

Strategic narrative Gateshead

Section A 1473 words

Our vision for health and social care was articulated within our original BCF submission in 2014:

‘An affordable, locality-based, care system where an empowered community has access to responsive, needs-based, personalised services’

This was reinforced in 2017 where we described the BCF Plan as a key component of the transformational work taking place in the Gateshead Health and Care economy, we said it “has provided the catalyst for us in developing new models of integrated delivery and commissioning based on the needs of communities.”

We recognised that at the heart of our vision our Health and Social Care system required new models of care delivery across care settings with a focus on ‘care outside of hospitals. In 2017 our BCF submission brought our narrative up to date in relation to new models of care, describing their contribution to our local vision for health and care in Gateshead, the plans for transformation of services, implementing the vision of the Five Year Forward View and integration of health and social care services by 2020. We set out the background to the local health and care economy and described our plan to develop and implement our new model for care outside of hospital - People, Communities and Care Model

We understood that our new model for care outside of hospital needed to be underpinned by a sustainable system which has ‘prevention’ and ‘early intervention’ at its core supported by ‘connected communities’, where people, families and communities have strong, empowering and enduring relationships.

Describing a system architecture designed to shift care from hospital settings to community settings and ideally to people’s own homes, the model captured work already underway in many parts of the Gateshead geography. We said “Out of hospital care and support” would be underpinned by a ‘joined-up’ system, with services across general practice, community services and social care delivering support to people that is coordinated and person-centred.

The plan highlighted the already well established working arrangements across Gateshead, not only good interagency relationships at all levels of organisations, but also great examples of joint working and innovation to be capitalised upon.

Since then, a place-based approach to the integration of health and care has been established through the Gateshead Health & Care System.

In 2018 organisations across Gateshead came together as the Gateshead System because it was clear that if they were to make a step change at Place level they needed to work together in a different way to deliver better outcomes for local people with less resource:

- Gateshead boasts some of the best health and care services, but stubborn health inequalities still persist (within Gateshead itself and relative to the rest of the country.)

- People told us that their experience of care is fragmented, and where our system has needed to be strongest (e.g. for people with multiple and complex needs), it has often been the weakest.
- Add workforce challenges (recruitment and retention across the health and care sector) and financial sustainability into the mix and there is a powerful case to do things differently.

System partners came together recognising

- the need to work differently to deliver better outcomes for local people within less resources,
- the need to develop as a Gateshead place partnership of local commissioning and provider organisations working together with local people to deliver better health and care outcomes for our communities
- the need to address persistent health inequalities that remain in line with Gateshead's Thrive agenda.

Gateshead Health and Care System, is a partnership between Gateshead Council, Newcastle Gateshead CCG, Gateshead Health Foundation Trust, Newcastle Hospitals, Newcastle, Tyne and Wear Mental Health Trust, primary care and the voluntary sector. We recognise that population health and wellbeing cannot be achieved through provision of services alone. This can only be achieved through linking strategy with the wider determinants of health such as housing, education, and employment as well as being able to empower people and communities to be more active partners in their health.

The development of Gateshead integrated strategic planning is complex, challenging and multi-faceted. At the same time, it provides a unique opportunity to shape, guide and bring together our health and care system in pursuit of our joint vision and a common set of key outcomes that are owned collectively by local health and care partners and local people. It also provides us with an opportunity to jointly address a number of key challenges facing our local health and care economy, whilst also making the most of opportunities to do things differently through our joint working arrangements.

Our integrated planning approach is based on the primacy of Place which is a key underlying principle. This means that, as far as possible, integrated planning (commissioning and provision) of services takes place at a Gateshead Place level on the one hand and as close to peoples' homes as possible on the other hand (consistent with maximising the quality of care and getting the most for the Gateshead £).

The focus for the Gateshead Health and Care System is to shift care upstream to prevent the levels of ill health our population experiences, to provide integrated and proactive care and support whereby ill health is managed earlier and more effectively. These approaches have been shown to reduce the need for high cost acute care and long term care packages thus managing cost and improving health and wellbeing.

