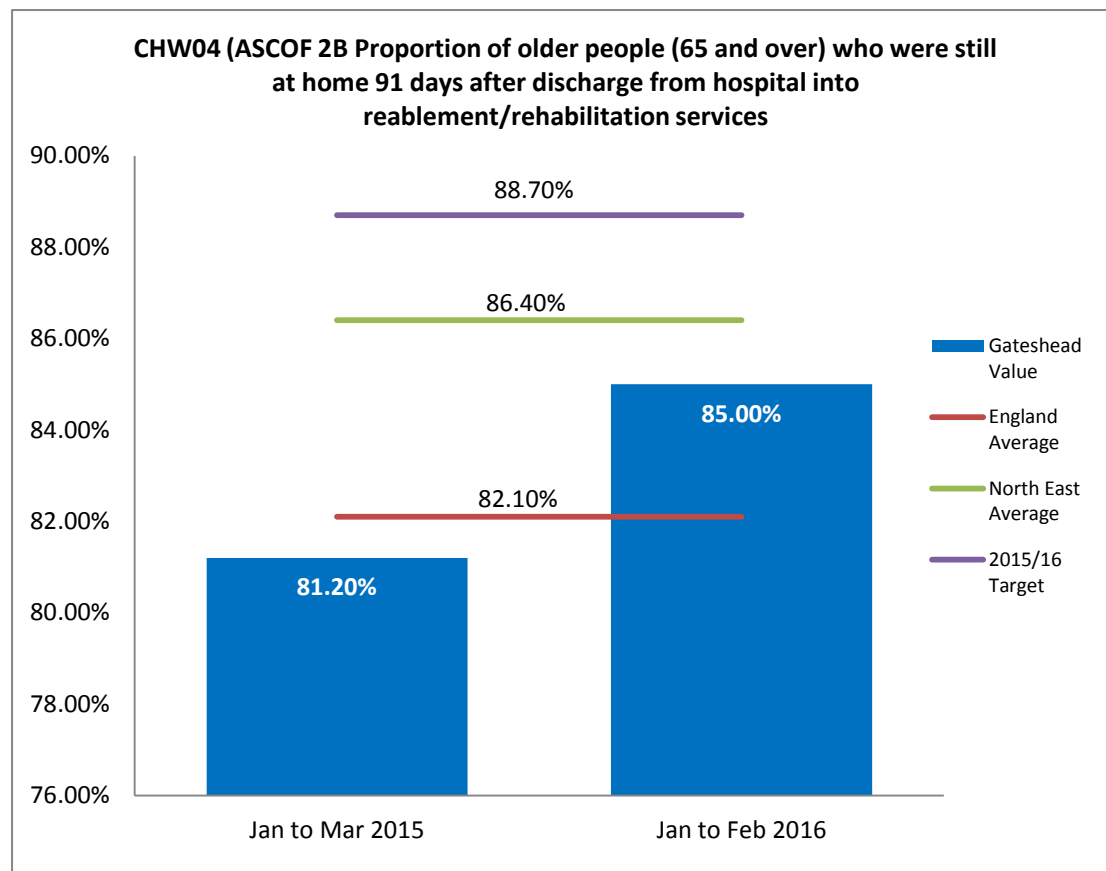
The current methodology for collection for this strategic outcome indicator includes a wide range of diseases and injuries in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol. Details of the conditions and associated proportions can be found in the report Jones et al. (2008) Alcohol-attributable fractions for England: Alcohol-attributable mortality and hospital admissions <http://www.lape.org.uk/downloads/AlcoholAttributableFractions.pdf>.

The new five year target setting exercise has established a target for 2019/20 based around a year on year 3% reduction with the intention of reducing Gateshead's rate of alcohol related admissions to hospital to below both the current and predicted (19/20) North East rate.

CHW03 – Repeat Safeguarding Adult Referrals

Safeguarding Enquiries came into effect from April 2015 following implementation of the Care Act 2014. Safeguarding Enquiries cannot be compared to previous Safeguarding Referrals as the statutory definition is very different. 2015/16 will provide base data and 2016/17 will be the first year in which repeat enquiries can be measured.

CHW04 – Helping Older People to Live Independently

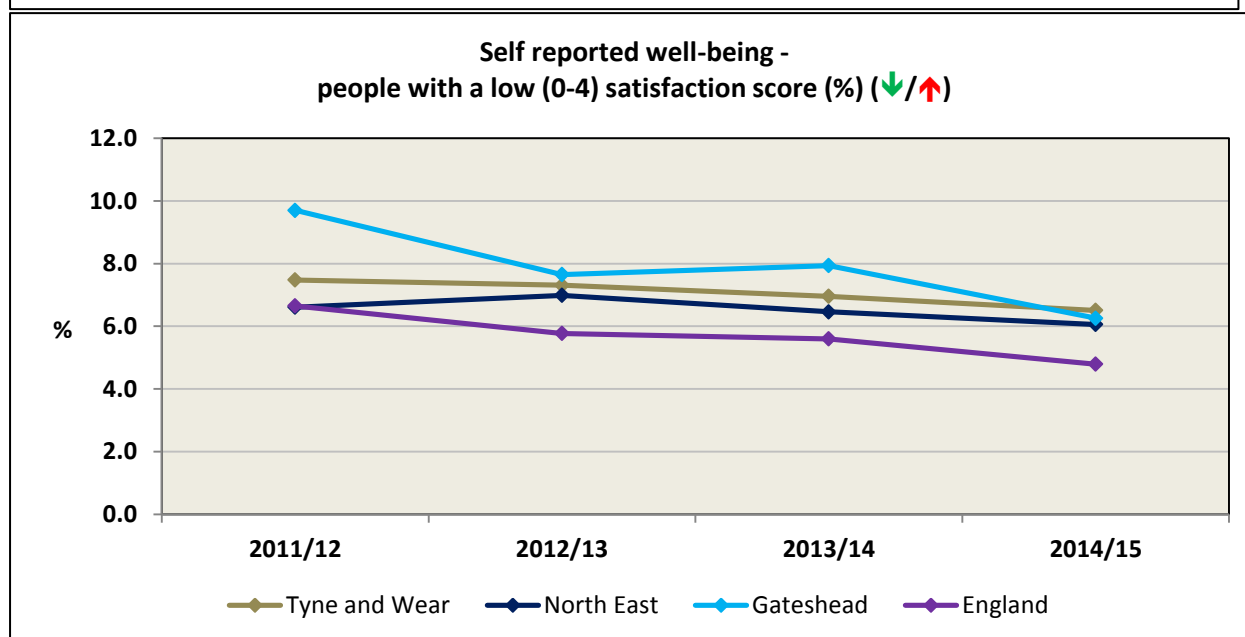
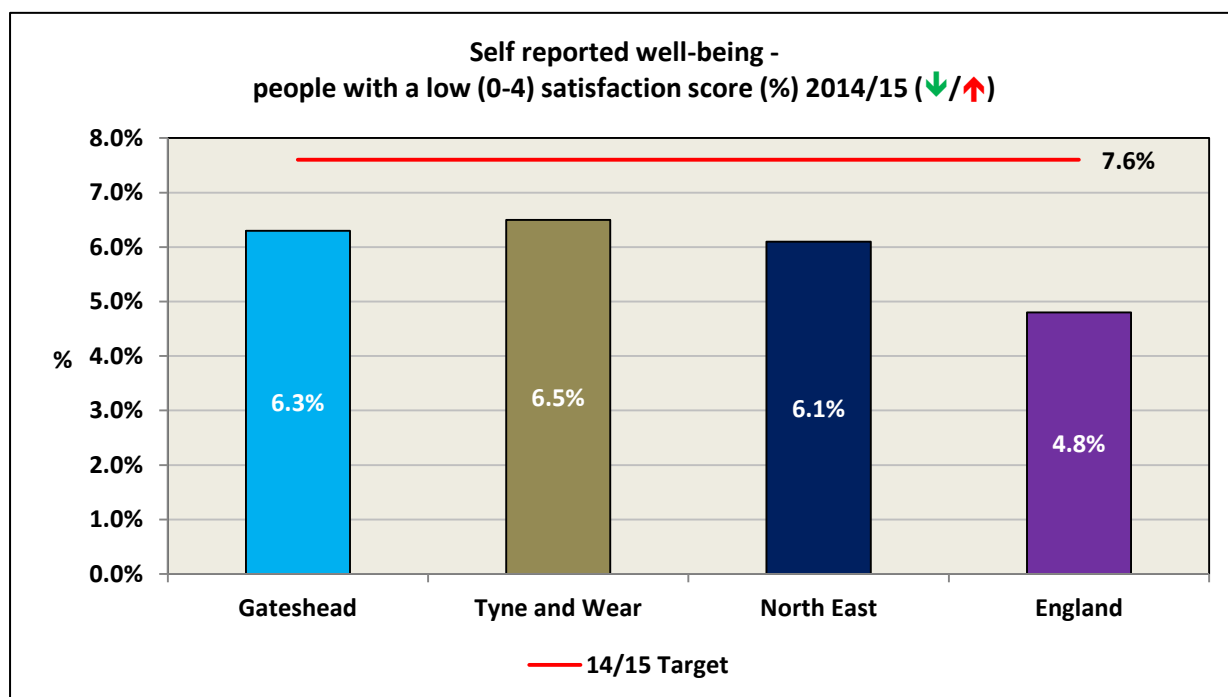


Key message: The performance data that is available for year end 2015/16 is based solely on those that were discharged from hospital between October and 31 December 2015 where the intention is for the person to return home after receipt of reablement, rehabilitation or intermediate care services, however at the time of writing information is only available for discharges in October and November 2015.

This strategic outcome indicator measures the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into a rehabilitation or reablement service. This indicator is part of the Department of Health's Adult Social Care Outcomes Framework (ASCOF 2B) and is also a metric used in the monitoring of the Better Care Fund.

The indicator value stands at **85%** (113 out of 133) for those that were discharged from hospital to a reablement service in October and November 2015, and followed up 91 days later during January and February 2016 and remained at home. This represents an improvement in performance, with a +4.5% variance compared to the year-end performance for 2015/16. The outturn is less than the 2015/16 target of 87.5%, however, is still above the England average for 2014/15 (82.1%).

CHW05 - Wellbeing – Decrease the Percentage of People who are Dissatisfied with Life (PHOF 2.23i)



Key message: At this stage the year-end data for 2015/16 is not currently available. It is due to be published at the end of September 2016.

The data currently available is for the year end 2014/15; this shows we have had a reduction in the percentage of people in Gateshead reporting a low satisfaction score. This has dropped from 7.9% in 2013/14 to 6.3% in 2014/15. As a result of this decrease Gateshead has successfully surpassed the target for this indicator that was set for 2014/15 of 7.6% (per 100,000). This reduction is in line with the drops shown by the figures for England, the North East and the Tyne and Wear area.

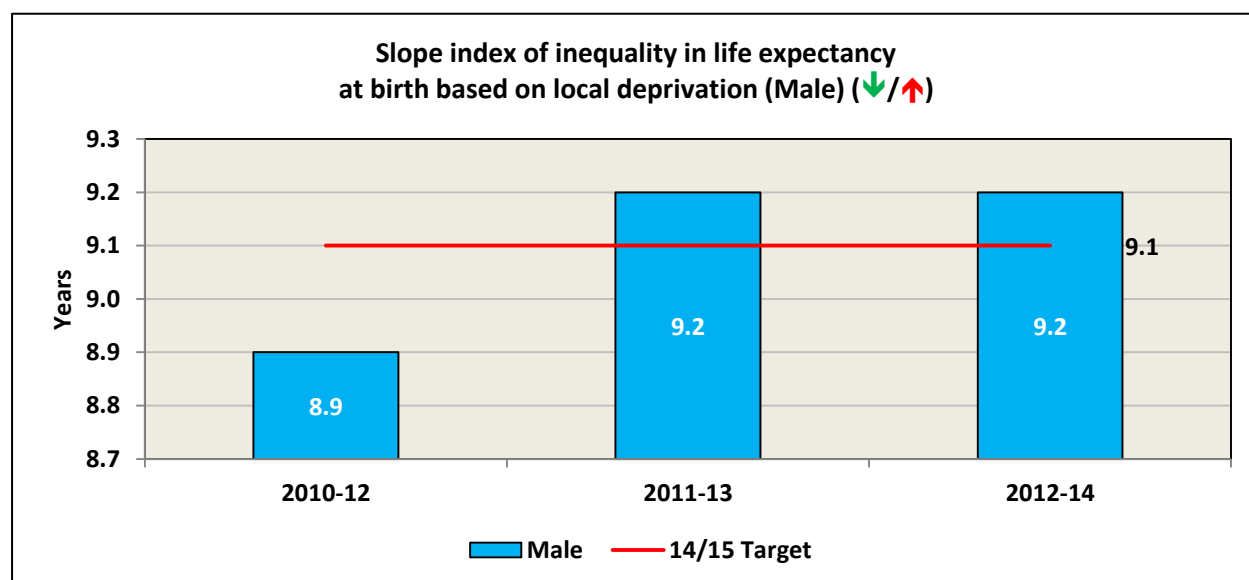
This strategic outcome indicator was included in the suite of strategic outcome indicators and originates from the Public Health Outcomes Framework for 2013-16. It is one of a series of four indicators intended to provide insight into levels of mental well-being and its determinants as opposed to levels of mental illness. The Office for National Statistics (ONS) advises that this statistic remains experimental in nature. Since introduction into the suite of strategic outcome indicators, there has been a revision in the calculation methodology of the indicator since reporting at year end 2012/13. Previously a low satisfaction score was defined as 6 or less. However, the indicator calculation has been revised to consider low satisfaction as a score of 4 or less. Data for the revised definition was made available for 2011/12 and 2012/13 and these years are comparable with each other.