The system adopted the 'Thrive' model for Gateshead which has five pledges:

- Put people and families at the heart of what we do;
- Tackle inequality so people have a fair chance;

- Support our communities to support themselves and each other;
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the Borough;
- Work together and fight for a better future for Gateshead.

A focus on inequality is key as it is clear that life expectancy and healthy life expectancy varies considerably from one part of the borough to another. We also recognise the complexity of people's lives and that attempts to 'fix' single issues for a person may not address the underlying causes - we need to address this complexity as a whole system. As such, we acknowledge that interventions and approaches that are multifaceted and complementary are more likely to be successful in reducing inequalities and helping people in Gateshead thrive. Prevention is embedded in our ways of working and programmes of work but we recognise the need to further embed preventative approaches in our system working. This will be addressed through our 3 priority and transformation programme areas (see section 2.1 below).

We will also build upon the input of Professor Chris Bentley and the Public Health Team to our system work – through the lens of civic-level interventions, community-based interventions and service-based interventions. This includes:

- Locality based working to address health inequality, including a self-assessment to inform areas of focus and future direction;
- Stop-smoking interventions and how the system can work collectively to address;
- Alcohol: including impact on A&E attendances and unplanned admissions.

We continue to use our knowledge of our population and health inequalities (underpinned by the JSNA) when reviewing and agreeing BCF schemes to ensure our BCF plan is underpinned by consideration of the prevention agenda, reflecting that prevention is key to reducing health inequalities and the prevention agenda runs throughout all themes.

We recognise and consider the changing needs of our growing and ageing population, who increasingly have more complex needs and are more likely to live with multiple long-term conditions, or live into old age with frailty or dementia.

From April 2019, the CCG commissioned a support service for people using a personal health budget. The service was based on the success of a previous pilot. The Council had established services to support people with a personal budget and so we worked together to commission the same service to ensure that this good practice could be spread to people in receipt of a health budget too. This means that all people (regardless of whether their budget is for health or social care or both) have access to the same support to set up and manage their budget. By commissioning the service, the CCG hopes that more people will feel there is enough support to opt for a personal budget.

Significant work has been undertaken to develop and deliver Trusted Assessments across the Borough, particularly in respect of access to reablement services, thereby supporting people through a streamlined process, to achieve improved health and care outcomes and greater levels of independence.

Work to integrate health and social care team around Locality MDT's has been established for a number of years, in particular coordinating health and care support for people with long term and complex needs. With the emergence of the five Primary Care Networks in the Borough, this work is expected to progress further, and develop better integration with the community and voluntary sector.

Section B1 795 words

We have strong joint working arrangements across Gateshead Health and Care System and we are confident that together we can make some clear, sustainable changes; there is system support for an integrated approach to health and care based on three core objectives:

- (i) shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
- (ii) support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities.
- (iii) create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.

We are committed to pursue a 'primacy of place' approach in taking forward integration, and as far as possible, integrated planning of services occurs at Place level with services being provided as close to peoples' homes as possible whilst ensuring quality and safe care responsive to peoples' needs.

We have a shared and consistent narrative on what we are seeking to achieve for the benefit of local people linked to Gateshead's Thrive agenda, and have a better understanding of health inequality challenges and opportunities to address them.

We have developed a Memorandum of Understanding and Terms of Reference that have been signed up to for the System to work together (Documents, 3 & 4) and the Gateshead Plan (Document 2) acts as an iterative narrative of our local System journey.

The plan outlines our system Work Programme (including transformation programme areas) which in 2019/20 has 3 priority areas, Children and Young People's Health and Wellbeing, Frailty and People with Multiple and Complex Needs (inc. Frequent Attenders)

The BCF schemes remain grouped under the five broad areas identified in the template, and are reflective of the system work taking place, with many schemes are already supporting the priorities and transformation areas such as the falls service, frailty team, Intermediate Care, care home initiative and community health teams.

Our Director for Gateshead System, is a joint appointment with the CCG and LA, leading on relationship management, Gateshead Community Services and GP engagement, as well as responsibilities for joint commissioning children and LD services.

There is an opportunity as a whole system, to strategically plan, commission and deliver better outcomes together based upon the JSNA. We work closely with Public Health colleagues, using population segmentation to provide a measure of what 'thrive' looks like, and to also inform the provision of resources where we may choose to target them having regard to the social gradient.

The approach will enable providers to innovate and work across the health and care system including housing support over the long term, whilst facilitating a move away from transactional commissioning with a focus instead on transformation based upon population need.

Work is also underway to further transform the model for older persons care homes in response to key challenges facing the care home market - market sustainability, financial viability, workforce challenges, quality of care and the complexity of people's needs. The vanguard care home initiative, which stemmed from one of the BCF schemes, enabled us to test and introduce a range of inventions to support the Care Home provision and secure improvements for the older people cared for and for the system. Through this work, Gateshead is now in a prime position to look at a different approach as to how we support older people living in care homes over the next decade. This new approach will ensure that we have the right number of care homes that are sustainable, offering choice and good quality care.

The Gateshead Care Partnership (GCP) established to transform community health services and whose member organisations form part of the Gateshead Health & Care System, were winners of the 2018 HSJ Award for improved partnership working between health and the LA.

GCPs Transformation Programme covers the priorities identified by the PCNs and addresses population health needs by working:

- with the Gateshead Inner West PCN on a joint approach to frailty
- in East Gateshead with GP Practices and the PCN we have established MDTs to co-ordinate care for vulnerable adults with complex health, care and social conditions

The Health & Care System supports the emerging PCNs and involves the networks in its work, PCN Clinical Directors are invited to attend System meetings that focus on the 3 key priority areas and transformation programmes described.

Blue Stone Consortium (a consortium of 3rd sector organisations), is a key partner of the H&C System, actively contributing to all areas of work as well as playing a particular role in such areas as workforce including at ICS level. This is complemented by VCS and HealthWatch representation on our Health & Wellbeing Board where BCF submissions and quarterly template returns are endorsed.

Section Bii 649 words

Gateshead Health and Care System recognises the importance of the adaptations services that it delivers to support vulnerable people to remain in their own homes.

These services which reach across all housing tenures engage with individuals, their families and carers who need, or in the future may need, services and support to lead their lives and thrive. Ensuring that these services are delivering well is central to achieving effective delivery in health, social care, early intervention and prevention

In the last year Gateshead Council has been working with health partners to focus on improving the Falls prevention pathway, now broadened into a strategic system wide review which will include the Disabled Facilities Grant and adaptations services.

Work has also been undertaken to align the infrastructure in relation to occupational therapy capacity with the available DFG resources. In addition, processes in relation to progressing adaptations works have been considered to remove unnecessary barriers and improve the pace at which adaptations can be undertaken.

A review of Gateshead's DFG Policy has commenced and will be subject to public consultation. This policy will provide an opportunity to make a real difference to the lives of vulnerable and disabled people in Gateshead by exercising greater flexibility in the use of DFG / BCF through the discretionary powers in the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO).

The review of the DFG Policy, will consider extending the forms of assistance available to include the elderly and the vulnerable in the borough in such a way to enable the Council to deal with immediate health and safety issues, to prevent where possible admissions to hospital and to improve the housing stock thereby allowing those people to remain in their homes for longer and to lead more independent lives. Any and all assistance provided under this Policy, with the exception of Mandatory DFG is at the discretion of the Council and is subject to available resources.

An options appraisal examining major and minor adaptations services in Gateshead is currently being carried out. It will consider the structure, skills mix and delivery model of existing services and inform future decision making about the delivery of adaptations services.

Embedded within the Council's housing strategy is the integration of health and housing within our strategic planning. Housing is a basic human need and good quality homes are essential to ensuring that residents have the best physical and mental health possible. A warm, dry home, free from hazards and with sufficient space is a positive contributor to health and wellbeing.

Conversely, poor housing and homelessness are key drivers of social exclusion and contribute to lower life expectancy and preventable causes of death. Each year 233 people per 100,000 in Gateshead die from causes considered to be preventable, compared to the England average of 185 per 100,000. There are three strategic themes: supply, standards and support.