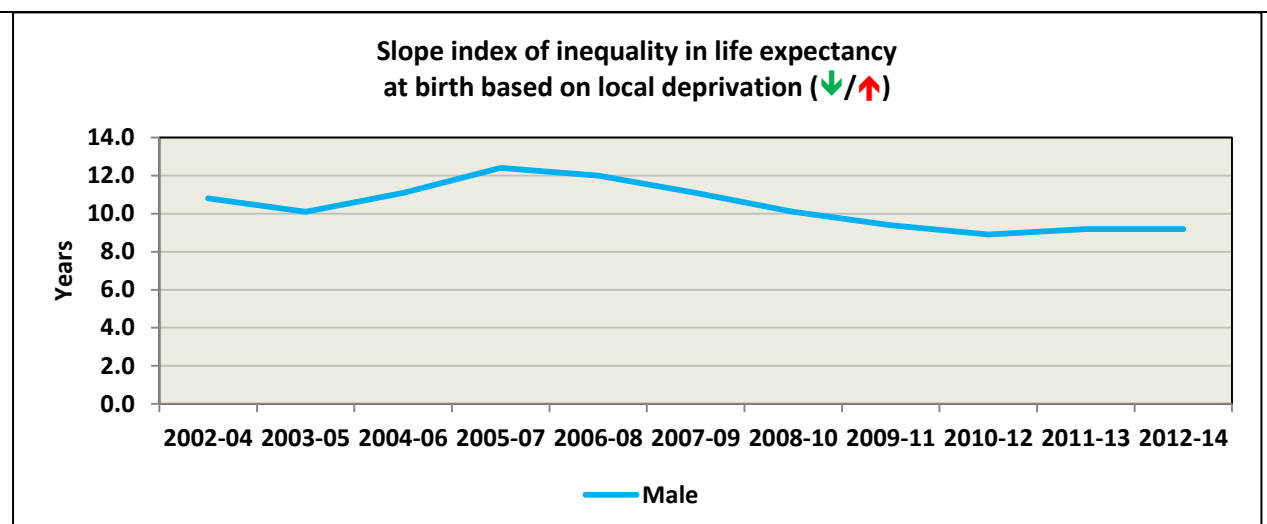
The data is collected from the ONS Annual Population Survey. Dissatisfaction with life is interpreted as those respondents providing a score of 4 or less (out of a possible 10) to the question "Overall, how satisfied are you with your life nowadays?"

Wellbeing is seen as a key issue for the Government as people with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

The five year target setting exercise has established a target for 2019/20. The intention of the new target is to reduce Gateshead's percentage of people reporting a low life satisfaction score to the current (14/15) England rate. This is a challenging target and gives us the aim of being the best in the North East for wellbeing.

CHW06a - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male) (PHOF 0.2iii)





Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated the final version will be released by the Public Health Frameworks tool in February 2017.

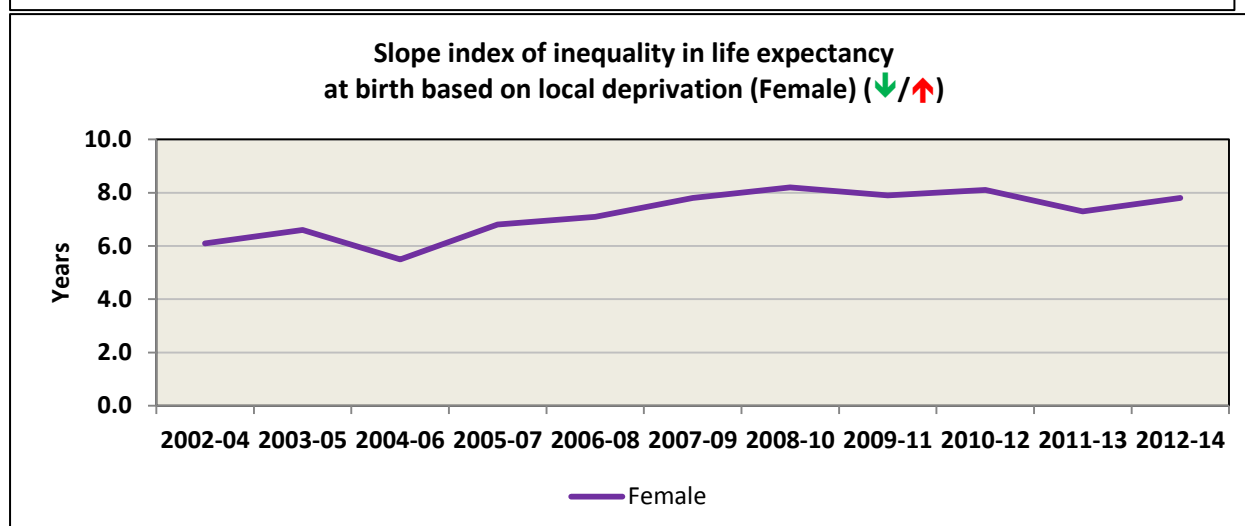
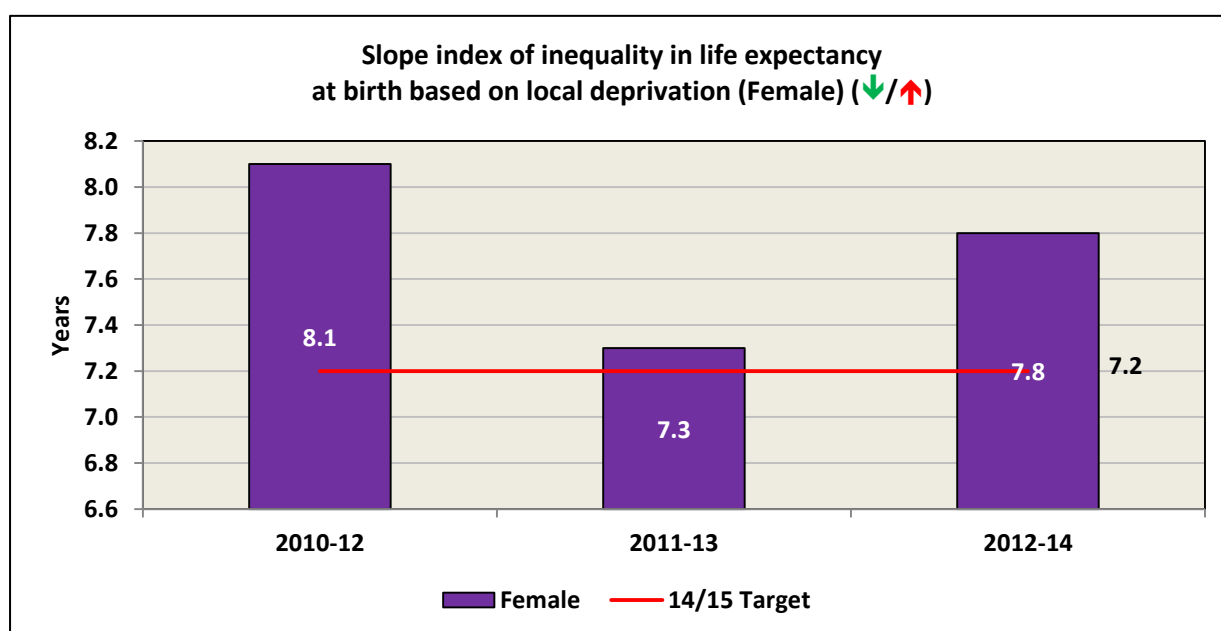
The data currently available is for the year end 2014/15 (period 2012-14); this shows that inequality in life expectancy for males has not changed since the 2011-13 period remaining at 9.2 years. This means that Gateshead missed the target set for 2014/15 of reducing inequality to 9.1 years. Overall inequality in the life expectancy gap for males has reduced by 14.8% since 2002-04.

Data for 2011-13 to 2012-14 has shown no change in the life expectancy gap between the most deprived and most affluent communities for males remaining at 9.2 years. This data is the first time since the availability of the data in 2002-04 that there has been neither an increase nor a decrease in the gap in inequalities for males. It is not known at this stage if after the increase the previous year this represents stagnation in the previously shown decreasing trend or if this represents the beginning of a clear change in the gap in inequality between the lowest and highest deprived communities in the Gateshead area for males.

This is one of the few indicators in the Public Health Outcomes Framework (PHOF) set that is explicitly an inequalities indicator. It shows inequalities within local areas, enabling a focus on small areas of deprivation that exist everywhere as well as areas where the whole local authority area has poor health status. The indicator was included into the suite of strategic outcome indicators and is a key high-level health inequalities outcome and is core to the aims of Public Health.

The target setting exercise for this indicator has established the 5 year target for 2019/20. The target intention for this indicator is not just to go for a standard to try to continue with the previously shown downward trend and look for a year on year reduction in the rate of inequality. The baseline year for this data has been set as the data published as of Feb 2015 (2011-13 periods).

CHW06b - Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Female) (PHOF 0.2iii)



Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated the final version will be released by the Public Health Frameworks tool in February 2017.

The data currently available is for the year end 2014/15 (period 2012-14); this shows that inequality in life expectancy for females has increased from 7.3 years in 2013/14 (2011-13 period) to 7.8 years in 2014/15 (2012-14 period). This means that Gateshead missed the target set for 2014/15 of reducing inequality to 7.2 years. Overall inequality in the life expectancy gap for females has increased by 27.9% since 2002-04.

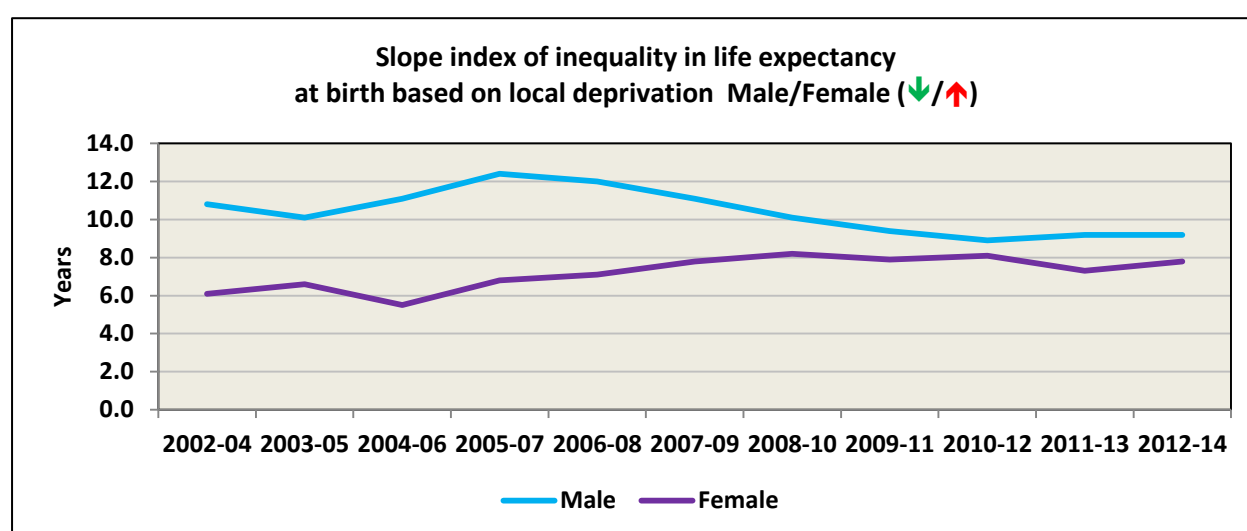
For women, from its lowest point in 2004-06 at 5.5 years the gap in inequality between the least and most deprived communities in the Gateshead areas for females has been gradually rising year on year. The 2012-14 data represents an increase of 6.8% on the previous period and an increase of 41.8% since the lowest

point in 2004-06. This increase suggests that the previous periods decrease in inequalities may have been an anomaly and the increasing trend that had previously been seen is set to continue.

The target setting exercise for this indicator has set the new 5 year target plan and established a target for 2019/20. The intention is to try and halt the increasing trend in inequalities for females and to bring this growing gap back down again.

Health Inequalities – Reduce the Inequalities in Life Expectancy Across Gateshead (Male/Female)

Given the way that these two indicators have been split up it was felt that it would be beneficial to provide some context to the two sets of data using a third graph with the male and female inequality rates over-laid so that it is possible to see change in rate compared to each other.



Key Message: As indicated by the above graph the gap between male and female inequality has narrowed considerably since its largest gap in 2005-07. Despite there being no change in the rate for males for 2012-14 the increase in the rate for females has seen the gap between the two data sets begin to narrow again. Unless this proves to be a reversal of the previously seen trends it is expected that at some point within the next 5 year period (possibly even within the next 2 periods) the gap between the lowest and highest areas of inequality in life expectancy in Gateshead will be largest between those of female gender.

CHW07 – Equalities Objective – Deliver targeted support to carers, LGBT carers, young people who are carers within the Jewish Community

CHW07a – Equalities Objective – Delivered Targeted Support to BME Carers

16 BME Carers out of a total of 1947 Carers have accessed a carer's assessment during April to February 2015 (0.8%). This has declined by one BME Carer from the figures reported in the 2014/15 year-end report (17 out of 1945 – 0.9%) and is below the 2015/16 target of 1%. Please note that small numbers affect this indicator – if a further

three BME Carers had been assessed; the target would have been met.

The above figures have been collated from Gateshead Council's Social Care database.

CHW07b – Equalities Objective – Young Carers

The number of new young carers identified during April to March 2015/16 was 180 (new referrals to Crossroads Young Carers Service). This is above the target for the whole year (65). 166 coordinated assessments and/or support plans were also completed during the period.

CHW07c – Equalities Objective – Delivered Targeted Support to LGBT and Jewish Carers

4 out of 1947 carers were assessed jointly or separately during April to February 2015/16 were Jewish (0.2%). This shows an increase compared to last year, where 2 Jewish Carers were assessed in the period.

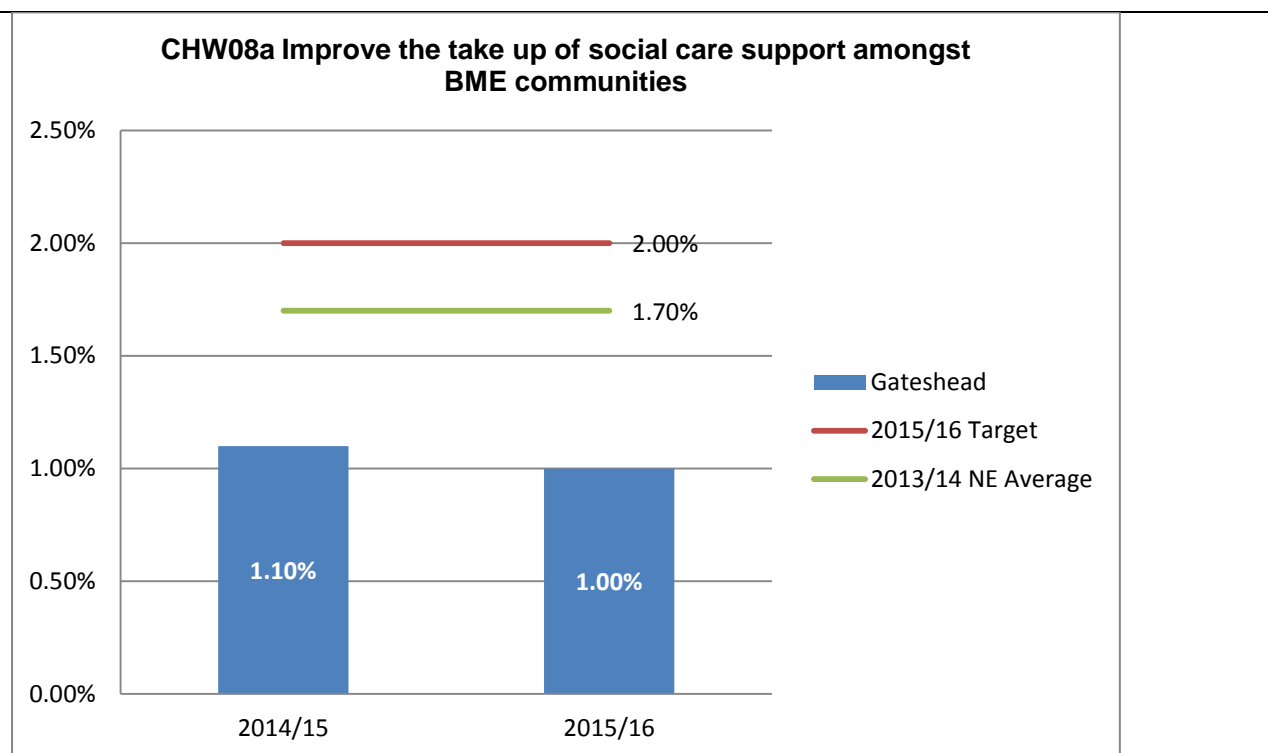
Please note: LGBT status is not recorded within Gateshead Council's Social Care database.

CHW08 – Equalities Objective – Improve the take up of social care and health support amongst BME communities

CHW08a – Equalities Objective – Social Care

4207 people were helped with Long Term Social Care funded services during the period of April to February 2015/16. Of these, 42 are from a BME background (1.0% of the total number of people).

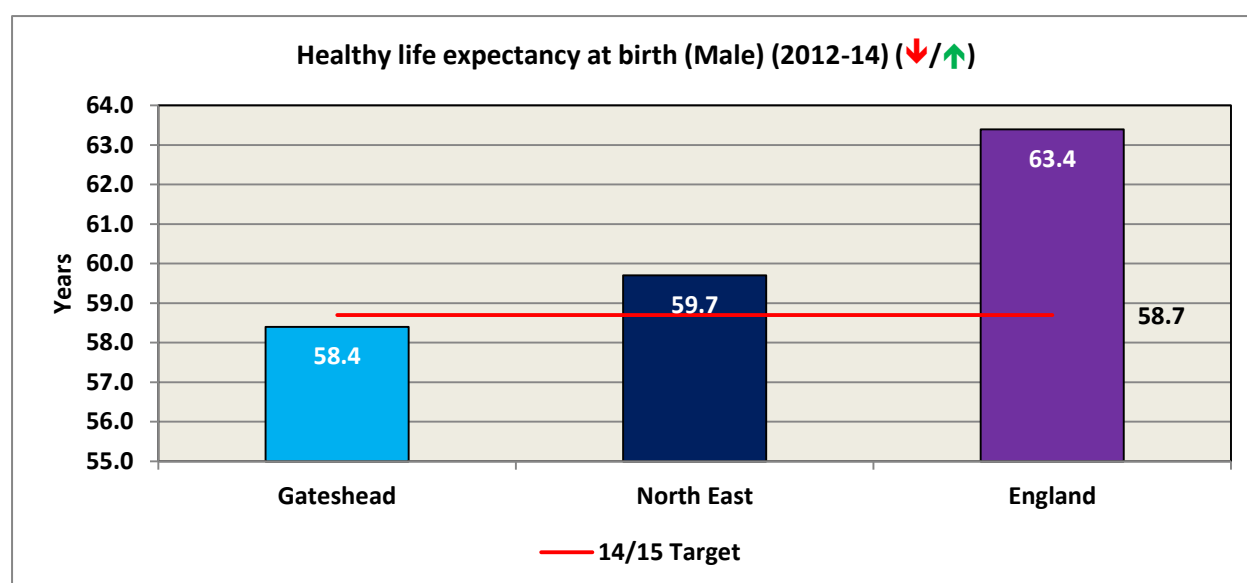
This strategic outcome indicator has a year end 2015/16 target of 2.0% which has not been achieved. In order to meet this target, based on the same number of people receiving services, a total of 83 people of BME background would need to have been in receipt of Long Term Social Care funded services.

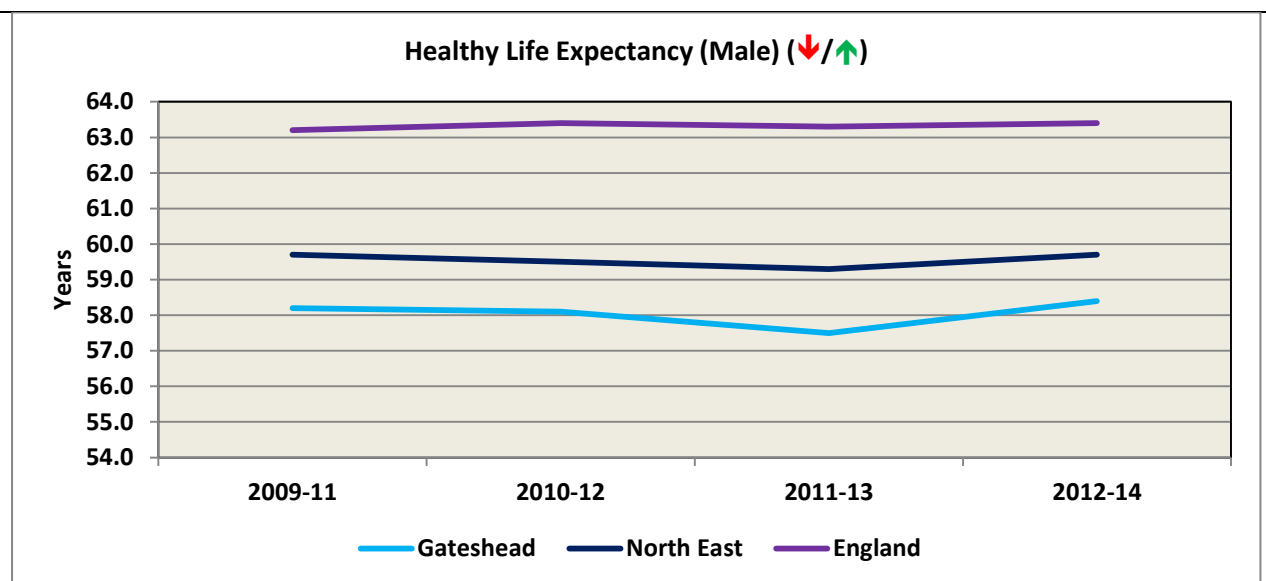


HC08b – Equalities Objective – Health Support

It has been provisionally agreed that the initial focus for this indicator would be the service users of the new Live Well Gateshead (LWG) service. The intention is for this indicator to be used as a method of monitoring the use of the LWG service and to see if this is meeting the equalities needs of the Gateshead population by gender, age and ethnicity. Discussions are currently ongoing with colleagues in Care, Wellbeing and Learning (Public Health) to agree the nature of data collection necessary to be able to meet this requirement. Depending on the information provided by this indicator it may well be expanded in the future to encompass other delivered health services.

CHW09a – Healthy Life Expectancy at Birth (Male) (PHOF 0.1i)





Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in March 2017.

The data currently available is for the 14/15 year (2012-14 data); This shows there has been an increase in the Healthy Life expectancy of males in Gateshead from 57.5 years to 58.4 years. This is the first increase in male healthy life expectancy for Gateshead since the data was first made available (2009-11 period).

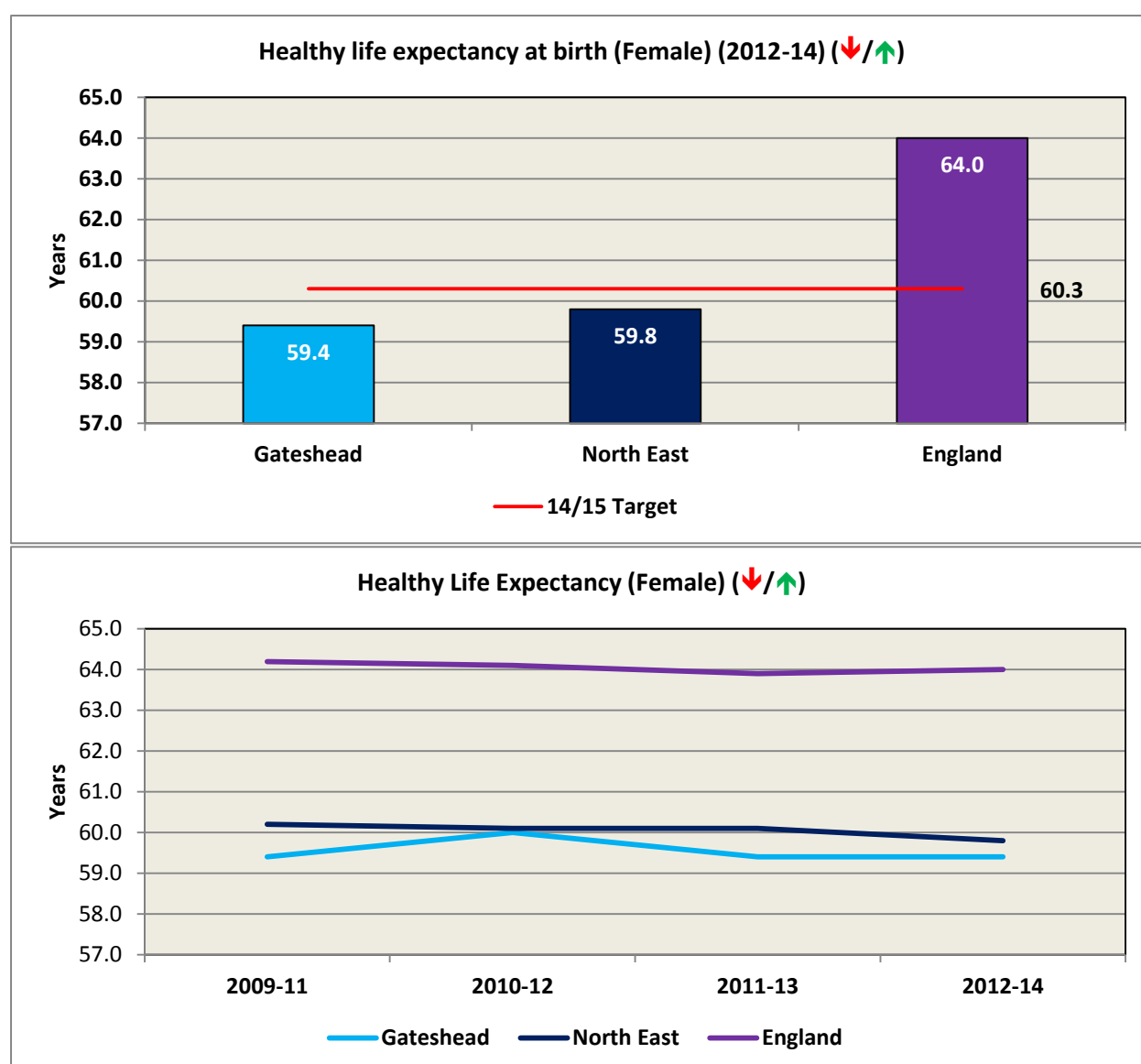
The target set for 2014/15 was 58.7 years which was a required increase of 2.1% on the 2013/14 data. Gateshead missed its 14/15 target by only 0.3 years.