Housing Support can help break the cycle of disadvantage and inequity. Support is provided in many ways and by a range of organisations including the Council and The Gateshead Housing Company, registered housing providers, the voluntary and community sector, and the NHS. The Council and its partners want to provide Gateshead residents with the right type of advice and support, that is proportionate, timely and at its heart promotes independence and equality.

The review of the DFG policy, adaptations and falls prevention activity together with the wider BCF spending plans are identified in the strategy as an enabler to helping people live independently and sustain their independence. The strategy also recognises the need to reduce avoidable hospital admissions and reduce delayed hospital discharges by ensuring people are able to access suitable

accommodation and support in a timely way. The delivery of the strategy is being overseen by Strategic Management Group (SMG) Housing and this includes receiving reports from a specific group set up to consider accommodation needs of Care and Wellbeing Services.

Section C 1497 words

In the North ICP and in Gateshead, the local system is transforming and many of the traditional boundaries between providers and commissioners are already being removed in response to integrated care approaches. The CCGs, FTs and LAs are working in collaboration through the Gateshead Health and Care System as the vehicle to collectively understand how best to meet our population's needs, in order to utilise our combined resources e.g. workforce to best effect, at place based level.

Our place-based approach also has implications for our relationship with wider footprints/ 'collaborative areas' at Integrated Care System (ICS) level. As a local system, we are clear that we see the role of the ICS/ICP as being to support our journey and local working arrangements across health and social care. This is best represented by the inverted 'pyramid' diagram where local place is placed at the apex, followed by the ICP layer and then the ICS layer at sub-regional and regional levels as described in the Gateshead plan 2019. (Document 2 Slide 46)

In terms of system integration, we now need to ensure through our Place-based approach we join more of the Gateshead system together to enable all our organisations' work to be serving the 'thrive' agenda. This will involve reviewing culture, governance and how the work of our teams is better aligned to serve our citizens. We also need to focus down, for any additional placed based commissioned work, on a smaller number of specific priorities and to use our collective energies, capacity and resources to take them forward to secure tangible results.

We are aligned to the vision and priorities and system working of the North East and North Cumbria (NENC) ICS in terms of transforming health outcomes and helping people to live longer, healthier and wealthier lives, and in particular the following Gateshead system priority areas and transformation programme are linked:

Improving population health and preventing ill health - People with Multiple and Complex Needs (inc. Frequent Attenders)

Optimising health services – (safe and sustainable care in the most appropriate setting) - Transforming community Services

Mental health – improve access to services and standards of care. - Children and Young People's Health and Wellbeing

Learning disabilities – improve quality of care, waiting times and outcomes for patients. - Deciding Together, Delivering Together and Community Model for Learning Disabilities

We have reviewed the outcomes of the Gateshead Care Homes Vanguard to ensure learning from its success is being implemented across the system, and similarly, the ICS Frailty work stream and Frailty iCare work. Our place-based approach for integration of health and care, links strategy with the wider determinants of health such as housing, education, and employment as well as being empowering people and communities to be more active partners in their health and care. The is to shift care upstream to prevent the levels of ill health our population experiences, to provide integrated and proactive care and support whereby ill health is managed earlier and more effectively. These approaches have been shown to reduce the need for high cost acute care and long term care packages thus managing cost and improving health and wellbeing:

- Locality Working – ongoing patient focussed services wrapped around GP practices and Care homes
- Falls reviewing team to ensure correct level of assessment is conducted by correct practitioner, year of care pilot with primary care- standing lying BP roll out in GP surgeries; increasing capacity of strength and balance to provide preventative support.
- Rapid Response- creation of one team across health and social care to develop a broader skill range across all professionals to enable faster responses to people and in particular support to avoid emergency admissions to hospital and care homes; implementation of SPOC to ensure referral hits the correct place first time
- Local Authority- Trusted assessments between health care and Prime Services- speeding up access to care packages to assist timely and appropriate discharge with appropriately trained staff
- Workforce and Development- Reviewed Skills across the Community Services. New workstream set up to review system wide workforce development linked into regional workforce group

Population health and prevention is one of the ICS workstreams focusing on how we can collaborate across services and locations to improve health and reduce health inequalities, which can vary significantly between communities.