Currently Gateshead is considered significantly worse than the England average of 63.4 years but can be considered similar to the North East average of 59.7 years; however Gateshead currently has the third lowest rate of healthy life expectancy for males in the North East.

The healthy life expectancy indicators are considered to be an extremely important summary measure of both mortality and morbidity and are able to set a context with which Gateshead is able to assess other indicators both at health and economic levels to identify drivers of healthy life expectancy. It is a measure of the average number of years a person would expect to live based on contemporary mortality rates and prevalence of self-reported good health.

The target setting exercise for this indicator has established the target for 2019/20 and set a challenging goal to be similar to the predicted England healthy life expectancy in 5 years' time of around 63.7 years which would start to put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with Vision 2030.

CHW09b – Healthy Life Expectancy at Birth (Female) (PHOF 0.1i)



Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in March 2017.

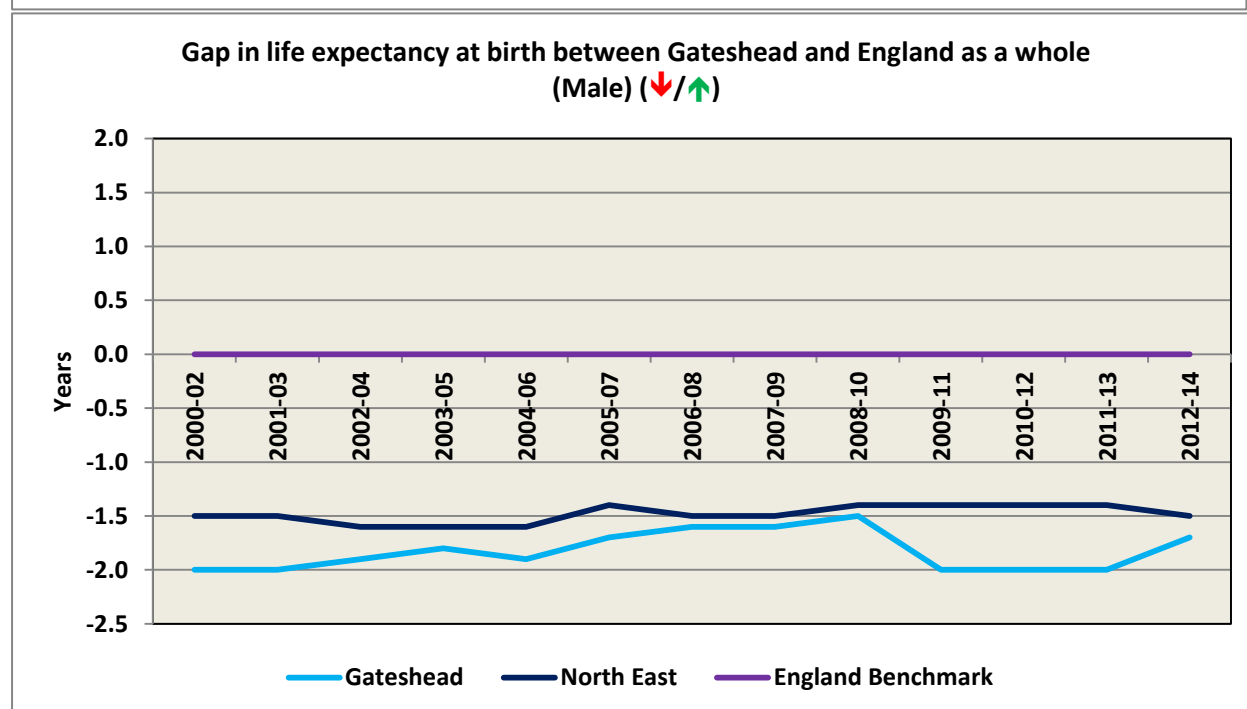
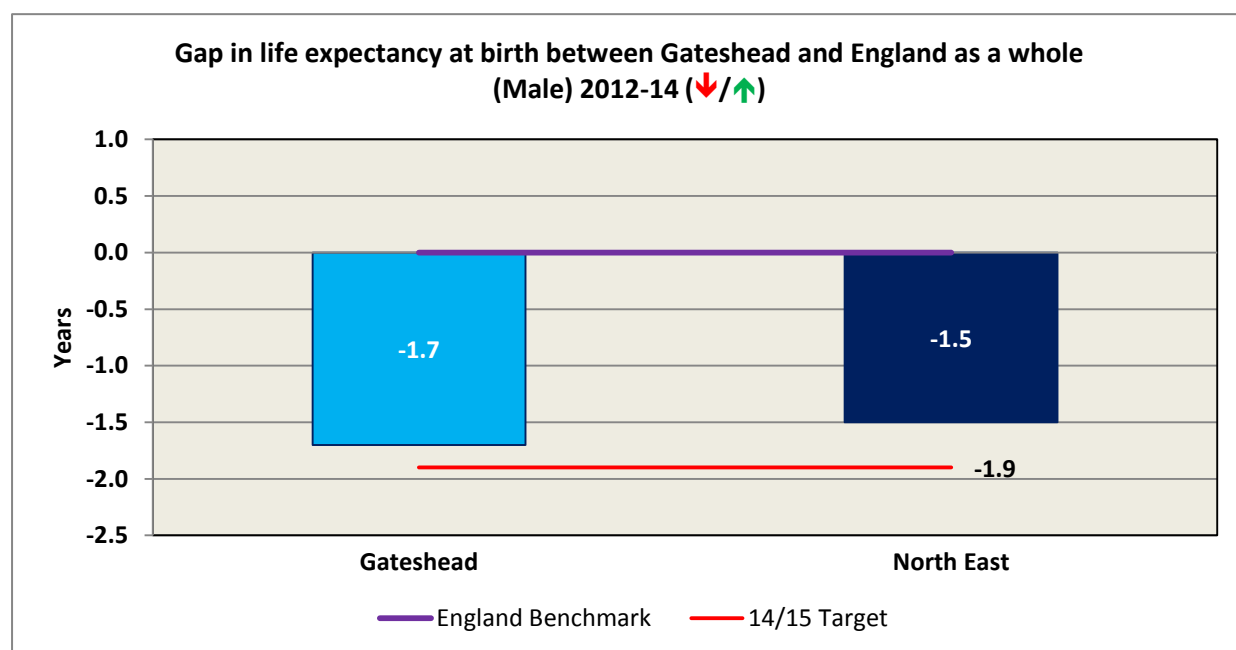
The data currently available is for the 14/15 year (2012-14 data); This shows there has been no change in the rate of Healthy Life expectancy of females in Gateshead with the rate remaining at 59.4 years.

The target set for 2014/15 was 60.3 years which was a required increase of 1.5% on the 2013/14 data. Gateshead missed its 14/15 target by 0.9 years.

Gateshead is considered significantly worse than the England average of 64.0 years but can be considered similar to the North East average of 59.7 years; however Gateshead currently has the seventh highest rate of healthy life expectancy for females in the North East. With rate remaining the same for 2014/15

The target setting exercise for this indicator has established the new 5 year target for 2019/20 Given that the current England rate of health life expectancy for females has decreased for the past 3 periods in a row, and it is possibly going to continue to decrease for the upcoming periods, we have set ourselves a challenging goal to reach the current (64.0) England healthy life expectancy. Like the targets for male healthy life expectancy this would put us on a path towards having one of the best healthy life expectancy rates in the country in accordance with the Vision 2030 plan.

CHW10a Gap in life expectancy at birth between each local authority and England as a whole (Male) (PHOF 0.2iv)



Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in November 2016.

The data that is currently available is for the 14/15 year (2012-14 period). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has reduced from -2.0 years in 13/14 (2011-13 period) to -1.7 years.

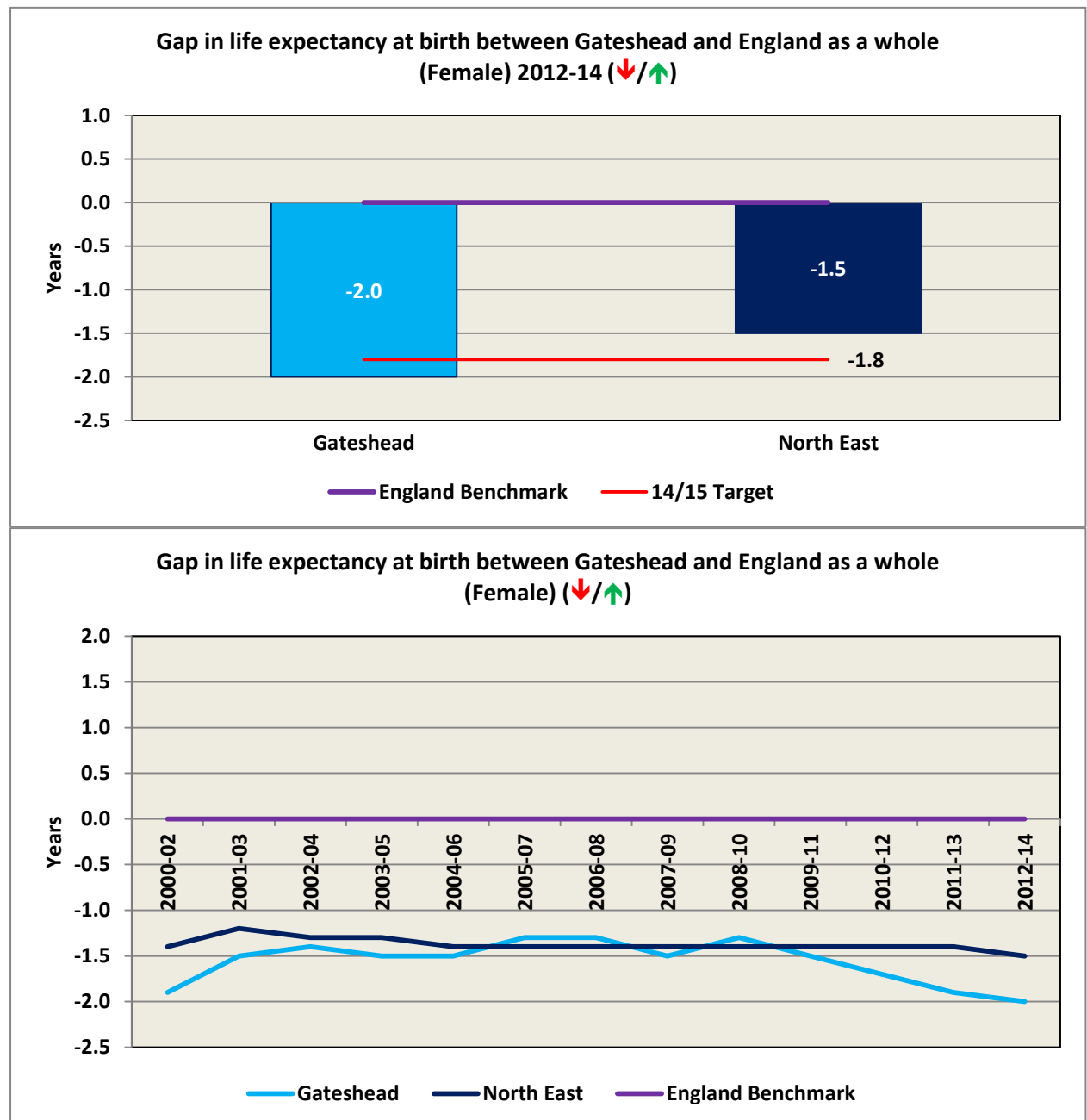
The target that was set for 2014/15 was to reduce the gap in life expectancy down to -1.9 years Gateshead has achieved this target.

Gateshead is considered similar to the North East average of -1.5 years but it has the sixth highest gap in life expectancy for males compared to the England rate in the region.

This indicator measures inequalities in life expectancy between each local authority area and that of England as a whole. It shows the absolute difference in years in life expectancy between the two areas for the given time period a negative figure means that the life expectancy of the area is lower than England, and a positive figure shows that the area has a higher life expectancy than England. This outcome focuses attention on the difference between life expectancy in local authorities and the overall England value and the need to improve the health of the whole area in relation to England. Gap in life expectancy at birth is considered to be one of the overarching outcomes for the nationally defined Public Health Outcomes Framework

The target setting exercise for this indicator has established the target for 2019/20 with the intention of continuing to reduce the gap between Gateshead and England in terms of life expectancy, and maintain the desired goal of the Public Health Frameworks tool to show a reduction in the size of the negative figure.

CHW10b Gap in life expectancy at birth between each local authority and England as a whole (Female) (PHOF 0.2iv)



Key message: At this stage the data for the 2015/16 year is currently unavailable. It is anticipated this will be released by the Office of National Statistics in November 2016.

The data that is currently available is for the 14/15 year (2012-14 period). This strategic outcome indicator shows that the gap in life expectancy between Gateshead and England as a whole has increased from -1.9 years in 13/14 (2011-13 period) to -2.0 years.

The target that was set for 2014/15 was to reduce the gap in life expectancy down

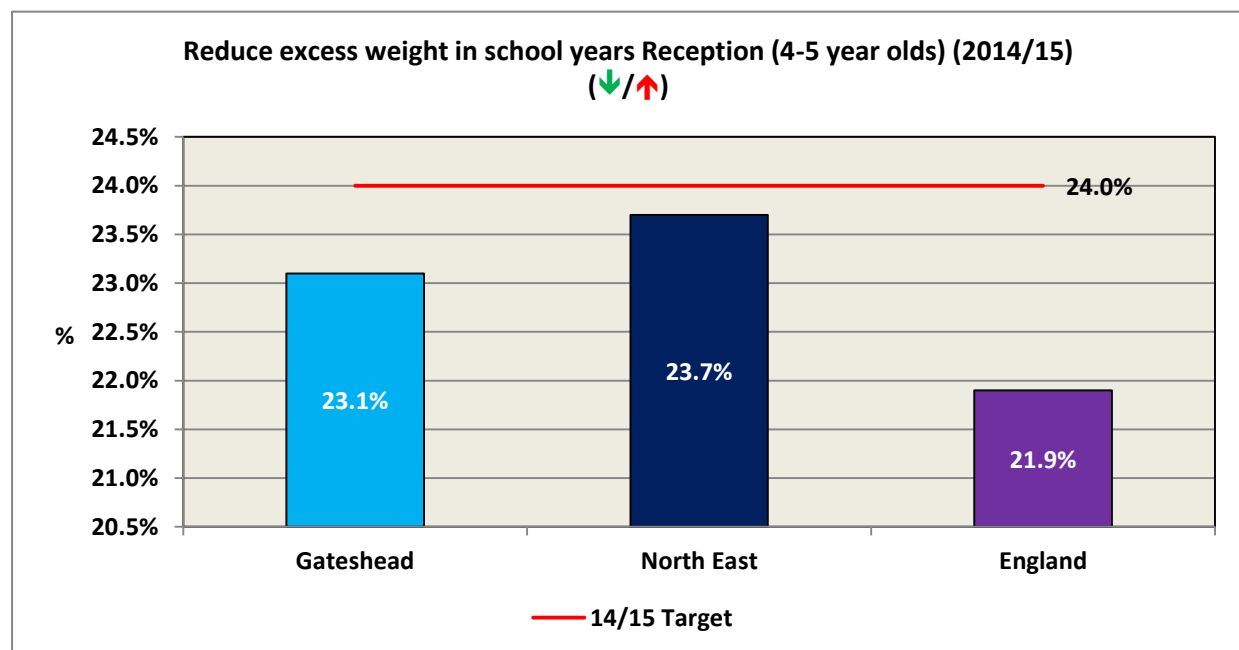
to -1.8 years Gateshead has not achieved this target.

Gateshead is considered significantly worse than the North East average of -1.5 years and it has the third highest gap in life expectancy for females compared to the England rate in the region.

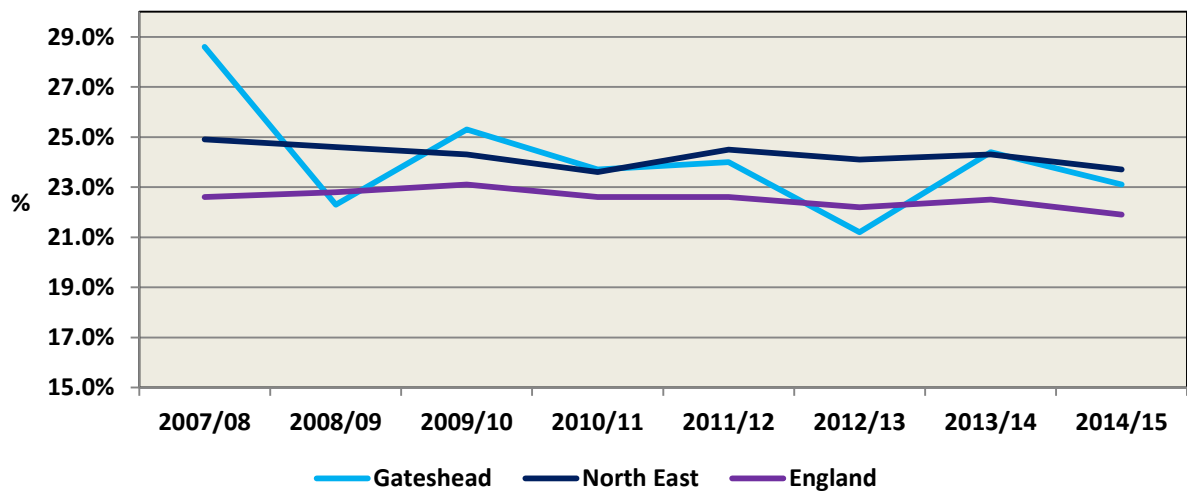
The gap in life expectancy between females in Gateshead and the overall England rate has been steadily increasing for the last 3 periods of data and the 2014/15 data has only continued this trend. 2014/15 is the first time that females have had a larger gap in life expectancy compared to England than males since the availability of this data and the current trends suggest that this may only be likely to increase.

As with the gap in life expectancy for males the target setting exercise for this indicator has established the target for 2019/20 with the intention of controlling the steadily increasing gap in life expectancy for females and then bringing this negative figure back down again.

CHW11 Reduce excess weight in school years Reception & Year 6 (Excess weight defined as a combination of 'Overweight' and 'Obese') (PHOF 2.06i and 2.06ii)

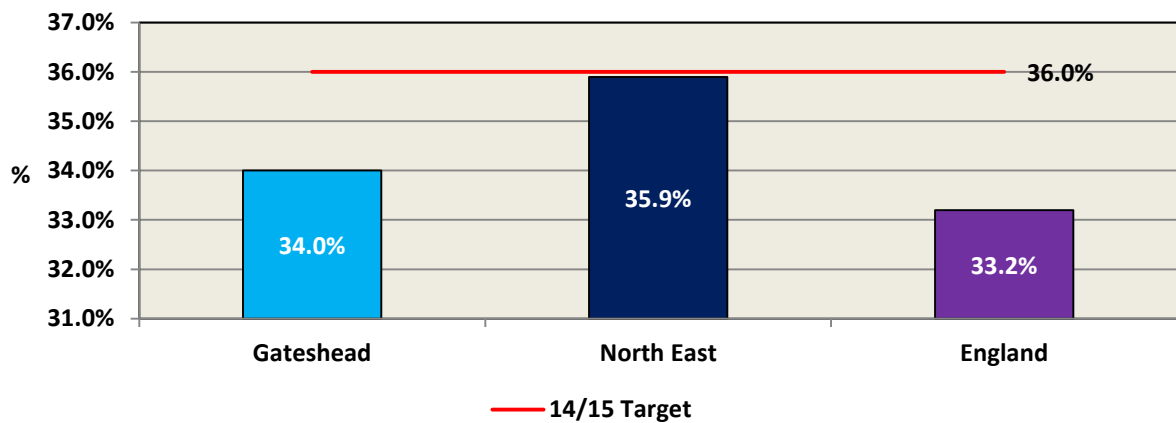


Reduce excess weight in school years Reception (4-5 year olds) (↓/↑)

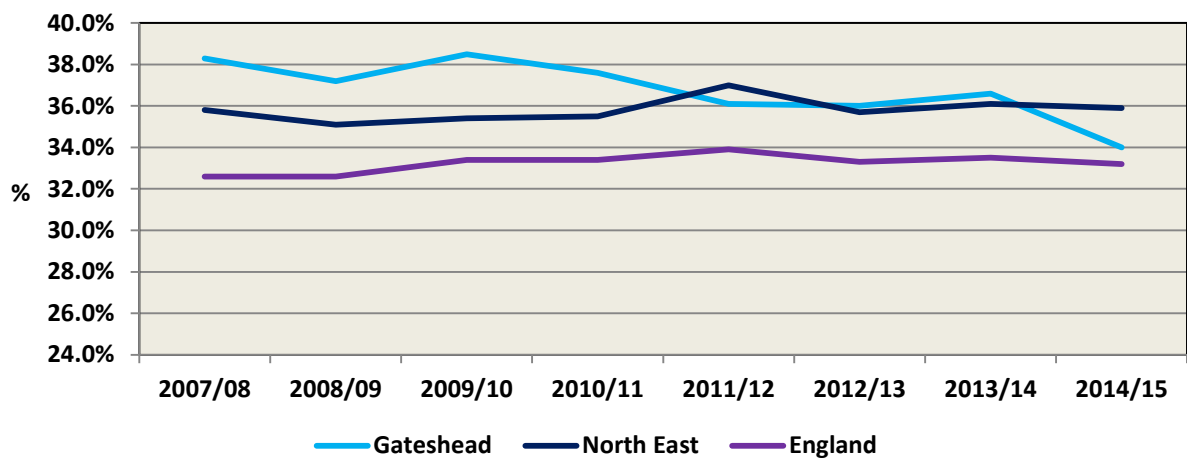


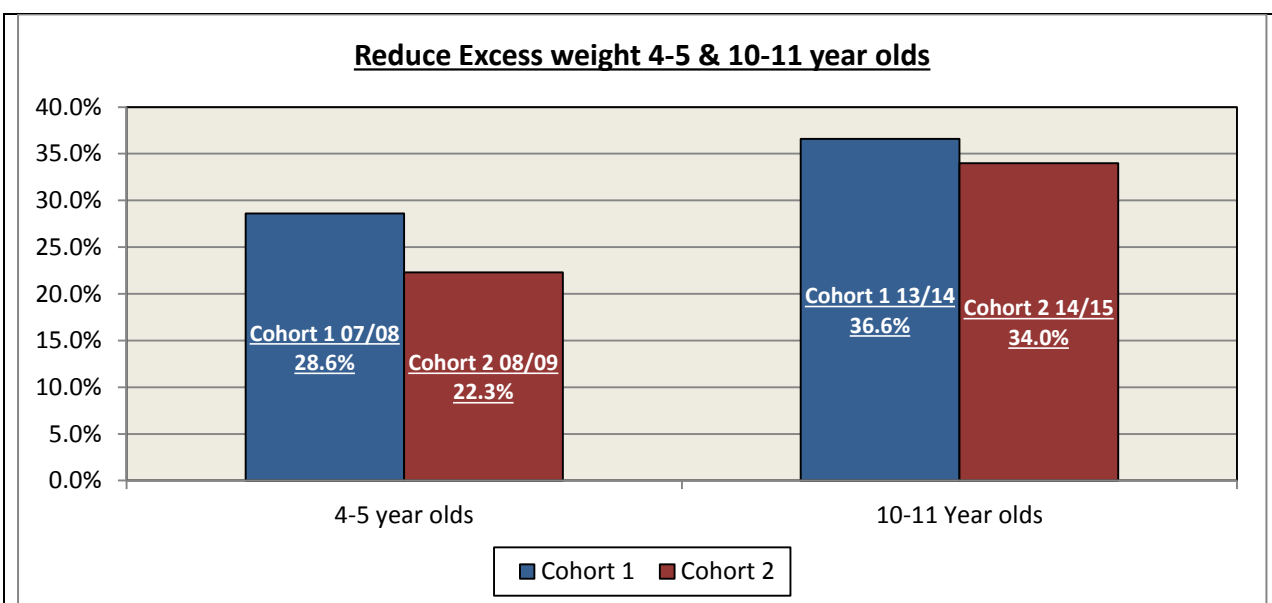
Reduce excess weight in school years - Year 6 (10-11 year olds) (2014/15)

(↓/↑)



Reduce excess weight in school years - Year 6 (10-11 year olds) (↓/↑)





Key message: At this stage the year-end data for 2015/16 is currently unavailable and is due to be published around November/December 2016 through National Child Monitoring Programme.