This includes helping people with long term health conditions to feel more confident and able to manage their health and situation; enabling them to be more independent and reducing the need for health and care services to intervene.

Immediate priorities are to:

- Reduce tobacco addiction and ensure a smoke-free NHS across the region by 2020.
- Reduce alcohol related harm.

This will be delivered through a programme of communications and engagement, workforce development/training and working closely with partners in the Gateshead community.

Digital is an enabling function which underpins delivery of the Long Term Plan and many of our BCF schemes. Developing digital technology in the right way can support delivery of seamless and joined up care. There are benefits in working together at a system level with joint working initiatives already in place at an ICS and ICP level. An ICP level digital stakeholder group meets bi-monthly which includes membership from health and social care partners including trusts, councils and CCGs, called the Northern Information Network (NIN).

Locally our focus is on:

- information sharing, rolling out solutions to share patient records
- transfers of care, ensuring referrals / correspondence are transmitted electronically in standard formats
- improving use of clinical systems through production of centralised resources
- developing digital primary care, increasing options and usage of online services for patients

People are living longer with complexity of care needs which if we continue to do what we have always done by 2030 we would need an additional 15,000 staff at a cost of £550m across the ICS; this is compounded by an ageing workforce with nearly 20% over 55 and 50% over the age of 45.,

Workforce shortages are a recognised risk across the Gateshead system, North ICP and NCNE ICS. All partners are working together to mitigate risks, such as developing an integrated workforce plan, and wherever possible joint workforce development with LA partners, workforce development and transformation.

Enhancing opportunities for workforce collaboration at Place and across Primary Care Networks including role development with third and voluntary sector organisations will be a major factor in addressing workforce shortages.

Workforce Priorities have been identified at ICP level, with many reflected in CCG and local provider's plans; work is ongoing to take forward immediate priorities including:

- Increase domiciliary workforce supply through proactive marketing of health and social care careers within schools programmes
- Move to competency based roles which remove boundaries but value unique professional contribution
- Increasing multidisciplinary pre and post registration placement opportunities for learners in primary care
- Nursing Associate Programmes in acute, care home, general practice and third sector organisations, supporting development across sectors
- Development of apprenticeship pathways that encourage 'earn and learn' from career entry to advanced level professional for the clinical and non-clinical workforce
- Development of career entry apprenticeship roles that work across health and social care
- Increasing capacity and diversity of primary and community teams to include enhanced patient facing roles such:
 - Clinical Pharmacist
 - Advanced Clinical Practitioners
 - Physician Associates
 - Community Paramedics
 - Social Prescribers
 - Mental Health Therapists

The interim people plan states that local health and care organisations should collaborate to shape their local workforces; the ICS will take on greater responsibility for people planning and transformation activities and representatives from the North ICP and Gateshead system level are contributing to this work.

However, work is underway at 'place' to develop a workforce that is optimally equipped for the future. This includes the recruitment and training of an integrated and sustainable workforce to meet the needs of individual areas, including designing and developing generic health and care roles; maximises efficiency and effectiveness of the workforce; offers attractive career opportunities; and, drives employment and economic growth.

Governance arrangements for the BCF continue to be through the Integrated Commissioning Group which has responsibility for managing the BCF to support joint work and ensure that the processes around the BCF are robust. Arrangements mirror our approaches to broader system working through the Gateshead Health & Care System with formal sign off of plans via the Health and Wellbeing Board.

Progress in implementing our BCF Plan for 2019-20 will be reported regularly to the Integrated Commissioning Group and Health & Wellbeing Board as required. The Integrated Commissioning Group will monitor progress against our schemes and plans to meet the national conditions, as well as performance against key metrics linked to the BCF. It will also monitor the Expenditure Plan in line with arrangements to be set out in our Section 75 agreement.

The Health & Wellbeing Board receive regular updates on our BCF Plan, performance against key BCF metrics and planning returns to be submitted to NHS England. As with all our BCF submissions, the submitted template represents as near enough as possible the operational reality of the Gateshead system / Health and Wellbeing Board area.