In February 2016 Public Health England revised the definition of this indicator to use pupil residence based on postcode rather than school location. This change has resulted in all data for the indicator being revised to take into account the new definition and the Gateshead data for 2006/07 being removed due to data quality issues.

The data currently available is for the 14/15 year. For children in reception (ages 4-5) 23.1% were considered to be of excess weight which was a decrease on the figure in 2013/14 of 24.4%. For children in year 6 (ages 10-11) 34.0% were considered to be of excess weight which was also a decrease on the figure from 2013/14 of 36.6%. In both age groups Gateshead is now considered to be statistically similar to both the England average and the North East average. In the 4-5 year old age group Gateshead now has the 5th lowest rate of excess weight in the North East and for 10-11 years olds Gateshead now has the 3rd lowest rate.

The target for 2014/15 for 4-5 year olds was 24.0% this target was achieved.

The target for 2014/15 for 10-11 year olds was 36.0% this target was achieved.

The two sets of excess weight data have been combined to enable us to monitor the difference between particular cohort groups at the two different measurement stages. Due to the changes made to the definition for these indicators we still only have 2 years' worth of children who were measured at the 4-5 year old stage and have now progressed to being measured at the 10-11 year old point. 4-5 year old Children measured in 2007/08 and 2008/09 have now been measured again in the 2013/14 and 2014/15 years respectively. In both these cohort years we have seen a marked increase in the percentage of children classified as excess weight.

For the cohort measured in 2007/08 and then again in 2013/14 there was a 28.0%

increase in the percentage of children classified as excess weight (increasing from 28.6% to 36.6%). In the cohort measured in 2008/09 and then in 2014/15 there was a 52.5% increase in those children classified as excess weight (increasing from 22.3% to 34.0%). However despite the large increases in excess weight between the two measurement periods in both cohorts where the levels of excess weight have reduced at 4-5 years they have also reduced at 10-11 years. Unfortunately having only 2 cohorts of data at this time we are not in a position to suggest that by focusing on bringing excess weight down at 4-5 years we can also affect a positive change in those at 10-11 years.

The current long term trend for children at 10-11 years old is now starting to show a very gradual decrease since the first available set of data in 2007/08. Since that point the percentage of excess weight children in this age group has come down by 11.2% and we are now at our current lowest level for this part of the indicator. This is in contrast to both the North East and England rates which are now showing a 0.3% and 1.8% increase overall.

This indicator will hopefully be able to tell us whether there is a connection in the work with children at the 4-5 age categories around excess weight and whether this is having an effect on the numbers of children who are then reporting as excess weight by the ages 10-11.

The UK is experiencing an epidemic of obesity affecting both adults and children and there is currently a huge concern around the rise of childhood obesity and the implications of such obesity persisting into adulthood. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

By choosing to ignore this problem Gateshead would effectively be saying that we as a local authority are comfortable with having around a third of our 10-11 and nearly a quarter of our 4-5 year olds being of excess weight. The 5 year targets up to 2019-20 that have been set for this reflect a commitment to reducing excess weight in both age categories and establishing children with a healthier childhood and consequently a healthier progression into adult life.

Section 3 – Delivery of the Council Plan 2015-2020 Progress made against the Live Well Gateshead outcome in the Council Plan and targeted action

Live Well Gateshead – a healthy, inclusive and nurturing place for all

Our Achievements

Adult Social Care

Enhancing lives

During October 2015 to 31 March 2016 we have:-

- The Council working with GATES Employment service won the 'Organisations supporting disabled people into employment' in the 2015 North East Care Awards.
- Via GATES an internship programme with IKEA three people with disabilities, commenced a placement with IKEA in April 2016. Also through GATES eight individuals also continued to develop their personal confidence and work skills competencies through an internship programme with Intu Metro centre.
- Won two regional awards with Special Olympics Gateshead in November 2015. These awards were 'Groups who have made a difference' award at the North East Equality Awards and the 'Putting People First / Personalisation' award at the North East Care Awards. Along with this 34 Special Olympics Gateshead athletes have been selected to represent the Northern region at the 2017 Summer National Games in Sheffield.
- Income from the Newcastle Gateshead Involvement and Innovation Fund was successfully achieved for the Community Links service to operate an April to May 2016 project in line with the Gateshead Care Homes Vanguard programme.
- Embodied a myriad of interventions into the day service provision at Marquisway Centre to meet the needs and aspirations of people with complex needs. An iMuse room has been installed within the centre combining sounds, motion, vibration and visual elements into a unique and effective experience for people with complex needs, serving to promote the artistic expression of individuals as well as enhancing motor skills and reducing anxiety. Furthermore, Marquisway staff have been trained in wheelchair dance and Rebound Therapy to maximise the sensory ability and physical capabilities of individuals.
- Commenced a new user led enterprise entitled 'Allsortz'. The enterprise focuses on upgrading furniture as a means to sell such furniture on to re-invest into the enterprise. This enterprise seeks to develop the work based competencies and overall confidence of people with learning disabilities, providing them with a 'stepping stone' into paid employment.
- Agreed funding to continue to upgrade Telecare equipment from the HRA capital programme for 2016/17.
- Over 4000 digital events were held across sheltered accommodation to teach older people about android tablets, iPads and phones.

.Quality of Life

During October 2015 to 31 March 2016 we have:-

- Completed a three year full inspection and accreditation was retained for Telecare Services Association (TSA) and Centre for Housing Support (CHS) with lots of areas of best practice identified by the inspector.
- Successfully retained full compliance with CQC's 'Essential standards of quality and safety' in 2016 for all eight Adult Social Care Provider Services.
- Through the Rapid Response Domiciliary Care service provided support to 427 individuals in 2015-2016. With a response time of 53 minutes, 97 people have received support which prevented them requiring an inappropriate hospital admission.
- Achieved a total of 822 compliments for Adult Social Care Provider Services in 2015/16 – a level of 73 compliments to every 1 complaint.

Positive Lives

During October 2015 to 31 March 2016 we have:-

- Reviewed the Learning Disabilities Partnership Board and concluded that the Board should continue and is instrumental to supporting the Transforming Care agenda in Gateshead. A new set of priorities has been developed, governance arrangements are in place and a permanent Chair has been recruited.
- Reviewed the Physical Disabilities and Sensory Impairment Partnership Board and concluded that the partnership should continue; a new Chair is to be recruited, a set of priorities is to be developed and agreed and a governance structure put in place.
- Proposed a new commissioning model for Carers services in Gateshead. It has been agreed between the Council and the CCG to explore this further. At this stage, work is commencing with providers to look at the viability of reconfiguration and the impact, both positively and negatively on Carers, service providers and wider community.
- Used specialist book collections at musical memories sessions to encourage participation and conversation from adults living with dementia and those people living with a learning disability. Books have also been well used by carers for adults with learning disabilities. In addition, we have improved the reach of these collections by purchasing additional copies for the area libraries and the Mobile library.
- Worked in partnership with The Friends of Gateshead Central Library to create a monthly group for people living with dementia and their carers. Following the success of the meetings we have expanded the group to include adults living with a learning disability.
- Expanded the children's gardening group to include more families. One child with autism has benefitted greatly from the activity and is a regular attender. Equipment has been purchased to encourage the growing of herbs/vegetables and flowers. A visit to Bill Quay farm is planned and to a community allotment.
- From January at Gateshead Central Library began to host monthly face-to-face information sessions, led by the Council's Special Education Team – SENIT for

people with autism, their families/carers and practitioners. The sessions provide an opportunity to speak with a professionally trained autism specialist, look at a selection of library books and share their queries or concerns. The Central Library has a quiet study space and a collection of books suggested by practitioners covering a range of topics such as diagnosis, sensory differences, anxiety, sleep and social skills etc. that are available to reserve free of charge from any of our libraries. All staff have received general autism awareness information and a dozen library staff have received Autism Supporter training from SENIT, which means they have a good awareness of autism and are happy to support people with autism during their visit to the library. The sessions are moving from Central's reception area into a community room to provide more privacy and a relaxed atmosphere to encourage parents to share information and support each other. An evening session is being planned for over the summer along with a parents' support group on social media.

- Achieved a 'good status' with the Shared Lives Gateshead service in their January 2016 inspection by the Care Quality Commission (CQC). The CQC Inspector expressed that "People, their relatives and external professionals all told us the service was effective. They told us the service had changed people's lives for the better and the skills and attitudes of the carers had ensured positive outcomes for people". It was noted that "care plans were personalised and detailed what people's routines and habits". Significantly, CQC confirmed that "all shared lives carers were taken through a rigorous assessment process before being recommended for approval".
- At Eastwood Promoting Independence Centre alongside a health and social multi-disciplinary team has achieved a 73% rate of discharging people home from intermediate care beds in the last 6 months. Eastwood support staff have further enhanced their professional capabilities by being trained in core competencies by the Clinical Educator within the Centre.
- Have provided weekly 'sporting memories' sessions to older people with dementia at Blaydon Resource Centre. The activity has served to evoke the sporting recollections of older people and precipitated meaningful discussion on these treasured memories, potentially, before such memories may be lost forever, due to a destabilising dementia condition. The sessions benefits in reigniting connections between generations and combating depression and loneliness in communities has been immeasurable.

Protecting Lives

During October 2015 to 31 March 2016 we have:-

- Worked in partnership with Tyne and Wear Fire and Rescue Service on home safety, of which 1603 Home Safety Checks were completed.
- The Safeguarding Adults Board approved the first Strategic Plan for the now statutory Safeguarding Adults Board. The three year Strategic Plan identified five Strategic Priorities for the Safeguarding Adults Board: Quality Assurance, Prevention, Community Engagement and Communication, Improved Operational Practice and Implementing the Mental Capacity Act / Deprivation of Liberty

Safeguards. The Strategic Plan notes that the Safeguarding Adults Board in Gateshead is person-led and outcome focused by adopting and implementing a preventative model. The Annual Report will be taken to the July 2016 Board as it needs to reflect upon the achievements and challenges for the Board in 2015/16 and incorporate financial year data from all partners.

- Commenced work on a series of multi-agency practice guidance notes. A new Strategic Exploitation Group has been established which feeds into both the Safeguarding Adults Board and Local Safeguarding Children's Board. This Group, Chaired by Northumbria Police, is leading on work in relation to sexual exploitation, modern slavery and trafficking and will be leading on practice guidance in relation to those subject areas. Draft practice guidance has been produced on Suicide and this is scheduled to go to the May 2016 Safeguarding Adults Board. Practice guidance on Domestic Abuse has been delayed due to a Council wide review of Domestic Abuse services. Practice guidance on female genital mutilation is being developed alongside the Local Safeguarding Children's Board and is being led by the Designated Lead Safeguarding Nurse from Newcastle Gateshead Clinical Commissioning Group.
- Conducted a peer case file audit by officers from Darlington County Council in Gateshead in January 2016. This forms part of a reciprocal peer case audit arrangement between Gateshead and Darlington Councils. Ten Safeguarding cases were randomly selected for the audit. The findings were largely positive but where areas of improvements were identified these have been discussed at the Quality and Assurance Sub Group of the Safeguarding Adults Board and will be incorporated within the work plan for the Group for future development.
- Purchased a bespoke system to strengthen data collection processes for the recording of Deprivation of Liberty Safeguards. Work is ongoing to ensure it fits in with Gateshead processes.
- Continued to review Deprivation of Liberty Safeguard processes to enable the streamlining of some parts.
- Commissioned externally provided Level 2 Mental Capacity Act training until December 2016. Once these sessions have been completed, an evaluation will be carried out to consider the needs of the respective services. A small non-recurrent grant has allowed us to purchase extra sessions with regards to consent and capacity.

Falls Prevention Strategy

During October 2015 to 31 March 2016 we have:-

- Conducted a mapping exercise to explore the falls prevention programmes available in Gateshead which was presented to Strategy Group. Work will continue with 'Our Gateshead' to publish the data.
- Held the April Falls Day campaign at the QE hospital and an information stall in Trinity Square.
- Trained 16 frontline staff in Otago (evidence based strength and balance exercise programme) ranging from Occupational Therapists, Physiotherapists, and Reablement workers. This is an evidence based falls prevention training qualification.
- Reached agreement on the Seamless Falls Pathway from the Falls Strategy Group.

- Relaunched the Falls Prevention Scheme in Councils News in March 2016 targeting those 65(+) and those identified at high risk of falls.
- Through the Older Peoples Assembly commenced four Postural Stability Classes for the first time in Gateshead. This is an evidenced based falls prevention programme.
- Through the Falls Educator/Co-ordinator trained front line staff in falls prevention and falls screening.

Health and Wellbeing

Substance Misuse (Including Alcohol)

During October 2015 to 31 March 2016 we have:-

- Implemented a revised Quality Assessment Framework to facilitate contract monitoring meetings. This is a more qualitative approach and facilitates a greater understanding of the treatment outcomes of the service, highlighting areas for improvement and development.
- Made Naloxone and Nalmefene available as treatment options via referral to Gateshead Evolve. Treatment pathways have been developed and are to be signed off by Medicines Management Committee.
- Held a launch event for Gateshead Evolve, inviting all partners to attend, with sessions on all aspects of Evolves work including Foundations of Recovery, Drug and Alcohol Pathways, family support, mutual aid etc. This event was well attended and a great celebration including a graduation event for peer mentors.
- Engaged with the community via both Alcohol Awareness Week and Dry January.
- Appointed a new Chair for the Drug Related Deaths Group and revised the remit of the group to incorporate suicides.
- Evaluated the Accident and Emergency pilot and partners have met to discuss how to further develop the project. A new Accident and Emergency champion has been appointed at the hospital; the data collection form has been revised and regular training and feedback sessions have been arranged with staff at Accident and Emergency.
- Delivered training sessions, with specific sessions for Deputy Head Teachers, Pastoral Leads and Social Workers. Handouts were created for staff and parents to provide information and advice about Noval Psychoactive Substances (NPS) including, what NPS is, what the effects of NPS are, and where to go to get help or treatment. Reports were submitted to the Local Safeguarding Children's Board and Overview and Scrutiny Committee to further raise awareness of this issue.
- Drafted the Substance Misuse Strategy and circulated to partners for consultation. Following the consultation, further work on the strategy will be undertaken.
- Seen Gateshead become a pilot site for the Public Health England's 'Health as a Licensing Objective Pilot'. This involves the development of an analytical support package/health harms data maps to support licensing reviews/applications and the exploration of the benefits of Public Health as 5th Licensing Objective.
- Increased participation in the Licensing Responsible Authorities Group and had several successful outcomes at Licence Reviews and Applications.

- Developed a Liver Strategy with Primary and Secondary Care.

Reducing Smoking

During October 2015 to 31 March 2016 we have:-

- Given a presentation to the CCG respiratory group to promote the success of the Active Intervention Programme and encourage GPs and Pharmacies to engage. Ongoing monitoring of activity and performance is taking place by the Live Well Gateshead Hub and mentors to maximise promotion of services and effectiveness of activity. Promotion of Stoptober, No Smoking Day.
- Clarified the pathway of care for pregnant smokers including the offer of risk perception training to midwives and sonographers to ensure continuation of the babyClear programme along with exit strategy discussions as the contract for the Public Health midwife comes to an end.
- Supported the launch of Northumberland Tyne and Wear Trust (NTW) as Smokefree in March. Referral pathways have been developed with Pharmacies and local community based MH services and training has been offered to services to support any who wish to continue to remain smoke free on discharge from NTW inpatient services.
- Undertaken training on e-cigarettes and incorporated their use into the Stop Smoking Service (although they are not available on prescription).

Sexual Health

During October 2015 to 31 March 2016 we have:-

- Initiated an integrated tariff financial impact assessment project, six months of data will be collected in order to make an accurate assessment of the project.
- Implemented the HIV home sampling service which is pending evaluation of clinical and cost effectiveness.
- Reviewed the terms of reference for the Sexual Health Partnership and commenced the development of a Sexual Health Strategy.
- Continued to review the Emergency Hormone Contraceptive Patient Group Direction.
- Implemented performance monitoring process with new providers, determining clear roles and responsibilities of officers throughout the process, with a clear accountable reporting structure to support the quarterly strategic contract monitoring process.
- Presented teenage conception data to the Children's Trust Board, resulting in training offer links established between relevant Council teams and the Integrated Sexual Health Service.
- Commenced the transition of Sexual Health primary care contracts over to a new contracting process through the North East Procurement Organisation (NEPO) portal.
- Provided funding to enhance chlamydia screening, improve access to C-card and new provision of group counselling for survivors of sexual assault.

Mental Health and Wellbeing

During October 2015 to 31 March 2016 we have:-

- Finalised the development of the Mental Health and Wellbeing Strategy to be presented at the Mental Health and Wellbeing Partnership April 2016.
- Carried out a Health Needs Assessment in relation to Suicide Prevention and an audit of suicides between 2011-2013 as part of the Deciding Together Process to understand serious mental health needs across Gateshead and Newcastle.
- Worked with the North East Combined Authority who has collaborated with the Government, Department of Communities and Local Government, to jointly design and develop a mental health and employment integration trailblazer which will provide support for 1,500 (100 in Gateshead) unemployed residents with mental health barriers to employment over its two year lifetime across the North East. Key outcomes identified include improved job entry rates for people with mental health conditions, better job sustainability rates, benefit off-flows, and improved clinical recovery rates. Service integration is a key principle of the model which will test the effectiveness of employment support integrated into psychological well-being services to help more people into work. Employment coaches will be fully integrated into the teams delivering IAPT (Improving Access to Psychological Therapies) services. The model fits within the wider context of better integrating public services for residents who need a range of support from different agencies.
- Participated in the Deciding Together Consultation events between November 2015 and February 2016 which sought views on the restructuring of mental health services.
- Incorporated the Suicide Prevention Action Plan as part of the Gateshead Public Mental Health Strategy.
- Facilitated a workshop in November 2015 to complete the feasibility study and consider the implications of social prescribing for Gateshead. A working group was established between Council staff, Clinical Commissioning Group and the Voluntary and Community Sector. The group has been considering the definition and approach for Gateshead, members of this group are also attending and linking into a national forum on social prescribing.
- Expanded Books on Prescription collections to include the Mobile Library.
- Added Books on prescription dementia collections in libraries, this is Books On Prescription for teens and young adults, providing a comprehensive collection of 35 books covering a wide variety of topics in the Central library and two in the area libraries. Developed with young people and leading health organisations including; British Association of Behavioural and Cognitive Psychotherapies, The Psychological Society, Mental Health Foundation, Mind, Public Health England and the Royal College of GPs. The programme is being delivered by The Reading Agency in partnership with public libraries and is funded by The Arts Council and the Wellcome Trust.
- Developed the new Autism Information Hub at the Central Library offering a combination of resources about autism and monthly face to face information and signposting sessions for people with autism, their families/carers and practitioners. People will be able to speak to a professionally trained autism specialist look at a selection of library books and talk about their queries or concerns.

- Launched Books on Prescription – Reading Well for young people. Three collections of 35 titles covering topics such as body-image, self-harm, self-esteem have been purchased, 1 is in the Central Library and 2 are in area libraries. This initiative is part of the Society of Chief Librarian's Public Library Health Offer and the Association of Senior Children's and Education Librarians Children's Promise.

NHS Health Checks Programme

During October 2015 to 31 March 2016 we have:-

- Introduced quality improvements resulting in an increase in the number of eligible people invited for health checks and ensuring 100% of risk scores communicated. Some specific promotional materials were developed for pharmacies as part of the NHS Health Check plus cancer pilot, and a briefing pack was produced for the workplace pilot.
- Developed an additional NHS Health Check Plus+ Families pilot with a GP practice, work is ongoing to finalise the project. Some detailed analysis has been undertaken of the characteristics of people who have attended for health checks and those that haven't.
- Improved data quality as a result of working with the North East Commissioning Support (NECS). There are several additional reporting items which are now received quarterly and some others which are still being finalised. These are helping to build a picture of some of the outcomes from the NHS Health Checks.
- Completed the NHS Health Check Plus Cancer pilot with two pharmacies at Wrekenton and Lobley Hill and by Occupational Health in Gateshead Council. Training was provided to staff delivering the pilot, and supporting materials were made available. Evaluation of the pilot is currently being completed and recommendations will be made to the national programme.
- Commenced a workplace NHS Health Check Pilot and included a mini check as a tool to engage with people. Two workplace events have taken place so far and have been well attended.
- Experienced a really high uptake for training NHS Health Check providers.
- Commenced the development of an infographic to illustrate the impact of the NHS Health Check Programme in Gateshead.
- Incorporated NHS Health Check data into GP Practice profiles on heart disease and diabetes to reinforce the use of the NHS Health Check for prevention and early identification of disease.
- Worked with a Gateshead School to take part in the NHS Health Check Community Incentive Scheme.

Health and Wellbeing Strategy

During October 2015 to 31 March 2016 we have:-

- Updated the JSNA website to capture new information on the health and wellbeing needs of local people.
- Considered the 'Deciding Together' consultation on the review of adult mental health services for Gateshead residents at the Health and Wellbeing Board. In

particular, the consultation set out options on how in-patient adult mental health services could be provided in the future.

- Worked together with Health and social care partners in developing their commissioning intentions within the context of financial and other challenges facing the local health and care economy. As part of this, the Council's budget proposals, the NHS funding gap and Newcastle Gateshead CCG's funding position were considered by the Health & Wellbeing Board and informed commissioning intentions for 2016/17.
- Developed the Children and Adolescent Mental Health Services (CAMHS) Transformation Plan covering Gateshead and Newcastle which set out proposed areas for development. This included proposals to redesign our child and adolescent mental health provision from prevention to intervention. The Learning Disability Transforming Care Programme Fast Track Plan for people with learning disabilities and/or autism in the north east and Cumbria was also completed. The Plan is aimed at improving our community infrastructure, earlier intervention and prevention to better support people in the community, thereby avoiding the need for hospital admission.
- Considered the Health Protection Assurance Annual Report at the Health and Wellbeing Board and published as a chapter of the Annual Report of the Director of Public Health. It set out details of health protection issues and arrangements put in place over the previous twelve months in line with the council's health protection assurance role.
- Considered the impact of housing conditions on promoting health and wellbeing at the Health and Wellbeing Board and identified as the review topic of the Care, Health and Wellbeing OSC for 2016/17.
- Worked to promote and support integrated working across health and social care, this continues to be a key focus of the Health and Wellbeing Board. The Board endorsed the 2nd and 3rd quarterly return to NHS England for 2015/16. The returns focused on budget arrangements, how national conditions relating to the BCF are being met and performance against key indicators. The Board also received performance updates on the Better Care Fund as part of the performance management framework introduced for the Board. These updates informed the quarterly returns submitted to NHS England. The Board also considered an update on the Gateshead Vanguard project (community beds and home based care). Details were provided of the Vanguard work streams on care pathways, commissioning and contract arrangements, outcomes framework development, and monitoring and evaluation arrangements.
- Held a Health and Wellbeing Board sponsored workshop in October 2015, with the aim of bringing together local partners to identify the key aspirations for Gateshead's approach to tobacco control. The outputs from the workshop are being used to inform the development of a 10 year plan for Tobacco Control in Gateshead. The Board also sponsored a workshop to examine a social prescribing approach in Gateshead and this work is being developed within the context of the Achieving More Together approach to increase community resilience and make the most of community assets.
- From 01 October 2015 become the responsible commissioner for public health services for children aged 0 to 5 years. The Health and Wellbeing Board considered a Children and Young People (0 to 19) delivery framework which seeks to use a whole system approach to improve services and outcomes,

underpinned by a set of principles for delivery. A workshop was held with key stakeholders in October 2015 to develop the delivery framework.

- Considered at the Health and Wellbeing Board the evaluation findings of the 'Fulfilling Lives' programme to better support people with multiple and complex needs.
- Considered at the Health and Wellbeing Board arrangements for the refresh of the council's statement of licensing policy (alcohol).

Improve population health and wellbeing, reduce mortality and tackle inequality

During October 2015 to 31 March 2016 we have:-

- Completed a Health Needs Assessment of people who are homeless or vulnerably housed, findings are due September 2016.
- Held a number of street promotions and sessions to promote Movember via Live Well Gateshead (LWG) including a 3 day 'FREE Photobooth Competition' at Trinity Square with prizes from Vue Cinema and Tesco Vouchers. Support was also received from Newcastle Eagles with players promoting a before and after Movember photo with team members and an article on their website about Live Well Gateshead and Movember. LWG engaged with over 300 people who used the 'FREE Movember Photobooth' in Trinity Square and nearly 15000 were reached online and through social media.
- Held a number of street promotions and sessions to promote Stoptober via LWG and their stop smoking service, 12 on-street promotions, 35 'Sign-up to quit' Community Wellness Sessions, 2 workplace sessions, 2 GP surgery sessions and 3 sessions at other venues. LWG was able to engage with 368 people about their stop-smoking needs.
- Promoted the 'Year of Walking' (Feb 2015 – Feb 2016) and developed proposals to showcase a Gateshead Borough 'Summer of Cycling' (SoC) in 2016. SoC activities, promotions and events will aim to engage Gateshead residents, workplaces, schools, Health and Activity Centres and relevant organisations/charities aligned to health and fitness improvement. The planning for SoC will be informed by the review and evaluation of Gateshead Year of Walking. There will be a focus on reviewing already established cycling promotion happening regularly throughout the Borough and seeking to achieve greater levels of awareness and involvement in these activities by means of a concerted and branded promotional campaign.
- Developed plans to take part in a regional Public Health England campaign Everybody Active Every Day. Everybody Active North East is a collaborative project between all twelve north east councils. It aims to increase levels of physical activity by showcasing a different physical activity in the region each month. Each month, a different Council will be focusing on a physical activity, encouraging people to get involved and helping to educate them on how they can live longer, healthier lives by being more active. It is hoped that the project will support increased activity across the population especially amongst the 1 in 5 people who currently do less than 30 minutes of physical activity per week. Gateshead will be highlighted and showcased in August and has chosen to highlight cycling. This will link into the proposed Summer of Cycling and will highlight community based grass root projects linked to cycling.

- Appointed a researcher-in-residence to evaluate LWG, to inform the service design and delivery of LWG and to support the use of research evidence in the Council. A post-doctoral Fuse researcher, employed by Teesside University is embedded (three days per week) in the Public Health Team from July 2015-June 2016. The full evaluation report will be complete and disseminated in May 2016 and will be used to inform the redesign in an effort to ensure the most effective elements are retained and enhanced.
- Hosted via the Friends of Gateshead Central Library a Ramp up the Red morning to raise awareness of Heart Disease. The successful event raised money for the British Heart Foundation. Whickham Library similarly hosted a coffee morning to raise awareness and raise money. As part of promotions for Stoptober appointments were held at the Central Library with wellness coaches. For World Mental Health Day in October a sporting reminiscence session was held. There were promotions in libraries for Movember, Dry January, and No Smoking Day. .
- Enabled the Live Well team to hold weekly drop in sessions at the Central Library and will offer free health checks, during Men's Health Week, 13-19 June. The Live Well Team also work in the other libraries but a regular pattern has not yet been established.

Hearty Lives

During October 2015 to 31 March 2016 we have:-

- Worked alongside Food Nation Social Enterprise based in Newcastle, to provide an innovative cookery course, providing cookery skills and techniques to homeless men through the House on the Hill Project. Each week the men were taught how to cook recipes from scratch and given enough food to take home for two servings at the end of the class.
- Completed an evaluation of the Hearty Lives Programme with the British Heart Foundation highlighting learning from the programme.
- Successfully secured funding via the Community Capacity Building fund to develop and establish Food Nation in Gateshead.

Place Shaping

During September 2015 to 31 March 2016 we have:-

- Successfully defended an appeal made by the recipient of an enforcement notice served to prevent land being used as a hot food takeaway. The Planning Inspector found the use of information in the Supplementary Planning Document relating to obesity and proliferation of hot food takeaways to be robust.
- Signed up to a national Community of Learning network.

Cancer

During October 2015 to 31 March 2016 we have:-

- Visited 60% of GP practices to provide profiles and routes to diagnosis.

- Completed the NHS Health Check + cancer pilot.
- Implemented a Safety Netting Card for GP practices.

Healthy Weight

During October 2015 to 31 March 2016 we have:-

- Following discussions regionally with Directors of Public Health and Local Authority obesity leads proposed priorities for action across the North East to maximise opportunities for sugar reduction in families through health visiting/early years services and across local authority children's services and to adopt, implement and monitor the government buying standards for food and catering services (GBSF) across the Health and Wellbeing board partners.

Clinical Commissioning Group Locality Working

During October 2015 to 31 March 2016 we have:-

- Supported practices to improve the uptake of bowel cancer screening and reduce smoking amongst people with serious mental illness.
- Delivered Public Health updates to CCG training sessions.
- Commenced the development of diabetes practice profiles.
- Updated Chronic Obstructive Pulmonary Disease (COPD) practice profiles to support the Practice Engagement Programme (PEP) 16/17.
- Updated Coronary Heart Disease (CHD) practice profiles to support House of Care training to take place in May 2016.

Better Health at Work Award

During October 2015 to 31 March 2016 we have:-

- Engaged new organisations with the award including Tyneside Women's Health Project and INTU Metrocentre.

Key Actions over the Next Six Months

The following key actions have been prioritised for action over the next six months to support delivery against the shared outcome Live Well Gateshead – a healthy, inclusive and nurturing place for all.

Adult Social Care

Enhancing lives

- Continue to upgrade Telecare equipment from the HRA capital programme for 2016/17.
- Work closely with commissioners and housing to develop innovative schemes for people with Learning Disabilities to live in the community.
- Further develop strategic commissioning partnerships with our CCG colleagues to deliver integrated models of care around intermediate care and reablement and to jointly commission services for Mental Health and Learning Disabilities.
- To continue taking forward work within the Better Care Fund to mitigate demand upon acute services and facilitate community alternatives wherever possible.
- Look at opportunities with the CCG to shape the market within a whole system way of working to ensure that strategic objectives are jointly agreed and investment and outcomes reflects the priorities set out by the partners.
- Shape the market to reflect the outcomes sought to be achieved within Living Well Gateshead initiative and the new model for Adult Social Care and its focus upon asset based ways of working.
- Through GATES support three people with disabilities with their employment internship programme at IKEA.
- To support and monitor the Community Links Service project in line with the Gateshead Homes Vanguard Programme.
- To continue to develop interventions in day service provision at Marquisway Centre to meet the needs and aspirations of people with complex needs.
- To support and develop the Allsortz user led enterprise.

Quality of Life

- Retain annual accreditations for Telecare Services Association (TSA) and Centre for Housing Support (CHS).
- Continue to work in partnership with the CCG to develop the two health outcomes for the Quality Excellence Framework for Medicine Management and Infection Control.
- Develop a risk based approach to the management of contracts for the provision of adult social care services due to a reduction in staffing levels for the contract management function. Create risk tools and frameworks to complete contract management tasks.
- Integrate children, adults and public health contract management, including systems and processes.
- Establish a social care provider serious concerns process and procedure for Gateshead.

- Formalise working arrangements with the Clinical Commissioning Group and Care Quality Commission, including responsibilities and roles.
- Work with the CCG to further develop personal budgets and direct payments including personal health care budgets to give people greater choice and autonomy around services they receive.

Positive Lives

- Recruit a Chair and develop priorities and governance arrangements for the Physical Disabilities and Sensory Impairment Partnership Board.
- Work with the Clinical Commissioning Group to further develop Carer's services in Gateshead.
- Focus services upon an asset based approach which supports community resilience and self-determination.
- Fully embed the new model of Adult Social Care to focus on reablement, maximising independence and managing demand.
- Build on the success of the Musical Memories Sessions to develop the group into a wider Friendship café open to all, to address the problems of social isolation. This work will be in partnership with The Friends of Gateshead Central Library.
- Develop a programme of activities in the library garden specifically for adults or children living with dementia or a learning disability.
- Launch the Reading Hack programme which offers young people the opportunity to volunteer and gain valuable experience in planning, organising and running events and activities for young people.

Protecting Lives

- Continue to develop the Adult Safeguarding Board and sub-groups and appoint a permanent chair to lead the development and meet the requirements of the Care Act.
- Work in partnership with Tyne and Wear Fire and Rescue Service on home safety checks locally and nationally.
- Continue to implement a bespoke system to strengthen data collection for Deprivation of Liberty Safeguards.

Falls Prevention Strategy

- Commence Postural Stability Classes at four locations across Gateshead.
- In cooperation with Adult Social Care commence an Otago class (evidence based strength and balance exercise programme) in Blaydon.
- Present a paper to the Health and Wellbeing Board to outline the situation in Gateshead in relation to falls.
- Work in partnership with Newcastle Council to look at examples of best practice.
- Work with the Vanguard Project to influence Falls Prevention in care homes.

Health and Wellbeing

Substance Misuse (Including Alcohol)

- Continue the work around developing the joint Substance Misuse Strategy for Gateshead in conjunction with colleagues in Community Safety and Public Protection.
- Review the Shared Care Contract with GPs to ensure the best care is available to Gateshead residents.
- Work with the Gateshead Youth Assembly to raise the profile of Alcohol related harm to young people and how Young People are targeted by the alcohol industry.

Reducing Smoking

- Present the draft 10 year Tobacco Control plan for Gateshead "Smoking Still Kills, Smoke Free Vision 2025" to the Gateshead Health and Wellbeing Board at their meeting of 10 June 2016 for discussion and request that the Board adopt the vision and work towards 5% smoking prevalence in the population by 2025. The national Tobacco Control strategy is due to be released summer 2016 so the Tobacco Control plan is an aspirational outline of the vision.
- Evaluate the 'No Butts' pilot programme with Citizens Advice Bureau and explore ways to further develop this work across other community and voluntary organisations.
- Participate in the discussions around the remodelling of the LiveWell Gateshead service to ensure 'Active Intervention' remains a priority.
- Undertake a Health Promotion Campaign to increase awareness of the harms caused by smoking in pregnancy in partnership with Public Health England and Fresh.
- Disseminate the findings of the babyClear evaluation.

Sexual Health

- Develop a Sexual Health Strategy.
- Negotiate and implement new Emergency Hormone Contraceptive Patient Group directive.
- Complete a full review of the 2015-16 data (combining locally set KPI's and national datasets).
- Complete integrated financial impact assessment project.

Mental Health and Wellbeing

- Conduct an Audit of Suicides in June 2016 to look at data from 2014 and 2015.
- Implement the Mental Health Trailblazer Pilot in May/June 2016, to provide one to one support for an estimated 100 unemployed Gateshead residents annually who are restricted from the labour market due to ongoing mental health problems. This pilot will see the co-location of dedicated employment coaches within Talking Therapies (South Tyneside and Gateshead NHS Improving Access to Personal Therapies (IAPT) provider) to test out new ways of working

together with existing IAPT staff to achieve better clinical and employment outcomes for individuals taking part in the pilot.

- Launch 'Reading Well for Young People' in April 2016.
- Raise awareness of specialist book collections by active promotion of these areas of stock with special focus on regular library groups e.g. Reading groups
- Work with The Reading Agency to help develop a Reading Outcomes Framework for measuring the benefits of Reading for Pleasure.
- Survey adult reading groups to demonstrate positive impact on health and well-being using generic learning outcomes (GLO's) and generic social outcomes (GSO's).
- Monitor take up of the Autism Information Hub in its early stages and trial an evening session of it.

NHS Health Checks Programme

- Implement the NHS Health Check Plus Families pilot.
- Produce new NHS Health Check Service Specifications for 2017/18.
- Develop case studies from the Gateshead NHS Health Check Programme to share good practice.
- Implement new national best practice guidance into the NHS Health Check Programme in Gateshead.
- Finalise the NHS Health Check Infographic to illustrate the performance and outcomes of the programme.

Health and Wellbeing Strategy

- Develop a Forward Plan for the Health and Wellbeing Board for 2016/17.
- Develop the JSNA and its evidence base to inform commissioning arrangements and intentions across the health and care sector, building upon work undertaken during 2015/16.
- Progress the refresh of our Health and Wellbeing Strategy for Gateshead.
- Develop a health inequalities framework to address health inequalities within Gateshead.
- Develop a 10 Year Tobacco Control Plan for Gateshead.
- Oversee implementation of the Better Care Fund for 2016/17 as part of broader integration work across our health and care economy.
- Continue to monitor performance against key health and wellbeing outcomes through the Health & Wellbeing Board.
- Provide assurance to the Health and Wellbeing Board in relation to safeguarding children and adult's annual reports and business plans.

Improve population health and wellbeing, reduce mortality and tackle inequality

- Disseminate the findings from the Live Well Gateshead Evaluation at the end of May.
- Implement the summer of cycling campaign between April and August incorporating the 'Every Body Active Every Day' Public Health England campaign. A high profile launch is planned at the Millennium Bridge and other events will take place throughout the summer with an action plan detailing

planned activity across the summer. The programme of events will involve many different parts of the Council, cycling groups, volunteers, Council Members, cycling organisations and interest groups - all working together to celebrate and promote cycling in Gateshead.

- Develop the draft frame work for social prescribing

Hearty Lives

- Following the completion of the Hearty Lives Programme utilise the learning via Live Well Gateshead to continue to engage men.

Healthy Weight

- Develop a response linked to the Regional campaign on sugar which in turn is linked to the development of an Obesity Strategy for Gateshead.
- Re-examine the Healthy Weight Pilot Project with partners and devise an action plan to support the approach.

Place Shaping

- Further develop the Healthy Weight Framework to look at obesity both across adults and children, in line with the National Obesity and Childhood Obesity Strategy which is due to be released.

Cancer

- Evaluate the Safety Netting Card process in GP practices.
- Review the Gateshead Cancer Strategy at a workshop in June 2016.

Clinical Commissioning Group Locality Working

- Roll out the diabetes profiles with secondary care input.
- Roll out the Chronic Obstructive Pulmonary Disease (COPD) profiles to support the Practice Engagement Programme (PEP) 16/17.
- Support the delivery of the House of Care Training in May 2016.

Better Health at Work Award

- Visit businesses involved in the award and support/advise on the development of a portfolio of evidence prior to assessment.